



**Convention on the
Rights of the Child**

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COMMITTEE ON THE RIGHTS OF THE CHILD

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION**

Second periodic reports of States parties due in 2000

INDIA *

[10 December 2001]

* For the initial report submitted by the Government of India, see CRC/C/28/Add.10; for its consideration by the Committee, see documents CRC/C/SR.589-591 and CRC/C/15/Add.115.

CONTENTS

	<i>Pages</i>
Introduction	4
Information Update	6
Action taken on Concluding Observations	15
 <i>Section</i>	
I. General Measures of Implementation (arts. 4, 42 and 44 para. 6)	23
II. Definition of the Child (art. 1)	63
III. General Principles	66
A. Best Interests of the Child (art. 3)	66
B. Non-Discrimination (art. 2)	70
C. The Right to Life, Survival and Development (art. 6)	80
D. Respect for the Views of the Child (art. 12)	87
IV. Civil Rights and Freedom (arts. 7, 8, 13-17 and 37(a))	91
A. Name and Nationality (art. 7)	91
B. Preservation of Identity (art. 8)	95
C. Freedom of Expression (art. 13)	96
D. Freedom of Conscience, Thought and Religion (art. 14)	97
E. Freedom of Association and Peaceful Assembly (art. 15)	98
F. Protection of Privacy (art. 16)	99
G. Access to Appropriate Information (art. 17)	100
H. The Right Not to be Subjected to Torture or Other Cruel, Inhuman or Degrading Treatment and Punishment (art. 37(a))	103
V. Family Environment and Alternate Care (arts. 5, 18, paras. 1-2, 9-11, 19-21, 25, 27, para. 4, and 39)	105
A. Parental Guidance (art. 5)	105
B. Parental Responsibility (art. 18)	108
C. Separation from Parents (art. 9)	112
D. Family Reunification (art. 10)	113
E. Illicit Transfer and Non-Return (art. 11)	114
F. Recovery of Maintenance for the Child (art. 27)	115
G. Children Deprived of their Family Environment (art. 20)	117
H. Adoption (art. 21)	119
I. Periodic Review of Placement (art. 25)	126
J. Abuse and Neglect (art. 19), including Physical and Psychological Recovery and Social Reintegration (art. 39)	128
VI. Basic Health and Welfare (arts. 6, 18, para. 3, 23, 24, 26, 27 para. 1-3)	132
A. Health and Health Services (art. 24)	132
B. Disabled Children (art. 23)	201

<i>Section</i>	<i>Page</i>
C. Social Security and Childcare Services and Facilities (art. 26 and 18, para. 3)262	217
D. Standard of Living (art. 27)	222
VII. Education, Leisure and Cultural Activities (arts. 28, 29, 31).....	232
A. Education, including Vocational Training and Guidance (art. 28)	232
B. Aims of Education (art. 29)	296
C. Leisure, Recreation and Cultural Activities (art. 31)	305
VIII. Special Protection Measures (arts. 22, 38, 39, 40, 37(b)-(d), 32-36)	315
A. Children in Situation of Emergency	315
1. Refugee Children (art. 22)	315
2. Children in Armed Conflicts (art. 38), including Physical and Psychological Recovery and Reintegration (art. 39)	323
B. Children involved with the System of Administration of Juvenile Justice	324
1. The Administration of Juvenile Justice (art. 40)	324
2. Children Deprived of their Liberty, including any Form of Detention, Imprisonment or Placement in Custodial Settings (art. 37 (b)-(d))	341
3. The Sentencing of Children, with Particular Reference to the Prohibition of Capital Punishment and Life Imprisonment (art. 37 (a))	345
4. Physical and Psychological Recovery and Social Reintegration of the Child (art. 39)	346
C. Children in Situation of Exploitation, including Physical and Psychological Recovery and Social Integration	350
1. Economic Exploitation of Children, including Child Labour (art. 32)	350
2. Drug Abuse (art. 33)	368
3. Sexual Exploitation and Abuse (art. 34)	375
4. Sale, Trafficking and Abduction (art. 35)	375
5. Other Forms of Exploitation (art. 36)	385
D. Children belonging to a Minority or an Indigenous Group (art. 30)	389
IX. Looking Ahead	411
Bibliography.....	413
Abbreviations	421
Endnotes	424

INTRODUCTION

1. India, the Union of 28 States and seven Union Territories is a socialist, secular and democratic republic. The Indian Constitution envisages a parliamentary form of government and is federal in nature with some unitary features. The states of India vary greatly in terms of language, culture and human development. The size and population of some of India's largest states is comparable to some countries in Europe, Africa, Latin America or Asia. India today stands at the threshold of great change and opportunity. It is self-sufficient in agricultural production, its economy is poised for rapid growth, and it is one of the most industrialized countries in the world. India's strong presence in the information technology sector is acknowledged by the world.

2. India continues to wage its battle against poverty, and its attendant negative ramifications, such as a high mortality rates, malnutrition and illiteracy, the greatest victims of which are children and women. India has 400 million children below the age of eighteen years, the largest child population in the world. India considers it a matter of utmost priority that its children grow and develop in health and happiness, receive education and develop skills, so that they can realize their complete potential and effectively participate and contribute to the social, cultural and economic life of our nation.

3. This First Periodic Report on the Convention of the Rights of Child (CRC) is the result of a detailed exercise that extended for more than a year. We have tried to make the report as participatory and comprehensive as possible, and have solicited inputs through questionnaires from related ministries, from state governments, non-governmental organizations (NGOs) and experts, from citizens and children. Questionnaires were posted on our web site and the public was requested to offer their comments and views through newspaper advertisements. The support of the United Nations Children's Fund (UNICEF) in the preparation of this report is gratefully acknowledged.

4. It has been our intention to make the report as broad-based and representative as possible. Hence, the report details not only government legislation, programmes and data, but also quotes from reports and data from several non-governmental sources, such as from independent research studies by NGOs and experts, and from international organizations, even though the intellectual rigour, accuracy or precision of such data has not been endorsed or authenticated.

5. This report combines an analysis of the overall implementation of CRC in our country, a review of its progress, and identification of continuing challenges that impede the effective implementation of children's rights. We recognize that the position of women in society, their health, access to education and information enhances their ability to improve not only their lives but also the lives of their children and families. Children's rights, especially those of girl children, are irrevocably linked to women's empowerment. It has been demonstrated universally that investment in girl's education brings about high social and economic returns. India has taken bold and substantial initiatives in the area of women's empowerment. To highlight the centrality of women's empowerment to healthy child development as also to development in general, the year 2001 was celebrated as the "Women's Empowerment Year", with special focus on the girl child and adolescent girls.

6. We are fully committed to universalization of elementary education, by not only making it a fundamental right of all our children, but also as a key strategy to address the problems arising from poverty. The *Sarva Shiksha Abhiyaan* (SSA) launched by the government of India in

November 2000, is a major step towards this direction. The Constitutional 93rd Amendment Bill 2001, passed recently by Parliament, will make education of all children in the age group of 6-14 years a fundamental right. The Bill also aims to include early childhood care and education to all children up to the age of six years as a directive principle of state policy of our Constitution.

7. We also hope to establish the National Commission for Children shortly, which will act as a vigilant guardian and protector of children's rights in India. We are deeply concerned about the growing menace of child trafficking. India signed the "SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution", on 5 January 2002 and we believe that cross-country trafficking can be addressed effectively through its operationalization. The Government of India has also initiated a new scheme called *Swadhar* for providing relief and rehabilitation for women in difficult situations that includes women and child victims of trafficking.

8. Realization of children's rights certainly requires large resources. However, the key element in this effort is the "will of the community". We have to mobilize the nation fully, strengthen and accelerate ongoing programmes and undertake new initiatives in gap areas, so that all our children can enjoy their rights to survival, protection, growth and development. The magnitude of our challenge is immense. With full partnership with the community and non-governmental sectors, we rededicate ourselves towards this end.

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INFORMATION UPDATE

9. This Periodic Report was planned for submission to the United Nations Committee on the Rights of the Child in 2001. Internal discussion among ministries, constant feedback on the report and availability of new data have been a continuing challenge in the task of finalizing the Report. In order to incorporate new developments, information and feedback, this additional chapter "Information Update" has been added to the report.

Elementary Education as a Fundamental Right

Thematic Area: Education, Leisure and Cultural Activities [arts. 28, 29, 31]

10. The Directive Principle under article 45 of the Constitution of India, lays down that the States within a period of ten years of commencement of the Constitution will provide free and compulsory education to all children until they complete 14 years of age.

11. The Government of India is completely committed to Universalization of Elementary Education. In 1997, the 83rd Amendment Bill was introduced in Parliament to make education a fundamental right of all children between 6-14 years.

12. Subsequently, the Bill was referred to the Parliament Standing Committee on Human Resource Development. Based on the recommendation of the Parliamentary Standing Committee, advice of the Ministry of Law and suggestions of the Law Commission, the Ministry of Human Resource Development formulated the revised Constitution Amendment Bill. This Bill known as the 93rd Constitution Amendment Bill has been passed by both houses of Parliament and is awaiting Presidential assent¹.

13. The provisions laid down in the 93rd Amendment Bill are as follows:

- **Insertion of a new article 21A**—"To provide free and compulsory education to all children of the age of 6-14 years in such a manner as the State may, by law, determine".
- **Substitution of existing article 45 of the Constitution**—"The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years".
- **Insertion of the following new clause in article 51 (A) of the Constitution relating to Fundamental duties of the Citizens**—“(k)—who is parent or guardian to provide opportunities for education to his child, or as case may be, a ward between age of 6-14 years”.¹

14. Recognizing the importance of Early Childhood Care and Education, the 93rd Amendment has included an explicit provision in article 45 of the Constitution under which the State shall

¹ Refer to Chapter on Action Taken on the Concluding Observation, para. 57, p. xxxii; Education, Leisure and Cultural Activities, para. 16, p. 245. This may be read in lieu of sentence "The Government has recently ... a fundamental right", para. 21, p. 245 may be considered deleted, in view of the changed current situation.

endeavour to provide Early Childhood Care and Education to all children in the age group 0-6 years.²

15. The *Sarva Shiksha Abhiyan* (SSA) launched by the Government of India is the vehicle for implementing the Constitutional obligation under the 93rd Amendment Bill.³

Education for All

Thematic Area: Education, Leisure and Cultural Activities [arts. 28, 29, 31]

16. The *Sarva Shiksha Abhiyan* is an effort to recognize the need for improving the performance of the school system and to provide community-owned quality elementary education in the mission mode. It also envisages bridging of gender and social gaps. The objectives of SSA are:

- All children in the age group 6-14 years in school/Education Guarantee Scheme centre/Bridge Course by 2003;
- All children in the age group 6-14 years complete five years of primary schooling by 2007;
- All children in the age group 6-14 years complete eight years of schooling by 2010;
- Focus on elementary education of satisfactory quality with emphasis on education for life;
- Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010;
- Universal retention by 2010.

17. The approach of SSA is community-owned. Village education plans prepared in consultation with Panchayati Raj Institutions will form the basic elementary education plans. The SSA will cover the entire country by 2002⁴ with a special focus on educational needs of girls, scheduled castes and scheduled tribes and other children in difficult circumstances.

18. Some of the major initiatives taken under the SSA are:

² Refer to Chapter on Education, Leisure and Cultural Activities, bullet 1 of box 7.2, p. 244; para. 16, p. 245.

³ Refer to Chapter on Education, Leisure and Cultural Activities, para. 21, p. 245.

⁴ Refer to Chapter on General Measures of Implementation, para. 14 (bullet 1(4), p. 6; This may be read in lieu of

- Sentence “The 148 female districts ... under the SSA”, para. 4, p. 242 may be considered deleted, in view of the changed current situation.
- Para. “Learning begins at birth ... elementary education”, para. 3, box 7.7, p. 272 may be considered deleted, in view of the changed current situation.
- Sentence “SSA has also identified 120 districts.....programme implementation”, para. 133, p. 274 may be considered deleted, in view of the changed current situation.

- Free textbooks are given to all girls, and there is a provision of innovative intervention for girls to the tune of Rs. 5 million per districts. Also 50 per cent of teachers selected now have to be women.⁵
- Under SSA, a no rejection policy is being followed and there is a provision of Rs 1200 per child for interventions for IED.⁶

19. The Non-Formal Education (NFE) Scheme was revised under the name “Education Guarantee Scheme and Alternative and Innovative Education” (EGS & AIE) in 2000 to improve access in education, with flexibility to cater to diverse needs of out of school children. The new scheme guarantees opening of Education Guarantee scheme schools in unreserved habitations where there are no schools within a radius of 1 km. EGS & AIE supports diversified strategies for out of school children including bridge courses, back to school camps, seasonable hostels, summer camps, mobile teachers and remedial coaching.⁷”

20. The Ministry of Human Resource Development has set up a National Level Mission under the Chairmanship of the Prime Minister.

21. The Ministry has released grants to the States/ Union Territories for starting preparatory activities in 24 non-DPEP districts and for upper primary in 59 DPEP Phase-I districts.

22. For implementing SSA, it is estimated that an amount of Rs 98,000 crores would be required over a period of ten years till 2010.⁸

23. The PAB has also approved the District Elementary Education Plans (DEEPs) of 512 districts (253 DPEP Districts and 259 non-DPEP districts) and an outlay of Rs 1106.26 crores.

24. All DPEP districts have been identified for vertical expansion of primary education towards upper primary, covering the entire elementary education stage.⁹ The DPEP programme which was initially launched in 1994 in 42 districts of seven States, has now been extended to cover 271 districts of 18 States, namely, Assam, Haryana, Karnataka, Kerala, Maharashtra, Tamil Nadu, Madhya Pradesh, Gujarat, Himachal Pradesh, Orissa, Andhra Pradesh, West Bengal, Uttar Pradesh, Rajasthan, Chhattisgarh, Jharkhand and Uttarakhand.¹⁰

25. The Government of India, for the year 2000-2001, has increased the investment in education to 3.91 per cent of GDP.¹¹

26. The Seventh All India Educational Survey is now being launched by the Government of India.¹²

⁵ Refer to Chapter on General Principles, para. 41, p. 63.

⁶ Refer to Chapter on Basic Health and Welfare, para. 201, p. 209.

⁷ Refer to Chapter on Education, Leisure and Cultural Activities. Para. 155, p. 278.

⁸ Ibid para. 49, p. 255.

⁹ Ibid para. 133, p. 274.

¹⁰ Ibid para. 167, p. 282.

¹¹ Ibid para. 41, p. 252.

¹² Refer to Chapter on General Measures of Implementation, para. 48, p. 16.

27. Paras. 25, 26, 27 of page 246 stand deleted since census 2001 figures are available.¹³

Adoption

Thematic Area: Family Environment and Alternate Care [arts. 5, 18, paras. 1-2, 9-11, 19-21, 25, 27, paras. 4 and 39]

28. In order to ensure the Best Interests of the Child, as per article 21 of the Convention on Rights of the Child, revised Guidelines for Adoption of India Children (1995) have been issued by the Ministry of Social Justice and Empowerment, Government of India.

29. The Central Adoption Resource Agency (CARA), an autonomous body of the ministry is responsible for implementing these Guidelines and it works as a clearing house of all information on all matters concerning inter country adoption.¹⁴ Certain other agencies like the Juvenile Welfare Board (JWB) and Scrutiny Agencies are also involved in the process of adoption. The JWB declares an abandoned child as legally free for adoption. The Scrutiny Agency is asked by the Court to scrutinize application of the adoptive parents before an adoption/guardianship order is issued.¹⁵

30. The main objective of CARA is to promote in-country adoption and regulate inter country adoption. In this regard, circulars are issued by CARA to the adoption agencies and State Governments from time to time, for carrying out adoption as per the directives of the Supreme Court of India.¹⁶ CARA recognises Indian adoption agencies for inter country adoptions. It also recognizes Voluntary Co-ordinating Agencies, which promote in-country adoption. The recognition is granted on the basis of recommendation of the concerned State Governments.¹⁷ The number of recognized National agencies for inter-country adoption is now 73. Similarly, 248 foreign agencies have been enlisted in more than 30 countries to sponsor inter country adoption of Indian children.¹⁸

40. It is encouraging to note that the number of adoptions has been increasing every year and for the year 2001 the figures are as follows²:

In-country Adoption	1 899
Inter country Adoption	1 298
Total	3 197

Thus, the total number of adoptions that have taken place since 1995 to 2001 is as follows:¹⁹

In-country Adoptions	11 450
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¹³ Refer to Chapter on Education, Leisure and Cultural Activities, paras. 25, 26, 27, p. 246.

¹⁴ Refer to Chapter on Family Environment and Alternate Care, para. 78, p. 124.

¹⁵ Ibid para. 72, p. 122.

¹⁶ Ibid para. 77, p. 124.

¹⁷ Ibid para. 73, p. 122.

¹⁸ Ibid.

¹⁹ Ibid table 5.1, p. 122.

Inter country Adoptions	8 613
Total	20 063

41. CARA has undertaken a number of initiatives to make all adoptions transparent and legal. In this regard, circulars have been issued to the State Governments to arrest the trend of private nursing homes and children placed directly from nursing homes/hospital. Through the publicity and awareness programmes of CARA and its recognized agencies, the public at large are advised to avoid any secret or private adoption and, instead, to go for legal adoption.²⁰

42. In addition to the above, India intends to sign and ratify the Hague Convention.³

Infant Mortality Rate

Thematic Area: Basic Health and Welfare [arts. 6, 18 para. 3, 23, 24, 26, 27, paras. 1-3]

43. The Ministry of Health and Family Welfare, Government of India is implementing several programmes for reduction of infant and child mortality. These initiatives have helped in bringing down the IMR from 70 to 68.²¹ For more details please see table 1.

44. The Rajnandgaon district is presently in Chhattisgarh. The State Government has taken remedial measures through alternate water supply schemes to the affected in Rajnandgaon district.²²

Crime against Children

Thematic Area: Special Protection Measures [arts. 22, 38, 39, 40, 37 (B)-(D), 32-36]

45. The “Childline Service”^{iv} started first in Mumbai is now available in 38 cities—Ahmedabad, Allahabad, Alwar, Baroda, Bhopal, Bhubaneswar, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Delhi, Goa, Guwahati, Hyderabad, Indore, Jaipur, Kalyan, Kolkata, Kutch, Lucknow, Mangalore, Madurai, Mumbai, Nagpur, Patna, Pune, Puri, Ranchi, Salem, Shillong, Thiruvananthapuram, Tiruchirapalli, Udaipur, Varanasi, Vijaywada, Visakhapatnam. It is aimed to cover 60 more cities by the end of financial year 2002-03.²³

46. The National Institute of Social Defence, is an autonomous body under the Ministry of Social Justice and Empowerment, Government of India.²⁴

²⁰ Para. 81, p. 124.

²¹ Refer to Chapter on Basic Health and Welfare, table 6.4, p. 142. These are latest figures from Sample Registration System Bulletin, Registrar General (2001).

²² Refer to Chapter on Basic Health and Welfare para. 168, p. 196.

²³ Refer to Chapter on Family Environment and Alternate Care, para. 101, p. 129; Special Protection Measures, para. 109, p. 365.

²⁴ Refer to Chapter on Special Protection Measures, para. 68, p. 349.

Table 1: Infant Mortality Rate

State/UT	IMR (in units)		State/UT	IMR (in units)	
	1999*	2000**		1999*	2000**
Andhra Pradesh	66	65	Nagaland	NA	NA
Arunachat Pradesh	43	44	Orissa	97	96
Assam	76	75	Pondicherry	22	23
Bihar	63	62	Punjab	53	52
Chhattisigarh	78	79	Rajasathan	81	79
Delhi	31	32	Sikkim	49	49
Goa	21	23	Tamil Nadu	52	51
Gujarat	63	62	Tripura	42	41
Haryana	68	67	Uttar Pradesh	84	83
Himachal Pradesh	62	60	Uttaranchal	52	50
Jammu and Kashmir	NA	50	West Bengal	52	51
Jharkhand	71	70	Andaman and Nicobar Islands	25	23
Karnataka	58	57	Chandigarh	28	28
Kerala	14	14	Dadra and Nagar Haveli	56	58
Madhya Pradesh	90	88	Daman and Diu	35	48
Maharashtra	48	48	Lakshadweep	32	27
Manipur	25	23	India	70	68
Meghalaya	56	58			
Mizoram	19	21			

Source: * SRS Bulletin (Vol. 35 No.1), April 2001, Registrar General, India

** SRS Bulletin (Vol. 35 No. 2), October 2001, Registrar General, India

Juvenile Delinquency

Thematic Area: Special Protection Measures [arts. 22, 38, 39, 40, 37 (B)-(D), 32-36]

47. The National Crime Records Bureau (N C R B), Ministry of Home Affairs, Government of India, has recently published the Crime in India, 2000. The latest data are given under table 2-3.²⁵

²⁵ Ibid tables 8.3 and 8.4, p. 352.

48. The Juvenile Justice (Care and Protection of Children) Bill, 2000 has been passed by both Houses of Parliament and has now become an Act of Parliament—The Juvenile Justice (Care and Protection of Children) Act, 2000.

Table 2: Juvenile Apprehended Under IPC and SLL Crimes by Age Group—1999-2000

Year	7-12 Years		12-16 Years		16-18 Years		Total
	No	%	No	%	No	%	
1999	4039	21.9	10311	55.9	4110	22.3	18460
2000	3292	18.3	11389	63.3	3301	18.4	17982

Source: Crime in India—2000, N C R B, Ministry of Home Affairs, Government of India

Table 3: Juvenile Delinquency (SLL) Under Different Crime Heads and Percentage Variation in 2000 over 1999

Crime Head	Number of Cases Reported During		Percentage Change in 2000 over 1999
	1999	2000	
Gambling Act	113	131	15.9
Excise Act	75	113	50.7
Prohibition Act	733	519	-29.2
Immoral Traffic (P) Act	75	82	9.3
Indian Railways Act	105	78	-25.7
SC/ST (Prevention of Atrocities) Act	18	25	38.9

Source: Crime in India—2000, N C R B, Ministry of Home Affairs, Government of India

National Child Labour Projects

Thematic Area: Special Protection Measures [arts. 22, 38, 39, 40, 37 (B)-(D), 32-36]

49. The National Child Labour Projects, started by the GOI with the aim of withdrawing children from hazardous employment and ensuring their rehabilitation through education in special schools, has sanctioned 100 Child Labour Projects for rehabilitating nearly 0.21 million children in the most endemic areas and 1,89,615 have already been enrolled in the special schools.⁶ For more details please see table 4 .

Table 4: Coverage under National Child Labour Projects²⁶

State	Sanctioned No. of		Actual Coverage	
	Schools	Children	Schools	Children
Andhra Pradesh (22)*	975	61050	999	65541
Bihar (8)	194	12200	194	12016
Karnataka (5)	190	9500	105	5222
Madhya Pradesh (8)	237	14500	140	7408
Maharashtra (2)	74	3700	61	3184
Orissa (18)	696	39550	628	34932
Rajasthan (6)	180	9000	136	6800
Tamil Nadu (9)	425	21900	414	20654
Uttar Pradesh (11)	370	22500	307	18567
West Bengal (8)	346	17350	279	13941
Punjab (3)	107	5350	27	1350
Grand Total (100)	3794	216600	3290	189615

*Figures in brackets indicate Districts.

Source: D.O. No S-27022/I/97-CL dated March 7, 2002, Ministry of Labour, Government of India

50. The Government is also considering ratification of ILO Convention 182.²⁷

Trafficking of Children for Commercial Sexual Exploitation

Thematic Area: Special Protection Measures [arts. 22, 38, 39, 40, 37 (B)-(D), 32-36]

51. India signed the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution on 5 January 2002. As a signatory, India has committed itself to cooperation with member States in order to implement the Convention.

52. The Government of India has, in December 2001, launched a scheme called Swadhar for recovery and reintegration of trafficked victims. The scheme is meant for women in difficult circumstances, including women and children rescued from trafficking. It provides the funds for the immediate shelter of rescued victims, counselling, social and economic rehabilitation through education and skill upgradation, medical and legal support. This holistic programme is implemented in partnership with NGOs.

53. To combat the trafficking of women and children for commercial sexual exploitation, the Department of Women and Child Development has formulated Grant in Aid Schemes addressing the issue of trafficking, with specific need-based focus on prevention at source areas and rescue

²⁶ Refer to Chapter on Special Protection Measures, table 8.8, p. 376.

²⁷ Refer to Chapter on General Measures of Implementation, para. 3, p. 3.

and rehabilitation at destination areas. The project for prevention at source areas emphasizes the empowerment of the girl child and women through awareness generation, education and vocational training, poverty alleviation, microcredit schemes through women's groups and self-help groups and the involvement of Panchayats, the grass-roots democratic institutions. In destination areas, the emphasis is on rescue and rehabilitation. These schemes are implemented in partnership with the NGOs.

54. The response to the Swadhar and Grant in Aid schemes has been very positive. So far 11 projects catering to the needs of 565 rescued women at a total of over Rs 2 crores have been sanctioned. Projects to the tune of Rs 15 crores are under process at various stages for sanction.

The preparation of this report has been guided by the participation and information supplied from related ministries of the GOI, from State Governments, NGOs and experts, from citizens and children. Other than from governmental sources, data from a vast array of non-governmental sources and from international organizations, have been incorporated, so as to make the Report as comprehensive and broad based as possible. However, these inclusions should not be understood as authentication of same.

ACTION TAKEN ON THE CONCLUDING OBSERVATIONS OF THE UNITED NATIONS COMMITTEE ON CHILD RIGHTS

55. India submitted its Initial Report on the implementation of the CRC in 1997. This was reviewed by the United Nations Committee on Child Rights in January, 2000. Below are defined key initiatives being undertaken by various Departments of the Government of India (GOI), which address some of the observations and recommendations of the Committee.

A. General measures of implementation

Legislation

56. GOI is in the process of undertaking a comprehensive review of the legislation concerning children. This will also be done by the National Commission for Children which will be established very shortly. Meanwhile, various processes to review and amend laws concerning children are under way. Some of the amendments that have already been made are as follows:

- (a) The Juvenile Justice Act has been repealed and replaced by a new legislation called the Juvenile Justice (Care and Protection of Children) Bill, 2000;
- (b) The Cable Television Network Rule has been amended. For more details refer to the section on General Measures of Implementation;
- (c) A National Commission for Children (NCC) for protecting the rights of children is on the anvil. The NCC will have statutory powers to inquire into violations of child rights. It shall review all the laws pertaining to children and make recommendations in order to harmonise them with the provisions of the CRC;
- (d) The Law Commission has reviewed the Code of Criminal Procedure and is likely to undertake a comprehensive review of the Indian Penal Code and the Indian Evidence Act;
- (e) Other measures being contemplated include an amendment to the Infant Milk Substitutes, Feeding Bottle and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 to strengthen its provisions to promote breastfeeding;
- (f) Government have initiated the process for ratification of Convention No. 182 on the Worst Forms of Child Labour and to specify the minimum age for admission to employment and work. The above have been dealt in detail under relevant sections of the Report.

57. The Government has taken all measures to implement the orders issued by the Courts in India. (For details please refer to pages 5-8 in the section on General Measures of Implementation.)

Coordination

58. The National Plan of Action for Children, 1992 was developed after the World Summit. Its progress has been assessed. However, this will be reviewed and modified keeping the child

Rights approach in mind. (For more details, please see pages 8-9 of the section on General Measures of Implementation.)

59. With the objective of strengthening co-ordination at the GOI level, a National Co-ordination Mechanism was constituted by DWCD for monitoring the implementation of the CRC. (For details please refer to page 11 of the section on General Measures of Implementation.) Training for different categories of people is being carried out by the Government. However, there is a need for systematic capacity building of local authorities. (For details please refer to pages 21-25 of the section on General Measures of Implementation.)

Independent/Monitoring Structures

60. India has a very well-developed statistical system and it is one that the country is justifiably proud of. The office of the Registrar General of India, the National Sample Survey Organization, the International Institute of Population Sciences and other organizations conduct regular surveys on a large set of child indicators and report trends at the National, state and district levels. (For details please refer pages 13-16 of the section on General Measures of Implementation of this Report.)

61. Status of disaggregated data of all persons under 18 years of age by State, sex, rural/urban, SC/ST is available for literacy rate, school enrolment, sex ratio, IMR (0-1), IMR (0-5), malnutrition, disabilities, child labour and partially available for street children, refugee children and children affected by terrorism and insurgency. However, data collection needs to be strengthened on all issues under the CRC.

62. A National Commission for Children (NCC) for protecting the rights of children is on the anvil. The NCC will have statutory powers to inquire into violations of child rights. (For details please refer page 7 of the section on General Measures of Implementation of this Report.)

Allocation of Budgetary Resources

63. While utmost priority is given to children in policymaking, the budgetary allocations are sometimes less than desirable. There is a need for advocating greater resource allocation for children and analysis of the impact of budgets and new policy decisions. (For details please refer page 36 of the section on General Measures of Implementation.)

Cooperation with NGOs

64. While one observes an increased participation by several stakeholders in the dissemination and discussion on child rights at national and decentralised levels, it is evident that these need to be more comprehensive. It is becoming clear that a systematic plan for spreading awareness among different groups, mobilising action and dialogue within civil society on child rights is necessary and would need to become a key area for the National Co-ordination Mechanism on CRC implementation to monitor. (For details please refer to page 17 of the section on General Measures of Implementation of this Report.)

65. During the preparation of the Second Country Report, NGOs were involved at the regional and state levels to give their inputs. The Planning Commission is in the process of preparing strategy papers for the 10th Five-Year Plan. NGOs have been co-opted to give their views for preparation of the strategy papers.

Training/Dissemination of the Convention

66. The size and complexity of India and the structure of the GOI makes it difficult to capture and define a national overview of the capacity development initiatives that have been put in place for accelerating the implementation of CRC. Training for different categories of people have evolved in response to the need to sensitise programme staff on child rights. The NGOs, staff or organisations working with child labour, inspectors, police officials and children themselves have been key targets for CRC training programmes. This has to percolate to the level of field functionaries of different programmes, parents and community members. It is necessary to undertake a comprehensive review of training efforts on child rights in different parts of the country and develop a systematic capacity development strategy for progressive implementation of child rights. (For more details please refer to pages 21-23 of the section on General Measures of Implementation of this Report.)

B. Definition of the Child

67. Minimum Legal Age has been defined for issues such as marriage, sexual consent for girls, voluntary enlistment in the armed forces, admission to employment or work, criminal responsibility, juvenile crime, capital punishment and life imprisonment.

68. In the Juvenile Justice (Care and Protection of Children) Act, 2000 the definition of the boy child has been increased to 18 years (in consonance with the girl child). Boys up to 18 years will be kept in the special homes only and will not go to jail. (For more details refer to page 43-46 of the section definition of the child.)

C. General Principles

The Right to Non-Discrimination

69. As a first step in the process of instituting social justice, two exclusive Ministries, i.e., the Ministry of Social Justice and Empowerment for SCs, OBCs and Minorities in 1998 and the Ministry of Tribal Affairs in 1999 have been set up to extend focused attention to these individual groups. Special efforts to safeguard interests of disadvantaged groups needs to be taken up on a priority basis. Although, voluntary organizations/NGOs have been playing a vital role in assisting Government in reaching rural and far flung tribal areas, they are uneven, in their distribution and are urban oriented. Therefore, all grant-in-aid schemes for NGOs have been recently reviewed and it has been suggested to enlarge the scope and coverage. The pace of progress of expenditure in the Backward Classes Welfare Sector appears to be satisfactory. However, a qualitative assessment of the progress will be made to assess improvement in the status of these socially disadvantaged groups.

70. To ensure effective enforcement of the Protection of Civil Rights Act, 1955 and Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989, a definite plan of action ensuring preventive, investigative and rehabilitative measures are being taken in those areas/districts where incidence of crimes/atrocities/violence is high against the weaker sections. Another measure to ensure social justice was the commitment on the part of the government for a complete removal of the inhuman practice of manual scavenging by the year 2002 through a nation wide scavengers scheme of liberation and rehabilitation of scavengers and their dependants. As the progress of this scheme is very tardy, steps are being taken to activate the States/Uts to fulfil the commitment.

71. The Government has taken several initiatives to prevent discrimination of the girl child. One of the initiatives is that of *Meena*. The *Meena* series present positive images of girls, succeeding in making a strong case for receiving equal and fair treatment. *Meena* episodes have their basis in the CRC and the CEDAW. Some of the issues covered by *Meena* are girls education, equal opportunity for girls, health, dowry, sanitation and hygiene, and early marriage. (For more details please refer to pages 54-64 of the section on Non-Discrimination of this Report.)

Respect for the Views of the Child

72. It is indeed welcome that there is a gradual increase in the initiatives to promote child participation in many parts of the country. The initiatives vary in content and comprehensiveness from participation in activities, to expression of views in matters that affect their lives as well as that of other in many parts of the country. As one examines the implementation of this aspect of the Convention, it is evident that progress have been made in this area through the active intervention of NGOs. Some of the States such as Rajasthan and Uttar Pradesh have taken a lead in this regard. It is time that other States/Uts follow their example. Training of teachers, social workers and local officials is being carried out for implementation of such programmes. This issue is evolving rapidly. (For details please refer to pages 72-76 of the section on Respect for the views of the Child of this Report.)

D. Civil Rights and Freedom

Name and Nationality

73. The Office of the Registrar General of India is undertaking several measures to improve the Civil Registration System (CRS). Newspaper advertisements, televisions spots, radio jingles, posters, stickers and cinema slides are some of the measures currently being used to sensitise and mobilise public opinion on the need and importance of birth registration. Training and workshops are being organised for registry personnel. (Details of these measures have been dealt with on pages 81-84 of the section on Names and Nationality of this Report.)

Right not to be Subjected to Torture or Other Degrading Treatment or Punishment

74. The new legislation called Juvenile Justice (Care and Protection of Children) Act, 2000 prohibits any kind of torture or other cruel, inhuman or degrading treatment or punishment juveniles. (For details please refer to page 94 of the Section on Right not to be Subjected to Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment.)

E. Family Environment and Alternate Care

Adoption

75. India is not a party to the Hague Convention. However, the country already has an institutional mechanism envisaged under the Convention, i.e. Central Adoption and Resource Agency (CARA) which has been constituted to act as a clearing house of information regarding children available for inter-country adoption. It also acts as a nodal agency for receiving applications from prospective parents and forwarding them to recognized child welfare agencies (For details please refer to pages 120-124 of the section on Adoption.)

Violence/Abuse/Neglect/Maltreatment

76. Corporal punishment in families is usually not reported, as the family in India is a private Institution. There is no national legislation against corporal punishment. However, a number of States, Delhi being one of them, have enacted legislation banning corporal punishment in schools. The GOI has also issued instructions to the States to prevent corporal punishment in schools. (For details, please refer to page 127 of the section on Abuse and Neglect including Physical and Psychological Recovery and Social Reintegration of this Report.)

F. Basic Health and Welfare

Disabled Children

77. The GOI is taking several measures to effectively implement the provisions of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. Awareness campaigns and training programmes for persons working with disabled children is an ongoing programme of the Ministry of Social Justice and Empowerment. However, only an estimated five-percent of population with disabilities has been reached by any kind of service.ⁱ Even voluntary effort is largely confined to urban and semi-urban areas. (For details please refer to pages 203-209 of the section on disabled children.)

78. India does not have Integrated Management of Child Illness Strategy. However, the RCH Programme has integrated many of the issues laid out in the strategy. One of them is to extend maximum coverage by improving accessibility, especially for women, adolescents, socio-economically backward groups, tribals and slum dwellers, with a view to promote equality. (For more details please refer to pages 135-136 of the section on health and Health Services.) The GOI has undertaken studies to determine the socio cultural factors which lead to practices such as female infanticide and selective abortions.

79. The GOI has already taken steps to strengthen the existing Reproductive and Child Health Programmes. This programme integrates all family welfare and women and child health services with the explicit objective of providing beneficiaries with need-based, client-centred, demand-driven, high-quality, integrated RCH services. A comprehensive Draft National AIDS Prevention and Control Policy has been formulated, on various issues related to the prevention and control of HIV/AIDS in the country. The IEC Strategic Plan for AIDS prevention and Control Programme in India includes a variety of communication strategies for raising awareness, behavioural change and social mobilisation. The area of focus includes Family Awareness Campaigns and Prevention and Treatment of STD/RTI, Campaigns for Youth, School AIDS Programme, Women, Stigma and Discrimination, Voluntary Blood Donations and Advocacy. (For details please refer to pages 135-188 of the section on Health and Health Services.)

Right to Adequate Standard of Living

80. The GOI is implementing an Integrated Programme for Street Children and also a Programme for Juvenile Justice. These Programmes look into the needs of children who are victims of physical, sexual and substance abuse. (For details please refer to pages 364-365 of the section on Physical and Psychological Recovery and Social Reintegration of the Child.)

G. Education, Leisure and Cultural Activities

Rights and Aims of Education

81. The 83rd Amendment Bill of the Constitution of India is under consideration in the Parliament. A comprehensive review of the education situation was taken in November 1999 by the Department of Education. One of the steps to be identified in the review was to enact legislation for providing free and compulsory elementary education to all children in the age group of 6-14 years. (For details please refer to pages 244-245 of the section on Education, including vocational training and guidance.)

82. The Government has taken considerable measures to address disparities in access to education. Education of the girl child. Special Educational Development Programmes for Scheduled Caste girls. Non Formal Education, Education for the SCs/STs and Minorities, Children with Special Needs are some of the initiatives taken in this regard. (For details please refer to pages 294-302 of the section on Education, including vocational training and guidance.)

83. The performance of the NFE scheme has been reviewed and also has been evaluated by the Planning Commission. Based on their recommendation, action has been taken to revise the scheme and call it the Scheme for Alternate and Innovative Education. One of the salient features of the scheme would be to ensure quality of NFE. (For details please refer to pages 299-301 of the section on Education, including vocational training and guidance.)

84. The concept of value orientation of education has a prominent place in the Five-Year Plans of India. The Standing Committee of the Parliament on HRD has laid stress on universal human values of truth, right conduct, peace, love and environment. A Division has been created on 'Education in Human Values' in the Ministry of Human Resource Development. The Division has taken a large number of steps that have far-reaching consequences and effects on value education at all levels in the country. The Government has introduced human rights issues in the curricula. NCERT has started the process to include the CRC in the school curricula. (For details please refer to pages 308-315 of the section on Aims of Education.)

85. The Government has introduced Human Rights Issues in the Curricula. (For details please refer to pages 312-313 of the section Aims of Education.) National Curriculum Framework for School Education has introduced CRC in Schools. The process for its integration in the school curricula will be started.

H. Special Measures of Protection

Unaccompanied. Asylum Seeking and Refugee Children

86. India has been more liberal than most States in practice, by according special facilities for education, shelter and food for the refugees, thus fulfilling the provisions of the 1951 Convention and the 1967 Protocol. (For details please refer to page 331 of the section on Refugee Children.)

Children and Armed Conflict, and Their Recovery

87. One of the key priorities of the GOI in this area is to ensure a special focus on children in the National Disaster Relief Plan and contingency plans to meet emergency situations including situations of conflict. (For details please refer to pages 339-340 of the section on Children in Armed Conflict.)

Economic Exploitation

88. The reservation made with respect to article 32 of the Convention does not in any way dilute the government's resolve to eliminate child labour. The Government is regularly reviewing the position regarding the progressive implementation of the provisions of article 32 of the CRC. (For details please refer to page 3 of the section on General Measures of Implementation.)

89. The Child Labour (Prohibition and Regulation) Act, 1986 seeks to achieve this basic objective and the government is taking all measures to implement the Child Labour Act, Bonded Labour Act, and Employment of Manual Scavengers Act. Their implementation is gathering momentum. (For details please refer to pages 373-375 of the section on Economic Exploitation.)

90. The Implementation of the directions of the Supreme Court is being monitored by the Ministry of Labour and compliance of the directions reported to the Honourable Court on the basis of the information received from the State/UT Governments.

91. As its ongoing efforts, the Ministry of Labour carries out campaigns against child labour and training of civil organisations, government officials and law enforcement officials. (For details please refer to pages 376-377 of the section on Economic Exploitation.)

92. Rapid Assessment of child Labour has been undertaken in four districts under NCLP. It is planned to undertake such studies in another 29 districts under NCLP. (For details please refer to page 380 of the section on Economic Exploitation.)

93. The GOI has initiated action on a central legislation specifying minimum age for admission to employment and work. The provisions of the proposed legislation have been drawn from the Minimum Age Convention, 1973. The Government also proposes to ratify the ILO Convention No. 182 (Worst Forms of Child Labour Convention).

Drug Abuse

94. In order to tackle the problem of drug abuse in the country, the Government has adopted a two-pronged strategy of supply control and demand reduction of drugs. (For details please refer to page 386 of the section on Drug Abuse.)

Sexual Exploitation and Abuse

95. The Supreme Court of India passed the important judgement on the subject of commercial sexual exploitation of children and women in the case of Gaurav Jain vs Union of India on 9 July 1997. The GOI has taken a number of steps in pursuance of the judgement. (For details please refer to pages 394-397 of the section on Sexual Exploitation and Abuse.) The Indian Penal Code (sections 361, 366, 366A, 366B, 372 and 373) already contains several provisions, which make kidnapping unlawful. (These provisions have been dealt in detail on page 400 of the section on Sale, Trafficking and Abduction.)

96. CHILDLINE Service has been initiated by the Government for children in distress and to respond to children in emergency situations and refer them to relevant Government and Non-Governmental organisations. (For details please refer to page 365 of the section on Physical and Psychological Recovery and Social reintegration of the Child.)

97. The State Departments of Women and Child Development are implementing various schemes for the welfare of *devdasi* girls. (For details please refer to pages 395-396 of the section on Sale, Trafficking and Abduction.)

98. The Convention on Preventing and Combating Trafficking of Women and Children into Prostitution has been drafted and is expected to be ratified at the next SAARC Summit. This Convention seeks to take measures to prevent cross-border trafficking through proper international governmental coordination as well as harmonizing various laws and legal provisions relating to trafficking and rehabilitation of rescued victims.

99. The GOI is in the process of amending the Immoral Traffic (Prevention) Act, 1956 (ITPA) and making punishment for traffickers more stringent and putting greater criminal culpability on them. For this purpose, the National Commission for Women has recently sponsored country wide consultations and proposed certain recommendations which are being processed for preparing an Amendment Bill.

100. India is in the process of ratifying the international Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.

Administration of Juvenile Justice

101. The Juvenile Justice (Care and Protection of Children) Bill, 2000 replaces the existing Juvenile Justice Act, 1986. It takes into account the CRC and other Relevant International Treaties. This law has a child friendly approach and provides for proper care, protection and treatment and also for ultimate rehabilitation of children in need of care and protection. (For more details please refer to pages 340-356 of the section on Administration of Juvenile Justice.)

I. Dissemination of the Report

102. The GOI has initiated a number of measures for dissemination of the Report. The key observations and recommendations have been presented at major meetings and forums on children's issues at national, state and district levels. The *Concluding Observations* are being widely disseminated through meetings and workshops, to NGOs and general public seeking information and through the internet. (For more details please refer to pages 19-20 of the section on General Measures of Implementation of the Report.)

SECTION I

GENERAL MEASURES OF IMPLEMENTATION

(Arts. 4, 42 and 44, para. 6, of the Convention)

103. As an affirmation of its strong commitment towards children, and to mainstream women in the process of development, the Government of India (GOI) set up the Department of Women and Child Development (DWCD) in 1985. The creation of a separate department was a landmark step in bringing child-related issues to the centrestage. Shortly after this, the Convention on the Rights of the Child (CRC) was adopted by the UN in 1989. In 1992, just three years later, India acceded to the CRC, becoming one of the first few countries in the world to do so. This quick accession to the CRC is proof of India's firm resolve to promote the best interests of its children.

104. While acceding to the CRC, India had declared with regard to article 32 that "While fully subscribing to the objectives and purposes of the Convention, realising that certain rights of the child, namely, those pertaining to the economic, social and cultural rights can only be progressively implemented in developing countries, subject to the extent of available resources and within the framework of international cooperation, recognising that the child has to be protected from exploitation of all forms, including economic exploitation; noting that for several reasons, children of different ages work in India; having prescribed minimum wages for employment in hazardous occupations and in certain areas; having made regulatory provisions regarding hours and conditions of employment; and being aware that it is not practical immediately to prescribe minimum ages for admission to each and every area of employment in India—the GOI undertakes measures to progressively implement the provisions of Article 32, particularly paragraph 2 (a), in accordance with its national legislation and relevant international instruments to which it is a State Party".

105. This reservation does not in any way dilute the Government's resolve to eliminate child labour. It only seeks to present the ground realities and to ensure the best interests of the country with respect to any possible misinterpretation in the present global context of economic liberalisation. The Government is regularly reviewing the position regarding the progressive implementation of the provisions of article 32 of the CRC, and it has initiated the process for specifying the minimum age for admission to employment and work, in view of the commitments under the CRC and the Minimum Age Convention, 1973. The Government is also proposing to ratify the ILO Convention on the Worst Forms of Child Labour (Convention 182). Most elements of the worst forms of child labour, which the ILO Convention seeks to eliminate, are already prohibited under the CRC.

Legislative measures

106. India is governed by the Constitution which came into force on 6 January, 1950. The Constitution offers all citizens, individually and collectively, certain basic freedoms in the form of six broad categories of Fundamental Rights which are justiciable. These include the right to equality, right to freedom of speech and expression, right against exploitation, right to freedom of religion, right to conserve culture and the right to constitutional remedies for the enforcement of Fundamental Rights. The Constitution also lays down certain Directive Principles of State Policy which, though not justiciable, are fundamental in the governance of the country, and it is the duty of the State to apply these Principles while framing laws. The Directive Principles lay down that the State shall strive to promote the welfare of the people by securing and protecting as

effectively as it may, a social order based on justice—social, economic and political. They also lay down that the State shall provide opportunities and facilities for children to develop in a healthy manner, and for free and compulsory education for all children up to the age of 14 years. A distinctive feature of the Indian Constitution is that the chapter on Fundamental Rights recognises children as persons entitled to fundamental rights, and this concept has been an accepted part of the domestic legal tradition from the time the Constitution was adopted. Several countries in South Asia have followed the precedent set by India and incorporated chapters on fundamental rights in their national constitutions.¹

107. The major provisions of the Constitution relating to children are:

Fundamental Rights

Article 14: “The State shall not deny to any person equality before the law or the equal protection of laws within the territory of India.”

Article 15: “The State shall not discriminate against any citizen. Nothing in this Article shall prevent the State from making any special provisions for women and children.”

Article 21: “No person shall be deprived of his life or personal liberty except according to the procedure established by law.”

Article 23: “Traffic in human beings and *begar* and other forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with the law.”

Article 24: “No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.”

Directive Principles of State Policy

Article 39: “Right of children and the young to be protected against exploitation and to opportunities for healthy development, consonant with freedom and dignity.”

Article 42: “Right to humane conditions of work and maternity relief.”

Article 45: “Right of children to free and compulsory education.”

Article 46: “To promote educational and economic interests of weaker sections to protect them from social injustice.”

Article 47: “The State shall endeavour to raise the level of nutrition and standard of living and to improve public health.”

108. Some very relevant and crucial constitutional provisions relating to children are included in the chapter on Directive Principles of State Policy, which are of guidance to the State and cannot be claimed legally. The State should strive to convert these principles into fundamental rights at the earliest so that all the rights of children can be legally asserted and their withdrawal under any circumstances not permitted. The proposed 83rd Constitutional Amendment seeking to make elementary education a fundamental right, is a step in this direction.

109. It is noteworthy that in the last three decades several major policies and action plans have been announced for improving the status of children. These include:

- 1974 – National Policy for Children
- 1983 – National Health Policy
- 1986 – National Policy on Education
- 1987 – National Policy on Child Labour
- 1993 – National Nutrition Policy
- 1996 – Communication Strategy for Child Development
- 1991-2000 – National Plan of Action for SAARC–Decade of the Girl Child
- 1992 – National Plan of Action for Children
- 1995 – National Plan of Action on Nutrition
- 2000 – CHILDLINE Service and Childline India Foundation
- 2000 – National Initiative for Child Protection (NICP)
- 2000 – The Juvenile Justice (Care and Protection of Children) Act, 2000.

110. All the initiatives and programmes for the development of children have been backed by strong legislative support and political will. Primary amongst these are:

- 1890 – The Guardian and Wards Act
- 1929 – The Child Marriage Restraint Act (Amended in 1979)
- 1948 – The Factories Act (Amended in 1949, 1950 and 1954)
- 1956 – Hindu Adoption and Maintenance Act
- 1958 – Probation of Offenders Act
- 1960 – The Orphanage and Other Charitable Homes (Supervision and Control) Act
- 1986 – Juvenile Justice Act
- 1986 – Immoral Traffic Prevention Act
- 1986 – The Child Labour (Prohibition and Regulation) Act
- 1992 – The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act

- 1994 – The Pre-natal Diagnostic Technique (Regulation, Prevention and Misuse) Act
- 1996 – The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act.

111. The commitments undertaken by India under the CRC require that legislative, administrative and other measures follow to implement specific policies which have been recognised as crucial to realising the rights articulated in the CRC, for example, a review and revision of all laws pertaining to children. Inherent in this exercise is also an obligation to review the manner in which existing laws are implemented. Accordingly, various processes along these lines have been initiated since the time the GOI acceded to the Convention.

112. Within this context, the decision of the Ministry of Information and Broadcasting to amend the Cable Television Networks Rules, 1994 (G.S.R. 710 (E), dated 8 September, 2000), is significant. This amendment categorises certain broadcasts as not suitable for “unrestricted public exhibition” and prohibits the broadcast of any advertisement that promotes directly or indirectly the production, sale or consumption of:

- (a) Cigarettes, tobacco products, wine, alcohol, liquor or other intoxicants;
- (b) Infant milk substitutes, feeding bottles or infant foods.

113. The Government of Delhi has amended Sections 8 and 9 of the Delhi Anti-smoking and Non-smokers Health Protection Act, 1996, in January 2001, making it illegal to sell cigarettes and other tobacco-based products to persons below the age of 18 years. Storing, selling and distributing cigarettes or other tobacco-based products within 100 metres of schools, colleges and educational institutions are illegal. Any violation of this law could lead to a fine of up to Rs 500 for the first offence and Rs 1,000 for the second offence with imprisonment of up to three months.

114. Following an order of the High Court in December 2000, Rule 37 of the Delhi School Education Act, 1973, allowing for corporal punishment for children has been struck down. The Court staunchly upheld the child’s right to life and referred to the provision provided to this effect in the Constitution, the National Policy on Education and the CRC. The Court defined the rights of the child in its widest sense of the term, “encompassing all that which gives meaning to life and makes it wholesome and worth living, something more than mere survival or animal existence”.

115. The amendment to the Cable Television Network Rule is a bold step, as the revenues from advertising of cigarettes and other tobacco products, wine and other intoxicants, infant milk substitutes, bottles and infant foods are substantial. The impact of advertising, particularly on children, has been documented and it is expected that this notification will lead to the deglamourisation of these products in the eyes of both children and adults alike. Additionally, the amendment regarding the prohibition of sale of tobacco products near schools is in recognition of the fact that children under the age of 18 years now form one of the largest growing markets for these products. The observations of the High Court while striking down the provision on corporal punishment are extremely heartening. They are proof of the judiciary’s sensitivity towards children and its recognition of the need to protect the rights of the child and to implement the provisions of the CRC.

116. In addition to these steps, the Government is considering introducing amendments to existing Acts and also new legislation to protect the best interests of the child. Some important measures proposed are:

- The launching of the *Sarva Shiksha Abhiyaan* (SSA)—the Education for All Campaign—which is a holistic and convergent scheme aimed at achieving the goal of Universal Elementary Education. This new programme has been initiated:
 - With the aim of bringing all children to school or to an alternative school, or to an Education Guarantee Scheme School by 2003;
 - To provide eight years of quality elementary schooling to all children in the 6-14 years age group by 2010;
 - With a special focus on educational needs of girls, Scheduled Castes and Scheduled Tribes;
 - To cover all districts in the country by March 2002;
- In the course of implementing *Sarva Shiksha Abhiyaan* (SSA), the Government is proposing to amend the Constitution to make education for children in the age group of 6–14 years a fundamental right;
- The Prime Minister has announced the launch of the *Netaji Subhash Saksharta Mission* (Literacy Mission) for completely eliminating illiteracy in the country;
- The Juvenile Justice Act, 1986, has been reviewed and has been replaced with a new legislation—The Juvenile Justice (Care and Protection of Children) Act, 2000—to make juvenile justice administration more child-friendly and to bring the legislation in line with the CRC;
- A National Commission for Children (NCC) for protecting the rights of children is on the anvil. The NCC will have statutory powers to inquire into violations of child rights. It will also review all laws pertaining to children and make recommendations in order to harmonise them with the provisions of the CRC;
- An examination of all Acts pertaining to children is already under way by all departments in the Government to identify amendments, wherever necessary, to ensure that the rights of children are protected;
- The Law Commission has already reviewed the Code of Criminal Procedure and is likely to undertake a comprehensive review of the Indian Penal Code and the Indian Evidence Act;
- It is also proposed to set up a National Nutrition Mission for eliminating malnutrition in the country by making an intervention through the life cycle approach. The three main components of the strategy will be awareness generation, direct dietary interventions and nutrition monitoring.

117. Other measures being contemplated include an amendment to the Infant Milk Substitutes, Feeding Bottle and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, to strengthen its provisions to promote breastfeeding. Action has been initiated to ratify ILO Convention 182 on the Worst Forms of Child Labour and to specify the minimum age for admission to employment and work.

118. A unique feature in India in recent times has been the active role played by the judiciary and the Supreme Court, in particular, in upholding the rights of the child. The Supreme Court of India has developed the concept of jurisdiction under which any individual can approach the Court with regard to the violation of a fundamental right. The Supreme Court has also modified traditional concepts by allowing groups of persons or organisations to intervene on violations of fundamental rights even though they may not have a personal interest in the matter. Though group interests are pursued through social action litigation as a matter of public concern, the development is broader in scope than public interest litigation that is familiar to American jurisprudence. This concept of “social action litigation” in India represents an effort to use the legal system to ensure action to realise constitutionally guaranteed rights. A former Chief Justice of the Indian Supreme Court, Justice Bhagwati, reflected this perception of social action litigation in many of his pronouncements in decided cases and other forums. Social action litigation, in his view, is an effort to “further the cause of justice to socially and economically disadvantaged groups”.

119. Some of the most important examples of social action litigation for children are the following cases, each of which has been a landmark in the process of ensuring children’s rights:

- (a) Laxmikant Pandey *vs.* Union of India [AIR (1984) SC 469, AIR (1986) SC 276, AIR (1987) SC 232] on Adoption;
- (b) Shiela Barse *vs.* Union of India [AIR (1986) SC 1883, AIR (1988) SC 2211] on Trafficking of Children;
- (c) Unni Krishnan *vs.* State of Andhra Pradesh [1993 1 SC 645] on Education;
- (d) M.C. Mehta *vs.* State of Tamil Nadu [JT (1990) SC 263] on Child Labour;
- (e) Gita Hariharan *vs.* Reserve Bank of India [(1999) 2, SC 228] on Guardianship;
- (f) Centre for Enquiry into Health and Allied Themes (CEHAT) & Others *vs.* Union of India & Others [(2000) SC 301] on implementation of Pre-natal Diagnostic Techniques, Regulation and Prevention of Misuse, Act (PNDT).

120. While these cases will be dealt with in detail later in the report, it would be worthwhile to note the observations of the Court in the M.C Mehta case:

“The gamut of the Convention covers the full personality of the child in every dimension. Having acceded to the said instrument, that very fact is reinforcement of the tryst of the Republic with the children of India which shall be redeemed. A constellation of legislations have been enacted and many occupations and processes have been prohibited for children. Quite a few directives have been issued to the States, particularly to abolish child labour, and the Court has been at pains to pragmatise the whole situation. The right to free and compulsory education of children has been, by Court ruling, given the status of a fundamental right. The finest investment in the future for any country to make is in nourishment, physical and mental, to babies, boys and girls.”

121. The emergence of the judiciary as a champion of child rights is one of the most encouraging and significant developments in recent times. The influence and role of the judiciary will be a crucial factor in sensitising the other arms of the Government on child rights and in activating the provisions of the CRC.

122. The Constitution of India, through its Preamble, Fundamental Rights and Directive Principles of State Policy, provides for basic human rights for the people of India. In case of violations, an aggrieved person can approach a Court of Law or any competent authority such as the National Human Rights Commission, the State Human Rights Commission, etc., for redressal.² The provisions of the CRC can be directly invoked before Courts, Commissions and other bodies in India. Wherever the provisions are reflected in the laws of the land, they are justiciable and any violation of these rights will lead to their restoration and to the imposition of penalties on the offending party. The CRC, in fact, has been a guiding document for several judicial pronouncements in India.

123. The DWCD is the nodal department in the Government for all issues pertaining to children and it is invariably consulted on all major initiatives relating to children, including amendments to existing legislation, or introduction of new legislation. This process enables the Government to reduce the possibility of any conflicts. Moreover, since the principles underlying the Convention are the same as those underlying the Constitution of India, there is little or no likelihood of any conflict arising between the Convention and national legislation.

National strategy for children

124. In September 1990, heads of State and other leaders from over 70 nations assembled in New York at an unprecedented meeting to lay down specific goals pertaining to the rights of children to survival, development and growth to be achieved by the end of the decade. Following the World Summit, India commenced the formulation of a National Plan of Action to actualize the promises made by the global community by setting out national, quantifiable goals to be achieved by the year 2000. The National Plan of Action for Children was a result of close interaction both within the government as well as outside with representatives of civil society. It reflects the needs, rights and aspirations of over 300 million children in the country and sets out quantifiable indicators to be achieved within a specific time-frame. The priority areas in the National Plan of Action are health, nutrition, education, water, sanitation and environment. The Plan gives special consideration to children in difficult circumstances and aims at providing a framework, through the goals and objectives, for actualisation of the CRC in the Indian context. It also lists out activities to achieve these goals, and identifies quantifiable targets in terms of 27 survival and development goals laid down by the World Summit for Children. Most of the goals laid down by the World Summit were incorporated in the Plan of Action but a few were modified to suit India's requirements. In order for the goals, objectives and activities of the Plan to be more need-based and area-specific, the Central Government urged all the State/UT Governments to prepare State Plans of Action for Children, reflecting regional specificities. In response, almost all the major States have adopted State Plans of Action for Children. The mid-decade and decadal goals have been constantly monitored by a high-powered inter-ministerial committee in the Department of Women and Child Development.

125. Of the 27 goals identified by the World Summit for Children, India modified and expanded upon 12 of the goals when finalising the National Plan of Action. The major goals of the World Summit are:

- Between 1990 and the year 2000, reduction of infant mortality rate (IMR) by one third or to 50 per 1000 live births and under-five child mortality rate by one third or to 70 per 1000 live births, whichever is less;
- Between 1990 and the year 2000, reduction of maternal mortality rate by half;
- Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half;
- Universal access to safe drinking water;
- Universal access to sanitary means of excreta disposal;
- Universal access to basic education, and achievement of primary education by at least 80 per cent of primary school-age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls;
- Reduction of adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy;
- Improved protection of children in especially difficult circumstances and tackling the root causes leading to such situations;
- Special attention to health and nutrition of the female child and to pregnant and lactating women;
- Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late and too many;
- Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies;
- Reduction of low birth weight (less than 2.5 kg) rate to less than 10 per cent;
- Reduction of iron deficiency anaemia in women by one third of the 1990 levels;
- Virtual elimination of iodine deficiency disorders;
- Virtual elimination of Vitamin A deficiency and its consequences, including blindness;
- Empower all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food well into second year;
- Growth promotion and its regular monitoring to be institutionalised in all countries by the end of the 1990s;
- Dissemination of knowledge and supporting services to increase food production to ensure household food security;

- Global eradication of poliomyelitis by the year 2000;
- Elimination of neo-natal tetanus by 1995;
- Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step towards the global eradication of measles in the longer run;
- Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age;
- Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years, and 25 per cent reduction in the diarrhoea incidence rate;
- Reduction by one third in the deaths due to acute respiratory infections in children under five years;
- Elimination of guinea-worm disease (dracunculosis) by the year 2000;
- Expansion of early childhood development activities, including appropriate low-cost family and community-based interventions;
- Increased acquisition by individuals and families of knowledge, skills and values required for better living, made available through education channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.

126. The National Plan of Action has added to the goals of the World Summit by emphasising the “Girl Child” and the “Adolescent Girl”. It also includes goals on the child and environment, and on gender advocacy and people’s participation. The National Plan of Action has also modified some of the goals to adapt them to the situation in India, e.g. reduction of infant mortality rates to less than 60 per 1,000 live births instead of to 50 as given in the goals of the World Summit for Children.

127. The United Nations Special Assembly on Children (UNGASS) will be held in September 2001 in New York. World leaders will assemble to review the progress of the decadal goals and to lay down the course of future action. India has recently submitted a report on the follow-up action to the World Summit goals. India’s report card is mixed—high performance in some areas contrast with slow progress in others. Guinea-worm disease has been eradicated and the country is very near to eradicating polio with only 265 reported cases of the wild polio virus. The IMR has declined to 70 and 20 of India’s states have achieved the goals of IMR of 60 and less. The literacy rate in India went up to 65.4 per cent in 2001 from 52.2 per cent in 1991. During this period male literacy increased from 64.1 per cent to 76 per cent and female literacy rose from 39.3 per cent to 54.3 per cent. The status of indicators after the end-decade review of the World Summit goals is in the Annexure to this report.

128. A question has been raised as to whether a separate Action Plan for achieving child rights is required. This chapter has brought out the wide array of initiatives in India, from the Constitution

to legislative support to programmes and policies. Nonetheless, gaps in the actual realisation of rights do exist for a very large number of children. An Action Plan that would enable all partners such as the Government and civil society to maximise the benefits of all efforts, rather than reiterate existing provisions, would be of immense value.

129. It is abundantly clear that much more—in terms of resources, capacity and commitments—is required if India is to realise the goals for children. While in terms of percentages, India has recorded fairly impressive gains, in absolute numbers, the children who are deprived of their rights in India is staggering. For instance, there are over 17 million child labourers at a conservative estimate—more than three times the population of Denmark. With respect to child labour elimination and tackling the debt-poverty-illiteracy cycle, it is imperative that steps are taken to break the vicious cycle through multi-dimensional interventions through constant dialogues with employers, international agencies and NGOs. At the present pace, the burgeoning population will always be ahead of all development and it is imperative therefore, that the speed of social sector development is increased.

Special government mechanisms set up to promote, coordinate and monitor measures for children at central and district levels

Nodal ministry/department

130. The DWCD, set up in 1985, in the Ministry of Human Resource Development is the nodal agency responsible for matters concerning women and children at the central level. The Minister for Human Resource Development and the Minister of State for Human Resource Development head the Department, while personnel comprise a mix of civil servants and technocrats. The State Governments also have a Department of Women and Child Development, each with a similar organisational structure. The Department formulates plans, policies and programmes, enacts/amends legislation, and guides and coordinates the efforts of both governmental and non-governmental agencies in the field of women and child development. The DWCD has the responsibility for a wide range of child development programmes and as being the nodal department for the implementation of the CRC and for coordinating the CRC reporting process, it has a strong children's agenda. It plays a complementary role to the other developmental programmes in sectors such as health, education and rural development.

131. The most important programme that the DWCD implements is the Integrated Child Development Services (ICDS) — a scheme which is considered the world's largest outreach programme providing a package of services comprising supplementary nutrition, immunisation, health check-up and referral services, pre-school education, health and nutrition education to almost 30 million children under the age of six years, adolescent girls, and expectant and nursing mothers all over the country. The DWCD has also steered the adoption of a National Nutrition Policy (NNP), the setting up of the National Creche Fund (NCF) and a scheme for girl children called the Balika Samriddhi Yojana (BSY)—Scheme for the Prosperity of the Girl Child. The DWCD also manages the National Children's Fund which provides financial assistance to initiatives not covered by any other Government scheme. The mandate and schemes of the DWCD have evolved over the last 15 years and there is an effort to review this periodically in light of the obligations arising from the implementation of the CRC.

132. The DWCD is responding to immediate issues arising from the CRC reporting process and it is trying to influence other ministries and departments that are concerned with children's issues and which operate programmes and schemes that impact on children.

133. Amongst support organisations, the National Institute of Public Cooperation and Child Development (NIPCCD), which was set up in 1975 under the DWCD, is expected to provide a comprehensive perspective on the status and needs of children and women through development, research and networking. It has been given the task of developing and promoting voluntary action in social development. In pursuit of the CRC and the National Policy for Children, it is expected to develop and promote measures and programmes for coordinating governmental and voluntary action in social development. It provides membership to institutions, non-governmental organisations and is simultaneously responsible for capacity building of NGOs through training, exposure visits and workshops. Its Resource Centre on Children provides documentation and information services in the field of public cooperation and child development. The National Resource Centre on Child Labour (NRCCCL) was set up in March 1993 with the objective of assisting Central and State Governments, NGOs, policy makers, legislators and social groups through a variety of interventions and to develop capabilities of the target groups. The NRCCCL has compiled a large documentation on child labour and is now assisting the Ministry of Labour, GOI, in the implementation of Child Labour Projects. Besides collaborating with ILO, UNICEF and various State Labour Institutes, the NRCCCL has established a network with about 400 NGOs and trade unions for the purpose of assisting them in the implementation of child labour programmes.³

134. A number of ministries, departments and autonomous institutions are responsible for many important aspects of the CRC in the Central and State Governments. These include the Department of Education, Ministry of Health and Family Welfare, Ministry of Social Justice and Empowerment and the Ministry for Labour. The values and principles contained in the CRC are being incorporated in the Government's sectoral policies and programmes systematically at different levels.

135. The Ministry of Social Justice and Empowerment, set up in 1985, is responsible for formulation of programmes and policies aimed at empowering the socially and economically weaker sections of the society. The Ministry has the responsibility to cater to the requirements of neglected and marginalised, abandoned destitutes, neglected and delinquent children, physically challenged children, children of sex workers, children of socially backward classes of the society, the street children and any child in need of care and protection. The policies and programmes aim at equipping these children to sustain a life of respect and honour and become useful citizens of the country. The Ministry thus looks after the welfare and all-round development of the marginalised and destitute children.

136. With the objective of strengthening coordination at the central level, a National Coordinating Mechanism (NCM) was constituted in January 2000 through an executive order issued by the DWCD for monitoring the implementation of the CRC. The NCM is chaired by the Secretary, DWCD, and its members include the Joint Secretaries of the relevant ministries and departments, viz., Ministry of Labour, Ministry of Social Justice and Empowerment, Department of Education, Department of Health, Department of Family Welfare, Ministry of Law, Department of Legal Affairs, NCW, NHRC, a UNICEF representative and four NGOs. The Joint Secretary (Child Welfare) in the DWCD is the Member Secretary of the NCM. The NCM held its

first meeting in September 2000 and it is expected that in 2001 it will clearly evolve its role in relation to the implementation and monitoring of the CRC in the country.

137. India is the world's most populous democracy, and Indian society is extremely pluralistic. The Indian political system is federal, comprising of 28 States and seven Union Territories. Through recent constitutional amendments, three new States have been carved out of bigger states in response to popular sentiments and compulsions of governance. The trend towards decentralisation has resulted in the devolution of increasing authority to the three-tiered system of governance at the district and sub-district level called the *Panchayati Raj* and the *Nagar Palikas* in rural and urban areas, respectively. Thus, the implementation of the general measures of the CRC has to be seen at all the different levels and in conjunction with one another.

138. Monitoring is a very important aspect of all programme implementation and all initiatives are regularly monitored by the Departments implementing them and any other agency which may also be involved in the programme. Professional bodies carry out monitoring and evaluation to provide independent analysis and the Planning Commission of India, for example, commissions its own studies in this regard. The information collected is fed back into the programme for corrections, modifications or additions. Sometimes, schemes which no longer serve a purpose are phased out and new schemes initiated in their place. Over a relatively short period of time, India has built up an impressive stock of reliable data based on monitoring studies and evaluations.

139. A high-powered National Commission for Children (NCC) to address the CRC agenda and to proactively actualise the provisions of the CRC is on the anvil. Towards safeguarding the constitutional and legal rights of children specifically, the NCC will be set up shortly on the lines of the National Human Rights Commission (NHRC). It is likely to be headed by a retired judge of the Supreme Court and it will have six members who will be from the fields of primary education, social action in child care, law (with special emphasis on juvenile justice), social work (with experience and commitment to the care of neglected children) and child labour. The member secretary will be of a rank not lower than that of a Joint Secretary to the GOI. It is expected that the NCC will be empowered to take up the issue of special courts for children and also order punitive action in case of violation. Like the NHRC it may also have State-level bodies.

Data Collection

140. India has a very well developed statistical system and it is one that the country is justifiably proud of. The Registrar General of India, the National Sample Survey Organisation, the International Institute of Population Sciences and other organisations conduct regular surveys on a large set of indicators and report trends at the National, State and District levels. Different sources of data such as the National Population Census, the Sample Registration System, National Sample Surveys, and National Family Health Surveys, amongst others, provide a wealth of information.

Civil Registration System (CRS)

141. The Registration of Births and Deaths has been made compulsory throughout the country under the Registration of Births and Deaths Act, 1969. At the National level, the Office of the Registrar General, India, coordinates the birth and death registration activities in the country and also compiles data relating to birth and death registration. As per the provisions of the Act, a Chief Registrar has been appointed for every State/Union Territory and under him there are

District Registrars. Under the District Registrars there are Registrars who actually do the registration of births and deaths, issue birth and death certificates and also compile the basic data. There are about 200,000 reporting units and more than 100,000 registrars in the country.⁴

The Census

142. The Indian census tradition dates back to 1872, when the first all-India census was conducted on a non-synchronous basis and 1881, when the first synchronous census was conducted. The Indian census, conducted every 10 years, is arguably one of the largest nationally administered exercises in the world counting as it does every man, woman and child in the second most populous country in the world. It must be noted that there are very few countries in the world with a history of uninterrupted decennial census going back to 1881. The Census of India 2001, has introduced several new and useful questions as well as modifications in earlier questionnaires, and marks a bold step in taking the census way beyond a head count. The 2001 census, the 14th Indian census, involved over two million enumerators and supervisors. The Indian census is among the most accurate in the world, with an error margin of less than two per cent. This is primarily because India follows the “door-to-door” technique unlike most developed countries, which have switched to a postal head count. The first phase of the census is a reconnaissance operation—a comprehensive listing of all the houses and households in the country. This was completed during April–September 2000, in a phased manner. In February 2001, a huge army of enumerators spent about 25 days “arguing with suspicious security guards, rowing to inaccessible islands and plodding across paddy fields” to count every single Indian⁵—an awe-inspiring task indeed!

The Sample Registration System (SRS)

143. The SRS is a large-scale demographic survey for providing reliable annual estimates of birth rate, death rate and other fertility and mortality indicators at the national and sub-national levels. The SRS was initiated by the Office of the Registrar General of India on a pilot basis in a few selected States in 1964–65. It became fully operational in 1969–70 covering about 3,700 sample units. At present, SRS covers 6671 sample units (4436 rural and 2235 urban) in all States and UTs. The sample unit in a rural area is a village or a segment of it, if the village has a population of 1500 or more. In urban areas, the sampling unit is a census enumeration block with a population ranging from 750 to 1000. The SRS bulletins, published twice a year in April and October, and provide estimates of birth rate, death rate and IMR at State level while the statistical report published annually provides detailed data on fertility and mortality.

The National Sample Survey Organisation (NSSO)

144. The NSSO was set up in 1950 with a view to having a permanent survey organisation to collect data on various facets of the economy through nation-wide sample surveys in order to assist in socio-economic planning and policy making. The NSSO covers different subjects of importance, such as employment and unemployment, consumer expenditure, land holdings, livestock enterprises, debt and investment, social consumption, demography, morbidity and disability through household surveys. The National Sample Survey is a continuous survey in the sense that it is carried out in the form of successive “rounds”, each round usually of one-year duration covering several topics of current interest in a specific survey period. The survey programme conforms to a cycle over a period of 10 years, some topics being repeated once in 10 years and some being repeated once in five years. Subjects of special importance are also

accommodated in the intervening years or covered along with regular repeated surveys. At present, an NSS round at the all-India level surveys about 12,000 to 14,000 villages and urban blocks in the central sample (covered by the central agency, the NSSO) and an independent sample of about 14,000 to 16,000 villages and urban blocks in the State sample (covered by the Governments of various States and UTs).

145. Some of the recent surveys include:

- Survey on health care and participation in education and consumer expenditure (52nd round).
- Survey on non-directory trade establishments and own account enterprises, consumer expenditure (53rd round).
- Survey on common property, resources, sanitation, hygiene and services with usual enquiry on consumer expenditure (54th round).

Central Statistical Organisation (CSO)

146. The CSO is responsible for the formulation and maintenance of statistical standards, work pertaining to national accounts, industrial statistics, consumer price indices and conduct of economic census and surveys. The CSO conducts the Economic Census for collecting data on distribution of non-agricultural enterprises and to provide a frame for follow-up surveys for collection of detailed information about the structure of enterprises, investments, loans input and output, employment, contribution to national economy, etc. The fourth Economic Census was conducted during 1998–99 in all States/UTs.

National Family Health Survey (NFHS)

147. The first NFHS was conducted in 1992–93 and was successful in creating an important demographic and health database in India. The second Survey, NFHS-2, was undertaken in 1998–99, and was designed to strengthen the database further and facilitate implementation and monitoring of population and health programmes in the country. The NFHS surveys provide national estimates of fertility, infant and child mortality, maternal and child health, and the utilisation of health services provided to mothers and children. In addition, the survey provides indicators of the quality of health and family welfare services, women's reproductive health problems, and domestic violence, and includes information on the status of women, education and the standard of living. The NFHS-2 survey covered a representative sample of more than 90,000 eligible women between the ages of 15–49 years from 26 States that comprise more than 99 per cent of India's population. The survey provides State-level estimates of demographic and health parameters as well as data on various socio-economic and programmatic factors that are critical for bringing about the desired changes in India's demographic and health situation.

National Council of Applied Economic Research (NCAER)

148. The NCAER conducted a survey of 33,000 rural households in 1994 to create a Human Development Profile of India. The survey was spread over 1,765 villages and 195 districts in 16 States of India. About 90 indicators of human development that reflect various dimensions of levels of living such as income and assets, employment and wages, consumption expenditures,

literacy, morbidity, under-nutrition, demographic rates and health care utilisation were assessed. Population groups based on household income, poverty line criteria, land ownership, occupation, caste and religion, household size, adult literacy, and village development were covered in the survey.

Multiple Indicator Cluster Surveys (MICS)

149. The MICS were first conceived in India by UNICEF, India, as part of the Child Survival and Safe Motherhood (CSSM) programme when the EPI Cluster Evaluation Surveys were modified as a part of the CSSM programme in 1992 to include additional indicators related to vitamin A coverage, diarrhoea morbidity and treatment practices and the safe motherhood component of the programme with emphasis on quality and ante-natal care, place and type of assistance during delivery. UNICEF, India, has been conducting MICS in a number of States, districts and towns (including specific surveys for urban poor populations) for nearly four years now. Over 175 surveys have been conducted at various levels and have been used at the level that they are conducted. India was one of the countries included in the Global Evaluation of MICS conducted in 1996. Currently, the MICS II is being implemented in India to measure progress towards the end-decade goals, adopted at the World Summit. The survey covers indicators related to health, nutrition, education, child labour, water and sanitation.

Others

150. There is also a vast body of other sample surveys conducted by Government departments, institutions and professional bodies, which provide data on several aspects of child rights such as household expenditures on education and health, child labour, household enterprises, and nutrition distribution at the household level, amongst others. An example in this regard is the Sixth All India Educational Survey (AIES). The National Council of Educational Research and Training (NCERT) has been organising educational surveys and publishing survey reports which provide detailed educational statistics and information for planning. Six such surveys have been organised so far. The Sixth All India Educational Survey was initiated as a joint product with the National Informatics Centre (NIC) for creating an effective database on school education. Computerisation of this survey data had twin objectives—to build up a database on school education at district/State headquarters to facilitate and update essential information, and to make available data on electronic media for a wider dissemination of reports generated for various administrative units. The Sixth AIES was conducted with reference date as September 30, 1993. In addition, the Bureau of Economics and Statistics and the Departments concerned compile data at the State level. The compiled data is utilised mainly for monitoring and review and also for periodic evaluation of the statutes and schemes covered under the CRC. Thus, schemes that are relevant to the CRC may be considered part of the overall activities to which existing data collection procedures are applied.⁶

Involvement of civil society

151. Civil society organisations are involved in almost all the programmes/schemes undertaken by the GOI and the State Governments. Suitable mechanisms have been devised by the Government such as periodic review meetings and submission of progress reports from time to time by NGOs, so as to evaluate the progress achieved by them. Many NGO initiatives have been discussed later under relevant sections. At the national level, key initiatives in collaboration with civil society organisations include an awareness campaign against firecrackers and child labour, among schoolchildren in Delhi by the National Foundation of India. This led to thousands of

children taking a pledge against the use of firecrackers on Diwali—the festival of lights, one of the largest festivals in the country because these are produced by child labourers in Sivakasi in Tamil Nadu.

152. A significant partnership developed when the Indian Medical Association took up the fight against female foeticide, with doctors and other medical practitioners as the target group. The Voluntary Health Association of India and the Centre for Child and the Law, National Law School, Bangalore, have been actively involved in this initiative and many schools held debates and poster competitions for children, encouraging their participation on this issue. As a result of these steps, mass awareness has been generated, and public attention has been drawn to this practice.

153. Gujarat has been trying to involve NGOs not only in the implementation of schemes, but also in obtaining inputs for the formulation of new schemes and modifications to existing schemes. In fact, Gujarat has a long-standing tradition of promoting the implementation of schemes through NGOs.⁷ In Andhra Pradesh, collaboration with the MV Foundation focused on the promotion and protection of child rights in institutions, training staff of homes under the Juvenile Justice Act and the establishment of the Teachers Union on Child Rights.⁸

154. In addition, there are several active NGO networks on child rights issues in the country. Some of the key networks involved in systematic awareness creation, advocacy, mobilisation and campaigning on child rights are mentioned below:

- FORCES—Forum for Crèche and Child Care Services—This works in the areas of early childhood care services, maternity benefits, etc;
- National Alliance for Fundamental Right to Education—This acts as a platform to strengthen micro-level initiatives towards universalising education and to evolve a broader consensus on the right to education. It works at all levels of the Government, Parliament and with people, the media and industry to make the fundamental right to education a national priority;
- NGO Network for Street and Working Children—This is a national level network with branches in several cities, and works with juvenile delinquents;
- NACSET—This is the Network Against Commercial Sexual Exploitation and Trafficking. The network is functional in 21 districts of Maharashtra and has alliance in the States of Karnataka and Tamil Nadu. A six-month long campaign in Maharashtra led to the constitution of a State-level committee to combat child trafficking. Feedback from some States indicates active involvement of NGOs in awareness raising, training on CRC, and campaigning against child labour, foeticide and infanticide, sexual abuse and exploitation. State initiatives include:

Rajasthan, which has a network of NGOs, departments, corporations and media in 10 districts for children in need of special protection measures, a network for children in need of special protection measures, a network of NGOs on disability and a major network of NGOs in 15 districts working for street and working children.

Andhra Pradesh, where the Andhra Pradesh Child Rights Forum (APCRAF) has a network of 36 NGOs from 20 districts involved in training NGOs on the CRC and awareness and

dissemination activities at the community level. The Andhra Pradesh Alliance for Child Rights (APACR) has 250 NGOs in 17 districts and has been involved in training and dissemination activities.

Gujarat, where NGO Forums for Child Rights have been set up in Ahmedabad and Vadodra with about 65 NGOs which have familiarised themselves with the provisions of the CRC and have begun to review implementation of CRC in the State.

Tamil Nadu, where NGO networks campaign against child labour and bonded child labour, sex-selective abortions, foeticide and infanticide. NGOs are active partners in the implementation of various programmes in the State.⁹ NGOs run a large number of programmes, including setting up and running of crèches, nutritional centres, orphanages, juvenile guidance bureaux, programmes for street and working children, and drug de-addiction programmes. These programmes are supported by the State Government of Tamil Nadu and the Central Government. NGOs are also involved in the high level committee for adoption, juvenile welfare board, etc.¹⁰

Maharashtra, where the Forum Against Child Sexual Exploitation (FACSE) has prepared a State Plan of Action in collaboration with the Government, NGOs and UNICEF to place mechanisms in schools and hospitals to tackle the problem. ARC, Action for Rights of the Child, started in 1989, has made significant contributions to promoting the rights of marginalised children to education.

Bihar, where seven Child Rights Collectives have been formed at Saran, Siwan, Patna, Nalanda, East Champaran, Begusarai, and Vaishali.

Uttar Pradesh, where an NGO network on child rights has been announced with a membership of around 100 NGOs and will become operational shortly.

155. It is difficult to capture the wide range of activities of NGOs in such a large country. By and large, the NGO networks are stronger and more systematic in their work in the southern part of the country. A systematic analysis will be made of NGO efforts in the field of child rights to fully understand their contributions in implementation of CRC, and evolve a systematic plan for partnership with NGOs in planning, implementation and monitoring CRC implementation in the country.

156. The media plays a critical role in shaping public opinion and creating mass awareness. GOI and UNICEF collaborative initiatives over the years have focused on enhancing the capacity of the electronic and media and media units of the Ministry of Information and Broadcasting to integrate and represent issues concerning children and their rights effectively. Partnerships with the media have steadily increased over the years with a perceptible rise in reportage on child rights and children's issues. A wider range of sensitive issues, including child labour, child sexual abuse and violence, is being covered with more in-depth, investigative and concerned reporting.

157. The National Human Rights Commission, in collaboration with UNICEF, organised a series of four regional consultations in 1999–2000 for the electronic and print media and a number of partners, including the police, judiciary, NGOs, functionaries from different State Government departments on child sexual abuse. As a direct result of this, reporting on child sexual abuse cases in the media has increased and many sensitive programmes have been aired on TV and radio. A set of guidelines for the media on reporting child abuse, trafficking and child prostitution has been developed, released by NHRC and widely distributed to media

professionals. The All India Radio and Doordarshan (TV) have broadcast the *Meena* series of films and held talk shows and other programmes to highlight girl child issues throughout the year, especially during the Girl Child Week in September.

158. The most significant and visible change is that the media is gradually focusing on children's issues in a qualitative way. This bodes well for the future and it is expected that the media will increase its responsibility to include monitoring of child rights violations also.

Dissemination of the CRC and the Concluding Observation

159. Amongst the steps taken to disseminate the CRC and the Concluding Observations of the Committee on the Rights of the Child to India's Initial Report are:

- (a) The CRC has been translated into 13 major Indian languages with assistance from UNICEF and disseminated through State Governments, NGOs, meetings, trainings, press briefings and events;
- (b) Universal Children's Day, Girl Child Week, Nutrition Week, World Breastfeeding Week, have been some of the events around which the Government, NGOs and UNICEF have organised major campaigns and mass awareness drives on child rights issues;
- (c) Multi-media campaigns have been organised to mobilise people for immunisation, pulse polio, prevention of HIV/AIDS, elimination of child labour, and education for all, as well as for highlighting the positive image of the girl child and questioning the gender bias in society;
- (d) Special programmes on the elimination of child labour, highlighting the impact of hazardous employment on the health and development of working children are also disseminated through print, radio and other electronic media. Articles and supplements on child rights issues appear in major newspapers quite frequently. Doordarshan routinely telecasts films, documentaries, tele-serials and spots on the rights of the child and on issues like street children, disabled children, juvenile delinquents, child beggars and child education on its national as well as regional networks. There have been qualitative improvements in the programmes over the years and programmes have increasingly tried to encourage children to express their views, beliefs and experiences;
- (e) The key observations and recommendations have been presented at major meetings and forums on children's issues at National, State and District levels. The common areas of observations and recommendations in both the CRC and the Convention on the Elimination of All forms of Discrimination against Women (CEDAW) concluding observations have also been highlighted;
- (f) The Concluding Observations have been shared with different sectoral government counterparts in States, leading NGOs, some professional associations, judicial activists and journalists;
- (g) The Concluding Observations are being looked at as a tool for guiding programming decisions and incorporating recommendations for action in ongoing programmes;

- (h) By and large, NGOs have been actively using the Concluding Observations at their meetings systematically, to come together for identifying key areas for action as well as building a critical mass of concerned individuals and organisations to mobilise government consideration and action on the concluding observations. Available reports indicate discussions and debate around the Concluding Observations in Mumbai, Andhra Pradesh, Karnataka, Manipur and Delhi. These are also the places from where the NGO alternate reports on the Initial CRC Country Report were made;
- (i) The Concluding Observations have been printed and are being widely disseminated through meetings and workshops to NGOs and the general public;
- (j) A simplified public information version of the Concluding Observations has been prepared and is being disseminated. This will also be translated into major regional languages. A children's version is in the process of being developed;
- (k) The Concluding Observations have been translated into Hindi, Bengali and Assamese.

Dissemination of CRC to children

160. There has been a gradual expansion in efforts by the States to make the Convention known to children. At the National level, the National Council for Educational Research and Training (NCERT) is conducting a curriculum review and has been requested by DWCD to incorporate CRC in the school curriculum. This has been agreed to in principle. The challenge will be to prepare appropriate teaching materials for different age-groups and orient teachers for taking this on at a national scale.

State initiatives in this regard include:

- (a) **Uttar Pradesh**, where material has been prepared for children on the CRC, including posters and a magazine (*Bal Bagiya*). *Meena* video cassettes and accompanying materials have also been used extensively in districts, promoting child participation. Rights Awareness Week (14-20 November) and Girl Child Week (18-24 September) have been used by NGOs and educational institutions to create awareness on child rights among children;
- (b) **Karnataka**, where rallies marking Child Labour Day on April 30 were held across the State. Through Campaign Against Child Labour, awareness campaigns on CRC were held across 27 districts;
- (c) **Tamil Nadu**, where advocacy to include CRC in the curriculum of schools is going on, based on the success of an initiative in the State in which 800 schools have incorporated human rights education;
- (d) **Gujarat**, where the main outreach has been through the child participation initiative, in which materials have been developed by children on CRC issues;
- (e) **Bihar**, where the CRC has seen several forms—as cartoons done by *The Times of India* artists, as rhymes by the women of West Champaran district and as *Meena*

paintings and stories (one for each article). There is also a primer, a dictionary, an FAQ and a history of CRC. The CRC has also been the subject of *Bal Samachar* (Children's News) brought out by children themselves in several districts of Bihar. Children are also being reached through several Child Rights Spokespersons in the State who demystify CRC and CEDAW, and produce materials for children on child rights. *Meena* Clubs in the districts reach out to children and community members on child rights issues with a focus on girl child issues. Over the last three years, over 1000 schools in 45 districts have participated in the Child Rights Congress after receiving orientation on CRC;

- (f) **Madhya Pradesh**, where awareness of CRC among children is the first step in promoting child participation. The Madhya Pradesh Human Rights Commission has held awareness camps in schools about human rights and CRC. Mass awareness initiatives reach out to large numbers of children through special communication efforts during Girl Child Week and Child Rights Week.

161. NGOs have been taking initiatives to disseminate the CRC. A few examples are:

- (a) The North-West Programme of Save the Children Fund (UK) operating in Jammu & Kashmir has produced multilingual booklets that are aimed principally at children to make fully aware of the various provisions of the Convention, and to enable them to work towards the realisation of their rights;
- (b) Small booklets called "I have rights and responsibilities" have been published by SCF and UNICEF, Delhi;
- (c) Action for the Rights of the Child based in Pune has been coordinating the publication of pictorial booklets enumerating the rights of the child. The booklets are sponsored by UNICEF;
- (d) The Tamil Nadu Primary School Improvement Campaign aims at building awareness through campaigns on child rights, specifically the child's right to education;
- (e) Madhyam, an NGO in Bangalore, has been printing colourful posters with messages on child rights;
- (f) Aashray, situated in Andhra Pradesh, has been working on awareness programmes on child rights among community leaders and members of the community and children;
- (g) The Indian Council for Child Welfare, Tamil Nadu, has been publishing a newsletter, in which a column has been allocated for child rights;
- (h) IPER, a Kolkata-based NGO, has translated the CRC for children into Bengali.

Capacity-building training for CRC

162. The size and complexity of India and the structure of the Government make it difficult to capture and define a national overview of the capacity development initiatives that have been put

in place for accelerating the implementation of CRC. There are some training institutions governed by the Central Government and others which come under the jurisdiction of State Governments. For instance, the Lal Bahadur Shastri National Academy of Administration, Mussoorie and the Sardar Vallabhbhai Patel National Police Academy, Hyderabad, are responsible for the training of Indian Administrative Service (IAS) and Indian Police Service (IPS) officers. Graduates from these academies hold key decision making positions in the Indian bureaucracy. So far, training inputs on child rights have been in the form of panel discussions and presentations by programme staff, activists or NGOs. The Centre for Child and the Law, National Law School, Bangalore, is developing a curriculum for the IAS academy which will need to be incorporated into the training calendar. In a welcome move, the Police Academy has integrated CRC into its ongoing training programmes. The GOI, through NIPCCD, organises several training programmes for NGOs and other professionals working with or for children, in which the CRC provisions are highlighted.

163. Training for different categories of people dealing with children has been going on in India since Independence. All through the Five Year Plans with every child welfare measure taken by Government to fulfil the rights of children as enshrined in the Constitution, training modules and institutions were developed from the grassroot point to the Central level in accordance with programmes undertaken, such as, Applied Nutrition Programme, Balwadi Programme, ICDS, Juvenile Justice, etc. Efforts are on to re-orient the training strategy for field level workers and the community towards child rights. The process has already started to re-orient the existing training programmes pertaining to Early Childhood Development, Health and Family Welfare, Elementary Education, Rural Development towards the concept of child rights. NIPCCD has already initiated the process of re-orienting its training syllabus towards CRC and some State Governments have also done so. NGOs, staff and organisations working with the Labour Department, Police Department and children have also been trained in the CRC in several States. This process is still under way and should gain momentum at District and State levels. In view of the federal de-centralised nature of administrative functioning in the country, it is difficult to report on actual numbers of persons trained by category in India.

164. Key child rights training initiatives from a few States are as follows:

Bihar: Nalanda Open University has launched a certificate and Diploma course in CRC and CEDAW. Over 500 adults, many of them journalists and artists, participated in a four-day intensive Child Rights Spokespersons Course, preparing them as advocates of child rights. Forty school-teachers have been trained as master trainers for furthering CRC orientation in schools. National Service Volunteers and other youth have been oriented through *Nehru Yuval Kendras* and the Legal Aid Committee of South Bihar.

Tamil Nadu: Training resource groups available in the State include the Human Rights Advocacy and Research Foundation, Indian Council for Child Welfare and the Centre for Child Rights and Development. Training of trainers for dissemination of CRC through folk media has also been conducted in the State. Several training programmes have been held, including training of Juvenile Justice Act functionaries, teachers and frontline workers of five National Child Labour Project districts, labour inspectors and municipal commissioners and elected representatives in the same districts. Members of the Inter-media Publicity Coordination Committee and some journalists in the State have received CRC orientation.

Andhra Pradesh: The Andhra Pradesh Academy for Rural Development (APARD) and the Andhra Pradesh Police Academy have incorporated CRC in the curriculum for ongoing training of Government officials. Over 480 trainers of APARD have received CRC training and 80, 000 elected representatives have been oriented in CRC. Training of local bodies on CRC was undertaken by the Regional Centre for Urban Environmental Studies. The Andhra Pradesh Police Academy has sensitised police officials on child rights. Teachers have received CRC orientation under special projects.

Uttar Pradesh: State resource teams have been trained on CRC and are reaching out through more than 250 motivators to cover 10,000 children and adolescents, community members across the State, several government departments and institutions. The Institute of Judicial Training and Research has integrated issues of child rights and juvenile justice for reaching the Chief Judicial Magistrates. The *Prathmik Shishak Sangh*, with a membership of 250,000 teachers, is being reached through the Teachers' Union whose resource teams have been trained in CRC. The State and district urban development agencies and NGOs have been oriented on child rights for strengthening child rights through community development societies.

Gujarat: CRC training has been organised for NGOs, academic institutions and police officials in the State to sensitise them on protection measures for street and working children. Capacity building among staff of the Surat Municipal Corporation and Government officials has been carried out.

Madhya Pradesh: The State has given focused attention to the training of police officials, Panchayati Raj members, teachers, doctors, NGOs, youth organisations and field functionaries of various sectoral programmes have also received CRC orientation as part of their refresher training.

Karnataka: The State has been conducting CRC training of Government officials, NGOs, youth counsellors and trainers of *Nehru Yuvak Kendra* for training youth as advocates for children. An NGO, '*Mythri*', has developed training programmes at various levels. A police training guidebook has been produced with the help of BOSCO (an NGO in Bangalore) and the Ministry of Welfare and Home Affairs. A police pocketbook on tips for being child-friendly has also been developed to be used in conjunction with the training.

Maharashtra: A recent decision regarding training of judges in the State requires incorporation of a two-day module on child rights in all training programmes for judges. A small core group is being set up in the State to develop this module using the experience of NGOs working with children who come in conflict with the law. The Police Training Academy of Maharashtra is to institutionalise CRC training into in-service and pre-service training programmes and there is a proposal to train all trainers of the nine Police Academies in the State. Training modules will be developed to standardise the training by a special core group.¹¹

CRC reporting process in India

165. India acceded to the Convention on the Rights of the Child on December 11, 1992, thereby affirming its commitment towards children and their rights. India submitted its Initial Report, referred to as the First Country Report to the UN Committee on the Rights of the Child in February 1997. The UN Committee on the Rights of the Child, based on the First India Country Report, sought clarifications on more than 38 issues pertaining to the Convention. This List of Issues was sent to the relevant departments for feedback and to the Alternate Report NGOs and

Schools of Social Sciences, leading national institutions and organisations for their comments. The replies to the List of Issues were printed as a booklet and distributed at the National and State levels and sent to the Committee on the Rights of the Child. India received the comments and concluding observations from the Committee on the Rights of the Child based on its Initial State Party Report in January 2000.

166. The first periodic country report preparation process commenced in August 1999 and DWCD requested State Governments to initiate the process with state sectoral departments, NGOs, professional bodies and other civil society representatives, and submit State reports as inputs for the national report. To assist in the compilation of State inputs, DWCD prepared questionnaires based on the Committee's guidelines for preparation of periodic reports and shared these with the State Governments as well as Central Ministerial Departments.

167. Different States have adopted different processes to come up with inputs for the national report and these have varied in how participatory they were. In some States, children, NGOs and the media participated extensively; in others, the reporting was mainly based on inputs received from Government departments. NGO participation in the preparation of the State reports is in addition to the regional consultations, and cannot be accurately quantified. A brief description of the reporting process in three States is given below:

Rajasthan: Beginning with an inter-departmental meeting, the process was expanded to include participation and views of a wide cross-section of society, key groups being NGOs, individuals, Indian, government functionaries and children themselves. Through workshops, their views, experiences and suggestions regarding child rights were invited and incorporated in the report.

Andhra Pradesh: The NALSAR University of Law organised three regional consultations in the State to document developments in coastal Andhra, Rayalseema and Telangana regions. NGOs working with child rights and vulnerable groups were invited. Views of children were obtained and facilitated by Save the Children. Judicial Magistrates, educationists, school teachers, labour officers, and juvenile justice officers were also involved.

Tamil Nadu: Various departments responsible for programmes directly related to children were contacted and requested for relevant information for the Second Country Report through the following process:

- Formation of the Inter-departmental Core Committee, which includes NGOs for assessing the present status of child rights in the State;
- A feedback format to assess contribution of each sector in child rights promotion within the State;
- A two-day workshop with participants from both the Government and the NGOs was held.¹²

So far, 17 States have submitted their inputs to the Central Government and another three State reports are expected. Inputs from some Central ministries have also been received.

168. The DWCD has also put the questionnaires on their website together with a special questionnaire requesting information from NGOs about their activities in the field of child rights.

An advertisement was put in the national dailies giving this information and inviting contributions from NGOs.

169. In order to have more direct feedback from NGOs for both the CRC report as well as the End-Decade review of the Goals report, four regional consultation workshops were held between October 30 and November 11, 2000, at Mumbai, Lucknow, Guwahati and Bangalore. A mix of community-based NGOs and those with experience of national/global meetings on child rights were invited to these workshops. In all, 168 NGOs from 23 States participated in these workshops. Inputs from these workshops are being incorporated into the preparation of both the End-Decade Progress on the Goals Report and the CRC Periodic Report. Child representatives from 11 States participated in these consultations representing children's views and concerns. The representatives were selected by children from the States after a dialogue/consultation process in the State-level projects that have initiated the process of child participation. The children were made to understand the rationale for these consultations and given a chance to prepare for these meetings. They were given an opportunity to let their voices be heard and to select their representatives. This process of regional consultations was facilitated jointly by NIPCCD for the GOI, UNICEF and SCF. The draft report incorporating all the State inputs was circulated to all Central Government departments and State nodal departments for comments within a fixed time-frame. The final editing was then done by the nodal ministry based on the feedback and suggestions received. UNICEF facilitated and provided support in the report preparation process both at the National and State levels.

170. Recommendations of NGOs for strengthening CRC implementation: Some excerpts from the four regional NGO consultations—October 30–November 11, 2000

Increase awareness about child rights

- There is a need to make the media, government functionaries, NGOs and professionals working with children more aware about the CRC;
- CRC should be made part of the school curriculum and schoolchildren should be involved in dissemination of information about child rights through child-to-child and child-to-community activities;
- Awareness of CRC should percolate down to grassroots level through greater participation and partnerships;
- Child Rights should be included in curriculum of all colleges as well as in professional training of all those who work with children or provide services to them;
- The recommendations and concluding observations of the Committee on the Rights of the Child should be widely publicized in all languages so that all people know about the specific areas of action prioritised by the Committee;
- Simple, easy-to-understand versions of the CRC for different audiences should be available in all languages;
- Country Report on CRC should be made available to all NGOs;

- All the people's representatives in Parliament, State Assemblies and Local Bodies should be made aware about the CRC and its implementation and monitoring;
- Government should forge a partnership with NGOs and media to spread awareness about child rights, especially involving those NGOs who have been active in working with children and protecting their rights.

Accelerate training and capacity building for realisation of child rights

- Government servants at all levels, in all departments, especially Social Welfare, Health Education, Labour and staff of other agencies working with children should be trained in child rights;
- Training and sensitization of police personnel and all enforcement staff is a priority;
- All field-level functionaries of various departments who provide services to children require sensitisation and orientation on child rights as part of their basic and refresher training;
- Teachers and health workers should be prioritised for sensitisation on child rights;
- Orientation and sensitisation of Panchayat members and functionaries of local bodies on child rights is needed;
- CRC should be integrated into the training curriculum of various institutions like NIPCCD, IAS Academy and IPS Academy, SIRD, local bodies, State Academies of Administration and other major National and State Level Training Institutions;
- Existing training and rights related knowledge base of civil society needs to be institutionalised as a resource base for the country for accelerating CRC implementation;
- UNICEF, SCF and other bodies should facilitate workshops and training for all levels for building linkages between Central, State and local initiatives;
- Parents and community members require orientation on child rights and their responsibilities for care and protection of children;
- Media personnel, NGOs and other agencies working for children require special training on child rights;
- Training on monitoring and reporting on child rights needs to be conducted at all levels with Government, NGOs and CBOs.

Setting up coordination mechanisms for CRC implementation at various levels

171. A permanent State-level committee is required to be set up for the implementation and monitoring of CRC. The committee should have representation of NGOs working in the field of child rights, social workers, experts and representatives of minority groups, legal experts and government functionaries of all key departments who are at a decision making level. Local leaders, as well as people's and child representatives should be closely involved with the

functioning of this committee. They should be oriented and sensitised about CRC and the role of the committee.

172. There is a need for a State-level cell linked with the National Commission for Children under the Chairpersonship of the Chief Secretary. The Government should fund the cell. The cell should be responsible for:

- Reviewing, implementation and monitoring of CRC for the State;
- Inter and intra-departmental coordination to provide for sectoral liaison and links between NGOs and government;
- Looking for financial allocation and expenditure for programmes and schemes for children.

173. It is imperative to empower existing Committees set up for children's programmes to monitor child rights status at State, District, block and village levels. It should be in consultation with and have representation from Government, civil society, NGOs, *Gram Panchayats* and children.

174. Lack of accountability, information and proper documentation hinders effective coordination and monitoring of child rights at all levels. Urgent action is required to strengthen these aspects.

175. A National Commission for Children with financial autonomy and powers to enforce the laws related to child issues should be constituted, consisting of individuals from different walks of life. It should have bodies at National, State and District levels and should disseminate information on children's rights to the public and should be involved in policy decisions on children.

176. An experiment in this direction is taking place in Uttar Pradesh through the setting up of a child rights development unit in joint collaboration with the Department of Women and Child Development and the NGO network on child rights in Uttar Pradesh.

Data collection and use for influencing policies and programmes for children

177. Each State should have a coordination committee to collect data on all aspects of child rights. Existing data collection systems need to be reviewed, as there are many areas where adequate and disaggregated data are not available. This includes gender disaggregated data, and information on various forms of child abuse and exploitation, child labour, children affected by conflict/militancy, trafficking of children, tribal and indigenous children and their condition, crimes committed against children, condition of children in state-run institutions, etc.

Promoting child participation

Pre-requisites for child participation:

- Belief by all concerned that children are stakeholders in CRC, so their views and participation need to be considered and given importance. Administrative will is necessary;

- All persons working with children need to be oriented on child rights and child participation;
- There is need to spread awareness among children about their rights;
- There is a need to spread awareness among people in the family, community, state, media, NGOs, as well as among legislators, lawyers, and police levels about child rights and participation;
- Children should be partners in developing the strategy for implementation and monitoring of CRC in the country and reporting on violations of their rights;
- Children have to be given the skills and encouraged to express their views. In the specific local cultural context, this may mean a change of mind set of the adults that “children need to be seen, not heard” or that “they should not open their mouths in front of elders”;
- Children should be given the opportunity and encouraged to learn and develop participatory and thinking skills, as well as skills of developing and articulating ideas. They should be provided the opportunity and the platform to present their views and suggestions, which should be received with respect and suitably considered;
- Children should be helped to develop a sense of ownership of programmes meant for them and be helped to participate in implementing and monitoring them.

Constraints to effective implementation

- Very few people are conversant with child rights;
- Organizations and staff of agencies working with children do not have the sensitivity to child rights or a clear perspective on participation;
- Gender discrimination at all levels interferes with getting to know and hear the views of girls;
- Mind sets at family and community levels about listening to children hinder participation. Attitudinal change is required;
- Police, functionaries dealing with children, and special courts do not have an understanding of child rights and do not show empathy towards children;
- Accountability of government/staff of programmes is necessary for effective protection of child rights. Accountability of NGOs, PRIs and Social Service Clubs are equally important;
- Lack of adequate resources and skills to promote appropriate child development, which will enable participation;
- All schools and teachers do not have an orientation on child rights and do not promote children’s councils, clubs, etc. It is necessary to make school administrators

and teachers listen and consider the views of children in an atmosphere of trust and respect.

Girl child

- Persistent discriminatory social attitudes and harmful practices towards girls make them vulnerable to all types of neglect and violence, limiting their development and threatening their very survival. Gender sensitisation and mass awareness on gender equality and rights of the child need to be carried out at family and community levels to change social attitudes;
- Mass awareness drives are necessary for educating people about the correct age of marriage need for girl's education, and against son preference, pre-natal sex determination and sex selection, violence and abuse against girls and the commercial exploitation of children, the dangers of early child bearing, and the prevention of HIV/AIDS;
- Trained counsellors should be made mandatory in schools so that girls can freely approach them and access information. Life skills education should be provided to girls so that they can protect themselves from abuse;
- Registration of marriages should be made compulsory as a major initiative to prevent child marriage and economic exploitation of girls;
- Schools should have flexible timings to promote better attendance of girls. Schools needs to be made girl child-friendly.

Child labour

- A child labour vigilance committee should be formed at *Panchayat* level, comprising local NGOs, *Panchayat* members and child representatives;
- The community, law enforcement officials, teachers and personnel involved in the child labour elimination programme need to be sensitized on child rights and protection.;
- Child labour laws need to be reviewed to bring domestic child labour within their ambit;
- It is necessary to carry out community and civil society sensitisation and mobilisation for the prevention and elimination of child labour;
- There is a need to do a comprehensive review of the implementation of the Supreme Court judgement of 1996. Comprehensive and clear guidelines for the implementation of the judgement are required;
- In child labour-intensive districts, employment opportunities for adults have to be stepped up. Families living below the poverty line should be attached to self-help groups or other income-generating schemes so that they can improve their economic situation;

- There should be a separate policy for providing social security and services of education, and health to the children of families below the poverty line. Existing poverty alleviation programmes and adult employment schemes have to be coordinated and linked to efforts for the elimination of child labour.

General recommendations

- Good parenting and child care and protection education must be given to parents, teachers and staff of childcare institutions;
- Families are the primary care providers for children and the capacity of families for care and protection of children has to be strengthened, especially of families in the most marginalised groups;
- Mechanisms for complaints from child victims must be set up to prevent child abuse, protect children and to ensure proper action against the culprits.

Box 1.1: Voices of Children

Girls want to be treated the same as boys. They should not be made to work at home. They want to go to school just like boys.

Children say they should not be forced to work. All child labourers must be cared for and allowed to go to school and learn skills for life.

Children want peace, and violence frightens them. Many children are orphaned or get hurt and have emotional and psychological problems.

They have to leave studies and work at home.

Adults must not force children to marry. Girls thought that this deprived them of an education and a chance to do well in life. They felt that parents should be educated against child marriage, and all adults who force children to marry should be punished.

Schools should not be far away. There should be teachers in the school and the teachers should not punish or beat the children. Books and uniforms must be made available. Children would like to study in their own language.

Parents who do not send their children to school should be punished.

Sale of alcohol, drugs and addictive substances should be banned. Parents should not drink alcohol or take drugs. They should not beat children, and send them to work because they do not earn themselves or make them want to run away from home.

The police harass street and working children. The police and others working for children should be friendly and trained to be helpful. There should be shelters for children so that they can be safe at night.

Children felt that health centres should have medicines. Health services should reach people in remote areas. They felt that trained female staff should be available to help out at the time of birth. Mobile health vans should serve areas where there are no health centres.

Children wanted employers of child labour punished.

Elders should provide opportunities for children to participate. This increases the confidence of all children, especially girls.

Children from Maharashtra and Rajasthan said that there was a water problem. Children spent long hours in filling water from distant places, which affected their studies.

Children from urban slums felt they had no time and place to play.

“All our hopes are the same, wherever we come from. You adults have heard us. Tell us what you are going to do now.” Nawaz, age 9, Mumbai consultation.

- Proper systems for monitoring cases of physical and mental violence, corporal punishment and sexual abuse of the child in the family, school and care institutions must be set up and appropriate punishment provided to offenders;
- Special programmes for the disabled are required, especially to fulfil their educational needs;
- Institutional services should be available for children with severe multiple disability who cannot be cared for appropriately in their homes;
- Night shelters should be provided for girls in difficult circumstances. Counselling services for all children in difficult circumstances should be provided;
- Intensive awareness campaigns are required in schools, colleges and in the media against tobacco and drugs. An information Hotline should be set up for children;
- “Childline”, the 24-hour helpline for children, should be evaluated, strengthened and expanded to increase coverage, including to rural areas;
- Laws for combating child sexual exploitation and trafficking of children should be enforced strictly and punishment for offenders enhanced;
- All development programmes and schemes should be approved only after the impact on the child has been considered. Existing programmes should be reviewed from the viewpoint of children. Before finalizing policy and programmes, there should also be a consideration of children’s views;
- It is essential to ensure transparency, publicity and involvement of the local communities so that programmes and schemes reach the poorest of the poor. Targeting has to improve and the criteria for selecting different categories like people below the poverty line (BPL) should be area-specific and evolve on the basis of local conditions agreed in consultation with local communities;
- State-wise disaster preparedness and emergency plans and provisions should be made with specific attention to the needs of children and delivery of care and relief and long-term services without discrimination;
- There is a need for database at the village/ward level, which should be displayed at a prominent place, and periodically updated with people’s participation and jointly monitored by programmes functionaries and the community;
- The Corporate sector and civil society groups like the Rotary and Lions clubs should be co-opted to use their own resources to reach and sensitise the large middle class about child rights and their collective responsibility towards changing social attitudes and bringing about social change conducive to the realisation of child rights;
- The youth have to be motivated and mobilised for accelerating implementation and monitoring the situation of children in their own communities;

- Timely birth registration should be promoted aggressively. NGOs, functionaries of all government programmes, and doctors/practitioners should be involved in promoting registration and ensuring proper birth registration certificates. At the same time, a mass awareness drive should be undertaken;
- NGOs should be considered important partners in the implementation of CRC at all levels and should be involved in planning, implementation and monitoring programmes for children as well as for reporting on violations;
- Department of Women and Child Development should have a higher profile and budget allocation for proper implementation, coordination and monitoring of the implementation of CRC. Technical experts and professionals on various aspects of child rights, maybe in the form of an advisory cell, should be attached to the DWCD;
- New laws, policies and programmes for children or their revision should be decided only after assessing the child impact. Such analysis should be done in a participatory method;
- All legislation should be reviewed in the light of CRC in a participatory way involving NGOs, experts, implementors, social workers and with the consideration of children's views;
- Court procedures should be simplified and made child-friendly. Children's views and version should be recorded in a friendly atmosphere and given due consideration. Those involved in the implementation should be oriented and sensitized to the rights of children. Parents should be made aware of the rights of children;
- Ratification of the two Optional Protocols to CRC should be done at the earliest:
 - Optional Protocol on involvement of children in armed conflict; and
 - Optional Protocol on sale of children, child prostitution and child pornography;
- Respect for child rights by Government to be reflected by adequate resource allocation for programmes for children.

International cooperation

178. The World Bank has supported early childhood development efforts in India since 1980 through a number of projects. The Integrated Child Development Services-II Project is currently being implemented in the States of Bihar (210 blocks) and Madhya Pradesh (244 blocks) with a total outlay of Rs 5,962 million (Madhya Pradesh: Rs 3,391 million, Bihar: Rs 257 million). The approved IDA credit is US\$ 194 million. The Integrated Child Development Services-III/Women and Child Development Project (1999–2004) covers the five States of Kerala, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh. The approved IDA (World Bank) credit over the project period is US\$ 300 million (including the nationwide training component) covering 1,003 blocks. The Integrated Child Development Services-Andhra Pradesh Economic Restructuring Project (APER-1998–2004) was approved in March 1999. It covers a total of 251 blocks thus universalizing ICDS in rural and tribal areas. The total outlay is Rs 3,927.5 million with IDA (World Bank) credit of US\$ 75 million.

179. The World Food Programme (WFP), a United Nations agency, under its Project 2206 extends food aid for supplementary nutrition to children below six years of age and to expectant and nursing mothers under the ICDS programme. The Better Health and Nutrition (BHN) Project (with a total cost of Rs 17.56 million) is being implemented in Sirohi and Udaipur districts in Rajasthan since March 1997. CARE-India's Integrated Nutrition and Health Programme (INHP) is being implemented in all seven CARE-assisted States. This five-year programme is in operation from April 1996 to March 2001 with a total budget of Rs 1131.6 million aiming to improve the health and nutritional status of women and children.¹³

Strategy for implementation of programmes/policies

180. Human development and improvement in the quality of life are the ultimate objectives of all planning. In India, this is achieved through services and programmes aimed at the promotion of both equity and excellence. Planning takes into account the resources required for human development and the human resources available for carrying out the plan.

181. In India, planning derives its objectives and social premises from the Directive Principles of State Policy. India follows the system of Five-Year Plans, where principles, aims and programmes are identified along with the resources. If for some reason, a Five-Year Plan cannot be approved then interim Annual Plans bridge the gap. While new programmes and schemes are introduced and existing ones modified to suit the objectives of the Plan, some, however, are of an essential nature and continue in succeeding plans. One such example is the Public Distribution System. The Plans adopted so far since Independence and the priority areas under each are shown in table 1.1.

182. The Ninth Plan (1997–2002) was launched in the 50th year of India's Independence. The provision of basic minimum services of safe drinking water, primary health care facilities, universal primary education, shelter and connectivity in a time-bound manner is a specific objective of the Ninth Plan. Within the social sector, planning in India has ensured that appropriate policy and programme initiatives are taken and adequate investment is provided by the State so that the poorer and vulnerable segments of the population can access essential facilities, services and commodities based on their needs.

183. The Ninth Plan outlay has increased by 30.67 per cent, as compared to the Eighth Plan outlay (see figure 1.1). When comparing the percentage share of various sectors, the share of agriculture, rural development, irrigation and flood control, social services and general services in the total plan outlay has decreased in the Ninth Plan in relation to the Eighth Plan, reflecting a higher priority for infrastructure, energy and industry.

184. The development of children as an investment in the country's human resource development has been the major strategy in the Ninth Plan. Special emphasis is being placed on the girl child and on reaching infants below the age of two years. Towards this, the nationwide ICDS will continue as the major intervention for the overall development of children. A scheme called the *Balika Samriddhi Yojana* (BSY) was launched in October 1997 for raising the status of the girl child. Education has also been given a high priority in the Ninth Plan with a focus on providing universal elementary education and on quality improvement at the secondary and higher education levels. Along with the identification of new, existing and modified programmes to achieve the primary objective of each Plan, financial resources are also allocated. This includes the funds disbursed by the GOI in the form of Plan and non-Plan funds. Additionally, States and UTs raise resources by way of municipal taxes, cess, etc. A statement giving the details of the GOI (Central) budget from 1995 is as shown in table 1.2.

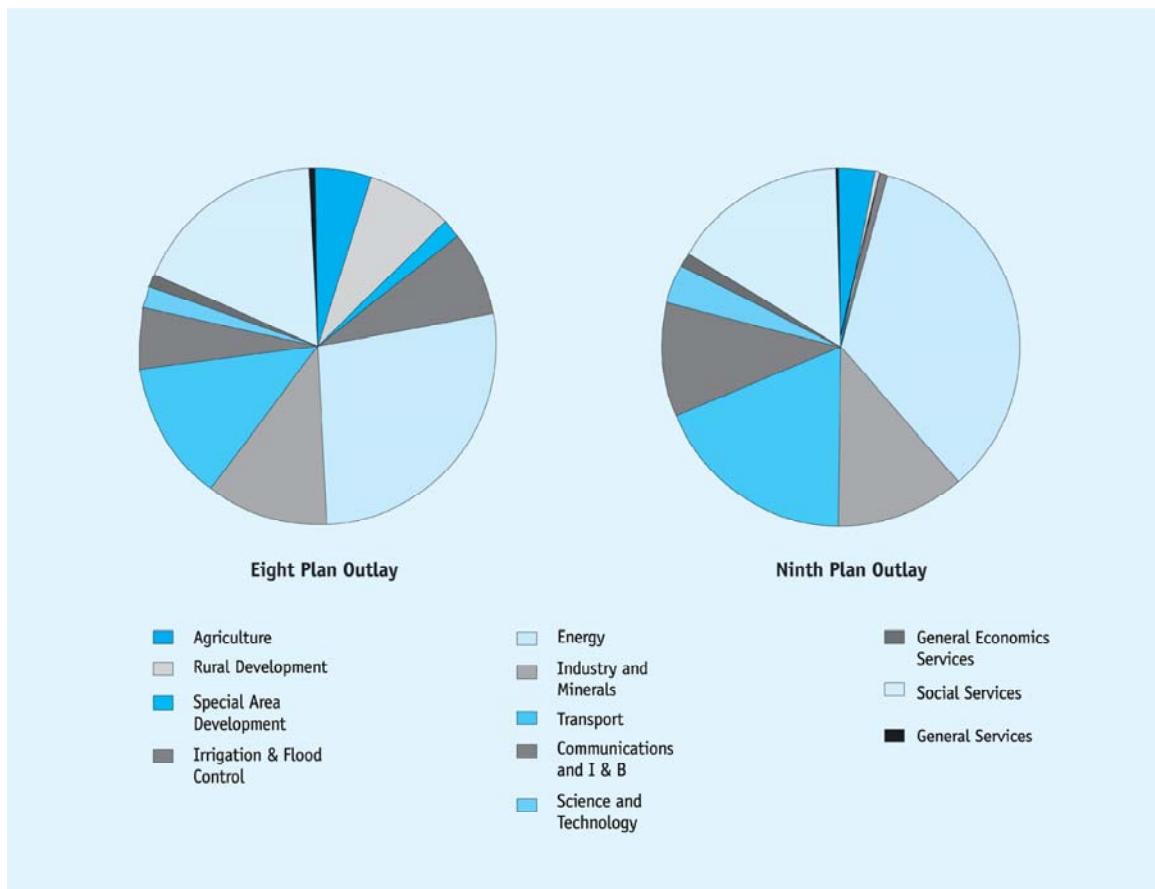
Table 1.1: Plans and priority areas

Plan	Year	Priority
First Plan	1951-56	To promote agriculture, including irrigation.
Second	1956-57 to 1960-61	To promote a pattern of development which would ultimately lead to the establishment of a socialistic pattern of society.
Third	1961-62 to 1965-66	To secure a marked advance towards securing self-sustaining growth.
Annual	1966, 1967, 1968	
Fourth	1969-1974	To accelerate the tempo of development and to raise the standard of living through programmes designed to promote equality and social justice.
Fifth	1974-79	To achieve self-reliance and adopt measures for raising the consumption standard of people living below the poverty line.
Sixth	1980-85	To remove poverty, and simultaneously move towards strengthening infrastructure for both agriculture and industry.
Seventh	1985-90	To emphasise growth in food-grains production, increased employment opportunities and productivity within the framework of self-reliance and social justice.
Annual	1990-91 to 1991-92	
Eighth	1992-97	To balance the initiation of structural adjustment policies. It recognised "human development" as the core of all development efforts.

Source: Planning Commission.

185. Recent budgets have been formulated in the backdrop of the super cyclone in Orissa, the devastating earthquake in Gujarat, a somewhat weak monsoon, hike in international petroleum prices and continued uncertainties in world economic recovery. These events have led to unanticipated expenditures on disaster relief and imports. In spite of these adversities, GOI has tried to keep the fiscal deficit under check, so that social sector expenditures will not be eroded by inflationary pressures. The Centre's gross fiscal deficit has been in the range of 5–5.5 per cent in recent years. The Fiscal Responsibility and Budget Management Bill, 2000, has been introduced to bring down the fiscal deficit and contain the growth of public debt.

Figure 1.1: Comparison of Eighth and Ninth Five-Year Plan outlays



Source: Planning Commission

186. The Planning Commission of India, a high-level body chaired by the Prime Minister, is responsible for overseeing the planning process and for finalising the plans. The Planning Commission also evaluates the schemes to assess their physical and financial performance, the efficacy of the implementation/delivery mechanisms and impact on the beneficiaries. The findings of the evaluation studies are used as a feedback for mid-course corrections in design and implementation, passed on to researchers and the general public through publications, seminars and the print media for generating informed debate on the nature and efficiency of public spending.

187. Some significant programmes and schemes, which were uniquely designed and launched keeping in mind the objective of the Ninth Plan, are the Prime Minister's Rural Roads Project and the *Balika Samriddhi Yojana*. Existing initiatives which have been restructured or merged include, among others, the *Swarnajayanti Gram Swarozgar Yojana* (SGSY) which seeks to provide sustainable incomes through micro-enterprises to the rural poor.

188. In India, special attention has been paid to the requirements of the weaker sections. The Constitution has specific clauses for the Scheduled Castes (SCs) and Scheduled Tribes (STs), to ensure their social, economic and political equality. Special provisions have been made for the

advancement of SCs and STs in the planning process, in the allocation of resources, in educational institutions, in appointments to jobs and in promotions, amongst others. Due consideration is also given in the planning process to areas which face a disadvantage on account of their geographical location or difficult topography, e.g. the States and UTs in the North-East of India.

Table 1.2: Government of India budget

(per cent of GDP)

	1995–96	1996–97	1997–98	1998–99	1999–2000 (R.E.)	2000–2001 (BE)
1. Revenue Receipts	9.3	9.2	8.8	8.5	9.3	9.3
2. Capital Receipts	4.1	3.7	5.4	6.1	6.1	6.2
3. Revenue Expenditure	11.8	11.6	11.8	12.4	12.8	12.9
4. Capital Expenditure	2.4	2.3	2.4	2.2	2.5	2.6
5. Total Expenditure (3+4)	14.2	13.9	14.2	14.6	15.3	15.5
6. Plan Expenditure	3.9	3.9	3.9	3.8	3.8	4.0
7. Revenue Exp. of which	11.8	11.6	11.8	12.4	12.8	12.9
a) Interest Payments	4.2	4.3	4.3	4.4	4.7	4.6
b) Defence Expenditure	1.6	1.5	1.7	1.7	1.8	1.9
c) Major Subsidies	1.1	1.0	1.2	1.2	1.2	1.0
8. Revenue Deficit	2.4	2.4	3.1	3.9	3.5	3.6
9. Fiscal Deficit	4.1	4.1	4.8	5.1	5.5	5.1
10. Primary Deficit	0.0	-0.2	0.5	0.7	0.8	0.5

Source: Indian Economic Survey, 2000–01, page 35

189. The Eleventh Finance Commission has made some changes in the criteria for allocation of Central Government revenues to the States. The Commission has increased the weightage given to the income disadvantage of a State (measured by the gap between a State's per capita income and that of the richest States). At present, a weightage of 62.5 per cent is given to the income disadvantage criteria.

190. The business of the Government is conducted by Ministries and Departments both at the Central level and at the level of States and UTs, e.g. the DWCD in the GOI and the DWCD in the State of Uttar Pradesh. The GOI has exclusive powers to legislate in areas specified in List I of the Constitution, while States have exclusive powers on subjects in List II. Both have joint responsibility, or concurrent powers, for subjects falling within the purview of List III. It is seen in practice that both the GOI and the States have joint responsibility for the social sector with the GOI either directly implementing certain schemes, or passing on funds to States/UTs for the

purpose. Additionally, States/UTs conceptualise and implement their own schemes from their own funds, e.g., the *Apni Beti Apna Dhan* (My Daughter, My Wealth) scheme in Haryana.

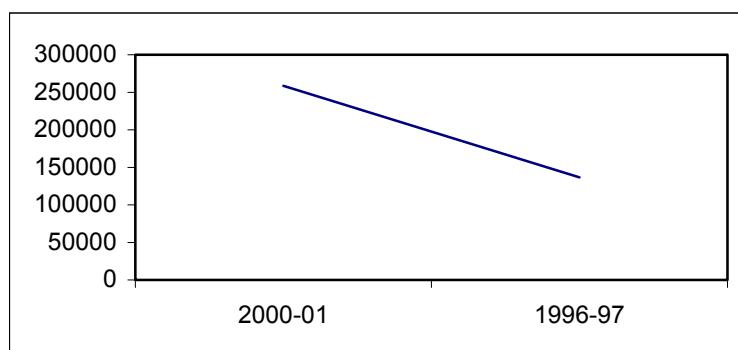
Budget trends in the social sector

191. The GOI's Plan and non-Plan expenditure on various components of social sectors has increased from Rs 158.94 billion in 1997–98 to Rs 258.73 billion in 2000–2001, an increase of about 63 per cent. As a proportion of total expenditure, the combined Plan and non-Plan social sector expenditure of the Centre has been in the range of 11 per cent. As a percentage of the GDP at current market prices, expenditure of the GOI on social services has been in the range of 1.6-1.7 per cent. Thus, in spite of severe budgetary pressures, the Government has attempted to maintain the allocation for the social sector.

192. The GOI expenditure (Plan and non-Plan) on social sectors (education, health and family welfare, water supply, sanitation, housing, rural development, social welfare, nutrition and minimum basic services) as a ratio of total expenditure has marginally decreased from 11.26 per cent in 1997–98 to 10.72 per cent in 2000–01 (Budgeted Estimates). However, as a ratio to GDP at current market prices, the Government expenditure on social services increased from 1.59 per cent in 1997–98 to 1.66 per cent in 2000 (BE).¹⁴ For details please see table 1.3.

193. The Central Plan outlay on major schemes of social sectors as a percentage to the GDP at current market prices increased from 1.09 per cent in 1993–94 to 1.12 per cent in 1999–2000 (BE). The Central outlay increased by 29.6 per cent in family welfare in 1999–2000 (BE) over 1998–99 (RE), health by 24.3 per cent, welfare of weaker sections by 22.1 per cent and women and child development by 16.4 per cent. Educational expenditure increased from Rs 1.1 billion in 1950-51 (1.2% of GNP) to Rs 412 billion in 1997–98, (3.6% of GNP) indicating a staggering 360 times increase in 27 years. The expenditure per pupil during this period increased by 63 times. The share of GNP allocated for the development of education is a reliable indicator for assessing the relative importance given to it in a country.

Figure 1.2: Central Government expenditure on social services
(Plan and Non plan)



194. As a percentage to the GDP at current market prices, plan expenditure of the Centre on major schemes of the social sector has been in the range of 1.1 per cent to 1.2 per cent in recent years. However, significant increases in Central Plan outlays are observed in Education,

especially Elementary Education, Health, Women and Child Development, and Family Welfare programmes in the budgeted estimates of 2000–01.

195. A number of schemes and programmes of the Government have been introduced exclusively for children. An example in this regard is the *Balika Samriddhi Yojana*, a laudable initiative to enhance the status of the girl child. Other schemes and programmes target both children and some adults as beneficiaries, such as the ICDS which covers children, pregnant women, and lactating mothers. However, a large bulk of the Government's scheme and programmes benefit all members of the community, including children. An instance in this regard is the provision of clean drinking water and sanitation facilities. Under these circumstances, it is somewhat difficult to identify the amounts spent on children alone. Regarding the best interests of the child, it is an undisputed and acceptable fact that the Government will always keep the best interests of the child at the forefront when formulating policies and taking decisions. The Government, at the national, regional or local level, will not deliberately or consciously take any step which goes against the child. This is also further ensured by the detailed process and extensive consultations which are part and parcel of the Government machinery. While the utmost priority is given to children in policy making, there is a need for advocating a greater resource allocation for children.

Table 1.3: Central government expenditure (plan and non-plan) on social services

(Rs in million)

Item	1996–97	1997–98	1998–99	1999–2000 (BE)	2000–2001 (BE)
1. SOCIAL SERVICES	136590	158940	197290	237270	258730
a. Education, Sports & Youth Affairs	39880	50120	65500	71150	84160
b. Health and Family Welfare	27510	31740	39150	51100	58600
c. Water Supply, Sanitation, Housing and Urban Dev.	29570	33040	41900	46190	50870
d. Information & Broadcasting	5930	8980	10740	12300	13680
e. Welfare of SC/ST and other Backward Classes	8330	7250	9460	10830	12770
f. Labour, Employment and Labour Welfare	5870	5620	7580	8680	94*
g. Social Welfare & Nutrition	19500	22190	22950	37020	29350
2. RURAL DEVELOPMENT	50810	55830	54030	51850	53970
3. BASIC MINIMUM SERVICES (BMS) * INCLUDING SLUM DEVELOPMENT	24660	28730	36840	40480	—
4. PRADHAN MANTRI GRAMODYA YOJANA (PMGY) @	—	—	—	—	50000
5. SOCIAL SERVICES, RURAL DEV. BMS & PMGY AS A PERCENTAGE OF TOTAL EXPENDITURE **	212060	243500	288160	329600	362700

6. TOTAL CENTRAL GOVERNMENT EXPENDITURE AS PER CENT OF GDP AT CURRENT MARKET PRICES **	13.9	14.2	14.6	15.5	15.5
7. SOCIAL SERVICES, RURAL DEV. BMS & PMGY AS A PERCENTAGE OF TOTAL EXPENDITURE **	11.44	11.26	11.24	10.85	10.72
8. SOCIAL SERVICES, RURAL DEV. BMS & PMGY AS A PERCENTAGE OF GDP AT MKT. PRICE \$	1.55	1.59	1.60	1.68	1.66

Note : Figures for the years 1992–93 to 1998–99 are actuals

* : Came into operation from 1996-97

@ : Launched in 2000–2001 (BE) as a new initiative for basic rural needs

** : The total Central Govt. expenditure excludes the transfer of State's/UTs share of small saving collections

\$: Ratios to GDP are at current market prices (Base : 1993–94) released by CSO, GDP for 2000–2001 are based on CSO's Advance Estimated

Source: Indian Economic Survey 2000–2001 However, significant increases in Central Plan outlays are observed in Education, especially Elementary Education, Health, Women and Child Development, and Family Welfare programmes in the budgeted estimates of 2000–01.

Regional disparities

196. Balanced development with an emphasis on the reduction of disparities in economic and social development across regions in India has been a major objective of the planning process since Independence. Apart from large investments, various public policies directed at increasing the pace of development in the weaker regions have been pursued. The relevance of this approach is highlighted when some of the key disparities between States in India are examined. For example, while India now has the world's second largest population, five States alone comprised 44 per cent of the population in 1996, and will constitute 48 per cent of the total population in 2016. In other words, these five States, viz., Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh and Orissa will contribute 55 per cent of the population growth till 2016 and it is their performance which will determine the year and the population at which the country achieves replacement level of fertility. Also, the rates for literacy swing from as high as 93 per cent in Kerala and 95 per cent in Mizoram to 49 per cent in Bihar. Geographically, the States in South India, viz., Kerala, Tamil Nadu, Karnataka and Andhra Pradesh do far better in terms of social development. An analysis of the nature of backward regions indicates the probable causes underlying their backwardness. For example, a major cause of backwardness of certain regions in Bihar and Orissa can be associated with the distinct style of living of the inhabitants of such regions who are tribals. The topography of a region also constrains development such as in the desert region of Rajasthan. The acute scarcity of water has been identified as a primary cause of backwardness in areas such as Telengana in Andhra Pradesh. Recognising the need to address these disparities, a number of Special Area Programmes and initiatives have been introduced for the development of backward regions. These are:

- (a) The Hill Area Development Programme: The main objective of this programme is to ensure ecologically sustainable socio-economic development of hill areas, keeping in view the basic needs of the people. The areas covered under this programme:

- Nine districts of Uttar Pradesh
 - Two hill districts of Assam
 - Major part of Darjeeling district of West Bengal
 - Nilgiris district of Tamil Nadu.
- (b) Western Ghats Development (WGD) Programme: The Western Ghats Hill Ranges run to a length of about 1600 km—more or less parallel to the west coast of India. The main problems of this region are the pressure of increasing population on land and vegetation, and undesirable agricultural practices which have led to ecological and environmental problems in the region. The fragile ecosystem of the hills has come under severe pressure because of large areas under river valley projects, denudation of forests and adverse effects of floods, amongst others. The WGD Programme was launched to help the areas in dealing with these problems.
- (c) Border Area Development Programme: This Programme was started in 1986–87 for the balanced development of border areas of States bordering Pakistan, viz., Jammu & Kashmir, Punjab, Gujarat and Rajasthan. During the Eighth and Ninth Plans, the programme was enlarged to cover the States bordering Bangladesh, Myanmar, Bhutan, Nepal and China. The main objective of the programme is to meet the special needs of the people living in remote, and inaccessible areas situated near the border. Particular emphasis is being given to the improvement and strengthening of the social and physical infrastructure of these areas.
- (d) North-Eastern Council (NEC): The NEC was set up in 1972 for ensuring a balanced and co-ordinated development of the North-Eastern States, viz., Assam, Manipur, Meghalaya, Mizoram, Nagaland, Arunachal Pradesh and Tripura. The NEC is an advisory body to discuss matters of common interest to the Centre and the North-Eastern States, formulate a unified and coordinated regional plan (in addition to the State Plan) and review the implementation of projects and schemes included in the regional plan.

Table 1.4: Central plan outlay for major schemes of social and rural development

(Rs in million)

<i>Ministry/Department/Scheme</i>	<i>1997–98</i>	<i>1998–99</i>	<i>1999–2000 (BE)</i>	<i>2000–2001 (BE)</i>
1. Education	33500	40450	43850	54490
(a) Elementary Education	22650	27410	28520	36090
(b) Adult Education	810	770	790	1200
2. Health	9180	9810	10620	13780
3. Family Welfare	18290	22530	31200	35200
4. Women and Child Development	10260	11340	12500	14600
Integrated Child Development Services	6000	7680	8560	9350
5. Welfare	8040	11470	11590	13500

(Social Justice and Empowerment)				
6. Rural Development and Rural Employment & Poverty Alleviation #	82900	93450	93510	97600
(a) <i>Jawahar Gram Samriddhi Yojana (JGSY)*</i>	19530	20600	16890	16500
(b) Employment Assurance Scheme (EAS)	19050	19900	20400	13000
(c) National Social Assistance Programme	4900	6400	7100	7150
(d) IRDP (Swaranjayanti Gram Swarozgar Yojana)**	5520	7010	9500	10000
(e) Rural Water Supply and Sanitation	14020	16690	18990	22400
(f) Rural Housing (including <i>Indira Awas Yojana</i>)++	11440	15320	16590	17100
7. Other Programmes e.g.				
(a) Nehru Rozgar	310		—	—
(b) Prime Minister's Rozgar Yojana (NRY) Yojana (PMRY)	950	1360	1900	2010
(c) Swaranjayanti Shahari Rozgar Upkarna @@	1030	1620	1260	1680
A. Total Central Plan outlay on Major Schemes on Social Sectors (1-7)	16440	192030	106430	232860
B. Total Plan Expenditure	606300	683710	793950	881000
C. As percentage of Total Plan Expenditure	27.13	28.09	26.00	26.43
D. GDP at current market prices (Rs crore)	15224410	1758276	19569970	217939910
E. As percentage of GDP at current market prices	1.08	1.09	1.05	1.08
\$				

From 1999–2000, it includes allocation for three departments viz. Rural Development, Land Resources and Drinking Water Supply

* Jawahar Rozgar Yojana was restructured and renamed as *Jawahar Gram Samriddhi Yojana (JGSY)* from April 1999

** IRDP has been renamed as *Swarnajayanti Gram Samriddhi Yojana (JGSY)* from April 1999 and its allied programmes like TRYSEM, DWCRA, SITRA, GKY and MWS merged with it

++ The *Indira Awas Yojana (IAY)*, earlier a sub scheme of JRY has become a separate scheme from 1.1.1996
@@ Is a rationalised version of the erstwhile schemes of Urban Basic Services, NRY and PM's Integrated Urban Poverty Eradication Programme

\$ Ratios to GDP or at current market prices (base: 1993–94) released by the Central Statistical Organisation (CSO). Advance Estimates.

Source: *Indian Economic Survey, 2000–2001*

SECTION II

DEFINITION OF THE CHILD

Article 1

197. Article 1 defines the holder of rights under the CRC as “every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.” The Convention clearly specifies the upper age limit for childhood as 18 years, but recognises that majority may be obtained at an earlier age under laws applicable to the child. The article, thus, accommodates the concept of an advancement of majority at an earlier age, either according to the federal or State laws of a country, or personal laws within that country. However, the upper limit on childhood is specified as an age of ‘childhood’ rather than “majority”, recognizing that in most legal systems, a child can acquire full legal capacity with regard to various matters at different ages.¹

198. Thus, while the Convention defines a “child” as every human being below the age of 18 years, it allows for minimum ages to be set, under different circumstances, balancing the evolving capacities of the child with the State’s obligation to provide special protection. Accordingly, Indian legislation has minimum ages defined under various laws related to the protection of child rights.²

199. Though legislation has been enacted to make 18 years the general age of majority in India, 21 years continues to be the upper limit for childhood for some purposes, partly due to the influence of nineteenth-century English Law and partly due to current exigencies.³ For example, India recognizes 21 years as the age of majority in circumstances where a guardian has been appointed by the Court for a child below the age of 18 years.⁴

200. With respect to the rights of the child in the womb, the legislation in India is in harmony with the interpretation of the Convention. The articulation of the “right to life” in the Indian Constitution reflects the English Common Law approach, in that it states that this right is conferred on a “person”. Although India has permitted medical termination of pregnancy through legislation enacted in 1971, this recourse can be taken only in the following cases: (a) the continuance of pregnancy would involve a risk to the life of the pregnant woman or a grave injury to her physical and mental health or (b) there is substantial risk that if the child is born, it would suffer from such physical or mental abnormalities that it would be seriously handicapped. Significantly, section 20 of the Indian Succession Act gives the right to property to a child in the womb whose parent dies intestate and who is subsequently born alive—he/she will have the same right to inherit as if he or she had been born before the death of the parent.⁵

201. Varying ages of legal capacity is a phenomenon that can be seen in many countries. However, while the CRC’s definition of childhood can be perceived as setting a basic minimum standard in view of article 41, which declares that “nothing in the Convention or any of its provisions shall effect realisation of the rights of the child” under the law of a State Party, it is essential that there is some synchronisation of the upper age limit for childhood. India has achieved this to a large extent, for instance, the minimum compulsory age of education is 14 years. The various laws relating to labour prohibit a person under the age of 14 years to work. Thus, the minimum age at which compulsory education ends synchronises with the minimum age of employment.⁶ The age of capacity to contract a marriage is 18 years for a girl and 21 years for a boy, for all communities. The Child Marriage Restraint Act, 1929, defines a child as a person

who, if a male, has not completed 21 years of age, and if a female, has not completed 18 years of age. Under Section 5 of this Act whoever performs, conducts or directs any child marriage shall be punishable with simple imprisonment upto three months and shall also be liable to fine, unless he proves that he had reason to believe that the marriage was not a child marriage.⁷ This uniform legislation is an effort to discourage child marriages under personal laws.⁸

202. However, regarding certain aspects that are deeply rooted in the community, and compounded by historical poverty and vulnerable socio-economic conditions, there is a gap between laws and their enforcement. For example, child labour is a fact that exists in our country, and in spite of our consistent efforts, child marriages are still prevalent. The Government has already initiated action to review and amend the laws pertaining to rape and sexual consent, so as to remove any discrepancy between girls and boys.

Table 2.1: Minimum legal age defined by national legislation

<i>Age (years)</i>		
	<i>Boys</i>	<i>Girls</i>
<i>End of compulsory education*</i>	14	14
<i>Marriage*</i>	21	18
<i>Sexual consent**</i>	Not defined	16 (Section 375 of the Indian Penal Code)
<i>Voluntary enlistment in the armed forces*</i>	16 (A person is allowed to take part in active combat only at the age of 18)	
<i>Conscription into the armed forces India.</i>	<i>There is no conscription in India.</i>	<i>There is no conscription in India.</i>
<i>Participation in hostilities</i>	Not applicable	Not applicable
<i>Admission to employment or work, including hazardous work, part-time and full-time work*</i>		
• Child Labour (Prohibition and Regulation) Act, 1986	14	14
• Mines Act, 1952	18	18
• Merchant Shipping Act, 1958	14	14
• Motor Transport Workers Act, 1961	14	14
• Apprentices Act, 1961	14	14
• Bidi and Cigar Workers Act, 1966	14	14
• Plantation Labour Act, 1951	14	14
• Factories Act, 1948	14	14
<i>Criminal responsibility*</i>	12 (Section 83 of the Indian Penal Code, according to which, nothing is an offence which is done by a child above seven years of age and under 12 years, who has not attained sufficient maturity of understanding to judge the nature and consequences of his conduct on that occasion. It may be noted that children below the age of seven years are deemed to be incapable of criminal offence as per section 82 of the Indian Penal Code)	

<i>Juvenile crime</i>	18 The Juvenile Justice and Protection of Children) Act, 2000.	
Deprivation of liberty, including by arrest, detention and imprisonment, interalia in the areas of administration of justice, asylum-seeking and placement of children in welfare and health institutions*	There is no age limit for deprivation of liberty because as per Article 21 of the Constitution of India, all citizens have protection to life and personal liberty.	
	<i>Boys</i>	<i>Girls</i>
Capital punishment and life imprisonment* Giving testimony in court, in civil and criminal cases*	18 Section 118 of the Indian Evidence Act states that all persons shall be competent to testify unless the court considers that they are prevented from understanding the question put to them or from giving rational answers to those questions by virtue of tender years, extreme old age, disease, whether of body or mind or any other cause of the same kind. Therefore all persons irrespective of their age are competent to testify in court provided the adult or child understands the question.	
Lodging complaints and seeking redress before a court or other relevant authority without parental consent*	There is no minimum age prescribed for lodging complaints and seeking grievance before a court or other relevant authority without parental responsibility.	
Participating in administrative and judicial proceedings affecting the child*	As mentioned above.	As mentioned above.
Giving consent to change identity, including change of name, modification adoption, guardianship*	18 For modification of family relations, adoption, and guardianship, there is no minimum age prescribed.	
Having access to information concerning the biological family	Not defined.	Not defined.
Legal capacity to inherit	According to Section 20 of the Hindu Succession Act, even a child in the womb has the right to inherit property and it shall be deemed to from the date of death of one who died intestate. However, as per Section 4 of the Hindu Minority and Guardianship act, 1956, the guardian will have the powers to take care of the property of such a minor.	
To conduct property transactions	21 Section 11 of the Indian Contract Act, 1972, states that a person is competent to contract only if he/she is a major and is of sound mind.	
To create or join association	Not defined.	Not defined.
Choosing a religion or attending religious school teachings	Not defined.	Not defined.
Consumption of alcohol and other controlled substances**	21	21

Source: *NI/PC/SAP/132/2000/908 dated July 31, 2000, National Institute for Public Cooperation and Child Development, Government of

India (GOI)

** Responses to the List of Issues raised by the UN Committee on the Convention on the Rights of the Child, Department of Women and Child Development, GOI

*** Child and Law, Indian Council for Child Welfare, Chennai, Tamil Nadu, page 507

SECTION III

GENERAL PRINCIPLES

A. Best Interests of the Child

Article 3

203. Article 3 (1) of the CRC requires the legislature, the executive, the major agencies of government, courts of law and private social welfare institutions within a country to make the ‘best interests of the child’ a primary consideration in their action and decisions. Almost 40 years before the CRC, the Constitution of India adopted a similar view towards children and incorporated many provisions to ensure their best interests:

- Article 14 provides that the State shall not deny to any person equality before law or equal protection of the law within the territory of India;
- Article 23 prohibits trafficking of human beings and forced labour;
- Article 24 prohibits employment of children in factories, etc.;
- Articles 25–28 provide freedom of conscience, and free profession, practice and propagation of religion;
- Article 39 (e) directs the States to ensure that the health and strength of workers, men and women and the tender age of children are not abused;
- Article 39 (f) directs the States to ensure that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that children and youth are protected against exploitation and against moral and material abandonment;
- Article 45 directs the States to endeavour to provide for free and compulsory education for all children until they complete 14 years.¹

204. The principle of upholding the best interests of the child is not only reflected in the Constitution of India but also in the National Policy for Children, the National Plan of Action for Children (1992), the proposed National Charter for Children and the terms of reference of the proposed National Commission for Children, as well as in other schemes and programmes related to children.²

Legislative measures

205. The best interests principle is reflected in national legislation in relation to decision making about individual children, for example, in proceedings of divorce or separation, in adoption and in State intervention to protect children from abuse. This principle is also echoed in legislation and programmes covering large groups of children and their families, such as various poverty-alleviation programmes, distribution of low-cost essential commodities through the public distribution system, employment-generation programmes for the poor, low-cost housing schemes

for the poor and free education for children belonging to the disadvantaged sections of society. The concept of the child's 'best interests' has been used in guardianship litigation in India to take into account the child's wishes and preferences in a context where the child is mature enough to express a considered opinion on a matter concerning his or her life. The Guardianship and Wards Act provides guidelines for deciding what is best for the child, giving consideration to age. The focus on the child's 'best interests' contributed to the introduction of the paramountcy of the 'best interests of the child' concept into the codified Hindu Law in 1956. The concept provides for decision making by Juvenile Welfare Boards in a child-centred environment. This Act has many innovative features such as limiting access to lawyers and limiting the time for enquiries, all of which ensure that the child's interests are safeguarded.

Judicial interpretation

206. The Supreme Court of India has developed the concept of social interest litigation to enforce the Fundamental Rights and give strength to the Directive Principles of State Policy. It is of interest that several leading cases of social interest litigation concern the rights of children either because they impact on children or have been brought specifically before the courts to address infringements of the rights of children guaranteed by the Constitution. Social interest litigation thus represents a vital opportunity to realize 'best interests' of the child in an environment of cooperation between the Government, the courts, and non-governmental and private agencies concerned with children. Judicial activism is also a strategy for promoting State accountability and compelling action. Since the superior court has the power of judicial review, it can challenge legislation as well as administrative action or inaction for infringement of Constitutional guarantees. This creates an environment in which international standards on developing a consensus on safeguarding the child's interests can be linked with the Constitutional law developments.

207. For instance, in two recent cases of social interest litigation initiated in the Supreme Court, on the basis of concern for the situation of children of prostitutes, the court took judicial notice of their situation and appointed committees to study and report on this problem. In one of these cases, the court refused to give an order requiring the GOI to make provisions for separate schools with vocational training facilities and separate hostel for children of prostitutes. The court declared that such policies of "segregation" would not be in the "best interests" of these children, and that they must be brought up to "mingle with others and become part of society". Other notable examples of judicial activism have been dealt with in the report in different sections.

Box 3.1: High court upholds 'best interests of the child'

The Rajasthan High Court has allowed nine-year-old Ankit to live with his mother, Seema, in Rajasthan, holding the decree of a foreign court granting custody to his father, Allan Davinder Walia, as illegal.

The High Court relied on the theory that the welfare of the child would be best served by his mother. The High Court said that "We think that it will be in the best interest of the minor to allow him to continue with his mother."

Source: The Times of India, January 2, 2001 Policies and programmes

208 Wherever policies and schemes are being framed, the Government collects inputs from an array of sources. In addition to inputs generated by the Government's own machinery at all levels, interaction with NGOs on specific issues also leads to the best interests of the children

being seriously considered before a final decision is taken. In the democratic set-up that exists in India, a number of suggestions are received through people's representatives such as members of Parliament and members of Legislative Assemblies. Many child-related issues like children's education and working conditions have been brought to the notice of the Government through this route. These processes, the Government feels, contribute to ensuring that the best interests of the child are kept in view while formulating policies and schemes. Side by side, NGOs have drawn specific attention to the absence of child rights in the agenda of political parties. They also feel that much remains to be done by way of introducing appropriate legal measures, as well as taking steps to ensure that these are effectively implemented. According to NGOs, the administration may need to be equipped better for promoting children's rights. In addition, concerned officials should be sensitized to issues related to children.³

209. The best interests of the child in family life are reflected in the National Policy for Children, which, *inter alia*, stresses the need to strengthen family ties so that the child's full potential could be realised within the normal family, neighbourhood, and community environment.⁴

210. The best interests of the child have also been ensured through the Central Adoption Resource Agency (CARA), which has been set up under the Ministry of Social Justice and Empowerment for looking after the best interests of the child as well as to function as a clearing house of information regarding adoption of children. Apart from this, voluntary coordinating agencies in almost all States have been set up in association with NGOs to promote the best interests of the child through adoption. The issue has been dealt with in detail under the section on adoption. The Juvenile Justice (Care and Protection of Children) Act, 2000, provides for the treatment, development and rehabilitation of neglected or delinquent juveniles and for the adjudication of certain matters related to and disposition of delinquents.⁵ The administration of this Act has been dealt with in detail under the section on Administration of Juvenile Justice. The Ministry of Social Justice and Empowerment has undertaken programmes for the care and rehabilitation of abandoned, neglected, orphaned and homeless children. The welfare services being provided under the scheme include food, shelter, education, health, and vocational training. The programme has been dealt with in detail under the section on Separation from Parents. Social security for children in India, however, is not a separate entity, although the GOI has launched various programmes and activities which provide child care services and facilities so as to prevent child abuse and neglect. (For further details please refer to the section on Social Security).

211. The principle of "best interests of the child" is given due consideration while adopting budgets, policies and programmes at the State and local levels. Budgets for specific sectors are decided at the State level through an elaborate procedure which involves the departments concerned submitting their proposals for provisions in specific sectors that directly affect child welfare. The Finance Department, in consultation with the department concerned, processes these proposals. Understandably, the finalisation of the budget is mainly based on the available resources and the priorities of the Government. It is hoped that as more awareness about this principle is generated, the preparation of proposals will generate greater resources and accord primacy to the best interests of the child.

212. According to NGOs, awareness about what should constitute the best interests of the child is lacking among most adults who regularly interact with children or influence their lives in some

way. Secondly, there is general lack of will to implement and protect the best interests of children. Some examples quoted with reference to school life were:

- Lack of adequate sanitation facilities in schools, especially for girls, leading to inconveniences and risks to health;
- Closure of municipal schools and replacement by private schools, leading to displacement of many children;
- Poor implementation of the midday meal scheme, leading to children being deprived of food supplementation;
- The educational system being teacher-centred rather than child-centred.

213. At the family level too, it is felt that children's needs are rarely considered in family-level decisions, including those decisions that are likely to affect their lives. Older children, especially girls, are entrusted with the care of their younger siblings, and as a result are deprived of the opportunity and right to education.⁶

Standards for public and private institutions

214. In order to establish appropriate standards for all public and private institutions concerned with services and facilities responsible for the care and protection of children, minimum standards in child care were first evolved by the Indian Council for Social Welfare in 1954. Thereafter, in 1959, the Central Social Welfare Board set up a committee on the grants-in-aid code, which examined the advisability of defining minimum standards for various social services for children and women. Accordingly, in various legislations such as the Suppression of Immoral Traffic in Women and Girls Act, 1956, and Probation of Offenders Act, 1958, provisions relating to the maintenance of minimum standards in institutions set up for women and children have been spelled out.

215. The Model Rules under the Juvenile Justice Act, 1986, provided that each child care institution should have the necessary staff and ensure that (a) regular treatment is available for the medical treatment of the children, (b) arrangements are made for immunisation coverage, and (c) a system is evolved for the removal of serious cases to the nearest civil hospitals or treatment centres. These rules further provided that immediate action should be taken in respect of an inmate who is suffering from leprosy or is of unsound mind or is addicted to a drug. The Model Rules also elaborate that each State Government should prepare a diet for children in consultation with nutrition experts so that their diet is balanced, nutritious, wholesome and varied. As regards clothing, bedding and other articles, these should be provided to each child in accordance with the norms prescribed by State Governments.

216. To ensure compliance with rules and procedures, the State Governments provide for necessary staff for inspection. For example, the Chief Inspector, Inspector and Assistant Inspector during the course of an inspection is expected to give every child an opportunity to make any complaint. The Model Rules also exemplify that the State Government shall provide for the training personnel for each category of staff in keeping with their statutory responsibilities and specific job requirements.⁷ [Model Rules under the Juvenile Justice (Care and Protection of Children) Act, 2000, are currently under preparation].

217. There are mechanisms for establishing and maintaining standards in private and public institutions that deal with the care and protection of children, in matters of the institutions themselves, their services and their facilities. Institutions receiving grant-in-aid from the Government have to conform to the grant-in-aid code of the Government. All assisted institutions are subject to inspections by Government departments. In addition to regular inspections, surprise inspections are also carried out in case of specific complaints or on a random basis. In case such inspections lead to the detection of serious irregularities, the recognition of the institution by the Government is cancelled. If the irregularity is not very serious, the institution concerned is asked to comply with the specified requirements and may have its grant cut. These steps ensure that institutions supported financially by the Government for the purpose of child care and protection conform to the objectives and priorities of the Government.⁸

218. While promoting the principle of the best interests of the child, the GOI is currently focusing on issues related to the promotion of a child rights based approach and participation in training of professionals dealing with child rights.⁹

B. Non-Discrimination

Article 2

Constitutional provisions, policies and legislation

219. The guiding principles underpinning the Constitution of India are equality before law, equal protection to all and non-discrimination. The standards set by the Constitution link to the standards set by article 2 of the CRC. Equality is a dynamic concept with many aspects and dimensions and it cannot be “cribbed, cabbined and confined” within traditional limits (E.P. Royappa vs. State of Tamil Nadu).¹ Articles of the Constitution of India reflect this concept, in the interpretation of equality and non-discrimination. Article 14 of the Constitution, holds that “The State shall not deny to any person equality before law or the equal protection of law within the territory of India.” article 15 enjoins upon the State not to discriminate against any citizen on the grounds of religion, race, caste, sex or place of birth. Clauses 3 and 4 of Article 15 are exceptions to the general principles of non-discrimination. They empower the State to make special provisions for women and children, respectively, and for the advancement of any socially and educationally backward classes of citizens or for SCs/STs. Article 17 has abolished untouchability and forbidden its practice in any form. To enforce this solemn commitment, the Government passed the Untouchability (Offences) Act in 1955. It was amended in 1976 and is now known as the “Protection of Civil Rights Act, 1955”. Articles 25–28 provide to all persons guarantees of the Right to Freedom of Religion in all aspects. Article 29 of the Constitution of India guarantees to “every section of the citizens”, residing anywhere in India and “having a distinct language, script or culture”, the right to conserve the same. No citizen can be denied admission to any educational institution maintained and aided by the State on the grounds of religion, race, caste or language. Article 30 states that all minorities, whether based on religion or language, shall have the right to establish and administer educational institutions of their choice.

220. In keeping with its objective of securing social and economic justice to all, the Constitution makes certain provisions to help the weaker sections of society and to remove all biases. However, while Constitutional provisions in India refer to an individual’s right of equal admission to educational institutions, this is qualified by stating that this shall not prevent affirmative action on behalf of disadvantaged groups. Constitutional norms, therefore, justify

intervention on behalf of many disadvantaged groups of children, such as girls, children belonging to SCs and STs, children born out of wedlock and disabled children, as correctional policy measures to eliminate inequality.² The Constitution of India underlines the importance of achieving substantive rather than purely formal equality in specific areas which justify affirmative action policies on behalf of women and children. Thus, a provision on the guarantee of equality before the law and non-discrimination on specified grounds states that the article on equality shall not be construed so as to prevent “special provisions for women and children”. These constitutional provisions, thus, reflect a commitment to realizing gender equity and preventing discrimination against girl children. The standards set by the Convention, on non-discrimination against girls is already clearly articulated in the Constitution.³

Box 3.2: Measures taken to preserve tribal culture and prevent discrimination

A number of schemes are being implemented to help tribal children such as the ‘Grain Schemes’ in tribal areas through which food grains are given to tribal families to motivate them to stay in their villages or hamlets. Industries are also being set up in the tribal belts to prevent the tribal population from moving out. The Department of Education formulated a very ambitious scheme of teaching tribal children in primary classes in their own dialects. Textbooks in ‘Bhili’ and ‘Dangi’ dialects were also brought out for children studying in the primary classes. Discrimination does not exist in most rural areas since most of the time all the children studying in a particular class or school belong to the same caste or tribe. Teachers are also specially instructed to ensure that they do not discriminate between students belonging to different ethnic groups.

Source: Gujarat State Report, Government of Gujarat

221. The caste system has been a dominant feature of Indian social life for centuries. Nevertheless, several trends such as urbanisation, positive discrimination, growing literacy and economic growth have been whittling down caste barriers, particularly in urban areas. Parliament has also enacted the SCs and STs (Prevention of Atrocities) Act, 1989, as a welfare legislation, with the object of preventing atrocities against the members of Scheduled Castes and Scheduled Tribes, to provide for Special Courts for the trial of such offences and for the relief and rehabilitation of the victims of such offences and for matters connected therewith or incidental thereto. The framers of the Indian Constitution did not overlook the need to provide a separate Commission for SCs and STs. The National Commission for SCs and STs, which was reshaped in 1978, advises on broad issues on policy and levels of development of SCs and STs.⁴

222. There is an affirmative action policy for children of backward castes and Scheduled Tribes in Tamil Nadu and many other States for admission to higher education institutions and Government service. Programmes oriented towards their welfare are monitored through the Commission for Scheduled Castes and Tribes and Commission for the Welfare of Backward Classes, Minorities and Women.⁵

223. In order to prevent discrimination against the most disadvantaged groups of children, the GOI has enacted a wide range of laws and policies, all of which protect their rights. Some prominent laws are the Child Labour (Prohibition and Regulation) Act, 1986; the Immoral Traffic (Prevention) Act, 1986; the Juvenile Justice Act, 1986; and Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. Similarly, some prominent policies enacted by the GOI are the National Policy for Children (1974), the National Policy on Education (1986) and National Policy on Child Labour (1987).⁶ Apart from guaranteeing equal opportunity for all under the Constitution, India also has specific laws for women. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has been ratified by India in 1993. The National Policy on Education, 1986, directly addresses the

question of setting right the traditional gender imbalances in education and makes a strong commitment in favour of education for women's equality.

224. To meet the challenge against discrimination against the girl child, members of the South Asian Association for Regional Cooperation (SAARC) collectively observed 1990 as the Year of the Girl Child and 1991–2000 as the SAARC Decade of the Girl Child. The GOI also developed and disseminated a National Plan of Action for the Girl Child (1991–2000) in 1992 for the "survival, protection and development of girl children". The Plan recognized the rights of the girl child to equal opportunity to be free from hunger, illiteracy, ignorance and exploitation.⁷ For monitoring the implementation of the Plan of Action, an inter-ministerial Coordination Committee of Secretaries has been constituted to meet regularly and review progress. In the National Policy for the Empowerment of Women, a policy framework has been laid down for the elimination of discrimination and violation of the rights of the girl child. The Indian Penal Code and the Immoral Traffic (Prevention) Act (ITPA) make the offences of child trafficking, prostitution of children and sexually abusing them, liable for a higher punishment than the perpetration of such offences against adults. The ITPA contains a provision for presumption of guilt on the part of a person under certain circumstances when the victim is a child who has been sexually abused. The Supreme Court, in a social interest litigation, ordered the Central and State Governments to set up advisory committees for recommending measures to eradicate child prostitution. The Committee drew up a Plan of Action to Combat Trafficking and the Commercial Sexual Exploitation of Women and Children, containing action points grouped under prevention of trafficking, health services, education, awareness generation and social mobilisation, economic empowerment programmes, legal reforms and law enforcement and monitoring.

225. One of the major steps taken to prevent discrimination against disabled persons was the enactment of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. The International Year of Disabled Persons (IYDP) in 1981 helped create awareness in societies that disabled persons are also a "human resource". Several other measures have been taken up to ensure the rights of children with disabilities.⁸ (For details refer to section 23). However, in most situations, disabled children are judged as a group according to their disabilities and not as individuals or as children. They often do not enjoy personal or economic security, and many are victims of deprivation, pain and poverty. These children are most in need of means of survival and access to a social safety net, equal opportunities for education and development of their potential to the maximum.

226. Street children who also face discrimination in their daily lives, are categorized into three groups: (a) children on the streets who live with their families (b) children for whom the street is their home, and (c) children on streets who have no contact at all with their families. The last category includes orphans, refugees, and runaways. Government institutions run under the Juvenile Justice (Care and Protection of Children) Act, 2000, provide services for the development and rehabilitation of neglected and juvenile delinquents. Street children are covered by a mechanism called the Juvenile Justice System.⁹ (The issue has been dealt with in detail under the section on Administration of Juvenile Justice.)

Girl child

227. Gender is gradually becoming an integral part of all child development policy, planning, programming, monitoring, evaluation and information gathering activities.¹⁰ However, in India,

the girl child still occupies a position far inferior to that of a male child. Prioritising the needs of the girl child, as deserving of special attention within the larger group of women, has been a principle guiding state action in India. In preparation for the Beijing Platform for Action 1995, India led a struggle for the inclusion of a separate chapter highlighting the importance of investing in the girl child—into the Platform for Action. This addition was significant. It implies that investments made in the first and second decades of a woman's life will provide incremental returns and help to break the cycle of inequality and deprivation for the adult woman. The need for priority action to improve the situation of the girl child is underlined throughout the Platform for Action, which proposed a dual strategy: first, measures for mainstreaming sectoral programmes so that they reach and serve girls who are systematically discriminated against. Second, targeted programmes and advocacy initiatives designed and implemented to address specific concerns for girls. At Beijing, while accepting the Platform for Action without reservation, India made five additional commitments to improve the situation of women and girls. While all will benefit girls, the women of tomorrow, two were specifically targeted to improve the situation of girls immediately. These were an increase in the education budget to six per cent of GDP and an improvement in the development support and health care schemes for women and children.¹¹

Box 3.3: Convention on abolition of female foeticide

The Indian Medical Association in collaboration with the National Commission for Women and UNICEF organised a Convention of national religious and political leaders on the abolition of female foeticide and infanticide on June 24, 2001 in New Delhi.

The Convention was held against the backdrop of alarming revelations by 2001 Census that the female-male sex ratio (933 to 1000) in India is the lowest in the world. The situation was even more dismal in some of the prosperous States with the sex ratio at 733 in Chandigarh, 821 in Delhi, 861 in Haryana and 864 in the Punjab.

The Convention was also historic because religious leaders representing a wide spectrum ranging from the Parsis, Bahais, Jains, Christians, Hindus and Muslims, shared a common platform to condemn the practice of female foeticide.

Led by Jagadguru Shankaracharya of Kanchi, the leaders said that they would use all their resources to propagate among the Indian masses the need to stop this heinous practice.

Speaking at the Convention, NCW Chairperson said that there was an unholy alliance between patriarchal attitude and modern technology resulting in brutal murders of girl-children in the womb. She appealed to the religious leaders, who influenced the thinking and the behaviour of their followers, to condemn this social evil.

Another speaker said that the root cause of this retrograde practice was dowry which undermined the status of a girl child and a woman in the society. He appealed for reform in religions which should be alive to the rights of women.

The Chief Minister of Delhi spoke of the urgent need to change mindsets by breaking blind beliefs in rituals. The Minister for Human Resource Development, admitted the Government's failure to stop female foeticide despite 17 different laws against it. The Minister appealed to the religious leaders to reinterpret the scriptures according to the changing times. He felt that the opinions of the seers would have more impact on the masses than the laws. The Minister of State, Department of Women and Child Development, wished that women were treated neither as goddesses nor as slaves; let them be accepted as human beings, she pleaded.

The IMA secretary, reiterated the Association's decision to ostracise doctors doing diagnostic tests to determine the sex of a child or conducting abortion of a female foetus.

The National Commission for Women appeals to all members of the society to respond to the need of the hour and rise to the occasion to give an unborn girl child a future to look forward to.

228. However, while all rights apply to all children without exception, many girl children are systematically denied their rights from the day they are born. A girl child's experience of discrimination begins at home. Girls are often malnourished because mothers tend to breastfeed their daughters for a shorter period of time than their sons; girls are generally the last ones to eat a meal in the family and when nutritious protein is available it is usually given to the sons. Families do not often seek medical care for their daughters until the illness has progressed, and even then girls are rarely taken to the hospital—as a last resort, families often only consult the traditional healer to help cure a girl's illnesses. More than half of India's girl children do not go to school—and if a girl does go to school, she is likely to drop out before she is 12 years old. The negative bias against the girl child is also reflected in the widespread use of sex determination tests and prevalence of female foeticide/infanticide. This issue has been dealt with in detail in the next section.

229. An area of concern is India's unfavourable sex ratio, which is primarily due to a higher female mortality rate as compared to the male mortality rate right up to the age of 35 years. Every year, about 12 million girls are born in India; three million, or 25 per cent, do not survive to see their fifteenth birthday; a third of these deaths take place in the first year of life. Thirteen per cent of female deaths before the age of 24 years are due to complications in pregnancy and childbirth. Though the expectancy of life at birth has improved over the years and the mortality for all ages has declined sharply, major gains in female life expectancy have accrued mainly to the older age group.

230. The attitudes towards girls are reflected in the following social trends.

- **Population growth indicates gender discrimination**—during 1981–91, the female population (21.77 per cent) grew at a slower pace than the male population (22.40 per cent);
- **Sex ratio is unfavourable to women**—from 972:1000 in 1901 it has come down to 933:1000 in 2001. Without discrimination the ratio should be approximately 1050/1000. As per the 1991 census there were approximately 13.34 million girls (0–19 years) missing in India;
- **Girl child marriage**—despite steady increase in average marriage age in India, child marriage is still common in rural society. Thirty-nine per cent of girls between 15–19 years were married during 1992–93. Early marriage and early pregnancy results in physical wastage, birth complication and low-birth weight babies with poor survival rates;
- **Early pregnancy and unsafe motherhood**—17 per cent of total births are from mothers in the age group 15–19 years. Early pregnancy damages the health of both the mother and the child and puts both lives at risk. The maternal mortality rate in India is high at 437/1 00,000 births. It is estimated that 13 per cent of these deaths occur before the age of 24 years;
- **Female mortality**—although, overall mortality rates have declined, high female mortality persists at every age level up to the age of 35 years. Differential health care, education, nutritional status, and existing cultural beliefs and practices are to blame for higher female mortality;
- **Every year 12 million girls are born**—three million of whom do not survive to see their fifteenth birthday. About one third of these deaths occur in the first year of life

and it is estimated that every sixth female death is directly due to gender discrimination. Son preference results in female foeticide, infanticide and neglect. Foeticide, although largely invisible, is commonly practised in Maharashtra, Rajasthan, Tamil Nadu, Haryana and Punjab;

- **Nutritional status**—the root cause of malnutrition amongst girls is as much poverty and lack of nutritious food, as lack of value attached to girls. Discriminatory feeding practices reveal:
 - Girl's nutritional intake is inferior in quality and quantity;
 - Boys have access to more nutritious food;
 - Boys are given first priority with the available food within the family;
 - Female infants are breastfed less frequently, for shorter duration and over a shorter period than boys.

231. Gender discrimination results in malnutrition of girls on a large scale, with 45 per cent of India's girls suffering from stunted growth as opposed to 20 per cent of boys. Due to dietary deficiencies, adolescent girls do not achieve their potential weight and height. Also, 35 per cent of rural adolescent girls have a weight below 38 kg and a height below 145 cm. Additionally, adolescent girls are highly susceptible to anaemia, which is often responsible for miscarriages, still births, premature births, low birth-weight babies and maternal mortality during childbirth. Undernourished girls who grow into undernourished mothers continue a vicious intergenerational cycle of under-nutrition and wastage of women.

232. Girls work at home. Their work is invisible because it is located in the domestic sphere—this invisibility apportions a secondary status that perpetuates gender discrimination. Working at home is not considered labour because this work is largely unseen and no money exchanges hands, but in real terms, by the time a girl leaves home she will have contributed more than Rs 40,000 to the household income. On an average, girls work 10 hours a day in the home and are more likely to drop out of school because of household demands. If girls try to balance school and household chores, they will not perform as well as boys. Girls are kept at home to look after their siblings, allowing their mothers time to earn money outside of the home.

233. India has the lowest female marriage age in the world: three million of the 4.5 million marriages that take place each year, are of girls below the age of 18 years old. In India, although a girl must be 18 years of age before she can be legally married, many child marriages take place nonetheless. Young brides are more likely to be uneducated, dependent and unaware of their rights.

Box 3.4: CARE-India initiative: Girls' Primary Education (GPE)

In support of Universal Primary Education (UPE), the national goal of the country, CARE-India initiated a GPE pilot project in 1995 for developing innovative and effective strategies for promoting primary education amongst girls. It is aimed at increasing access to education by promoting and supporting formally equivalent education programmes in collaboration with NGOs and community groups. It strives to impact those demand and supply factors which impose impediments in girls accessing education. Project inputs are focused on those issues that are immediate causes of low female literacy.

Some of the major activities of the project include community mobilisation through awareness and training of parents, key persons at the household and village level, school teachers and other stakeholders. Other strategies include generation of demand for girl's education, increasing the accessibility and linkages with the formal education system and improving both quality and relevance of education. GPE is being implemented in the of Uttar Pradesh and Rajasthan.

The project strategies are based on sound principles of designing inputs at the grassroots as also best practices demonstrated by successful programmes in India and abroad. For the realisation of universalisation the difference between the participation of boys and girls in elementary education is the biggest single gap that needs to be filled. The problem of UPE is in essence the problem of the girl child's education. Gender disparity, particularly in the rural areas, reflects the social attitude towards the girl child.

The CARE-GPE project has taken due cognisance of this aspect and in a strategic way has addressed the immediate constraints related to low demand.

In the GPE project, it is envisaged that community-based organisations will be the direct implementors of the project. The strategy is likely to ensure and facilitate sustainability.

Source: Umang—Enrichment of Early Childhood Care and Development, CARE-India

234. Early marriage invariably means an early pregnancy because most marriages are consummated when a girl reaches puberty. Early pregnancies endanger the life of both the mother and child, and can cause interruption in the physiological growth or prolonged and obstructed labour. Studies reveal that 540 mothers die for every 10,000 live births in India. Early pregnancy also increases the chances of premature delivery and low-birth weight babies (23 per cent of babies in India are born weighing under 2.5 kg according to an NFHS-2 survey) who are at risk of infant mortality. Moreover, 50 per cent of all women are anaemic.

Promoting education for girls

235. In India, girls are often not sent to school or their education is discontinued at an early age. Gender disparities persist in all educational indicators, especially with regard to enrolment and retention in primary, upper primary and higher levels of school education. The situation is much worse in rural and tribal areas. Eighty-three per cent of the total population of girls in India are enrolled in primary school, but half of the enrolled girls drop out before they are 12 years old. Many parents do not value a girl's education and prefer to keep girls at home to look after their siblings rather than incur the extra cost of school supplies.

236. The girl child in especially difficult circumstances is thrice disadvantaged on account of poverty, hardship and gender. As per the 1991 census, out of 11.28 million child labourers, 3.42 million girls under 14 years of age were main workers and 1.68 million were marginal workers. In India, much of a young girl's work is invisible and remains unrecognized and undervalued. A larger number of girls are engaged in the unorganised sector. In rural areas, the majority are unskilled, low paid workers. Nearly 50 per cent of female child labour in urban areas is engaged in household responsibilities and sibling care, or is engaged as domestic child labour.

As per *Crime in India-1996*, the incidence of child rape increased and the share of child rape victims to total rape victims was 27.5 per cent. There has also been an increase in the buying of girls for prostitution (22 per cent), female foeticide (39 per cent) and child marriages (89 per cent). While, juvenile crime in India has declined and during 1995–96 the share of juvenile crime was only 0.6 per cent, there has been an increase in the number of girls apprehended. The proportion of girls apprehended reached 26.3 per cent in 1996. Out of nearly nine lakh prostitutes in India, four lakh are children below the age 14 years. Commercial child prostitution is estimated to be increasing at the rate of 8–10 per cent per annum. Traditional forms of prostitution also exist in India, for example, 50 per cent of all prostitutes in Maharashtra began as ‘*devadasis*’ (dedication to a local deity in accordance with superstition). Causes of trafficking of girls are poverty, limited economic opportunities, kidnapping, rape, disintegration of rural and tribal communities and forced prostitution. Additionally, destitute and abandoned girls among the street children and young girls in urban slums are commonly victims of exploitation and sexual abuse.

Central government interventions

237. In recognition of the need to address the requirements of girls and women, the Sixth Plan (1980–85) introduced a separate chapter for women. There was an attempt at a holistic planning approach to women, stressing economic independence and advocating a public policy package that included ownership rights and enforcement of wage laws. The Department of Rural Development announced a 30 per cent quota for women in all anti-poverty programmes for the rural areas. A special programme “Development of Women and Children in Rural Areas” was introduced.¹² Most significantly, a separate Department for Women and Child Development was created in 1985.

238. The Governmental approach under the National Plan of Action for the Girl Child includes raising consciousness levels of the parents, who are the decision-makers within the family unit. It also aims at eliminating all forms of violence, overt and covert, perpetuated against the girl child and provides inputs for personality development of the girl child, so as to enhance her self-image and enable her to take her own decisions. In 1998, the GOI dedicated the fourth week of September as Girl Child Week. The DWCD led a policy dialogue on “Bridging the Gender Gap” with all interested groups: NGOs, media and Government. Through the week, events were organised in villages, urban slums, schools and colleges. The laws against female foeticide and the Immoral Traffic (Prevention) Act, 1956, are only part of a series of legislation aimed at protecting the rights of the girl child. The Hindu Succession Act was amended in 1993 to ensure equal rights to the girl child in the property of parents. The enforcing of anti-child marriage legislation and raising of the minimum age of marriage in some States, such as Maharashtra, are other measures that protect the rights of girls.

239. Global trafficking of children and women is considered more profitable than the illegal cross-border sale of arms or drugs. A 1991 study by the Central Social Welfare Board found that 30 per cent of prostitutes were below the age of 18 years. Fifteen per cent had become prostitutes before their fifteenth birthday. To tackle this sensitive issue, India hosted an Expert Group Meeting to negotiate the SAARC Regional Convention on Prevention and Combating Trafficking in Women and Children for Prostitution in 1998. The Convention seeks to take measures to prevent cross-border trafficking through proper international Governmental coordination as well as harmonising of various laws and legal provisions relating to trafficking and rehabilitation of rescued victims. Amendments to the Immoral Traffic (Prevention) Act, have been recommended by the Central Advisory Committee on Child Prostitution in 1998. The DWCD is in the process

of amending the ITPA so as to place the burden of proof on the trafficker and to enhance punishment. In 1997, in the case of *Gaurav Jain vs Union of India*, the Supreme Court directed the GOI to constitute a committee to make an in-depth study of the problems of prostitution and children of prostitutes and to evolve suitable schemes for their rescue and rehabilitation. The Committee has drawn up a Plan of Action to combat trafficking and sexual exploitation of children. The progress of implementation of the Plan of Action is monitored by the Central Advisory Committee. In Tamil Nadu, where the fall in the sex ratio has been significant, a cradle scheme has been started. By offering to adopt girls who would otherwise aborted or killed at birth, the State is giving those girls the right to survive and develop. Cradles have been placed at strategic points both within hospitals and outside.

240. The Government of Tamil Nadu has also instituted the *Sivagami Ammaiyan Ninavu Girl Child Protection Scheme* as a means of bringing changes in the attitude of the population by providing incentives for adopting a positive preference with regard to the girl child. Financial support is given to parents so that they can provide for the education and marriage of the girl child. Only parents who have undergone sterilization after having one or two girl children will be covered under the programme. Almost 83,000 girls have benefited under this scheme so far.¹³

Box 3.5: Towards empowerment of women

The 73rd and 74th Amendments to the Constitution are landmark steps as they ensure not less than one-third reservation of seats for women among elected membership and functionaries of the local self-government system (*Panchayats* and *Nagar Palikas*).

Women have enthusiastically responded to this unique opportunity and today women comprise more than 34 per cent of among the elected local self-government members. They have made an impression not only by their inherent competence, but also their positive responsiveness to basic social issues. There has also been a reduction in corruption wherever women are exercising power. A comprehensive survey undertaken by the Centre of Women's Development Studies, New Delhi, covering three backward States of Madhya Pradesh, Rajasthan and Uttar Pradesh found: "These new women in panchayats have reported increase in self-confidence, positive change in lifestyle, awareness about critical need of education and increased concern for village development. There are positive changes in their own attitudes and consequent impact on the family. The Amendments have begun a process of legitimacy to women's new non-traditional role in *panchayats* which helps the supporting husbands to share responsibilities without the fear of ridicule and makes others, reconsider and think about the women's new public role." There are about one million elected women representatives in *panchayats*. If we take 2.5 candidates per seat about 2.5 million women participated in the election in the first round. Direct participation in the political system by 2.5 million women is itself a major empowering process. Women's participation as voters has been increasing at a faster rate than men's.

Source: Gender and Governance in India, S. D. Bandyopadhyay, Economic and Political Weekly, July 29, 2000

Programmes

241. The Department of Women and Child Development is the nodal agency leading the State's efforts to improve the situation of the girl child. Of these, the Integrated Child Development Scheme, (ICDS), the world's largest nutrition outreach initiative, is a key intervention. ICDS will cover 90 per cent of the country by the end of the Ninth Plan period and it is supported by a series of targeted interventions. Of these, the Integrated Nutrition and Health Programme is a demand-driven approach operating in seven States, where resources, both material and human are being directed to achieve those changes in health behaviour that can lead to a reduction in mortality and malnutrition. Nutritional needs of adolescent girls are a special area of focus for the Reproductive

and Child Health Programme and the proposed National Nutrition Mission. As noted earlier, gender discrimination within the home is often manifest in the unequal access to and the quality of food provided to girls and boys throughout childhood. The effects of years of neglect become visible during adolescence. While one in five adolescent boys is malnourished, 45 per cent of girls are undernourished. The nationwide Adolescent Girls Scheme has been started in 507 ICDS blocks to provide family life education to girls who have dropped out of school. This scheme includes efforts to raise their health and nutritional status and break the intergenerational malnutrition cycle. Girls also learn skills such as tailoring that would help them become economically independent.

242. Since the early 1990s, the Government has recast many of its child-focused projects. The effort has been to ensure streamlining of the delivery mechanism to ensure that girls, particularly from economically and socially disadvantaged families benefit from this process. These efforts have accelerated after the Beijing Conference. Most importantly, the years since Beijing have shown that investments made in the earliest years of a girl's life ensure greater returns for the child, the family, society and the country.¹⁴

243. The Government of India has paid special attention to ensuring that all children, especially girls, SCs and STs have access to primary education. While tuition fees are not charged in State-run schools, most State Governments now provide free uniforms, textbooks and notebooks to girl children. This reduces the financial burden of educating girls. A proposal to provide free education for girls up to university level has also been mooted. Additionally, the problem of girls often having to care for their younger siblings and thus missing school is being addressed. The functioning hours of the ICDS centres are being synchronised with the school hours of the District Primary Education Programme (DPEP) in all blocks where the latter programme is operational. In addition, new ICDS centres are being run either within the school premises or in a room nearby. The availability of child care services has also freed girls to attend school.

244. To supplement the efforts of the Department of Education, DWCD is leading the Girls' Primary Education project (GPE) in two states with the lowest female literacy—Rajasthan and Uttar Pradesh. Here the effort is to increase girl's access to education in partnership with local and community groups. This is in line with initiatives launched by States to support the on-going effort to meet the unmet need for education of girls. Studies have shown that it is the perceived economic burden of bringing up a girl, particularly the cost of getting her married, which is at the root of a family's reluctance to bring a girl into the world. In 1997, as part of the golden jubilee celebrations of India's Independence, the Prime Minister announced the *Balika Samridhhi Yojana*, giving cash support to over 2.5 million poor families in which girls were born.

245. There is also a range of initiatives taken by individual States and by some districts and villages. In Rajasthan, under the *Shiksha Karmi Scheme* for creating para-teachers, young girls who only had secondary schooling, were given special training. Posted to remote rural settlements where often not even a single individual could read or write, these girls have launched quite a revolution. In Madhya Pradesh, the Government operates the Education Guarantee Scheme in collaboration with the local elected leadership. In villages with no school, one school will be provided along with one teacher, if the *Panchayat* takes on the responsibility of overall school management. In Kerala, educational concessions have been provided to children of socially and educationally backward communities. For instance, girls belonging to the Muslim and Nadar Communities are eligible for special assistance for education.¹⁵

246. Supporting the work of gender mainstreaming in all programming is the nationwide effort to develop engendered databases. Sectors for which gender disaggregated data is not available were identified and the Central Statistical Organisation and the DWCD initiated efforts to fill this gap. The Census of 2001 in fact will be the first engendered nationwide, comprehensive information collection exercise. Data gatherers have been specially trained for the purpose and the questionnaires have been analysed from a gender perspective. DWCD has assisted by commissioning pilot surveys to help the process. The Census 2001 will particularly focus on countering the invisibility of women's work.

247 The Census, the National Sample Survey, the National Health and Family Survey and the Sample Registration System are some of the institutionalised forms used to collect disaggregated data for various groups of children in India.¹⁶

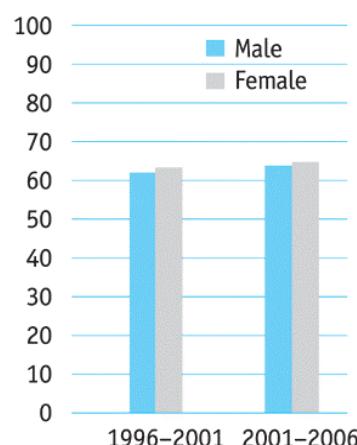
C. The Right to Life, Survival and Development

Article 6

248. The GOI's National Policy for Children, 1974, lays down the framework for actualizing the Constitutional provisions in that "it shall be the policy of the State to provide adequate services to children both before and after birth and through the period of growth to ensure their full physical, mental and social development. The State shall progressively increase the scope of such services so that, within reasonable time, all children in the country enjoy optimum condition for their balanced growth".

249. The National Health Policy, 1993, gives the highest priority to special programmes for the improvement of maternal and child health. Simultaneously, the National Plan of Action for Children, 1992, also emphasizes the importance of maternal and child health and the targets set in consonance with those of 'Health for All'. Besides this, the nation's ongoing maternal and child health programme has been strengthened with the launch of the Reproductive and Child Health Programme in 1997.¹ Various measures undertaken by the Government have resulted in a general increase in the life expectancy of people in all regions. (For more details please see section on Basic Health and Health Services.)

Figure 3.1: Expectation of life at birth by sex



250. In India, family-related issues have a direct bearing on the child's right to life and survival. Emanating from the structure of the family, where the male maintains the continuity of the lineage, there is a preference for sons in most parts of the country and numerous studies of Indian couples have only reiterated this. The NFHS-2 survey shows that 36 per cent of women want sons more than daughters, but only two per cent want daughters more than sons. Son preference is relatively weak in urban areas, among literate women, among women with more education and whose husbands have more education, and among women living in households with a high standard of living. Son preference is observed to be particularly strong in northern and central India and somewhat weaker in the southern and western regions. In tribal populations, the discrimination against women is not severe. The practice of female foeticide, has been recorded in some parts of India. A study on gender differentials in neonatal mortality, using Primary Health Centre (PHC) records shows social causes as the reason for higher female deaths. According to the Indian Penal Code, infanticide is treated as murder and various sections under the Act can be invoked for prevention of the practice. Unfortunately, in most cases, the culpability for the act rests with the mother alone. In a recent ruling of the Madurai Additional Sessions Court, a mother was sentenced to life imprisonment in a case of infanticide, while the father was released.

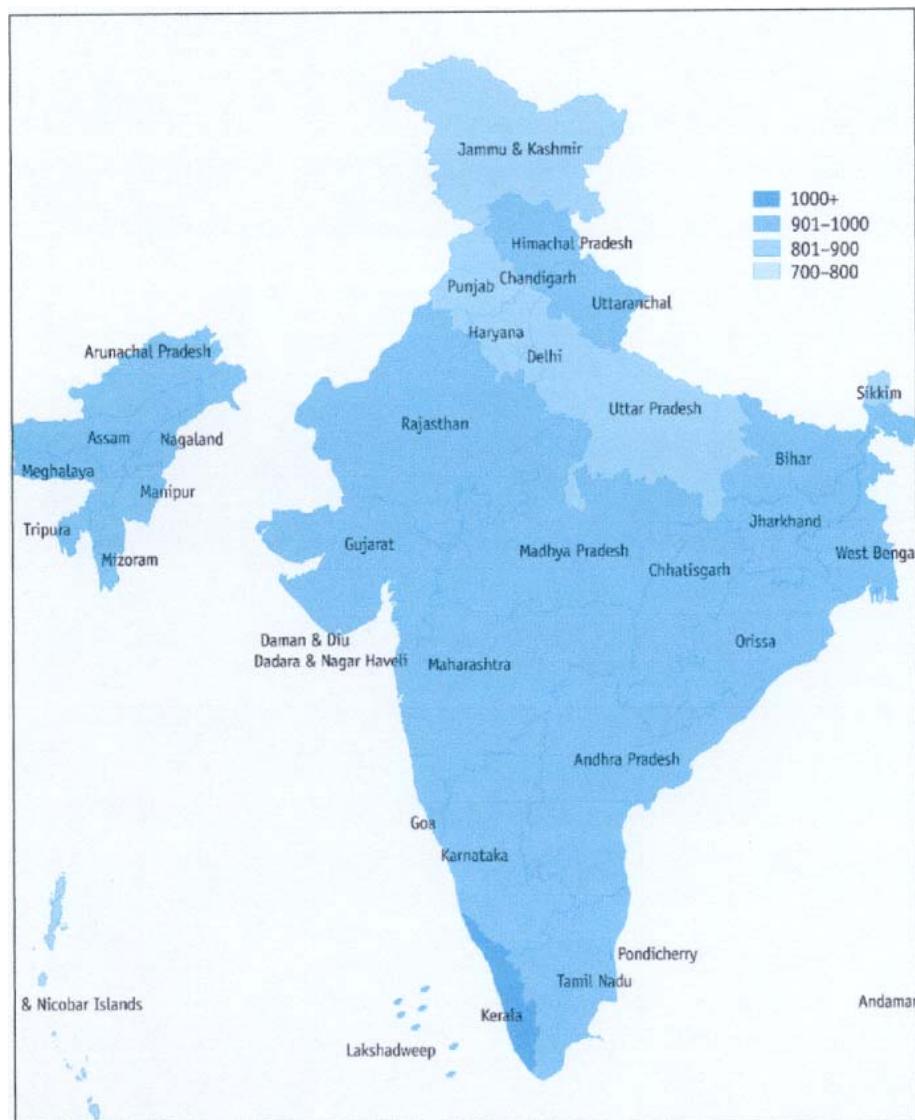
251. The negative bias against women has taken an alarming dimension recently with the utilisation of the amniocentesis test for detecting the sex of the foetus, followed by selective abortion of the foetus if detected to be female. Apart from the considerable risks to the foetus and the woman, the utilisation of pre-natal diagnostic techniques for selective abortion of female foetuses perpetuates the negative social worth of women. Among the several pre-natal diagnostic techniques like sonography, and chorionic villi biopsy that are being utilised in India, the amniocentesis test has achieved a dubious popularity as the one which provides quick results, and is accurate. These tests can cause a great deal of damage, resulting in bleeding, spontaneous abortions or premature labour. However, the commercial viability of these tests has overtaken ethical considerations. It has been observed that sex detection tests are not confined to big cities but have proliferated to small towns also. The fact that medical technology was being misused was first recognised in 1982 and a campaign was launched to regulate this, culminating in the enactment of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. Under this, pre-natal diagnostic techniques and genetic counselling may be conducted in genetic clinics, genetic laboratories and genetic counselling centres registered under the Act. Use of pre-natal diagnostic techniques must comply with the conditions prescribed in the Act, and is permitted solely for detecting foetal abnormalities.

252. The sharp decline in female sex ratios over the years suggests that female infanticide and foeticide might be largely responsible for this phenomenon rather than general neglect of the girl child.² The sex ratio is a sensitive indicator of the status of women in any society and the decline in the sex ratio in some States is a great cause for concern.³ According to NFHS-2 survey, the lowest sex ratio is in the State of Haryana with 872 females per 1,000 males. Female infanticide has been reported from parts of Rajasthan, Bihar, Uttar Pradesh, West Bengal and Tamil Nadu.⁴ The Tamil Nadu Government was the first to acknowledge the existence of infanticide in Madurai district of the State in 1992.

253. It has been seen that institutional deliveries increase the chances of survival for a baby born of a typical rural mother. The NFHS-2 shows that one-third of births (34%) in India took place in health facilities, more than half took place in the women's own homes, and one in eight took place in their parents' homes. Births taking place in health facilities were about equally divided between those that took place in a private health facility and those that took place in public

institutions (such as government-operated district, block, town, or municipal hospitals and PHCs). Only one per cent of births took place in facilities operated by NGOs and trusts. About two thirds of deliveries in urban areas and one-quarter of deliveries in rural areas took place in health facilities. The Sample Registration Survey (SRS) estimated that a slightly lower percentage of births took place in institutions in 1997 (25% of total births in urban areas, and 18% of births in rural areas). Deliveries in health facilities in India rose from 26 per cent at the time of NFHS-1 (1992–93) to 34 per cent at the time of NFHS-2 (1998–99). However, there are large inter-state variations.

Figure 3.2: Sex Ratio



Source: Census 2001.

254. The IMR is a critical measure of a country's level of human development. Of the 24 million children born in India every year, not all survive to celebrate their first birthday. Conditions for child survival could be assumed to affect girls and boys equally but in fact this is not the case.

Girls suffer from special disadvantages, reflected in the fact that female infant mortality rates are higher than male infant mortality rates. The differential is more pronounced in rural areas. Once again, whether a new born baby girl survives or not depends very much on the State in which she is born. In Orissa, nearly 97 out of 1,000 babies born alive die within the first year. In Kerala on the other hand, only 13 out of 1,000 babies do not survive their first year of life.

Box 3.6: Supreme Court orders strict implementation of the PNDT Act

The Supreme Court of India, while hearing the social interest litigation [Writ Petition (Civil) No. 301 of 2000] filed by the Centre for Enquiry into Health and Allied Themes (CEHAT), an NGO based in Mumbai and others vs Union of India, took cognisance of the fact that female infanticide and foeticide still persists, in India in spite of enactment of the Pre-Natal Techniques (Regulation and Prevention of Misuse) Act, 1984 (PNDT Act).

The gist of the order passed by the Court is as follows:

The GOI has been directed to create public awareness against the practice of pre-natal determination of sex and female foeticide through appropriate releases/programmes in the electronic media.

The GOI has been directed to implement with all vigour and zeal the PNDT Act and the rules framed in 1996.

Meeting of the Central Supervisory Board (CSB) to be held at least once in six months.

The CSB shall review and monitor the implementation of the Act.

The CSB shall issue directions to appropriate authorities in all States/Union Territories to furnish quarterly returns to CSB, giving report on the implementation and working of the Act.

The CSB will examine the necessity to amend the Act keeping in mind emerging technologies and difficulties encountered in the implementation of the Act and to make recommendations to the GOI.

The CSB shall lay down a code of conduct to be observed by persons working in bodies specified therein and to ensure its publication so that the public at large can know about it.

All Governments/Union Territory administrations are directed to appoint by notification, fully empowered appropriate authorities at district and sub-district levels and also advisory committees to aid and advise the appropriate authority in discharge of its functions.

All Governments/Union Territory administrations are directed to create public awareness against the practice of pre-natal determination of sex and female foeticide through advertisement in the print and electronic media.

Appropriate authorities are directed to take prompt action against any person or body who issues or causes to be issued any advertisement in violation of the Act.

The CSB and the State Governments/Union Territories have been directed to report to the Court on or before 30th July 2001.

255. Diarrhoea, which is one of the leading causes of child deaths is sought to be combated by the Oral Rehydration Therapy Programme, which was started in 1986–87, and is being implemented for preventing deaths due to dehydration caused by diarrhoeal diseases among children under five years of age. Oral Rehydration Salt (ORS) is being used for the proper management of cases with diarrhoea. The GOI is organising the supply of ORS packets to the States.

256. The large number of deaths in early childhood accounts for the skewed overall sex ratio. Malnutrition is also a significant underlying factor in many of these deaths. The ICDS, based on

the rationale that care, psychosocial development and the child's health and nutritional well-being mutually reinforce each other, provides a package of services that includes supplementary nutrition, nutrition and health education and prophylaxis against nutritional anaemia and vitamin A deficiency.

257. The ICDS, with its opportunity for early childhood development, seeks to reduce both socio-economic and gender inequities. The ICDS programme was launched on October 2, 1975, in 33 blocks more than 25 years ago. Today, ICDS represents one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children and it is India's response to the challenge of breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.

258. Recognising that early childhood development constitutes the foundation of human development, ICDS is designed to promote the holistic development of children under the age of six years, through the strengthened capacity of caregivers and communities and improved access to basic services, at the community level. Within this group, priority is accorded to addressing the critical under-three years age group, the period of most rapid growth and development. The programme specifically reaches disadvantaged and low-income segments, for effective disparity reduction. The ICDS provides an integrated approach for converging basic services for improved child care, early stimulation and learning, health and nutrition, water and environmental sanitation. It targets young children, expectant and nursing mothers and women's/adolescent girls' groups through nearly 5,00,000 trained community-based *anganwadi* workers and a large number of helpers, supportive community structures/women's groups at the *anganwadi* centre, the health system and in the community.

259. The ICDS offers a powerful community-based outreach system of functions as the convergent interface between disadvantaged communities and Government programmes such as primary health care and education. It contributes to the achievement of major nutrition and health goals embodied in the National Plan of Action for Children, 1992, and the National Plan of Action on Nutrition, 1995. The programme is also the foundation of the national effort for universalization of primary education. It provides increased opportunities for promoting early development, associated with improved cognitive and social skills, enrolment and retention in the early primary stage. By releasing girls from disadvantaged groups from the burden of sibling care, it also enables them to participate in primary education. The ICDS is a major programme channel for addressing the rights of young children, as defined in the UN Convention on the Rights of the Child, to which India acceded in 1992 and it also uniquely addresses the interrelated needs of young children, girls and women (especially during pregnancy and lactation) across the life cycle. Young girls are provided with equal opportunities for early care for survival, growth and development, while adolescent girls, as well as pregnant and nursing mothers receive vital health, nutrition and self-development interventions and crucial child care support. The community education component, targeting women in the reproductive age group also supports community action to improve care for girls and women.

260. Poised for near universal coverage at the turn of the century, ICDS today reaches out to 4.8 million expectant and nursing mothers and 22.9 million children (under six years of age), of disadvantaged groups. Of these, 12.5 million children (three to six years of age) participate in centre-based pre-school education activities. The ICDS network consists of 4,200 projects, covering nearly 75 per cent of the country's community development blocks and 273 urban slum pockets. While selecting the location for a project, preference is given to those areas which are

predominantly inhabited by vulnerable and weaker sections of the society, i.e., SCs, STs and low-income families found in economically backward areas, drought-prone areas and areas in which development of social services requires strengthening.⁵ The challenge now is to build on the rich experience of the past two-and-a-half decades and effectively tap the potential of this unique integrated programme, as it moves towards universalisation. Today, ICDS has many meanings for the community—a home-like childcare centre, a play/learning centre, a peripheral health centre, a meeting place for women/mothers, a source of support during calamity and a means to fulfil aspirations for millions of young children. It is proposed to cover the entire country with this scheme by 2002.

261. Adolescence, that is, the age of 12–18 years, has been recognized as a special period in the life-cycle of girls requiring specific attention. There has been concern expressed at the attitude towards menarche and the myths and misconceptions associated with menstruation. The need for sensitively addressing the question of menstrual hygiene, and the physiology and anatomy for developing a healthy understanding of the body and its functions is very important. Recent efforts on sex education with a focus on prevention of infections and pregnancy do not unfortunately address the issue of menstruation. As adolescence is among the most vulnerable periods during the growth and development of a girl, this area is receiving greater research focus in India. The onset of puberty brings with it several social restrictions on the physical mobility of girls and data on education clearly indicates a decline in enrolment rates at this crucial age, especially if the school is not located in the same village or neighbourhood.

Box 3.7: Objectives of ICDS

- Lay the foundation for the proper psychological, physical and social development of the child.
- Improve the nutritional and health status of children below the age of six years.
- Reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
- Achieve effective coordination of policy and implementation among various departments to promote child development.
- Enhance the capability of the mother to look after the normal health, nutritional and developmental needs of the child through proper community education.

Source: Booklet—Integrated Child Development Services (ICDS), Department of Women and Child Development, Ministry of Human Resource Development, GOI.

262. During 1991–92, a special intervention was introduced for adolescent girls, using the ICDS infrastructure. This intervention focuses on school dropouts and girls in the age group of 11–18 years, and seeks to meet their needs of self-development, nutrition, health, education, literacy, recreation and skill formation.

263. This scheme was introduced in 507 selected blocks with the following objectives:

- To improve the nutrition and health status of girls in the age-group of 11–18 years.
- To provide them with the required literacy and numeracy skills through the non-formal stream of education.
- To stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities.
- To train and equip to improve and upgrade skills.

- To promote awareness of health, hygiene, nutrition, family welfare, and child care.
- To take all measures to facilitate their marrying only after attaining the age of 18 years and if possible, even later.⁶

264. The *Balika Samriddhi Yojana* was launched in 1997 with the specific objective of changing female and community attitude towards the girl child. The scheme also envisages enrolment and retention of girl children in schools.

265. The *Apni Beti Apna Dhan* (Daughter is My Wealth) scheme introduced by the Government of Haryana on October 2, 1994, aims at improving the social acceptability of girls by making them financially independent. The scheme provides for the following:

- (a) The family will receive monetary assistance of Rs 3,000 at the birth of each of the first three daughters;
- (b) The mother will be given Rs 500 within 15 days of each girl's birth. This is meant for the post-delivery needs of the mother;
- (c) An investment of Rs 2,500 will be made in the name of each girl child in Government securities within three months of her birth. This investment will be made available to the girl on her eighteenth birthday and she will be free to use the matured amount for either her education, or for setting up an economic venture

266. In December 1995, the Haryana Government expanded the scope of the scheme, and announced a maturity amount of Rs 35,000 and Rs 30,000 as against the earlier Rs 25,000, for girls who agree to defer the encashment of their securities by four years and two years, respectively.⁷

Registration of deaths

267. The Registration of Births and Deaths Act, 1956, provides for the compulsory registration of all deaths throughout the country. Under the Act, the responsibility for reporting an event occurring in the house lies with the head of the household, and in her/his absence, on persons in the family as specified. For events that occur in hospitals/institutions it is the responsibility of the hospital in-charge (or a person authorized by him/her) to report the events to the local registrar. However, there is a clear lack of incentive in reporting the death of a child and therefore, child deaths do not get reported. The deaths that are registered at the younger ages are reported from medical institutions. In some cities and towns, arrangements have been made for reporting of deaths in the cremation or burial grounds and deaths of even young children do not escape registration. However, the situation is not the same in the rural areas where a large number of dead bodies are not cremated or buried in authorised cremation/burial grounds. In some States, certain officers have been notified to collect death reports from the informants, that is, the household, and report them to the local registrar for registration. This has brought about some improvement in the reporting of child deaths in some parts of the country. However, the registration of deaths of children is still far from satisfactory.⁸

D. Respect for the Views of the Child

Article 12

268. Freedom of expression is a fundamental right, available to every person in India, including children. The right to freedom of speech and expression has been construed by judicial interpretation in India to include freedom of the press and other media. Although, there is no legislation that specifically mentions the right of the child to express his/her views freely, this aspect will be covered in the proposed National Charter for Children.

269. Out of all the rights of the child under the CRC, this particular right is the least understood and appreciated by adults. The importance of this right lies in seeing the world from the perspective of the child, and in displaying the sensitivity that is so essential when dealing with innocent children. The significance of this right can be best appreciated when one reads what children had to say during the regional consultations—phrases like “violence frightens us”, “we get scared when our fathers are drunk”, are poignant reminders that children have a right to a safe life, and that adults will not be able to give this if they are not willing to listen to children and to understand how their actions are hurting them.

270. The rights of the child under the CRC to have his/her views respected is intrinsically linked to the opportunities available to the child to participate in a wide spectrum of activities, ranging from the home to school life. It is indeed welcome that there is a gradual increase in initiatives to promote child participation in many parts of the country. The initiatives vary in content and comprehensiveness, from participation in activities to expression of views on matters that affect their lives or those of other children or their communities. In some cases, efforts have been made to link hearing children's views to decision making and implementation processes of programmes for children and local community initiatives. As child participation seemingly gains acceptance in more parts of the country, as demonstrated by a surge in pilot community-based initiatives during the reporting period, there is a need to fully understand the spirit and principles of child participation within the framework of the Convention and the evolving capabilities of children, and to develop a framework for action which will contribute to creating the institutional spaces for promoting meaningful participation and raising the profile of children as actors in their own development and the development of their communities. At the same time, adults will need to change the way they currently perceive children and their potential, so that children can interact in an environment where adults with the authority to make decisions provide them relevant information, actively seek their opinions and value and respect their comments and proposals. This will also lead to the development of their potential and evolving capabilities, thus enhancing their role as citizens and making them actors in the realisation of their own rights.

271. As one examines the implementation of this aspect of the Convention, it is evident that while progress has been made in this area, mainly through the intervention of NGOs, little documented, qualitative information is available about “listening to children views” in judicial proceedings or placement in “alternative care” or in families and school situations. Little is also known of what happens to children's views and recommendations and there is no feedback to children on what happens within the decision-making forums based on their recommendations.

272. There emerges a need, therefore, to document the progress so far and to review all aspects of children's participation, in order to evolve a direction for accelerating the implementation of this aspect of the Convention.

273. In recent years, a few voluntary organizations have experimented with innovative approaches where children have been given ample opportunity to express their right to participation in the decision-making process. For instance, *Bhima Sangha*, which is an association of working children, is a forum to discuss and resolve children's issues and concerns. Inspired by the model of official unions and prompted by the desire that their grievances should be heard, 10–15 children in Bangalore, with the help of an NGO called Concerned for Working Children, came together in 1989 to form *Bhima Sangha*. Since its inception, *Bhima Sangha* has repeatedly raised child labour issues in the public forum, addressed press conferences and held discussions with Government officials regarding steps that could be taken to solve the concerns of working children. In 1997, *Bhima Sangha* was instrumental in setting up Children's Council (*Makkala Panchayat*), which run parallel to the Adult Councils (*Gram Panchayats*). Children between 6–17 years of age could vote but the candidates were between 12–17 years. Sixty-five per cent of the seats are reserved for girls. Similarly, an NGO named Butterflies has also evolved children's participation in the decision making process, wherein every fortnight, children at contact points hold a meeting to discuss important issues, critique ongoing activities, plan future activities, etc., under the overall rubric of the *Bal Sabha* (Children's Council). Most schools also have students' councils and parent teacher associations to ensure that the views of children are heard.¹

Box 3.8: Creating “children’s government”

Four years ago, UNICEF initiated Children's *Panchayats* in association with the Government of Rajasthan to see if children could become agents of change in their own development. Local NGOs conducted a two-day workshop for the adult *Sarpanches* (elected heads of the *Panchayat*) and *Panchayat* members, who then returned to their villages to set up the Children's *Panchayats*. Children were asked to attend meetings where the *sarpanches* explained child rights and the responsibilities that came with the rights, asking the children if they would like to form the children's government.

The Children's *Panchayat* follows the Government provision of one-third reservations of seats for women, with special representation for SCs and the disabled. The children come from different villages and meet once a month. “Right now there is one-third representation for girls in our *Panchayat*, just like the Government. In our village, boys are considered to be future breadwinners and girls are homemakers. When I think about it, I know this is not fair. I know the seats should be equally distributed between boys and girls, perhaps that is something we can begin to change” explains Mahindra Singh, (15) the elected head of the Children's *Panchayat* in Telora Village.

The Children's *Panchayats* in Ajmer district have been changing the children's lives and the life of their community. In one village, children decided that tobacco addiction was a problem. They asked the shopkeepers not to sell tobacco to children who came to buy it for their fathers, because after a while children became curious and tried it themselves. The adult *Panchayat* supported this decision by levying a fine of Rs 500 to every shopkeeper who sold tobacco to children. The money went to the Children's *Panchayat*. Children's *Panchayats* have been inspiring villages to plant trees, open libraries and ban the use of plastic bags. *Udaan* (Flight), a newspaper about children's *Panchayats*, is also written, edited, designed and produced by children.

To date, 200 Children's *Panchayats* have been created in Rajasthan. UNICEF hoped to create a model that could be implemented by the Government on a Statewise scale. After seeing the success of the Children's *Panchayat*, the Director of Adult and Continuing Education, assigned 35,000 adult education centres, which are present in every village, to help create Children's *Panchayat*.

What were the constraints? “In the beginning I wondered how this would work, we are very small, how will we work with the adult *Panchayat*. But then I thought, this might be something I would like to do in future, so I joined in,” explains Chand, a member of children's *Panchayat*. There were also initial reservations by the community that children might be creating a parallel system that would then make its own decision, but the *Sarpanch* of Telora explains “The children are my eyes and ears, they tell me what is happening in the village and what needs to change.”

274. In Rajasthan, over 100 Children's *Panchayats* have been formed by the *Bharat Gyan Vigyan Samiti* in villages in the districts of Alwar, Baran, Dholpur, Kota, Pali, Jaipur, Karauli and Sikar. These *Panchayats* draw attention to the problems related to children and prepare children for active participation in the process of development. The *Bal Manch* (Platform for Children) has been extremely active in voicing the rights of children. Children started the "Go to School" drive which pushed up enrolment. *Bal Manch* girls have also become treasurers of small savings groups of adult illiterate women. In some villages, children even try to tackle issues, like preventing child marriage. Though not always successful, this has demonstrated the stand children can take against violations even in the face of adult opposition.

275. In Madhya Pradesh, the *Abhivyakti Bal Vikas Sansthan* in Dhar district has established 25 *Bal Panchayats* which have been very active in organising child rights and hygiene campaigns, *Meena* film shows, training of *Bal Panches* and *sarpanches* and conducting school enrolment drives. In Shahjapur district, 80 *Bal Panchayats* had poster competitions on issues like child marriage, gender discrimination, education, safe drinking water and health. These not only provided creative expression opportunities on sensitive child rights issues but also sensitised the entire village community on child rights issues and the potential contribution of children to the community. In Andhra Pradesh, child participation is taking place throughout the State with the help of NGOs through the *Divya Disha* school campaign in Hyderabad. The Child Campaigners Club, under the auspices of COVA, a federation of voluntary organisations has also initiated *Bal Adalats* (Children's Courts) whose activities centre around issues that concern children.

Box 3.9: Children freely express their views

When Jhangri, a 10-year-old girl from Andhra Pradesh, stood up with courage and said before an assembly of elders that every child must have access to school as all of them want to read and write, she was articulating what Nobel laureate, Prof Amartya Sen, also says.

She expressed her feelings quite eloquently in words: "Children must get free education and free uniform, books, pencils and other study material. All schools must have teachers who teach and teachers must love children equally. They must not beat them."

Jhangri was among 14 children who were on the "dias" (podium), representing 14 States of India and sharing their ideas on what every child should and should not have in their childhood. Interestingly, this was not something even adults articulated on behalf of the children except for the group that turns them into causes and gains mileage out of it. Jhangri, Hari and Sangeeta were earlier child labourers. Now they are in school thanks to the intervention of child rights activists. More than 100 such children and an equal number of women community leaders participated in a three-day national workshop on "Children's Rights In India—Concerns, Responses and Aspirations" which began on October 12, 2000 at Jamia Hamdard, Delhi.

Source: The Hindu, 16.10.2000

276. In Uttar Pradesh, child participation in the State has largely remained an area-specific activity through intensive projects. Children's participation in their own development is being promoted through *Project Masoom* in Bahraich district. The project trains adolescent girls as motivators to mobilise other young girls to get involved in their communities and development. Early childhood care, literacy and age of marriage are the focus. *Masoom*'s interventions are carried out through children's groups or *Bal Sabhas*.

277. In Gujarat, School *Panchayats* exist in many *Zilla Panchayat*-run primary schools. These structures replicate the structure of the Parliament or a ministry in schools. These are used to encourage children to take decisions about their school and participate in implementing these. In

Kargil, Jammu and Kashmir, in 18 Children's Committees for Village Development have been organised. These focus on capacity development for children and promote their participation in village development. Children organise themselves, identify local problems and initiate necessary actions. Some of the issues they have tackled include teacher absenteeism, school attendance by children and sanitation practices.

278. Children have wholeheartedly and enthusiastically accepted the opportunity to participate in the media. The International Children's Day of Broadcasting (ICDB), which falls on the second Sunday in December provides children with the opportunity to devote some of the time to the media and voice their views and concerns, becoming broadcasters and producers for a day—producing, reporting, filming and recording stories they want the world to see and hear. During 1996–1997, 10 children were trained for a week at the Indian Institute of Mass Communication and they produced a programme, which was telecast over the national network, Doordarshan, which is the official television wing of the GOI. In December 2000, 31 TV stations and 60 radio stations involved over 2000 children in their programmes for ICDB. The children interviewed leaders, heroes, opinion makers and other adults who have made a difference to society. TV channels such as Doordarshan, STAR and Channel V all featured programmes developed and presented by children, demonstrating a major recognition of children's right to expression. Mobilising the media began six months ahead of the ICDB, and UNICEF supported four regional workshops during May–October 2000, to work out the strategy for children's participation the media.

Box 3.10: Fingerprint postcards

One hundred children in a remote village of Uttar Pradesh wanted to know if the water they were drinking was safe, so they wrote postcards to the District Magistrate (DM) asking for water-testing kits.

One postcard after another arrived at the DM's office, on different days and from different post offices, but all asking for the same thing: water-testing kits. The children signed their names, added a fingerprint for good measure and reminded the DM of the name of their village: Nautala.

The DM bound the postcards together with an elastic band and sent them to the Department of Water. The Junior Engineer visited the village and met the children, who wanted bottle kits to test for bacterial impurities. The Junior Engineer suggested that he would take a water sample to be tested in the district lab but the children were adamant that they had 50 wells and all the water sources needed to be tested. One child added, "We have to see for ourselves if our water is safe to drink."

The children of Nautala had decided at a meeting of all of the *Bal Sabhas* or children's groups, in the village that there was a need to test the quality of their water.

Source: Bachhe—Children in India, 2000, UNICEF

The media gave significant coverage to the ICDB, and several senior journalists wrote about it, pointing the high visibility that ICDB commanded and which established the arrival of children in the field of broadcasting in the country. Sustaining and expanding the initiative and ensuring child participation in broadcasting all year round are the immediate challenges.

SECTION IV

CIVIL RIGHTS AND FREEDOM

(Arts. 7, 8, 13–17 and 37(a))

A. Name and Nationality

Article 7

279. Voluntary civil registration was first introduced in India in the nineteenth century mainly as an aid to public health administration for locating and identifying issues of public health importance and introducing remedial measures to control mortality. Different provinces had different legislations and sometimes, even within the same province, registration was carried out under different laws. The inadequacy of the system and its limited use were prime reasons for its slow evolution in the country. However, in view of the importance of the system in providing continuous and permanent vital statistics for public health administration and demographic analysis, a number of Commissions and Committees studied its inadequacies and made comprehensive recommendations for quantitative and qualitative improvements. These far-reaching recommendations included:

- Compulsory recording of vital events;
- The need for a central legislation;
- The need for a uniform process of registration;
- Collection and compilation of vital statistics.

These formed the basis for the enactment of the current law namely, The Registration of Births and Deaths Act, 1969.

280. This Act repealed and replaced all the diverse laws that existed on the subject and thus integrated the system of registration in the country. The Registration of Births Act enables the Government of India (GOI) to regulate registration and compilation, ensuring uniformity and comparability, whilst leaving the States enough scope to develop an efficient system of registration as per their own requirements. While the actual responsibility of implementing the Act lies with the States/Union Territories the Office of the Registrar General has brought out Model Rules in consultation with the Union Law Ministry for adoption by the States, and this has proved to be an effective instrument in unifying and integrating the system nationwide.

281. Making arrangements for the registration of 25 million births on an annual basis is a mammoth task. There are 200,000 reporting units throughout the country and more than 100,000 local registrars. Except in a few States and UTs, multiple agencies are generally involved in registration work at the sub-national level. This poses immense problems of coordination, control and supervision. Therefore, in order to review the progress of registration in a State and also to resolve interdepartmental issues, high-level inter-departmental coordination committees have been constituted in each UT and State.

282. The level of birth registration in India is estimated to be around 54 per cent. Even in States that have achieved high levels of registration, there is considerable lag in the reporting of statistics by local registrars, delaying the compilation of vital statistics at the State and National level. Therefore, the Office of the Registrar General of India undertook a comprehensive review of the functions of the Civil Registration System in India with a view to revamping the various forms currently in use, and reducing paper work and eliminating delays in submission of reports, thereby speeding up the compilation of these statistics.

283. The following information relating to birth is collected during birth registration, according to the format introduced in January 2000.

- Date of birth
- Sex
- Name of the child
- Name of the father
- Name of the mother
- Place of birth
- Informant's name
- Town or village of residence of mother
- Religion of the family
- Father's level of education
- Mother's level of education
- Father's occupation
- Mother's occupation
- Age of the mother at the time of marriage
- Number of children born alive to the mother so far, including the child
- Type of attention at delivery
- Method of delivery of the newborn
- Birth weight
- Duration of pregnancy.

A copy of the birth report form is in appendix 4A.1.

284. The question on "Town or village of residence of mother" would make it possible to tabulate birth registration data on the basis of the mother's usual place of residence. While the age of the mother at the time of marriage is a useful demographic data item, the last three items listed above would provide useful information on reproductive and child health issues. In fact, there has been a conscious effort on the part of the Registrar General's Office to include certain important reproductive and child health items in the birth report form. These items are not collected on a regular or continuous basis through health information systems. This strategy of establishing linkages with other systems enhances the utility and credibility of the Civil Registration System and opens up channels of funding from sources outside the system. The new system has been implemented in the States of Andhra Pradesh, Goa, Jammu and Kashmir, Karnataka, Kerala, Madhya Pradesh, Mizoram, Sikkim and Tamil Nadu and in the UTs of Delhi and Pondicherry. The other States and UTs are in the process of finalising the rules and printing forms, and will soon implement it. The Office of the Registrar General is also developing a common application software package to be used by all the States/UTs for data entry and tabulation of civil registration data.

285. The National Population Policy 2000, recently released by the Department of Family Welfare, Ministry of Health and Family Welfare, GOI, has set 100 per cent registration of births as one of the 14 national socio-demographic goals to be achieved by 2010. The Office of the Registrar General, in July 1999, also issued guidelines facilitating the registration of destitute children taken in adoption from orphanages and other placement agencies as also from relatives and friends.

Birth Registration and the rights of the child

286. All children, whose birth is registered, receive a birth certificate, a legal document that provides proof of date of birth and is required in many situations during the course of life, including:

- First school admission. This is compulsory throughout or in sectors of many States;
- Entry of the name of the newborn in the ration card. This is compulsory in some States;
- Obtaining a passport;
- In courts, as evidence of proof of age.

287. Children who do not have a birth certificate are thus, certainly at a disadvantage. It is important to note that the birth certificate can, for instance, protect a child from exploitation, especially in situations where he or she has to prove his or her age. Proving nationality is not just a hypothetical exercise, it is a practical necessity, whether migrating to the city for work or at a national border or trying to avail basic services.

288. The Office of the Registrar General of India has undertaken several measures to improve the Civil Registration System (CRS). The CRS has been revamped with a view to reducing the paper work and making it more efficient in terms of the flow of returns regarding birth and death registration and making it amenable to the use of modern technology. A national workshop on birth registration was held in May 2000, with delegates from the Office of the Registrar General

of India, Chief Registrar of Births and Deaths of several States, representatives of a few international agencies and NGOs.¹

289. The following areas were identified for action:

- Awareness generation should be undertaken to increase demand for birth registration in the community;
- Birth registration should be linked with service delivery like school admission, to raise awareness among the public about the importance of birth registration and possession of a birth certificate;
- Accessibility to birth registration units should be increased through:
 - (a) Mobile registration units in remote areas, e.g. desert areas, hill areas and forest areas;
 - (b) Providing an interface between the Civil Registration System and the community by use of *ANMs*, *AWWs*, *Panchayats*, etc., as notifiers;
- *Panchayati Raj* institutions should be given primary responsibility for birth registration;
- NGOs should be activated and involved in the birth registration process.
- A special campaign should be undertaken to remove the backlog of unregistered children. Pulse polio immunization may be used to cover unregistered children below three years of age;
- Linkage of birth registration with the primary immunisation schedule should be considered and, if necessary, the period of birth registration should be reconciled to the first immunization of the child;
- Image of the birth registration system should be improved to attract people to register the birth of their child. For this, customer services should be improved through:
 - (a) Reducing delay in registration and issue of certificates;
 - (b) Improving record keeping to facilitate information search;
 - (c) Proper sign posting of centres;
 - (d) Improving general format and printing of birth certificates, etc;
 - (e) Issue of decorative certificates on payment, thereby also generating revenue;
- Employment of technology for Information, Education and Communication (IEC) campaigns to increase awareness, archiving of records, record search, issue of certificates and improving accessibility to records by inter-linkage of district- level offices;

- Since registrars at primary as well as district levels keep on changing due to transfers, retirement, etc., the annual training of registrars at different levels ought to be undertaken;
- A management system should be developed for supervision, monitoring and follow-up action;
- Policy makers and administrators should be educated that birth registration is a statutory responsibility and adequate funds should be provided to carry out this activity. They should also be sensitized about the fact that birth registration is the first right of the child;
- In States where vital statistics registration is 90 per cent and above, it should be used for micro-level planning and monitoring of development programmes. This would improve the image of the system;
- Seminars/workshops at local, State and National levels should be organized from time to time for exchange of views and experiences and to maintain a high level of motivation and commitment to birth registration activities.²

290. Newspaper advertisements, television spots, radio jingles, posters, stickers and cinema slides are some of the measures currently being used to sensitize and mobilize public opinion on the need and importance of birth registration. Training and workshops are being organized for registry personnel.³

Citizenship

291. Article 5 of the Constitution of India guarantees the right to citizenship to all its citizens. It holds that every person who is domiciled in the territory of India and:

- (a) Who was born in the territory of India; or
- (b) Either or both whose parents was/were born in India; or
- (c) Who has been ordinarily resident in the territory of India for not less than five years immediately preceding such commencement, shall be a citizen of India.

292. The Indian Citizenship Act, 1955, provides for acquisition, termination, and renunciation of Indian citizenship and other matters. A child born in India or abroad acquires Indian citizenship if either parent is an Indian citizen. A minor child ceases to be an Indian citizen when his parents have renounced Indian citizenship. But any such child may, within one year of his attaining 18 years of age, resume Indian citizenship by making a declaration to that effect.⁴

B. Preservation of Identity

Article 8

293. In India, the institution of the family plays an important role in preserving the identity of children. Whenever children are separated from their parents, efforts are made to reunite them with their families. Only when such an effort fails are alternative arrangements made, keeping the

best interests of the child in mind. The traditional approach primarily has been to set up orphanages for destitute and abandoned children. With the gradual passage of time, however, emphasis is now being laid on alternative care programmes for children deprived of a family environment. When a child is adopted legally, it takes on the name of the adoptive father.

294. The Juvenile Justice (Care and Protection of Children) Act, 2000, deals with children who may be found in situations of delinquency and neglect. The Ministry of Social Justice and Empowerment has been implementing a scheme for the welfare of children in need of care and protection. The objective of the schemes is to take care of and rehabilitate abandoned, neglected, orphaned and homeless children. The welfare services being provided under the scheme include food, shelter, education, health and vocational training.⁵ Details of the scheme are dealt with under the section on Administration of Juvenile Justice in the report.

295. Article 30 of the Indian Constitution provides a guarantee to all minorities (religious or linguistic) the right to establish and administer educational institutions of their choice. For example, in the State of Delhi, Tamilians have established schools where the children are taught in Tamil till Class IV. Similarly, Sikhs have established schools where they profess, practice and propagate their religion, i.e., Sikhism. *Madrasas* impart education to Muslim children through the medium of Urdu in several States, including Uttar Pradesh.

C. Freedom of Expression

Article 13

296. Freedom of expression is a fundamental right, available to every person in India, including children. The Right to Freedom of Speech and Expression has been construed by judicial interpretation in India to include freedom of the press and other media. The child's right to information is sometimes determined by parents or teachers, which may sometimes be misinterpreted as limiting their rights. However, such determination is undertaken predominantly in the best interests of the child and should not be seen as preventing free access to information or freedom of expression. The child's view is taken into account in a number of cases involving custody, fixing criminal liability and giving evidence in court.

297. The Children's Film Society, earlier known as the National Centre of Films for Children and Young Persons (NCYP), was formed with the aim of harnessing the medium of films to provide healthy entertainment to children and young people, thereby providing an alternative to commercial cinema. Children also play important roles in films produced by the Children's Film Society. This gives them a unique chance to give full expression to their creative talents. India also has a censor board which monitors the dissemination of information harmful to children, including violence and pornography on radio and television. Local police and NGOs also play an important role in regulating information and material injurious to children and in monitoring these.⁶ However, with the growth of information technology, children in India have access to information through the Internet. The fact that this freedom, especially in case of children, may be circumscribed by the cultural ethos of any society needs to be acknowledged.

298. Many newspapers in India publish articles written by children. Some newspapers keep aside a page once a week for children to express their opinion and ideas on various issues. A few leading newspapers have also started collaborations with schools wherein children are given an opportunity to express their views. Most schools in India have school magazines run by children,

and children participate in school parliaments and voice their concerns. Doordarshan and All India Radio also broadcast children's programmes.⁷

299. The International Children's Day of Broadcasting (ICDB) is celebrated every year on the second Sunday in December. On this day, children in India have control of allotted time over the electronic media. In December 2000, 31 TV stations and 60 radio stations all over the world involved over 2,000 children in their programmes for ICDB.

D. Freedom of Conscience, Thought and Religion

Article 14

300. Religion is a way of life and for the majority of Indians, permeating every aspect of life, from commonplace daily chores to education and politics. Secular India is home to Hinduism, Islam, Christianity, Buddhism, Jainism, Sikhism and many other religious traditions. Hinduism is the dominant faith, practised by over 80 per cent of the population. Muslims are the second most prominent religious group and are an integral part of Indian society. Common practices have crept into most religious faiths in India and the festivals are marked by music, dance and feasting, which are shared by all, including children. Each religion has its own pilgrimage sites, heroes, legends and even culinary specialities, mingling in a unique diversity that is the very pulse of Indian society. In fact, unity in diversity has proved to be the greatest strength of the country. It is the bedrock on which our multi-ethnic, multilingual, multi-religious and multicultural nation proudly stands.

301. Article 25 of the Constitution empowers the citizen of India with freedom of conscience and free profession, practice and propagation of religion, subject to reasonable restrictions. This right applies to children as well. In fact, children's right to freedom of thought, conscience and religion forms an important part of participation rights.⁸ At the same time, the right to religion or religious practices is curtailed in instances where there is conflict of religion and the best interests of the society.

302. One such example would be the ban on *Sati* and the increase in the penalties for the practice of *Sati*. This has been done to prevent the occurrence of any such incident irrespective of any religious or social sanction. It is therefore recognized that constraints can be placed on practices that may be authorized by religions, in the wider public interest. The Indian Constitution also recognizes the parent's right to determine a child's religious beliefs in which it indicates that a guardian can express consent with regard to religious instruction in State schools.⁹

303. The National Agenda of Governance states that the Government is committed to establishing a civilised, humane and just civil order that does not discriminate on grounds of caste, religion, class, colour, race or sex. It truly and genuinely upholds and practices the concept of secularism consistent with the tradition of *sarva panth samadara* (equal respect to all faiths) and on the basis of equality for all. The Government is committed to the economic and educational development of the minorities and will take effective steps in this regard.¹⁰

304. All minority groups have the right to set up their own educational institutions and give instructions on the teachings of their religion. For example, the institution of *Wakf*, administered by the Ministry of Social Justice and Empowerment, is dedicated to the purpose recognised by Muslim Law as religious, pious and charitable. Apart from the religious aspect, *Wakfs* are also

instruments of socio-economic upliftment, as benefits provided by them flow to the needy persons for their socio-economic, cultural and educational development. The Maulana Azad Education Foundation has been set up as a society with the objective of promoting education amongst the educationally backward sections of society, minorities in particular, and others in general. Up to January 2000, the Foundation sanctioned grants-in-aid amounting to R 330.6 million, to 24 NGOs spread over 1 States/UTs.¹¹

305. For centuries, India has been known for its religious tolerance. The Ministry of Home Affairs also has a separate division to looks after preservation and promotion of national integration.

E. Freedom of Association and Peaceful Assembly

Article 15

306. Article 19 (b) and 19 (c) of the Constitution of India provide the Right to Assemble Peacefully and to form associations or unions. Freedom of peaceful assembly is permitted for reasonable purposes as laid down by law, subject to reasonable restrictions.¹²

307. The *Nehru Yuval Kendra Sangathan* (NYKS), an autonomous organisation of the Department of Youth Affairs and Sports, caters to the needs of more than eight million non-student rural youth in the age group of 15–35 years enrolled through 0.181 million village-based youth organisations called Youth Clubs. The Youth Club works in the areas of education and training, awareness generation, skill development, self-employment, entrepreneurial development, thrift and cooperation. In addition, programmes are organised with active involvement and participation of rural youth in areas such as health, family welfare, HIV/AIDS, drug abuse, poverty alleviation, child labour, environment, adult literacy, women's empowerment and eradication of social evils.

308. The *Bharat Scouts and Guides* is one of India's largest youth organizations, and the third largest in the world, with an enrolment of 2.3 million and with about 85,000 units spread all over the country. These units conduct activities in the areas of adult literacy, tree plantation, community service, leprosy awareness, crafts and promotion of hygiene and sanitation. Bharat Scouts and Guides are also associated with various programmes run by WHO and UNICEF in different fields.¹³

309. The *Bal Bhavan Society* is an association with child members which has over 2,000 regional centres throughout the country providing a host of creative and innovative programmes for children.

310. The Right to Peaceful Assembly has been effectively used by NGOs such as the Social Work and Research Centre (SWRC), Tilonia, Rajasthan, Concerned for Working Children (CWC), Bangalore, Karnataka and Butterflies, Delhi, to name a few. The main objective of their programmes has been to empower children deprived of liberty by helping them form their own associations and unions. The CWC has organized the children into a union called *Bhima Sanghas* to fight for their rights. It has also assisted children in setting up a *Panchayat*. Similarly, SWRC has helped to set up a *Bal Sansad* or Children's Parliament.¹⁴

F. Protection of Privacy

Article 16

311. The concept of family privacy and the role of parents in childcare and nurturing is important in India. Though the State intervenes in child care, parents continue to remain the most important holders of legal authority with respect to the child, with a status higher than that of any third party or public authority. The family thus continues to be recognized as the institution that shoulders the responsibility for child care and development. Courts and public authorities intervene only if the family fails to fulfil its responsibilities towards the child. The legal system in India functions on the principle that it should foster rather than invade family privacy when consulting the child's wishes and assessing the long-term interests of the child. Judicial review of parental decisions are done in such a manner that a healthy respect for the family is instilled in the child and that the role of the family in relation to the child is not undermined.

312. However, in certain situations, children are exploited, considered as "non-persons" or used as an economic resource. Hence, a right balance between parental rights and responsibilities with regard to nurturing and upbringing of the child, and the child's right to participation and privacy assumes special significance. The State can intervene to protect children in situations where their rights and interests are in conflict with parental rights and responsibilities. However, in general, State interventions are done in such a manner that they do not conflict with efforts made to strengthen the family.

313. In the area of adoption, owing to strong societal and family ties, the need for secrecy and confidentiality is dominant and the adopted child quite often is unaware of the fact of his/her own adoption. In view of the social stigma attached to unwed motherhood in India, the single mother who gives up her child prefers to do so in perfect anonymity so that none can trace her later. Adoption agencies in India have a sealed and confidential record system whereby there is no access to the relinquishment document and it remains the property of the Court.¹⁵

314. The Juvenile Justice (Care and Protection of Children) Act, 2000, prohibits the publication of the identity of any juvenile who has fallen under the purview of the Act, by disclosing the name, address, photograph or other particulars in newspapers, magazines or news-sheets. Section 21 of the Act further prohibits disclosure of name, address or other particulars relating to the juvenile, calculated to lead to the identification of such juveniles or publication of his/her picture in any newspaper, magazine, etc., at the cost of penal consequences. This is aimed at protecting the child against any social stigma attached to any inquiry under this Act. The prohibition is not limited only to inquiries before the competent authority but also applies to any inquiry regarding a juvenile under this Act. It means that the prohibition extends to appeal and revision also. The principle against publicity of juvenile proceedings has been universally accepted. No separate procedures exist to try cases where children are witnesses, and trials of children are conducted under the Juvenile Justice (Care and Protection of Children) Act, 2000.

315. Further, the Immoral Trafficking (Prevention) Act, 1956, lays down that women and girls arrested under this Act will be interrogated by women police officers and if no woman police officer is present, then the interrogation would be carried out in the presence of a lady member of a recognized welfare organization. Additionally, if a child is a victim of rape, then proceedings are held in camera. However, there is scope for improvement in medical and legal aid and counselling provided to children who are victims of sexual abuse and exploitation.

316. The Right of children to counselling is increasingly gaining acceptance. There are numerous Government and private agencies as well as schools offering counselling to children on issues pertaining to health, sexuality, education, career, etc., and there is no restriction on any child to access such a service. Schools in urban cities of India have been successful in providing counselling for their students. *Salaam Balak Trust*, Voluntary Health Association of India and the Family Planning Association are some organizations that offer counselling to children on HIV/AIDS, reproductive health and personal behaviour issues. *Mahila Courts* (Women's Courts), though very small in number, deal with criminal cases pertaining to women and children. These courts are an extension of Session Courts and are meant to give special attention to women and children in protecting them against attacks and interference and in ensuring their privacy. There are family courts with civil jurisdiction to deal with family disputes. There are more than 70 such courts spread all over the country. Generally, lawyers are not permitted in these courts, and the judge can seek advice from psychiatrists and social workers. The privacy of children thus is ensured in the family courts.

G. Access to Appropriate Information

Article 17

317. In a country like India, where the reach of the mass media is limited by poverty, inaccessibility and low literacy levels, other means of communication through word of mouth, community events and performances of mobile, cultural troops play a crucial role in providing information and opinion-building. They create a positive climate in favour of basic education and motivate parents to enrol their children, especially girls, in primary schools and encourage those who drop out to attend non-formal education centres to assist in decision making and resultant action.¹⁶ The GOI is therefore developing mechanisms to ensure that all children are allowed adequate access to information. To begin with, community TV sets have been distributed to *Panchayats*.¹⁷ In recent years, the media scene has become increasingly competitive with the coming of private TV channels and radio stations with their own newscasts. One aspect of the proliferation of mass media channels in the urban areas has been the impact of such media on young minds.¹⁸

318. The Government reconstituted the erstwhile National Book Development Council (NBDC) in December 1997, and formed the National Book Promotion Council. The Council offers a forum to facilitate exchange of views on issues such as writing, production, publication and sale of books, pricing and copyright, reading habits of people, availability of books for different segments of population and the quality and content of books in general. As per the import policy for books and publications, all kinds of books, magazines and journals, including children's literature, can be imported without any restriction by any individual or organization. The National Book Trust is an apex organisation which caters to all segments of society by publishing fiction and non-fiction on a variety of subjects in English, Hindi and 11 other Indian languages. It has also published select titles for children in some tribal languages such as Ao, Garo and Khasi. In all, 230 titles in various languages have been published from April to September 1999. The National Centre for Children's Literature (NCCL) was established in trust to bridge the gap between the creators and readers of literature for the young.¹⁹ Journals of the Publications Division (Ministry of Information and Broadcasting) are a good mix of information on issues of national importance and social concerns. *Bal Bharti*, a children's monthly journal in Hindi, has been published in a bigger, colourful and more attractive format since January 1999.

Further, many private business houses bring out children's literature like *Chandamama*, *Twinkle*, and *Amar Chitra Katha* (names of children's magazines).

319. Since April 1999, a new series on sports has also been started. To encourage original writing in Hindi on mass communication, the Publications Division has instituted the *Bharatendu Harishchandra Awards*. Awards are also given for promoting writing on women's issues, national legislation and children's literature.²⁰ The Department of Women's Studies, NCERT, under the Innovative Pilot Project on Promotion of Primary Education of Disadvantaged Girls in Rural Areas of Haryana prepared posters, campaign songs and audio cassettes, which were disseminated to teachers, children and the community. With the help of the above resource materials, mass awareness campaigns were carried out.²¹

320. From the very beginning, the Government-owned television channel, Doordarshan, has accorded high priority to programmes on education. The school telecasts started from Delhi in 1961. As part of the Satellite Instructional Television Education, programmes for school-children were started in 1982. At present, school programmes produced by Doordarshan are telecast in regional segments from Delhi and Chennai, and programmes produced by State institutes of education are telecast in Hindi, Marathi, Gujarati, Oriya and Telegu for relay by all transmitters in a particular language zone. Separate slots have been earmarked for programmes for secondary schools on the national network. These programmes are produced by the Central Institute for Educational Technology (CIET). Doordarshan is also providing time on the national network for the telecast of higher education programmes. The Countrywide Classroom of UGC extends higher education to those living in smaller towns and villages. Programmes produced by the Indira Gandhi National Open University (IGNOU) supplement the education provided by other modes such as Distance Education.²²

321. The telecast of a programme for children, titled *Tarang*, was telecast on Doordarshan (DD-I) during the year under report. The current telecast included 473 programme capsules and 92 continuities. A weekly audio programme, *Umang*, was broadcast throughout the year from 10 All-India Radio Stations, viz., Allahabad, Lucknow, Jaipur, Jodhpur, Bhopal, Indore, Patna, Rohtak, Shimla and Delhi. Eighty-five educational television programmes, covering a wide range of subjects for students and teachers, were scripted and produced. Besides, 29 educational video spots of short duration were conceived, planned and produced. A series of 10 audio programmes, called *Rang Ras Barse*, was also produced to teach *Sargam* of different *Ragaas* (music). Under the series *Land and People*, two films titled *Abode of Gods* (with its Hindi version *Dev Bhoomi*) and *Land of Warriors* (with its Hindi version *Veer Bhoomi*) were produced (history and culture).²³

322. The Children's Film Society of India (CFSI) is engaged in the production of films, television serials, featurettes and animation films for children and young people. It endeavours to provide healthy entertainment to the younger generation by exhibiting films and serials in theatres and on television. Rights of foreign films are also purchased by CFSI and the same are exhibited after dubbing them in Indian languages. Films produced by CFSI are entered in various national and international film festivals. The society also organizes its own International Film Festival, which is held every alternate year. Hyderabad is the permanent venue of this biennial event. The eleventh such festival, called the "Golden Elephant", was held in November 1999.

323. The Festival received 178 entries from 29 countries for its various sections. As many as 49 foreign and 56 Indian delegates were invited. In addition, CFSI invited 50 children as

delegates from various parts of India. *The Cart* a feature film from Iran, bagged the Golden Elephant Award for Best Feature Film. This film also won the Children's Jury Award. During 1999–2000, nine children's feature films were taken up for production. These included films in Bengali, Manipuri and Hindi. The CFSI also took up production of two short animation films—*Pink Camel* and *Ajeeb Ghar* (Strange House). The society also took up dubbing of one foreign (Persian) feature film *Nanelal* (Her Children) in Hindi. In the area of exhibition of children's films, 556 shows were organized in Assam between 20 and 30 May 1999, covering an audience of 190,873. In addition, 1441 film shows were organised by the Mumbai, Chennai and Delhi offices of CFSI, covering the States of Maharashtra, Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Haryana, Uttar Pradesh and the Union Territory of Delhi.²⁴ Most newspapers in India publish articles for children. Some of the newspapers keep aside a page once in a week for children's articles, where they can express their opinion and ideas on various issues. With the growth of information technology, a number of websites such as *Pitara*, *Egurucool* and *Planetvidya* provide information specially for children.

324. As regards the development of appropriate guidelines for the protection of their children from information and material injurious to well-being as well as harmful exposure in the mass media, India has a Censor Board which regulates dissemination of harmful information, including violence and pornography on radio and television. Local police also plays an important role in regulating information and material injurious to children.²⁵

325. The Young Persons (Harmful Publications) Act, 1956, lays down provisions to prevent dissemination of certain publications harmful to young persons (under the age of 20 years). According to the Act, harmful publications include books, magazines, pamphlets, leaflets, newspapers or other publications which contain stories told with or without the aid of pictures or wholly of pictures; stories portraying wholly or mainly:

- (a) The commission of offences; or
- (b) Acts of violence or cruelty; or
- (c) Incidents of a repulsive or horrible nature

in such a way that the publication as a whole would tend to corrupt a young person into whose hands it might fall, whether by inciting or encouraging him to commit offences or acts of violence or cruelty or in any other manner whatsoever.²⁶

326. As public service broadcasting organisations, All India Radio and Doordarshan have responsibilities to ensure that advertisements, either in terms of content or treatment, do not mislead the listeners and viewers and are not repugnant to good taste. There are certain restrictions to the right to expression on radio and TV.

327. The General Broadcasting Code, which is otherwise called the Programme Code, for both All India Radio and Doordarshan, prohibits the following:

- Criticism of friendly countries
- Attacks on religions and communities
- Anything obscene and defamatory

- Incitement to violence or anything against the maintenance of law and order
- Anything amounting to contempt of court
- Aspersions against the integrity of the President and Judiciary
- Anything affecting the integrity of the nation, and
- Criticism by name of any person.

328. The Cable Television Networks (Regulation) Act, 1995, was enacted to regulate the operation of cable television networks in the country and for matters connected therewith or incidental thereto. Rule-6 (Programme Code) of the Cable Television Networks Rules, 1994, made under the Cable Television Networks (Regulation) Act, 1995, prohibits broadcasting of any programmes that denigrates children. Further, it states that care should be taken to ensure that programmes meant for children do not contain any bad language or explicit scenes of violence. Also that programmes unsuitable for children must not be carried on the cable service at times when viewership of children are the highest. The Advertising Code enacted under the rule prohibits any advertisements which endangers the safety of children or creates in them any interest in unhealthy practices or shows them begging or in an undignified or indecent manner. Such advertisements shall not be carried by cable networks.²⁷

H. The Right not to be Subjected to Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment

Article 37 (a)

329. Acts of torture and other kinds of cruel, inhuman and degrading treatment to children are penalised under the Indian Penal Code. Measures spelled out in various laws relating to children, including the Indian Penal Code, are taken into cognizance while investigating cases of such atrocities and punishing those responsible. India has a well laid out juvenile justice system which provides for the care, protection, treatment, development and rehabilitation of children who have been physically and psychologically battered so as to reintegrate them back into mainstream of the society.²⁸ Complaint procedures have been spelt out in the Juvenile Justice (Care and Protection of Children) Act, 2000, and remedies thereof are also available for the children. There are also no widespread incidences of victimisation of children in the country. However, whenever such instances come to notice, suitable remedies, as provided in the law, are taken. NGOs such as *Bachpan Bachao Andolan* (Save Childhood Campaign) and “Concerned for Working Children” (CWC) are spearheading campaigns to prevent torture and other cruel, inhuman and degrading treatment meted out to children. The personnel of child care institutions are being sensitized on the survival, protection, development and participation rights of children.²⁹

Appendix 4 A.1

<p>FORM No. 1 BIRTH REPORT</p> <p>Legal Information</p> <p>This part to be added to the birth register as the case may be, in the remarks column in the box below left To be filled by the informant</p> <ol style="list-style-type: none"> 1. Date of birth: (Enter the exact day, month and year the child was born, e.g., 1-1-2000) 2. Sex: (Enter "male or "female"; do not use abbreviation) 3. Name of the child, if any: (If not named, leave blank) 4. Name of the father: (Full name as usually written) 5. Name of the mother: (Full name as usually written) 6. Place of birth: (Tick the appropriate entry 1 or 2 below and give the name of the hospital/ institution or the address of the house the birth took place in) <ol style="list-style-type: none"> 1. Hospital/Name: Institution 2. House Address: 7. Informant's name: Address: (After completing all columns 1 to 20, informant will put date and signature here:) Date: Signature or left thumb mark of the informant <p>To be filled by the Registrar Registration No.: Registration Date : Registration Unit :11 Town/ Village: District : Remarks: (if any) Name and signature of the Registrar</p>	<p>BIRTH REPORT</p> <p>Statistical information</p> <p>This part to be detached and sent for statistical processing To be filled by the informant</p> <ol style="list-style-type: none"> 8. Town or village of residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.) <ol style="list-style-type: none"> a) Name of town/ village: b) Is it a town or village : (Tick the appropriate entry below) <ol style="list-style-type: none"> 1. Town 2. Village c) Name of District: d) Name of State: 9. Religion of Family : (Tick the appropriate entry below) <ol style="list-style-type: none"> 1. Hindu 2. Muslim 3. Christian 4. Any other religion: (write name of the religion) 10. Father's level of education: (Enter the completed level of education, e.g., if studied up to class VII but passed only class VI, write class VI) 11. Mother's level of education: (Enter the completed level of education, e.g., if studied upto class VII but passed only class VI, write class VI) 12. Father's occupation: (If no occupation write 'Nil') 13. Mother's occupation: (If no occupation write 'Nil') <p>To be filled by the Registrar Name Code No. District : Tehsil : Town/ Village : Registration Unit :</p>	<p>In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth', etc., To be filled by the informant</p> <ol style="list-style-type: none"> 14. Age of the mother (in completed years) at the time of marriage: (If married more than once, age at first marriage may be entered) 15. Age of the mother (in completed years) at the time of this birth: 16. Number of children born alive to the mother so far including this child: (Number of children born alive to include also those from earlier marriage(s), if any) 17. Type of attention at delivery: (Tick the appropriate entry below) <ol style="list-style-type: none"> 1. Institutional – Government 2. Institutional – Private or Non-Government 3. Doctor, nurse or trained midwife 4. Traditional birth attendant 5. Relatives or others 18. Method of Delivery: <ol style="list-style-type: none"> 1. Natural 2. Cesarean 3. Forceps/Vacuum 19. Birth weight (in kgs.) (if available): 20. Duration of pregnancy (in weeks): (Columns to be filled are over. Now put signature at left) <p>Registration No.: Registration Date : Date of Birth: Sex: 1. Male 2. Female Place of Birth: 1. Hospital/ Institution 2. House Name and Signature of the Registrar</p>
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SECTION V

FAMILY ENVIRONMENT AND ALTERNATE CARE

(Arts. 5, 18 (para. 1-2), 9-11, 19-21, 25, 27 (para. 4) and 39)

A. Parental Guidance

Article 5

Family in India

330. The family is perceived as a unit of two or more persons united by the ties of marriage, blood, adoption or consensual unions, generally constituting a single household, and interacting and communicating with each other. It is considered the basic unit of society, to meet the needs of the individuals and those of other societal institutions. It determines the development of individuals, in that it is a major source of nurturance, emotional bonding and socialization. Enriching family life can, therefore, best enhance human development.

331. A family is defined by the Civil Procedure Code, 1908, in order XXXII-A6 as follows:

- (a) (i) A man and his wife living together,
- (ii) Any child or children, being issue of theirs; or of such man or such wife;
- (iii) Any child or children being maintained by such man and wife;
- (b) A man not having a wife or not living together with his wife, any child or children, being issue of his, and any child or children, being maintained by him;
- (c) A woman not having a husband or not living together with her husband, any child or children being issue of hers, and any child or children being maintained by her;
- (d) A man or woman and his or her brother, sister, ancestor or lineal descendant living with him or her; and
- (e) Any combination of one or more of the groups specified in (a), (b), (c) or (d) of this rule.

332. Families in a large and culturally diverse country such as India are fairly well developed, strong and based on a range of kin-extensions. They have a plurality of forms that varies with class, ethnicity and individual choices. This picture is in consonance with the flexible definition of family in the CRC, which includes kinship and community arrangements. The normative family composition types in India are the extended/joint family and elementary/nuclear family. In many rural areas, the traditional joint family system is still very strong, where a child grows in the company of his/her own siblings, cousins and grandparents. The term “joint family” is used more commonly than “extended family” in India. The elementary or nuclear family comprises couples and their unmarried children, and is generally financially independent of other families. This structure appears to be becoming the norm in most urban areas. A variation of an elementary/ nuclear family is the supplemented nuclear family, which comprises a nuclear family

with single relatives. In tribal societies, kinship structures are still strong, and community care of children, especially during difficult times like migration and natural calamities, is quite common.

Strengths of the family structure

333. The conceptual framework of the Convention with regard to the child, the family and the State is basically compatible with the values of the Constitution, statutes and other laws in India. The legal systems of the region contain principles regulating family relations which do not come into conflict with some basic perceptions on the role of the family and the State in the Convention. The philosophy of the Convention sometimes even incorporates tenets that are more familiar to the indigenous legal traditions of India. These local legal traditions which are more in harmony with the Convention's value system were modified through centuries of colonial rule, and may need to be restored if some of the concepts on the family that the Convention recognises are adhered to.¹

334. Family relations in India are governed traditionally by religious and personal laws. The major religious communities have their separate personal laws. They are governed by their respective religious laws in matters of marriage, divorce, succession, adoption, guardianship and maintenance. The personal laws of minority communities have been left untouched on the basis of the policy of non-interference in the personal laws of any community unless the demand for change comes from within those communities.

335. A strong concept of parental and family responsibility for children emerges from Hindu and Muslim personal laws. A striking common focus on the assumption of responsibility for minor children in the event of death or dissolution of a marriage (according to local laws where divorce has been recognized) emerges in a review of ancient texts. The texts rarely refer to an order of guardians. The *karta*, or head of the family, was usually responsible for all members of the joint family and on his death another member assumed his role, creating a situation of family relationships that were continuous.

336. Early systems of law in the region also clearly placed the nurturing and care-giving responsibility within the family, thus reflecting a strong concept of family privacy. Hindu law also recognised the important concept of family support or familial assistance, and this was often linked with the right to maintenance from the property of family members. Islamic law recognised a principle that was unique for early legal systems when it conferred a preferential right of custody on the mother of a child of tender years.

Challenges to the family structure

337. The family in India is often understood as an ideal homogeneous unit with strong coping mechanisms. However, it is important to recognize that there may be inherent problems within the family. Moreover, families have plurality of forms that vary with class, ethnicity and individual choices, requiring specific interventions. The concept of family responsibility for children in the earlier systems in the region, while humane in its approach, was combined with a corresponding concept of sweeping family authority. Early legal systems did not recognize the concept of the personal autonomy of the child. Family authority was usually exercised by males, though parts of India such as Kerala and the North-East recognised wide powers in the woman as the head of the household and matrilineal systems of property and inheritance rights. In many cases, the family was and is also the source of inequality, exploitation and violence in addition to its idealistic picture of the source of nurturance, emotional bonding and support.

338. As a social institution, the family has consisted of more or less formal rules and regulations, organized around the fulfilment of societal needs. It has historically been a part of the ethnic community, which has promoted patriarchy in the family, especially in the upper economic groups where property is the base. In a patriarchal structure, age, gender, and generation strictly determine roles and responsibilities and control and distribution of resources. Control over resources and assumption of superiority gives the man the authority to make decisions about his dependants, which would mainly include women and children. With the advent of industrial civilization and with the advancement of technology, new factors of social transformation have begun to accumulate, which are potent enough to create devastating social changes and shatter many of the old foundations of family life. The old role of the family and the scope of economic security it could provide have been eroded. The family is gradually becoming the smallest unit of human association, which is essential for the prime act of procreation. Similarly, large families have become, in most cases, an economic liability instead of an economic asset. The breaking up of the old family system is brought to notice by an increase in child crimes, in the rate of divorces and in cases of desertions.

339. An emerging trend is the formation of some alternative family or household compositions, such as:

- Childless families (due to infertility or out of choice) such as families which fall in the double-income-no-kids category;
- Families which are planning to have only one child;
- Single-parent families or households (due to unwed parenthood, death of a spouse, desertion, separation, divorce or migration of a spouse)—such type of families are on the rise;
- Reconstituted/ step-families;
- Consensual unions.²

Counselling

340. The demands of modern life are such that stress is on the increase. Until recently, the child was the focus while dealing with children with special needs and behavioural problems. Later this shifted to mother-child interaction. The emergence of Family System Therapy led to the realization that family is a dynamic unit and therefore, the focus should be shifted from the child to the relationships of various subsystems, where the child is seen in the context of the family and the family is seen in the context of the community.³

341. Family courts have been established in 19 States/UTs as per the provisions laid down by the Family Court Act, 1984. The Act provides for the establishment of family courts with a view to promoting conciliation in, and securing speedy settlement of disputes relating to, marriage and family affairs and matters connected therewith. Section 6 of the Act empowers the State Government to determine the number and categories of counsellors required to assist a family court in the discharge of its functions.⁴ All family law matters such as marriage, matrimonial causes, maintenance and alimony, custody, education and support of children and settlement of property come within the jurisdiction of the Family Courts.

342. Family counselling services in India are supported by the scheme of financial assistance to voluntary organisations for setting up family counselling centres. This scheme primarily aims to protect the family and the society at large from breaking up on account of marital discord, dowry disputes, alcoholism, drug abuse or other social problems. The main objective of the scheme is to provide preventive, curative and rehabilitative services to individuals, families and the community. Similarly, parental education programmes and awareness campaigns for parents and children on the rights of the child are being undertaken by NGOs working in the area of child welfare and development.⁵

343. In many states, the Department of Social Defence has been supporting 'family counselling centres'.⁶ Many such services are being offered by voluntary organisations to assist families in dealing with their problems. The Nutrition, Health and Education (NHED) components of ICDS comprise basic health, nutrition and development information related to children and development. Nutrition education is imparted to women through counselling sessions, home visits and demonstrations. *Anganwadi* workers use fixed days as mother-child protection days, organising small group meetings of mothers, home visits, etc. All efforts are made to reach out to women, including pregnant women and nursing mothers, to promote improved behavioural actions for care of pregnant women, young children and adolescent girls at household and community level. Sustained support and guidance is provided in the period of pregnancy and early childhood, to mothers/families of young children, building upon local knowledge, attitude and practices. This helps to promote early childhood care for survival, growth, development and protection.⁷

344. The Central Social Welfare Board (CSWB) under the Department of Women and Child Development (DWCD) organizes seminars and awareness camps for women, covering various issues related to the family. Parental education programmes and awareness campaigns for parents and children on the rights of the child are being taken up by NGOs at State and district levels in the area of child welfare and development. Training is provided to concerned professionals of many NGOs on various aspects of child rights, and they in turn generate awareness among people. International agencies like UNICEF and other voluntary bodies have also been making efforts to create awareness about the rights of children among various sections. There are various collaborative efforts, which are doing some excellent work. Voluntary Action Bureau (VAB) and Family Counselling Centres (FCC) under CSWB provide counselling and rehabilitative services to women and children who are victims of family maladjustment and atrocities.⁸ Leading public schools in India have counselling centres for both parents and children. These centres not only provide career counselling but also provide psychological and emotional guidance.

B. Parental Responsibility

Article 18

345. As noted earlier, families in the region take many forms, since joint as well as polygamous families are recognized in customary and religious laws and social practice. Female-headed families and families formed by cohabitation without marriage are also a reality. In addition to the variety of legal norms in these areas, there are also uniform laws which try to reconcile the standards set by the Convention on this issue.

346. Traditional laws in India, and the South-Asian region as a whole, whether religious or customary, emphasize the aspect of family support. Islamic law recognizes a man's duty to

support his wife and children. The obligation of support in traditional Hindu law has, in fact, been used in India as a basis for the post-Independence codified legislation which now regulates the subject of family support in Hindu law. Thus, both parents have an obligation to maintain a marital or non-marital child. The Criminal Procedure Code, which applies uniformly to all citizens of India, creates a parallel statutory remedy on the subject of family support. This statute is the major law on child support in India, and reflects a different approach to the issue of parental responsibility for financial support.

Policies and legislation

347. According to section 20 of the Hindu Adoptions and Maintenance Act, 1956, a Hindu is bound, during his or her lifetime, to maintain his or her legitimate or illegitimate children. Further, the provision lays down that the legitimate and illegitimate child may claim maintenance from his or her father or mother as long as the child is a minor.

348. Section 24 of the Guardians and Wards Act, 1890, makes the guardian duty-bound to look in to the support, health and education of the ward.

349. Rule 133 of the Islamic law states that every man is bound to maintain his children and grandchildren till the time of weaning. After the time of weaning, in the absence of property, through which they can be maintained, the children and grandchildren shall be maintained:

- (a) In the case of sons and grandsons who have not attained puberty and unmarried girls, by the father; and if the father is poor, then by the mother, if she is rich, and if both father and mother are poor, then by the nearest grandparent—paternal or maternal if they are rich. Such maintenance is subject to reimbursement against the person liable to maintain;
- (b) In the case of major children, excluding married daughter disabled on account of some disease or physical or mental infirmity, by the father only, but if both the father and mother are rich then by both of them in proportion of 2/3: 1/3;

Box 5.1: Landmark judgement

In a recent judgement, the Supreme Court (Githa Hariharan Vs. Bank of India and Vandana Shiva Vs. J. Bandopadhyaya) declared that the mother was as much the child's natural guardian as the father. Since traditionally much of India has been a patriarchal society where the father is considered the legal guardian, the Supreme Court judgement is a landmark judgement that brings family reality into consonance with the requirements of the CRC.

Source : Response NI/PC/SAP/132/2000/908 dated 31 July, 2000, National Institute for Public Cooperation and Child Development, GOI, page 18

- (c) In the case of illegitimate sons who have not attained puberty and legitimate unmarried daughters, by the mother only.⁹

350. Under the Juvenile Justice (Care and Protection of Children) Act, 2000, the competent authority which makes an order for sending a neglected juvenile or a delinquent juvenile to a juvenile home or a special home or a fit institution may make an order requiring the parent or other person liable to maintain the juvenile to contribute to his maintenance, if able to do so, in the prescribed manner.

351. The Maternity Benefit Act, 1961, provides maternity benefits to working women on completion of 80 days of working. They are not required to work during six weeks immediately following the date of delivery or miscarriage. Upon the submission of medical certificate, advance maternity benefits are allowed. This benefit is also applicable to plantation labourers and contains enabling provisions to extend the same to agricultural workers. Under the Welfare Fund Act, a number of schemes for the welfare of *beedi* workers are being implemented. These include health, maternity benefit, housing, education, recreation, etc. The Factories Act, 1948, lays down provisions for providing creches in every factory wherein more than 30 women workers are ordinarily employed. The *Beedi* and Cigar Workers (Conditions of Employment) Act, 1966, the Plantation Labour Act, 1951, the Contract Labour (Regulation and Abolition) Act, 1970, the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979, also lay down provisions for providing creches for women workers as per the rules mentioned under each Act. The Plantation Labour Act, 1951, provides that women workers be provided time off for feeding children.¹⁰

Box 5.2: Udishā

Udishā, the national initiative for quality improvement in training of child care functionaries and caregivers, is fundamental to the improvement in the quality of early childhood care for survival, growth and development.

Udishā recognises parents and communities as the ultimate link in the training chain where behavioural change must take place to promote care, development and active learning of the young child.

It envisages a key transformation in approaches to training of child care functionaries and care-giver education. This is through a holistic approach to the young child, reflected in a new child-centred curriculum that is structured along the life-cycle and development continuum of the child. This pulls together different sectoral interventions, with a rights perspective.

Udishā seeks to address the physical, social, emotional and intellectual development of children, by promoting a convergence of actions in the areas of health, nutrition, early learning and better parenting.

Udishā is seen as an important element in empowering child care workers, parents and communities for a continuous process of assessment, analysis and informed action—to promote the fulfilment of young children's rights to live, grow and develop.

Source: Booklet—Integrated Child Development Services (ICDS), Department of Women and Child Development, Ministry of Human Resource Development, page 33

Programmes

352. Measures adopted to render appropriate assistance to parents and legal guardians include facilities like day-care centres, crèches, play-houses, early childhood care centres and *Anganwadi* centres which are run by Governments, State/UTs as well as by NGOs.¹¹ The Central Sector Scheme of running crèches/day care centres was started in 1975 in pursuance of priority objectives of the National Policy for Children adopted in 1974. It aims to provide day-care services mainly for children (0-5 years) casual, migrant, agricultural and construction labourers. Children of women who are sick, incapacitated due to sickness or suffering from communicable diseases are also covered under the scheme, which is framed to cater to the very low economic groups. Services available to children include sleeping and day-care facilities, supplementary nutrition, immunization, medicine, medical check-up and entertainment. The scheme is being implemented by the CSWB through a voluntary social welfare organization, and two other national level voluntary organizations, namely, the Indian Council for Child Welfare (ICCW) and *Bharatiya Adim Jati Sevak Sangh* (BAJSS) all over the country. The National Crèche Fund (NCF) was set up in March 1994. The general crèches assisted by the NCF follow the pattern of

the Department of Women and Child Development's Crèche Scheme, and provide children below five years services with day care facilities, supplementary nutrition, immunization, medical and health care and recreation. Children of parents who are extremely poor are eligible for enrolment.

Box 5.3: A few interventions by NGOs

Mobile Crèches has been running day-care centres for children of migrant construction workers in Mumbai and its suburbs since 1972. They arrange day-care centres in safe places, where they keep children away from the dangers of the construction site. They provide nutritious mid-day meal, snacks and milk. Doctors come for check-ups and to immunise children. The organisation also arranges for non-formal education with story-telling, play, singing, art and craft, and finally gets children admitted to municipal schools.

Mobile Crèches has been extending services to the construction sites, slum areas and resettlement colonies in Delhi. There are altogether 28 such centres. The core of the programme lies in building positive interactions based on partnership and sharing of perception and knowledge. They carry out daily interaction with parents at the centres on issues pertaining to early childhood care, education and other issues of common concern. They conduct camps (local and outstation) for community members. This interaction also involves the male members of the child's family and has proved to be a holistic way to address familial problems, which directly or indirectly affect the child.

Ashraya, located in Bangalore, Karnataka, is committed to finding a solution for children within the framework of their own biological families, or in adoptive homes. *Ashraya* has crèches at about 30 large construction sites, providing almost 300 children with a safe haven within the building site itself. The trained and committed staff impart literacy and craft training. A nutritious diet, medical cover and immunisation, has improved the health of the children dramatically. Parents' involvement has grown through family meetings and informal interaction between them and the staff of *Ashraya*.

In 1996, *Ashraya* started a residential school for children of migrant labourers, 100 km from Bangalore, near Madanapally, called the Neelbagh Residential School. The school imparts non-formal education to children and has a large component of vocational training as part of the curriculum.

Navjeevan Bala Bhavan is an organisation for street children in Vijayawada, Andhra Pradesh. Under their project called *Bala Vikasa Kendra*, they provide recreation, basic education, counselling, nutrition and first-aid facilities to more than 150 children in and around Autonagar. At present, more than 75 children attend classes at *Bala Vikasa Kendra* every day. Out of these, 70 per cent are boys and 30 per cent are girls.

The **Spastic Society of Tamil Nadu**, in Thiruvallur district has initiated Community Participation Rehabilitation in early intervention and developed a horizontal model with the support of UNICEF, Chennai. This programme is in full partnership with parents of disabled children, with ICDS personnel and with Primary Health Centres. After three years of preparation, one project has been handed over to Parents, Self-Help Group. The focus of this village-based activism, is the empowerment of the disabled people and their families.

Indian Council for Child Welfare, Tamil Nadu, is running 113 crèches in different districts depending on the need. Health care, play-way teaching a nutritious noon meal, leisure activities and celebration of festivals are some of the services provided in these crèches. The mothers are periodically oriented on parenting skills and on better child-rearing practices. The council runs three crèches in industrialised areas like Ambattur Industrial Estate (AIEMA) and Madras Export Promotion Zone (MEPZ). Financial assistance and counselling services are extended to the children and their parents so that the children can pursue their formal education and vocational training.

In Usilampatti, Madurai district Tamil Nadu, apart from extending support to children and parents from the lower socio-economic strata, the focus is on disabled children. The Council was able to reach out to 559 beneficiaries through its counselling and related services.

The **Indian Council for Child Welfare, Assam**, runs 34 crèches for children of six to seven years of age. These centres are run mostly in rural areas. The family counselling centre run by the Social Welfare Advisory Board in the police headquarters of Ulubari, Assam, has been handed over to the State Council for Child Welfare.

Box 5.4: International conference on early childhood care for survival, growth and development

A new vision for young children in the twenty first century is being evolved — a vision that focuses on promoting early childhood care for survival, development, protection and participation. The vision includes strengthening of family and community capacity to promote care for young children, girls and women. An international conference was organised from 3-5 October 2000 in New Delhi, in order to facilitate India's new strategy for young children.

It was felt that parents and family members would continue to be the main influence on young children's lives in the foreseeable future, especially for children under three or four years of age. Perhaps, the greatest and most lasting effect on a child's learning and development can come from improvement in the capacity of parents to provide a supportive environment for learning and development. The various possible ways to support and work with parents and family members and the particular combination of how to go about this work was discussed at the conference.

Source: Brochure on International Conference on Early Childhood Care for Survival, Growth and Development, UNICEF.

353. The scheme is being implemented through voluntary organizations or *Mahila Mandals*. The financial norms for the NCF are the same as that for the crèches under the scheme of Assistance to Voluntary Organizations for crèches for Working and Ailing Mothers. The voluntary organisations/Mahila Mandals are required to open the crèches in schools or in places close to schools, in rural and urban slums dominated by SCs/STs. They are encouraged to involve the communities in the implementation of the scheme so that the crèches become self-supporting.¹² At present, there are about 14,925 crèches supported by the above scheme benefiting approximately 373,000 children.¹³ With regard to destitute children, the Government of India (GOI) proffers the Integrated Approach to Juvenile Justice, a scheme under which institutions are set up to look after children who are in need of care and protection. Besides, family assistance is provided through individuals, families and communities. Sponsorship services for poor families are also rendered by various institutions.

C. Separation from Parents

Article 9

354. Separation from parents in the best interest of the child usually takes place when either parent is not in a position to take care of the child because of poverty, ailment, alcoholism or imprisonment; or when parents are not known; or when children are abandoned, or when children become victims of man-made natural disasters.

Neglected juveniles

355. If a neglected juvenile is brought before the juvenile court, the court acts in the interest of the child and directs him/her to be sent to the children's home in order to provide him/her with proper habitation and care for its physical and moral health.

356. According to the Juvenile Justice (Care and Protection of Children) Act, 2000, during the pendency of any inquiry regarding a juvenile, the juvenile, unless kept with a parent or guardian, would be sent to an observation home or a place of safety for such period as may be specified by the order of the Juvenile Board.¹⁴ For more details of the Act, see section on the Administration of Juvenile Justice.

Children of prisoners

357. The Annual Report of the National Commission for Women 1995-96 reports that a number of infants and children accompanied their mothers into the prisons. Facilities for child care, therefore, were also observed and were found to be adequate in only two jails. The National Commission for Women has recommended that infant care facilities like crèches and the ICDS project be established/run in each prison/custodial home for proper care and development of children accompanying women inmates.¹⁵

Children in hospitals

358. In India, normally all hospitals allow the parents or the guardian to stay with an ailing child in the hospital.

Custody

359. While the father is always the natural guardian, the mother is given the custody of the child on the basis of what is termed as the “tender age theory”. Custody is granted during pendency of a matrimonial dispute between parents [section 26 of the Hindu Marriage Act (HMA)]. Under the HMA, however, courts have to be guided by the principles of the Hindu Minority and Guardianship Act (HMGA). The mother ordinarily has custody of a child till the age of five years. Under Muslim law, among Sunnis, the custody of the girl child remains with the mother till the age of seven and till the age of two under Shia law (till the child is weaned). In the absence of the father, male relatives get preferential rights for custody.

360. However, courts generally favour the principle of welfare of the child in determining custody, which would depend upon the facts of each case. Even if custody is granted to one parent, the other parent has a right of visitation and cannot be denied access to the child. The orders of custody can also be modified with changed circumstances.¹⁶ In the Juvenile Justice Act, 1986, which covers neglected as well as delinquent children, there are suitable provisions to ensure that the child separated from one or both parents has the right to maintain parental relations as well as direct contact with the concerned parents.¹⁷

D. Family Reunification

Article 10

361. Migration of a parent or sibling to a foreign country is an important strategy for the economic survival of those left behind at home, particularly among the vulnerable groups of people. Thousands of families in India depend on the remittance of migrant workers as a source of livelihood. In a way, these families have developed their own “safety net” by searching for a job elsewhere, but at a cost. Families that migrate for economic reasons have to deal with social and psychological problems created for the children left behind at home as well as the problem of dealing with tensions in the new place of work. In most cases, only one parent migrates so that the child is left behind with the other parent. The separation of the child from the parent can extend to long periods and would depend upon the economic status of the family.

362. Such Indian migrant families are dealing with increasingly restrictive conditions being placed on the right to family reunification by the host countries. Most countries which account for a major share of Indian migrants abroad, now prescribe detailed procedures for allowing the

family to join, leading to delay and uncertainty which have been extremely detrimental to children's healthy development. There is a long waiting list of children in India seeking to join their parents abroad. Often, delays have ruined children's chances. In many cases, they pass the age of 18 while still awaiting their visas. A positive, humane and expeditious approach to the issue of granting visa to members of separated families is strongly recommended.

363. Foreigners who desire to visit India, can do so after obtaining a visa from the Indian Mission in the country of their residence, or in the country nearest to them. People of all nationalities can visit India for tourism, business, education or family reunions. Employment visas are also granted if backed by employment contracts. Visas for the spouse and children of foreigners employed in India are automatically granted. A large number of Indians are now seeking job opportunities abroad.

364. According to the Indian Foreigners Act (1946), foreigners may be refused admission at any point of entry if they do not possess valid documents.

365. There appear to be no reported cases where applications to enter or leave the country have resulted in the applicant or the applicant's family being persecuted or discriminated against. This also applies to asylum-seeking individuals.

E. Illicit Transfer and Non-Return

Article 11

366. This article is primarily concerned with parental abductions or retention outside the jurisdiction of the State Party. Though the article includes non-parents in its scope, it should be noted that Article 35 covers the sale, trafficking and abduction of children. Article 11 applies to children taken for personal rather than "financial" gain, whereas "sale" and "trafficking" have a commercial or sexual motive. Those who abduct children for purely personal motives are usually, though not invariably, parents or other relatives.

367. Such instances of illicit transfer and non-return of children abroad, usually by one of the parents, have been rarely reported in India. India, at present, is not a signatory to the Hague Convention on the Civil Aspects of International Abduction (1980).¹⁸

Box 5.5: Separated women abandoned by law

It is more than six years since lawmakers were expected to consider an important amendment in the Criminal Procedure Code that would have enhanced the maintenance amount for separated women. The allotted sum was Rs 500 and the proposal was to enhance it to Rs 1,500.

In the current session of Parliament, the Minister of State for Home Affairs, admitted that the Bill was still awaiting the lawmakers' approval.

The Law Commission had recommended enhancement of maintenance allowance to Rs 5,000 per month. The Government says it will again move a Bill in the *Rajya Sabha* to implement the Law Commission's recommendation.

A woman has two distinct rights for maintenance. As a wife, she is entitled to maintenance unless she suffers any of the disabilities indicated in Section 125(4) of the Code; after divorce, she is entitled to claim maintenance from the former husband.

A woman thrown out of her in-law's house can legally receive an immediate relief of Rs 500 only. The Code which stipulates payment of maintenance has remained unchanged for the last 27 years, though prices have sky rocketed.

Initially, Section 125 of the Code had fixed the maximum maintenance amount at Rs 250. It was amended last in 1973 and the amount was increased to Rs 500. The Act was supposed to provide quick relief to a woman belonging to any religion.

But no amendment has been made in the Code to ensure that she gets urgent interim relief to sustain herself and her children. Due to the tardy litigation process, the immediate relief to the woman in need is ever eluding. In practice, a woman gets the final relief after meeting the heavy expenses of a prolonged multi-tier litigation process.

In its 154th report, the Law Commission recommended that the ceiling of Rs 500 should be waived and a woman who is earning a livelihood also be entitled to maintenance amount. In determining the maintenance amount, the magistrate must take into account not only the food expenditure and education of children, but also money to be set apart for emergencies. It also suggested deletion of the section which deprives a wife from claiming maintenance if “living in adultery.”

Later, the Commission felt that the maintenance amount should be Rs 5,000.

Source: The Times of India News Service

F. Recovery of Maintenance for the Child

Article 27

368. Under most of the personal laws in India, the primary responsibility for the maintenance of a child rests with the father. If the father has no means or insufficient means, then the mother has the obligation to provide for the child. Under all the matrimonial statutes of India, children are treated as part of ancillary proceedings. Under the Hindu Marriage Act, 1955, Special Marriage Act and Indian Divorce Act, proceedings for maintenance are generally filed by the parent with whom the child resides or who has its custody. An interim application is filed by such parent, but it is done during pendency of a proceeding under the Act. Such proceedings could be divorce, judicial separation or restitution of conjugal rights. The court may take note of the wishes of children and pass orders pertaining to maintenance, taking note of its need and education as befitting the status of parties. The order of the court can vary, depending upon the circumstances of the case. The orders can also be passed in a final proceeding where the court decides upon the status of the marriage, but it is always subject to variation as the needs of the child are never static.

369. Under Section 20 of the Hindu Adoption and Maintenance Act, a Hindu is bound to maintain his children (legitimate and illegitimate) as long as they are minors. A daughter is liable to be maintained as long as she is unmarried and unable to maintain herself from her earnings and property. According to section 125 of the Code of Criminal Procedure, 1973 (Cr. P. C), a magistrate of first class may, upon proof of neglect or refusal (as mentioned in the section), order such a person to make a monthly allowance for the maintenance of his wife or child, at a monthly rate not exceeding Rs 500. Ordinarily, maintenance is to be paid till the child attains 18 years, but in the interest of the child, it can continue beyond this age, if the child is studying. Otherwise, it continues in the case of exceptional situations like the ill-health of the child. All orders passed are enforceable like a civil decree, and courts can order attachments of salary. There is no fixed quantum and it would depend upon the income of the parent and the need of the child.

370. Under Islamic law, children are liable to be maintained by their parents. In addition to this, the wife can initiate proceedings under the Muslim Women (Protection of Rights on Divorce) Act, 1986.

371. In cities where the Family Courts Act of 1984 is implemented, matters of maintenance, custody and access come under the jurisdiction of the Family Courts. In such cases the Counsellor submits to the court, a report relating to the home environment of the parents, their personalities and relationship with the child in determining the amount of maintenance to be granted to the child. In case of a neglect juvenile, a competent authority can make an order under the Juvenile Justice (Care and protection of Children) Act, 2000, requiring the parent or other person liable to maintain the juvenile.

372. Section 125 (3) of the Code of Criminal Procedure states that if any person so ordered fails without sufficient cause to comply with an order on maintenance, then the magistrate may, for breach of order issue a warrant for levying the amount and may sentence such a person to imprisonment, for a term which may extend to one month or until payment if sooner made.

Box 5.6: Fostering families—Creating a home away from home

"Bonny baby!", they called her. "But will she live?" asked her five-year-old brother. He was too shocked to speak when he saw how little his new sister was. When she was brought to the SOS Village in Faridabad, nobody knew whether she'd make it or not. But she did. After ten days of struggle for survival in the incubator, the one-month-old girl sleeps peacefully in her red wool dress, waiting to be given a name. She's quite unaware of who or where her real mother is or how she was disowned by her real parents. And she'll never know who they are.

After being born prematurely in the seventh month to an unwed mother in Varanasi, her mother's relatives made sure she wasn't brought up there. "An SOS official who wanted her to survive and have a family, brought her here. Now, she is the youngest member of the SOS village (one of 32 in India) here. We're going to name her soon after a *puja* ceremony," says Niharika Chamola, SOS Educational Counsellor.

Be it the earthquake at Latur or the Orissa cyclone that left many children homeless, SOS has changed the definition of an 'orphanage' by giving children in its care an SOS family besides basic education. The SOS childrens villages in India try to give a permanent home to the kids with a strong foundation for an independent and secure life," says Naushad Raza, another Educational Counsellor.

Five-year-old Anubhav loves dancing, while his nine-year-old sister Apoorva wants to become a pilot. Their mother, Kamalini, says, "Anubhav came to me when he was just a few days old, his mother died while giving birth to him, therefore he's more attracted to me than my other kids. Apoorva is a topper, she's always absorbed in books. I know she'll become successful someday. What does Anubhav want to become when he grows up? "Hrithik Roshan," he says. For Kamalini, these kids are family. "I gave up the choice to have my own kids. It's been nine years since I began taking care of these kids, it works like any other household, we share our joy and grief together. I help the kids with their homework and take them out for movies and picnics. I also try to save enough money to buy them things, make fixed deposits for a brighter tomorrow."

But not everyone can become a mother. It's only after two years of rigorous training that a woman is chosen to play 'mother'. "The women are observed closely—whether they're capable of performing the duties of a mother. They go through psychology tests to see if they can handle the traumas some of the children face. If someone can't be a mother, then they become an aunt to assist the mother," says Niharika.

But does the past ever haunt these kids? Do they ever wonder if their families are any different from other families? "Sometimes, the past is destructive, especially if the kids come at an older age, they remember the trauma that has touched their lives" says Kusum Sharma, one of the oldest SOS mothers. "I've brought up 33 kids. If the child comes to us at a young age, reality introduces itself in a very natural way. It happens when children start going to school—they interact with other kids and come back with questions. If I recall correctly, when one of my daughters, Manjari, was about six, I would often take the kids to play in the park. There she would see other kids come with both their father and mother. One day, she asked me why her dad didn't come to play with them. Slowly they understand the difference."

Today, 22 year-old Manjari, who specialises in human resources development, says "For me, this is my family. It's given me so much. Without them, I would be nothing."

G. Children Deprived of their Family Environment

Article 20

373. The radical changes in India's political, socio-cultural and economic environment have had their impact on marginalised children. The immediate causes include:

- Abandonment and destitution;
- Breakdown of the family, leading to an increase in the number of runaway street children;
- Influence of the media on the child, which causes conflicts of identity, role modelling and the glamour which, coupled with other factors, causes children to run away;
- Abuse and exploitation

374. Such children need special care and protection. The programmes of the GOI and its counterparts in the States focus on children in crisis situations such as street children, children who have been abused, abandoned children, orphaned children, children in conflict with the law, and children affected by conflict or disasters.

Box 5.7: Bid to rehabilitate orphans in Orissa

Survival, protection, education and participation would be the four *mantras* for the Orissa Government while rehabilitating children affected by the cyclone. These have been adopted from the United Nations' Convention on the Rights of the Child acceded to by India in 1992.

The Government plans to shelter the orphans in day-care centres, short-stay homes and crisis homes-cum-transit homes. The Consortium for Rehabilitation of Children (CRC), a forum comprising the Woman and Child Development Department, Orissa State Council for Child Welfare and 69 NGOs, has so far identified 1,200 orphans and 755 children-at-risk for rehabilitation.

"We have to first ensure the survival and protection of children. After that we can think of their education and participation in the mainstream," said Commissioner-cum-Secretary in the WCD Department, Tarun Kanti Mishra.

Though many children have been orphaned by the cyclone, not all are assetless. Under the Community-based Rehabilitation (CBR) programme, the Rs 75,000 ex-gratia given to these orphans would be put in a joint account in the name of a special officer from the WCD department and the orphan's guardian. The monthly interest of Rs 700 would be spent on the child.

The State Government would also form a supervisory committee, comprising an NGO member, a local *panchayat* official and a Government official, who would periodically if the child is receiving the actual benefits.

The Government has also started a foster mother scheme, called *Operation Sneha*, under which a foster mother would be appointed for the orphans in the area. For example, in Jhantipari village of Jagatsinghpur district, a widow has been appointed as foster mother to 10 orphans, and has been provided with utensils and other household items. The rehabilitation process would continue for the next six months, after which the programme would be reviewed.

While 18 of the 87 orphanages in the State have shown interest in taking the orphans, many institutions outside the State, like Dayasadan Children's Trust, run by Saroj Goenka in Chennai, *Bharat Sevashram, Help, Sampark, Santi Alias Trust* and *Salam Balak Trust*, have offered to take all the children orphaned in the cyclone.

375. One of the initiatives in this regard is the Integrated Programme for Street Children, whose objective is to prevent destitution of children and to facilitate their withdrawal from the streets. The programme provides for shelter, nutrition, health care, education, and recreation facilities to street children and seeks to protect them against abuse and exploitation. The target group of this programme are children without homes and family ties, i.e., street children and children specially vulnerable to abuse and exploitation such as children of sex workers and children of pavement dwellers. In addition to voluntary organizations, State Governments, UT administration, local bodies, and educational institutions are also eligible for financial assistance from the Government under this programme.

Box 5.8: Bid to rehabilitate people affected by earthquake in Gujarat

The Ministry of Social Justice and Empowerment drew up crises intervention model called Sneh Ghars/Mamta Ghars to house children, women and the aged affected by the earthquake in Gujarat. Grants amounting to Rs 274.47 lakhs were released to Indian Council for Child Welfare, Childline India Foundation, Child Relief and You (CRY), Action Aid India Society, Helpage India and Agewell Foundation for setting up of nearly 200 Shelter Homes, Relief Campus, Crises Centres and Mobile Medicare centres in Gujarat. A comprehensive data analysis system has also been prepared to ensure follow up of those affected by the earthquake in Gujarat including children.

Source: D.O.No.5-3/2001-SD, Ministry of Social Justice & Empowerment, GOI

376. Under the Juvenile Justice (Care and Protection of Children) Act, 2000, Section 15 lays down six avenues to be explored so as to ensure that every opportunity is afforded to a child to remain with his/her family. It is only when these six avenues are not successful that the Board will direct that he/she be sent to a special home.

377. The scheme for Prevention and Control of Juvenile Social Maladjustment was revised in 1998-99 with a view to strengthening the implementation of the earlier Juvenile Justice Act 1986 in the country and bringing about a qualitative improvement in the services provided under the scheme to both neglected as well as delinquent children. The salient features of the revised Programme for Juvenile Justice are as follows:

- (a) Establishment of a National Advisory Board (NBA) on juvenile justice to advise the Government on matters relating to the implementation of the Juvenile Justice Act 1986 in the country, including the quality of infrastructure and staff available under the Act;
- (b) Creation of a Juvenile Justice Fund;
- (c) Establishment of a Secretariat for the National Advisory Board;
- (d) Appointment of observers to report upon implementation of the Act in different States/Uts;
- (e) Institution of a Chair on Juvenile Justice at the Child and the Law Centre of the National Law School of India University, Bangalore;
- (f) Training, orientation and sensitisation of judicial, administrative, police and NGO personnel responsible for implementation of the Juvenile Justice Act 1986;

- (g) Expansion of non-institutional services such as sponsorship, foster care, probation, etc., as alternates to institutional care;
- (h) Provision of scholarship to children being processed under the Act for excelling in academics or in extra-curricular activities.¹⁹

378. Guidelines for foster family care as an alternative to institutional care for children awaiting adoption as well as for uniformity in country adoption have been circulated to voluntary social/child welfare agencies and State Governments for implementation. Twenty agencies in India and six agencies abroad have been given recognition/enlistment by the facilitating Ministry for undertaking intercountry adoption during the year 1999-2000.

379. State Governments operate various programmes under Foster Family Care. For instance, in Rajasthan, the Department of Social Welfare (SWD) of the Government of Rajasthan runs *Shishu Grahs* (children's homes) independently for children in the age group 0-6 years, left as orphans by unwed mothers or those who are referred by the police, social activists and now through Child Line Services. The Department runs these centres through NGOs, as well by giving them aid. Orphanages are being run for providing parental care to orphans and abandoned or neglected children in the age group of 6-16 years in the case of boys and 6-18 in case of girls. Similarly, about 600 orphanages are functioning in the State of Kerala benefiting about 50,000 children.

380. A lot of care is taken to keep in mind the child's ethnic, religious, cultural and linguistic background while rehabilitating him/her. The option of restoring the child to his/her family is considered the best alternative. Only in the absence of this alternative, are the other options suggested and availed of.

381. Review of the quality of care and treatment provided to the child who has been placed in institutions for care and protection is another responsibility laid on the State. For this purpose, Social Welfare Officers are appointed. They monitor the situation of children placed in homes and foster care. Every social welfare officer is required to submit a monthly report of the children/institutions under his or her jurisdiction to the superior officer. These reports form the basis of any action which needs to be taken. The Juvenile Justice (Care and Protection of Children) Act, 2000, has a provision for involving voluntary organizations in the inspection of children's homes.

H. Adoption

Article 21

382. It is an accepted fact that full-fledged emotional, physical and intellectual development of a child depends largely on the environment in which it grows up. While the love and affection of biological parents is an ideal impetus for such growth, there is a large number of children who find themselves in orphanages and other such institutions due to various circumstances. Relevant studies have proved that while institutional care may be unavoidable for such children at the initial stage, their best interests lie in being able to find families which will adopt them and provide them with the required emotional and physical security.

383. The very basic definition of adoption is that it is the creation of a parent-child relationship between persons who are not related so by birth. The minimum function of law in creating this artificial parent-child relationship is to put it on par with the natural one. In practical terms, it

means that the same mutual rights and obligations that normally exist between parent and a child born to them would automatically apply to the adopted child in relation to the adopted family.

384. In the past, the primary considerations in adoption were the interests of the adopting parents. Interests of the child were not a priority, because these were taken care of within the close-knit family system of the past. Today, the scenario is different. The interests of the child are very much a priority, and the primary motivations of the adopting parents have also undergone changes. Depending upon their personal and social background, they are able to appreciate and accommodate the child's needs in varying degrees.²⁰

385. Various measures have been taken to regularise and legitimise the adoption process making sure that the interests of the child are regarded as a top priority. Agencies competent to authorise adoption (licensed by the Ministry of Social Justice and Empowerment) are spread all over the country, especially in the major cities. These agencies ensure a smooth administration of the whole process, including appropriate selection according to compatibility, the legalities involved, counselling and supervision following the adoption.

Legislation

386. India is a country of diversities, and various sections of the society have their own personal laws. There is no uniform civil code for people belonging to various religious and cultural groups; hence there are no universally applicable procedures.

387. Legislation related to adoption fall into two broad categories:

- (a) The Hindu Adoption and Maintenance Act, 1956 (HAMA);
- (b) The Guardians and Wards Act, 1890 (GWA).

388. HAMA applies to all Hindus, Buddhists, Jains and Sikhs. The Act authorizes any adult male of sound mind to adopt a child and if he is married, he can do so only with the consent of his wife. On the other hand, a female of sound mind may adopt even if she is unmarried or a divorcee, but can only be a consenting party to the adoption, if she is married. HAMA also declares all adoptions to be irrevocable and says that all ties of the child with the family of his/her birth shall be deemed to be severed from the time of the adoption.

389. The personal law of Muslims, Christians, Parsis and Jews does not recognize complete adoption and hence persons belonging to these communities who are desirous of adopting a child can take a child only in "guardianship" under the provisions of GWA, 1890. This does not provide to the child the same status as the child born biologically to the family. This Act confers only a guardian-ward relationship.

390. The current legislation in India has a few lacunae. The greatest inadequacy is the absence of a uniform law for adoption, which would apply to all Indians. Besides this, the adoptive mother (if married) is not a joint petitioner, but only a consenting party. The GWA, 1890 confers only the status of ward to the adopted child and not the status of a biologically born child, hence there is no security for either the adopted child or the adoptive parents.

391. The Tamil Nadu Adoption Bill has been prepared in consultation with NGOs and experts. This legislation, when enacted, will help adoption of children by all families irrespective of religion.²¹

392. The Supreme Court of India, while acknowledging that intercountry adoption is at times necessary for those children who would otherwise languish in institutions, in its landmark judgements in the Laxmikant Pandey vs Union of India case directed that preference is to be given for finding homes within India for every orphaned child. The full development of a child's potential is possible only in the care of a family and as far as possible such a family should be located in the country of the child's birth. Towards this end, voluntary coordinating agencies have been set up to promote in-country adoption. These agencies maintain a list of prospective Indian parents and match them with children available in various adoption agencies. Any adoption or voluntary coordinating agency can be contacted or approached for obtaining information on correct procedures of adoption. These agencies provide not only factual data, but also psychological and moral support all through the process of adoption.

393. The agencies employ professional social workers whose role is to ensure as smooth and untraumatic a placement of the child with his/her adoptive parents as is possible. These workers know the minutest details of the entire procedure and thus they are indispensable in the process of adoption. Their work profile includes pre-adoptive counselling, selection of the child, legalisation and post-adoptive assistance.

Adoption procedures

394. The first contact of couples seeking to parent the child with the adoption agency is a critical one, as at that point their ideas about adoption may be vague. The social worker of the agency conducting the interview deals with the queries they have in an encouraging manner and gives them the required information in simple and clear language. Once it is apparent that the couple has made a firm decision and are likely to be acceptable as adoptive parents, they may be asked to register with the agency. Upon registration, the couple are given a list of documents they have to obtain. They are also informed of the home study report that will need to be prepared, the financial costs involved and the requirements for follow-up after adoption.

395. Assessing the ability of a prospective adoptive couple to parent a child not born to them is of crucial importance in a successful adoption. The procedure or the main tool for learning about the circumstances about the applicants, which have a bearing on their suitability, is the home study. The home study is prepared on the basis of a series of individual and joint interviews with the applicants, home visits and, if necessary, contacts with the references. The information thus collected covers varied facts related to the adoptive couple, their significant relatives, etc. This ensures that the physical and psychological environment in which the child would go will be conducive to his/her overall development. Once the 'home study' procedure is complete and the areas of counselling, if any, have been taken care of, the process of selection of the child for the couple starts.

396. Care is taken that the child resembles them as far as possible in terms of complexion and features as this helps in the process of psychological identification.

- Only one child at a time is shown, to avoid confusion for the couple in making a choice. This, however, cannot be generalised for all the adoption agencies;

- The social worker present at the time of first physical introduction of the adoptive couple to the child assesses the initial reaction of the couple to the child;
- In order to observe the adjustment of the family to the child and vice versa, the child is in some cases placed in pre-adoptive foster care before the legal adoption of the child.

Legal procedures

397. In order to secure the child's interests (and to avoid the specific cases of secret adoption) it is of crucial importance for the agency to ensure that the legal procedures are completed by the couple. This includes:

- Putting the couple in contact with a competent lawyer who helps them file the petition in the appropriate court;
- Advising them with regard to the documents which need to be submitted;
- Preparing them in advance about the role and the possible intervention of the scrutinising body appointed by the court to assist it in the evaluation of the adoption placement;
- Ensuring that the couple obtains a copy of the adoption/guardianship order passed by the court;
- Every adopted child is usually issued a birth certificate. For issuing a birth certificate in respect of an abandoned or destitute child, the registration of whose birth is not available, the agency concerned makes an application to the local Magistrate along with any other material which the agency considers relevant in the form of an affidavit. The local Magistrate then passes an order and the requisite certificate is issued by the local birth certificate issuing authority of the city/town/area where the child has been found. The Magistrate ordinarily acts on the certificate granted by the CMO. In case of relinquished children, the agency adopts almost the same procedure but the original birth certificate or statement furnished by the biological mother is produced.

398. Once the adoption of the child is over, the supervision and follow-up is done based on the specifications of the court for the same. This is done in order to monitor the adjustment process of the family with the child and vice versa.

399. It is essential to ensure that the child is, or will be, legally free for adoption before considering an adoptive couple for him/her. A child relinquished by a biological parent or guardian can be considered free for adoption after proper documents of surrender have been obtained and the stipulated three months reconsideration period has lapsed without the parent or guardian reclaiming the child. In the case of a remanded child, the agency can apply for his placement on a fit person basis after the child is declared destitute by the Juvenile Court/Board. Where the child is court committed, it is necessary to apply to the Director of Social Welfare or the appropriate Government authority of the concerned State for a release order.

400. In the whole process of adoption, the social worker also ascertains the areas, if any, in which the adoptive couple needs support and counselling. It is then the job of this worker to offer the same to the couple in the course of his/her contacts with them. Some areas of counselling which are commonly dealt with are:

- **Secret adoption:** The reasons for asking for secret adoption are carefully probed and an attempt is made to remove all misapprehensions so as to discourage such a plan. They are also informed of the considerable risks involved in secret adoption;
- **Fears of heredity:** Any anxiety about the background of the child is allayed by the assurance of a thorough medical check-up of the child prior to the placement;
- **Telling the child of his/her adoption:** Sometimes parents need counselling as to how to introduce the word adoption to the child in a natural manner, with sensitivity and understanding;
- **Disciplining the adopted child:** There is a danger of adoptive parents overindulging the adopted child who has come into their lives after years of longing or as an attempt to overcome the feeling of guilt about how society will look upon their disciplining a child;
- **Older applicants:** Such patients are counselled against adopting a very young child or are shown certain degree of flexibility if one spouse, generally the wife is below 40 years;
- **Lack of commitment of one spouse towards adoption:** In such cases, feelings of reluctance and doubt are worked on through counselling and then the couple is left to take the combined decision;
- **Rejection of applications:** If the applicants appear to be unsuitable for any reason, the manner of conveying the rejection has to be dealt with very carefully and clearly

401. In order to ensure the best interests of the child, as per article 21 of the Convention, guidelines have been brought out by the Central Adoption Resource Agency (CARA), a statutory body under the GOI. These guidelines provide adequate instructions to adoption agencies for proper implementation of the programme. As already mentioned, certain other agencies like the Juvenile Welfare Board and scrutiny agencies have also been set up to monitor the adoption programme.

Monitoring

402. CARA monitors and regulates the working of adoption agencies which are recognized by the Central Government. It also works in close cooperation with voluntary coordination agencies and enlisted Indian and foreign placement agencies. The main objective of this agency is to facilitate the adoption of as many Indian children as possible. In order to meet the twofold needs of offering support and assistance in the adjustment between the child and the adoptive parents, and observing and assessing the advisability of the placement, supervision is done during preadoptive foster care. On the other hand, post-adoptive supervision and follow-up is mainly and necessarily supportive in nature and should continue until the child is fully integrated into his/her adoptive family. In general, areas like guidance in parenthood, physical and medical care and

child development are covered by the social worker during supervision. Fears, anxieties and doubts are dealt with through reassurance and discussion. Besides these, adoptive parents also need assistance in handling the reactions of the relatives, neighbours and friends. If the adoptive parents are helped to deal with their situation of being adoptive parents, they learn to handle the reactions of others.

Table 5.1: In-country and Inter-country adoptions

Year	In-country adoptions	Inter-country adoptions	Total
1995	1424	1236	2660
1996	1623	990	2613
1997	1330	1026	2356
1998	1746	1406	3152
1999	1558	1293	2851
2000*	1870	1364	3234
Total	9551	7315	16866

* This data pertains to only placement agencies recognised for inter-country adoptions

* 11 Agencies are yet to provide last quarter data

Source: D.O.No. 5-3/2001-SD, Ministry of Social Justice & Empowerment, GOI.

Rights of the child

403. According to the law, an adoptive child has the same rights over the property of his adoptive parents as a biological child.

404. The rights of adopted children to find out about their biological parents and the search by a child for his/her roots and identity is a sensitive aspect of the adoption process. There are two points of view regarding what should be done in such a situation. One is that the adopted child has the right to search for his/her roots and identity, and the other is that it is the biological mother's right to keep her secret and have the confidentiality of her abandonment preserved. Not to be forgotten is the social worker's code of ethics and her responsibility to keep confidential the records of the biological mother which makes the situation more complex. The adoptive parents also become very anxious during their search because it threatens the security of their parental ties and takes them through the trauma of acknowledging the existence of another set of parents. At present, many agencies promote the view that when the child grows up, information may be given regarding the biological mother's social background, circumstances and reasons for abandonment. However, the identity of the mother is not revealed, thereby protecting all corners of the adoption triad. Adoption agencies in India have a sealed and confidential record system. There is no access to the relinquishment document and it remains a property of the court.

Inter-country adoption

405. Without doubt, the child integrates best within the country of his/her own origin because of the identification with the cultural milieu closest to his/her roots. Only in the event of no suitable family being available within the country of the child's origin should the child be rehabilitated

through intercountry adoption. Moreover, sincere efforts are made by a few adoption agencies to motivate Indian parents to adopt so that a climate is created in the country for rehabilitation of destitute children. In the absence of statutory laws and government procedures until 6 February 1984, it was within the capacity of any agency to offer a child for adoption to a foreign parent. However, on the said date, the Supreme Court in a landmark judgement of the case, Lakshmi Kant Pandey vs Union Of India (1984) set the principles and norms, and standardised the procedures involved in inter-country adoption. According to the judgement, first preference should be given to Indian families residing in India as far as possible. This judgement was an attempt to make up for the absence of safeguard procedures and effectively tackle allegations of child trafficking and sale of babies. In the Supreme Court judgement, certain normal and procedural safeguards have been introduced to protect the interests of the child which are as follows:

- (a) Government adoption authorities in both sender and receiver countries should make inter-country adoption arrangements;
- (b) A child study report would have to be prepared by professional workers of an appropriate authority or agency to provide information about the prospective child to be given for adoption, as it would form the basis of the selection of the prospective adoptors of the child;
- (c) Similarly, the family study report would have to be prepared by a professional social worker to ascertain the basis on which the applicants were accepted as prospective adopters. It should be ascertained that the adoptive applicants residing abroad, whether of Indian or foreign origin, qualify to adopt a child as per the laws of the country of their residence;
- (d) It is essential that in intercountry adoption,
 - (i) the child is given the same legal status and rights of inheritance, as if she/he has been born to the adoptive parents in marriage; and
 - (ii) immigration regulations of the concerned country will permit the child to enter the country.
- (e) (When the legal adoption process is concluded, the child shall have the equivalent of a birth registration certificate and shall be granted appropriate citizenship.)

406. The above safeguards help in supervising the progress of the child and ensuring that the child is adopted at the earliest in accordance with the law of the country. Directives have also been issued to the adoption agencies to carry out adoption procedure as per rules and regulations laid down by the Supreme Court of India.

407. The Government has set up CARA, which works as the clearing house of information to monitor in-country and intercountry adoptions. The Ministry of Social Justice and Empowerment grants recognition to both Indian and foreign agencies which are engaged in sponsoring Indian children for adoption abroad. seventy-seven agencies in the country have been given recognition for intercountry adoption. In addition, 293 foreign agencies have also been enlisted in more than 25 countries to sponsor intercountry adoption of Indian children.

408. There are no bilateral or multilateral agreements concluded by the State to promote the objectives of article 21 of CRC. However, any person who is residing outside the country and expresses the desire to adopt, would have to follow the guidelines issued by the Supreme Court of India given in *Lakshmi Kant Pandey vs Union of India* 1984, which has already been mentioned above.

409. Table 5.1 shows the estimated number of children who have found homes through these agencies during the past few years, as per records available with CARA.

410. In India, there are various reported cases of secret adoption. Many people take children away from hospitals/ nursing homes through illegal means and many such cases go unreported. There are also couples who prefer to adopt a male child rather than a female child and it is very difficult to convince them otherwise. At present the process of adoption is understandably very lengthy. As the initial months are very important in a child's life, it is the intention to place the child in a family as early as possible. However, pre-adoption processes are extremely important even though they give rise to enormous paperwork and a child may have to be kept in the institutions for the first few months of his/her life.

I. Periodic Review of Placement

Article 25

411. An array of welfare services aimed at providing institutional care is available today in India. State governments and various NGOs are currently involved in these institutions, which include:

- Homes for destitute children
- Children's homes
- Foster care
- Boarding schools
- Orphanages and short-stay homes
- Night shelters

412. In order to ensure effective dissemination of facilities in institutions set up for providing alternative care to children deprived of the comforts of family life, provisions have been made to establish various supervisory bodies. The judiciary also plays an active role in ensuring the quality of care provided in these homes by bringing to the notice of the concerned authorities, any lapse in the services provided. For example, in the case of *Sheela Barse vs Secretary, Children's Aid Society*, the Supreme Court ordered that children should not be made to stay for too long in the homes. Moreover, the National Human Rights Commission (NHRC) has directed all State Governments to inform the Commission of any instance of inmates running away from various juvenile and custodial homes, within 24 hours of the occurrence.

Children in conflict with the law

413. The Juvenile Justice (Care and Protection of Children) Act 2000 replaces the existing Juvenile Justice Act 1986. This law has a child friendly approach and provides for care,

protection, treatment, development and rehabilitation of neglected or delinquent juveniles and for the adjudication of certain matters relating to delinquent juveniles. These children, though a separate category, are also covered by the juvenile justice system. Under the JJA the authorities competent to take action in these cases are the juvenile courts. Section 5 of the JJA, empowers the State Government to constitute Juvenile Courts for any specified area by notification in an official gazette. Every juvenile court consists of a Metropolitan Magistrate or Judicial Magistrate of the First Class. The juvenile court is assisted by two honorary social workers in exercising its powers and discharging its duties.

414. The State Governments can nominate visitors as per Section 54 of JJA, to visit each of the homes established under this Act. The visitor nominated for a home is supposed to visit the homes and make a report to the State Government. For the purpose of supervision, the State Government (section 53 of JJA) may constitute an advisory board to advise it on matters related to the establishment and maintenance of homes, mobilisation of resources, provision of facilities for education, training and rehabilitation of neglected (abandoned) juveniles and delinquent (in conflict with the law) juveniles and coordination among the various official and non-official agencies concerned. The issue has been dealt with in detail under the Article on Administration of Juvenile Justice.

Foster family care

415. The Central Adoption Resource Agency (CARA) under the Government has been set up to monitor the adoption agencies. Further, the Central Voluntary Adoption Resource Agency (CVARA) has been established in every state to monitor the functioning of institutions keeping children under their care. CVARA checks whether all the institutions dealing with children are maintaining the minimum standards of care and providing all the facilities and services required. CVARA inspects the agencies from time to time and gives suggestions if any changes are required. CVARA has to ensure that all children get individual care and attention according to their needs.

Children with disability

416. The Persons and Disabilities (Equal Opportunities Protection of Rights and Full Participation) Act, 1995, is a comprehensive law dealing with definition of various disabilities, prevention, early identification, implementation, mechanisms, education, employment, affirmative action, non-discrimination, care of the severely disabled, recognition of institutions offering services to the disabled, access to built environment, transportation and information. For effective implementation of the specifications laid down in the Act, coordination committees are proposed to be set-up at the Central and State levels. While the majority of the members are proposed to be officials, it has been provided that five persons representing NGOs or associations concerned with disabilities will be members of these committees.²²

Box 5.9: Little bride – Amina Begum

The case of Amina, a 10-year-old Indian child bride married with parental consent to an Arab man, was detected by an alert airhostess on a flight out of India. The child seemed to be upset and crying, and the airhostess was able to attract the attention of the authorities so that the man was arrested and prevented from leaving the country. The case attracted a great deal of media attention in India and abroad. The prosecution that has been initiated against the man has also brought non-governmental organizations into the scene.

J. Abuse and Neglect

Article 19

Including Physical and Psychological Recovery and Social Reintegration

Article 39

417. Child abuse is an extremely complex phenomenon, which has only recently started receiving the attention that it deserves. Child sexual abuse is the physical or mental violation of a child, coupled with sexual intent, usually by an older person who is in some position of trust or powers *vis-à-vis* the child. Even though men and women can sexually abuse a child, most abusers are male. Because of the more powerful position held by males in society, one generally refers to rape of females rather than of males. Sex abuse in children is not easily accepted in society, but another form of abuse is hardly objected. Corporal punishment is meted in schools in the name of discipline. Other practices include the sale of girls to foreign “buyers”, including much older and affluent bridegrooms.

418. Implementation of laws, in the existing framework, contemplate a parent, person or organisation acting on behalf of the child victim and making a complaint to the court, police, social welfare, probation or child-care authorities. Many NGOs, particularly women's organisations and concerned activists, have been catalysts in the community response to child abuse. These are all cases in which an individual child obtains access to justice because of the community interest. However, they can have a wider significance when they generate interest and concern with the law reform process. NGOs, have been lobbying for changes in laws to address the problem of child prostitution, and represent the public pressure to initiate new laws and policies.

Box 5.10: Separate legislation on child abuse planned

The Government is contemplating the introduction of a separate legislation on child rape and sexual abuse, which accounts for 27 per cent of the total cases of rape reported in the country. “It is time we think of a separate and specialised legislation for the new methodology of trial and proof for the offence of child rape”, stated the Law Minister, while inaugurating a ‘Sensitisation Workshop on Child Rape and Child Sexual Abuse’ in December 2000. Rape, by itself is one of the most obnoxious crimes but child rape is perhaps the most offensive, requiring special treatment. Unfortunately, the existing rape laws make no distinction between the rape of a minor and that of an adult.

The two-day workshop, jointly organised by the National Human Rights Commission (NHRC) and Angaja Foundation, an NGO working for the rights of the children, was held in December 2000 in New Delhi. The workshop stressed on the need to review the very definition of rape as for the purpose of Section 375 of the Indian Penal Code, the definition of rape applies equally to an adult and a minor.

According to latest figures compiled by the National Crime Records Bureau, the cases of child rape account for 27 per cent of the total cases of rape reported in the country. While Madhya Pradesh tops the list of reported cases of child rape with 806 in 1998, Delhi figures at the fifth place with 239 cases.

Source: The Times of India Online, 15 December, 2000

419. The involvement of the community and concerned individuals is thus crucial for improved law enforcement, the imposition of sanctions on offenders and efforts to strengthen legal controls. It is the absence of this kind of an initiative that often prevents a response from either law enforcement authorities or the legislature to grave exploitation and violence against children in

domestic service, child prostitution, pornography, trafficking of child brides or trafficking of children for camel racing to Gulf countries.

420. Child sexual abuse within the family is a deeply disturbing issue, one which the family guards as a secret while others do not want to admit that it even exists.

421. The 1996 survey on child sexual abuse,²³ considered a landmark is conducted by *Samvada* in Bangalore among 348 girl students from 11 schools and colleges, threw up startling data. Conducted scientifically, the study found that:

- 83 per cent of the girls had been subjected to eve-teasing;
- 13 per cent of these had been vocally and visually sexually harassed when they were less than ten years old;
- 47 per cent had been molested, 15 percent of these when they were less than ten years old; they were used for masturbation, mostly by male relatives;
- 15 per cent had been seriously sexually abused as children, 31 per cent of them when they were less than ten years old; they had been raped, forced into oral sex or penetrated with foreign objects and 75 per cent of abusers were family friends;
- Around 50 per cent of these child sexual abuse cases involved family members and close relatives, and they happened at home.

422. Rahi,²⁴ an NGO of Delhi conducted a survey specifically addressing non-lower-class women. This survey was conducted among 600 English-speaking middle and upper class women in Delhi, Mumbai, Calcutta, Goa and Chennai between the ages of 15 and 66.

- 76 per cent of the women had been sexually abused in childhood;
- Out of these, 457, 40 per cent/had been sexually abused by at least one family member;
- 71 per cent had been sexually abused by relatives and family friends;
- Two per cent of the 457 were sexually abused before they were four years of age, 17 per cent between four and eight years of age, 28 per cent between the ages of eight and twelve years and 35 per cent between 12 and 16 years.

423. In most cases, the abuser was a part of the victims' everyday life—a father, brother or male cousin, uncle, male family friend, male neighbour/servant.

Legislation

423. The Indian Penal Code has laid down provisions for action against child abuse such as rape, molestation and prostitution. The GOI has adopted appropriate legislative, administrative, social and educational measures to protect children from all forms of physical and mental violence, injury, neglect, maltreatment, exploitation and abuse. The Government has also enacted a number of legislation measures such as:

- Immoral Traffic Prevention Act, 1956

The Immoral Traffic Prevention Act, 1956 (ITPA) supplemented by the Indian Penal Code (IPC) prohibits trafficking in human beings, including children and lays down severe penalties. The ITPA and IPC prescribe punishment for crimes related to prostitution.

- The Child Labour (Prohibition and Regulation) Act, 1986

An Act to prohibit the engagement of children in certain employments and to regulate the conditions of work of children in certain other employments.

- The Juvenile Justice (Care and Protection of Children) Act, 2000

425. The Juvenile Justice (Care and Protection of Children) Act, 2000, lays down a uniform legal framework for the country as whole to deal with the problem of social maladjustment. It has replaced all the corresponding laws on the subject and other State Laws and is the most comprehensive piece of legislation for protection of children.

426. The act Incorporates into its fold not only some of the major provisions and clauses of the Indian Constitution and National Policy Resolution for Children but also universally agreed principles and standards for the protection of juveniles such as the United Nations Standard Minimum Rules for the Administration of Juvenile Justice and the CRC, as explicitly stated in the Act itself. For more details of this Act, see section on the Administration of Juvenile Justice.

Corporal punishment

427. Corporal punishment in families is usually not reported, as the family in India is an intensely private institution.

428. The Department of Education has directed the States not to enact such legislation which goes against the International Treaties/Conventions to which India is a signatory, specifically citing the CRC. The National Policy on Education (NPE), 1986, explicitly mentions that any form of corporal punishment should be firmly excluded from the education system. The Department has issued directions to State Governments to consider the issue in all earnest and take appropriate action to prevent corporal punishment and to take action against guilty teachers and schools. The Department of Education is also in the process of:

- (a) Launching awareness campaigns to sensitise and dissuade teachers and parents from inflicting such forms of punishment on children;
- (b) Examining the possibilities of providing a clause through legislation for imposing a ban on corporal punishment.

429. The GOI, through various circulars issued under the Juvenile Justice Act, 1986, tries to ensure that a child's rights are protected in juvenile correctional institutions. Also the staff of care institutions is being sensitized to the survival, protection, development and participation rights of the children. A child with the help of the guardian, can report abuse to the police. The victim can also file a complaint to NHRC, NCW and other relevant authorities/Commissions.

Childline Service

430. This service has been initiated by the Government to help children who are suffering from neglect, abuse and exploitation. The Childline Service is a 24-hour free phone service for children in distress which can be accessed by a child in difficulty, or an adult on his/her behalf by dialling 1098. The service which was started in Mumbai is now available in 25 cities, namely, Ahmedabad, Alwar, Baroda, Bhopal, Bhubaneshwar, Kolkata, Chennai, Cochin, Coimbatore, Delhi, Goa, Guwahati, Hyderabad, Indore, Kutch, Jaipur, Lucknow, Mumbai, Nagpur, Patna, Pune, Thiruvananthapuram, Varanasi, Vijayawada, Vishakapatnam. It aims to cover 30 cities by the end of Ninth Five-Year Plan. The basic objective of the Childline Service is to respond to children in emergency situations and refer them to relevant governmental and non-governmental organizations. The service is being standardised to meet common norms and objects. Childline India Foundation has been established as an umbrella organization to identify, provide support services and monitor efficient service delivery of the centres at various locations. It serves as a link between the Ministry and the NGOs in the field. It is now essential to monitor the effectiveness of this facility and assess the quality of follow-up actions and support provided to children through this service.

SECTION VI

BASIC HEALTH AND WELFARE

(Arts. 6, 18, para. 3, 23, 24, 26, 27 paras. 1-3)

A. Health and Health Services

Article 24

Introduction

431. The right of the child to survival and to health has emerged both as an aim and a measure of progress, for children. Child survival is perhaps the most basic fundamental right and yet, like child health, it depends not only on Government programmes and schemes, but on a large number of factors such as the condition of the mother, the care that the young child receives and the ability of the family to access health services either from the Government or private centres.

432. Health is a major concern of the Government, which has an extensive and wide array of initiatives and schemes for ensuring child survival and health. The Ninth Five-Year Plan (1997-2002) focuses on providing integrated preventive, promotive, curative and rehabilitative services in primary, secondary and tertiary health care institutions, with appropriate referral linkages. It recognises the special health needs of the girl child and the importance of enhancing easy access to primary health care.¹ Nonetheless, as the section will indicate, a substantial portion of the health system in India lies outside the Government sector. There are also very wide variations in the success of programmes throughout the country, and a gender bias against the girl child and the woman exists in most places. From an analysis of available data, it is abundantly clear that while the provision of health services for the entire population is the first imperative, the empowerment of women is essential if these services are to be successfully accessed for children.

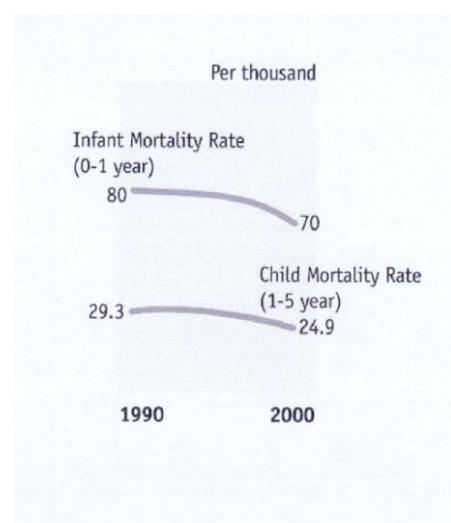
Overview

Current situation

433. The promotion of child survival and health has been one of the most important objectives of the Government, and steps to strengthen child health services were taken as early as the First Five-Year Plan (1951–1956). A number of programmes, such as the Maternal and Child Health (MCH)/Family Welfare Programmes and the Child Survival and Safe Motherhood (CSSM) programme were implemented from this period onwards. Recognizing that the top-down target approach being followed until then to achieve health goals did not reflect user needs and preferences, the Government took a bold step to make health programmes more client-oriented, with an emphasis on the quality of services and care. This brought about a paradigm shift in the health policies, which is reflected in the Reproductive and Child Health Programme (RCH), launched in 1996. This new programme integrates all family welfare, women and child health services with the explicit objective of providing beneficiaries with “need-based, client-centred, demand-driven, high quality integrated RCH services”. The strategy for the RCH programme shifts the policy emphasis from achieving demographic targets to meeting the health needs of women and children.

434. Infant and child mortality rates reflect a country's level of socio-economic development and quality of life, and are used for monitoring and evaluating health programmes and policies. It is a matter of some satisfaction that the infant mortality rate (IMR; viz., the probability of dying before the first birthday) has declined from 80 to 70 per 1000 live births over the period 1991-2000 and 20 of India's states/UTs have achieved the goal of IMR of 60 by the year 2000 according to the Indian Report on the World Summit for Children. Similarly, the child mortality rate (CMR; viz., the probability of dying between the first and fifth birthday) has declined from 33.4 per 1000 live births in 1991 to 29.3 in 1998. Even neo-natal and post-natal mortality (viz., the probability of dying in the first month of life, and after the first month of life but before the first birthday, respectively) declined by 25 per cent and 33 per cent respectively in urban areas. In fact, IMR/CMR have declined steadily in both rural and urban areas of India. Improved access to health care and to safe drinking water, and the steady expansion of the Integrated Child Development Services (ICDS) have been the primary reasons for these improvements. However, wide regional variations in IMR (13 in Kerala and 97 in Orissa) and maternal mortality rate (MMR) (79 in Tamil Nadu and 707 in Uttar Pradesh) call for State-specific strategies and interventions.

Figure 6.1: Evaluation of health programme and policies



435. The vaccination of children against six serious but preventable diseases—diphtheria, pertussis, polio, measles, tetanus and typhoid—has been a cornerstone of the child care system in India. The Universal Immunisation Programme (UIP) was launched in 1985-86 specifically for this purpose. In 1998-99, 42 per cent of children, aged 12-23 months, were fully vaccinated (as against 36 per cent in 1992), 44 per cent received some form of immunisation, while 14 per cent were not reached (as against 30 per cent in 1992). Coverage for individual vaccination is much higher than the percentage of fully vaccinated. BCG, first dose of DPT and first and second doses of polio vaccine have each been received by 71 per cent children. Fifty-five per cent children received three doses of DPT and 63 per cent received three doses of the polio vaccine. Measles vaccine has been received by 51 per cent children.

436. India has achieved considerable success in its campaign to eradicate polio. Launched in 1996, the Pulse Polio Immunisation (PPI) programme has adopted a novel strategy by identifying National Immunisation Days (NID) in December and January every year, and by involving partners from the community in a mass communication initiative. These efforts led to a sharp decline in recorded wild-virus polio cases from 2,276 in 1997 to 265 in 2000. Focused efforts are

being made to address this problem in U.P. and Bihar, which have recorded 35 per cent of the global cases of polio as of end-December 2000.

437. Acute respiratory infections (ARI) are the leading cause of child mortality in India, accounting for about 30 per cent of all the under-five deaths. Under the ARI Control Programme, health workers have been imparted training in ARI management, and co-trimoxazole is distributed through all health outlets. It is estimated that two thirds of children with symptoms of ARI are taken to a health facility. Diarrhoea is the second most important cause of death, accounting for about 20 per cent of all under-five deaths. The Government has launched the Oral Rehydration Therapy (ORT) programme to prevent deaths due to dehydration. In 1998, 62 per cent of mothers knew about oral rehydration salts (ORS) packets, an increase from 43 per cent in 1990.

438. In rural areas, the Government delivers reproductive and other health services through a network of Primary Health Centres (PHC), sub-centres (SC), and other Government facilities. In addition, services can be obtained from private maternity homes, hospitals and private practitioners. In urban areas, health services are available mainly through Government or municipal hospitals, private nursing and maternity homes. The number of PHCs rose from 18,671 in 1990 to 22,975 in 1999; the number of sub-centres increased from 130,336 in 1990 to 137,271 in 1999, and the number of Community Health Centres (CHCs) increased from 1910 to 2935 during the period.

439. The first case of acquired immuno deficiency syndrome (AIDS), caused by the human immuno deficiency virus (HIV), was detected in India in 1986. Since then, HIV prevalence has been reported in all states. Data from sentinel surveillance sites shows that over the years, HIV infection has increased sharply among commercial sex workers. It is rapidly progressing among STD clinic attenders, and is steadily spreading among the low-risk population. The Government of India (GOI) launched a National AIDS Control (NAC) programme in 1987, which focused on increasing awareness of HIV/AIDS, screening of blood for HIV and testing of individuals practising risk behaviour. During the Eighth Five-Year Plan (1992–1997), the National AIDS Control Organisation (NACO) was established under the Ministry of Health and Family Welfare to implement the programme, which consists of five components: strengthening of management capacity for prevention and control of HIV/AIDS; improving public awareness through an information education communication (IEC) programme; improving blood safety and rational use of blood; building surveillance and clinical management capacity; and controlling STDs. Mass media campaigns and interpersonal communications through non-governmental organizations (NGOs) have also been undertaken to raise awareness in the general population about HIV/STD. The National Family Health Survey-II (NFHS-II) data indicates that the Government's efforts to promote AIDS awareness through the electronic media has achieved some success. However, NFHS-II reveals that 60 per cent of women have not heard of AIDS, and amongst those women who have heard of it, one-third do not know of any way to avoid infection. Awareness of AIDS is particularly low among women who are not regularly exposed to the media, women from Scheduled Tribes, illiterate women, women in households with a low standard of living, and rural women. Consciousness regarding the reproductive rights of women and the impact of HIV, especially among women belonging to marginalized groups are emerging challenges requiring attention from policy planners.

440. The Government is committed to providing safe drinking water and sanitation facilities to every village to achieve the goal of "Health for All". The Ninth Plan strategies seek to attain

universal coverage of drinking water through different programmes. The increase in access to safe water has been substantial in the last few years. The Multi-Indicator Cluster Survey (MICS) 2000, indicates that almost all households (99.1 per cent) have access to a source of drinking water within 1,600 metres. Safe drinking water is available to 83 per cent households, and 42 per cent households have a source of drinking water within their premises. Incidentally, lack of sanitation contributes significantly to diseases. Access to proper sanitation increased in this decade and more than one third of households (36.5 per cent) use toilet facilities (MICS-2000). Among the users, 72 per cent have the facility within their premises. The Government plans to adopt a demand-driven low-cost sanitation approach in preference to a supply-driven approach. A network of production centres and sanitary marts would be integral components of the new self-sustainable sanitation programmes.

441. The proportion of underweight children decreased from 52 per cent in 1992–93 to 47 per cent in 1998–99 (NFHS-II). Similarly, the percentage of babies born with low birth weight (LBW) fell from 30 per cent in 1992–93 to 22 per cent in 1998–99 (NFHS-II). However, the three indices of nutritional status—weight for age, height for age and weight for height—still indicate a high prevalence of malnutrition among children under three years of age. Almost half the children under three years of age (47 per cent) are underweight, and a similar proportion (46 per cent) are stunted or short for their age. The proportion of children who are severely undernourished is 18 per cent in the case of weight for age and 23 per cent in the case of height for age. About 16 per cent children are wasted or too thin for their height. The rate of malnutrition is decreasing at only 0.8 per cent per year. Malnutrition is much higher in rural than urban areas and in children from disadvantaged groups. The urban data presented are not disaggregated to indicate malnutrition level in the urban poor. Micro-nutrient deficiencies in the population persist, despite the fact that there has been a gradual reduction in the prevalence of goitre, Bitot's spot and anaemia among women.²

442. The current position and the position in 1990 regarding major indicators on health are given in table 6.1.

Thus,

- Seventy out of every 1,000 children born do not live to see their first birthday. This is a decrease of only one per cent since 1990;
- Almost 95 out of every 1,000 children die before the age of five. This is 15 children less than in 1990;
- 46.7 per cent of children in India are underweight, more than 4.8 per cent less than the figure for 1990;
- About 22.7 per cent of children weigh below 2.5 kg at birth, down from 30 per cent 10 years ago; and
- 265 cases of polio were reported in the year 2000. This is substantially lower than the 10,408 cases of 1990.

Table 6.1: Major indicators on health

Indicator	1990	2000
Infant mortality rate	80	70
Under-five mortality rate	109.3	94.9
Maternal mortality rate	437	540
Underweight Prevalence <i>Proportion of under-fives who fall below minus 2 and below minus 3 standard deviations from median weight for age of NCHS/WHO reference population</i>	53.4%/20.6%	47.0%/18.0%
Use of safe drinking water	68.2%	77.9%
Use of sanitary means of excreta disposal	30%	36%
Antenatal care	62.3%	65.1%
Childbirth care	34.2%	41.7%
Birth weight below 2.5 kg.	30.0%	22.7%
Children receiving vitamin A supplements	Not available	27%
Exclusive breastfeeding rate	51.0%	55.2%
Polio cases	10,408	255
Neonatal tetanus cases	9,357	4,488
Measles cases	89,612	38,950
DPT immunisation coverage	51.7%	46.4%
Measles immunisation coverage	42.2%	50.2%
Tuberculosis immunisation coverage	62.2%	67.5%
Children protected against neonatal tetanus	60.9%	60.2%

Source: India Report on Follow-up to the World Summit for Children, 2000, Department of Women and Child Development, Ministry of Human Resource Development, GOI

The health system

443. Health services for children are provided through a network of sub-centres (SCs), Public Health Centres (PHCs) and Community Health Centres (CHCs). In addition, facilities for children are provided through Post-partum Centres, District Hospitals and Rural and Urban Family Welfare Centres³. Details of rural primary health care infrastructure and manpower available are given in table 6.2. In addition to this, there are more than 15,000 hospitals and almost 30,000 dispensaries throughout the country.⁴

Other health sectors

444 Around one million individuals are engaged in the private practice of various systems of medicines, throughout the villages of India, as well as in almost every urban *bazaar* and marketplace. Private health practitioners come from a wide range of backgrounds, most with no

Table 6.2: Rural primary health care infrastructure and manpower

Category of centre	Requirement for 1991	Functioning as on 30.6.99	Gap/(Surplus)
Sub-centre (SC)	134,108	137,271	(3163)
PHCs	22,349	22,975	(626)
CHCs	5587	2935	2652
ANMs at SC	134,108	134,086	22
Doctors at PHCs	22,349	25,506	(3158)
Specialist at CHCs	22,348	3741	18,724

Source: Annual Plan, 2000-01, Planning Commission, GOI.

formal training, having learned as apprentices or keen observers of other older healers. Some have been trained in traditional Indian systems of medicine, but a majority of them (not to be confused with trained allopathic medical practitioners) use modern allopathic medicines as they are perceived to provide quick relief. These practitioners earn their living largely by selling the medicine they prescribe to their clients, adding a small mark-up to the price they have paid to drugsellers in the nearby towns and cities. Conveniently located in most villages or small towns, they are culturally accepted. As a self-financing and ubiquitous part of the health care system of India today, they need to be brought more fully into the system, through training and regular contact to improve the quality of care they provide, and to assure that they recognize conditions requiring referral and treatment beyond their own capacity. The lack of recognition and acceptance of the private health practitioners by the public health system is a major challenge to the health care system in India, for shaping the health of its people in the years ahead.⁵

445. The modernization of the traditional system began with the establishment of medical training colleges for these systems. This led to the emergence of three Medical Councils, one each for modern medicine, for the Indian system of medicine (ISM) (*Ayurveda, Unani* and *Siddha*), and for Homoeopathy. It is estimated that up to three fifths of doctors registered in India, belong to the traditional systems of medicine. Although practitioners of traditional systems also practice modern medicine, the Supreme Court of India has ruled that such cross-medical practice is in violation of Medical Council laws and that it amounts to medical negligence. Village level micro-studies show that the majority of the rural population use the facilities available under the non-modern system of health care. These are not captured in the household level health surveys conducted at the national and district levels.

446. As per census data of 1991, allopathic doctors predominantly serve urban areas and doctors from the other systems are largely prevalent in the rural areas. Roughly, there is one urban doctor for 387 urban persons, which is comparable to developed countries. However, there is one doctor for 1611 persons in rural areas.

Indian systems of medicine and Homoeopathy

447. The term Indian systems of medicine covers the systems which originated in India as well as those which originated outside, but were adopted by India in course of time. These systems are *Ayurveda, Siddha, Unani*, Yoga and naturopathy. Homoeopathy originated in Germany and is holistic in its approach. The Indian systems of medicine, although prevalent in the country since

the earliest times, is becoming increasingly popular in recent times. The stress and tensions of modern life are encouraging people to look for cures other than that provided under the allopathic system. Some success stories of these alternative systems are frequently heard of.⁶

Regional variations

448. The indicators given in table 6.1 are the national averages. However, it is important to bear in mind that there are tremendous variations in the pace of progress and the actual status of development in India's states and Union Territories (UTs). In so far as social indicators are concerned, it has been established that some States and UTs perform very well on all indicators, while the performance of many chronically backward States needs improvement. However, a few States, viz., Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh and Orissa, have contributed to depressing the national averages. Table 6.3 gives an indication of some of the variations in India pertaining to population, Total Fertility Rate, Birth Rate, and date at which replacement level is likely to be reached.

Table 6.3: Variations pertaining to population, total fertility rate, birth rate, and date at which likely to reach replacement level

State/Uts	Population @ (millions)	Per cent of total population	Total fertility rate [#]	Birth rate\$	Date at which likely to reach replacement level (TFR=2.1)
Andhra Pradesh	75,728	7.5	2.5	21.7	2002
Arunachal Pradesh	1091	0.01	2.8	22.3	*
Assam	26,638	2.6	3.2	27.0	2015
Bihar	82,879	9.9	4.4	30.4	2039
Chhattisgarh	20,796	*	*	*	*
Goa	1344	0.15	1.5	14.3	*
Gujarat	50,597	4.8	3.0	25.4	2014
Haryana	21,083	1.9	3.4	26.8	2025
Himachal Pradesh	6077	0.67	2.5	23.8	*
Jammu & Kashmir	10,070	0.99	*	*	*
Jharkhand	26,909	*	*	*	*
Karnataka	52,734	5.2	2.5	22.3	2009
Kerala	31,839	3.2	1.8	18.0	Achieved in 1988
Madhya Pradesh	60,385	7.9	4.0	30.7	Beyond 2060
Maharashtra	96,752	9.1	2.7	21.1	2008
Manipur	2389	0.25	2.4	18.6	*
Meghalaya	2306	0.24	4.0	28.7	*
Mizoram	891	0.09	NA	17.0	*

Nagaland	1989	0.16	1.5	*	*
Orissa	36,707	3.5	3.0	24.1	2010
Punjab	24,289	2.3	2.8	21.5	2019
Rajasthan	56,473	5.3	4.2	31.1	2048
Tamil Nadu	62,111	6.1	2.0	19.3	Achieved in 1993
Tripura	3191	0.37	2.1	17.0	*
Uttar Pradesh	166,053	17.0	4.9	32.1	Beyond 2100
Uttaranchal	8480	*	*	*	*
West Bengal	80,221	7.9	2.6	20.7	2009
Andaman & Nicobar Islands	356	0.03	1.9	18.1	*
Chandigarh	901	0.08	2.1	17.9	*
Dadra & Nagar Haveli	220	0.01	3.5	32.4	*
Daman & Diu	158	0.01	2.5	26.9	*
Delhi	13,783	13.9	1.6	19.4	*
Lakshadweep	61	0.007	2.8	25.1	*
Pondicherry	974	0.11	1.8	17.7	*
Sikkim	540	0.05	2.5	21.6	*
India	1,027,015	—	3.3	26.1	2026

Source: @ Provisional Population Totals, Census 2001

\$ 1999-SRS Bulletin, Volume 34 No 2, October, 2000

Registrar General of India

** For smaller states/UTs, TFRs are for the period 1995-97.

Table 6.4: Variations in Infant Mortality Rate, Maternal Mortality Rate, life expectancy at birth, sex ratio and death rate

State/UTs	IMR\$	MMR\$	Life expectancy at birth	Sex ratio\$\$	Death rate\$
Andhra Pradesh	66	159	61.55	978	8.2
Arunachal Pradesh	43	*	*	901	6.0
Assam	76	409	57.34	932	9.7
Bihar	66	452	63.55	921	9.1
Chhattisgarh	*	*	*	990	*
Goa	21	*	*	960	7.2
Gujarat	63	28	61.53	921	7.9
Haryana	68	103	63.87	861	7.7
Himachal	62	*	*	970	7.3

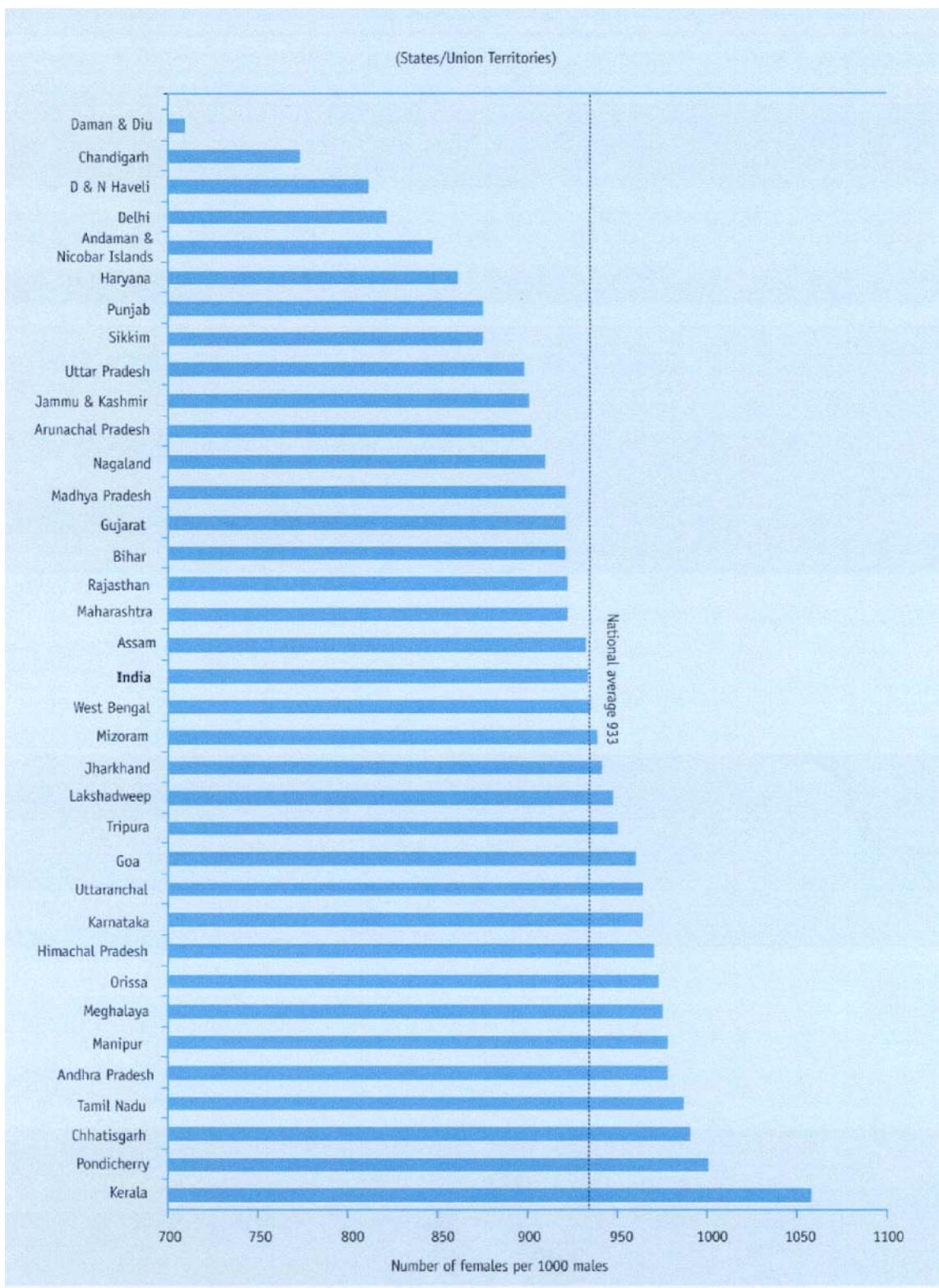
Pradesh					
Jammu & Kashmir	*	*	*	900	*
Jharkhand	*	*	*	941	*
Karnataka	58	195	61.73	964	7.7
Kerala	14	198	70.69	1058	6.4
Madhya Pradesh	91	498	56.83	920	10.6
Maharashtra	48	135	65.31	922	7.5
Manipur	25	*	*	978	5.4
Meghalaya	56	*	*	975	9.1
Mizoram	19	*	*	938	5.5
Nagaland	*	*	*	909	*
Orissa	97	367	58.52	972	10.6
Punjab	53	199	68.39	874	7.4
Rajasthan	81	670	60.32	922	8.4
Sikkim	49	*	*	875	5.8
Tamil Nadu	52	79	65.21	986	8.0
Tripura	42	*	*	950	5.7
Uttar Pradesh	84	707	61.20	898	10.5
Uttaranchal	*	*	*	964	*
West Bengal	52	266	64.50	934	7.1
Andaman & Nicobar Islands	25	*	*	846	5.5
Chandigarh	28	*	*	773	3.9
Dadra & Nagar Haveli	56	*	*	811	5.9
Daman & Diu	35	*	*	709	7.1
Delhi	31	*	*	821	4.8
Lakshadweep	32	*	*	947	4.7
Pondicherry	22	*	*	1001	6.9
India	70	407	62.30 (Pooled) 62.36	933	8.7

*Data Not Available

Source: § 1999-SRS Bulletin, Volume 34 No 2, October, 2000

\$\$ Provisional Population Totals, Census 2001

Figure 6.2: Sex ratio 2001



Quality of services

452. The mere availability of health centres does not always lead to better utilization, as is evident from a Planning Commission evaluation study on the functioning of CHCs. The most important finding of the study is that utilization of health centres is influenced by the ability to deliver the complete package of services. Poor maintenance and consequent deterioration of buildings and equipment, staff vacancies, as well as poor supply and logistics have been major factors responsible for sub-optimal functioning of the existing health care institutions. According to the Ninth Plan approach paper, this sub-optimal functioning is responsible for the non-availability of health services rather than lack of availability of health centres. Inappropriate location, poor access, lack of maintenance, lack of professional and para-professional staff at critical posts, lack of funds for essential drugs, etc., have been mentioned as reasons for the poor functioning of primary health care institutions.

453. NFHS-II survey has revealed that most households in India (65 per cent) go to private hospitals/clinics or doctors for treatment when a family member is ill. Only 29 per cent normally use the public medical sector. Even among poor households, only 34 per cent normally use the public medical sector when members become ill. Most respondents are generally satisfied with the health care they receive. Ratings on quality of services are, however, lower for public sector facilities both in rural and urban areas than for private sector/NGO/trust facilities. Reliance on the private medical sector is higher in urban areas than in rural areas. Private sector facilities are also perceived to be cleaner than public sector facilities. Seventy-five per cent of women who visited a private sector facility said that it was very clean compared with 52 per cent of women who visited a public sector facility.

454. A disturbing finding that persists in most paediatric units of hospitals throughout the country, is the excess number of boys in comparison to girls seeking medical care. Many parents seek modern health care for their boys earlier than for their girls, resulting in a decreased survival rate of the girl child. This cause of ill health is clearly social and must be addressed.

455. Privatization is increasingly being seen as a solution for improving the quality of health services, particularly at the village level. The Prime Minister has called upon private companies in India, both local and foreign, to adopt health facilities. It is under consideration that companies adopting health centres, would be exempted from income-tax and corporate-tax levies.

The major health interventions

456. The initiatives started by the Government through successive Five-Year Plans and ongoing programmes like the MCH and CSSM, were integrated in 1997, into a holistic approach embodied in the Reproductive and Child Health (RCH) programme, which aims at:

- Providing need-based, client-centred, demand-driven, high quality and integrated RCH services;
- Maximizing coverage by improving accessibility, especially for women, adolescents, socio-economically backward groups, tribals and slum dwellers, with a view to promoting equality;
- Withdrawal of financial incentives to users with the objective of improving the quality of care as the incentive for the utilisation of services;

- Introduction of essential Reproductive and Child Health Programmes, which include family planning, safe motherhood and child survival, and the management of reproductive tract infection (RTI) and STD services;
- Direct financing of States through the Standing Committee for Voluntary Action (SCOVA); with the objective of avoiding delays in implementation due to budgetary constraints;
- Involvement of NGOs and the private sector in the delivery of services; and
- Involvement of ISM practitioners in the delivery of RCH services to improve access to services, especially in rural and tribal areas.

457. The Community Needs Assessment Approach (CNAA), being implemented by the Ministry of Family Welfare, promotes decentralised, need-based and participatory planning, as well as the delivery of essential reproductive health services. The CNAA involves consultation between community leaders—particularly women leaders—during planning, implementation and monitoring. This is intended to promote community ownership, increase utilization, build accountability and improve sustainability. Decentralized participatory planning implies a close association of the community with village acceptor groups, retired but experienced and knowledgeable persons like schoolteachers and defence personnel, *Mahila Swasthyas Sangh* (women's health groups) and many other categories to determine a demand-driven family and health care plan.⁷

Integrated Child Development Services (ICDS)

458. The ICDS, started in 1975, seeks to empower communities for the care and development of their children and women. Today, ICDS represents one of the world's largest and most unique programmes for early childhood development—an initiative unparalleled in history. ICDS is the foremost symbol of India's commitment to her children—India's response to the challenge of breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.

459. The programme provides an *integrated approach* for converging basic services for improved child care, early stimulation and learning, health and nutrition, water and sanitation—targeting young children, expectant and nursing mothers and women and adolescent girl groups. They are reached through nearly 500,000 trained community based *anganwadi workers* (AWWs) and an equal number of helpers, supportive community structures/women's groups through *anganwadi* centres (AWCs), the health system and in the community.

460. ICDS today reaches out to 4.8 million expectant and nursing mothers and 30 million children (under six years of age) of disadvantaged groups. Of these, 12.5 million children (three to six years of age) participate in centre-based pre-school education activities. In all, there are 4344 projects, covering nearly 75 per cent of the country's community development blocks and 273 projects covering urban poor pockets⁸. The supplementary food provided under the scheme has 300 calories and 8–10 grams of protein for children, 600 calories and 20 grams of protein for severely malnourished children, and 500 calories and 20–25 grams protein for expectant and nursing mothers. The National Prophylaxis Programme, for prevention of blindness caused by vitamin A deficiency and control of nutritional anaemia among mothers and children, are two direct interventions integrated in ICDS. Dietary promotion is an important part of nutritional health education, and targeted supplementation is provided.

Box 6.1: The potential for improving child survival in India

Kerala has achieved remarkable success in lowering its fertility and IMR. As against a national crude birth rate of 26.1 in 1999 and an IMR of 70, Kerala reported a crude birth rate of 18 and IMR of 14. Tamil Nadu and Goa, too, have been able to bring about impressive reductions in fertility rates and infant mortality in recent times. These examples show the potential that exists within the country to reduce fertility and child mortality. The implications of such improvements are significant. Should all of India reach Kerala's fertility and infant mortality levels, then there would be 10.2 million fewer births every year, and 1.8 million fewer infant deaths. This would not only reduce dramatically the stress on the health care system, but would also greatly relieve families, and mothers in particular, of the enormous physical and emotional stress that accompanies child bearing and child death.

Kerala has been the focus of development studies for years, trying to understand how a State in the lower quartile of per capita income could achieve such low levels of fertility and IMR. The answer lies in a multiplicity of features—the importance of any individual one is hard to measure. Surely, female literacy and the extremely high rate of school attendance are critical. Added to this is the decentralised nature of the health services, with a health facility within walking distance of almost every home. A politically active community has traditionally demanded good service from Government functionaries at all levels, be it in schools, health centres, or Government offices—this is in considerable contrast to other parts of the country. Population density and the ease of communication may also contribute to the delivery and availability of social services. While some cite religious and cultural precedents—such as the high proportion of Christians (25 per cent) and missionary activities in the past and the matrilineal practices of the Nair community, which gave women a far higher value in the family than elsewhere, the incorporation of the Malabar coast, with its predominant Muslim communities into Kerala only 40 years ago raises some questions. In a few decades, this highly uneducated and relatively less healthy community has come up to the norms of Kerala, achieving good health, low fertility, high levels of education and extensive participation of women, even in the most predominantly Muslim district of the country, in Mallappuram. Surely a combination of education, improvements in the reach, efficiency and utilisation of health services, and a politically conscious and active community can transform Indian society in a relatively short period.

Source: Rights and Opportunities, The Situation of Children and Women in India, UNICEF, India, 1998

461. Recently, the concept of community-based nutrition surveillance has been introduced through ICDS. A community growth chart for monitoring nutritional status is maintained at each *anganwadi*—the focal point for providing services to beneficiaries. The community growth chart surveillance exercise mobilises community support in promoting and enabling better child care practices by contributing local resources and in improving service delivery and utilisation. A special intervention for adolescent girls was introduced in ICDS during 1991–92 to meet needs of self-development, nutrition and health education, literacy, recreation and skill formation. The scheme implemented in 507 ICDS blocks, and attempts to improve the malnutrition and health status of girls in the 11–18 years age groups. There is persistent demand from States on the urgent need to provide ICDS cover to adolescent girls in all its projects. In 2000-2001 a nation wide unique intervention aimed at empowerment of adolescent girls has been launched in 2000 blocks, called the *Kishori Shakti Yojana*; the scheme is expected to benefit 12.8 lakh adolescent girls.

Mortality

Neo-natal mortality

462. The major causes of neo-natal mortality are sepsis (bacterial infections), birth asphyxia and prematurity. These are responsible for almost half of all neo-natal deaths. New-born deaths in the first week of life are predominantly caused by birth asphyxia and prematurity, whereas those after the first week are mostly due to sepsis. Other factors which contribute to adverse neo-natal

outcome include lack of care of the mother during pregnancy and childbirth, young age and poor general health of the mother.

Infant Mortality Rate (IMR)

463. In 1999, the IMR for India was 70 per live births. Orissa has the highest IMR at 97 and Kerala, the lowest at 14 (see Figure 6.4) Twenty States and UTs have achieved the national goal of IMR of 60 by the year 2000 (see Box 6.2).

Box 6.2: States/UTs and the national goal (IMR)

States/UTs which have achieved the national goal of 60

Major States: Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, West Bengal.

Smaller States/UTs: Arunachal Pradesh, Goa, Manipur, Mizoram, Meghalaya, Sikkim, Tripura, Andaman & Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman & Diu, Delhi, Lakshadweep, Pondicherry.

States/Union Territories between 60 (national goal) and 70 (national IMR)

Major States: Andhra Pradesh, Gujarat, Haryana, Bihar.

Smaller States/UTs: Himachal Pradesh

States/UTs above the national average

Major States: Assam, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh.

Source: Office of Registrar General of India, *Sample Registration Systems, 1999*

464. As with all other indicators, there are wide variations among States. Kerala, with an IMR of 14, compares with some of the more developed countries in the world, while very few countries in the world have IMR higher than Orissa. A positive feature of IMR figures for the last four years is that Bihar and Rajasthan have both shown a decline—in Bihar it has reduced from 71 to 66 and in Rajasthan, from 85 to 81. In Uttar Pradesh also, the IMR has declined from 85 to 84 during this period. With a national average of 70, 30 out of every 1000 children born in India die before their first birthday while there are around 18 million births annually. Therefore, with an IMR of 70, more than half a million babies in India, every year, do not survive beyond the age of one year. It has been suggested that India's preoccupation with the eradication of polio has led to less attention being given of other components of the Universal Immunisation Programme (UIP). The slow rate of decline in the IMR and the fact of its having plateaued for the last four to five years are issues that are being addressed with a sense of urgency.

Child mortality

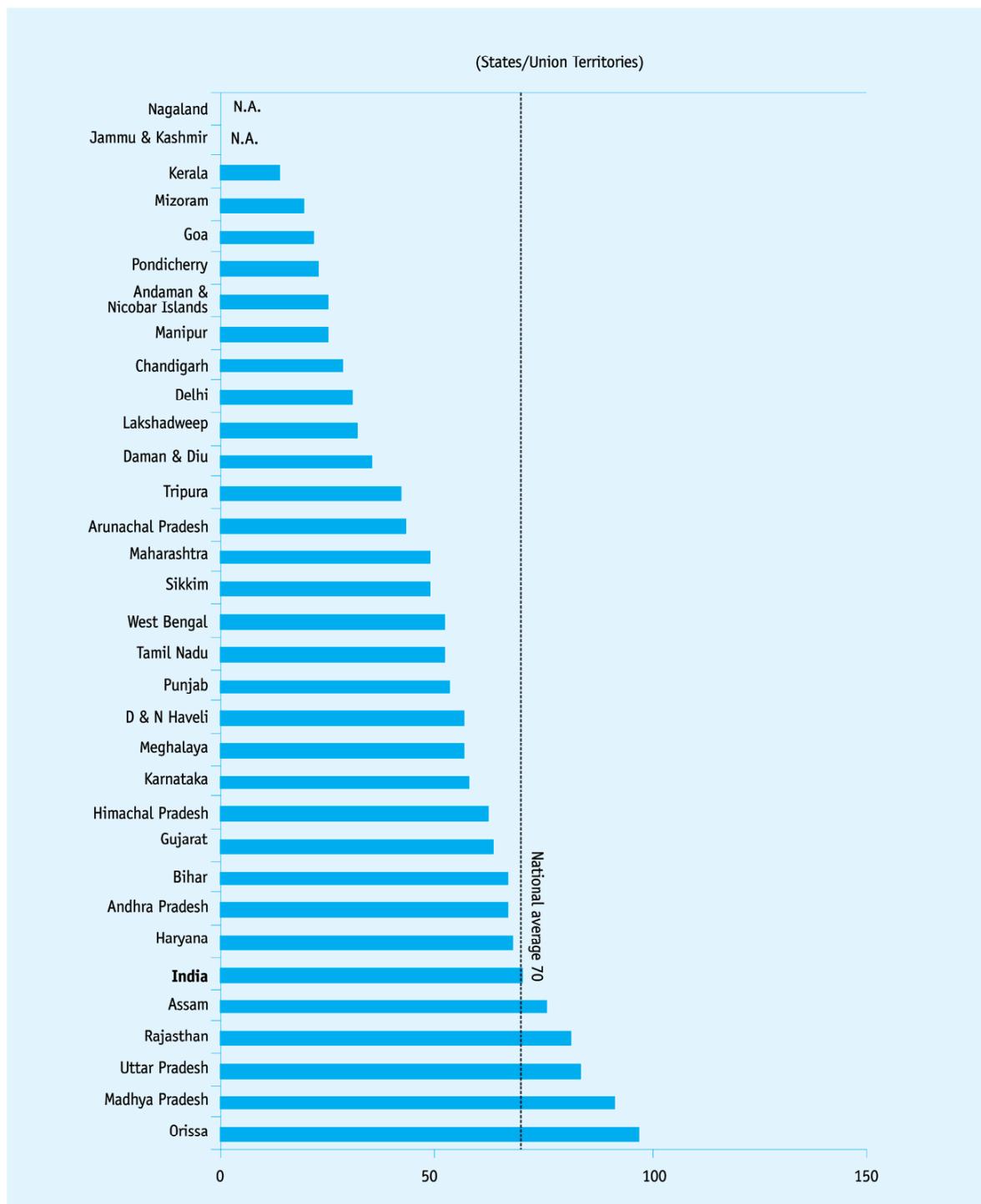
465. This is defined as the probability of dying between the first and fifth birthdays. As per data provided by NFHS-II, child mortality has fallen from 39.3 per cent in 1988 to 29.3 per cent in 1998. However, the child mortality rate in rural areas is almost twice of that in urban areas.

Maternal Mortality Rate (MMR)

466. This is defined as the number of maternal deaths of women aged between 15–49 years per 100,000 live births. The Registrar General of India has estimated that the MMR in India is 407 per 100,000 live births in 1999. According to NFHS-I and NFHS-II, the MMR in 1992 and 1998

was 437 and 540, respectively. This increase is not statistically significant. Almost all the estimates imply that more than 100,000 women die each year due to causes related to pregnancy and childbirth. High MMR is mainly due to the large number of deliveries being conducted at home and by untrained persons, severe anaemia, poor nutritional status, ante-and post-partum

Figure 6.3: Infant Mortality Rate 1996-1999



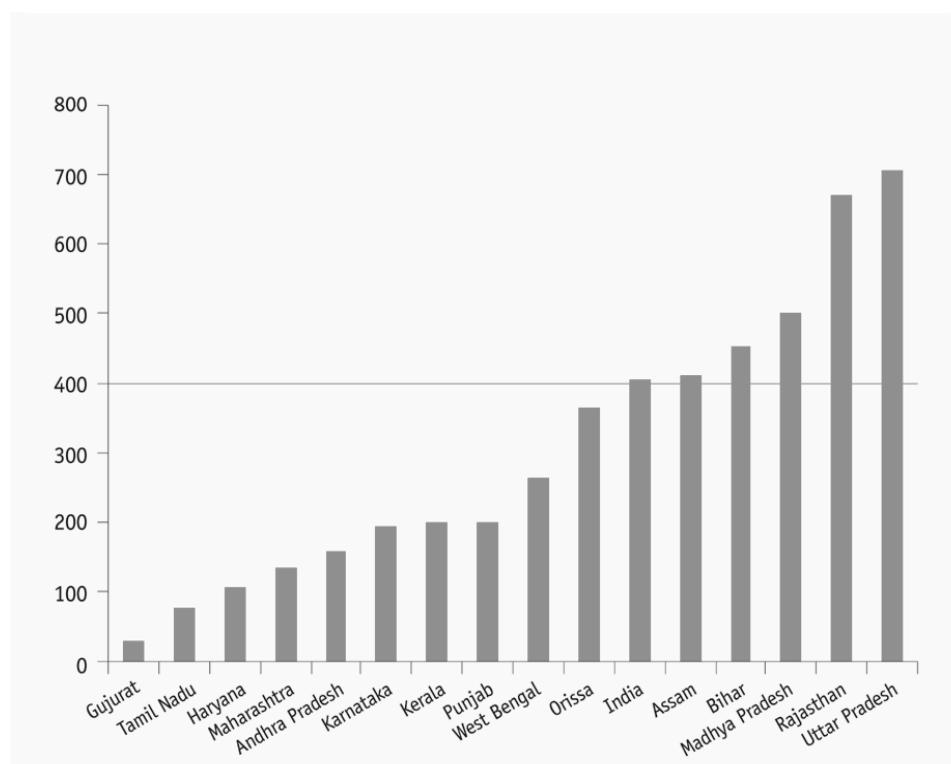
Source: Sample Registration System Bulletin, October 2000, Registrar General, India

*This information was collated prior to the creation of the states of Chhattisgarh, Jharkhand and Uttaranchal

haemorrhage, toxæmia, abortion and sepsis. In addition, lack of adequate referral facilities to provide emergency obstetric care for complicated cases also contributes to high maternal mortality and morbidity. It is estimated that at least 15 per cent of all pregnant women require skilled obstetric care, in the absence of which they suffer from serious morbidity and disabilities. The complications that affect expectant mothers affect the foetus also. Uttar Pradesh has the highest MMR at 707 (as of 1998) and Gujarat, the lowest at 28 (as of 1998). The MMR for India and its bigger States is given in Figure 6.5.

467. Maternal mortality is also affected by a whole range of socio-economic determinants. The status of women, the relatively low level of female education, economic dependence, lack of access to services and the gender bias are some factors that influence maternal mortality and morbidity. Hospital-based data reveal that States like Kerala, Karnataka, Tamil Nadu, Maharashtra, Andhra Pradesh, Punjab and Haryana, which have relatively better socio-economic conditions and literacy rates, have a lower MMR than the other States. Thus, besides improving maternal health care services, it is necessary to improve the social status of women, including their educational standard, to reduce the current MMR.⁴⁶⁸ Infant and maternal mortality also remains high, partly because of the occurrence of high risk births, i.e. birth by very young mothers, births that take place too soon after a previous birth, and “high order” births. Children of very young mothers have an IMR that is almost one and half times higher than that for mothers in their 20s. Similarly, the IMR for births that occur within 24 months of a previous birth is almost three times as high as for children born after an interval of four years or more—yet one birth out of every four occurs within 24 months of a previous birth. Although the ideal family size is less than three children, 28 per cent of births are of the order four or higher. Children at higher birth orders also have a higher risk of dying in infancy, and this risk increases the higher the birth order. Encouraging women to

Figure 6.4: Maternal Mortality Rate, 1998



have only the pregnancies they choose and to use spacing methods of contraception can help to reduce high-risk births.

469. Continuing low levels of education among women and under-utilization of safe motherhood services, i.e. antenatal care and safe delivery systems by women are also keeping infant and maternal mortality high. The IMR for illiterate mothers is more than two and half times the rate of mothers who have completed high school. Similarly, infant mortality for children of mothers who did not receive ante-natal care (ANC) from a health worker, delivery assistance from a health professional, and post-partum care within two months of delivery, is also more than twice as high as for mothers who received all these types of care.

470. All the findings relating to MMR reinforce the urgency of ensuring that all pregnant women receive adequate ANC during pregnancy and adequate diet and that deliveries take place under hygienic conditions with the assistance of trained medical practitioners. Under the Maternal Health Care Programme, several interventions have been identified and vertical schemes have been formulated, such as the National Nutritional Anaemia Control Programme, TT Immunisation of Pregnant Mothers and the *Dais* (traditional birth attendants) Training Programme.⁹ Due emphasis is being given to provision of antenatal care (ANC) to all pregnant women. Interventions include early registration of pregnancy, insisting on at least three ante-natal check-ups, provision of prophylaxis against tetanus and iron folic deficiency and referral services.¹⁰ Essential obstetric care provides for basic maternity services to all pregnant women through:

Table 6.5: Maternal mortality rate, 1998

STATES	MMR
Andhra Pradesh	159
Assam	409
Bihar	452
Gujarat	28
Haryana	103
Karnataka	195
Kerala	198
Madhya Pradesh	498
Maharashtra	135
Orissa	367
Punjab	199
Rajasthan	670
Tamil Nadu	79
Uttar Pradesh	707
West Bengal	266
India	407

Note: The data for smaller States and UT have not been presented here in view of their small sample size. These figures, however, have been taken into account for working out the figures for India

Source: Sample Registration System Bulletin, April 2000, Registrar General, GOI

- Early registration of pregnancy (within 12–16 weeks);
- Provision of a minimum of three check-ups by the auxiliary nurse midwife (ANM) or medical officers to monitor the progress of the pregnancy and detect any risk/complications so that appropriate care, including referral, could be given on time;
- Provision of safe delivery at home or at an institution; and
- Provision of three postnatal care check-ups and appropriate referral to monitor the postnatal recovery of the woman and to detect complications.

471. The component of essential obstetric care in the RCH programme has greater relevance to Assam, Bihar, Orissa, Uttar Pradesh, and Madhya Pradesh because most of the deliveries in these States are still conducted at home in an unsanitary environment, causing high maternal morbidity and mortality.¹¹

472. To promote institutional deliveries, provisions have been made under the current RCH programme to give additional honorarium to staff to encourage round-the-clock delivery services at health centres. Emergency obstetric care is an important intervention to prevent maternal morbidity and mortality. Under the RCH programme, first referral units (FRUs) will be strengthened through the supply of drug, emergency obstetric equipment kits and skilled manpower on a contractual/hiring basis as a regular feature. Training of traditional birth attendants (TBAs), an important component of the programme, has been decentralized by involving NGOs.¹²

473. The ICDS health-care programme too includes (a) ANC for expectant mothers; (b) postnatal care of nursing mothers and care of newborns; and (c) care of children under six years of age. At the AWC, children, adolescent girls, pregnant women and nursing mothers are examined at regular intervals by the lady health visitor (LHV) and ANM, who diagnose minor ailments and distribute simple medicines.¹³

Low Birth Weight (LBW)

474. Low birth-weight babies face substantially higher risks of dying than do babies of normal birth weight. According to NFHS-II, 23 per cent of children born weigh less than 2.5 kg. The proportion of children weighing less than 2.5 kg is slightly higher in rural areas (24 per cent) than in urban areas (21 per cent). Low birth-weight occurs due to several reasons. These include poor nutritional status of the mother, hypertension, anaemia, malaria, other infections and tobacco abuse by the mother. Low maternal literacy, early pregnancy, frequent pregnancies, and poor care during pregnancy add greatly to the risk of LBW babies.

475. Interventions that are being undertaken by the Department of Welfare in the Ministry of Health and Family Welfare (MOHFW) include promotion of appropriate timing of first pregnancy (not before 20 years of age), spacing of birth, provision of ANC, provision of iron and folic acid (IFA) during pregnancy and lactation, and institutional delivery.¹⁴

Immunization

476. The vaccination of children against six serious but preventable diseases (tuberculosis, diphtheria, pertussis, tetanus, poliomylitis and measles) has been a cornerstone of the child health care system in India.

477. According to NFHS-II, 42 per cent of children aged 12–23 months are fully vaccinated and 14 per cent have not received any vaccination. Coverage for BCG, DPT, and polio (except polio 0) vaccinations is much higher than the percentage fully vaccinated. BCG, the first dose of DPT, and the first and second doses of polio vaccine have each been received by at least 71 per cent of children. Fifty-five per cent of children have received three doses of DPT and 63 per cent have received three doses of polio vaccine. Although DPT and polio vaccinations are given at the same time as part of the routine immunization programme, the coverage rates are higher for polio than for DPT (especially for the first two doses), undoubtedly because of the Pulse Polio campaigns. Not all children who begin with the DPT and polio vaccination series go on to complete them. The difference between the percentages of children receiving the first and third doses is 16 percentage points for DPT and 21 percentage points for polio. Fifty-one per cent of children aged 12–23 months have been vaccinated against measles.

Box 6.3: Schemes to improve the outreach of services

To cater to the RCH needs of people living in far-flung, difficult-to-reach areas, the MoHFW is operationalising several outreach schemes. Notable amongst these is the Border Districts Cluster Project in which selected backward districts are being provided resources to innovate with the purpose of reducing the IMR and MMR by at least 50 per cent in the next three to four years.

The RCH Outreach Scheme is being implemented to improve the delivery of MCH services in remote areas and urban slums. Selected districts will be provided additional support for mobility of staff, improvement in quality of services and generation of demand for services. In the current year, the scheme has been operationalised in 50 districts. The scheme will be expanded to cover 150 additional districts in 2001–02.

To improve the utilisation of services at the PHC level, a scheme for organising RCH camps has been introduced in 102 districts of 17 States. These districts have adverse RCH indicators. During the camps, services of specialists (gynaecologist and paediatrician) will also be made available to the beneficiaries.

Since a large number of deliveries still take place at home, most often at the hands of an untrained friend or relative, a *Dai* Training Scheme has been initiated in districts which otherwise report a safe delivery rate of less than 30 per cent. In the current year, 142 districts of 15 States will implement the scheme. All practising *Dais* and TBAs in these districts will be trained in essentials of care during pregnancy, childbirth and in newborn care over the next two years.

Source: Newborn Health—Key to Child Survival (Present Scenario, Current Strategies and Future Directions for Newborn Health in India), Child Health Division, Department of Family Welfare, Ministry of Health and Family Welfare, GOI

Table 6.6: Childhood vaccinations

Source of Information	BCG	Polio	DPT			Polio						Number of children			
			1	2	3	1	2	3	Measles	All ¹	None				
URBAN															
Vaccinated at any time before the interview															
Vaccination card	96.6	33.0	98.9	96.4	91.1	98.5	96.0	90.8	81.0	77.5	0.1	1,048			
Mother's report	78.4	14.9	75.3	69.5	58.3	86.9	83.7	67.5	59.2	46.0	11.7	1,233			
Either source	86.8	23.3	86.1	81.9	73.4	92.2	89.4	78.2	69.2	60.5	6.4	2,282			
Vaccinated by 12 months of age ²	85.1	23.3	83.6	79.1	70.6	89.4	86.1	74.9	59.7	51.9	8.6	2,282			
RURAL															
Vaccinated at any time before the interview															
Vaccination card	94.5	19.8	98.4	91.4	83.0	97.9	91.1	83.0	69.7	65.4	0.1	2,344			
Mother's report	55.3	5.9	53.7	46.6	35.5	73.8	68.0	47.7	34.8	24.3	23.9	5,450			
Either source	67.1	10.1	67.1	60.1	49.8	81.1	75.0	58.3	45.3	36.6	16.7	7,795			
Vaccinated by 12 months of age ²	64.3	10.1	64.4	57.0	46.6	77.5	71.1	54.4	36.2	29.3	20.2	7,795			
TOTAL															
Vaccinated at any time before the interview															
Vaccination card	95.2	23.9	98.6	92.9	85.5	98.1	92.6	85.4	73.2	69.1	0.1	3,393			
Mother's report	59.6	7.6	57.6	50.8	39.7	76.2	70.9	51.3	39.3	28.3	21.6	6,684			
Either source	71.6	13.1	71.4	65.0	55.1	83.6	78.2	62.8	50.7	42.0	14.4	10,076			
Vaccinated by 12 months of age ²	69.1	13.1	68.8	62.1	52.1	80.3	74.6	59.2	41.7	34.5	17.5	10,076			

Note: Table includes data only on surviving children from among the two most recent births in the three years preceding the survey

¹ BCG, measles, and three doses each of DPT and polio vaccines (excluding polio 0)

² For children whose information was based on the mother's report, the proportion of vaccinations given by 12 months of age is assumed to be the same as for children with a written record of vaccination

Source: India, National Family Health Survey (NFHS-II), 1998–99, International Institute for Population Sciences, Mumbai, India

478. The relatively low percentage vaccinated against measles is partly responsible for the low overall percentage (see table 6.7). GOI statistics suggest a much higher level of vaccination coverage than NFHS-II estimates. According to Government statistics for 1997–98, 61 per cent of children aged 12–23 months are fully vaccinated and coverage is 79 per cent for BCG, 73 per cent for the third dose of DPT, 73 per cent for the third dose of polio vaccine, and 66 per cent for measles. Whereas NFHS-II states that 42 per cent of children aged 12–23 months are fully vaccinated and coverage is 72 per cent for BCG, 55 per cent for the third dose of DPT, 63 per cent for the third dose of polio vaccine, and 51 per cent for measles.¹⁵

Table 6.7: Childhood vaccinations

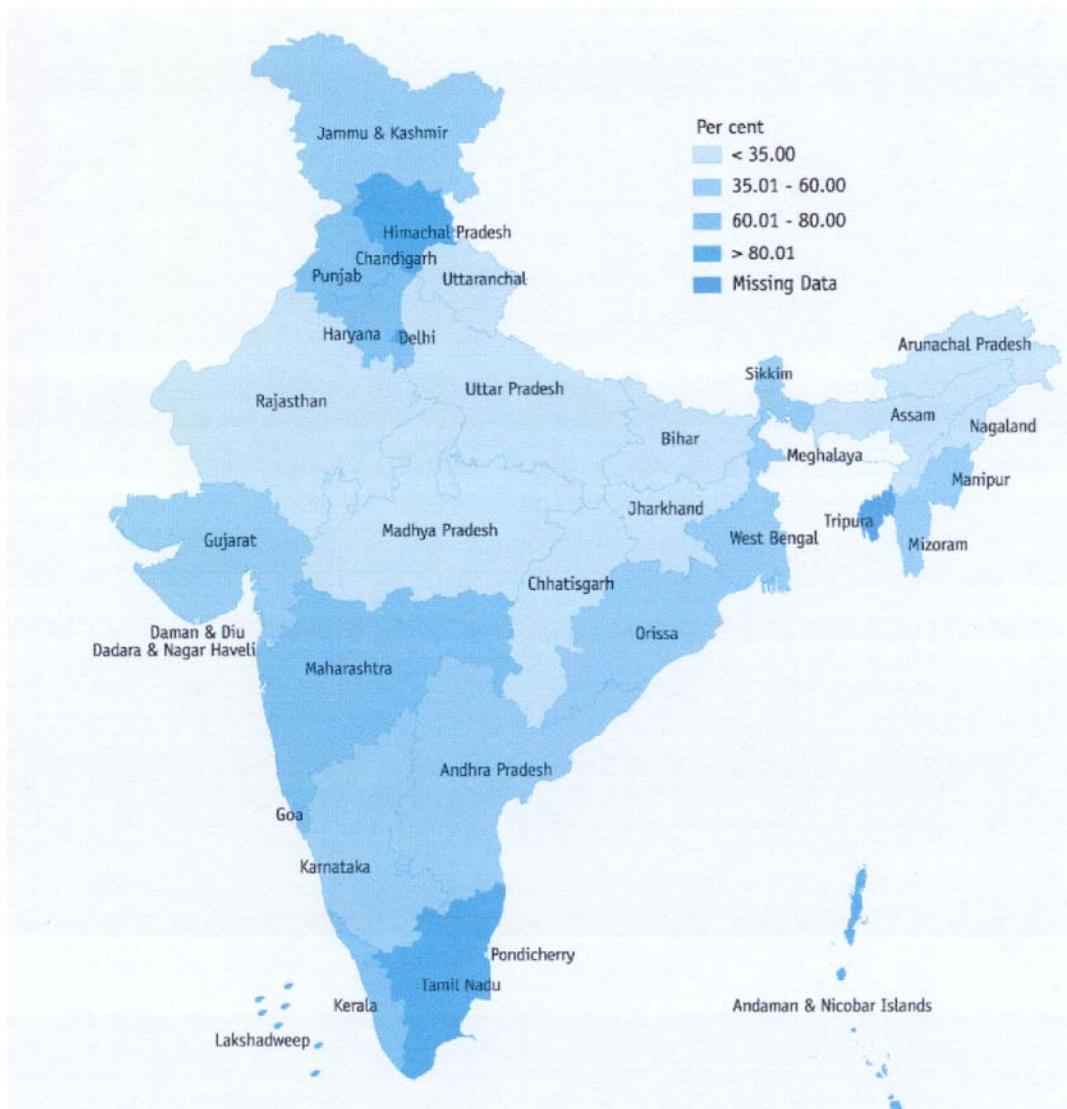
Percentage Vaccinated											
Region/State	BC G	Poli o 0	DPT			Polio			Measles	All ¹	None
			1	2	3	1	2	3			
India North	71.6	13.1	71.4	65.0	55.1	83.6	78.2	62.8	50.7	42.0	14.4
Delhi	92.0	36.9	90.8	88.3	79.9	93.8	91.7	81.0	77.5	69.8	5.1
Haryana	86.8	6.1	89.5	84.5	71.1	90.1	87.4	74.3	72.2	62.7	9.9
Himachal Pradesh	94.6	4.2	96.7	96.1	88.8	97.2	97.2	89.8	89.1	83.4	2.8
Jammu & Kashmir	85.6	4.8	85.7	83.6	72.3	88.3	85.4	74.3	68.9	56.7	10.4
Punjab	88.7	11.2	88.4	87.3	82.0	90.5	88.5	83.6	76.5	72.1	8.7
Rajasthan	53.9	3.2	47.8	40.2	26.1	75.5	67.3	44.6	27.1	17.3	22.5
Central											
Madhya Pradesh	64.9	10.1	62.8	52.3	37.0	85.4	79.0	56.7	35.5	22.4	13.9
Uttar Pradesh	57.5	4.7	57.3	46.5	33.9	66.5	60.3	42.3	34.6	21.2	29.5
East											
Bihar	37.7	3.6	39.7	33.4	24.2	81.3	71.7	41.0	16.6	11.0	16.8
Orissa	84.7	14.6	80.1	74.8	61.9	88.7	84.8	68.4	54.0	43.7	9.4
West Bengal	76.5	2.1	77.9	70.1	58.3	83.9	76.5	61.7	52.4	43.8	13.6
North-East											
Arunachal Pradesh	54.2	4.5	57.4	52.7	41.8	67.6	62.5	43.3	33.6	20.5	28.7
Assam	53.5	3.1	57.4	48.5	37.5	61.8	53.6	37.9	24.6	17.0	33.2
Manipur	71.0	32.1	76.4	71.0	59.1	81.3	76.9	62.5	45.8	42.3	17.2
Meghalaya	46.1	11.5	44.8	36.8	25.4	51.8	43.8	27.6	17.7	14.3	42.3
Mizoram	88.2	4.6	86.9	83.9	69.5	88.3	83.5	71.9	71.0	59.6	10.5
Nagaland	46.1	5.5	48.1	40.9	29.6	66.6	60.3	41.8	19.6	14.1	32.7
Sikkim	76.5	8.2	75.7	71.7	62.5	79.8	75.7	63.5	58.9	47.4	17.6
West Goa	99.2	31.6	97.6	95.2	93.4	99.2	98.4	95.8	84.3	82.6	0.0
Gujarat	84.7	5.3	83.1	75.4	64.1	90.2	82.5	68.6	63.6	53.0	6.6
Maharashtra	93.7	8.3	94.9	91.7	89.4	97.2	94.7	90.8	84.3	78.4	2.0
South											
Andhra Pradesh	90.2	5.3	89.8	86.9	79.5	93.8	90.9	81.6	64.7	58.7	4.5
Karnataka	84.8	26.4	87.0	84.8	75.2	91.9	89.0	78.3	67.3	60.0	7.7
Kerala	96.2	60.6	96.0	94.4	88.0	96.9	95.2	88.4	84.6	79.7	2.2
Tamil Nadu	98.6	85.5	98.6	97.5	96.7	99.7	99.5	98.0	90.2	88.8	0.3

Note: Table includes data only on surviving children from among the two most recent births in the three years preceding the survey

¹ BCG, measles, and three doses each of DPT and polio vaccines (excluding polio 0)

Source: India, National Family Health Survey (NFHS-II), 1998–99, International Institute for Population Sciences, Mumbai, India

Figure 6.5: Childhood vaccinations by region



Source: *India Report on the World Summit for Children, 2000, Department of Women and Child Development, Ministry of Human Resource Development, GOI*

478. The analysis of vaccine-specific data indicates much higher coverage for each type of vaccine in urban areas than in rural areas. Sixty-one per cent of children aged 12–23 months in urban areas had received all of the recommended vaccinations by the time of the survey, compared with 37 per cent in rural areas. The proportion fully vaccinated during the first year of life is also higher in urban areas (52 per cent) than in rural areas (29 per cent). Dropout rates for both DPT and polio are lower in urban areas than in rural areas. There are considerable interstate differentials in the coverage rates for different vaccinations and for children receiving all vaccinations. The percentage of children who are fully vaccinated ranges from 11 per cent in Bihar to 89 per cent in Tamil Nadu. Among other larger States, Assam (17 per cent), Rajasthan (17 per cent), Uttar Pradesh (21 per cent) and Madhya Pradesh (22 per cent) stand out as having a much lower percentage of fully vaccinated children than the national average of 42 per cent. Since these States account for more than 40 per cent of the total population of the country, their low coverage for vaccination pulls down the coverage rate for the country as a whole. All

northern States except Rajasthan, and all southern and western States, have fared relatively well with regard to full coverage of vaccinations. Most of the north-eastern States have a relatively poor record on vaccination coverage. A similar picture emerges with respect to individual vaccinations. Tamil Nadu, Goa, Maharashtra, Himachal Pradesh, and Kerala are approaching universal coverage for BCG and three doses of DPT, and polio. In most States, there is a considerable drop from the second to the third dose for both DPT and polio. The relatively low levels of coverage for measles is also a major factor responsible for failure to achieve full immunisation coverage.¹⁶ (see table No. 6.6.)

480. The public sector is the primary provider of childhood vaccination in India. According to NFHS-II survey, 82 per cent of all children who have received any vaccinations received most of them from a public medical source and 13 per cent received them from a private medical source. Children of more educated mothers and those enjoying a high standard of living are more likely to receive vaccinations through private doctors. As with the use of MCH services, there is a strong positive relationship between the mother's education and childrens' vaccination coverage. Only 28 per cent children of illiterate mothers are fully vaccinated, compared with 73 per cent children of mothers who have at least completed high school.

481. The UIP was introduced in 1985–86 with the objective of covering at least 85 per cent of all infants against the six vaccine-preventable diseases by 1990, and to achieve self-sufficiency in vaccine production and the manufacture of cold-chain equipment. This scheme has been introduced in every district of the country and the target now is to achieve 100 per cent immunisation coverage.

Polio eradication [Pulse Polio Immunisation (PPI)]

482. The PPI programme was launched in 1995. Under this programme, every child under the age of five years was given oral polio drops in December and January every year, on the same day. To accelerate the efforts for the eradication of polio, PPI programmes have been intensified during 1999–2000. Instead of two rounds, four nationwide rounds and two additional rounds are being conducted in eight States—Assam, Bihar, Gujarat, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal. Two national rounds have been completed. Instead of a one-day effort, the campaign is now spread over two to three days. On the first day, immunization is carried out at fixed booth sites, while on the second and third days, the teams make house-to-house visits to immunize the children who have been left out.

Table 6.8: Decline in the reported incidence of diseases

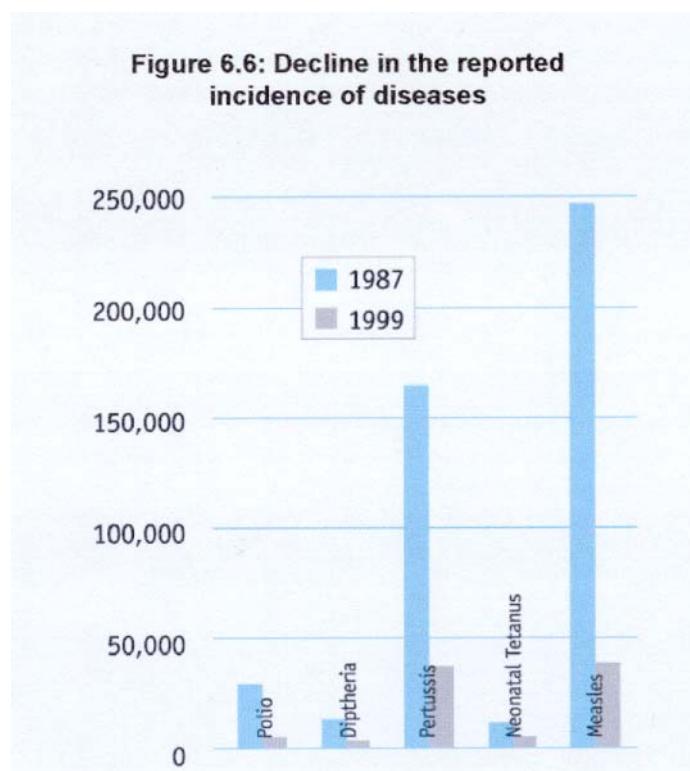
Diseases	1987	1999	2000	% Decline
Polio	28,257	4,320	-	84.7
Wild virus polio	-	-	1126	76
Diphtheria	12,952	2,725	-	79.0
Pertussis	1,63,786	36,716	-	77.6
Neonatal tetanus	11,849	4,488	-	62.1
Measles	2,47,519	38,950	-	84.3

Source: Annual Report, 1999–2000, Ministry of Health and Family Welfare, GOI

Surveillance of vaccine-preventable diseases

483. Considerable efforts have gone into developing a reliable surveillance system. Immediate reporting of poliomyelitis cases has been made mandatory. There has been a significant decline in the reported incidence of these diseases, compared to 1987 (See table 6.8).

484. Urban Measles Campaign: A special campaign, with assistance from UNICEF, was undertaken to cover slum localities during 1998. Initially, 40 major cities were to be covered. Twenty of these have been identified in 12 States and the remaining 20 will be identified during 1999–2000. The emphasis is on covering all unprotected children up to the age of three years with single doses of the measles vaccine. Based on the experience from these cities, more will be targeted in the coming years.



485. Neo-natal tetanus continues to be a problem in many districts, particularly in the large States. For early elimination of neo-natal tetanus, the Indian Council for Medical Research (ICMR) has advised that efforts be made to immunize all women in the reproductive age group with three doses of tetanus toxoid vaccine, through a campaign approach. On the basis of these recommendations, a plan of action for implementation will be developed for various States. Meanwhile, Rajasthan initiated a campaign in 1998, to cover all married women up to the age of 30 years with three doses of TT.¹⁷

486. Continuous investment in the wide-scale availability of vaccines is the most cost-effective intervention that India can make in the foreseeable future. The maintenance and expansion of the UIP to reach every child is the most important foundation for public health, one which will result in lowering mortality and improvement in child survival.

Nutrition

487. Nutritional status is a major determinant of the health and well-being of children. Chronic illness are associated with poor nutrition among children. NFHS-II shows that almost half the children under three years of age (47 per cent) are underweight and a similar percentage (46 per cent) are stunted. The proportion of children who are severely undernourished is 18 per cent according to weight for age and 23 per cent according to height for age. Wasting affects about 16 per cent of children under three years of age.

488. The proportion of children who are undernourished increases rapidly with the child's age through 12–23 months, where it peaks at 22 per cent for wasting and 58–59 per cent for underweight and stunting. Even during the first six months of life, when 55 per cent of babies are exclusively breastfed, 9–15 per cent of children are undernourished, according to the three nutritional indices. .

Box 6.4: Keep the promises

Evaluation of PPI coverage to validate the reported coverage has become an established practice since the beginning of this initiative. Last year the opportunity of PPI household surveys was utilised to evaluate the Routine Immunisation (RI) coverage countrywide for the first time. Again this year, the same opportunity has been utilised, but instead of three, only one cohort, i.e., children between 12-23 months age, has been assessed for the routine immunisation coverage 1998-99.

On the request of the Ministry of Health and Family Welfare, GOI, UNICEF organised the CES in all the 32 States/union territories and 74 select cities (especially, those with a minimum of 50,000 urban slum population) between February and April 1999.

A total of 29,262 children, i.e., 7,855 children for the state-clusters, 3,749 children for the high-risk-clusters, and 17,658 children for the city-clusters were contacted to assess the routine vaccination coverage. Seventy-five per cent children were from rural clusters and remaining twenty five per cent children were from urban clusters. Distribution by gender revealed that boys were 53.9 per cent to 54.3 per cent and girls were 45.7 to 46.1 per cent. Gender distribution was observed to be in line with the general sex distribution of that age, thereby, indicating that the sample was a fair representation for State, high-risk and city population) children who were contacted for the assessment of routine immunisation only.

Though the coverage results were analysed on the basis of medical history and medical records, the immunisation cards were available, as national average, in 48.5 per cent of the cases. Unfortunately, a decline has been noticed this year in comparison to last year, when it was recorded to be 56 per cent. For high-risk and city clusters the respective percentages were observed to be 42.1 per cent and 44.9 per cent in the current survey. The inter-state variation indicated availability of the immunisation cards to be highest (<85 per cent) in the Union Territories/States of Andaman & Nicobar, Chandigarh, and Tripura. In A & N Islands, Himachal Pradesh, Lakshadweep, and Mizoram the card availability was 91.9 per cent vs 86.7 per cent; 91.5 per cent v 57.5 per cent; 98.7 per cent vs 71.7 per cent; and 98.5 per cent vs 59.1 per cent respectively, for last year vs this year. Less than 50 per cent families showing documentary evidence for the routine vaccination were observed in 12 States/UTs in the current survey.

The situation of availability of immunisation cards among the high-risk population and select cities was similar to the State picture i.e., 42.1 per cent and 44.9 per cent respectively. In the city survey it was 54 per cent last year compared to 44.9 this year.

The question of identifying the availability of routine immunisation services within the clusters indicated that 78.6 per cent of the communities surveyed had services provided within their community. The inter-state variation ranged from 100 per cent in D & N Haveli, Daman and Diu, Gujarat, Kerala and Tamil Nadu to a level of 35 per cent in Assam. It was observed that the service availability at the community level was over 90 per cent in seven States/UTs, between 80 per cent and 90 per cent in eight; between 60 per cent and 80 per cent in another eight; and below 60 per cent in rest of the states/UTs. In high-risk and city, clusters the trend was almost same with an average of 83.6 per cent and 82 per cent clusters having services within their communities, respectively.

This year, the proportion of fully immunised (BCG, OPV3, DPT3 and measles) worked out to be 51 per cent in state clusters (against 61 per cent for 1997-98) for 12-23 month old children, indicating a downward trend. It was observed that only Goa, Maharashtra and Tamil Nadu had sustained coverage level over 80 per cent (against 12 states last year). The picture for fully immunised children in Nagaland (4.2 per cent), Bihar (13 per cent), Arunachal Pradesh (20 per cent), Meghalaya (25 per cent), Pondicherry (25 per cent), Mizoram (26 per cent), Daman and Diu (32 per cent), Assam (34 per cent), Rajasthan (34 per cent), UP (34 per cent) and West Bengal (41 per cent) had been alarmingly low, thereby, needing immediate attention.

The overall picture was found to be similar in high-risk (46 per cent) and city clusters (50 per cent). Only two high-risk clusters (i.e., J&K 81 per cent; and TN 80 per cent) had over 80 per cent fully immunised children this year.

The proportion of fully immunised children among the urban poor population was observed to be sliding down from 73 per cent in 1995-96 to 65 per cent in 1996-97 and 50 per cent in the current year.

Immunisation variables

The immunisation coverage levels are influenced by service availability, service quality, gender discrimination, other socio-cultural restrictions and efforts for demand generation and social mobilisation. Till date, PPI appear to be the country's most successful public health intervention, as it has been able to mobilise people from all walks of life, thereby, converting it into a people's programme.

Session in the communities

The availability of sessions within the clusters is indicative of promises kept to provide immunisation services at the community level. The survey indicated availability of service at the community level to be in the range of 35 per cent to 100 per cent (against 23 per cent to 100 per cent last year). It is heartening to know that this year, only in three State clusters it was less than 50 per cent. In five states 100 per cent; in seven between 90 per cent and 99 per cent; in another eight between 80 per cent and 90 per cent; and remaining nine between 50 per cent and 80 per cent clusters had sessions within the communities. The availability of services within the community was better for the high-risk (83 per cent) and urban poor population (82 per cent).

Gender and immunisation

The proportion of fully immunised girls and boys did not show any difference of statistical significance either in favour of male or female child at the national level. Also, there appeared to be no significant gender bias in the coverage of routine vaccinations among the high-risk or urban poor population.

Coverage by religion

This year, the overall national coverage for fully immunised Hindu children declined to 55 per cent from 68 per cent in 1995-96. For Muslims it was 41 per cent (68 per cent in 1995-96), for Christians it was 32 per cent (56 per cent in 1995-96), for Sikhs it was 61 per cent (almost 100 per cent in 1995-96). The decline of proportion of fully immunised coverage levels among other religions were highly significant, i.e., 44 per cent in the current year against 64 per cent in 1995-96 (Ref. RIS10.2B). A similar trend was observed in high-risk and city clusters.

Coverage by caste

The coverage by caste indicated (Ref RIS10.2C, RIH10.2C and RIC10.2C) 45 per cent for SC, 37 per cent for ST and 56 per cent for other children (against 51 per cent for SC, 53 per cent for ST and 65 per cent for others children in 1996-97). The proportion of fully immunised children in 1995-96 was 59 per cent for ST and 72 per cent for other castes.

Immunisation by residence

As expected, urban population had higher coverage because of better access to services and better awareness. The percentage of children who had been completely immunised stood at 58 per cent in urban areas and 48 per cent in rural areas.

Source: Keep the Promises—Evaluation of Routine Immunisation, 1998-99, Ministry of Health & Family Welfare, GOI

489. Between 24–35 months, when most children have been weaned from breast milk, almost one third of children are severely stunted and almost one quarter are severely underweight.

490. Overall, girls and boys are equally likely to be undernourished, but girls are slightly more likely than boys to be underweight and stunted, whereas boys are slightly more likely to be wasted. Undernutrition generally increases with increasing birth order. Young children in families with six or more children are nutritionally the most disadvantaged. First births have lower than average levels of undernutrition on almost all the measures, and children born after a short birth interval are more likely than other children to be stunted or underweight.

491. Malnutrition is substantially higher in rural areas than in urban areas. Even in urban areas, however, more than one third of children are under weight or stunted. Children whose mothers are illiterate are about twice as likely to be under nourished than children whose mothers have completed at least high

Table 6.9: Nutritional status of children

State	Weight for age		Height for age		Weight for height	
	Percentage below-3 SD	Percentage below-2 SD ¹	Percentage below-3 SD	Percentage below-2 SD ¹	Percentage below-3 SD	Percentage below-2 SD
India North	18.0	47.0	23.0	45.5	2.8	15.5
Delhi	10.1	34.7	18.0	36.8	4.1	12.5
Haryana	10.1	34.6	24.3	50.0	0.8	5.3
Himachal Pradesh	12.1	43.6	18.1	41.3	3.3	16.9
Jammu & Kashmir	8.3	34.5	17.3	38.8	1.2	11.8
Punjab	8.8	28.7	17.2	39.2	0.8	7.1
Rajasthan	0.8	50.6	29.0	52.0	1.9	11.7
Central						
Madhya Pradesh	24.3	55.1	28.3	51.0	4.3	19.8
Uttar Pradesh	21.9	51.7	31.0	55.5	2.1	11.1
East						
Bihar	25.1	54.4	33.6	53.7	5.5	21.0
Orissa	20.7	54.4	17.6	44.0	3.9	24.3
West Bengal	16.3	48.7	19.2	41.5	1.6	13.6
North-East						
Arunachal Pradesh	7.8	24.3	11.9	26.5	2.0	7.9
Assam	13.3	6.0	3.7	50.2	3.3	13.3
Manipur	5.3	27.5	11.2	31.3	1.8	8.2
Meghalaya	11.3	37.9	24.5	44.9	1.0	13.3
Mizoram	5.0	27.7	13.9	34.6	2.8	10.2
Nagaland	7.4	24.1	11.7	33.0	2.4	10.4
Sikkim	4.2	20.6	9.7	31.7	0.8	4.8
West						
Goa	4.7	28.6	4.8	18.1	0.7	13.1
Gujarat	16.2	45.1	23.3	43.6	2.4	16.2
Maharashtra	17.6	49.6	14.1	39.9	2.5	21.2
South						

Andhra Pradesh	10.3	37.7	14.2	38.6	1.6	9.1
Karnataka	16.5	43.9	15.9	36.6	3.9	20.0
Kerala	4.7	26.9	7.3	21.9	0.7	11.1
Tamil Nadu	10.6	36.7	12.0	29.4	3.8	19.9

Note: Each index is expressed in standard deviation units (SD) from the median of the International Reference Population

Includes children who are below-3 SD from the International Reference Population Median

Source: India, National Family Health Survey (NFHS-II), 1998–99, International Institute for Population Sciences, Mumbai, India

school and the differentials are even larger in the case of severe malnutrition. Inadequate nutrition is a problem throughout India, though the situation is considerably better in some States. Table 6.9 shows that undernutrition is most pronounced in Bihar, Madhya Pradesh, Karnataka, and Tamil Nadu — all characterized by high levels of wasting among children. Nutritional problems are least evident in Sikkim, Arunachal Pradesh, Goa and Kerala. Even in these States, however, levels of undernutrition are unacceptably high.¹⁸

Infant feeding practices

492. Infant feeding practices have significant effects both on mothers and children. Proper infant feeding, starting from the time of birth, is important for the physical and mental development of the child. Breastfeeding improves the nutritional status of young children and reduces morbidity and mortality. Breast milk not only provides important nutrients but also protects the child against infection. Although breastfeeding is nearly universal in India, only 16 per cent of infants are put to the breast immediately after birth and 37 per cent within the 1st day. According to NFHS-II, only 55 per cent of children under four months of age are exclusively breastfed in India; 23 per cent receive breast milk plus water and 20 per cent receive supplements along with breast milk.

493. From about six months of age, the introduction of complementary food is critical for meeting the protein, energy, and micro-nutrient needs of children. However, in India the introduction of complementary food is delayed for a substantial proportion of children. Only 24 per cent of breastfeeding children who are six months old consume solid and mushy foods. This proportion rises to only 46 per cent at 9 months of age. Even at twelve months of age, more than one-quarter of breastfeeding children do not eat any solid or mushy food. Only 35 per cent of breastfeeding children aged 6-9 months receive solid or mushy food as recommended.¹⁹

494. . NFHS-II estimates that 11.9 per cent of children (0-6 months), 37.5 per cent of children (6-11 months), 58.5 per cent of children (12-23 months) and 58.4 per cent of children (24-35 months) were underweight (children who are more than two standard deviations below the reference median).²⁰

Micro-nutrient deficiency

Iodine

495. Iodine is an important micro-nutrient. Lack of iodine in the diet can lead to iodine deficiency disorders (IDD), which according to the World Health Organization (WHO) can cause miscarriages, brain disorders, cretinism, and retarded psycho-motor development. Iodine deficiency is the single most important and preventable cause of mental retardation worldwide. It

has been estimated that 200 million people in India are exposed to the risk of iodine deficiency and 70 million suffer from goitre and other IDDs (IDD and Nutrition Cell, 1998). In addition, about one fifth of pregnant women are at considerable risk of giving birth to children who will not reach their optimum physical and mental potential because of maternal iodine deficiency (Vir, 1995).

496. Iodine deficiency can be avoided by using salt that has been fortified with iodine. In 1983-84, the GOI adopted a policy to achieve universal iodisation of edible salt by 1992 and advised all States and UTs to issue notifications banning the sale of edible salt that was not iodized. All but one State issued a full or partial ban. A national ban was instituted in 1997, but was lifted in September 2000.

497. Despite Government regulations in effect at the time of NFHS-II, only 49 per cent of households used cooking salt that was iodized at the recommended level of 15 ppm or more. Differentials in usage of iodized salt by background characteristics were pronounced. Seventy-seven per cent of households in large cities use salt with 15 ppm or more of iodine, compared with 67–68 per cent of households in small cities and towns, and only 42 per cent of households in rural areas. The use of iodized salt is relatively low in households headed by persons from Scheduled Castes (41.8 per cent), Scheduled Tribes (43.3 per cent), or Other Backward Classes (42.4 per cent). The widest differentials are observed for the standard of living index. Seventy-eight per cent of households with a high standard of living use adequately iodized salt compared with only 35 per cent of households with a low standard of living.

498. The use of iodized salt varies dramatically from one State to another, being lowest in the two States (Tamil Nadu and Rajasthan) that produce salt (see table 6.10). The variations are due to a number of factors, including the scale of salt production, transportation requirements, enforcement efforts, the pricing structure, and storage patterns. In particular, salt iodization is likely to be more common in States where salt is transported exclusively by railways, at least partly because the Salt Department monitors the iodine content of salt shipped by railways.²¹

Iron

499. Anaemia can prove serious for young children because it can result in impaired cognitive performance, impact behavioural and motor development coordination, language development, and scholastic achievement, as well as cause increased morbidity from infectious diseases (Seshadri, 1997). One of the most vulnerable groups is children aged 6–24 months (Stoltzfus and Dreyfuss, 1998).

500. NFHS-II shows that overall, nearly three-quarters (74 per cent) of children aged 6–24 month have some level of anaemia, including 23 per cent who are mildly anaemic (10.0–10.9 g/dl), 46 per cent who are moderately anaemic (7.0–9.9 g/dl), and five per cent who are severely anaemic (less than 7.0 g/dl). Notably, a much larger proportion of children than women are anaemic and the difference is particularly pronounced in the case of moderate to severe anaemia.

501. Several groups of children have particularly high levels of anaemia. These include children aged 12–23 months (77.7 per cent as per NFHS-II), children of higher birth orders (78.4 per cent as per NFHS-II), rural children (75.3 per cent as per NFHS-II), children whose mothers are illiterate (78.2 per cent as per NFHS-II), children of SCs (78.3 per cent as per NFHS-II) and STs (79.8 per cent as per NFHS-II), and children from poor families (78.7 per cent as per NFHS-II). As expected, there is a strong positive relationship between the haemoglobin levels of mothers

and prevalence of anaemia among children. Almost one quarter of children whose mothers are severely anaemic are severely anaemic themselves.

502. Table 6.11 shows the levels of anaemia by State. Nagaland, Kerala and Manipur are the only States where less than half the children are anaemic. The highest prevalence of anaemia is found in Haryana, Rajasthan, Bihar, and Punjab, where at least 80 per cent of children are anaemic. In these four States, 54–66 per cent of children are moderately or severely anaemic.²²

Vitamin A deficiency

503. The National Programme on Prevention of Blindness (NPPB) targets children under five years and is supposed to administer oral doses of vitamin A, every six months, starting after six months of birth. However, overall 29.7 per cent of children between one and three years have received one dose, and 17 per cent have received a dose in the last six months. Children living in urban areas (38.7 per cent as per NFH-II), children of more educated mothers (47.0 per cent as

Table 6.10: Iodisation of salt by state

Per cent distribution of households by degree of iodisation of salt, according to State, India, 1998–98						
State	Not iodised	7 ppm	15 ppm	30 ppm	Missing	Total Per cent
India	28.4	21.6	16.8	23.6	0.7	100.0
North						
Delhi	6.1	4.5	13.5	75.7	0.1	100.0
Haryana	19.5	9.2	13.9	57.1	0.2	100.0
Himachal Pradesh	3.2	6.2	14.9	75.6	0.1	100.0
Jammu & Kashmir	24.8	22.3	27.5	25.4	0.0	100.0
Punjab	16.7	7.8	13.7	61.6	0.3	100.0
Rajasthan	37.1	15.3	21.9	24.4	1.3	100.0
Central						
Madhya Pradesh	25.0	16.3	14.4	42.3	2.1	100.0
Uttar Pradesh	22.7	26.9	19.6	29.2	1.6	100.0
East						
Bihar	22.9	30.1	26.6	20.4	0.0	100.0
Orissa	29.6	35.1	18.2	16.8	0.4	100.0
West Bengal	11.3	26.5	25.8	36.0	0.5	100.0
North-East						
Arunachal Pradesh	0.8	15.0	46.9	37.2	0.1	100.0
Assam	1.8	18.2	32.7	46.9	0.3	100.0
Manipur	2.3	9.7	15.4	72.5	0.1	100.0
Meghalaya	6.7	30.0	24.9	38.1	0.3	100.0
Mizoram	0.7	8.0	27.9	63.3	0.0	100.0
Nagaland	10.9	21.2	25.5	41.7	0.7	100.0
Sikkim	3.1	17.5	31.8	47.3	0.3	100.0
West						
Goa	37.3	20.2	4.0	37.9	0.6	100.0
Gujarat	29.5	14.2	14.9	41.2	0.2	100.0

Maharashtra	32.0	6.9	11.0	49.1	1.0	100.0
South						
Andhra Pradesh	36.8	35.7	10.2	17.2	0.1	100.0
Karnataka	24.1	32.4	12.9	30.5	0.1	100.0
Kerala	47.6	13.2	5.6	3.7	0.0	100.0
Tamil Nadu	62.7	15.8	8.1	13.1	0.3	100.0

Source: India, National Family Health Survey (NFHS-II), 1998–99, International Institute for Population Sciences, Mumbai, India

Table 6.11: Anaemia among children

Percentage of children aged 6–35 months classified as having iron-deficiency anaemia by State, India, 1998–99.				
Percentage of children	Percentage of children with:			
State	anaemia	Mild anaemia	Moderate anaemia	Severe anaemia
India	74.3	22.9	45.9	5.4
North				
Delhi	69.0	22.2	42.9	3.9
Haryana	83.9	18.0	58.8	7.1
Himachal Pradesh	69.9	28.7	39.0	2.2
Jammu & Kashmir	71.1	29.1	38.5	3.5
Punjab	80.0	17.4	56.7	5.9
Rajasthan	82.3	20.1	52.7	9.5
Central				
Madhya Pradesh	75.0	22.0	48.1	4.9
Uttar Pradesh	73.9	19.4	47.8	6.7
East				
Bihar	81.3	29.6	50.3	4.1
Orissa	72.3	26.2	43.2	2.9
West Bengal	78.3	26.9	46.3	5.2
North-East				
Arunachal Pradesh	54.5	29.1	24.7	0.7
Assam	63.2	31.0	32.2	0.0
Manipur	45.2	22.6	21.7	0.9
Meghalaya	67.6	23.4	39.8	4.3
Mizoram	57.2	32.2	22.7	2.3
Nagaland	43.7	22.0	18.7	3.0
Sikkim	76.5	28.4	40.7	7.5
West				
Goa	53.4	23.5	27.9	2.0
Gujarat	74.5	24.5	43.7	6.7
Maharashtra	76.0	24.1	47.4	4.4
South				
Andhra Pradesh	72.3	23.0	44.9	4.4
Karnataka	70.6	19.6	43.3	7.6
Kerala	43.9	24.4	18.9	0.5
Tamil Nadu	69.0	21.9	40.2	6.9

Note: Haemoglobin levels are adjusted for altitude when calculating the degree of anaemia

Source: India, National Family Health Survey (NFHS-II), 1998–99, International Institute of Population Science, Mumbai, India

Table 6.12: Vitamin A supplementation for children

Percentage of children aged 12–35 months who received at least one dose of vitamin A and who received at least one dose of vitamin A within the six months preceding the survey by State, India, 1998–99.

State	Percentage who received vitamin A	
	At least one dose	At least one dose within the past six months
India	29.7	17.1
North		
Delhi	32.7	17.4
Haryana	45.2	21.4
Himachal Pradesh	71.1	35.1
Jammu & Kashmir	36.0	32.8
Punjab	56.5	30.2
Rajasthan	17.6	12.5
Central		
Madhya Pradesh	24.4	14.7
Uttar Pradesh	13.9	9.5
East		
Bihar	10.2	6.8
Orissa	42.0	26.4
West Bengal	43.4	23.5
North-East		
Arunachal Pradesh	20.9	9.6
Assam	15.4	8.9
Manipur	38.4	18.8
Meghalaya	24.7	10.7
Mizoram	70.6	41.8
Nagaland	6.8	4.4
Sikkim	45.8	22.0
West		
Goa	78.0	52.3
Gujarat	51.1	26.3
Maharashtra	64.7	36.6
South		
Andhra Pradesh	24.8	14.0
Karnataka	48.4	22.8
Kerala	43.6	28.2
Tamil Nadu	16.2	10.0

Note : Table includes only surviving children from among the two most recent births in the three years preceding the survey

Source: India, National Family Health Survey (NFHS-II), 1998–99, International Institute of Population Sciences, Mumbai, India

per NFHS-II), and children in households with a high standard of living (43.3 per cent as per NFHS-II) are considerably more likely than other children to receive vitamin A supplementation. Similarly, children from SC (27.1 per cent as per NFHS-II), ST (26.0 per cent as per NFHS-II), and OBC households (26.8 per cent as per NFHS-II) are less likely to receive vitamin A than other children. As is the case with immunisations, boys have a slight edge in vitamin A coverage.

In general, children from groups that are less likely to have received at least one dose of vitamin A supplementation are also less likely to have received a dose in the past six months.

504. State variations in the percentage of children (one to three years) who received at least one dose of vitamin A and the percentage who received at least one dose within six months are shown in table 6.12. The percentage of children aged 12–35 who received at least one dose of vitamin A supplementation ranges from seven per cent in Nagaland to 78 per cent in Goa. In addition to Nagaland, Bihar (10 per cent), Uttar Pradesh (14 per cent) Assam (15 per cent), Tamil Nadu (16 per cent), and Rajasthan (18 per cent) stand out as having very low proportions of children receiving at least one dose of vitamin A. In addition to Goa, Himachal Pradesh (71 per cent) and Maharashtra (65 per cent) stand out as having relatively successful vitamin A supplementation programmes. State variations in the percentage of children receiving at least one dose of vitamin A supplementation within the past six months follow closely the variation in the percentage of children receiving at least one dose at any time in the past.²³

505. The Food and Nutrition Board (FNB), a non-statutory ministerial wing of the Department of Women and Child Development (DWCD) is engaged in conventional activities as well as new initiatives undertaken as a follow-up to the National Nutrition Policy. Nutrition education of the people in rural, urban and tribal areas is one of the primary activities of the FNB. A total of 9,310 nutrition demonstration programmes were organised from April–December 1999. Of these, 8,405 were in rural areas and 4,152 for SC/ST communities. About 0.415 million people, comprising mainly women, benefited from these programmes. As many as 42.8 per cent of these belonged to the SC/ST community. Nutrition orientation of grassroot level functionaries and their supervisors is undertaken by organizing Integrated Nutrition Education Camps (INECs) and Orientation Training Courses (OTCs), with a view to utilizing the existing infrastructure of the Government to impart basic nutrition messages to the community.

506. The FNB strives to create nutritional awareness through mass media communications as well. Video films and spots, developed and produced in regional languages, are provided to the regional centres of Doordarshan (official television channel) for telecast. Considering the vast outreach of radio, this medium of communication has also been well utilised by the FNB for creating mass awareness in nutrition. Video spots and radio spots on infant nutrition have been developed during 1999–2000. A radio-sponsored programme, *Poshan aur Swasthya* (Nutrition and Health), with 30 episodes on various aspects of nutrition, has been prepared and is being launched shortly. The programme will be relayed through 30 commercial broadcasting stations of All India Radio (AIR) in 12 regional languages in the country.

507. The nationwide celebration of important events like National Nutritional Week, involving all the supporting agencies, through Doordarshan, AIR and leading newspapers; organizing *melas* (fairs)/exhibitions, films and slide shows on nutrition education; relaying programmes on television and AIR; and arranging press coverage of integrated nutrition education programmes for wider coverage are some of the important strategies adopted for creating nutritional awareness among the masses. The XVIII National Nutritional Week was observed throughout the country during 1–7 September, 1999, on the theme of “Preventing Malnutrition among Children under Two Years”. The theme for the year 2000 was “Malnutrition-An Obstacle to National Development..” The support of the State Governments, educational institutions and NGOs was received. World Breastfeeding Week was observed on 1-7 August, 1999, on the global theme of “Breastfeeding—Education for Life”, throughout the country. The theme for the year 2000 was “Breastfeeding is Your Right”. In collaboration with the Breastfeeding Promotion Network of

India (BPNI), State Governments, NGOs and home science colleges participated, and 869 demonstrations, 221 exhibitions, 184 film and slide shows and 287 other functions, including workshops, discussions, and essay and drawing competitions, were organized by the FNB.

508. The community-based production of nutritious food, involving NGOs and women's groups, has been an important intervention for meeting the nutritional needs of children and women. Twelve such units were set up during 1993–97, with one-time financial assistance. These units produce low-cost nutritious food at the community level, for use in supplementary feeding programmes. The fortification of common foods with vital nutrients is one of the fastest and most effective methods to ensure adequate nutrition. In the past, the FNB undertook programmes which included the fortification of wheat flour with soya flour, the fortification of modern bread with lysine/soya flour, and the fortification of salt with iron.²⁴

509. At present, 32 dairies in the country fortify milk with vitamin A. Efforts are also being made to mobilize the Department of Animal Husbandry and Dairying to take up fortification of all toned and double-toned milk in the country through the network of cooperative dairies. Efforts are also in progress to explore the possibility of fortifying wheat flour with iron and folic acid.²⁵

510. The Food and Nutrition Council was constituted in November 1997. A draft National Nutrition Mission is under preparation. It will aim to eradicate malnutrition in a time-bound fashion. The three important areas of action will be:

- Vigorous awareness campaigns on malnutrition and its prevention throughout the country;
- Direct interventions for preventing malnutrition in children under two years of age, low birth weight, chronic energy deficiency and anaemia amongst adolescent girls and pregnant and lactating women, and micro-nutrient malnutrition in the general population; and
- Establishment of nutrition monitoring, mapping and surveillance in the country for reducing malnutrition.

511. Andhra Pradesh, Arunachal Pradesh, Chandigarh, Himachal Pradesh, Maharashtra, Meghalaya, Manipur, Rajasthan, Sikkim and West Bengal have constituted State-level Nutrition Councils and inter-departmental committees. Tamil Nadu and Gujarat have formulated State Nutrition Policies. Karnataka, Madhya Pradesh and Uttar Pradesh are finalizing State Plans of Action on Nutrition.²⁶

512. A pilot project to control micronutrient deficiency was launched in 1995 by DWCD, with the objective of assessing the magnitude of fluorosis, including dental caries and to prevent and control zinc deficiency at source, and assessing and improving the iron and vitamin status of schoolchildren. The programme is being implemented in one district each in five States—Assam, Bihar, Orissa, Tripura, Karnataka and West Bengal. An integrated project on micro-nutrient malnutrition control is to be implemented in West Bengal and Gujarat with financial assistance from Micro-nutrient Initiative (MI). The State Governments propose to cover the most vulnerable groups of the population namely, 0–2 year olds, adolescent girls, pregnant and lactating mothers.²⁷

513. District nutrition profiles of 187 districts, included in the India Nutritional Profile, 1998, have been circulated widely to various States and organizations with the request to focus their development programmes on high-malnutrition districts.

514. The Department coordinated the development of a national strategy for reducing childhood malnutrition in the country under the Regional Assistance Programmes of the Asian Development Bank and UNICEF. The report has identified female illiteracy, early marriages, teenage pregnancies and lack of nutritional awareness as some important determinants of malnutrition.²⁸

515. The Nutrition Cell in the Directorate General of Health Services under the MOHFW, provides technical advice on all matters related to policy making, programme implementation and evaluation, training content for different levels of medical and paramedical workers, standards and labels for food, project evaluation, etc. The Cell also coordinates the activities of the State Nutrition Divisions (presently in 17 States and UTs). These are responsible for conducting diet and nutrition surveys and in imparting training to different categories of health workers who are involved in imparting nutrition education to the masses.²⁹

516. In 1981, the World Health Assembly adopted an International Code on the Marketing of Breast Milk Substitutes. The GOI recognized this Code and adopted the Indian National Code for Protection and Promotion of Breastfeeding in December 1983. To give effect to the provisions of this Code, the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, came into force with effect from August 1993. The Act provides for the regulation of production, supply, distribution and marketing of infant milk substitutes, feeding bottles and infant foods with a view to protecting and promoting breastfeeding and ensuring the proper use of infant foods and for matters in connection therewith or incidental thereto. The rules framed under the Act also came into force with effect from August 1993. In addition to food inspectors appointed under the PFA Act, the Central Government authorised the four voluntary organisations—Central Social Welfare Board, Indian Council for Child Welfare, Association for Consumer Action of Safety and Health and the Breastfeeding Promotion Network of India—engaged in the field of child welfare and development and child nutrition to make complaints in writing against violations of the Act.

Box 6.5: Preventing malnutrition in Rajasthan

The 20th year of ICDS focused attention on the need to reach the younger child and prevent malnutrition through the strengthened integration of health and ICDS, using immunisation contact points with pregnant women and mothers of infants. A series of nationwide joint planning and mobilisation activities at the State, district and project levels were initiated to specifically promote complementary feeding and diarrhoea management. Rajasthan conducted an Intensive Village Contact Drive. Over 480 *Gram Sampark Samoohs* (village contact teams/VCTs) were constituted sector-wise to cover AWCs in 11 districts of Jaipur and Ajmer divisions. The team comprised four members—the Sector Supervisor; *Pracheta* or *Gram Sevika*, wherever available, representatives of local voluntary organisations/*Nehru Yuval Kendra*; and a folk artist.

At the village level, activities were coordinated by the VCTs together with a local resource group consisting of the AWW, ANM, *panchayat* member, women leaders, Bal Vikas Samiti members. The activities conducted include:

- Prabhat Pheris* by children in the 6–14 years age group;
- Slogan writing by primary schoolchildren;
- Enumeration of children under two years of age;
- Village mapping for identifying households with sick/malnourished children;

Demonstration of preparation of complementary foods for children;
Hand washing and hygiene practices;
Testing of salt for iodine content;
Preparation of ORS solution;
Showing and discussing use of IFA tablets, vitamin A solutions, etc.,
Weighing of children below two years of age and growth promotion; and
Use of folk media/puppet with all these messages.

Source: *Integrated Child Development Services, Department of Women and Child Development, Ministry of Human Resource Development, GOI.*

517. Efforts in this direction make India one of the leading countries with regard to legislations to protect, promote and support breastfeeding. As per the 1997 UNICEF report on the *Progress of Nations*, India is one of 16 countries in the world to have enacted legislations to implement the International Code on the Marketing of Breastmilk Substitutes in entirety. The GOI was awarded, during 1998, with the “Hopeful Baby Award” by the United Kingdom Food Group for imaginative and effective implementation of WHO/UNICEF International Code on Marketing of Breastmilk Substitutes. This is, indeed, a recognition of the efforts made by the Government. In order to check marketing malpractices in the sale and promotion of infant foods, efforts are under way to further strengthen the Act.³⁰

Common childhood ailments

518. Every year, some 12 million children in developing countries die before they reach their fifth birthday, many during the first year of life. Seven out of 10 of these deaths are due to acute respiratory infection (mostly pneumonia), diarrhoea, measles, malaria or malnutrition—or a combination of these conditions.

Acute Respiratory Infection (Pneumonia)

519. Acute respiratory infection is a leading cause of death among infants and young children in India. According to NFHS-II, 19 per cent of children under three years in India suffered from ARI (cough accompanied by short, rapid breathing). ARI is more common among boys than girls and among rural children than urban. The prevalence of ARI is higher among ST children than among other children, and children in households with a lower standard of living. The smaller variation in prevalence of ARI by most socio-economic characteristics indicates that respiratory infections affect children from all strata in India irrespective of the socio-economic background. There is, however, considerable variation in the prevalence of ARI by State (See Table 6.13). The percentage of children under three years who suffered from ARI ranges from eight per cent in Karnataka to 30 per cent in Sikkim. Diagnosis of ARI in children—if done early—can be treated immediately with antibiotics, and a substantial proportion of children can be saved from death. It is estimated that one-fifth of children with ARI receive no treatment.

520. The ARI Control Strategy of the Ministry of Health and Family Welfare was developed during 1989 and has now become a part of the RCH programme. Health workers have been imparted training in ARI management. Cotrimoxazole is being supplied to health workers through the CSSM kit. Communication messages focus on recognition of symptoms, and referrals are channelled through mothers' meeting, inter-personal communication with ANMs and other sectors such as ICDS.

Fever

92. According to NFHS-II, 30 per cent of children suffer from fevers. The prevalence of fever is lower among children under six months (21 per cent) than among older children (28–34 per cent). In general, the prevalence of fever does not vary widely or in a predictable way with most of the remaining demographic and socio-economic characteristics. Fever tends to strike young children irrespective of the demographic and socio-economic background. The prevalence of the fever varies from 21 per cent in Gujarat to 42 per cent in Kerala. For more details see Table 6.13.

Diarrhoea

522. Diarrhoea is the second most important killer of children under five years, after ARI. Deaths from acute diarrhoea are most often caused by dehydration due to loss of water and electrolytes. Nearly all dehydration-related deaths can be prevented by prompt administration of rehydration solutions. Among children aged 1–35 months, those aged 6–11 months are most susceptible to diarrhoea (as is the case with ARI and fever). Differentials by sex of child, birth order, place of residence, and caste/tribe are small. Also, consistent with expectations, diarrhoea is somewhat less common among children living in households that boil water or use a water filter for purification of drinking water, than among other children. Children living in households that use surface water for drinking are more vulnerable to diarrhoea than children living in households that use other sources for drinking water.

Table 6.13: Prevalence of acute respiratory infection, fevers and diarrhoea

Percentage of children under three years who were ill with a cough accompanied by rapid breathing (symptoms of ARI), fever or diarrhoea during the two weeks preceding the survey and percentage with ARI who were taken to a health facility or provider by State, India, 1998–99.				
	Cough accompanied by rapid breathing (ARI)	Fever	Any diarrhoea ¹	Diarrhoea with blood
India	19.3	29.5	19.2	2.6
North				
Delhi	16.9	35.7	30.1	1.6
Haryana	11.8	23.7	13.9	1.8
Himachal Pradesh	10.8	29.9	31.3	4.5
Jammu & Kashmir	22.2	39.4	32.8	4.1
Punjab	14.4	24.9	9.8	0.6
Rajasthan	22.0	25.8	19.8	3.4
Central				
Madhya Pradesh	29.2	31.0	23.4	4.3
Uttar Pradesh	21.1	27.8	23.3	3.8
East				
Bihar	21.7	31.0	17.7	2.9
Orissa	22.5	36.0	28.1	4.5
West Bengal	24.8	29.9	8.3	1.0
North-East				
Arunachal Pradesh	25.4	38.5	23.4	3.0
Assam	17.8	28.4	8.2	2.2

Manipur	26.9	36.8	16.6	4.1
Meghalaya	28.8	41.2	21.8	6.1
Mizoram	11.2	35.9	23.0	3.5
Nagaland	18.4	34.0	21.7	2.6
Sikkim	30.0	31.3	31.0	2.5
West				
Goa	17.1	34.4	18.7	0.6
Gujarat	11.0	20.7	19.7	1.3
Maharashtra	13.5	37.4	25.4	1.7
South				
Andhra Pradesh	19.3	28.6	15.0	1.5
Karnataka	7.9	25.9	13.9	0.7
Kerala	22.8	41.5	11.6	0.9
Tamil Nadu	10.3	22.3	14.4	1.7

Note : Table includes only surviving children aged 1–35 months from among the two most recent births in the three years preceding the survey

1 Includes diarrhoea with blood

Source: India, National Family Health Survey (NFHS-2), 1998-99, International Institute of Population Sciences, Mumbai, India

523. Three per cent of all children aged 1–35 months suffered from diarrhoea with blood, a symptom of dysentery. Children under six months had the lowest prevalence of diarrhoea with blood (less than one per cent). Children of birth order four or higher, children living in rural areas, children whose mothers are illiterate, ST children, children in households with a low standard of living, children living in households using surface water for drinking and children living in households using other means of water purification or using unpurified water for drinking, all had an increased risk of having diarrhoea with blood. Prevalence of diarrhoea also varies considerably by State (table 6.13). Prevalence of any diarrhoea among children aged 1–35 months during the two weeks preceding the survey ranged from eight per cent in Assam and West Bengal to 33 per cent in Jammu & Kashmir. Prevalence of diarrhoea with blood was highest in Meghalaya (six per cent).³¹

524. The Oral Rehydration Therapy (ORT) programme of the MoHFW was started in 1986–87, with the objective of preventing death due to dehydration caused by diarrhoeal diseases among children under five years of age. Oral Rehydration Solution (ORS) has been used as a drug of choice for proper management of diarrhoea. To make ORS packets widely available, States have been advised to market ORS packets through the public distribution system. A national standard for ORS has also been developed. Since diarrhoea is also a major cause of malnutrition among children, adequate nutritional care of the child with diarrhoea and proper advice to mothers on feeding are two important thrust areas of this programme.

525. The proportion of infants dying of diarrhoeal diseases has been decreasing all over the country. Efforts to educate parents and health workers through new, more community-oriented approaches about the use of ORS and the need for increased fluids and feeding during diarrhoea need to be stepped up to reach those whose knowledge remains low. With a ready supply of ORS available 24 hours a day at a depot in each community—rural and urban—and the widespread knowledge and belief by parents and health workers alike, that this is indeed a life-saving technology, deaths from diarrhoea could be reduced by a substantial 60–70 per cent.

Other programmes

- *The National Anti-Malaria Programme* advocates a strategy of control which includes early case detection and prompt treatment, selective use of insecticides, capacity building and epidemic preparedness. The number of malaria cases came down from 6.47 million in 1976 to 2.18 million cases in 1984. The malaria situation since then has been contained at a round two to three million cases annually.
- *The National Filaria Control Programme* was launched in 1995. The following measures are undertaken in the programme:
 - Delimitation of the problem in hitherto unsurveyed areas; and
 - Control in urban areas through recurrent anti-larval measures and anti-parasitic measures by 206 control units in 188 clinics, giving treatment with diethylcarbamazine to clinical cases and microfilaria carriers.
- *National Leprosy Eradication Programme in India* Leprosy is caused by *Mycobacterium leprae*, which morphologically resembles *mycobacterium tuberculosis*. The reservoir of leprosy is an infectious category patient who is not taking multi drug therapy (MDT) and is in prolonged contact with a healthy person.

526. India saw a steady increase in number of leprosy cases through successive decades after Independence, starting with 1.37 million in 1951 and reaching four million estimated cases in 1981. The main factors behind this progressive rise were a rapid increase in the population, better case detection activities and greater community awareness leading to voluntary reporting. The National Leprosy Control Programme became operational in 1955. Later redesignated as the National Leprosy Eradication Programme, it aimed to actively arrest the disease in all the known leprosy cases in the country by 2000. After the World Health Assembly Resolution in 1991, the objective of the Programme was defined to achieve the elimination of leprosy by the end of the century, thereby reducing the caseload to one or less/10,000 population.³²

National TB Control Programme.

527. Tuberculosis continues to remain one of the most pressing health problems in India. It is estimated that 50,000 children under five years of age die of childhood TB every year.³³ India launched the National Tuberculosis Control Programme (NTCP) in 1962 which was integrated with the Primary Health Care Delivery System and is implemented through District Tuberculosis Centres (DTC), of which 446 have been established. In addition, there are 47,600 TB beds in the country, 330 TB clinics in urban areas and 17 State TB Training and Demonstration Centres.³⁴

National Programme for Control of Blindness

528. The National Programme for Control of Blindness (NPCB) was launched in 1976. Various activities of the programme include establishment of Regional Institute of Ophthalmology, upgradation of medical colleges and district hospitals and block-level Primary Health Centres, development of mobile units, and recruitment of required ophthalmic manpower in eye-care units for provision of various ophthalmic services. The programme also extends assistance to voluntary organizations for providing eye-care services, including cataract operations and eye-banking. The goal was to reduce the prevalence of blindness from 1.4 per cent to 0.3 per cent by 2000.

529. Voluntary organizations are playing an important role in this programme. With the success achieved and experience gained through the pilot districts, District Blindness Control Societies (DBCS) have been established throughout the country. To date, 512 DBCS have been established.

530. An agreement was signed between the GOI and the Government of Denmark to provide support for the development of services under NPCB.

531. A World Bank-assisted Cataract Blindness Control Project is under implementation since 1994-95 at an estimated cost of Rs 554 crore for seven years in the States of Andhra Pradesh, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu and Uttar Pradesh. Major inputs of the project are upgrading the ophthalmic service, expanding the coverage in rural and tribal areas, establishment and functioning of DBCS, training ophthalmic manpower, improving the management information system and creating awareness about the programme among the masses.

532. A mid-term review of the project was undertaken during 1988 to assess the progress through rapid assessment survey, facility survey and beneficiary assessment survey. The surveys were conducted by independent organizations to find out the level of prevalence, outcome of surgery, coverage and satisfaction of beneficiaries, their knowledge, attitude and practices for eye-care and quality of life after surgery.³⁵

533. Other serious health problems which affect children are *kala-azar*, which is prevalent in Bihar and West Bengal, predominantly in the districts adjoining the Ganges river. Japanese encephalitis is a serious public health problem, which has been reported from 24 States and UTs. Outbreak of dengue fever has been reported from various parts of the country, primarily from urban areas.

534. *Varumun Kappom* (prevent it before it comes), a campaign approach to health care was launched at sub-centre level for 5000 population groups, by the Government of Tamil Nadu. A comprehensive health check-up by a team of doctors, including specialists, was taken up by the Government. A separate director and special officer were appointed to monitor the implementation of the programme. Early detection of congenital deformities/diseases like rheumatic heart diseases, leprosy and anaemia and referrals for treatment of the same were also undertaken. Access to information on personal environmental and hygiene, as well as nutrition education were also made available.³⁶

535. The Government of Tamil Nadu initiated the special health check-up for primary school students in 1965. It basically aims at screening all schoolchildren for common ailments, referral of children with problems to health institutions for full check-up and treatment, and creating awareness among community and teachers about health problems among children. The programme *Vazhvoli Thittam* has been revamped and is aimed at early detection of disabilities among schoolchildren.³⁷

536. Other innovative programmes include a radio programme for adolescent listeners in the districts covered under the DANIDA project.³⁸

Family planning

537. The National Family Welfare Programme in India has traditionally sought to promote responsible and planned parenthood through voluntary and free choice of family planning

methods, best suited to individual acceptors. With regard to family planning, the new approach emphasizes target-free promotion of contraceptive use among eligible couples, the provision to couples of a choice of contraceptive methods and the assurance of high quality care. An important component of the programme is the encouragement of adequate spacing of births, with an attempt to ensure three years of spacing.

538. The new National Population Policy (NPP), 2000, adopted by the GOI, has set as an immediate objective the task of addressing the unmet need for contraception in order to achieve the medium-term objective of bringing the Total Fertility Rate (TFR) down to replacement level by the year 2010.

539. Family planning methods and services in India are provided primarily through a network of Government hospitals and urban family welfare centres in urban areas and PHCs and Sub-centres in rural areas. Family planning services are also provided by private hospitals and clinics as well as NGOs. Sterilization and IUD insertion are carried out mostly in Government hospitals and PHCs. Modern spacing methods such as IUD, the pill and condoms are available through both the Government and the private sector. It is expected that since levels of urbanization and education in India are rapidly increasing, reliance on private sector services is likely to expand in future.

540. For many years, family planning programmes have been using the electronic and other mass media to promote family planning. Studies have confirmed that even after controlling the effect of residence and education, exposure to the electronic mass media has a substantial effect on contraceptive use. Results indicate that messages disseminated through the mass media reach 60 per cent of ever-married women in India. The most common source of family planning messages is television. Forty-four per cent of ever-married women report having seen a family planning message on television, followed by radio (38 per cent), wall painting or hoarding (31 per cent), newspapers and magazines (18 per cent), and cinema/film shows (13 per cent). Only four per cent were exposed to a message through drama, folk dance, or street play. Eighty-three per cent of urban ever-married women report seeing or hearing a family planning message from at least one media source as compared to 52 per cent of women in rural areas. Urban women are more likely than rural women to have been exposed to a message through each form of mass media.³⁹ Forty-three per cent of current users of a modern method of contraception said that they adopted a method on their own. It can be presumed that the widespread exposure to family planning messages has led to this. Twenty-one per cent of current users said that a Government health worker had motivated them. The role of Government workers in motivating users in rural areas is particularly important.

541. The findings of NFHS-II on fertility and family planning have recorded implications for programme intervention on family planning. Although the TFR has come down from 3.4 to 2.9 per cent, current fertility continues to be characterized by considerable amount of child bearing. Fertility declines sharply with women's education. The TFR for women who have completed at least high school is 2.0 compared with TFR of 3.5 children for illiterate women. If women were to have the number of children they wanted, the TFR would be 2.1. This suggests that if women are helped to meet their own desired family size goals, the family planning programme can successfully meet the objective of replacement level fertility. However, son preference continues to play an important role in fertility levels.

542. Knowledge of contraception is nearly universal, with the highest knowledge being about female and male sterilization, followed by the pill, the condom and IUDs. However, knowledge

about the last three methods is particularly low in Andhra Pradesh, Madhya Pradesh and Orissa. Contraceptive prevalence varies across States, from 67–68 per cent in Himachal Pradesh, Punjab and West Bengal to 20–30 per cent in Bihar and Uttar Pradesh. Female sterilization is the single most popular method in every State. The public medical sector is the source of contraceptives for 76 per cent of all users of modern contraceptives, while the share of the private medical sector is 17 per cent. The private medical sector and shops, however, are the main source for three out of four users of pills and condoms.

543. Sixteen per cent of currently married women in India have an unmet need for family planning, that is, they are not using contraception even though they do not want any more children, or they want to wait for at least two years before their next child. The unmet need for family planning has fallen since NFHS-I, which it was 20 per cent at that time.

544. A major criticism of the family planning programme in India has been that it has always emphasized the role of the woman. Female sterilization is much higher than male sterilization and use of IUDs and the pill is higher than that of condoms. In fact, family planning is seen as the responsibility of the woman/mother and not of the man/father. This lack of responsibility in sexual behaviour and in matters of conception and contraception by men has been identified as a major area of concern requiring change in male sexual behaviour and acceptance of male contraceptives.

545. Gender bias in health care-seeking behaviour is extremely pronounced. Extended periods of childbearing exist in several high fertility States. These States also tend to demonstrate the highest MMR. Fertility reduction can arrest the deterioration of women's health. Child survival and fear of losing children influence fertility behaviour—30 per cent of all deaths in children occur before the age of five. Rural women have more children, and they also suffer the greatest losses in terms of death of children.

546. The budgetary allocation for family planning in the First Five-Year Plan (1951–56) was Rs 65 lakh. In the budget for 2000–2001, the budget for family welfare is Rs 3,520 crore (the Department of Family Welfare is demanding a doubling of this figure to implement the new population policy). In short, the expenditure on family planning/welfare has risen at a much faster rate than the growth of population.⁴⁰

National Population Education Programme

547. The National Population Education Programme has been working to attain the institutionalization of population education in the education system of the country. Population Education Programme in School Stream, which entered Phase IV (1998–2001) in June 1998, is being implemented almost as a new project. It is now known as Population and Development Education in Schools. The overriding objective of the project is the institutionalization of re-conceptualized population education in the content and process of school education. The project is being implemented by National Council for Education Research and Training (NCERT) at the national level and State Councils for Education Research and Training (SCERTs)/State Institutes of Education (SIEs) at the State/UTs levels.⁴¹

National Population Policy (NPP)

548. The NPP has sought to address these challenges towards achieving TFR of 2.1 and it lays down specific goals to be achieved by 2010. Those which impact the child include;

- Address the unmet needs for basic RCH services, supplies and infrastructure;
- Make school education up to the age of 14 years free and compulsory, and reduce dropouts at primary and secondary school level to below 20 per cent for both boys and girls;
- Reduce the IMR to below 30 per 1000 live births;
- Achieve universal immunisation of children against all vaccine-preventable diseases;
- Promote delayed marriage of girls, not earlier than the age of 18 years and preferably after 20 years of age;
- Achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained personnel;
- Achieve 100 per cent registration of births, deaths, marriage and pregnancy;
- Prevent and control communicable diseases; and
- Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people-centred programme.

549. The NPP, 2000, is a unique initiative, which incorporates lessons learned, and move forward by replicating successes. The policy has identified 13 strategic themes:

- Decentralised planning and programme implementation

The 73rd and 74th Constitutional Amendments Act, 1992, made health, family welfare and education a responsibility of village *panchayats*. The *Panchayati Raj* Institutions (PRI) are an important means of furthering decentralized planning and programme implementation in the context of the NPP, 2000. However, in order to realize their potential, they need strengthening by further delegation of administrative and financial powers, including powers of resource mobilization.

- Convergence of service delivery at village levels

Efforts at population stabilization will be effective only if we direct an integrated package of essential services at village and household levels. There is need to promote a more flexible approach, by extending basic RCH care through mobile clinics and counselling services. Further, recognizing that the Government alone cannot make up for the inadequacies in health-care infrastructure and services, involving the functions of the non-government sector in partnership with the Government is essential.

- Empowering women for improved health and nutrition

Women, health and nutrition problems can be largely prevented or mitigated through low-cost interventions designed for low-income settings. The voluntary non-government sector and the private corporate sector should actively collaborate with the community and Government through specific commitments in the areas of basic

RCH care, basic education, and in securing higher levels of participation in the paid force for women.

- Child health and survival

A national technical committee should be set up, consisting principally of consultants in obstetrics, paediatrics (neo-natologists), family health, medical research and statistics from among academia, public health professionals, clinical practitioners and the Government.

- Meeting unmet needs for family welfare services

It is important to strengthen, energise and make accountable the cutting-edge of health infrastructure at the village, SC and PHC levels, to improve facilities for referral transportation, to encourage and strengthen local initiatives for ambulance services at village and block levels, to increase innovative social marketing schemes for affordable products and services and to improve advocacy in locally relevant and accepted dialects.

Box 6.6: National Population Policy, 2000

The NPP, 2000, affirms the commitment of the Government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target-free approach in administering family planning services. The NPP, 2000, provides a policy framework for advancing goals and prioritising strategies during the next decade, to meet the RCH needs of the people of India, and to achieve net replacement levels (TFR) by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health and contraception, while increasing outreach and coverage of a comprehensive package of RCH health services by the Government, industry and the voluntary non-government sector, working in partnership.

Source: National Population Policy, 2000, GO.I

- **Under-served population groups**

- **Urban slums:** Basic health and primary health care, including RCH care needs to be provided. Coordination with municipal bodies for water, sanitation and waste disposal must be pursued, and targeted information, education and communication campaigns must spread awareness about the secondary and tertiary facilities available.
- **Tribal communities,** hill populations displaced and migrant populations: These communities need special attention in terms of basic health and RCH services. The special needs of tribal groups include the provision of mobile clinics that will be responsive to seasonal variations in the availability of work and income. Information and counselling on infertility and regular supply of standardised medication will be included.
- **Adolescents:** Programmes should encourage delayed marriage and childbearing, and educate adolescents about the risks of unprotected sex.

- **Increased participation of men in planned parenthood:** The active involvement of men is called for in planning families, supporting contraceptive use, helping pregnant women stay healthy, arranging skilled care during delivery, avoiding delays in seeking care, helping after the baby is born and, finally, in being responsible fathers. The special needs of men include re-popularising vasectomies, in particular no-scalpel vasectomy as a safe and simple procedure, and focusing on men in the information and education campaigns to promote the small family norm.
- **Diverse health care providers:** This includes accrediting private medical practitioners and assigning them to defined beneficiary groups, revival of the system of licensed medical practitioners who, after appropriate certification from the Indian Medical Association (IMA), could provide specified clinical services.
- **Collaboration with and commitments from NGOs and the private sector:** There is a need to put in place a partnership of non-government voluntary organisations, the private sector, Government and community.
- **Mainstreaming Indian Systems of Medicine and Homoeopathy (ISMH):** Guidelines need to be evolved to regulate and ensure standardization, efficacy and safety of ISMH drugs for wider entry into national markets. Particular challenges include providing appropriate training, and raising awareness and skill development in RCH care to the institutionally qualified ISMH medical practitioners. At village levels, the services of the ISMH “barefoot doctors,” after appropriate training, may be utilized for advocacy and counseling, for distributing supplies and equipment, and as depot holders. ISMH practices may be applied at village maternity huts, and at household levels, for antenatal and postnatal care, and for nurture of the newborn.
- **Contraceptive technology and research on RCH:** Government must constantly advance, encourage, and support medical, social science, demographic and behavioural science research on maternal, child and reproductive health care issues. This will improve medical techniques relevant to the country’s needs, and strengthen programme and project design and implementation.
- **Providing for the older population;** It has become important to build in geriatric health concerns in the population policy. Ways of doing this include sensitizing, training and equipping rural and urban health centres and hospitals to provide geriatric health care, encouraging NGOs to design and implement formal and informal schemes that make the elderly economically self-reliant, providing for and routinizing screening for cancer, osteoporosis and cardiovascular conditions in PHCs, CHCs, and urban health care centres at primary, secondary and tertiary levels, and exploring tax incentives to encourage grown-up children to look after aged parents.
- **Information, education and communication:** Information, education and communication (IEC) of family welfare messages must be clear, focused and disseminated everywhere, including the remote corners of the country, and in local dialects. This will ensure that the messages are effectively conveyed.

550. The NPP, 2000, is to be largely implemented and managed at *panchayat* and *nagar palika* levels, in coordination with the concerned State/UT administrations. Accordingly, the specific situation in each State/UT must be kept in mind. This will require comprehensive and multi-sectoral coordination of planning and implementation between the areas of health and family welfare on one hand, along with schemes for education, nutrition, women and child development, safe drinking water, sanitation, rural roads, communications, transportation, housing, forestry development, environmental protection, and urban development on the other. Accordingly, the following structures are recommended:

- **National Commission on Population**

A National Commission on Population, prescribed by the Prime Minister, will have the Chief Ministers of all States and UTs, and the Central Minister in charge of the Department of Family Welfare and other concerned Central ministries and Departments, for example DWCD, Department of Education, Department of Social Justice and Empowerment in the MHRD, Ministry of Rural Development, Ministry of Environment and Forest, and others, as necessary, as well as reputed demographers, public health professionals and NGO members. The different working groups appointed by the commission would look into various aspects including birth registration.⁴² This commission will oversee and review implementation of policy. The commission secretariat will be provided by the Department of Family Welfare.

- **State/UT Commission on Population**

Each State/UT may consider having a State/UT Commission on Population, prescribed by the Chief Minister, on the lines of the National Commission, to likewise oversee and review implementation of the NPP, 2000, in the State/UT.

- **Coordination Cell in the Planning Commission**

The Planning Commission will have a Coordination Cell for inter-sectoral coordination between ministries for enhancing performance, particularly in States/UTs needing special attention on account of adverse demographic and human development indicators.

- **Technology Mission in the Department of Family Welfare**

To enhance performance, particularly in States with currently below average socio-demographic indices that need focused attention, a Technology Mission in the Department of Family Welfare will be established to provide technology support in respect of design and monitoring of projects and programmes for RCH, as well as IEC campaigns.

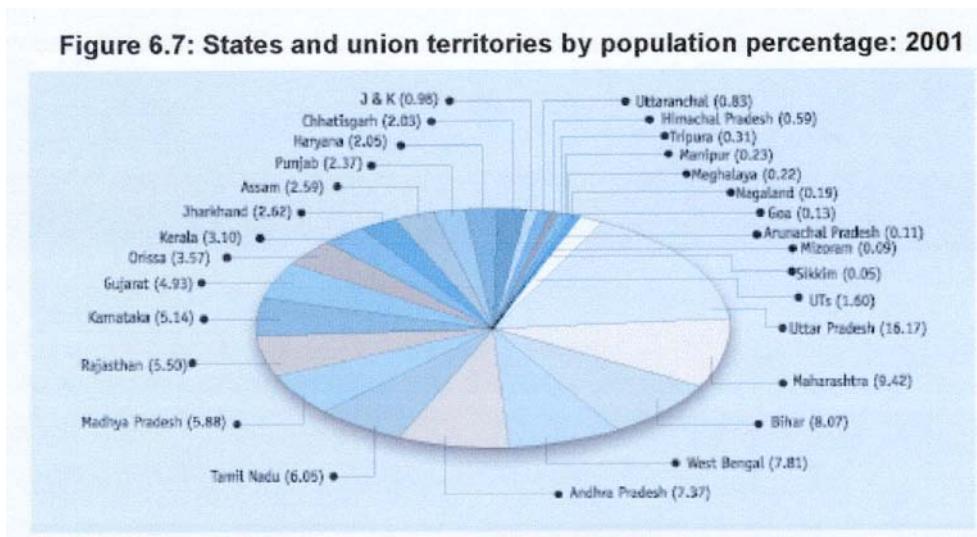
551. The State Governments are also in the process of finalising the State Population Policy. Rajasthan, Madhya Pradesh and Andhra Pradesh have already adopted the Population Policy.

552. India's population is the second largest in the world and, if unchecked, may just cross that of China by the year 2045, the year in which the country is expected to achieve population stabilisation. However, the progress of India's States and UTs differ greatly. Many States and UTs have reached replacement levels of fertility (a TFR of 2.1). These are Kerala, Tamil Nadu,

Delhi, Goa, Nagaland, Andaman & Nicobar Islands, Chandigarh and Pondicherry. Another 13 States and UTs have a TFR between 2.2 and three and it is estimated that they will reach replacement levels between 2002 and 2010. This includes among other Andhra Pradesh, Gujarat, Himachal Pradesh, Maharashtra and Karnataka.

553. Five States, viz., Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan and Orissa, had 44 per cent of India's population in 1996, and are projected to comprise 48 per cent of the total population in 2016. In other words, these States alone will contribute 55 per cent of the population growth in the period 1996 to 2016. The performance of these States will, therefore, determine the year and size of the population at which the country achieves replacement level of fertility and later population stabilisation. Out of these five States, the performance of Orissa has been encouraging as it has reached a TFR of three and is likely to achieve the replacement level by 2010. However, the other four States have TFR between four and 4.8 and they are expected to reach the replacement level in 2039 (Bihar), 2048 (Rajasthan), beyond 2060 (Madhya Pradesh) and beyond 2100 (Uttar Pradesh).

554. These figures have tremendous implications for India, as every delay in reaching populationn stabilization will mean that much extra stress on limited resources, and that much time taken for India to become a fully developed country. It is noteworthy that India's largest States are comparable to countries in Europe, Africa, Latin America or Asia in terms of population. In fact, the population of Uttar Pradesh, which is projected to have crossed 170 million, is comparable to the population of the most populous countries in the world. Only five countries, viz., China, India, USA, Indonesia and Brazil, have populations larger than Uttar Pradesh.



555. Medical termination of pregnancy (MTP) is a reproductive health measure that enables women to opt out of an unwanted/unintended pregnancy in certain specified circumstances, without endangering their life and well-being, on socio-medical grounds through MTP Act, 1971. The aim of the Act was to reduce maternal mortality and morbidity due to illegal/unsafe abortions. To make safe abortion services accessible to all women in the country, the the GOI, under the RCH programme, is expanding and improving MTP facilities and their utilisation.

556. Under the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, prenatal diagnostic techniques and genetic counselling may be conducted in genetic clinics, genetic laboratories and genetic counselling centres registered under the Act. Use of prenatal diagnostic techniques must comply with the conditions prescribed in the Act, and is permitted solely for detecting foetal abnormalities. Disclosure of the sex of the foetus is prohibited. The ground reality, however, is that female foeticide is becoming more prevalent in spite of the legal provisions. The first private sex determination clinic was set up in Amritsar, Punjab, in 1979, and this trend later spread to cities of northern and western India. This had adversely influenced the sex ratio in certain parts of the country. In Punjab, the under-five sex ratio fell from 925 per 1000 males in 1981 to 874 females in 1991. Sex determination clinics have now also reached southern and western India. The primary reason for the increasing popularity sex determination tests is the preference for the male child. However, the phenomenon of adverse sex ratio is not peculiar to India and surprisingly, even the more developed countries of South and Southeast Asia, such as Sri Lanka and Thailand, have sex ratios which are unfavourable to females.⁴³

HIV/AIDS

557. In India, the HIV/AIDS infections are now over a decade old. Within this short period, it has emerged as a serious public health problem in the country. The prevalence of HIV has been reported in all States and UTs.⁴⁴

558. Prevalence levels of HIV is still low in India at less than one per cent of the adult population. The number of infected individuals, however, is now extremely large, doubling in the last four years to an estimated 3.5 million (1998). Data from sentinel surveillance point to a rapid evolution of the epidemic in the southern and western parts of India. Andhra Pradesh and Karnataka have now overtaken Tamil Nadu to join Maharashtra as States with the highest prevalence of HIV. A distinct but continuing epidemic amongst injecting drug users in Manipur, risks spreading to neighbouring States in the North-East and to major metropolitan centres. The majority of northern States still report very low levels of HIV. Their vulnerability to the epidemic, however, in terms of male migration, adverse gender norms and weak infrastructure makes action in these States critical for the future path of the epidemic.⁴⁵ It is estimated that around 160,000 children in India are living with HIV/AIDS.⁴⁶ The predominant mode of transmission of AIDS is through heterosexual contact, followed by blood transfusion, blood products and the use of injectable drugs. The trends indicate that HIV infection is spreading in two ways: from urban areas to rural areas, and from individuals using risky practices to the general population. The data from ante natal clinics indicate a rise in the prevalence of HIV among women, which in turn, contributes to an increase in HIV infection among children.⁴⁷

Programmes and Strategies

559. Soon after the first case of AIDS was detected in the country in 1986, the National AIDS Committee was constituted under the chairmanship of the Minister of Health and Family Welfare to facilitate effective coordination between various ministries, NGOs and private institutions for implementation the National AIDS Control Programme.⁴⁸ Realizing the gravity of the epidemiological situation of HIV infection in the country, the GOI launched the National AIDS Control Programme in 1987. The programme focused on increasing awareness of HIV/AIDS, screening blood for HIV and testing individuals practising risky behaviour. The objectives of the first phase of the programme were to prevent HIV transmission, decrease the morbidity and

mortality associated with HIV infection, and minimise the socio-economic impact of HIV infection. The project consisted of five components:

- Strengthening the management capacity for the prevention and control of HIV/AIDS;
- Improving public awareness through the IEC programme;
- Improving blood safety and promoting the rational use of blood;
- Building surveillance and clinical management capacity; and
- Controlling STDs.

560. The National AIDS Control Organisations (NACO) was set up to review the policies on the prevention and control of HIV and AIDS. NACO was set up at the Central level. State AIDS cells were established in the 26 States and six UTs for the implementation of the approved schemes.

561. In addition to the 815 blood banks in the Government, voluntary and charitable sectors modernized in Phase I of National AIDS Control Programme (NACP), NACO has proposed to modernise or set up 20 major blood banks and 40 blood component separation units in the country during Phase II of NACP. Eighty district-level blood banks are also proposed to be set up in those districts of the country which may not have blood banks, during this period.

562. State Blood Transfusion Councils have been strengthened by providing them with additional funds and also by supportive supervision of their activities so that they strengthen the monitoring mechanism of blood banks in the States. The State Blood Transfusion Councils are now supplementing the activities of the State AIDS Control Societies in improving blood transfusion services. Training of drug inspectors who are the regulatory authorities for blood banks has also been stepped up and the regulatory mechanism strengthened.

563. Augmentation of voluntary blood donation has received increased attention both at the national and State levels. The WHO theme for World Health Day 2000 was "Safe blood starts with me –Blood saves lives" and in this context, a number of activities were conducted during the year to promote voluntary blood donation. Substantial IEC material was produced and distributed all over the country with the help of voluntary organisations. During this campaign, long-time voluntary blood donors were felicitated and public awareness for voluntary blood donation raised.⁴⁹

564. Phase II of NACP received approval from the Union Cabinet on 26 August 1999, with a total layout of Rs 14, 250 million. The programme was formally launched on 15 December 1999. The project has three important external partners:

- International Development Assistance (IDA) of the World Bank which has come forward to continue assistance in the second phase of the programme;
- USAID, on the basis of its experience in Tamil Nadu under the AIDS Prevention and Control (APAC) project, has agreed to extend its assistance to the Government of Maharashtra.;

- The Department for International Development (DFID) of the Government of UK has extended its assistance to sexual health projects to be implemented in Andhra Pradesh, Gujarat, Kerala and Orissa;
- The new programme has the following features which will amount to a paradigm shift in the nation's response to the prevention and control of HIV/AIDS at all levels. Based on epidemiological data obtained from annual sentinel surveillance, the country has been divided into three groups;
- Maharashtra, with a prevalence of 2–2.4 per cent in the reproductive age-group of 15–49 years;
- Andhra Pradesh, Karnataka, Manipur and Tamil Nadu, with a prevalence of 1–2 per cent in the above age-group; and
- The rest of the country, where the prevalence levels are less than one per cent in the age-group of 15–49 years.⁵⁰

565. The objective of the Second AIDS Control Project is to restrict the spread of the infection to less than five per cent in Maharashtra, less than two–three per cent in Andhra Pradesh, Karnataka, Manipur and Tamil Nadu and less than one per cent in the rest of the country, and to achieve the above objectives through a strategy which has the following important features:

- Promotion of ownership and decentralisation of the programme from NACO to the State level. Autonomous AIDS Control Societies have been established in all the States, UT, and three municipal corporations of Ahmedabad, Chennai and Mumbai.
- Putting emphasis on control of STDs, promotion of condom use and raising awareness, leading to behavioural change among poor and marginalised sections of the community like commercial sex workers, injecting drug users, street children, homosexuals, etc. Targeted interventions, as they will be known, will be executed mainly through NGOs, which have a good amount of experience of working in related areas. Wherever NGOs are not available, community-based organizations, or even local bodies like municipal corporations, would directly take up programmes of intervention.

There will be serious attempts to normalize HIV/AIDS infection in the general community. This can be effectively done by protecting the basic human rights of people living with AIDS (PLWAs), their right to employment and right to privacy. There will be facilities for voluntary counselling, testing and notification of sexual partner. Mandatory testing will be strictly discouraged. Medical officers and others involved in service delivery will be given intense training in not only prevention and awareness programmes but in clinical care and handling of HIV/AIDS cases in the hospital and community.

Figure 6.8: Children living with HIV/AIDS

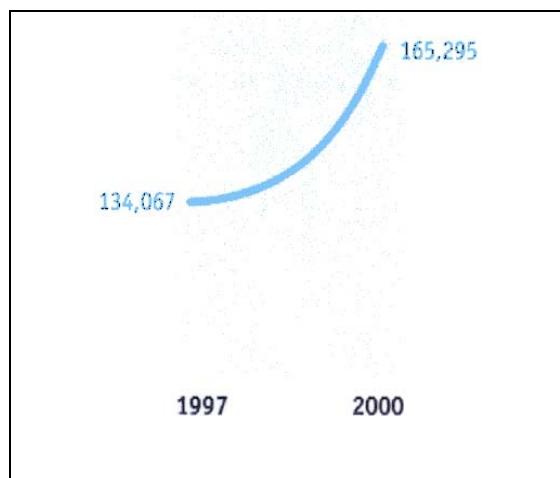


Table 6.14: Unrounded estimates of the HIV/AIDS epidemic

India Year	People living with HIV/AIDS	Adults living with HIV/AIDS	Women living with HIV/AIDS	Children living with HIV/AIDS
1997	3,237,060	1,102,994	1,150,83	134,067
1998	3,478,984	3,333,779	1,227,663	145,205
1999	3,704,545	3,548,937	1,298,197	155,609
2000	3,914,355	3,749,060	1,362,961	165,295

Source: UNAIDS-Joint United Nations Programme on HIV/AIDS, Facts and Figures

566. HIV/AIDS is now visualized as not merely a public health problem, but a socio-economic issue in the perspective of overall development. It is proposed to involve the large employee organisations and social sectors in the Government as well as private sector, in raising awareness levels and promoting service delivery. In the Government, ministries like railways and defence, the coal and steel industry, as well as police and para military organisations and ESI Corporation have prepared sector-wise projects for prevention and control of HIV/AIDS in their own programmes. In the private sector, employer organizations like Confederation of Indian Institute (CII), Associated Chambers of Commerce (ASSOCHAM) and FICCI will be closely involved in the intervention programmes for their employees and communities. Involvement of trade unions in these programmes will be actively promoted.

National AIDS Prevention and Control Policy

567. A comprehensive Draft National AIDS Prevention and Control Policy seeks to prevent the epidemic from spreading further and to reduce its impact not only on the infected persons but on the health and socio-economic status of the general population at all levels. The specific objectives of the policy are:

- To reiterate strongly the Government's firm commitment to preventing the spread of HIV infection and reducing personal and social impact;
- To generate a feeling of ownership among all the participants, both at the Government and non-government levels, like the Central ministries and agencies of

the GOI, State Governments, city corporations, industrial undertakings in public and private sectors, *panchayat* institutions and local bodies to make it a truly national effort;

- To mobilize support of a large number of NGOs/ Community-Based Organisation (CBOs) for an enlarged community initiative to prevent and alleviate the AIDS problem;
- To promote a more supportive socio-economic environment for prevention of HIV/AIDS;
- To prevent women, children and other socially weak groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects.;
- To provide adequate and equitable provision of health care to HIV-infected people and to draw attention to the compelling public health rationale for overcoming stigmatization and discrimination against them in the society;
- To promote better understanding of HIV infection among the people at large, to generate awareness about the nature of its transmission and to promote safe behavioural practices to prevent the disease from spreading;
- To provide proper health care; both in hospitals and at home, for the care and support of people ill with AIDS; and
- To constantly interact with international and bilateral agencies for support and co-operation in the field of research in vaccines, drugs, emerging systems of health care and other financial and managerial inputs.⁵¹

Counselling

568. People with HIV/AIDS experience a variety of health care and social support needs during the course of their illness. A major drawback is the persistence of stigmatization and discrimination against HIV-infected individuals. This is being countered by PLWAs in some places, who are increasingly becoming open about their illness. It has become necessary for them to face the challenges of this infection and reduce the stress under which they are having to live. As more and more people are getting infected with HIV, the issue of providing care and support, both at the clinical and social level, has become more pertinent. Past experience shows that as soon as the infection is identified, not only the person concerned but also the entire family is subjected to innumerable problems ranging from harassment to total isolation in the community. There have been instances of refusal to admission of AIDS cases in Government hospitals and private nursing homes. There is a need, therefore, to eliminate many a misconception and strengthen health care and social support systems. Care and support, including home-based care and continuum of care has been taken up as an integral component of the National AIDS Prevention and Control Policy. Counselling services to HIV-infected persons are being provided through trained counsellors. Pre-test, post-test and ongoing counselling form the important aspects of counselling. NACO has set up a National AIDS Helpline, which offers counselling services round-the-clock. The telephone is linked to a computerized voice response system, which gives information on various issues related to HIV/AIDS, such as general information,

symptoms of HIV infection/AIDS, facilities for testing of HIV, provision of care and support service for those infected and affected by HIV/AIDS. Interested callers can also avail of personal counselling. Such services have been successfully implemented in 35 cities across the country.⁵²

Community care and support centres

669. Community care is an age-old concept practiced for thousands of years under the Indian system of medicine, *Ayurveda*. In this system, patients are provided care and support in hermitage life settings, therefore, providing an ideal situation for a life free from discrimination and hatred. For providing community care to AIDS patients, a centre has already been opened by the Sisters of the Missionaries of Charity, which is functioning since 1995. Community care centres can be useful in the following ways:

- They can serve as a place to counter negative responses;
- They can be managed as part of an integrated cost-effective care system;
- They can serve as an intermediary between hospitals, home and community-based e systems;
- They can promote a community response to the sources of HIV infection.

Six community care centres exist in India at present. As more HIV infected persons develop full-blown AIDS, there will be a need to develop more hospice and community-based care centres.⁵³

Mother-to-child transmission

570. Under the National AIDS Control Programme, the GOI has initiated a feasibility study for the prevention of mother-to-child transmission by AZT prophylaxis (also known as Zidovudine) in 11 centers in five states with high prevalence of HIV infection. These are Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh and Manipur. The objective is primarily to assess the feasibility of administering AZT to prevent mother-to-child transmission of HIV infection in pregnant mothers.

571. In the 11 centres, pregnant mothers are imparted education-cum-counselling services in order to make them understand the risk of HIV/AIDS and its implication on the health of the child. They are also informed about the ways and means of preventing transmission, including administration of AZT prophylaxis. All the mothers who accept HIV tests voluntarily are enrolled for the study and tested for HIV infection after informed consent and one-to-one pre-test counselling. Mothers who are found to be positive are counselled about the consequences of HIV infection and the importance of AZT prophylaxis in prevention of infection to the child. Mothers opting for the prophylaxis are provided AZT after 36 weeks of pregnancy⁵⁴.

Box 6.7: Strategic focus of each UN agency within the national response

WHO will continue to focus on surveillance, blood safety; clinical care; and STDs (especially on syndromic management), extending this to the continuum of care and ensuring that analysis of epidemiological and behavioural data informs all the agency responses, working closely with NACO and UNICEF on Mother to Child Transmission (MCT).

UNDCP will focus on introducing HIV/AIDS issues into existing national drug demand reduction projects, currently planned to be supported by UNDCP (especially in the north-east of India), establishing linkages between the two programmes and identifying strategic gaps in drug related HIV programmes.

UNIFEM will assist in building capacities of women's organisations, bringing in gender perspectives to the national HIV policy and programme, and help forge a partnership between Government and women's organisations in addressing issues of HIV and AIDS.

UNESCO will take lead in reaching young people out-of-school in non-formal education and include HIV in curricula across the spectrum of educational programmes.

UNDP will facilitate empowerment of vulnerable and marginalised populations, making HIV an integral part of its Human Development goals, working with NGOs and partnerships with civil society including PLWAs.

UNFPA will work within its core areas of support, related to HIV in condom programming, reproductive health, and adolescent reproductive health. Specifically drawing on its 38 district level projects in six States, to model and define approaches to integrate HIV/STD control into RCH and the PHC system, and carry out research on population projections on HIV and operational research on the female condom, and microbicides.

UNICEF will take a lead with WHO in demonstrating feasible strategies for MCT; and within its CRC mandate, develop strategies for involvement of youth, especially tackling discrimination; and supporting formative research on areas related to vulnerability of children (street children/orphans, etc.,)

ILO will initiate actions in promoting the active involvement of its social partners (Employers and Unions) in tackling HIV especially at workplace interventions and protecting rights of HIV positive workers.

Source: India Responds to HIV/AIDS: A strategic response to the HIV epidemic by the GOI, the UN and its Development Partners in India

Information, education and communication strategy for HIV/AIDS

572. Communication continues to be one of the most important strategies in the fight against HIV/AIDS. In the absence of a vaccine or a cure, prevention is the most effective strategy for control. In India, the majority of the population is still uninfected. It, therefore, becomes imperative to continue intensive communication efforts that will not only raise awareness levels but also bring out behaviour change for prevention.

IEC strategy

573. The IEC strategy in NACO is operationalised at two levels. At the national level, political and media advocacy, and the creation of a supportive environment that reduces social stigma and discrimination and provides better access to services have been taken up. At the State level, the IEC activities have been decentralised keeping in mind the need to respond to local priorities and communication in local languages. In order to create baseline data for the AIDS-II Project, NACO has directed the State AIDS Control Societies to conduct a communication needs assessment in every state on the basis of which a state-level IEC plan will be developed.

The objectives of the IEC strategy in the National AIDS Control Programme are:

- To raise awareness, improve knowledge and understanding among the general population about AIDS infection and STD, routes of transmission and methods of prevention;
- To promote desirable practices such as avoiding multi-partner sex, condom use, sterilization of needles/syringes and voluntary donation of blood;
- To mobilize all sectors of society to integrate messages and programmes on AIDS into their existing activities;
- To train health workers in AIDS communication and coping strategies for strengthening technical and managerial capabilities;
- To create a supportive environment for the care and rehabilitation of persons with HIV/AIDS.

National level IEC activities 2000-2001

Electronic media

574. NACO is utilising the massive outreach of Doordarshan and private satellite channels for telecast of messages on HIV/AIDS prevention and control during prime-time. These include messages on sexually transmitted diseases, blood safety and voluntary blood donation. Some of the specific activities are as follows:

- **Spirit of Unity Concert**

NACO has sponsored classical music “Spirit of Unity Concerts” to mainstream the issue of HIV/AIDS and to reach out to the cultural elite and other educated classes through this programme;

- **Campaign for youth**

NACO developed two audio and two video spots focusing on the vulnerability of young people to HIV. The spots were prepared by Thompson Social in an animated format and were telecast/broadcast on the prime channels of Doordarshan, satellite television and radio from 15 November – 31 December 2000. Press advertisements were also developed as part of this campaign. It is now proposed to evaluate the impact of this campaign before undertaking new activities;

- **Talk Show**

Interactive communication, publicity of best practices and sharing of experiences is an important communication strategy for the prevention and control of HIV/AIDS;

- **All India Radio**

A special programme, in the drama mode, has been devised for rural and migrant youth. The programme which is titled *Jiyo Aur Jeene Do* (live and let live) is being broadcast on 30 commercial broadcasting stations of AIR since June 1998. The ten-minute, programme is broadcast in 12 languages on Tuesday evening at 8.00 p.m;

- **AIR-FM**

NACO is using the popular FM channel to combine entertainment and education in reaching out to the urban youth. A one-hour programme titled “NACO Film Hit Parade” is broadcast every week on the AIR-FM channel in Delhi. The programme has received a wide and positive response from a number of people who respond on the telephone numbers given, seeking medical advice and counselling.

Print media

575. The IEC department of NACO has prepared several packages of materials aimed at various population groups, to be used by the outreach workers, health workers and peer educators working in government as well as non-government organizations. Some of the important packages are as follows:

- A package (comprising two sets of flashcards, five posters, five stickers, four leaflets and a guidebook) for injecting drug users in the North-East. A health education package for the commercial sex workers (three sets of flash cards, one poster, one leaflet and a user manual);
- A package on HIV/AIDS containing three posters, a flip book, and a folder slum dwellers;
- For workplace education in Industry, an IEC package consisting of posters, booklets, stickers and a video set has been produced;
- An imaginative package containing training guides, posters, educational games and kits has been developed for street children;
- The other print media developed for awareness include: posters, pamphlets and booklets on general information on HIV/AIDS/STDs, voluntary blood donation, timely treatment of STDs and developing a positive attitude towards those infected with HIV/AIDS.

National AIDS Telephone Helpline

576. A toll-free National AIDS Telephone Helpline has been set up to provide access to information and counselling on HIV/AIDS-related issues. This is a computerized four-digit number, 1097, with a voice-response system linked with the telephonic hotline. This is a very popular service, since it maintains the confidentiality of the callers and helps the caller clarify doubts and access personal counselling without revealing their identity. The telephone helpline has been extended to 35 cities/towns all over the country.

School AIDS Education Programme

577. Young people are among the most vulnerable to HIV/AIDS. School AIDS Education is one of the important programmes that focuses on students to raise awareness levels, help young people resist peer pressure and develop a safe and responsible lifestyle. The programme reinforces family values and respect for the opposite sex. The activities include training of teachers and peer educators among students, role playing, debates and discussions, question box and access to referral services, if necessary. A training module has been developed for the programme in consultation with UNICEF and *Sewadham*, an NGO based in Maharashtra, which has successfully implemented the programme.⁵⁵

Information, Education and Communication (IEC)

578. Information, Education and Communication (IEC) on health activities have been organized on a priority basis in the most vulnerable districts of India. Greater emphasis has been laid on a more judicious media-mix on the basis of local-specific media forms and need-based interpersonal communication schemes. More stress has been laid on grassroots level communication for those audience segments which cannot be reached by the conventional mass media channels. Remote areas have been covered by adopting a multi-media strategy, song and drama programmes and print material designed for semi-literates and neo-literates in a systematic manner. The IEC strategy is now being focused on the socio-economically backward districts as well as the weaker States.

579. As part of the new strategy to utilize the services of eminent film-makers, the ministry has requested them to make feature films on reproductive health issues. Shyam Benegal's *Hari Bhari*, a film on reproductive health problems of women in Muslim families has been completed. A radio programme based on folk music, *Lok Jhankar* (Information for People), is broadcast twice a week from 22 stations of *Vividh Bharati* (a radio channel) to enlighten the audience in Hindi-speaking areas on RCH and family welfare issues. Hoardings have been installed at prominent places in six big cities of northern India with messages on RCH and family welfare issues. To make local-specific IEC activities more effective, *Zilla Saksharata Samitis* (District Literacy Committees) are being involved to chalk out area-specific IEC campaigns on vital RCH issues for every district. In this way, family welfare is being integrated with education at the district level and below.⁵⁶ To orient the community to the principles of RCH, a massive awareness generation campaign has been started under the RCH programme. This campaign elicits the participation of all segments of the society for appropriate child health practices, amongst other things. A notable feature of this programme is the involvement of *Panchayati Raj Institutions* (PRI). Breastfeeding is being promoted through the Baby-Friendly Hospital Initiative. Projects are being sanctioned to NGOs to promote breastfeeding and to enable hospitals and other health facilities to get certified as "baby friendly". Communities are also being informed about child health practices through the mass media, including advertisements in papers, panel discussions on TV and radio and through the organization of talks and seminars by experts.⁵⁸

580. During 1999–2000, six rounds of the Intensified Pulse Polio Immunisation (IPPI) programme were organized—four nationwide rounds, once a month from October 1999 to January 2000, and two more sub-national rounds in eight States—Gujarat, Rajasthan, Madhya Pradesh, Bihar, Uttar Pradesh, Orissa, Assam and West Bengal. It has been recognised that success in generating awareness through a focused IEC campaign was the key to the success of the IPPI programme. A number of audio-visual programmes were produced in Hindi and other

regional languages. Video spots were telecast on the national network (Doordarshan). Seven spots on RCH and PPI were completed. In addition, production of spots on family welfare issues and *Haseen Lamhe* (Beautiful Moments), a 15-minute radio programme, were broadcast in Hindi and 11 regional languages, from 30 stations of the commercial broadcasting services of AIR. The programme covered family welfare, RCH and population issues in an interesting and absorbing manner. The media unit of the Ministry of Information and Broadcasting provided communication support to the family welfare programmes. The focus was on child health problems, population growth, status of women, small family norms and the community needs assessment approach (CNAA). Doordarshan telecast video spots on a range of RCH issues, including polio eradication.

World Bank-assisted Women and Child Development Project

581. A major opportunity for promoting early child development opens up with the recent clearance of the World Bank-assisted Women and Child Development Project. The project covers ICDS service quality improvement in five States—Tamil Nadu, Kerala, Maharashtra, Rajasthan and Uttar Pradesh. It includes a nationwide training component—*Udisha*, which focuses on improving the quality of training of ICDS child care functionaries and care givers. UNICEF is also a technical and financial collaborator in the project, which seeks to improve the quality and cost-effectiveness of ICDS. Main project benefits would be:

- Better nutrition, health, cognitive and psychosocial development for children below six years of age; and better health and nutrition for women, especially pregnant and nursing mothers;
- More than 8,000,000 households with direct participants will benefit through better learning and improved productivity of other members;
- More than 12,000,000 households of indirect participants would benefit through project outreach to women aged 15-45 years, through behavioural change as a result of improved social communication;
- Improved primary school enrolment, retention and learning achievement of children of disadvantaged groups;
- Improved participation of girls of disadvantaged groups in primary education, by releasing them from the burden of sibling care;
- Poverty alleviation—The project would focus predominantly on the poor, SC and ST population;
- Gender equity, through special efforts to include girl children in the programme; support for the education of girls by releasing them from the burden of sibling care, recruitment of women community child-care workers and other women programme staff; and development of women's empowerment and adolescent girls' schemes;
- Empowerment of adult women from poor households, through efforts to organize them to improve their access to information and economic opportunities. Also by providing child-care support services to women in their multiple roles, allowing

women in the reproductive age-group to participate in civic, political, institutional and collective life;

- Improved impact and cost-effectiveness of the ICDS programme;
- Development of institutional capacity to improve programme quality on a continuing basis.

Training

582. The National Institute of Health and Family Welfare (NIHFW) was instituted by the GOI as the nodal agency to coordinate the various training activities under the RCH programme all over the country. Twenty-five two-day workshops were organized in eight States/UTs to sensitize obstetricians, gynecologists, family physicians and medical professionals in the Government on the RCH programme. A project called Improving Access to Quality Reproductive and Child Health Services was implemented through the IMA. Under this, 50 institutions, such as private nursing homes, hospitals and MCH centres, were identified as RCH centres. Each RCH centre would serve a population of one lakh, by providing services like tubectomy, vasectomy IUD insertion, other family planning services and counselling. Twenty-five workshops of two-days' duration each were organised in different States of the country by the Indian Academy of Paediatrics (IAP). The objective was to orient members of IAP on the concepts of RCH with a view to improving their knowledge and skills related to RCH. Two South East Asian regional training courses in population and reproductive health management were organized by the Indian Institute of Health and Family Welfare, in collaboration with Mahidol University, Bangkok. A collaborative six-week training programme was organized by the Institute of Economic Growth, Delhi and Chulalikorn, Bangkok, for mid-career medical personnel on economics for health analysis.

Box 6.8: Catch 'em young

A best practice case study on school based AIDS prevention education programmes in Maharashtra, India

Maharashtra, situated on the west coast of India, is the third largest State in the country. It has a total population of 78.9 million, with a literacy rate of 63 per cent. The capital of Maharashtra, Mumbai (previously known as Bombay), is the largest city in India. It has a population of 12.57 million. In Mumbai, the first case of AIDS was detected during May 1996. Since then, Maharashtra has planned and implemented a programme for prevention and control of AIDS.

In India, the question of introducing AIDS education in schools is inextricably linked with the issue of introducing sex education for school children. Education about reproductive health and STD/HIV/AIDS meets with opposition. Parents and the community have to be convinced that such education does not lead to more or earlier sexual activity, as parents generally fear. The rapid spread of STD/HIV/AIDS has intensified the national debate on this issue. Major recommendations have been endorsed, namely, that keeping in view the age of the target group, suitable components of adolescent education should be introduced in the school curricula at all stages. This is based on the conviction that AIDS preventive education can minimise the spread of the AIDS epidemic, because information, values and skills imparted in schools have a long-lasting impact.

Two major strategies are being adopted to integrate AIDS education into the existing school curriculum and the ongoing programme.

Linking AIDS and population education

It is generally agreed that AIDS education cannot be promoted exclusively as a separate independent programme in Indian schools, but should be linked with an existing related programme. The population

education programme, which is receiving financial and technical assistance from UNFPA, UNESCO and WHO, has been operational for the last one-and-a-half decades.

The general consensus, as reflected in various documents of UNESCO, WHO and UNFPA and as recommended by NCERT and MHRD is that AIDS-preventive education should be linked with the population education programme, which has infrastructural facilities available both at the State and national levels.

Combining curricula with non-course approach

A non-course approach could be considered supplementary to the main effort to bring about curricula changes. In the ensuing less formal environment, sensitive issues like HIV/AIDS and family life education can be approached more easily in schools.

Maharashtra is the first State in the country to initiate AIDS education on a large-scale in public and private schools. The pioneering efforts of *Sevadham Trust*, an NGO, Directorate of Health Services (DHS), Mumbai, and Municipal Corporation of Greater Mumbai (MCGM), have institutionalised some of the processes which were initiated for AIDS prevention.

Initially funded by UNICEF, the three pilot projects were subsequently supported with resources by NACO. Each project has been evaluated by external agencies, which have concluded the effectiveness in terms of increased awareness amongst students. It has thus been possible to identify some of the best practice guidelines.

Source: Catch 'em Young, A Best Practice Case Study on School Based AIDS Prevention Education Programmes in Maharashtra, India, UNESCO publication

583. Two collaborative programmes on population dynamics were organized. The objective was to upgrade the skills of the family welfare personnel and to acquaint the trainees with the population programmes of neighbouring countries. Skill training courses on MTP were conducted in 14 identified institutes. Each institute conducted three courses, and training was given to two or three medical officers in each course. Four training fellowship programmes were conducted on RCH for paramedical personnel working in family welfare. Training courses on population analysis were organized by IIPS for demographers and district family welfare officers. Orientation courses were conducted on RCH and CAN for the faculty of ANM and lady health visitor (LHV) training schools. Eight orientation training courses on RCH programme management were organized for district family welfare officers.⁵⁸

Box 6.9: National Newborn Week: 15–21 November, 2000

In order to highlight the key importance of newborn health among the current national priorities, the Government organised a Newborn Week throughout the country from 15–21 November, 2000. Activities during the week included seminars, workshops, newborn health *melas*, newborn care campaigns in underprivileged communities, as well as IEC and media campaigns. The aim was to enhance awareness about newborn health among opinion leaders, professionals, agencies, NGOs and, above all, the public.

Source: Newborn Health—Key to Child Survival (Present Scenario, Current Strategies and Future Directions for Newborn Health in India), Child Health Division, Department of Family Welfare, Ministry of Health and Family Welfare

Involvement of NGOs

584. At the village, *panchayat* and block levels, small NGOs are being involved in advocating RCH and family welfare practices and general counselling. At the same time, individual NGOs are also being allowed to propose innovative programmes. Small NGOs with limited resources are being assisted through mother NGOs. The Department of Family Welfare intends to establish one mother NGO for every eight to 10 districts. NGOs with substantial resources and proven competence are being approved as mother NGOs. So far, the Department has identified 57

mother NGOs. Mother NGOs are required to provide training to the staff of small NGOs in both management of the NGOs and programme management. Mother NGOs have one nominee from the State Government and one from the GOI in their executive committees.

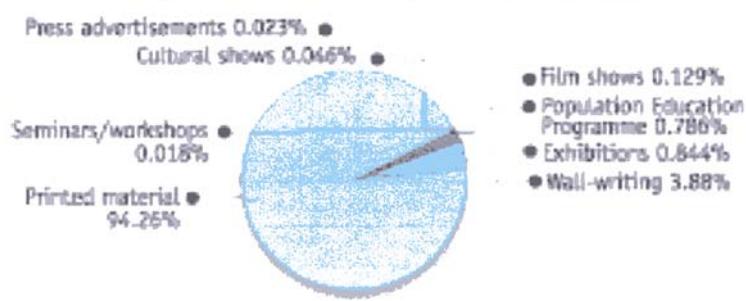
585. A limited number of major NGOs are being assisted by the Department of Family Welfare on a project basis for innovative programmes. The intention is not to involve the NGOs in duplicating Government programmes, but to take them to areas which are relatively underserved or have special problems. The Department proposes to involve NGOs wherever their involvement is expected to yield good results, e.g. in introducing baby-friendly practices in hospitals, in helping with the enforcement of the Prenatal Diagnostics Technique Act by detecting offending sex-determination clinics, and in collecting evidence for making specific complaints against them to the designated authorities in the State. In addition, some NGOs will be assisted by the hospitals/clinics in urban areas in offering facilities for contraceptive/terminal methods and counselling both in regard to RCH and population control measures.⁵⁹

International Assistance

586. The RCH programme has an approved outlay of Rs 51,125.3 million under the Ninth Plan. For the year 1999–2000, the programme approved an outlay (budget expenditure) of Rs 6760 million. The details of estimated assistance for the year 1999–2000 are as under.⁶⁰

Currency	Exchange Rate (31 March, 2000)	Conversion (opp.)
IDA (\$)	Rs 46.31	Rs 2547 million
ECU	Rs 40.49	Rs 809.8 million
DFID (£)	Rs 65.78	Rs 1315.6 million
Japan (JY)	Rs 37.05	Rs 33678.45 million
KfW (DM)	Rs 20.71	Rs 310.65 million
UNICEF (US \$)	Rs 46.31	Rs 1180.9 million

Figure 6.9: IEC activity on health issues



Source: Annual Report, 1999–2000, Ministry of Health and Family Welfare, GOI

Environment

587. One of the indicators of the quality of life is a clean environment. While the protection and conservation of the environment has been enshrined in the Constitution of India, the level of environmental health both in urban and rural areas in India needs much improvement. This has

serious public health implications, and frequent outbreaks of water-borne, vector-borne and air-borne diseases occur.

588. The growing pollution of our rivers constitutes the biggest threat to public health. The assault on India's rivers—from population growth, agricultural modernization, urbanization and industrialization—is enormous and growing by the day. Rivers support the life of innumerable living species and also human beings. Most Indian cities get a large part of their drinking water from rivers.⁶¹ Most Indian rivers and freshwater streams are polluted by industrial wastes and effluents. Industrial wastes are toxic to the life forms that consume this water, with potential harm to the liver, kidneys, reproductive system, respiratory system and nervous system.⁶² Several diseases, like diarrhoea, hepatitis (jaundice), ascariasis (roundworm), hookworm infection, trachoma and dracunculiasis (guinea worm), have been linked to human contact with polluted water. The World Bank and World Health Organization have estimated that 21 per cent of all communicable diseases in India are water related.⁶³ To combat water pollution, the Water (Prevention and Control of Pollution) Act was enacted in 1974. This Act seeks to maintain and restore the wholesomeness of water. The pollution control boards monitor the quality of wastes, discharges and emission from time to time. The Central Pollution Control Board (CPCB) performs the function of a National Board, as well as that of a State board for all States/UTs of India, with a comprehensive programme for the streams and wells in the States.⁶⁴

589. The speed with which urban air pollution has grown across India in the last decade is alarming. India has 23 cities with over one million people, and ambient air pollution levels exceed WHO health standards in many of them. Air pollution, even in small towns of the country, unpredictably high. The air pollutants include sulphur dioxide, nitrogen oxides and suspended particulate matter. Polluted air has serious effects on health, causing respiratory, cardiac and nervous disorders.⁶⁵ The Air (Prevention and Control of Pollution) Act was legislated in 1981, providing for prevention, control and abatement of air pollution. In areas notified under this Act, no industrial pollution-causing activity can come up without the permission of the concerned State Pollution Control Board.

590. After the Bhopal disaster, a more comprehensive Environment Protection Act (EPA) was passed in 1986. This is an umbrella legislation, designed to provide a framework for the Central Government to coordinate activities of various Central and State authorities, established under previous laws such as the Water Act and Air Act. This Act provides power to enforcement agencies with necessary punitive powers to restrict any activity that can harm the environment. Environmental health programmes include safe water supply, drinking water quality surveillance, excreta disposal, sanitation, waste-water management, municipal solid waste management, water and air pollution control, chemical and food safety, etc. Community water supply, sanitation and pollution prevention and control continue to be the main thrust of environmental health programmes in India.⁶⁶

591. The judiciary has strenuously endeavoured over the past two decades to bring in laws in service of the poor and the disadvantaged section of society. The courts have progressively social action litigation provided legitimacy to the legal mechanism called—a plea undertaken by the public to redress public injury, enforce public duty, protect social right and interests, prevent abuse of power and for indicating public trust.⁶⁷ Several environmental organizations, academicians, scientists and lawyers have been actively involved in environmental issues in the country. These environmental advocates have made use of the country's democratic institutions to push for legislative reforms and vigorous judicial enforcement.

592. By raising environmental protection and rights to the Constitutional level, India has provided its citizens with a powerful legal tool to protect wildlife, maintain health standards and curtail degradation of national resources. In India, the Ministry of Environment and Forests is the nodal agency in the administrative structure of the Central Government for the planning, promotion, coordination and of overseeing the implementation of various environmental and forestry programmes.⁶⁸ The Ministry of Environment and Forests adopted a policy statement in 1992, which inter alia provides several instruments in the form of regulations, legislation, agreement, fiscal incentives and measures to prevent and abate pollution of air, water, noise and land. The Ministry and its associated offices have focussed on preventing and controlling pollution at the beginning of the pipeline by adoption of cleaner technologies, waste minimisation and resource preservation, rather than the traditional treatment at the end of the pipeline. The significant benefit in this approach is that when waste is reduced/eliminated or solvents revived, it leads to resource conservation of the raw materials used during the various industrial processes and minimises the pollutants in the waste water within the premises. Keeping these benefits in mind, the main focus of the pollution prevention and abatement programme has been on command and control methods, as well as voluntary regulations, development of environmental standards, waste minimization circles, environmental audits, environmental epidemiological studies, preparation of a zoning atlas for siting of industries, control of vehicular pollution, promotion of education and awareness campaign, etc. The Ministry of Environment and Forests has constituted a Committee on Environment and Health. The report of the Committee is being finalized. The Ministry has initiated programmes/action plans for abatement of pollution:

- **National Environmental Programme for Control of Pollution in the Country—**
The programme has been evolved and is in the process of finalization. The action plan envisages control of pollution from various sources such as industrial, domestic, vehicular, agricultural and noise. It also stipulates implementation of time-bound programmes entailing coordinated inter departmental strategies to stop environmental degradation and ensure resource conservation;

Box 6.10: Industrial waste water pollution

There are 28 industrial units in Delhi. Most of the small and tiny industries do not have individual facilities to treat liquid waste. The Supreme Court has ordered that 15 common effluent treatment plants (CETPs) be constructed. All water polluting industries in Delhi have been directed to comply with the orders and ensure that they do not discharge untreated effluent. Action has been taken against 2300 industrial units in Delhi so far (January 2000) and continues against all such water polluting units.

Source: Delhi State Report on CRC, Government of NCT Delhi

- **Action Plan for Pollution Control in major cities—**The action plan to control pollution in the Mumbai metropolitan region has been prepared and is being implemented by the Government of Maharashtra, with the help of their agencies. An action plan to control pollution in Chennai has also been prepared. The Government of West Bengal intends to implement the action plan for the metropolitan region of Kolkata, prepared under the World Bank Programme. In addition, a draft action plan for Guwahati has been prepared, while action plans for Hyderabad and Vizag are in progress;

- **Environmental Action Plan for Religious Places**—A time-bound programme to control pollution from various sources is being evolved, which shall be implemented by local authorities entailing coordinated inter departmental efforts.

593. The CPCB has taken major steps for nationwide pollution prevention, particularly with reference to combating vehicular pollution, pollution control in 17 categories of highly polluting industries, implementation of action plans for restoration of environmental quality in critically polluted areas, noise pollution control and proper management of solid wastes, hazardous wastes and bio-medical wastes.⁶⁹ Today, a major concern in the area of health is the effect of lead and arsenic pollution on children as well as adults.

Lead poisoning

594. In the recent past, a growing concern has been expressed at the potential threat of environmental exposure to lead, particularly in young children and women. Lead exposure of occupational and environmental origin has been found to effect virtually all biochemical processes and organ systems. Lead has been found to interfere with the cardio-vascular system (Schwartz 1992), immune system (Lutz et al, 1999), with blood formation process and with neurological processes. Though lead poisoning is one of the recognized occupational diseases in India since 1924, reliable data on the frequency of non-occupational lead poisoning is not available. The most reliable study in India so far is a nationwide survey of 21,446 children and adults in seven major cities of India. The ZnPP level, was more than 35mg/dl in 28.9 per cent children and 24.1 per cent in adults. Among the subjects with elevated ZnPP levels 46.6 per cent of children and 41.4 per cent of adults had BLL \geq 10mg/dl. Among estimations done directly without screening by ZnPP more than 50 per cent of the children below 12 years had BLL 10mg/dl. The proportion of children in Delhi, having BLL 10mg/dl was 54.1 per cent, which is very close to the national average of 51.4 per cent (George Foundation Report, 1999). These data clearly emphasize the importance of this problem in Delhi, which seems a fair representative sample of the urban parts of the whole country.

Box 6.11: Industrial air pollution

The air pollution generated from industrial activity in Delhi is about 12 per cent of total air pollution. Although several steps have been taken, industrial pollution needs to be reduced further. More than 1300 industrial units, that were not allowed to operate under the MPD-2001 norms, have been closed. A scheme has been prepared to relocate industrial units that currently operate in residential areas. About 1300 acres of land have been acquired and new industrial estates are being developed at Bawana, Holumbi Kalan and Holumbi Khurd. All industries in Delhi using coal-fired boilers have been asked to switch to oil-or gas fired boilers in order to reduce air pollution generated from industrial activities. All industries are also being advised to control pollution from diesel generating sets. They have been asked to increase the stack height to a level of 2-3 metres above their building height and also take acoustic measures to reduce the noise level from diesel generating sets.

Source: Delhi State Report on CRC, Government of NCT Delhi

595. The major sources of lead poisoning were automobile fuel, food-can soldering, lead-based paint, leaded cooking utensils and drinking water systems. Lead poisoning can lead to permanent brain damage, particularly among young children. Pre-school children are considered to be at high risk because children absorb lead more readily than adults and children's developing nervous systems are particularly vulnerable to the ill-effects of lead. Additionally, if the source of lead exposure is not removed, persistent toxicity may result in significant and serious impairment

of reading skills, deficits in vocabulary, deficits in motor skills, reaction time and hand-eye coordination (Needleman et al, 1999).⁷⁰

596. The Indian Prime Minister, in a message at an International Conference on Lead Poisoning Prevention and Treatment, in Bangalore in 1999, said that lead poisoning was slowly emerging as a deadly scourge in India and that the Government had taken the first step to eliminate this hazard by making lead-free petrol mandatory for use by automobiles.⁷¹

Arsenic poisoning

597. Arsenic is a naturally occurring element, which is widely distributed throughout the earth's crust. It is introduced into water through the dissolution of minerals and ores, from industrial effluents and from atmospheric depositions. Elevated concentrations of arsenic in groundwater in some areas, is a result of erosion from local rocks. Inorganic arsenic is a documented human carcinogenic. Arsenic contamination of groundwater has emerged as a serious public health threat in a few areas of the country in recent years. So far, 68 blocks in eight districts of West Bengal are affected with this problem, with the population at risk estimated at 1.5 million. A few villages in Rajnandgaon district in Madhya Pradesh have also recently been found to be affected.

Fluorosis⁷³

598. Fluorosis is caused by ingestion of excess fluoride over a long period. It affects multiple tissues, organs and systems of the body, and results in a variety of clinical manifestations, culminating in a crippling condition and/or damaged and discoloured teeth. Fluoride can enter the body through drinking water, food, drugs, dental products and industrial emissions.

599. The problem of excess fluoride in groundwater was detected in many States of India as early as the 1930s. Till 1999, as many as 17 states had been identified with the problem of excess fluoride in groundwater sources.

600. Rajasthan and Andhra Pradesh are the most severely affected States. Rural populations which depend mainly on groundwater for their drinking water supply are the worst affected. Vulnerability to fluorosis is higher if the nutritional status is poor—malnourished children and pregnant or lactating mothers are especially vulnerable. Social and economic implications of fluorosis endemicity are enormous, especially for the rural population living below poverty line.

601. Early detection of fluoride toxicity manifestations is crucial for introducing preventive measures. Possible interventions for prevention are:

- Use of safe water for drinking and cooking with fluoride concentration as low as possible, but not more than 1 mg/litre;
- Intake of diet rich in calcium, vitamin C, E and anti-oxidants.

Initiatives and challenges

602. Government and various official agencies, United Nations organizations, international donor agencies and NGOs have taken the following significant initiatives.

GOI initiatives

603. The Rajiv Gandhi National Drinking Water Mission decided to support the establishment of a water testing laboratory in each district and the implementation of water supply projects in all water-quality affected States, by contributing 75 per cent of the cost, leaving 25 per cent to be borne by the state governments. Seventy major water supply schemes have been implemented, to cover a population of eight million, spread over 4,625 habitations in 10 States under the Submission on Control of Fluorosis.

604. Rajiv Gandhi National Drinking Water Mission is also in the process of establishing a Centre of Excellence for Fluorosis to provide support to all States in their fluorosis mitigation efforts.

605. UNICEF has been working closely with the GOI and other sector partners to assess safety conditions and implement specific fluorosis mitigation programmes. This is part of a comprehensive effort to ensure safe water environments.

606. Some of the key areas of intervention have been in the strengthening of water-quality monitoring systems, facilitating research and development of household water-treatment systems and advocating alternative water supplies when necessary.

Drinking water

607. India has one of the highest coverage figures for rural water supply in the South-Asia Region, which includes Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka. However, because of its huge population, the absolute number of unserved people in India is so large that it accounts for 60 per cent of the total unserved people in the region.⁷⁴ According to NFHS-II, 39 per cent of households in India use piped drinking water and the same proportion use drinking water from hand pumps. 19 per cent use drinking water from wells and three per cent from surface water. More than 60 per cent of households use piped water or water from a hand pump for drinking in every State, except Kerala and a few States in the North-East region. In Manipur, Meghalaya and Nagaland, piped water or water from a hand-pump is used for drinking by 41–49 per cent of households, and less than 20 per cent of households use these water sources in Kerala. The majority of households in Kerala obtain drinking water from wells (see table No. 6.15).

608. The National Water Policy (1987) of the GOI, gives priority to drinking water supply. Considerable efforts have been made by the Government towards providing safe drinking water. The Rajiv Gandhi National Drinking Water Mission ensures maximum inflow of scientific and technical inputs into rural water supply and deals with the problems of quality of drinking water and sustainability, whereas the Accelerated Urban Water Supply Programme (AUWSP), launched in 1993–94, targets small towns which face water scarcity.⁷⁵

609. The Accelerated Rural Water Supply Programme (ARWSP) aims at providing safe and adequate drinking water facilities to the rural population by supplementing the efforts being made by the State Governments/UTs under the Minimum Needs Programme (MNP). Priority is given to habitations not covered and to fully covering partially-covered habitations, which get less than 10 litres of safe drinking water per capita per day. Among them, priority is given to SC/ST areas or those with a larger population of SCs/STs. Priority is also be given to:

- Coverage of quality-affected habitations with acute toxicity first, and others later;
- Upgradation of the source level of safe-source habitations, which get less than 40 lpcd water to the level of 40 lpcd; and
- Coverage of schools and *anganwadi centres* where safe drinking water sources could not be provided under the outlays allocated by the Tenth Finance Commission.

610. The GOI has revamped the ARWSP, which inter alia aims at ushering in reforms by institutionalising community participation in the rural water supply sector. The idea is to gradually replace the Government-oriented, centralised and supply-driven ARWSP by a people-oriented, decentralized, demand-driven and community-based ARWSP. In 1997-98, the habitation coverage was 1,16,994, while in 1998-99 it was 1,12,803.⁷⁶ The AUWSP is a Centrally sponsored scheme, initiated with the objective of solving the drinking water problem in towns with a population of less than 20,000 as per the 1991 Census. Considering the water scarcity and the narrow revenue base of these small towns, the scheme is funded by the Central and State Governments on a 50:50 ratio.⁷⁷

Traditional and alternative systems of water supply

611. Neglect of traditional systems prevented revival of the traditional water-harvesting systems or building new systems to complement traditional systems. However, and particularly in the wake of the recent drought, it is now acknowledged that traditional systems to harvest water for domestic purposes continue to have relevance today, particularly in areas where the groundwater is not available or where water quality problems exist. In some areas, traditional systems can provide an essential supplementary source of water, used when piped schemes or borewells run dry during certain times of the year. Traditionally, people in areas of water security used their limited available water judiciously, but now these practices are fading and water conservation education has become a necessity in the country. The revival of traditional systems depends on the ability of water supply programmes to base solutions on the needs and capacities of the users, requiring social rather than technical engineering skills.

12. Indigenous management innovations are not limited to the range of traditional practices, which have been in use for hundreds of years. Local communities have developed many water management innovations relatively recently, in response to newly emerging problems arising from new technologies used in groundwater abstraction. Such local responses include collector wells with multiple horizontal and vertical bores, ponds to store water for use when electric power fails, underground pipes for irrigation and collection of monsoon run-off water in dug wells.⁷⁸

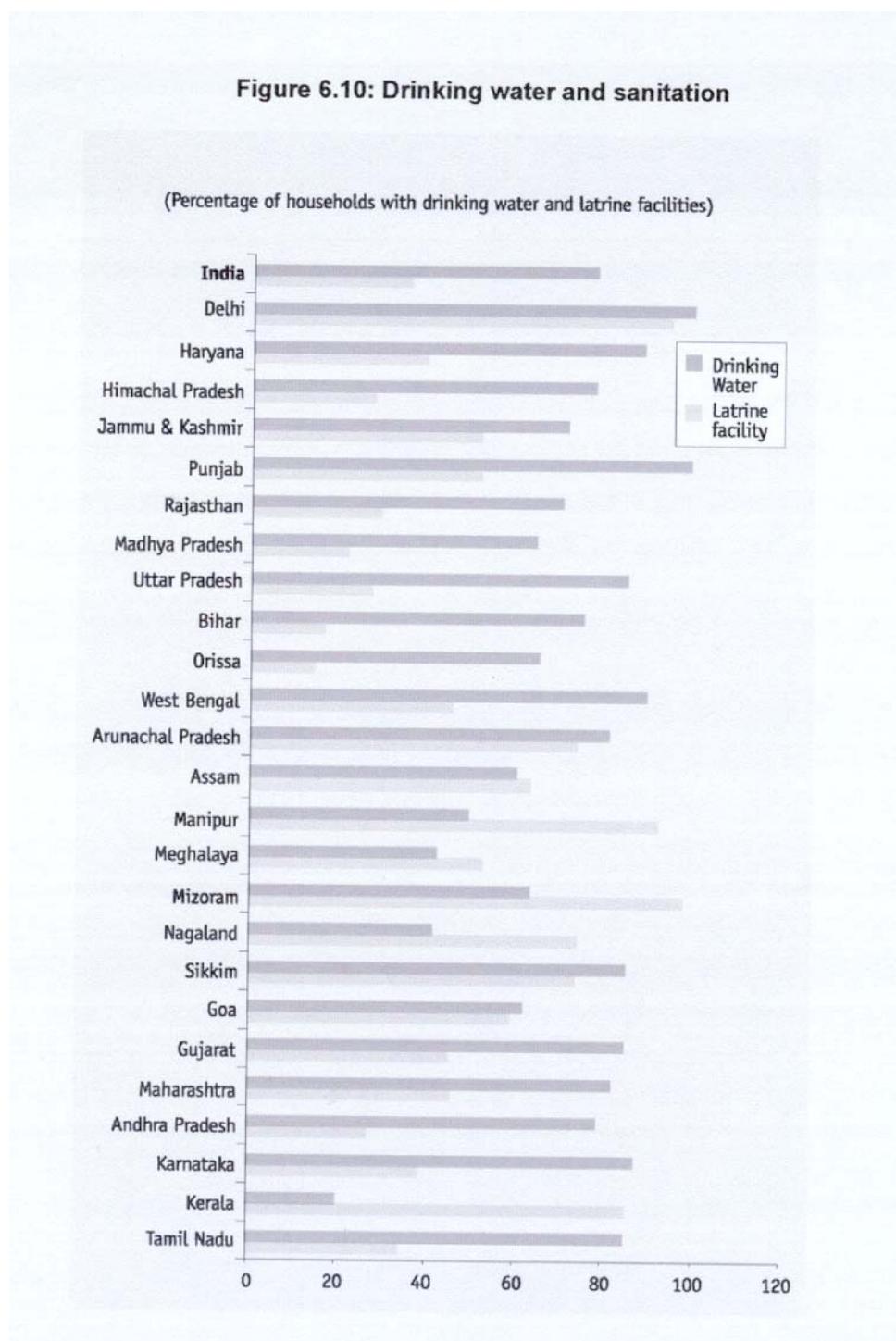
Table 6.15: Drinking water and sanitation		
State	Percentage of households	
	With drinking that is piped or from a hand pump	With a toilet or latrine facility
India	77.9	35.9
North		
Delhi	98.7	94.4
Haryana	88.0	39.0
Himachal Pradesh	77.4	26.7
Jammu & Kashmir	70.6	51.0
Punjab	98.9	51.4
Rajasthan	69.8	28.8
Central		
Madhya Pradesh	63.5	22.2
Uttar Pradesh	85.6	26.5
East		
Bihar	75.4	16.8
Orissa	65.3	13.5
West Bengal	89.3	44.8
North-East		
Arunachal Pradesh	80.7	73.0
Assam	60.1	63.0
Manipur	48.9	92.0
Meghalaya	42.1	52.0
Mizoram	63.2	97.7
Nagaland	40.5	74.3
Sikkim	84.6	72.7
West		
Goa	61.8	58.9
Gujarat	84.5	44.9
Maharashtra	81.9	45.9
South		
Andhra Pradesh	78.5	27.3
Karnataka	87.0	38.6
Kerala	19.9	85.2
Tamil Nadu	85.0	34

Source India National Family Health Survey (NFHS-2) 1998-99,
International Institute of Population Sciences, Mumbai, India

Sanitation

613. The concept of sanitation was earlier limited to disposal of human excreta by cesspools, open ditches, pit latrines, bucket system, etc. Today, it connotes a comprehensive concept, which includes liquid and solid waste disposal, food hygiene, personal, domestic as well as environmental hygiene. It is well established that there exists a direct relationship between water, sanitation and health inadequacy. The lack of provision of safe drinking water, improper disposal of human excreta and solid and liquid wastes can lead to unfavourable environmental conditions and lack of personal and food hygiene have been the major causes of many killer diseases in

many countries, including India. The sanitation coverage in India is one of the lowest in the world.⁷⁹



614. NFHS-II survey shows that most States in India have inadequate toilet facilities. There are only seven States where more than 70 per cent of households have any type of toilet facility. In order of decreasing proportions, these are Mizoram, Delhi, Manipur, Kerala, Nagaland, Arunachal Pradesh and Sikkim. Less than 30 per cent of households have toilet or latrine facility in Central India and in Orissa, Bihar, Himachal Pradesh, Andhra Pradesh, and Rajasthan (see table No. 6.15).

615. The Ministry of Rural Development is planning a Total Sanitation Campaign (TSC) to suit district-specific requirements. TSC will be implemented in phases. It envisages a synergistic interaction between the Government machinery, active NGO participation and an intensive IEC drive for alternative delivery systems as well as more flexible, demand-oriented construction norms. Fifty-eight pilot districts have been identified by the States for the implementation of phase-I of TSC. In 1997–98, the number of latrines constructed was 1,387,080 and in 1998–99, this number stood at 1,627,363.⁸⁰ The Ministry of Urban Development is implementing the Low-Cost Sanitation (LCS) Scheme. It provides for the conversion of existing dry-latrines into low-cost water-seal pour-flush latrines, as well as the construction of new sanitary units where none exists, to prevent open defecation. The scheme is operated through subsidies from the Ministry and loans from the Housing and Urban Development Corporation Limited (HUDCO). The total number of schemes sanctioned (April 1999 to 1 January, 2000) were 823. The number of towns covered were 1318.⁸¹

616. Among the States, Andhra Pradesh deserves special appreciation for its commendable work in the rural sanitation sector, especially for creating awareness among the rural masses through the *Janmabhoomi* programme. It is also worth mentioning that Andhra Pradesh has taken a serious note of the vertical upgradation concept. Based on affordability, if a family is not in a position to invest the entire cost, it can start with a single-pit and then switch over to double-pit latrine. Maharashtra constructed a record 461,048 toilets during 1997–98. The State is providing subsidy to all the households under the State-sponsored *Gramsafai* (village cleanliness) programme.⁸²

B. Disabled Children

Article 23

Introduction

617. Persons with disabilities are amongst the most marginalized sections of society.¹ Children with disabilities face unequal opportunities for survival and development. In many cases, they do not enjoy personal or economic security, and are denied access to health care, education and income-generating activities. Disabled children face difficulties in getting opportunities to participate in sustainable human development programmes and are often victims of deprivation, pain and poverty.^{2,3}

Current situation

618. There is no systematic, scientific and precise information available on the prevalence, degree and kind of disability, particularly for children. Only a few sample surveys at discrete points of time are available and the information collected through these may not be strictly comparable due to difference in scope, coverage and even concepts. However, the 2001 Indian Census, has collected data on disability throughout the country. Therefore, information on the number of children who are disabled with the particular type of disability will be available from the Census when the tabulation of data is complete. Estimates indicate that about five per cent of the population has some disability or the other. As per the National Sample Survey Organisation (NSSO) survey of 1991, in the field of visual, hearing, speech and locomotor disabilities, it was estimated that about 1.9 per cent of the population of the country was disabled. It was observed that for the country as a whole, the prevalence of physical disability was 20 per thousand persons

in rural areas and 16 per thousand persons in urban areas. As regards mental retardation, a sample survey conducted by the NSSO in 1991 for persons with delayed mental development up to the age of 14 years, estimated that about three per cent suffer from delayed mental development. The number of leprosy-affected persons is estimated to be about four million, of whom a fifth are children. Fresh cases of disability every year have been estimated 750,000 as per the 1991 sample survey.

619. Hence, in substance, about five per cent of the population is estimated to be suffering from some kind of disability. There would, of course, be some inter-and intra-State/regional variations. Taking the current population of India to be about one billion, the estimated number of people suffering from a disability is about 50 million. However, only an estimated five per cent of the population with disabilities have been reached by any kind of service. It is also a fact that even the scant services available are highly skewed in favour of the large urban metropolises. The proportion of rural and urban population is 75 per cent and 25 per cent, respectively. The prevalence of disability is thus naturally more in rural areas, where the bulk of the population lives. It has been observed that though a large number of institutions in major cities provide specialised services, there is hardly any network of services available outside cities. Even voluntary effort is largely confined to the urban and semi-urban areas. There is, thus, a wide gap between the demand and supply. Barring minor differences in the magnitude of the services provided by the States, a large section of the people with disabilities are currently not getting services of early detection and intervention, education, vocational training and employment.⁴

620. According to the *India Human Development Report 1999*, the incidence of various types of physical disability (such as night blindness, and impairments related to the visual, auditory, vocal and locomotor systems) among the population in the age-group of 0–4 years was 2042 per 100,000 and 2896 per 100,000 children in the age-group of 5–12 years. There is a high prevalence of physical disability among the young as compared to the older age-groups. It suggests that most physical disabilities are genetic, biological and even birth defects. There are wide physical disabilities variations across States. Estimates are low in Kerala and Gujarat among children in the 0–4 years age-group but high in Bihar and West Bengal. In West Bengal, in the age-group of 5–12, the prevalence was as high as 6779 per 100,000, 4670 in Himachal Pradesh and 4519 in Tamil Nadu. This rate was considerably lower in Haryana, the North Eastern States, Gujarat, Karnataka and Kerala. For details see Appendix 6.1.

621. According to the report, there is a somewhat higher incidence of physical disability among the non-land-owning classes, especially wage-earners. Physical disability is much higher among the SCs in the 0–4 years age-group and 5–12 years age-group, that is, 2058 and 3325 disabled children per 100,000, respectively. As far as religion is concerned, the report finds that a relatively high incidence of disability is found among Christians (2711 per 100,000) followed by Muslims (2409 per 100,000) in the 0–4 age-group. However, in the higher age-group of 5–12 years, the incidence is much higher (3792 per 100,000) among Muslims.⁵ For details see appendix 6.2.

According to the *The Indian Child*, a compilation by Child Relief and You (CRY), the figures on disabled children in India are as follows:

- Three per cent of India's children are estimated to be mentally challenged;
- Twenty per cent of disabled children are urban, 80 per cent are in the rural areas;

- Sixty per cent are males and 40 per cent females;
- Twenty of every 1000 children in rural India are disabled, compared to 16 of 1000 urban children;
- Disabled girls are particularly at risk due to violence and abuse;
- Fifteen million children below the age of 10 years are mentally challenged. Of these, 10 million are boys and five million are girls.

Table 6.16: Incidence of disabilities among children (per 100,000)

Region/States	0–4 years	5–12 years
North		
Haryana	1322	1396
Himachal Pradesh	2930	4670
Punjab	1557	3565
Upper Central		
Bihar	3577	2059
Uttar Pradesh	1771	2004
Lower Central		
Madhya Pradesh	1857	3040
Orissa	820	2146
Rajasthan	2092	3711
East		
North-eastern Region	2418	1816
West Bengal	325	6779
West		
Gujarat	545	1576
Maharashtra	1592	3278
South		
Andhra Pradesh	2244	3134
Karnataka	1680	1964
Kerala	494	1697
Tamil Nadu	1088	4519
All India		
Person	2042	2896
Gender Disparity	0.87	0.86

The most significant factors causing disability are:

- Communicable disease;
- Infection in early childhood;

- Lack of immunisation to children;
- Early motherhood;
- Nutritional deficiencies;
- Insufficient or inaccessible health care services;
- Inadequate sanitation; and
- Consanguineous marriages.

622. Interventions to prevent disability have been formulated by the Government and are being implemented. (Information on the efforts to combat malnutrition, to eliminate communicable diseases and infection in early childhood and to provide full immunisation to children is available under the chapter "Health and Health Services" and later in this section.)

623. A number of training programmes conducted by the Government and NGOs have incorporated modules on the early detection and prevention of childhood disabilities. These training programmes emphasise that disability is preventable if certain measures are taken. The preventable causes include:

- Nutritional anaemia, infection, use of toxic drugs, ill-health and lack of required care of the mother during the prenatal phase, all increase the risks of disability in the new-born child;
- At the natal phase, complications such as lack of oxygen to the foetal brain, haemorrhage and precipitate birth carry similar risks;
- Post-childbirth, infections like meningitis or encephalitis and head injuries due to accidents may result in a number of disabilities; and
- Polio has been one of the leading causes for disability in children in India.

Developments

624. In the last decade and a half, there has been growing awareness about the issues relating to this sector and there were several significant landmarks both at the national and international levels. The year 1981 was declared as the "International Year of Disabled Persons". In 1982, the United Nations General Assembly adopted the World Programme of Action concerning disabled persons. Principles for the prevention of disability as well as measures for the rehabilitation of people with disabilities and for equalisation of opportunities are outlined therein.

625. India has taken action and made considerable progress in all the categories of action for persons with disabilities. The most important factor has been a shift in emphasis in policies towards disabled persons, from a welfare and charity approach to that of equalization of rights and opportunities.⁶

Measures

626. Special emphasis has been laid on children with disability in the various national policies. These include the National Policy on Children, 1974, which calls for providing facilities to disabled children, as well as special treatment, education and rehabilitation of children suffering from all types of disabilities; the National Policy on Education, 1986, which stresses integrated education, and the National Health Policy, 1983, which lays emphasis on care and rehabilitation of the disabled.⁷

Table 6.17: Crude estimates of the size of population suffering from various forms of disability in India

(in million)

	0–4 years old	5–12 years old	All children up to 12 years
Bitot's spots	2.3	4.2	6.5
Physical disability	3.6	5.1	8.7
Visual impairment	0.9	2.3	3.2
Hearing impairment	0.3	1.5	1.8
Speech impairment	0.6	0.8	1.4
Locomotor disability	0.4	1.0	1.4
Total	8.1	14.9	23.0

Legislation

627. The Directive Principles of State Policy in the Constitution of India, which are fundamental in governance of the country recognize the obligation of the State to provide “assistance” in the event of sickness and disablement.⁸

628. One of the steps taken to prevent discrimination against disabled persons was the enactment of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act (PWD) 1995. This comprehensive legislation treats rehabilitation as a right and aims at the elimination of discrimination and the creation of an inclusive society, which provides opportunities for development of people with disabilities to their fullest potential.

Implementation of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995

629. In order to effectively implement the provisions of the Act, some of the measures taken by the Ministry of Social Justice and Empowerment are:

- Notification of Central Coordination Committee;
- Central Executive Committee has been notified. The Committee has had four meetings so far;

- The Chief Commissioner for Persons with Disabilities has been appointed. The functions and duties of the Chief Commissioner include coordinating the work of State Commissioners for persons with disabilities, monitoring the utilization of funds disbursed by the Central Government, taking steps to safeguard rights and facilities made available to persons with disabilities and also to look into complaints with respect to deprivation of rights of persons with disabilities;
- Five Core Groups of Experts in relevant ministries have been set up to make recommendations and formulate schemes to give effect to various provisions of the Act. The reports have been received and action is being undertaken;
- An Inter ministerial Group has been constituted to monitor the progress made by the Central ministries who have specific obligations under the Act. The Group has had eight meetings so far;
- Most State Governments have constituted State Coordination Committees and State Executive Committees to redress the grievances of disabled persons. Most States have also appointed the State Commissioner for Disability under the Act.
- An increasing amount of State resources are being spent for welfare of persons with disabilities. Different kinds of schemes being implemented by the State Governments/UT administrations benefit persons with disabilities; and

Box 6.12: Community action to reach the one-in-ten differently abled child

The Spastic Society of Tamil Nadu (SPASTN) has successfully experimented with a linkage model of community based rehabilitation (CBR) in five blocks of Chengalput district. The activities commence at the prenatal stage through identification of high-risk pregnancies and continue up to the integration of children with disabilities into *balwadis* and schools. Prevention, AWWs workers' awareness generation, community sensitisation, early identification (within one week of birth), interventions and home-based training are the major service areas. More than 50,000 children, including 20,000 newborns, have been served by a multi-disciplinary team of rehabilitation professionals.

The most significant aspect of the model is skill-transfer to the local grassroot-level workers in existing Government infrastructure. This is being done in partnership with ICDS and PHCs. In six years, about 1200 ICDS-AWWs and functionaries of PHCs have already been trained in detection and interventions. Services in the area have been fully integrated with local PHCs. In Chengalput district, the district health authorities together with SPASTN have pilot tested and implemented a plan providing training to all concerned health service functionaries. Training is also given to the staff at the first (level) referral units (FRUs) being set up all over the State, as part of the RCH programme.

Innovative ideas like mobile intervention vans and making use of local resources for making assistive devices have also been undertaken. A mobile van is working among the rural areas of Kancheepuram district. Low-cost technology using mud, straw and recycled cardboard are used to develop assistive devices and adapted furniture to help children with disabilities. The focus in Tamil Nadu has been on expansion of the prevention, early detection and community-based intervention approaches to childhood disability through the ICDS and NGO networks and strengthening capacities of communities for early action.

Source: Integrated Child Development Services—booklet, Department of Women and Child Development, Ministry of Human Resource Development, GOI

- The implementation of the provisions of the Act requires a multisectoral collaborative approach by all Central Ministries. The various ministries/departments of the Central

Government have specific obligations under the Act. A summary of the actions taken by some of the ministries/departments are as follows:

- Department of Women and Child Development: National Institute for Public Cooperation and Child Development (NIPCCD) has drawn up an action plan for implementation of the PWD Act and has been conducting training/orientation courses and implementing other programmes. A package of services for providing supplementary nutrition to the mother and child, health education and immunization programmes is being provided through the ICDS scheme. AWWs are being trained under the scheme to discharge functions in the areas of prevention of disabilities, detection thereof and in creating awareness among the public. The Food and Nutrition Board of the DWCD is actively involved in creating awareness among the masses that disability can be caused by malnutrition, which can be prevented by taking a balanced nutritious diet;
- Ministry of Health and Family Welfare: A number of health programmes are being implemented, which have a direct bearing on prevention of disability. These include leprosy eradication, blindness control, iodine deficiency disorder control and immunization. A significant achievement has been in the case of PPI, where coverage has been over 95 per cent. All State/UT Governments have been requested to incorporate a special component on disability in the syllabus for all regular training programmes for health workers at ground level. A special module has been developed and sent to States/Uts;
- Ministry of Urban Affairs and Employment: This ministry is mainly concerned with the provision of an appropriately built environment for the disabled. The Ministry had prepared the model building by-laws, containing provisions for barrier-free built environment along with guidelines and space standards and circulated the same to all State Governments and UTs, for adoption;
- Department of Education: This Department undertakes several activities for educating the disabled, including implementing a scheme for the Integrated Education of the Disabled Children (IEDC) through education departments of States, autonomous bodies and voluntary organizations. Hundred per cent financial assistance is provided under the scheme for the education of disabled children.⁹ Assistance is also provided for setting up resource centres, carrying out surveys and assessment of disabled children, purchase and production of instruction material and training and orientation of teachers. At present, the scheme is being implemented in 27 States/UTs through more than 15,000 schools, benefiting more than 65,000 disabled children. Two polytechnics for disabled students have been set up at Mysore, Karnataka, and Kanpur, Uttar Pradesh. The Government proposes to make efforts to generate awareness in the community, and about the need to send children with disabilities to regular schools.¹⁰

Integration of disabled children

630. In the process of bringing more disabled children under the umbrella of educational services, integration of education emerged as a cost-effective approach and, therefore, the education system started accepting children with special needs in general schools. The

implementation of the integrated education programme addresses the needs of high-risk children who are suspected to be potential dropouts and, therefore, retention of such children has increased. The integration of disabled children has been actually reinforcing better educational practices in the general school system. The centrally sponsored scheme of IEDC is being implemented in various States of the country.¹¹

631. The Rehabilitation Council is a statutory body under the Rehabilitation Council of India Act, 1992, which came into force on 31 May, 1993. The Council is responsible for regulating training policies and programmes for various categories of professionals in the area of disability. Its functions include standardization of training courses at different levels, regularisation of standards of training in training institutions, recognition of institutions/universities for their training courses within and outside the country on a reciprocal basis and maintenance of a Central Rehabilitation Register for professionals possessing recognised qualification in the area of rehabilitation.

632. The Council has registered 10,672 rehabilitation professionals/personnel as on 31 March 1999, in the Central Rehabilitation Register and issued certificates to them. The total number of institutions recognized by the Council for training professionals in the field of rehabilitation of persons with disabilities has gone up to 117.

District Rehabilitation Centre Scheme

633. The District Rehabilitation Centre Scheme (DRC) was initiated by the Ministry of Social Justice and Empowerment. The centres provide services for prevention and early detection, medical intervention and surgical correction, fitment of artificial aids and appliances, therapeutic services such as physiotherapy, occupational and speech therapy, provision of training for acquisition of skills through vocational training, job placement in local industries, etc.

634. Four Regional Rehabilitation Training Centres have also been set up at Chennai, Mumbai, Cuttack and Lucknow for training and manpower development in the field of rehabilitation, particularly for the DRCs.¹²

National Institutes/Apex Level Institutions

635. The following national institutes/apex level institutions that have been set up in each major area of disability.

- National Institute for the Visually Handicapped, Dehradun, Uttar Pradesh;
- National Institute for the Orthopaedically Handicapped, Kolkata, West Bengal;
- Ali Yavar Jung National Institute for the Visually Handicapped, Mumbai, Maharashtra;
- National Institute for the Mentally Handicapped, Secunderabad, Andhra Pradesh;
- National Institute for Rehabilitation Training and Research, Cuttack, Orissa; and
- Institute for the Physically Handicapped, New Delhi.

636. One of the main thrusts of the national institutes is manpower development, to cater to a wide spectrum of needs of the disabled. The institutes, therefore, run various specialised courses to train professionals in different areas of disability, viz., degree courses in physiotherapy and occupational therapy, bachelor-diploma courses that deal with the subject of mental retardation, etc. The institutes also conduct various short-term training programmes for Government and non-government personnel working in the field of education, vocational training, employment, etc.¹³

637. The institutes also provide various services to disabled persons. They run clinical services which include diagnostic, therapeutic and remedial services. They also provide educational, pre-school and vocational services. One of the most important parts of the services provided by the institutes is the socio-economic rehabilitation service, through which the institutes provide vocational training to the disabled, particularly, in rural areas and in collaboration with NGOs.

Box 6.13: Uniform I-cards for disabled

The Minister of State for Social Justice and Empowerment today reaffirmed the commitment to building a truly integrated nation, where every citizen contributes in equal measure towards the nation's development. She was speaking at a ceremony organised to confer the National Awards for the Welfare of People with Disabilities on the occasion of Disability Day today.

She announced that uniform identity cards would soon be issued to the disabled across the country, which would help them avail of various facilities. The inclusion of disability as a separate category in Census 2001 is being regarded as a major victory by organisations working for these special people.

The emergent census figures, that would serve as a basis for all national policies, they hope, will put the problems of the disabled in the correct perspective and help them achieve their due rights and privileges.

The National Centre for Promotion of Employment for Disabled People (NCPEDP) launched a six-month campaign 'Disability and Census 2001', in September 2000, to generate awareness about the issue, so that maximum disabled are accounted for in the actual head count. Zonal workshops were organised, in which volunteers were trained to convince the disabled all over the country to get themselves enumerated without any inhibitions so that a true picture of the disabled section may emerge at the national level.

According to NCPEDP Executive Director, Javed Abidi, "Till 1941, the census had no mention of the disabled. In 1981, which was the International Year of the Disabled, disability figures were included but the Government had only three categories—totally blind, totally dumb and totally crippled—thereby ruling out those with mental disabilities and deaf. Those with severe disabilities stood at 0.9 per cent."

Later, the Government dropped disability as a separate bracket in the 1991 Census. "After a long drawn battle, we have managed to get included again for the 2001 Census and want maximum participation by the afflicted, which will be a task to reckon with in the rural areas," Abidi added.

Source: The Hindustan Times, 4-12-2000.

In recent years, the institutes have started outreach and extension services, which have been of immense benefit to the disabled. They reach out with multi-professional rehabilitation services to slums, tribal belts, foothills, semi-urban and rural areas through community awareness programmes and CBR facilities and services such as diagnostic, fitment and rehabilitation camps and distribution of aids and appliances to the disabled.

Artificial Limbs Manufacturing Corporation of India (ALIMCO)

638. ALIMCO was established in 1972 with the following objectives:

- To establish facilities for manufacture of artificial limbs, accessories and constituents thereof; and
- To promote, encourage and develop the availability, supply and distribution, at reasonable costs, of artificial limbs, accessories and constituents thereof; to needy persons including disabled personnel, hospitals and other welfare institutions.

639. ALIMCO produces quality aids and appliances required for orthographically and visually handicapped persons.

Indian Spinal Injury Centre (ISIC)

640. ISIC has been set up in collaboration with the Italian Government, to provide comprehensive treatment, rehabilitation services and vocational training and guidance to patients with spinal injury. It is the first centre of its kind in Asia. The centre also conducts research in multidimensional aspects of rehabilitation of such patients.

Box 6.14: Disability seminar

The Society for Environmental Awareness, Rehabilitation of Children and Handicapped (SEARCH), a voluntary organisation, organised a national seminar at the Jawaharlal Nehru University (JNU), on "Rights and Responsibilities of persons with disabilities: Problems and Prospects in the new Millennium." The focal theme of the seminar, which was held on the eve of the World Disability Day, was "Education for the Disabled."

The seminar began with the release of a souvenir titled *From Barrier to Bridges* by the Minister of State for Labour and Employment.

SEARCH, an NGO formed by JNU students, has also adopted the villages of Kusumpur and Masoodpur for development in this field.

JNU Vice-Chairman said that much more needs to be done for the physically challenged, along with sensitising the mass. The disabled were equally competent in the delivery of services, he added.

641. A large number of poor and underprivileged patients with various types of spinal injuries and problems have benefited from the free services offered by ISIC.

Science and Technology Project

642. Science and technology have brought significant changes in society and are playing an equally important role in improving the quality of life of people with disabilities. Through the Science and Technology Project, research and development activity for developing appropriate and innovative technological appliances for the benefit of the disabled is being carried out.

643. The scheme aims to coordinate, fund and direct application of technology in development and utilisation of suitable and cost-effective aids and appliances, and methods of education and skill development, leading to enhancement of opportunities for employment, easier living and mobility, communication, recreation, and integration in society.¹⁴

Box 6.15: Development of child's potentialities

Department of Social Welfare has been providing scholarships to the physically handicapped students, provided income of their parents does not exceed Rs.750 per month. Similarly, handicapped persons below 15 years of age, irrespective of their income and profession, are given financial assistance. Also, handicapped persons with prosthetic are provided such aid in the form of artificial appliances, such as tricycles, wheelchairs, crutches, hearing aid, artificial limbs, etc., provided the income of their parents/family does not exceed Rs.500 per month.

In addition to it, special homes have been set up for education and vocational training of handicapped children. In most cases, handicapped children are sent to centres in outside the State on Government expenses.

The Department is providing free boarding and lodging to the destitute/orphans and physically handicapped persons. In this respect, the Department has established 19 *Bal Ashrams*, 12 *Nari Niketan* and one blind home, children's home and observation home so far. About 1500 inmates are enrolled in these institutions.”

Source: Jammu and Kashmir State Report on CRC, Government of Jammu and Kashmir

Voluntary action

644. The importance of the voluntary sector in the area of rehabilitation of persons with disability can hardly be overemphasized. India has a very large number of NGOs working in various sectors of disability, for a long period of time, with appreciable impact at the micro-level. Many such organisations are being supported by the Ministry of Social Justice and Empowerment under schemes for support to voluntary action. The schemes under which assistance can be given are (a) scheme of assistance to disabled persons for purchase/fitting of aids and appliances; and (b) scheme to promote voluntary action to undertake programme for prevention, detection, intervention, education, and vocational training, employment, counselling manpower development, etc.

Box 6.16: Rehabilitation approaches

Various approaches are being used to provide rehabilitation services to disabled persons. In the conventional approach, services are supply driven, generated and are planned by experts with preconceived ideas.

Institution-based services

In this system, a disabled person comes to the institution and receives training from the professional personnel there. This is the prevailing system in developing countries. This system provides rehabilitation services using high technology inputs for only a small group of disabled persons. Patients coming from far-off places are detached from their community and environment and face problems of transportation. The institution-based delivery system is inappropriate when it comes to providing services to very large numbers of disabled persons. Most disabled people in developing countries come from poor families with little education and are unlikely to take the initiative to avail of these services. Further, the costs and requirements of professional personnel are constraints.

Reach-out institutional based delivery system

In a reach-out system, the professional goes out from the institution to the home of the disabled person and delivers training or other interventions there. If necessary, the disabled person is referred to an institution. This approach is likely to lead to better and more practical results. However, by this system, the profession may be able to treat lesser numbers of disabled them at the institute. Transport poses another problem. So, this type of

service delivery system lacks efficiency. Many Government agencies and NGOs are providing rehabilitation services at the periphery by holding camps in rural areas and providing the disabled with mobility aids. These camps are one-time activities and have very poor follow-up.

Community-based rehabilitation

CBR strategy was developed by WHO after the 1978 Alma Ata Declaration, which stated that comprehensive primary health care should include promotive, preventive, curative and rehabilitative care. The major objective of CBR is to ensure that people with disabilities are able to maximise their physical and mental abilities, have access to regular services and opportunities and achieve full social integration within their communities and their societies. The objective uses the broader concept of rehabilitation, that is, one which includes equalisation of opportunities and community integration. As a broad concept, CBR is recognised as a comprehensive approach which encompasses disability prevention and rehabilitation in PHC activities for gainful economic activities for disabled adults.

As a component of social policy, CBR promotes the right of disabled to live within their communities, to enjoy health and well-being and to fully participate in educational, social, cultural, religious, economic and political activities. CBR, thus, enjoins upon Governments to transfer responsibility and necessary resources to communities so that they can provide the base for rehabilitation.

CBR is implemented through the combined efforts of disabled people, as well as education, vocational and social services. This means that community resources are mobilised to rehabilitate people with disabilities. Community health workers or other community volunteers, who have undergone training in CBR, identify people with disabilities and provide basic information about self-care and mobility, etc., The community health rehabilitation worker and all other activists in the rehabilitation programme, require the assistance of referral services for vocational and social services. It implies that CBR is a multi-sectoral programme and involves several Government departments and its services are to be coordinated at village, block, district, State and Central Level.

Source: Status of Disability in India, 2000, Rehabilitation Council of India, GOI

645. As of 1999–2000, about 95 voluntary organizations have been given grant-in-aid under the scheme of assistance to disabled persons for purchase/fitting of aids and appliances.

Approximately, 346 voluntary organisations have been provided grant-in-aid under the scheme for promotion of voluntary action for persons with disability.¹⁵

New initiatives and strategies

National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities

646. The Government has been increasingly concerned about the need for affirmative action in favour of persons with autism, cerebral palsy, mental retardation and multiple disabilities has enacted the National Trust Act. Action for setting up the Trust has started.

647. The Trust, which will be a statutory body, will primarily seek to uphold the rights, promote the development and safeguard the interests of persons with autism, cerebral palsy, mental retardation and multiple disability and their families. Towards this goal, the National Trust will support programmes which promote independence, facilitate guardianship where necessary, and address the concerns of persons who do not have family support.

National Programme for Rehabilitation of Persons with Disabilities

648. National Programme for Rehabilitation of Persons with Disabilities (NPRPD) was launched to fulfil the obligations enjoined upon the Ministry of Social Justice and Empowerment after the

implementation of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. The salient features of the scheme include setting up hierarchical service delivery system, starting with the grass-roots level.

- Two CBR Workers in each gram panchayat—for promoting community based rehabilitation of disabled persons, especially prevention, early detection and intervention;
- Two multi-purpose rehabilitation workers (MRWs) in each block, for providing basic rehabilitation services and for coordinating activities with other Government agencies;
- District referral and training centre—for providing comprehensive rehabilitation services to the disabled, covering all categories; and
- State level resource centre (one in each State)—to serve as State-level apex institution for training and manpower development, providing rehabilitation services, including those referred to it from lower levels.

Setting up of Regional Composite Centres and Rehabilitation Centres for spinal injuries

649. The present institutional framework, consisting of apex-level institutions dealing with specific areas of disability, is not adequate to provide the requisite support to all regions and States of the country, including the less developed regions and remote areas like the North-East. In these circumstances, a project has been approved recently to set up six regional composite centres, covering all areas of disability in various regions of the country to act as extended arms of the existing national-level institutions. These centres would undertake a package of functions, including manpower development, research and technology inputs as well as model rehabilitation services for catering to persons with disabilities.

650. A scheme has also been taken up to establish four rehabilitation centres for those affected by injuries spinal who require long-term specialized rehabilitation services and management for life.

Over 100 districts to be adopted by national institutes, DRCs and ALIMCO

651. As part of the strategy to take rehabilitation services to the unreached disabled population in the country at their doorsteps, and to maximize outreach in the shortest time, a programme has been taken up under which 100 districts have been identified more than, where composite fitment and rehabilitation centres would be set up in a partnership venture between the national institutes/ALIMCO/DRCs, under the Central Government, and the district administration/State Government. The proposed programme would be cost-effective as the existing resources and facilities, both in the Government and non-governmental sectors, would be used to provide a greater focus on rehabilitation.

National Institute for Multiple Disabilities

652. It has been proposed to set up a National Institute for Multiple Disabilities for providing comprehensive rehabilitation services to people with multiple disabilities under one roof. The institute will provide services like early detection and intervention, psycho-social rehabilitation, etc. It will also undertake manpower development and vocational training programmes. It will conduct a number of short-term and long-term training courses, including orientation courses, and develop material for creating awareness among the community at large.¹⁶

APPENDIX – 6.1

Incidence of disability among children in age-group 0-12 years and gender disparity by States

Regions/ States	Bitots Spot		Night Blindness		Visual		Hearing		Speech		Locomotor		Total	
	0-4	5-12	0-4	5-12	0-4	5-12	0-4	5-12	0-4	5-12	0-4	5-12	0-4	5-12
North														
Haryana	492	461	440	85	891	273	170	121	312	297	516	879	1,322	1,396
Himachal Pradesh	1,829	6,800	551	732	2,118	2,674	147	1,712	1,088	1,454	277	809	2,930	4,670
Punjab	79	-	109	50	437	539	138	340	727	765	711	2,022	1,557	3,565
Upper Central														
Bihar	355	967	477	408	589	595	406	941	2,192	429	581	539	3,577	2,059
Uttar Pradesh	734	1,055	397	1,169	915	1,181	128	190	596	404	335	411	1,771	2,044
Lower Central														
Madhya Pradesh	2,456	3,510	1,709	2,570	984	1,626	190	303	303	434	562	921	1,857	3,040
Orissa	267	627	589	1351	257	599	270	859	350	520	114	468	820	2,146
Rajasthan	2,248	7,579	1,103	4,206	1,217	1,918	56	281	175	866	820	1,034	2,092	3,711
East														
North-east	883	874	927	786	1,725	1,165	353	409	546	280	465	140	2,418	1,816
West Bengal	1,222	2,678	108	2,299	393	2,015	1,128	3,474	1,163	1,219	730	1,075	325	6,779
West														
Gujarat	1,509	1,920	236	100	332	682	-	100	80	250	132	544	545	1,576
Maharashtra	1,722	2,648	310	1,262	817	1,397	270	742	325	966	478	605	1,592	3,278
South														
Andhra Pradesh	1,790	992	24	551	1,081	1,032	95	821	408	727	1,074	1,122	2,244	3,134
Karnataka	703	1,037	698	642	761	590	666	629	824	1,040	517	570	1,680	1,964
Kerala	34	-	34	200	-	467	34	567	423	701	105	757	494	1,697
Tamil Nadu	1,455	5,297	179	890	89	1,481	64	672	503	1,808	831	1,839	1,088	4,519
All India														
Person	1,136	2,090	532	1,273	782	1,160	279	763	735	678	536	751	2,042	2,896
Gender disparity	0.91	0.95	1.01	1.07	0.92	1.09	1.05	0.87	0.74	0.74	0.74	0.73	0.87	0.86

APPENDIX – 6.2

Incidence of disabilities among children in age-group 0-12 years and gender disparity by population groups

Population Groups	Bitots Spot		Night Blindness		Visual		Hearing		Speech		Locomotor		Total	
	0-4	5-12	0-4	5-12	0-4	5-12	0-4	5-12	0-4	5-12	0-4	5-12	0-4	5-12
Household income groups														
Upto 20,000	1,129	2,460	550	1,523	665	1,289	298	922	673	734	538	839	1,946	3,21
20,001–40,000	1,223	1,992	469	1,140	868	1,182	274	639	945	563	525	669	2,332	2,688
40,001–62,000	1,290	1,363	717	729	1,092	832	255	530	355	268	732	544	2,021	1,974
62,001–86,000	1,043	793	419	851	717	1,060	203	496	967	1,807	440	1,021	1,598	3,955
Above 86,000	430	725	394	502	978	162	206	295	829	615	220	382	1,841	1,293
Poverty line groups														
Lower segment below	1,280	3,038	626	1,774	760	1,199	282	859	479	653	521	690	1,836	2,861
Upper segment below	1,160	2,302	477	1,281	681	1,403	348	1,010	815	731	665	945	2,258	3,521
Lower segment above	1,187	1,907	435	1,170	717	1,093	244	660	887	728	499	720	2,045	2,823
Upper segment above	751	860	751	801	1,151	916	264	531	566	493	461	632	2,000	2,195
Landholding groups														
Landless wage earner	1,252	2,439	488	1,013	627	1,187	136	1,030	935	1,064	646	1,014	2,014	3,530
Marginal	805	2,121	476	1,486	621	1,203	374	978	434	655	388	553	1,636	2,875
Small	1,450	2,126	731	1,510	1,058	1,174	259	630	1,032	393	508	609	2,559	2,518
Medium	1,303	1,886	482	1,187	679	1,070	167	469	774	509	513	655	2,089	2,312
Large	1,254	1,436	488	841	693	1,000	113	172	628	1,057	356	832	1,364	2,845
Landless others	1,139	1,994	512	1,083	1,057	1,149	298	637	777	596	821	1,046	2,522	3,080
Landowners	1,104	2,022	549	1,387	758	1,156	312	724	671	596	437	611	1,933	2,686
Landless	1,199	2,225	500	1,046	830	1,168	212	841	860	839	729	1,029	2,253	3,314
Occupational Groups														
Cultivators	1,121	2,170	544	1,348	686	1,143	296	686	806	570	455	689	1,996	2,735
Salaried+Prof.+S. Empl	968	1,658	307	621	913	733	188	537	339	515	352	791	1,509	2,196

Wage earners	1,219	2,382	575	1,295	599	1,114	263	1,049	698	996	553	908	1,850	3,301
All others	1,181	1,779	611	1,547	1,212	1,611	328	727	914	626	863	657	2,866	3,285
Social Groups														
Caste														
STs	2,153	2,277	1,028	1,668	890	1,063	158	576	725	413	307	746	1,881	2,406
SCs	1,084	2,757	552	1,497	638	1,088	285	1,272	843	693	564	803	2,058	3,325
Religion														
Hindu	1,195	2,112	566	1,283	796	1,119	264	689	717	663	508	737	1,983	2,771
Muslims	1,067	2,312	167	1,409	571	1,435	324	1,328	944	823	781	830	2,409	3,792
Christians	108	944	2,064	647	2064	1,612	294	590	52	559	351	298	2,711	2,200
Other Minorities	307	1,111	154	700	492	972	501	764	785	573	451	1,153	1,831	3,386
Household Size Groups														
Up to 4	969	1,996	571	1,181	993	1,381	233	965	417	825	649	1,053	2,005	3,410
5-7	1,138	2,155	547	1,312	729	1,171	274	911	936	726	468	755	2,125	3,070
8 and above	1,200	2,015	499	1,239	764	1,069	303	456	615	550	574	646	1,953	2,444
Adult Literacy Groups														
None Literate	1,158	2,376	591	1,317	694	1,041	219	883	499	784	525	876	1,844	3,036
Female Literate	772	2,029	860	2,108	1,165	1,447	329	1,596	267	720	280	357	1,547	3,049
Male Literate	1,235	2,239	485	1,315	846	1,166	309	618	826	661	463	876	2,125	2,831
Both Literate	1,051	1,671	506	1,116	775	1,240	298	735	878	593	627	535	2,160	2,823
Village Development Groups														
Low	1,179	2,207	621	1,451	783	1,111	287	510	856	633	515	672	2,199	2,541
Medium	1,200	2,008	483	1,214	811	1,188	224	788	682	625	574	765	2,129	2,877
High	991	2,071	496	1,146	738	1,177	348	1,030	665	808	505	826	1,720	3,349
All India														
Person	1,136	2,090	532	1,273	782	1,160	279	763	735	678	536	751	2,042	2,89
Gender disparity	0.91	0.95	1.01	1.07	0.92	1.09	1.05	0.87	0.74	0.74	0.74	0.73	0.87	0.86

C. Social Security and Childcare Services and Facilities

Article 26 and 18, para. 3

Introduction

653. Social security refers to the protection which the society provides to its members through a series of public measures against economic and social hardships caused by stoppage or substantial reduction of earnings, resulting from sickness, maternity, employment injury, unemployment, invalidity, old-age and death subsidise. It includes medical care for families with children.¹ In India, although social security for children is not a separate entity, the GOI has been concerned about providing childcare services and facilities so as to prevent child abuse and neglect.²

Constitutional provisions

654. The Indian Constitution emphasizes social security in its Directive Principles of State Policy. These provisions reflect those in the CRC. The Directive Principles aim towards the ideals of building a true welfare state and inter alia envisage an end to economic exploitation, inequalities and inequities, and cast upon the State the duty to secure a just social order. Thus, article 38, which is the key of the Directive Principles, lays down that “The State shall strive to promote the welfare of the people by securing and protecting as effectively as it may a social order in which justice, social, economic and political, shall inform all the institutions of national life.” Article 39 says, “the State shall direct its policy in such a manner as to secure that all men and women have the right to adequate means of livelihood, that the ownership and control of the material resources of the community are so distributed as best to subserve the common good; that the economic system is not allowed to result in the concentration of wealth and means of production to the detriment of the common good, that there is equal pay for equal work for both men and women, and that the health and strength of workers, men and women, and the tender age of children are not abused, that citizens are not forced by economic necessity to enter a vocation unsuited to their age or strength, and that childhood and youth are protected against exploitation”. Some of the other important Directives relate to the provision of free and compulsory education for all children up to the age of 14 (art. 45); promotion of educational and other weaker sections (art. 46); duty of the State to raise the level of nutrition and the standard of living and to improve public health (art. 47). Even though made non-justiciable, the Directive Principles have thus far guided the Parliament and State Legislatures in enacting social reform legislation; the courts have cited them in support of their interpretation of constitutional provisions and the Planning Commission has accepted them as useful guidelines for determining approach to national reconstruction and rejuvenation.³

Policy and legislation

655. The National Agenda for Governance enunciated the government’s intention to announce the National Charter for Children with the aim to ensure that no child remains illiterate, hungry or lacks medical facilities. An approach paper on the National Charter for Children has also been prepared and circulated to all States/UTs for suggestions.

656. In India, social security programmes are designed to provide benefits, both in cash and kind upon the occurrence of certain contingencies. Under the Constitution of India, social security in its broad sense is envisaged in terms of the Directive Principles of State Policy. Though India has

not ratified all the ILO conventions relating to social security, there are national laws which provide for mandatory benefits in respect of certain provisions, such as employment generation. These include medical care and sickness benefits, invalidity and survivor benefits, employment injury benefits and maternity benefits. There are also laws enacted and schemes established by the Centre/State Governments providing for social security and welfare of specific categories of working people.

657. Box 6.17 summarizes various social security laws applicable in India. Most of the laws are applicable to workers belonging to the organized sector. At the same time, the benefits reach the children of workers indirectly. The *Beedi and Cigar Workers (Conditions of Employment) Act, 1966*, the *Plantation Labour Act, 1951*, the *Contract Labour (Regulation and Abolition) Act, 1970*, the *Inter-State Migrant Workmen (Regulation of Employment and Condition of Service) Act, 1979*, The *Factories Act, 1948* and the *Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996*, lays down provision for establishment of crèches for the benefit of women workers.⁴ Further the *Maternity Benefit Act, 1961* and the *Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996* provides maternity benefit to the female workers.⁵ The GOI provides “3 months maternity and 15 days paternity” leave to its employees. Further, the maternity leave can be extended to one year without loss of pay.

658. Some of the developments and improvements which have been made in social security with respect to children during 1999-2000 are as follows:

- Disabled children have been made eligible for social security for their entire life, irrespective of the number of children in the family;
- Minimum amount of child- pension and minimum orphan-pension has been enhanced with effect from 12 January 2000.⁶

Box 6.17: Principal social security laws of India

Act	Objective
The Workmen's Compensation Act, 1923	To provide compensation in cases of industrial accidents/occupational diseases resulting in disablement or death
Employees' State Insurance Act, 1948	To provide for health care and cash benefits in case of sickness, maternity and employment injury.
Employees Provident Funds and Miscellaneous Provisions Act, 1952	To provide: Compulsory Provident Fund Pension Deposit Linked Insurance
Maternity Benefit Act, 1961	To provide for maternity protection before and after child birth.
Payment of Gratuity Act, 1972	To provide for payment of gratuity on ceasing to office
.	.

Source: Annual Report, 1999-2000, Ministry of Labour, GOI

Central Government interventions

659. In India, the concept of social security is an integral part of various programmes undertaken by the GOI. Some of the programmes/schemes, which provide social security, are mentioned below:

Public Distribution System

660. One of the main constituents of the Government's strategy for poverty alleviation is the public distribution system (PDS). Through the PDS, food security is enhanced, particularly for the economically weaker sections of society. PDS ensures the availability of essential commodities like wheat, rice, sugar, edible oils and kerosene through a network of outlets or fair price shops (FPS). There is, at present, a network of about 460,000 PDS retail outlets in the country. Efforts to streamline the PDS have resulted in the targeted public distribution system (TPDS), which was adopted in June 1997. This system follows a two-tier subsidized pricing structure: for families below the poverty line (BPL) and for those above the poverty line (APL), the former representing the poorest of the poor. Under TPDS, the Government issues 25 kgs of foodgrains per month per BPL family at a price equal to half of the economic cost. In practice however, the current issue-price to BPL families is much less than half of the economic cost. The quantity of foodgrains earmarked to meet BPL requirements is 72 lakh tonnes per annum, benefiting an estimated 60 million people.⁷

Integrated Child Development Services (ICDS)

661. The Integrated Child Development Services (ICDS) programme is globally recognised as one of the world's largest and most unique community-based outreach systems for promoting early childhood care for survival, growth and development. The ICDS scheme provides supplementary food to needy children and to expectant and nursing mothers from low-income families for 300 days a year. The programme has been dealt with in detail under the section on General Principles.

National Programme for Nutritional Support to Primary Education

662. The National Programme for Nutritional Support to Primary Education (NP-NSPE), popularly known as midday meal scheme, was launched in 1995. The programme is designed to give a boost to the universalisation of primary education by impacting enrolment, attendance, retention and the nutritional needs of children in primary classes.⁸

Sarva Shiksha Abhiyan (SSA)

663. The Ministry of Human Resource Development has launched a new scheme called the '*Sarva Shiksha Abhiyan*' (Education for All) to incorporate all the existing schemes and programmes in the elementary education sector. The objective of SSA is to provide quality elementary education to all children in the age-group of 6-14 years by 2010. There will be a special focus on girls, children belonging to SC/ST communities, urban slum-dwellers and low female literacy blocks.⁹

Antyodaya Anna Yojana

664. The *Antyodaya Anna Yojana* was launched by the Prime Minister of India in December 2000. This scheme reflects the commitment of the GOI to ensure food security for all, create a hunger-free India in the next five years and to reform and improve the public distribution system so as to serve the poorest of the poor. The scheme contemplates identification of 10 million families from the total number of BPL families who would be provided food grains at the rate of 25 kg per month. The food grains will be issued by the GOI at Rs 2 per kg for wheat and Rs 3 per kg for rice.

Crèches/day-centres for children of working/ailing mothers

665. The Central sector scheme of running crèches/day-care centres for children of working/ailing mothers aims to provide day-care services mainly for children (0-5 years) of casual, migrant, agricultural and construction labourers. Children of mothers who are sick or incapacitated due to sickness or suffering from communicable diseases are also covered.

Balwadi Nutrition Programme (BNP)

666. The *Balwadi* (home for children) Nutrition Programme (BNP) is being implemented through the Central Social Welfare Board and four national-level voluntary organizations. The BNP aspires to meet the very basic nutritional requirements of children in the age group 3-5 years by ensuring provision of 300 calories and 12-15 gm of protein every day. This scheme is being implemented only in the areas not covered by the ICDS.

Early Childhood Education (ECE)

667. The ECE scheme is being implemented as a strategy to reduce dropout rates and to improve the rate of retention of children in schools. The scheme is run by voluntary organizations through 4365 centres in nine educationally backward States of Andhra Pradesh, Assam, Bihar, Jammu and Kashmir, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal.¹⁰

Balika Samriddhi Yojana (BSY)

668. BSY covers up to two girl children born on or after 15 April 1997 in a family living below the poverty line as defined by the GOI, in any rural or urban area. Under the scheme, the girl child is entitled to receive scholarships for each class of study successfully completed by her. The scholarship amount is deposited in an interest-bearing account in a bank or post-office in the name of the girl child. The interest on the deposit can be utilized for purchase of textbooks or uniforms for the girl child.¹¹

Educational concessions to children of armed forces personnel killed/disabled during hostilities

669. The GOI and most States and Union Territories offer educational concessions by way of reimbursement of tuition fees, boarding-lodging expenses, expenditure incurred on uniforms, textbooks, transport charges, etc., to school students who are the wards of armed forces personnel killed or permanently disabled in the course of their duties.¹²

Central sector scheme of special educational development programme for scheduled castes girls very low literacy level

670. The scheme provides a package of educational inputs through residential schools for SC girls in areas of very low SC female literacy where traditions and environment are not conducive to their learning.¹³

Centrally sponsored scheme of Pre-metric (Class 10) Scholarship to children of those engaged in unclean occupations

671. The scheme financially assists the children of scavengers and sweepers having traditional link with scavenging, flayers and tanners, irrespective of their religion, to pursue education up to the matriculation level. There is no income ceiling prescribed under the scheme.¹⁴

Centrally Sponsored Scheme of Girls and Boys Hostels for Scheduled Castes

672. The main objective of the scheme of hostels for SC boys and girls is to provide hostel facilities to SC students studying in middle schools, higher secondary schools, colleges, and universities.¹⁵

Central sector scheme of upgradation of merit of SC/ST students

673. The objective of the scheme is to upgrade the merit of SC/ST students by providing them with facilities for all-round development through education in residential schools.¹⁶

An Integrated Programme for Street Children

674. The programme provides for shelter, nutrition, health care, education, and recreation facilities to street children and seeks to protect them against abuse and exploitation.

National Family Benefit Scheme

675. Central assistance is available for a lump-sum family benefit for households below the poverty line on the death of primary breadwinner in the bereaved family subject to the conditions laid down in the scheme.

National Maternity Benefit Scheme

676. The scheme being implemented by the Ministry of Rural Development provides a lump-sum cash assistance to women of households below the poverty line, subject to conditions laid down in the scheme.

National Child Labour Policy (NCLP)

677. A major activity undertaken under the NCLP is the establishment of special schools to provide non-formal education, vocational training, supplementary nutrition, stipend, health care, etc., to children withdrawn from employment.¹⁷

678. To extend some social security cover to the poorest sections of society, the Finance Minister in his budget speech 2000-20001, announced the introduction of a new scheme for group insurance, the *Janashree Bima Yojana*. Under this scheme, beneficiaries will have an

insurance cover of Rs 20, 000 in case of natural death, Rs 50,000 in case of accidental death or total permanent disability and Rs 25,000 for partial permanent disability due to an accident. Below poverty line participants will pay only half the premium, the remainder being contributed from earnings of LIC's existing social security fund.

Challenges

679. Developed social security and welfare measures exist only in very limited areas such as maternity leave and terminal benefits in employment. Deregulation and non-intervention by the State can expose low-income children to greater risks and undermine the potential of the Government to fulfil its role under the Convention.¹⁸ Moreover, one of the major difficulties encountered in the implementation of social security is that it is limited to the organized sector. Also, India being a vast country, it is difficult to reach children in remote parts of the country.

D. Standard of Living

Article 27

Introduction

680. Children represent the most valuable asset of any nation. The Central and State Governments of India have taken a number of initiatives to ensure that the rights of every child are protected through various social welfare measures that seek to improve their standard of living and fulfil their unique needs.

681. The Indian President's address to the Parliament on October 25,1999 spelt out the government's strategy and policy approach to employment generation and social development. This policy envisages rapid and multi sectoral growth through a bold strategy of economic reforms. The Government is expected to provide strong policy and regulatory leadership; the private sector will provide the dynamism and efficiency of the competitive environment; and local democratic institutions and the civil society will bring about enthusiastic participation by the people.

682. Elements of the social policy include:

- Creation of 10-million additional employment opportunities per year;
- A thrust towards female literacy and primary education; constructing primary school buildings in all unserved habitations;
- Provision of primary health services to all citizens and stabilisation of population;
- Strengthening of welfare and child-health services;
- Greater attention to welfare of the disabled and the aged in cooperation with NGOs;
- Provision of clean drinking water to all villages in the next five years;
- Rural connectivity through all-weather roads.

683. A special package for housing construction and services was announced in the economic budget 1999-2000 by the President. Commercial banks were permitted to lend up to three per cent of incremental deposits for housing. Housing finance companies were given liberal tax treatment for non-performing assets. A new National Housing Bank Scheme will provide interest-rate concessions for small borrowers. Changes are to be made in the foreclosure laws, through amendments in the National Housing Bank Act, to facilitate housing mortgages.¹

684. The GOI recognizes that high growth of incomes is by itself not enough to improve the quality of life of the poor. Unless all the citizens of the country, particularly the poor, have certain minimum basic services, their living conditions cannot improve. These basic services include safe drinking water, primary health facilities, universal primary education, nutrition for school and pre-school children, shelter for the poor, road connectivity to all villages and habitations, and a public distribution system with a focus on the poor.

685. The Ninth Five-Year Plan lays emphasis on these basic services and will make efforts to achieve a minimum level of satisfaction in providing these in partnership with the State Governments and Panchayati Raj Institutions (PRIs). Poverty alleviation programmes will be oriented towards strengthening the productive potential of the economy and providing more opportunities for involving the poor in the economic process. This is possible through a process of social mobilisation, encouraging participatory approaches and institutions and empowerment of the poor. In this the PRIs, the voluntary organisations and community-based self-help groups will be involved.²

686. The main determinants of poverty are lack of income and purchasing power, lack of productive employment, inadequacy of social infrastructure, affecting the quality of life of the people and their employability. Poverty eradication has been one of the major objectives of planned development. The magnitude of this problem is quite staggering. Thirty six per cent of the Indian population was below the poverty line in 1993-94, and the absolute number of poor was 320 million, out of which 244 million (37 per cent of rural population) lived in rural areas.³ Anti-poverty programmes for generation of self-employment and wage-employment in rural areas have been designed and restructured to improve their impact on the poor. Most of the ongoing programmes and schemes for the weaker sections of society have been reviewed and restructured wherever necessary to enhance their scope. Efforts are being made to ensure that women are empowered both economically and socially and thus become equal partner in national development⁴.

687. The National Housing and Habitat Policy, 1998, was formulated to address the issues of sustainable development and infrastructure and to create a strong public-private partnership. The objective of the policy is to create surpluses in housing stock and facilitate the construction of two million additional dwelling units each year. It also seeks to ensure that housing, along with supporting service, is treated as a priority sector at par with infrastructure. The central theme of the policy is the creation of strong public-private partnerships to tackle housing and infrastructural problems. The Government would also provide fiscal concessions, carry out legal and regulatory reforms and create an enabling environment.

688. The problem of housing shortage, compounded by population explosion, has also been addressed by the above policy. The National Agenda of Governance has identified housing for all as a priority area, with particular emphasis on the needs of the vulnerable groups. The programme is aimed at facilitating the construction of 2 million additional units every year, the

emphasis being on the economically weaker section (EWS) and lower income group (LIG) section of the population, as also the needs of the Scheduled Castes/Scheduled Tribes and other vulnerable groups. Of the 2 million additional houses, 700,000 will be constructed in urban areas and the remaining 1.3 million in rural areas. An action plan for rural housing has accordingly been prepared.

689. Housing shortage exists in all States. The shortage is maximum in a few States, with Bihar accounting for nearly one-third of housing shortage in the country followed by Andhra Pradesh, Assam, Uttar Pradesh and West Bengal, which together account for another 44.65 per cent. In the remaining States, the shortage is less than five per cent. Hence, the total housing shortage is about 13.72 million. It should be pointed out that this shortage covers both the poor and non-poor households. In addition, it has been estimated that another 10.75 million houses would be required between 1991-2002 on account of an average annual growth of 0.89 million people without shelter. Thus, around 24.5 million houses have to be constructed by 2002. However, it is estimated that 6.8 million houses would have been already constructed under various Central and State housing schemes. Therefore, the total housing shortage would be approximately 17.67 million. Of this, 10.3 million would require upgradation and 7.36 million units would have to be newly constructed.⁵

Current situation

690. In rural India, the poverty line is estimated to be Rs 2,444 per year. On the basis of the poverty line measure, the head count ratio (HCR) for rural poor in India was estimated to be 39 per cent in 1994. The highest percentage of poor are found in Orissa (55 per cent), followed by West Bengal (51 per cent), Himachal Pradesh (45 per cent), Bihar (42 per cent), and Uttar Pradesh, Madhya Pradesh and Rajasthan (40 per cent each). A lower proportion of poverty is found in Andhra Pradesh, Haryana, Kerala, Punjab, Karnataka, Tamil Nadu and Maharashtra.

691. Both the incidence and intensity of poverty are higher among Scheduled Tribes and Scheduled Castes in comparison with the national average. The HCR is about 50 among STs and SCs in comparison with only 39 for rural India. The HCR is 43 per cent among Muslims, in comparison with only 27 among Christians and 39 among Hindus.⁶

692. According to the Economic Survey 1999-2000, the incidence of poverty expressed as the percentage of people below the poverty line is observed to have declined from 56.4 per cent in 1973-74 to 37.3 in 1993-94 in rural areas and from 49 per cent to 32.4 per cent in urban areas. For the country as a whole, the percentage of people below the poverty line declined from 54.9 per cent in 1973-74 to 36 per cent in 1993-94. However, the number of poor in the country remained more or less stable at around 320 million due to the rise in population.

693. The National Council of Applied Economic Research (NCAER) survey in rural India in 1994 estimated the total expenditure per capita per month at current prices. These expenditures give an indication of the level of expenditures and the type of expenditures in rural India. The mean per capita per month household expenditure worked out to be Rs 287. This expenditure ranged from a high of Rs 554 in Punjab, to a low of Rs 208 in Madhya Pradesh and Rs 210 in Orissa.

694. Expenditure on foodgrains alone was estimated to be about 31 per cent, but this proportion was low in Haryana, Punjab and Rajasthan. On the other hand, expenditure on foodgrains was found as high as 43.3 per cent and 42.7 per cent in Bihar and Orissa, the poorer states.

Expenditures on health and education are 7.4 per cent and 3.1 per cent, respectively for rural India. Per capita proportion of expenditure on health care is high in Uttar Pradesh, Tamil Nadu, Madhya Pradesh and Andhra Pradesh. Lower expenditures are found in Gujarat, Orissa, Haryana and Punjab. Expenditure on education of children is high in Himachal Pradesh, followed by Kerala and Haryana. It is low in Andhra Pradesh, Rajasthan, Uttar Pradesh and Tamil Nadu.

695. The per capita consumption of food grains varies only marginally according to various population groups. Consumption levels are lower for landless labourers, those living below the poverty line, and those living in larger households. The lower levels of consumption among all these groups appear to be due to lack of purchasing capacity or resources. The consumption of cereals is low among Scheduled Tribes, which may be due to geographic and cultural reasons. Since Scheduled Tribes live in remote areas, and possibly hilly and forest areas, their access to food grains is likely to be limited, and may be supplemented by other food items available from common property resources.⁷

696. Kerala has emerged as a leader in terms of the human development index based on life expectancy, adult literacy and GDP. The State is one of the few areas in the developing world where the birth rate fell to a very low level—25 per thousand—in the 1980s and less than 20 in the 1990s. Along with the decline in fertility came improvements in health, hygiene, sanitation, literacy and status of women. Its success is due to a higher level of investment in the sectors of social development, particularly in the fields of health and education.⁸

Table 6.18: Rising per capita health expenditure in Kerala

Year	Per capita health expenditure	
1993	94	Rs 98.53
1997	98	Rs 168.22
1998	99	Rs 192.56
1999	2000	Rs 233.54

Source: Kerala State Report on CRC, Government of Kerala

Quality of life

697. In India, electricity, source of water, availability of safe drinking water, sanitation facility, the type of housing, cooking fuel and per capita income are some of the indicators used to assess the standard of living.

698. NFHS-2 estimates that the proportion of households with electricity is 91 per cent in urban areas and 48 per cent in rural areas. Thirty-nine per cent of households in India use piped drinking water, the same proportion drink water from hand-pumps, nineteen per cent drink water from wells and 3 per cent drink surface water. Only 24 per cent of households have a flush toilet that uses piped water or bucket for flushing, Twelve per cent have a pit toilet or latrine, and 64 per cent have no facility. Again, there are large urban-rural differences; 64 per cent of urban households have flush toilets compared with only 9 per cent of rural households.

699. Several types of fuel are used for cooking in India, with wood as the most common type. Overall, 59 per cent of households rely mainly on wood, 17 per cent on liquid petroleum gas, 13 per cent on either crop residues or dung cakes, 8 per cent on kerosene, and the rest on other

fuels. Sixty-eight per cent of urban households rely mainly on liquid petroleum gas or kerosene, while 73 per cent of rural households rely mainly on wood.

702. Table 6.19 presents an inter-state comparison of housing characteristics. The percentage of households with electricity is lowest in Bihar (18 per cent), Assam (26 per cent), Orissa (34 per cent), and West Bengal and Uttar Pradesh (37 per cent each). More than 90 per cent of households have electricity in Delhi (98 per cent) Himachal Pradesh (97 per cent). In addition, over three-quarters of households have electricity in Haryana, Gujarat, Mizoram, Sikkim, Tamil Nadu and Manipur.

Table 6.19: Some quality of life indicators

Selected housing characteristics by State, India, 1998-99

State	With electricity	With drinking water that is piped or from a hand pump	Percentage of households		Living in a pucca house	Mean number of persons per room
			With a toilet or latrine facility	Using biomass fuel for cooking		
India	60.1	77.9	35.9	71.7	32.0	2.7
North						
Elhi	97.7	98.7	94.4	3.6	88.2	2.2
Haryana	89.1	88.0	39.0	66.9	46.7	2.4
Himachal Pradesh	97.2	77.4	26.7	64.0	28.7	1.8
Jammu& Kashmir	90.1	70.6	51.0	65.8	36.1	2.2
Punjab	95.5	98.9	51.4	60.6	52.1	2.1
Rajasthan	64.4	69.8	27.8	81.0	41.4	3.0
Central						
Madhya Pradesh	68.1	63.5	22.2	79.3	19.2	2.9
Uttar Pradesh	36.6	85.6	26.5	82.8	24.8	3.1
East						
Bihar	18.2	75.4	16.8	85.9	15.5	2.9
Orissa	33.8	65.3	13.5	86.8	14.8	2.4
West Bengal	36.7	89.3	44.8	65.7	32.8	2.7
North-East						
Arunachal Pradesh	68.9	80.7	73.0	80.8	14.2	2.2
Assam	26.4	60.1	63.0	87.1	10.9	2.1
Manipur	75.3	48.9	92.0	69.2	7.1	2.1
Meghalaya	41.2	42.1	52.0	83.5	14.5	2.0
Mizoram	84.1	63.2	97.7	57.4	16.2	2.6
Nagaland	56.3	40.5	74.3	86.1	18.1	1.6
Sikkim	80.7	84.6	72.7	63.2	50.6	2.0
West						
Goa	93.5	61.8	58.9	41.4	51.0	1.6
Gujarat	84.3	84.5	44.9	54.5	45.2	2.7
Maharashtra	82.1	81.9	45.9	51.9	28.3	3.0
South						
Andhra Pradesh	74.4	78.5	27.3	74.1	39.9	2.9
Karnataka	80.9	87.0	38.6	67.8	41.2	2.5
Kerala	71.8	19.9	85.2	81.7	79.8	1.3
Tamil Nadu	78.8	85.0	34.0	66.5	27.6	2.2

Source: India, National Family Health Service (NFHS-2), 1998-99, International Institute for Population Sciences, Mumbai, India

703. The issue of drinking water and sanitation has been discussed in detail under the article on Health and Health Services.

704. The percentage of households living in *pucca* houses is quite low in most States. In Orissa, Bihar, Madhya Pradesh, and all States in the North-East except Sikkim, less than 20 per cent of households live in *pucca* houses. Delhi (88 per cent) and Kerala (80 per cent) are the only States in which more than 60 per cent of households live in houses classified as *pucca*. Households are least crowded in Kerala (1.3 persons per room), followed by Goa and Nagaland (1.6 persons per room). Households in Uttar Pradesh, Rajasthan, Maharashtra, Andhra Pradesh, Bihar, and Madhya Pradesh have an average of around three persons per room, which puts them in the most crowded category.

705. Overall, half of the households in India do not own any agricultural land. Thirty-nine per cent of households in rural areas do not own agricultural land, compared with 80 per cent of households in urban areas. In rural areas, among those who own land, 64 per cent have at least some irrigated land. The proportion of households owning a house is 78 per cent in urban areas, 95 per cent in rural areas, and 90 per cent overall. The proportion of households owning livestock is 14 per cent in urban areas, and 47 per cent overall.

706. The possession of durable goods is another indicator of a household's socio-economic level. The majority of Indian households have a cot or a bed (81 per cent) or a clock or watch (67 per cent). Other durable goods found in many households are bicycles (48 per cent), mattresses (47 per cent), chairs or electric fans (46 per cent each) tables (40 per cent), radios (38 per cent), pressure cookers (30 per cent), and black and white televisions (25 per cent). A small proportion of households own sewing machines (18 per cent), motorcycles, scooters, or mopeds (11 per cent), refrigerators (11 per cent), colour televisions (10 per cent), water pumps (9 per cent), telephones (7 per cent), and cars (2 per cent). Urban households are much more likely than rural households to own each of these durable goods. In rural areas, 9 per cent of households own a bullock cart, 3 per cent own a thresher, and 2 per cent own a tractor.⁹

Purchasing Power Parity (PPP)

707. Purchasing power parity is an adjustment which is applied to incomes and is useful for comparing the living standards in different countries. The PPP is the adjustment for research purposes of data on the money incomes to reflect the actual power of a unit of local currency to buy goods and services in its country of issue, which may be more or less than what a unit of the same currency will buy of equivalent goods and services in foreign countries at current market exchange rates.

708. According to the UNDP *Human Development Report 2000*, the GDP per capita income of India in US dollars as per the PPP was US\$ 2,077 in 1998.

Table 6.20: Comparison of GDP per capita (PPP US\$) - 1998

Country	GDP per capita
China	3105
Indonesia	2651
India	2077
Pakistan	1715
Bangladesh	1361

709. This compares favourably with other high population developing countries.

710. The PPP per capita income in India compares favourably with India's per capita income, which was US\$ 444 in 1998 (*HDR 2000*).

711. The GDP per capita of India has doubled over the past 25 years, according to *HDR 2000*. The increase has been proportionally higher in the recent decade.

Table 6.21: GDP per capita (1995 US\$)

1975	222
1980	231
1985	270
1990	331
1998	444

Disparities

712. There is a considerable male-female disparity in GDP per capita income. The PPP-adjusted GDP per capita is US\$ 1,105 for females and US\$ 2,987 for males. The income of females is only about 40 per cent that of males.

713. There are large variations in the per capita income of India's States and UTs as shown in Table 6.22.

714. There is a strong correlation between income and many development indicators, as revealed in a survey by the NCAER (1994).

715. As is to be expected in a country of India's immense size and widely differing resources from region to region, the very low per capita income in India is an average for the entire population of around one billion people. There are tremendous variations in the income levels of Indians, with two of them featuring amongst the world's 50 richest persons, and more than 300 million below the poverty line.

Table 6.22: Per capita net state domestic product at current prices (Rs)

State	1994-95	1995-96	1996-97(P)	1997-98(Q)	1998-99(A)
A & N Island	10476	10911	12653	-	-
Andhra Pradesh	8145	9274	10806	10590	-
Arun. Pradesh	9417	11803	12032	13424	-
Assam	6017	6824	6928	7335	-
Bihar	3737	3533	4281	4654	-
Delhi	19954	21830	22687	-	-

Goa	16703	20141	23061	23482	-
Gujarat	11810	12914	14875	16251	-
Haryana	12283	13573	16392	17626	-
Him. Pradesh	7846	8747	-	-	-
J&K	5860	6231	6658	-	-
Karnataka	8504	9359	10504	11693	-
Kerala	7578	9004	10809	11936	-
M.P.	6034	6775	7571	8114	-
Maharashtra	13368	15770	17666	18365	-
Manipur	6542	6914	7510	8194	-
Meghalaya	6402	7862	8474	-	-
Mizoram	7743	9570	13360	-	-
Nagaland	8550	9758	11174	-	-
Orissa	5369	6236	5893	6767	-
Pondicherry	10489	11512	11677	-	-
Punjab	14534	16053	18006	19500	-
Rajasthan	6951	7523	8974	9356	9819
Sikkim	8869	9472	-	-	-
Tamil Nadu	9353	10222	11708	12989	-
Tripura	4366	5083	5432	5804	6200
Uttar Pradesh	5339	5872	6713	7263	-
West Bengal	7436	8491	9579	10636	-

(P) - Provisional

(Q) - Quick estimates

NA - Not Available

716. India's middle class, one of the largest in the world, comprises educated professionals, businessmen and technocrats, who enjoy a good standard of living.

Programme Interventions

717. Poverty alleviation and employment generation programmes have been in operation since the beginning of the Five Year Plans. The specifically designed anti-poverty programmes for generation of self-employment and wage-employment in rural areas have been restructured to improve their impact on the poor.

Swarnajayanti Gram Swarozgar Yojana (SGSY)

718. The focus of development planning in India has rightly been on the alleviation of rural poverty since Independence. Rural India, however, continues to suffer from high incidence of poverty in spite of strong anti-poverty programmes in successive years. In percentage terms, poverty level has reduced from 56.44 per cent in 1973-74 to 37.27 per cent in 1993-94. In absolute terms, however, the number of rural poor has remained more or less static. It is

estimated to be about 244 million. The adverse effect of such a large size of the poor on the country's development is not difficult to appreciate. It is in this context that self-employment programmes assume significance. The *Swarnajayanti Gram Swarozgar Yojana* (SGSY) has been launched with effect from 1 April, 1999. As a result, the erstwhile programmes, viz. *Integrated Rural Development Programme* (IRDP), Development of Women and Children in Rural Areas (DWCR), Training of Rural Youth for Self-employment (TRYSEM), Supply of Improved Toolkits to Rural Artisans (SITRA), *Ganga Kalyan Yojana* (GKY) and Million Wells Scheme (MWS) ceased to be in operation. The SGSY has been devised keeping in view the positive aspects and deficiencies of the earlier programmes.

Jawahar Gram Samridhi Yojana (JGSY)

719. The primary objective of this programme is the creation of demand-driven village infrastructure, including durable assets at the village level to enable the rural poor to increase the opportunity of sustained employment and to generate supplementary employment for the unemployed rural poor. Under Jawahar Gram Samridhi Yojana (JGSY), 22.5 per cent of the annual allocation must be spent on beneficiary schemes for Scheduled Castes/ Scheduled Tribes and three per cent to be utilized for barrier-free infrastructure for the disabled. Another objective is to generate supplementary employment for the unemployed rural poor.

720. The Employment Assurance Scheme (EAS), launched in October 1993 in 1772 identified backward blocks situated in drought-prone, desert, tribal and hill areas has been restructured as a single wage-employment programme from April 1999. This programme is being implemented in all the 5448 blocks with a fixed annual outlay. The primary objective of the EAS is the creation of additional wage-employment opportunities during the period of acute shortage of wage-employment through manual work for rural poor living below the poverty line. The second objective is the creation of durable community, social and economic assets to sustain future employment and development. The *zilla parishads* are designated as the implementing authorities of the scheme.

721. The ongoing National Social Assistance Programme (NSAP) provides benefits under its three components, viz., National Old Pension Scheme, National Family Benefit Scheme and National Maternity Benefit Scheme. The Prime Minister's *Rozgar Yojana* (PMRY) was launched in urban areas in 1993-94 and extended to rural areas from 1994-95 for providing self-employment to the educated unemployed. It attempted to generate employment for more than a million persons by setting up 700,000 micro-enterprises during 1992-1997. The scheme continues in the Ninth Plan with certain modifications, and a target of 220,000 beneficiaries has been fixed for 1999-2000.

Swarna Jayanti Shahari Rozgar Yojana

722. The *Swarna Jayanti Shahari Rozgar Yojana* (SJSRY), which subsumed the earlier three urban poverty programmes, viz., *Nehru Rozgar Yojana* (NRY), Urban Basic Services for the Poor (UBSP) and the Prime Minister's Integrated Urban Poverty Alleviation Programme (PMIUPEP), came into operation from December 1997. It sought to provide employment to the urban unemployed or underemployed poor living below the poverty line and educated up to standard IX through encouraging the setting up of self-employment ventures or provision of wage-employment. The scheme gave special impetus to the empowerment and upliftment of poor women, and launches a special programme, the Development of Women and Children in

Urban Areas (DWCUA), under which groups of poor urban women setting up self- employment ventures are eligible for subsidy up to 50 per cent of the project cost.¹⁰

Housing

723. The GOI has been implementing the *Indira Awaas Yojana* (Indira Housing Scheme) since 1985-86 with the objective of providing dwelling units free of cost to the members of the Scheduled Castes/Scheduled Tribes and freed bonded labourers living below the poverty line in the rural areas.

724. The *Samagra Awaas Yojana* (Universal Housing Scheme) is another comprehensive housing scheme launched recently with a view to ensuring an integrated provision of shelter, sanitation and drinking water. It has been decided to take up the *Samagra Awaas Yojana* on a pilot basis in one block in each of the 25 districts of 24 States and one Union Territory, which have been identified for implementing the participatory approach under the Accelerated Rural Water Supply Programme.

725. HUDCO shall proactively intervene to ensure adequate geographical distribution of the benefits under its Rural Housing Scheme. The National Mission for Rural Housing and Habitat has been set up by the Ministry of Rural Development to facilitate the induction of science and technology inputs on a continuous basis into the sector. It would provide convergence of technology, habitat and energy-related issues with a view to providing affordable shelter to all in rural areas within a specified time-frame and through community participation.¹¹

726. The United Nations Centre for Human Settlements (UNCHS) was established through a resolution of the UN General Assembly for guiding habitat activities. India has been a member of the organisation since its inception. An annual contribution of US\$ 100,000 payable in Indian currency, is made by India. The Minister of Rural Development has been closely associated with the activities of UNHCS.

727. The second UNCHS (Habitat II in Istanbul 1996) supported the habitat agenda and the experts. It declares that the need of the children and the youth, particularly with regard to their living environment, have to be taken fully into account. Special attention needs to be paid to the participatory processes dealing with the shaping of cities, towns and neighbourhoods. This is in order to secure the living conditions of children and youth, to make use of their insight, creativity and thoughts on the environment. Special attention must be paid to the shelter needs of vulnerable children such as street children, refugee children, and children who are victims of sexual exploitation.¹²

SECTION VII

EDUCATION, LEISURE AND CULTURAL ACTIVITIES

(Arts. 28, 29, 31)

A. Education, including Vocational Training and Guidance

Article 28

Introduction¹

728. The national policies of education in India have always underscored the Constitutional resolve to provide quality education to all. Education being a concurrent subject, partnerships between the Central and State Governments have been the basis for implementing a large number of centrally sponsored initiatives. In order to focus on the urgency of achieving universal elementary education and literacy, a separate Department of Elementary Education and Literacy has been created recently, which together with the Department of Secondary and Higher Education, has introduced a number of initiatives in order to meet the needs of human resource development in a rapidly changing world. While doing so, the promotion of excellence and equity in education has been the major concern.

729. The provision of Universal Elementary Education (UEE) has been a salient feature of India's national policy. The Hon'ble Supreme Court, in its order in the Unni Krishnan Case (1993), has declared education of children up to the age of 14 years a fundamental right. Recent household surveys confirm that nearly 79 per cent of children in the 6–14 years age group are attending schools. In order to mainstream children who are at present out of school and to improve the quality of instruction for those in school, the Government has been making concerted efforts. Some of the major initiatives are:

- Recruitment of teachers and provision of teaching-learning material under the scheme of Operation Blackboard;
- The District Primary Education Programme (DPEP) to achieve universal primary education;
- Provision of food grains and cooked meals to children under the National Programme for Nutritional Support for Primary Education;
- State-specific initiatives like *Lok Jumbish* and *Shiksha Karmi* in Rajasthan; and
- Experimental and innovative projects in the non-formal education sector.

730. The Central Government has reviewed the existing elementary schemes to provide for flexibility of approach and for implementation of universal elementary education in a mission mode. Based on the recommendations of the report of the committee of education ministers, a holistic and convergent programme viz. the *Sarva Shiksha Abhiyaan*, (Education for All) has been launched (details in box 7.1). Such an approach will provide for effective decentralised planning and community-ownership of initiatives in the elementary education sector. It will also be an opportunity for implementing cost-effective strategies for universalization of

education. The revision of the teacher education scheme envisages a move towards a convergent and flexible approach that allows for autonomy in decision making, based on the local context. The quest for quality and excellence is reflected in the changes that are being incorporated. DPEP, for instance, has emerged as a major programme to achieve universal primary education. DPEP is a holistic approach which aims to achieve the national objectives of universal access, retention and achievement of minimum levels of educational attainment, with a focus on girls and children belonging to socially deprived and economically backward sections of society.

Box 7.1: Sarva Shiksha Abhiyaan

The *Sarva Shiksha Abhiyaan* (SSA) has been launched to ensure that every child in the 6–14 years age-group is either in a school, education guarantee centre, or a back-to-school camp by 2003. It has also been decided to ensure five years of primary schooling for every child in India by 2007 and eight years of elementary schooling by 2010. In order to improve the quality of learning, curricular framework has been reviewed to make it more relevant to life and promote competency-based learning. Work education, value education and activity-based learning are being facilitated in the process of the curricular review. Community ownership and effective monitoring by the elected *Panchayati Raj* (local self-government) and urban local body representatives are being attempted in the SSA.

Source: Annual Report 2000-2001, Department of Elementary Education & Literacy, Department of Secondary and Higher Education, Ministry of Human Resource Development, GOI

731. Initiatives for deprived children in urban areas are already under way in Mumbai, and other such urban projects are likely to start in Calcutta, Delhi, Bangalore, Ahmedabad, Hyderabad, and other cities. The education of girls is a priority and efforts to facilitate learning opportunities for them are being made. The 148 districts with low female literacy among the Scheduled Castes/Scheduled Tribes are being targeted as a priority under the SSA.

732. In the realm of secondary education, the National Council for Educational Research and Training (NCERT) has initiated a review of the curriculum framework, and the Central Board of Secondary Education (CBSE) has introduced a system of comprehensive evaluation in its schools over the years. NCERT's new curriculum design focuses on the objectives of skill building, acquisition of competencies and understanding of the issues relevant to the needs of a child. The school-based evaluation by the CBSE has tried to capture the overall cognitive development of a child, so far ignored by the school evaluation process, by adopting a grade system for each subject at the Class X stage.

733. The Justice Verma Committee constituted by the Government highlighted the need for inculcating knowledge about fundamental duties enshrined in the Constitution as a curriculum concern among students. Information technology (IT) in schools was another curriculum area addressed by the Government with the introduction of new syllabi based on IT. Given the fact that less than two per cent children with disabilities—out of a total of over 16 million—have joined the school system, programmes for attitudinal changes, capacity-building among teachers and training institutions to educate these children in inclusive school settings have also been taken up by the Government.

734. The National Open School (NOS) entered the elementary education sector in a significant way, particularly for children who are not reached by the regular school system. These include working children, children with disabilities and children from other marginalized groups.

735. Similarly, due attention is being paid to vocational education to meet the learning needs of school dropouts, as well as regular students who wish to adopt the vocational system. Schemes to promote computer literacy in schools are also being revised to provide for computer literacy in at least 10,000 secondary schools of the country. The *Kendriya Vidyalaya Sangathan* (KVS) and *Navodaya Vidyalaya Sangathan* (NVS) have resolved to provide computer literacy in all their schools.

736. Schemes for modernization of *madrasas* (school for religious instruction for Muslims) and area-intensive schemes for minorities have been a priority and are being regularly monitored. The aim is to have a focused and convergent approach for implementing all the programmes for minorities in the 331 blocks with a significant minority population.

737. In the area of higher education, while all attempts are being made in the formal education sector to increase access, the open university system with the Indira Gandhi National Open University (IGNOU) at its apex, has dramatically improved access through its network of regional and study centres.

738. In recent years, there have also been a large number of State-specific initiatives. For instance, Andhra Pradesh has adopted an innovative elected school management committee approach for improving community ownership of schools. Madhya Pradesh and Uttar Pradesh have decentralized management of education to *Panchayati Raj* (local self-government) institutions and urban local bodies. States like West Bengal have drawn up plans for Universal Elementary Education (UEE). Bihar has launched an attendance scholarship scheme for children from families below the poverty line. These efforts reflect recent interest across educationally backward States to provide quality elementary education to all children up to 14 years of age.

Overview

Constitutional, legislative and policy provisions, planning and monitoring

739. According to the Constitution of India, primary and elementary schooling are required to be provided free of cost to all citizens, implying that neither school enrolment nor continuation rates should differ across States and socio-economic groups.

740. A holistic view was taken in 1986 when the National Policy for Education (NPE) visualized education as a dynamic, cumulative, life-long process, providing diversity of learning opportunities to all segments of society. The NPE, 1986, as well as its Programme of Action (POA), which was the result of deliberations, consultations and consensus, was reviewed and updated in 1992. The introductory part of the POA envisages that given the rich diversity of our nation it would be in the fitness of things if each State and Union Territory formulates a State POA in accordance with its situational imperatives, as well as with the POA, 1992.² The task of implementing NPE and POA lies with States and UTs, and the Centre was to monitor the implementation. Accordingly, the POA was circulated to all States and UTs to draw their own State Programme of Action (SPOA). Besides implementation by the States and UTs, Central ministries and departments, the Planning Commission, autonomous organisations and bureaus in the Department of Education were to take action on NPE and POA. However, the implementation and formulation of SPOAs by State Governments require intensification.

741 A comprehensive review of the education situation was held in New Delhi in November 1999 by the education departments of the Centre and all the States/UTs. Representatives from professional bodies and NGOs also participated in the review, which identified the steps to be taken. These were:

- Amend the Constitution to make elementary education a fundamental right of all children up to the age of 14 years;
- Enact legislation for providing free and compulsory elementary education to all children in the age group of 6–14 years;
- Facilitate greater participation of the non-governmental sector in education;
- Launch the *Sarva Shiksha Abhiyan* at district-level for convergence of diverse programmes in elementary education to facilitate decentralized planning, improvement of delivery system, enhancement of people's participation and improvement of capacities of PRIs to manage and supervise local schools; and
- Make a concerted effort to fulfil the mandate of the Disabilities Act, 1995, to provide free education to all children with special needs up to the age of 18 years, through an inclusive approach and a strong partnership with reputed and committed NGOs.³

742. The Prime Minister's Special Action Plan (SAP) has stressed the need for expansion of and improvement in the social infrastructure in the field of education. The Government has accorded high priority to education, the main facets of which are:

- Total eradication of illiteracy;
- A gradual increase in Governmental and non-governmental spending on education, up to six per cent of the GDP;
- Implementation of the Constitutional provision of making primary education free and compulsory up to class V;
- A move towards equal access to and opportunity for educational standards up to the school-leaving stage; and
- An improvement in the quality of education at all levels - from primary school to the university.

Box 7.2: Recent trends towards structural reforms in elementary education in India

Elementary education is recognised as a fundamental right of all citizens in India. The Supreme Court of India, in its judgement in the Unni Krishnan Case (1993), has held that all citizens have a fundamental right to education up to the age of 14 years. The GOI introduced the 83rd Constitutional Amendment Bill in Parliament in 1997, to make education a fundamental right of all children between 6–14 years;

Greater emphasis on decentralisation of educational planning and administration. The 73rd and 74th Constitutional Amendments have provided a statutory base for decentralised educational planning;

Multi-sectoral holistic approach to UEE;
Greatest stress on creation of conditions that would encourage increased community participation in effective school management and supervision;
Re-examination of relationship among the Government, NGOs and private institutions to harness potential non-governmental institutions in pursuit of UEE;
Recognition of limitations of market forces in ensuring equity and equality in elementary education. The Government is committed to enhancing financial allocation for education to six per cent of the GDP; and
Greater thrust on community-based support structures, educational planning and monitoring and evaluation to improve delivery of elementary education.

Source: Janshala Newsletter, Vol. II, Issue 1, January 1999, GOI

743. The proposed 83rd Constitutional Amendment Bill, 1997, guarantees the right to free and compulsory education for children from 6–14 years of age. It also makes it a fundamental duty of parents/guardians to provide opportunities for education to children in this age group.⁴

744. The Tamil Nadu Compulsory Education Act, 1994, came into force from July 1998. Art. 4 of the Act makes it a duty of every parent or guardian to send their ward to attend an elementary school if he or she is of the school-going age. On failure, the parent or guardian shall be punished with a fine, which may extend to one hundred rupees. Further, to safeguard the interest of families, it is listed as a cognizable offence, where no court shall take cognizance of the offence punishable under this Act, unless and until the complaint is given in writing by an officer authorized by the Government in this regard.⁵

745. The Government has declared its commitment to every child in the Ninth Plan (1997–2002). The challenge is to reach every young child and his/her family, especially the disadvantaged, with the active participation of the community, to promote holistic development and growth. The approach to the Ninth Five-Year Plan has been formulated in the light of these objectives. The total central plan allocation on education has been enhanced from Rs 40.54 billion in 1998–99 (RE) to Rs 47 billion in 1999–2000 (BE).⁶

Organization and structure

746. The Department of Education was one of the constituent units of the Ministry of Human Resource Development (MHRD) till October 1999, when the Department of Culture and Youth Affairs and Sports was put under a separate ministry. In order to give a thrust to the activities relating to elementary education and literacy, the erstwhile Department of Education has also been reorganised, creating a separate Department of Elementary Education and Literacy. The remaining activities of the Department of Education are to be handled in the redesignated Department of Secondary Education and Higher Education. In matters relating to these two departments, the Minister for Human Resource Development is assisted by a Minister of State. Each Department is headed by a Secretary to the Government of India (GOI).

747. The Department is organized into bureaux, divisions, branches, sections and units. Each bureaux is under the charge of a Joint Secretary or Joint Educational Advisor, an officer of equivalent rank.⁷

748. School education in India comprises four levels: primary, upper primary, secondary and higher secondary. The National Policies on Education (1968 and 1986, and the latter's revised

formulation of 1992) envisaged a uniform (10+2) pattern of school education across States. Although education is on the concurrent list, States are free to evolve their own pattern of school education. Eight years of elementary education comprise two stages: a primary stage of classes I–V and an upper primary stage of classes VI–VIII. However, eight years of compulsory education have been envisaged as one integrated unit. The official age of entry to class 1 is six years but in a few States, it is five years. The Government has recently decided to introduce a Constitutional Amendment Bill which will make elementary education a fundamental right. This will be implemented as part of the *Sarva Shiksha Abhiyan*. In fact, some States such as Kerala have already made elementary education compulsory.

749. Like elementary education, classes comprising secondary education differ in States. While secondary stage consists of classes IX and X in 19 States, it consists of classes VIII, IX and X in 13 States. Within a State, however, complete uniformity prevails. Government, local bodies and private managements maintain schools. In addition, private educational institutions, both in rural and urban areas, also exist in large numbers.

750. In most States, after 10 years of schooling, 2+3+2+ pattern is prevalent, which consists of two years of higher secondary education, three years of first degree education and two years of postgraduate education.⁸

Current literacy situation

751. Education, the most crucial investment in human development, is an instrument for developing an economically prosperous society and for ensuring equity and social justice. Despite Governmental efforts at UEE, half the adult Indian population continues to be illiterate, and two thirds of women are illiterate. The literacy rate for rural India as a whole is 54 per cent: 66 per cent for males and 40 per cent for females, with a gender disparity of about 40 per cent⁹ (Census 2001).

752. However, recent estimates of literacy at the national level have shown a significant increase from 52 per cent in 1991 to 62 per cent in 1997. The increase was significant among the educationally backward States. Large-scale expansion of formal primary education in the early 90s and innovative strategies of primary education development projects like DPEP have contributed substantially to these outcomes. Nonetheless, inter-/intraState level variations are large.

753. The National Sample Survey Organisation (NSSO) conducts regular surveys to assess literacy rates. It takes samples of 40,000 households each year and 120,000 households every five years. The NSSO has updated the exercise up to December 1997, including therein the results obtained in the process of conducting the 53rd round. NSSO has also estimated up to the end of 1998. The NSSO survey¹⁰ results are shown in the figures 7.1 and 7.2.

754. The survey shows an increase of 10 percentage points between 1991 and 1997 (a timeframe of just six years) and 12 percentage points between 1991 and 1998 (a gap of just seven years). Significantly, the rise in female literacy between 1991 and 1997 has been 11 per cent, whereas male literacy rate has risen by nine per cent during the same period. In the previous decade also, female literacy had grown faster than male literacy. Thus, the faster rate of growth among females has not only been maintained but also slightly enhanced. The differential has dropped by more than four per cent during the six year period 1991–97. The gap between rural and urban literacy levels is narrowing.

755. There are gender disparities and disparities among social groups. However, the total number of illiterates has declined, as is evident from table 7.1.

Figure 7.1: Trends in literacy rates

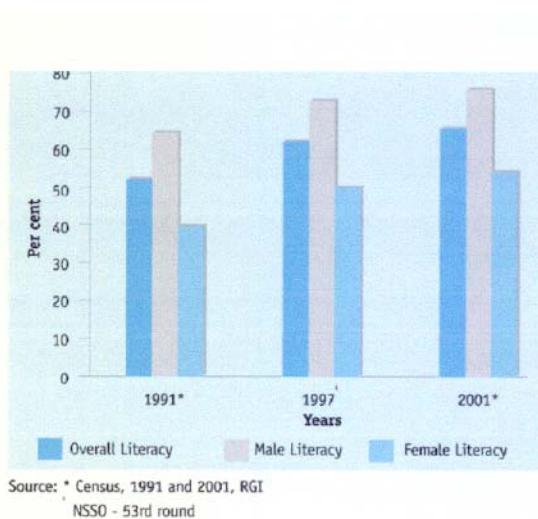


Figure 7.2: Trends in rural/urban literacy rates

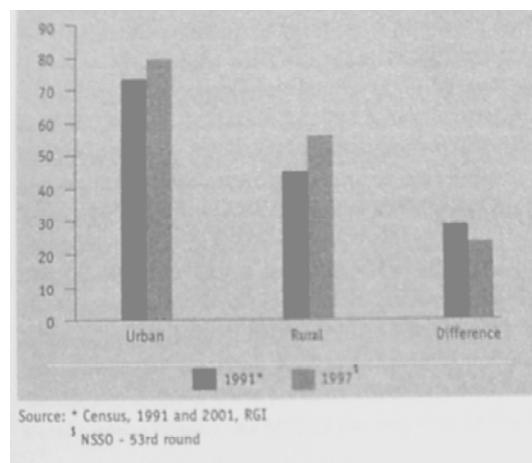


Table 7.1: Trends in numbers of non-literates (in millions)

Year	No. of illiterates	No. of Male illiterates	No. of Female illiterates
1991	328	128	200
2001	296	107	190

Source: Census 1991 and 2001, RGI

756. The absolute number of illiterates in the country as a whole declined in the decade 1991-2001 by nearly 32 million. This is in spite of the annual rate of population growth of a little over 1.9 per cent, which took India's population to over one billion in the year 2001. The maximum contribution to this decline has been from Andhra Pradesh, followed by Uttar Pradesh, Maharashtra, Rajasthan, Madhya Pradesh and Tamil Nadu. Bihar, on the other hand, increased its number of illiterates, followed by Delhi.

757. The literacy rate for the country as a whole in 2001, works out to 65.38 per cent for the population aged seven years and over. The corresponding figures for males and females are 75.85 and 54.16 per cent, respectively. Thus three-fourths of the male and more than half of the female population aged seven years and above are literate in the country today. India has continued its inexorable march in improving its literacy rate by recording a jump of 13.17 percentage points from 52.21 in 1991 to 65.38 in 2001. The increase in literacy rates in males and females are in the order of 11.72 and 14.87 percentage points, respectively. Thus the increase in literacy rates observed during 1991-2001 in respect of persons, males as well as females, has been the highest recorded in comparison to earlier decades since 1951 except in case of males during 1951-61. This improvement in literacy rate augurs well for the country and requires a fillip, particularly in the case of females.

758. In 1991 the gap in male-female literacy rates was 24.84. In 2001 it has decreased to 21.70 percentage points.

759. Statewise literacy rates according to Census of India, 2001, have been presented in Table 7.2. Kerala, where literacy rate is 90.92 per cent, holds the first rank in the country, closely followed by Mizoram (88.49 per cent) and Lakshadweep (87.52 per cent). Bihar, with a literacy rate of 47.53 per cent, ranks last in the country, preceded by Jharkhand (54.13 per cent) and Jammu and Kashmir (54.46 per cent). Among the major States, Maharashtra comes next after Kerala, with a literacy rate of 77.27 per cent, followed by Tamil Nadu with 73.47 per cent.

760. Kerala continues to occupy the top spot in the country, both in male literacy (94.20 per cent) and female literacy (87.86 per cent). On the contrary, Bihar has recorded the lowest literacy rates both in case of males (60.32 per cent) and females (33.57 per cent). Seven States/Union Territories having less than fifty per cent female literacy rates are Rajasthan (44.34 per cent), Arunachal Pradesh (44.24 per cent), Dadra and Nagar Haveli (42.99 per cent), Uttar Pradesh (42.98 per cent), Jammu and Kashmir (41.82 per cent), Jharkhand (39.38 per cent) and Bihar (33.57 per cent.)

761. The States and Union Territories with literacy rates below the national average are Jammu and Kashmir in the North; Rajasthan and Dadra and Nagar Haveli in the west; Andhra Pradesh in the south; Madhya Pradesh, Chhattisgarh and Uttar Pradesh in central India; Bihar, Jharkhand and Orissa in the east; and Arunachal Pradesh, Assam and Meghalaya in the North-Eastern parts of the country. The States and Union Territories which have literacy rates below the national average in respect of all the three categories, i.e. total, males and females are Arunachal Pradesh, Andhra Pradesh, Bihar, Dadra and Nagar Haveli, Jammu and Kashmir, Jharkhand and Uttar Pradesh.

Table 7.2: Literacy rate : 1991 and 2001 (in percentage)

	State/Union Territory*	Literacy Rate (Percent)		Decadal difference in literacy rate
		1991	2001	
	India	52.20	65.49	13.29
1.	Andhra Pradesh	44.09	61.11	17.02
2.	Arunachal Pradesh	41.59	54.74	13.15
3.	Assam	52.89	64.28	11.39
4.	Bihar	37.49	47.53	10.04
5.	Chhattisgarh	42.91	65.18	22.27

6.	Goa	75.51	82.32	6.81
7.	Gujarat	61.57	69.97	8.40
8.	Haryana	55.85	68.59	12.74
9.	Himachal Pradesh	63.94	77.13	13.19
10.	Jammu & Kashmir	N.A.	54.46	-
11.	Jharkhand	41.39	54.13	12.74
12.	Karnataka	56.04	67.04	11.00
13.	Kerala	89.81	90.92	1.11
14.	Madhya Pradesh	44.67	64.11	19.44
15.	Maharashtra	64.87	77.27	12.39
16.	Manipur	59.89	68.87	8.97
17.	Meghalaya	49.10	63.31	14.21
18.	Mizoram	82.27	88.49	6.22
19.	Nagaland	61.65	67.11	5.46
20.	Orissa	49.09	63.61	14.52
21.	Punjab	58.51	69.95	11.45
22.	Rajasthan	38.55	61.03	22.48
23.	Sikkim	56.94	69.68	12.73
24.	Tamil Nadu	62.66	73.47	10.81
25.	Tripura	60.44	73.66	13.22
26.	Uttar Pradesh	40.71	57.36	16.65
27.	Uttaranchal	57.75	72.28	14.53
28.	West Bengal	57.70	69.22	11.52
29.	Andaman & Nicobar Islands*	73.02	81.18	8.16
30.	Chandigarh*	77.81	81.76	3.94
31.	Dadra & Nagar Haveli*	40.71	60.03	19.33
32.	Daman & Diu*	71.20	81.09	9.89
33.	Delhi*	75.29	81.82	6.53
34.	Lakshadweep*	81.78	87.52	5.74
35.	Pondicherry*	74.74	81.49	6.75

Source: Census 1991 and 2001, RGI

* UTs

762. The literacy rates derived from the Census of India, 2001, compare well with those reported by NSSO (1997). The literacy rate of the country has apparently moved forward from 62 per cent in 1997 to 65 per cent in 2001. The male literacy rate has improved by three percentage points, from 73 per cent in 1997 to 76 per cent in 2001, while the female literacy rate has surged forward by four percentage points, from 50 per cent to 54 per cent.

763. All the States and Union Territories without exception have shown increase in literacy rates during 1991-2001. The States and Union Territories which have moved forward by more than fifteen percentage points during the decade are Rajasthan (22.48), Chhattisgarh (22.27), Madhya Pradesh (19.44), Dadra and Nagar Haveli (19.33), Andhra Pradesh (17.02) and Uttar Pradesh (16.65). Among the States and Union Territories, which had literacy rates of below fifty per cent in 1991, Bihar has registered a minimum increase of 10.04 per cent points, moving from 37.49 per cent to 47.53 per cent. (see table 7.2).

764. Table 7.4 presents literacy rates and decadal difference in literacy rates by sex for 1991-2001. Out of the 13 States and Union Territories whose literacy rates are below the current national average of 65.38, nine occupy the first nine positions in male-female gaps in literacy

rates. Though Rajasthan continues to have the largest male-female literacy gap, female literacy in the State has doubled in the last decade. However, the gap of 34.55 percentage points in 1991 has marginally come down to 32.12 percentage points.

765. The minimum gap in male-female literacy rates anywhere in the country has been observed for Mizoram (4.56 percentage points). Mizoram, which had also reported the lowest differential in male-female literacy rates during 1991, with 7.01 percentage points, has further narrowed it down to 4.56 in 2001.

Table 7.3: Comparison of growth in literacy rate between 1997-2001

S. No.	India/States and Uts	Literacy rate 2001**			Literacy rate 1997\$			Differential		
		Persons	Male	Female	Persons	Male	Female	Persons	Male	Female
	India	65	76	54	62	73	50	3	3	4
1.	Andhra Pradesh	61	71	51	54	64	43	7	7	8
2.	Arunachal Pradesh	55	64	44	60	69	48	-5	-5	-4
3.	Assam	64	72	56	75	82	66	-11	-10	-10
4.	Bihar & Jharkhand	49	62	35	49	62	34	0	0	1
5.	Goa	82	89	76	86	93	79	-4	-4	-3
6.	Gujarat	70	80	59	68	80	57	2	0	2
7.	Haryana	69	79	56	65	76	52	4	3	4
8.	Himachal Pradesh	77	86	68	77	87	70	0	-1	-2
9.	Jammu & Kashmir	54	66	42	59	71	48	-5	-5	-6
10.	Karnataka	67	76	57	58	66	50	9	10	7
11.	Kerala	91	94	88	93	96	90	-2	-2	-2
12.	Madhya Pradesh & Chhattisgarh	64	77	51	56	70	41	8	7	10
13.	Maharashtra	77	86	68	74	84	63	3	2	5
14.	Manipur	69	78	60	76	86	66	-7	-8	-6
15.	Meghalaya	63	66	60	77	79	74	-14	-13	-14
16.	Mizoram	88	91	86	95	96	95	-7	-5	-9
17.	Nagaland	67	72	62	84	91	77	-17	-19	-15
18.	Orissa	64	76	51	51	64	38	13	12	13
19.	Punjab	70	76	64	67	72	62	3	4	2
20.	Rajasthan	61	76	44	55	73	35	6	3	9
21.	Sikkim	70	77	61	79	86	72	-9	-9	-11
22.	Tamil Nadu	73	82	65	70	80	60	3	2	5
23.	Tripura	74	81	65	73	79	67	1	2	-2
24.	Uttar Pradesh & Uttarakhand	58	71	44	56	69	41	2	2	3
25.	West Bengal	69	78	60	72	81	63	-3	-3	-3
26.	Andaman & Nicobar Islands*	81	86	75	97	100	94	-16	-14	-19
27.	Chandigarh*	82	86	77	83	90	74	-1	-4	3
28.	Dadra & Nagar Haveli*	60	73	43	49	66	30	11	7	13
29.	Daman & Diu*	81	88	70	86	95	73	-5	-7	-3
30.	Delhi*	82	87	75	85	91	76	-3	-4	-1
31.	Lakshadweep*	88	93	82	96	98	93	-8	-5	-11
32.	Pondicherry*	81	89	74	90	94	86	-9	-5	-12

* Union Territories

Source: ** Census 2001, RGI

\$ National Sample Survey, 53rd round, Jan-Dec. 1997

Table 7.4: Literacy rates and decadal difference in literacy rates by sex: 1991-2001

	States/ Union Territories*	1991		Gap in literacy	2001		Gap in literacy	Decadal difference in literacy rates	
		Male	Female		Male	Female		Male	Female
	India	64.13	39.28	24.85	75.96	54.28	21.68	11.83	15.00
1.	Andhra Pradesh	55.13	32.72	22.42	70.85	51.17	19.68	15.72	18.45
2.	Arunachal Pradesh	51.45	29.69	21.76	64.07	44.24	19.83	12.62	14.55
3.	Assam	61.87	43.03	18.84	71.93	56.03	15.90	10.06	13.00
4.	Bihar	51.37	21.99	29.38	60.32	33.57	26.75	8.95	11.58
5.	Chhattisgarh	58.07	27.52	30.54	77.86	52.40	25.46	19.79	24.87
6.	Goa	83.64	67.09	16.55	88.88	75.51	13.37	5.24	8.42
7.	Gujarat	73.39	48.92	24.47	80.50	58.60	21.90	7.11	9.68
8.	Haryana	69.10	40.47	28.62	79.25	56.31	22.94	10.16	15.84
9.	Himachal Pradesh	75.41	52.26	23.16	86.02	68.08	17.94	10.61	15.82
10.	Jammu & Kashmir	NA	NA	NA	65.75	41.82	23.93	NA	NA
11.	Jharkhand	55.80	25.52	30.28	67.94	39.38	28.57	12.14	13.86
12.	Karnataka	67.26	44.34	22.93	76.29	57.45	18.84	9.03	13.12
13.	Kerala	93.62	86.17	7.45	94.20	87.86	6.34	0.58	1.69
14.	Madhya Pradesh	58.54	29.35	29.19	76.80	50.28	26.52	18.26	20.93
15.	Maharashtra	76.56	52.32	24.24	86.27	67.51	18.75	9.71	15.20
16.	Manipur	71.63	47.60	24.03	77.87	59.70	18.17	6.24	12.10
17.	Meghalaya	53.12	44.85	8.27	66.14	60.41	5.73	13.02	15.56
18.	Mizoram	85.61	78.60	7.01	90.69	86.13	4.56	5.08	7.53
19.	Nagaland	67.62	54.75	12.87	71.77	61.92	9.85	4.15	7.17
20.	Orissa	63.09	34.68	28.41	75.95	50.97	24.98	12.86	16.29
21.	Punjab	65.66	50.41	15.26	75.63	63.55	12.08	9.97	13.14
22.	Rajasthan	54.99	20.44	34.55	76.46	44.34	32.12	21.47	23.90
23.	Sikkim	65.70	46.76	18.94	76.73	61.46	15.27	11.03	14.70
24.	Tamil Nadu	73.75	51.33	22.42	82.33	64.55	17.78	8.58	13.22
25.	Tripura	70.58	49.65	20.93	81.47	65.41	16.06	10.89	15.77
26.	Uttar Pradesh	54.82	24.37	30.46	70.23	42.98	27.25	15.40	18.61
27.	Uttaranchal	72.79	41.63	31.17	84.01	60.26	23.75	11.22	18.63
28.	West Bengal	67.81	46.56	21.25	77.58	60.22	17.35	9.77	13.66
29.	Andaman & Nicobar Islands*	78.99	65.46	13.53	86.07	75.29	10.78	7.08	9.83
30.	Chandigarh*	82.04	72.34	9.70	85.65	76.65	9.00	3.61	4.31
31.	Dadra & Nagar Haveli*	53.56	26.98	26.58	73.32	42.99	30.32	19.76	16.01
32.	Daman & Diu*	82.66	59.40	23.26	88.40	70.37	18.03	5.73	10.97
33.	Delhi*	82.01	66.99	15.02	87.37	75.00	12.36	5.36	8.01
34.	Lakshadweep*	90.18	72.89	17.29	93.15	81.56	11.59	2.98	8.67
35.	Pondicherry*	83.68	65.63	18.06	88.89	74.13	14.76	5.21	8.50

Source: Census 1991 and 2001, RGI

* Union Territories

768. The enrolment rate for rural India as a whole is 71 per cent, with a gender disparity of 0.84, showing a deficit of 16 per cent for girls. The enrolment rates are generally high in the southern and western States, with low gender disparity. However, Rajasthan stands out, both in terms of the low level of enrolment and the high level of gender disparity.¹¹

Public Expenditure on Education

769. The growth of the education system is also reflected by the increase in the expenditure on education, which has been fairly high. Educational expenditure, at constant prices, increased from Rs 77.14 billion in 1990–91 to Rs 102.6 billion in 1997–98, an increase of 33 per cent. The expenditure per pupil, at constant prices, increased from Rs 480 to Rs 553.20 during the same period.¹²

Share of Education in GNP

770. The share of GNP allocated for the development of education is a reliable indicator for assessing the relative importance given to education in an economy. The Education Commission (1966) had recommended a target of investing six per cent of national income from the public exchequer in education by 1986. This goal has not been realised so far. At present, only 3.6 per cent of the GNP is invested in education (1997–98). This does, however, mark a very significant progress, compared to 1.2 per cent of GNP invested in education in 1950–51.¹³

Table 7.5: Share of education in GNP in India (per cent)

Year	% of GNP
1994–95	4.0
1995–96	4.0
1996–97	3.8
1997–98 (B)	3.6

Source: Financing of Elementary Education in India, J.B.G.Tilak, MHRD, NIEPA

771. It is expected that a substantial increase in percentage in GNP allocated for Education will be made in the Tenth Five Year Plan for which consultations are presently going on in the Planning Commission

Share of Education in the State Domestic Product

772. This proportion has increased considerably in a few States (See Table 7.6). In fact, in some of the backward States like Bihar, the proportion of the state domestic product (SDP) set aside for education was above six per cent. But, this finding is not conclusive. For instance, if the State income is low (or declines over the years), even a relatively small amount of expenditure on education may give the impression of a higher proportion of State income being invested in education.

Table 7.6: Share of education in SDP by major States in India (in %)

State	1990–91	1995–96
Andhra Pradesh	4.6	2.4*
Assam	6.0	6.4*
Bihar	6.3	6.2*
Gujarat	4.3	3.1*
Haryana	3.1	2.3*
Himachal Pradesh	8.8	7.1*
Jammu & Kashmir	6.7 ⁺	4.9
Karnataka	4.3	3.8*
Kerala	6.5	6.3*
Madhya Pradesh	5.0	3.2*
Maharashtra	3.2	2.8*
Orissa	5.4	5.1*
Punjab	3.5	2.1*
Rajasthan	5.3	4.1\$
Tamil Nadu	5.0	3.7\$
Tripura	11.8 ⁺	12.8*
Uttar Pradesh	4.6	3.8*
West Bengal	5.4	3.5*

Note: + 1989–90, * Quick estimates, \$ Advance estimates

Source: *Financing of Elementary Education in India*, J.B.G.Tilak, MHRD, NIEPA

Share of Education in the Budget

773. Perhaps a more important gauge of investment in education is revealed by the priority given to Education in the Government budget. Budgetary allocations on education are a sum total of allocations made at the Central and State/UT levels.

774. In the budget framework, resources flow from Government in two forms—in the revenue account of the budget and in the capital account. While in the revenue budget, the share of education is large, in the capital budget, the share of education is small, pushing down the overall share. During the period 1993–98, out of the total budget expenditure of the States, nearly 20 per cent was spent on education, while out of the total budget expenditure of the Central Government around 2.4–3.4 per cent was spent on education. If Central and State budgets are considered, both revenue and capital accounts, the total budget resources available for education formed around 11 per cent during 1995–96 to 1997–98.¹⁴

Table 7.7: Percentage share of education in total budget

Year	State Governments*	Union Government	Overall
1993–94	19.3	2.6	10.5
1994–95	18.4	2.4	10.3
1995–96	19.5	3.1	10.9
1996–97(R)	19.2	2.6	11.1
1997–98(B)	19.7	3.4	11.4

Note: * includes Union Territories, R—Revised estimates, B—Budget estimates

Source: *Financing of Elementary Education in India*, J.B.G. Tilak, MHRD, NIEPA

775. If we look at the education expenditure levels in various States, in terms of rupees per capita, it is evident that inter-State variations in per capita expenditure on education are high (see table 7.8). Kerala, Himachal Pradesh and Tripura have the highest per capita expenditures.

**Table 7.8: Per capita expenditure on education in selected States
(Rs in current prices)**

State	1995–96	1997–98(B)
Andhra Pradesh	297.5	373.5
Assam	411.5	513.6
Bihar	216.9	297.1
Gujarat	458.4	526.2
Haryana	417.4	461.8
Himachal Pradesh	665.6	719.2
Jammu & Kashmir	376.1	622.2
Karnataka	386.9	493.9
Kerala	576.3	754.3
Madhya Pradesh	299.8	464.0
Maharashtra	460.5	505.5
Orissa	320.7	387.1
Punjab	330.4	521.9
Rajasthan	367.1	458.0
Tamil Nadu	412.9	575.5
Tripura	593.5	896.5
Uttar Pradesh	242.1	316.4
West Bengal	275.6	373.9
All-India	405.4	525.8

B—Budget estimates

Source: *Financing of Elementary Education in India*, J.B.G. Tilak, MHRD, NIEPA

Intrasectoral allocation of resources

776. An analysis of the intrasectoral allocation of resources shows an increasing emphasis on elementary education. The year 1986 marks the beginning of the renewed emphasis on elementary education, with the formulation of the National Policy of Education (NPE), Operation

Blackboard (OB) and other similar programmes. The allocation for elementary education was stepped up significantly during the Seventh Five-Year Plan (1985–90), and was continued in the Eighth (1992–97) (see table 7.9). The intersectoral allocation of resources for the Tenth Five-Year Plan are under compilation.

Table 7.9: Intrasectoral allocation of Plan expenditure in education (%)

Five-Year Plan	Elementary	Adult	Secondary	Higher	Technical
Eighth Plan (1992–97)	42	8	16	7	13
1995–96	35	6	7	4	15

Source : Financing of Elementary Education in India, J.B.G. Tilak, MHRD, NIEPA

777. An analysis of Plan expenditure may present only a partial picture because non-Plan expenditure is also equally important. A large portion of the expenditure on elementary education is non-Plan in nature. However, Plan expenditure has increased from 7.5 per cent in 1990–91 to 22.3 per cent in 1997–98. This is significant, since larger the Plan expenditure, larger is the scope for setting new directions and introducing reforms. Plan expenditures increased significantly due to (a) the massive Operation Blackboard programme, (b) provision of incentives, particularly noon-meals to schoolchildren, and (c) flow of external aid to education, in the form of DPEP and other projects.

Resource requirements for UEE

778. Finding resources to finance UEE is an urgent task. The Saikia Committee, appointed to estimate the resources, came up with the suggestion for an investment of Rs 400 billion over a five-year period, for achieving universalization. On the basis of the recommendation of this committee, a group of experts was constituted to estimate the financial requirements for making elementary education a fundamental right in the Constitution. This Group has estimated that UEE requires additionally Rs 1,360 billion during the next 10 years (1998–99 to 2007–2008). This would translate into an additional investment of 0.7 per cent of GDP (if the GDP grows at a modest rate of growth of five per cent per annum).

Mobilisation of resources for elementary education

779. While UEE has been given high priority, the Government's capability to fund education has reached a saturation point relatively, suggesting the need for mobilizing community resources for education. An important development of the 1990s refers to significant efforts of the Government to decentralize educational planning and administration and involvement of the community at various levels in planning, administration, financing, monitoring and supervision of the working of the school system. Following the Constitutional Amendment for setting up PRIs, and also the launching of externally-aided projects in primary education, village education committees school development committees, have been set up with the involvement of the local community. With the participation of these committees, efforts are being made to mobilize physical and financial resources to finance elementary education.¹⁵

Financing of private schools

780. One important issue that has significant implications for financing education relates to private schools, and the public policy towards private schools. In the present period, characterized by a global wave of privatization, it is being increasingly felt that private schools are an effective answer to augmenting public budgets. The role of the private sector in educational development in India is totally different from that of the private sector in general. In India, private schools necessarily mean a privately managed system, but not necessarily a privately funded system of education. Thus, private schools are of two types: private-aided (PA) schools and private-unaided (PUA) schools. More than 95 per cent of the recurring expenditure, and sometimes a part of the capital expenditure, of these schools is met by the Government.

781. Some studies point out that the private-aided sector takes away disproportionately large amounts from the limited public budgets and that unaided private schools do provide some financial relief, but at huge social and economic cost.¹⁶

782. Accurate data on the number of private schools and their share in total enrolment is not available for recent years. Surveys conducted by NCERT in 1993, NCAER in 1994, and NSSO in 1995–96 show wide discrepancies. In rural areas, estimates of the share of PA schools vary from 8.4 per cent to 22.2 per cent and that of PUA schools vary from 3.6 per cent to 9.8 per cent. However, all the surveys reveal that privatization is much higher in the States of Kerala, Maharashtra, Tamil Nadu and West Bengal.¹⁷

Household expenditures

783. “Schooling is too expensive” was the first among reasons cited by the study conducted by the Public Report on Basic Education (PROBE) to explain why a child has never been sent to school in rural areas. Survey data confirmed that the cost of sending a child to school is far from negligible. The most costly items are clothing, followed by textbooks and stationery. The average cost of sending a child to school works out to be Rs 318 per year in rural areas. This may not look high but it is a substantial burden on a poor family. The figure reflects actual expenditure, not the expenditure that would be required to cover a pupil’s basic need (in terms of textbook, stationery and so on). The poor are often constrained to produce cash at short notice to meet immediate needs. This creates a basic liquidity problem, even when the annual expenditure is otherwise affordable.¹⁸

784. A study conducted by NCAER in 1994 found that the expenditure per household on educating children aged 6–14 years in rural India was estimated to be Rs 680 per household or Rs 378 per pupil per year. Expenditure on schooling for girls was about 68 per cent of the amount spent on boys. A large proportion of this expenditure was incurred on books, stationery and school uniforms, followed by private coaching and fees. This expenditure increased or decreased with the annual fluctuations in the cost of books, stationery and uniforms.

785. The study further found that only about 75 girls for every 100 boys go to private schools. The expenditure on girls is much lower, especially in private schooling, whereas parents do not think twice about spending large sums of money on educating boys in private schools. There is an increasing dependence on private schooling in recent years that has affected female education more than male education. The household expenditure was also found to be higher among large landowners, relatively rich and salaried persons.¹⁹

Box 7.3: Himachal's progress

Himachal Pradesh today is a State where education is the norm for children. The earlier investment on elementary education is now paying off. The State is in a position now where elementary education is within its reach, except perhaps in the most difficult pockets. This is an enormous achievement for a State with such a challenging topography.

Education is possibly one of the biggest empowering factors in Himachal society today, enabling most people as it were to reach a certain minimum level. Over time, it made the schooling experience easier for Himachali parents: as the first generation became educated, they could participate in the schooling of their children. With the functional school system, total literacy (TL) has been progressively enhanced, till it now far outstrips the national average. The TL campaign in the 90s seems to have made some contribution as well. In 1991, the illiteracy rate was 38 per cent for the seven years plus age-group; in 1997 it was 23 per cent; and could well go down to 18 per cent by 2001, thus meeting the Jomtien target for reducing adult literacy. At the same time as male literacy rates are peaking, the male-female differential is also narrowing. Statistics indicate that Himachal has been attacking and closing the gap between regions and people less well-served by the education system. Disadvantaged sections of the community have shown a remarkable rise in literacy rates. DPEP conducted a baseline assessment survey of the four 'difficult' districts in Himachal in 1996. Achievements in these areas were fairly respectable; so was the quality of infrastructure as compared to some other northern States. Again, Himachal has achieved this through the formal schooling system, and began well before the call of Jomtien. Dual-track schooling or indifference has not been the automatic response of Himachal to difficult areas. The people of Himachal, therefore, have had enhanced opportunities to live life with dignity.

At the same time, there are, it must be admitted, several problems. Access to school, both primary and upper primary, is a tremendous problem in Himachal Pradesh. Twenty to 25 per cent of children do not have access to schools according to national norms. If we take into account the topography of the region, then the problem is even greater.

One major problem, just as in the plains, is school quality. The weight of the curriculum, for example, is an issue which plagues children, rich or poor, all over the country. The curriculum needs to be contextualised and made relevant to the Himachal child, apart from keeping the age factor in view. Teaching methodology is still weighted in favour of rote learning and cramming.

Dropout rates and repetition rates for SC children are still cause for concern. A good system of early childhood care and education would also enhance learning achievement.

Source: Year 2000 Assessment: Education for All, Primary Education in Himachal Pradesh—Examining a Success Story, MHRD, NIEPA, 2000, pp. 26–28

786. The patterns of expenditure in rural and urban areas are different. In rural areas, the expenses are high on uniforms, books and stationery. Whereas in urban areas, expenditures are highest on tuition fees and private coaching fees.

787. The proportion of children going to private schools is highest among the high-income households. It is interesting to note that over 70 per cent of ST and SC households study in Government schools. Only about 43 per cent of Christian and 49 per cent of Muslim children attend Government schools, while most of the remaining Christian children go to Government-aided schools. The expenditure on education is relatively low among STs, SCs and Muslims, amounting to about three per cent of the household income for the respective social group.²⁰

Public gap in education expenditures

788. Micro-level studies of the cuts on non-Plan expenditure on education have shown that many schools have not been able to recruit teachers. As a result, the class sizes are increasing,

leading to high pupil-teacher ratios. The maintenance and upkeep of infrastructure in educational institutions has been very poor.

Access to education

Educational facilities²¹

789. Availability of schooling facilities is measured by a set of indicators concerning access. As per norms, a habitation (cluster of household) is entitled to have a primary school if it has a total population of 300 or more and has no school within a distance of one kilometre. For upper primary schools, the corresponding norm is a total population of 500 or more and a distance of three kilometres. At the secondary level of education, the distance norm suggested is five kilometres. These norms are relaxed in case of hilly and tribal areas, difficult terrain and border districts. A distance of one, three and five kilometres is treated as the maximum walking distance for a child to reach a school. States have their own norms according to which they provide schooling facilities.

Table 7.10: Number of schools in India

Year	Primary	Upper primary	Ratio of primary to upper primary schools
1990–91	560935	151456	3.7
1995–96	590421	171216	3.4
1998–99	626737	190166	3.3
Rate of Growth (%)			
1990–98	1.40	2.89	–

Source: Quality Education in a Global Era, Country paper: India, MHRD, page 10.

790. There has been substantial expansion of primary and upper primary schools during the post-independence period. The average annual growth rate of primary and upper primary schools between 1951 and 1999 was 2.30 per cent and 5.58 per cent, respectively. However, regional variations in the growth of educational institutions exist.

791. There has been an improvement in the ratio of primary to upper primary schools over a period of time. But there is still a long way to go before the norm laid down by the Programme of Action (1992), which envisaged an upper primary school for every two primary schools, becomes a reality. The expansion of primary education seems to have exerted considerable pressure on the upper primary education system to expand, and the Government has responded positively by establishing a larger number of schools and school places. In addition, there are a large number of non-formal education centres and unrecognized schools, which impart both primary as well as upper primary education, the former for children who, because of their circumstances, cannot enter full-time schooling.

792. Despite increase in the number of habitations and the population, the percentage of habitations and population served by primary and upper primary schools/sections within a distance of one and three kilometres, respectively, has increased significantly. The percentage of population in habitations covered by primary schools within the habitation or at a distance of 1 km was 94 in 1993. Of the 1,061,000 rural habitations in the country, 52,800 (about 50 per cent) had a primary school/section each within the habitation itself in 1993-94. About 83.4 per cent habitations had a primary school/section within a distance of 1 km. Alternative and innovative

approaches envisage opening of non-formal education centres in those habitations where opening of a full-fledged school is not economically feasible or academically viable. Over a period of time, infrastructural and other facilities in schools have improved significantly but still a large number of primary and upper primary schools have to improve facilities required for smooth functioning of a school. Both the Central and State Governments have initiated a number of programmes to improve facilities. One such programme is the Operation Blackboard (OBB), under which schools are provided with additional teachers, classrooms and teaching-learning equipment.

793. The number of primary schoolteachers increased from 538,000 in 1950–51 to 1.9 million in 1998–99, showing an increase of more than 3.5 times. During the same period, the number of upper primary schoolteachers increased 15-fold, from 86,000 to 1.28 million. During 1990–98, primary and upper primary schoolteachers increased by 288,000 and 205,000, respectively. The qualification required to become a primary or upper primary schoolteacher is generally 10 years of general education followed by one or two years of pre-service training. However, with the increased availability of higher secondary school graduates, many States have now increased these requirements, and pre-service training has become a precondition for recruitment. Teacher-pupil ratios at primary and upper primary levels of education were 1:42 and 1:37, respectively, in 1998–99. Over a period of time, the number of female teachers has also increased; in terms of percentages, female teachers increased from 15.24 and 15.12 in 1950–51 to 34.56 and 36.31 in 1998–99 at the primary and upper primary levels of education, respectively.²²

Enrolment trends

794. Considerable progress has been made in enrolment at primary and upper primary levels of education. Enrolment at the primary level increased from 97.4 million in 1990–91 to 110.9 million in 1998–99. Compared to the primary level, the growth in enrolment at the upper primary level has been more impressive and substantial, but it is still not enough to attain the goal of universal enrolment. From 34 million enrolment in the year 1990–91, enrolment at the upper primary level increased to 40.30 million in the year 1998–99.

**Table 7.11: Growth in school enrolment in India
(in million)**

Year	Primary			Upper primary			High/Hr.Sec./Inter/Pre-degree		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1991–91	57.0	40.4	97.4	21.5	12.5	34.0	12.8	6.3	19.1
1998–99	62.7	48.2	110.9	24.0	16.3	40.3	17.26	10.50	27.76

Source: *Quality Education in a Global Era, Country paper: India, MHRD, page 12.*

795. The percentage share of girls to total enrolment, both at primary and upper primary levels, increased considerably and consistently between 1950–51 to 1998–99. However, girls' share in the total enrolment at upper primary level (40.50 per cent) continues to be lower than their share at the primary level (43.50 per cent).

796. At the higher secondary stage, the enrolment increased from 19.1 million in 1990–91 to 27.76 million in 1996–97. Girls constituted 36.2 per cent of the total enrolment in classes IX-XII in 1996–97.

797. There has been a sizeable expansion of student enrolment during the last 50 years at the university and higher education level. The number of students at the university stage, which stood at 0.2 million in 1950-51, increased to over six million by the end of the Eighth Plan. The share of girls' enrolment in the total enrolment at this stage also increased significantly from a modest 13.7 per cent in 1950-51 to about 34 per cent in 1996-97. Moreover, total enrolment through distance mode of learning at the higher education level was 1.5 million in 1996-97. As in other sectors, there has been substantial growth of technical education during the post-independence period. The number of technical institutions at the first degree level increased from nine in 1950-51 to 418 in 1996-97. The output of engineering graduates increased from 2200 in 1951 to about 1,00,000 in 1997.

798. Gross enrolment ratios (GER) at the primary and upper primary levels improved between 1990-91 and 1998-99. The boys/girls differential in GER at the primary and upper primary levels declined significantly from 22 and 25 percentage points in 1990-91 to 18 and 16 percentage points in 1998-99. In some States such as Mizoram, the GER is more than 100 per cent and this is because the enrolment consists of over-aged and under-age children, as well as children of migrants.

Table 7.12: Gross enrolment ratio, all India level

Year	Primary		Upper primary	
	Boys	Girls	Boys	Girls
1990-91	98.1	75.9	79.8	54.6
1998-99	100.9	82.9	65.3	49.1

Source: Quality Education in a Global Era, Country paper: India, MHRD, page 13

799. The net enrolment ratios (NER), which are obtained by disregarding the under-age and over-age children enrolled in classes I-V and VI-VIII, were lower than GER, both in case of boys and girls in 1997-98. The NER for boys and girls was 78 per cent and 64 per cent, respectively, at the primary level in 1997-98. The overall NER at the primary level was 71 per cent, which suggests that at least 29 per cent of children of the specific agegroup 6-10 years, were out of school in 1997-98. Educationally backward States have lower NER than the all India average of 71 per cent.²³

Retention rates

800. At present, the retention rates are 60 per cent and 43 per cent, respectively, suggesting dropout rates of 40 per cent and 57 per cent at the primary and upper primary levels, respectively. Dropout rates for boys and girls were 38.62 per cent and 41.22 per cent, respectively, at the primary level in 1998-99 and 54.40 per cent and 60.09 per cent at the upper primary level. The transition/promotion rate at the all India level has improved significantly over the years. Sex-differential in transition rates decreased considerably during the period 1970-71 to 1997-98.²⁴

Box 7.4: Minimum Levels of Learning (MLL)

This programme was introduced with the objective of specifying the competencies, which all primary school students should attain at the mastery level in language, mathematics and environmental studies, and to develop curricula and textbooks for these subjects. The first phase was implemented through voluntary organisations, research institutions, SCERTs and District Institutes of Education and Training. At present, the programme is being implemented in 12 States through 200 DIETs. The MLL approach has been introduced in 50,000 schools in different States. It is now possible to direct effort and resources to schools where the levels of learning have fallen below the prescribed level.

Source: Ninth Five Year Plan, Vol.II, pp. 108–110.

801. According to the Constitution of India, primary and elementary schooling are required to be provided free of cost to all citizens, implying that neither school enrolment nor continuation rates should differ across the States and socio-economic groups. The enrolment rate for rural areas as a whole is 71 per cent, with a gender disparity of 0.84, showing a deficit of 16 per cent for girls. As may be expected, enrolment rates are generally high in the southern and western States, with low gender disparity. Although the lowest level of enrolment was found in Bihar (59 per cent), Rajasthan stands out both in terms of the low level of enrolment (61 per cent) and a high level of gender disparity (0.54, showing a deficit of 46 per cent).²⁵

802. The enrolment ratios appeared to be moving towards net figures in 1998–99, these ratios being 81 for girls and 98 for boys at the primary level, and 50 for girls and 67 for boys at the upper primary stage. This was on account of improved enrolment at the right age and better retention.

Trends in access and retention

803. UEE has been accepted as the national goal. In pursuance of the Constitutional directive, and the need for provision of elementary education as a crucial input for nation building, the NPE, 1986, as revised in 1992, states that free and compulsory education of a satisfactory quality should be provided to all children up to the age of 14 years. Accordingly, the Ninth Five-Year Plan has envisaged UEE to mean universalization of access, retention and achievement. At the primary stage, 94 per cent of country's rural population now have schools within a distance of one kilometre. At the upper primary stage, 84 per cent of rural population have schools within a distance of three kilometres. While the GER at the primary stage in the country as a whole and in most States exceeds 100 per cent, there are quite a few States where the ratio is considerably lower. These include Uttar Pradesh, Bihar, Rajasthan, Jammu & Kashmir and Meghalaya.²⁶ However, the Central/State Governments have tried to increase the accessibility of all children to education by addressing this problem with their programmes.

804. Maintaining a balance between demand and supply of schooling infrastructure through construction of schools and additional classrooms was a major thrust of DPEP. The ongoing and completed civil works (as in February 1999) would provide capacity to seat about two million children in DPEP districts. Similarly, improvements in the quality of infrastructure through the construction of additional toilets, provision of water supply and construction of boundary walls would contribute to improvements in school environment.²⁷

Table 7.13: Distribution of teachers in elementary schools in the country

(in 100,000)

Year	Primary			Upper primary		
	Male	Female	Total	Male	Female	Total
1996–97	12.05	5.85	17.90	7.68	4.28	11.96
1997–98	12.29	6.43	18.72	7.75	4.37	12.12
1998–99	12.45	6.58	19.04	8.14	4.64	12.78

Source: *Reply from NCERT, October 17, 2000*

805. The effectiveness of the civil works programme under DPEP is captured through student: classroom ratio (SCR). The SCR for Phase I districts in 1998–99 was 38.7 as compared to 40.1 in 1995–96. Thus, the civil works have largely kept pace with the expansion of enrolment in Phase I districts. However, greater momentum must be built in Phase II districts, where the SCR for Phase II was 48.8 for 1998–99, a value higher by about by 25 per cent than the corresponding average for Phase I districts.²⁸

806. Teachers and textbooks remain the most vital inputs for teaching-learning processes at primary stage. States have established different norms for provision of teachers. The pupil: teacher ratio (PTR) for Phase II districts was at 47.5 for 1998–99.²⁹

807. Some States are also experimenting with recruiting parateachers even in regular full-time primary schools. This aims at ensuring immediate availability of teachers and reducing the unit cost of primary education. Another important fact is that the teacher is also from the local community.³⁰

808. Under DPEP, there was a significant decline in single-teacher schools. For the Phase I districts, it declined from 18.4 per cent in 1995–96 to 13.7 per cent in 1998–99.³¹

809. In Gujarat, the main thrust is on providing access to schools. As of 31 March 2000, there were 35,975 primary schools in the State, out of which 29,635 were managed by local bodies (*Zilla Panchayats*). These local bodies are provided finances by the Government. There are 657 privately managed schools, which are funded by the State. The 29,635 *Panchayat* schools employ 170,282 teachers, and the private schools employ 28, 125 teachers.

810. According to the Vision 2010 document on education and literacy, Gujarat has achieved the national norms of providing a primary school within one kilometre of every village and an upper primary school within three kilometre of every village. Also more than 70 per cent of the primary schools have an upper primary section, which compares favourably with the national norms. The pupil-teacher ratio is 42 : 1, as against the recommended 40 : 1.

811. New and improved methods of imparting primary and secondary education have been introduced with an emphasis on the child's age and stage of development. In primary schools, the focus is on joyful learning, the teaching is activity-based, and field experiences are encouraged. In secondary schools, lecture methods and demonstrations are used to impart education.

812. The main measures taken by the Government to reduce dropouts are counselling of parents by teachers, making schooling more attractive (especially in the DPEP districts) and providing incentives such as free uniforms and books. Various steps have been taken by the State Governments to reduce the dropouts in the last three years, such as:

- Appointment of *vidya sahayaks* (education assistants);
- Construction of classrooms;
- Construction of Girls' toilets;
- Upgrading lower primary schools;
- Providing alternative schools;
- Education of the disabled; and
- Promoting teacher training institute.³²

813. In Punjab, educational facilities at the primary level have been extended and upgraded by providing buildings, furniture and upgradation of school laboratories. However, institutions for girls are fewer than those for boys. The State has already achieved the national target of one primary school within a one kilometre radius. Similarly, every village has a middle school within a radius of two kilometres, which again conforms with the target set by the Indian Government. At present, there are 12,925 Government primary schools and 79 aided schools functioning in the State.

814. In order to reduce dropouts and encourage regular attendance, the Punjab State Government has undertaken certain measures:

- Free education up to elementary level for all;
- Free education up to class XII for girls;
- Midday meal scheme, through which three kilo wheat per month is being provided to every child till primary level; wheat is being provided by the GOI through Food Corporation of India;
- Opening of primary schools; 50 new primary schools were established during the Eighth Five-Year Plan period;
- Upgradation of primary schools to middle standard. During the Eighth Five-Year Plan period, 1510 primary schools were upgraded;
- Additional facilities for upper primary schools. An amount of Rs 4.82 million has been provided under the Tenth Financial Commission for ensuring facilities to girl students; and
- Educational facilities for SCs and STs.³³

815. In Kerala, the total number of schools increased from 12,052 in 1994–95 to 12,306 in 1999. The infrastructure at the school level consisted of 6,755 lower primary schools, 2,966 upper primary schools and 2,585 high schools in 1999. In addition, 73 high schools and 2,241 primary schools have lower primary sections and 2,046 high schools have upper primary sections. Thus, on an average, for every 3,330 persons in the State, there is one lower primary school and for every 6,462 persons one upper primary school.

816. There are eight Anglo-Indian high schools and 33 schools for the disabled. There were 185,000 schoolteachers in the State in 1999. The teacher-pupil ratio in Kerala was 1:29.³⁴

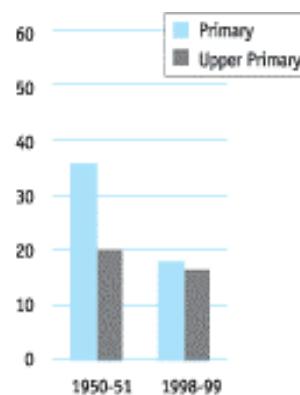
817. In Assam, accessibility to schools is difficult in the hilly regions. In other parts of the State, it appears quite satisfactory. There is one school in every village and only 6.73 per cent of students in the agegroup of six to nine years are required to travel a distance of two kilometres from their residence to the school.³⁵

818. Under Operation Blackboard, a total of 14,013 posts have been created between the Sixth and Eighth Plan period. A total of 18,224 primary schools have been identified for building construction, out of which 4079 primary school buildings have already been constructed with two all-weather usable rooms at a cost of Rs 45,000 each.³⁶

Gender disparity in access

819. Gender disparities exist with regard to enrolment and retention. The enrolment of girls increased at the primary stages from 5.4 million in 1950–51 to 48.2 million in 1998–99, and that at the upper primary stage from 0.5 million to 16.30 million. The rate of growth of girls' enrolment is higher than that of boys. But disparities persist, as girls still account for only 43.5 per cent of the enrolment at the primary stage and 40.5 per cent at the upper primary stage. The dropout rate for girls is much higher than that for boys at the primary and upper primary stages.³⁷

Figure 7.3: Gender disparity in enrolment ratio



820. In the sphere of education, development schemes based on positive discrimination have specially focused on improving enrolment and retention of girls. Central and State Governments have initiated a number of incentive schemes to reduce the inequities in access, retention and achievement. Similar schemes have been implemented for SC and ST students as well.³⁸

821. Education of girls has been high on the national agenda since Independence. Several strategies were adopted to promote education of girls as an integral part of the planned socio-economic development of the country. Theoretically, all formal and non-formal education and training programmes are open to women. In addition, provisions exist for the setting-up of exclusive institutions or separate wings for women/girls. Education is free for girls up to the higher secondary stage and several States have made it so right up to the university level. Besides free education for all children up to the age of 14 years, there are incentive schemes, like free noon meals, free books, free uniforms and attendance scholarships for girls and children from disadvantaged groups.³⁹

822. Under the innovative and experimental activities, *angan pathshalas* have proved effective in attracting girls to primary schools. *Mahila sahyogis* have also proved useful in motivating girls to attend schools/*prehar pathshalas* (PPs) in remote areas. The integration of children with partial disabilities into day schools and PPs has been attempted on a pilot basis.

Role of private sector

823. Diversity in educational systems has always been accepted and acknowledged in the country. Educational efforts of individuals of vision, of community groups, of leaders of various social reform movements, as well as of the Government, have worked in tandem; communities have operated schools alongside Government schools, sometimes to offer education with particular ethnic, religious, political or other orientations. Thus, a pluralistic framework of education and a variety of delivery mechanisms within this have been in place for a long while. There is now a popular perception that increased parental demand for education will inevitably lead to a greater reliance on the private sector.

824. Several kinds of private schools exist in India. They are:

- (a) Private unaided schools (PUA): They are privately owned and funded, and rely more or less on user finance, unless they are schools which are run by philanthropic organizations. These schools are extremely heterogeneous and they supplement Government in providing education to the people.
- (b) Private aided schools (PA): These schools are funded almost wholly (90–95 per cent) by the Government but management is private. These schools have done great service in the field of education and have strong presence in some of the educationally more advanced States like Kerala and Tamil Nadu. The aided sector dominates school education in Kerala by managing nearly 60 per cent of total schools at the elementary level and accounts for 60 per cent of the expenditure by the State according to 1994–95 reports. In Tamil Nadu, too, aided schools accounted for about 20 per cent of elementary schools in 1993.
- (c) Religious, ethnic and linguistic schools: Schools have also been set up for providing education facilities to particular ethnic, linguistic or religious groups. There are both aided and unaided schools in this sector. Within this sector, too, there is great heterogeneity and its size and scope is perhaps not fully understood.

Growth of private elementary schooling

825. According to NCERT surveys, the percentage of private schools in rural India is not significant. In urban areas, however, the size of the private sector, in particular of PUA schools,

has grown perceptibly over time. In urban India, the growing demand for schooling has been largely catered to by PUA schools. Between 1986 and 1993 (the Fifth and Sixth Educational Survey reference years, respectively), in urban India nearly 51 per cent of the total increase in enrolment in elementary classes has been absorbed by the PUA school sector.

826. In rural areas, during the same period, only about 16 per cent of the increase in elementary enrolment has been accommodated by PUA schools. Considering that rural enrolment constitutes a little more than 70 per cent of total enrolment in elementary classes in India, Government schools still retain their dominance in the elementary education sector.

827. School-based surveys on private schools have been conducted by NCERT. Household surveys on the private sector in education have been conducted by NCAER in 1994 and NSSO in 1995–96, both focusing on participation in education. Some emerging trends are described below.

Table 7.14: Number of teachers (all India)

	1986	1999
Lower primary school	15,30,145	19,03,539
per cent increase	18.85	24.40
Higher primary school	10,11,049	12,77,904
per cent increase	24.12	26.39
Total (LPS+HPS)	25,41,194	31,81,443
per cent increase	20.89	25.09

Source: Status of Elementary Teachers of India, NIEPA.

828. In urban Haryana and Uttar Pradesh, migration from Government to private schools is evident, since the enrolment in Government schools showed an absolute decrease. In Punjab, uncontrolled privatisation seems to be taking place in rural areas, whereas there is only a moderate change in urban areas. In urban Andhra Pradesh, there is increased privatisation but not so in rural areas. The privatisation tendency is also observable in Kerala, where, against a backdrop of absolute decrease in enrolment, the PUA enrolment shows a sharp increase.

829. Available evidence suggests that private schools have been expanding rapidly in recent years. They now include a large number of primary schools which charge low fees and have also apparently spread to rural areas according to both macro-level and micro-level data. It is the massive Government school system on which the poor still rely on, and even here the costs of schooling are often too much to sustain. The system has expanded to include lower socio economic groups, but is yet to retain desired levels of facilities and teacher strength. It is, therefore, important that the Government system is revitalized to fulfil its crucial role in the elementary education sector.⁴⁰

Quality of education

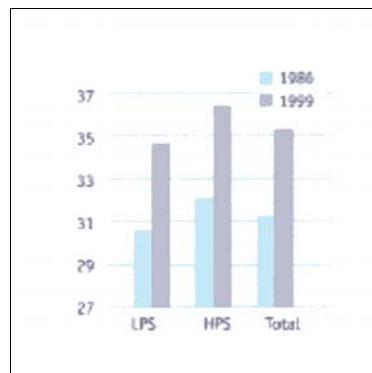
830. Teachers and textbooks remain the most important resource for primary education. In order to optimise the use of teachers for classroom teaching and learning processes, various State Governments have developed norms for posting of teachers in a school. To ensure that there are sufficient numbers of teachers in the school system, recruitment of teachers is being done on a large scale. Further, to enhance their competence, the scheme of restructuring and reorganisation of teacher education has been visualized, wherein emphasis is being laid on the strengthening of

the institutional base of teacher training as well as taking up special programme for training of teachers in special areas.⁴¹

831. Teachers who serve the cause of EFA in India belong to five categories: (a) elementary schoolteachers serving in formal schools, (b) para-teachers who assist the regular elementary schoolteachers, (c) non-formal education (NFE) teachers, (d) volunteers managing literacy/post-literacy centres and (e) *anganwadi* centres.⁴²

832. Under DPEP, teacher training is a continuous effort to reinforce pedagogical skills. From time to time in-service training and enrichment programmes are also organised for teachers. In DPEP districts, special packages for in-service teacher training have been developed and practically all the teachers have been provided one round of training in Phase I districts and the second round of training is in progress. A major focus of teacher training continues to be the evolution of strategies for teaching under multi-grade situations and activity-based teaching. Teacher training programmes are usually residential.⁴³

Figure 7.4: Percentage of female teachers in primary schools



833. The programme approach as envisaged by the Joint GOI–United Nations System Education Programme envisages teacher training in a multi-grade context as one of its objectives. Multi-grade teacher training is a positive need, given the ground realities. Lack of teacher training in the multi-grade context results in unequal time distribution, inappropriate clubbing and adoption of improper and inefficient pedagogical techniques. Improving teaching methodology for multi-grade classrooms is to be attempted through pre- and in-service teacher development programmes, offered through district, block and cluster level institutions, including NGOs.⁴⁴

834. The course design for multi-grade teacher training should include:

- Demonstrations followed by practice;
- Preparation and use of competency-based teaching materials;
- Designing suitable timetable for different grades;
- Management of classroom-group methods;
- Peer group teaching;
- Communication skills;
- Evaluation techniques, and
- Gender sensitivity.⁴⁵

835. During 1998–99, a series of workshops were held at Mathura and Agra in Uttar Pradesh, with technical support from UNESCO. In these workshops, several suggestions were made which are now being incorporated in the teacher training modules.⁴⁶

836. It has also come to the notice of educational experts, that in many cases, due to unavailability of female teachers, there is a decline in the enrolment of girls in the upper primary stages. To curb this trend, the OB scheme provided for increasing space for women in the teaching force.⁴⁷

Table 7.15: Percentage of female teachers in primary school

	1986	1999
Lower Primary School	30.56	34.55
Higher Primary School	32.08	36.28
Total	31.20	35.25

Source: *Status of Elementary Teachers of India, NIEPA*

837. The *Shiksha Karmi Programme* (SKP) in Rajasthan, aims at the universalisation and qualitative improvement of primary education in remote, arid and socio-economically backward villages, focusing primarily on girls. The project identifies teacher absenteeism as a major obstacle to achieving the goal of UEE. Under the SKP, regular teachers are replaced by local teachers who are less qualified but specially trained. To overcome the basic lack of qualifications, *shiksha karmis* are given intensive training through an induction programme, as well as periodic refresher courses. The project is being implemented by the Government of Rajasthan through the Rajasthan *shiksha karmi* Board (RSKB), with assistance from voluntary agencies.⁴⁸

838. Eleven teachers—two *shiksha karmis* from each school, including three women from Mia Ka Padla, Piprani and Ramgarh—with five–ten years of experience, were selected for an in-depth study which would look at their educational and social background, the nature and impact of pre and in-service training on their work, and their role as social workers.⁴⁹

839. Since the *shiksha karmis* belong to the same village and community, it is natural for them to have knowledge of the beliefs, values, customs, traditions, behavioural norms, taboos and cultural ethos. Further, a *shiksha karmi*'s personal and family history is well-known to at least some members of the community. Thus, there is a historically established social link between the *shiksha karmi* and the community, and it is on the basis of this link that the community views him/her as a teacher. Even after becoming a teacher, he/she remains one of them and speaks their language in the widest possible sense.⁵⁰

840. Thus, the *shiksha karmi* occupies a strategic position between the school and community. This situation also confers on the village education committee (VEC) and the community a power of social control over the *shiksha karmi*.

Box 7.5: Appointment of *vidya sahayaks*

After identifying teacher vacancies, the Government introduced the *Vidya Sahayak* Scheme in June 1998. A person who has undergone the primary teachers' training programme is given a five-year contractual appointment on a monthly honorarium of Rs 2500. These *vidya sahayaks* will be absorbed as fully paid teachers within five years. In order to ensure transparency in the appointment, the vacancies are displayed in open camps, and the appointments decided in the presence of everyone in accordance with merit and other guidelines prescribed by the Government. As of March 31, 2000, 36,000 *vidya sahayaks* were in place, and another 16,000 are expected to be appointed by June 30, 2000.

Source: *Gujarat State Report on CRC, Government of Gujarat*

841. As opposed to the successful SKP of Rajasthan, a problem faced in the Indian education scenario comes from the direction for the SC and ST population, which constitutes 15.75 per cent and 7.76 per cent of the total Indian population, respectively. There is underrepresentation of teachers from these groups. It is more so at the upper primary stage than at the lower primary stage. Literacy level among SCs/STs is quite low, and teachers who have completed 10 or 12 years of schooling, which is the prescribed qualification across the States of India, are not available in adequate numbers.⁵¹

Table 7.16: Percentage of SC and ST teachers

		1986
Lower Primary School	SC	11.22
	ST	5.99
Higher Primary School	SC	8.60
	ST	4.61

Source: Status of Elementary Teachers of India, NIEPA

842. Teacher-pupil ratios in India were in the range of 41 to 44, during 1978 to 1999 at the Lower Primary Stage. In the Higher Primary Stage the range has been between 25 and 37, and has increased significantly. Teacher-pupil ratios based on enrolments would be misleading, as they will not take into account the effective enrolment, i.e. enrolments and net number of dropouts. Even if effective enrolments are considered, the ratios will be higher for two reasons:

- (a) Multi-grade teaching because of unviable schools: size of villages in many parts of India is so small that it is difficult to get a minimum of 30 children for each standard;
- (b) The prevailing ratios in advanced countries are comparatively quite low. They calibrate around 25 to 27 students per teacher without multi-grade teaching compulsions.⁵²

Table 7.17: Teacher-pupil ratios

Year	Primary	Upper Primary
1996–97	1:45	1:38
1997–98	1:42	1:37
1998–99	1:42	1:37

Source: Reply from NCERT, October 17, 2000

Institutes of education

843. The Regional Institutes of Education (RIEs) located in Ajmer, Bhopal, Bhubaneshwar and Mysore provide in-service training support to State and district-level teacher training institutions in the school sector. To a limited extent, pre-service professional training to prepare schoolteachers for teaching science and mathematics, and for teacher educators at the elementary teacher training institutions, is also offered by the RIEs. A new North-East Regional Institute of Education (NE-RIE) was set up at Shillong in December 1995, to cater to the educational needs of the North-eastern States (Assam, Arunachal Pradesh, Meghalaya, Mizoram, Manipur, Nagaland, Tripura and Sikkim). An enrichment course in psychology was organized for teacher

educators teaching educational psychology in the District Institution of Education and Training (DIET).⁵³

844. The programmes and activities in teacher education generally focused on the development of capabilities in the States, to respond effectively to the training needs of the States, including training of personnel under the DPEP and another scheme, the Special Orientation Programme for Primary School Teachers (SOPT).

845. Under the centrally sponsored scheme of SOPT, the NCERT continued to fulfil its responsibility of providing academic support and monitoring SOPT programmes in different States. RIEs and field advisers supervise the SOPT programmes and provide the necessary inputs and on-the-spot guidance in their respective regions. During the year under report, about 0.3 million teachers were trained under the scheme. About 1.3 million teachers have been trained since the inception of the scheme in 1993–94.

846. A pilot project, In-service Primary Teachers' Training through Interactive Television (IPTT: ITV), is being implemented in Madhya Pradesh and Gujarat, in collaboration with the Department of Education and Telecommunications, UNESCO and the International Telecommunication Union (ITU), using the two-way audio and two-way video system with computer support. An orientation programme for the SCERT/State Institute of Education faculty and a training programme on qualitative research methods for Colleges of Teachers' Education (CTE) was also organised.⁵⁴

Table 7.18: Percentage of trained teachers

	1986	1999
Lower Primary School	86.66	93.69
Higher Primary School	87.33	87.48

Source: Status of Elementary Teachers of India, NIEPA

847. State investment in elementary education is an important determinant of teacher status. Specifically, the non-Plan expenditure of the States determine the salary scales awarded to teachers. Per-pupil expenditures across the States in 1995–96 show interesting insights. The expenditures are not strictly comparable. While Kerala, Himachal Pradesh and Haryana record high level of per-pupil expenditure, the expenditure is less in States like Karnataka, Orissa, Andhra Pradesh, Uttar Pradesh and West Bengal.⁵⁵

Quality improvement in higher education

848. A number of measures have been taken for the improvement of quality. These include the development of infrastructure, curriculum, human resources and research, in addition to the establishment of centres of excellence and interdisciplinary and inter-institutional centres. The academic staff colleges conduct orientation programmes for training new teachers, as well as refresher courses in various disciplines for in-service teachers to enable them to update their knowledge.

849. To enrich the quality of higher education, a countrywide classroom programme was launched. Under this scheme, special programmes on various subjects are prepared and telecast

for the benefit of students and teachers. Twenty-one centres have been set up to produce special films, and a large number of videotapes are being produced for transmission on the national television network.

850. In Kerala, there is a strong demand for introducing new curriculum in the teacher training programmes conducted by DPEP.

851. The teacher-student ratio of 1:30 in Assam is better than in many other States in India. It is common knowledge that well-trained teachers are a must for improving the quality of primary education. Yet, a majority of the teachers are still untrained and the training of female teachers is also not up to the mark. Another major problem is the regular attendance of teachers, particularly in the hill districts and the *char* areas.

852. *Adamoy Shiksha* (joyful learning) is part of the Universalisation of Primary Education (UPe) programme of the State and comes under the overall State Plan of Action for Children (SPAC). The focus of the project is on empowering teachers to face the critical challenge of ensuring attendance, retention and learning achievement of children over six-years of age, and creating a joyful atmosphere in the school. The project is a low-budget endeavour, determined to utilise the existing facilities to its maximum and use low-cost materials for improving teaching-learning situations. The community will be brought intimately into its fold to ensure a concerted effort of all concerned.⁵⁶

853. The Public Report on Basic Education, (PROBE) 1999, found in a study of educationally backward Hindi-speaking States, that even poor parents felt that it was important for children to receive a good education. The PROBE study also found that the causal relationship between child labour and educational deprivation is reversed—children work because they have dropped out of school, and not necessarily the other way round.

854. The teacher is the most important resource in quality education and the basic challenge is to provide teachers for all children and enhance the capability of these teachers to provide good quality education. According to the PROBE survey in five States of India, teaching took place only in half the schools visited. Moreover, teachers were also engaged in many non-teaching activities such as maintaining records and answering official letters. A useful step to increase the motivation of teachers and their performance is to select them from the community. The *siksha karmi* in Rajasthan proved to be effective in carefully identifying and training local village youth to take the place of absentee teachers who had abandoned remote, rural schools.⁵⁷

Educational interventions and their assessment

Early childhood care and pre-school education

855. In the Indian context, Universal Elementary Education is an immense challenge, given the fact that education has to reach all children. A very large percentage of children coming into schools now are expected to be from impoverished backgrounds and in all likelihood, first-generation learners factors responsible for ensuring success in school but also to pay heed to the years of a child's life preceding his/her entry to school, which tend to determine the quality and extent of the child's response to school inputs.

856. Since the process of human development is characteristically cumulative, continuous and holistic in nature, the child's status vis-à-vis active learning capacity, on entry to the primary

school, is influenced to a large extent by what the child actually brings with him/her to the school experience in terms of not only pre-literacy skills but also his/her nutritional status, health status, socio-economic status, extent of parental stimulation and overall quality of home and pre-school environment. It is, therefore, crucial to not only attend to the school

Box 7.6: Review of laws

The Government of Kerala introduced a new bill called the Kerala Early Childhood Care and Education Bill, 1999 to provide for better development and management of early childhood care and education in the State. Early childhood care and education means early stimulation programmes and early childhood programmes intended for developing the health and maturational level of children up to the age of five years. Early stimulation programmes involve efforts to activate the child's early development by providing planned nurturing experiences which are in accordance with the child's maturational level.

Source: Kerala State Report on CRC, Government of Kerala

857. In terms of psychosocial variables related to school readiness, research in the area of early childhood care and education (ECCE) has consistently shown that a very large percentage of children who are now coming into primary school, particularly in the wake of Education for All, are first-generation learners from poverty settings that do not provide them with the required stimulation in term of quality adult-child interaction and exposure to varied sensory stimulation and to provisions for play and learning.

858. A recent study conducted by NCERT in four regions of the country, on a sample of 1495 children admitted in class I, focused on assessing their levels of reading and writing readiness and readiness for learning mathematics. The study concluded that children who come directly to the primary school from their homes do not exhibit the desired levels of readiness, and the approach should, therefore, be to reach these children through good early childhood education programmes, while also making the schools ready to receive these children in terms of adding a school-readiness component to the curriculum for class I. A variety of schemes and programmes for early childhood care and education have emerged through Government and non-government initiatives (see table 7.19).

859. The largest ECCE programme at present is ICDS. ECC and pre-school education under ICDS includes non-formal pre-school education, which is a crucial component of the package of services envisaged under ICDS. It aims at universalization and qualitative improvement of primary education in remote and socio-economically backward areas, with special attention towards girls. The ECCE component of ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the AWC. It also provides for joyful play-way activity, sustained for three hours. It brings and keeps young children at the AWC and motivates both parents and communities. ECCE, as envisaged in ICDS, focuses on the total development of the child from unprivileged groups up to six years of age. ECCE, conducted through playway methods, aims at providing a learning environment for promotion of the social, emotional, cognitive, physical and aesthetic development of the child. Presently the ICDS provide services to 28.62 million children from 0-6 years in 4,388 of the 5,652 blocks of the country. It is proposed to extend the scheme to the entire country in the Tenth Five-Year Plan.

860. The ECCE component of ICDS is a significant input for providing a sound foundation for development. It also contributes to Universal Primary Education, by preparing the child for primary schooling and offering substitute care to the younger siblings, freeing the older ones—especially girls—to attend school.⁵⁸ To foster this, improved coordination between the AWC and

primary schools, in terms of timings, location and supportive linkages between *anganwadi* workers (AWWs) and primary schoolteachers, is being promoted.⁵⁹

Table 7.19: Coverage under various early childhood care and education schemes, 1996–97

Programmes	Number of centres	Beneficiaries coverage	Percentage of population covered in the age group 3–6 yrs.
ICDS (pre-school education age group 3–6 yrs.)	400,000	11,081,000	18.23
Early Childhood Education (ECE)	4,365	153,000	0.27
Crèches and day-care centres—age-group 0–5 yrs. (estimated coverage on the basis of 25 children per crèche)	14,313	310,000	0.52
Balwadis—age-group 3–6 (estimated coverage on the basis of 30 children per balwadi)	5,641	17,000	0.29
Pre-primary schools	38,553	194,000	0.33
Total	–	13,383,000	19.64

Source: Year 2000 Assessment: Education for All, Early Childhood Care and Education, Venita Kaul, MHRD and NIEPA, April 2000, page 17

Box 7.7: Early childhood care and education: the context of the bill on the fundamental right to elementary education

The Constitution of India made a special provision under Article 45 relating to the Directive Principles of State Policy, imposing an obligation for free and compulsory education for children up to 14 years of age. The NPE, 1986/92, reiterated that free and compulsory education of satisfactory quality should be provided to all children up to the age of 14 years before we enter the 21st Century. The Supreme Court in its judgement in *Unni Krishnan vs. State of Andhra Pradesh* (AIR 1993 SC 2178) had again held that children of this country have a fundamental right to free education until the age of 14 years.

However, the Committee of Education Ministers, which was set up to examine the implication of making compulsory education a fundamental right, have recommended that the Constitution be amended to make the right to free and compulsory education from 6–14 years of age, thus leaving out the children of 0–6 years of age.

Learning begins at birth, and the child's right to develop calls for meeting the basic needs for protection, health care, early stimulation and learning through exploration and discovery in a nurturing and safe environment. A major concern that emerges in the context of the 83rd Constitutional Amendment is that, the right of every child to quality early childhood care and education should be acknowledged along with that of elementary education.

**Box 7.8: Conference on Early Childhood Care for Survival,
Growth and Development**

In order to facilitate the development of India's new strategy for young children, a Conference on Early Childhood Care for Survival Growth and Development was held from 3–5 October 2000, in New Delhi. The Conference coincided with the completion of 25 years of rich experience of the ICDS programme, a critical milestone, occasioning reflection upon past experiences and achievements, as well as challenges and opportunities that lie ahead. The aims of the conference were to:

- Bring together national and international resource scientists and practitioners;
- Build on recent scientific advances and best practices to inform programme development in India;
- Offer the strategy to redesign the existing strategy for early childhood development in India, through both the ICDS network and a variety of other child care interventions and programmes, in the Government, voluntary and private sectors; and
- Facilitate participatory development of State approaches to promote early childhood care for survival, growth and development, focusing on children under three years of age.

Major recommendations of the conference

- Constitution of National and State Early Child Development Task Forces, bringing together all sectors and partners to address health, nutritional, cognitive emotional and social needs of the younger child.
- Creating a national Early Child Care Code, which promotes care for the very young child as a societal norm;
- Updation of the National Policy for Children, in a rights perspective and with a focus on the very young child;
- Inclusion of early childhood care as an integral part of all training programmes for Panchayati Raj institutions, urban local bodies, women's development programmes;
- Redesign of ICDS, NHED component for *Mahila Mandals*, to a more comprehensive parenting support to both parents—mothers and fathers—including health, nutrition and psychosocial development;
- Development of State-specific training modules for AWWs and other child care workers, on early childhood care, under Udiska—25% State-specific training curriculum;
- Setting up of communication working groups in all States to promote changes in care behaviours for the very young child;
- Ensure integration of a focus on the very young child in the National Charter for Children and in the updation of the National/State Plans of Action for Children.

Source: Brochure on the Conference on Early Childhood Care for Survival Growth and Development, DWCD, MHRD, GOI

861. The current Ninth Five-Year Plan has, under the respective plans for education and women and child development sectors, addressed the issue of early childhood care and education more exhaustively than the previous Plans. It has reaffirmed its priority for the development of early childhood services as an investment in the human resource development of the country. It has also emphasized the need to universalise ICDS as the mainstay of the Ninth Plan for promoting overall development of the child, particularly the girl child and as a support for women. The Plan also commits to strengthening the early joyful period of play and learning in the young child's life and to ensuring a harmonious transition from the family environment to the primary school. It talks of promoting girls' participation through forging of linkages with primary education and strengthening the ECE component of the ICDS. In this context, it also mentions production of inexpensive play materials for children through use of local materials and talent and also through involvement of local school children who are expected to engage in socially useful productive work and social service activities as part of their curriculum. The Plan further stresses the encouragement of local-specific and community-based initiatives, particularly for

opening of crèches and day-care centres attached to primary schools to promote participation of girls in schooling and involvement of women's groups in the management of ECCE programmes, particularly under the decentralised *Panchayati Raj* system. It also provides for encouragement, along with regulation, of the private sector and emphasises the need for advocacy for developmentally appropriate ECCE through effective use of the media. Recognising the need for institutional capacity, the Ninth Plan also commits to strengthening of resource groups for ECCE at national and State levels for providing professional support in ECCE. The plan for the DWCD has, while acknowledging the first six years of life to be critical, placed greater stress on reaching children below two years of age, and as a strategy, included the institution of a National Charter for Children.⁶⁰

Elementary education⁶¹

862. The recent initiative, *Sarva Shiksha Abhiyan* (SSA)—which will incorporate all existing schemes and programmes in the elementary education sector—will have a special focus on girls, children belonging to SC/ST communities, urban slum dwellers, and blocks with low female literacy. This scheme has been introduced to enable all children to enrol by 2003, and envisages an expansion of DPEP to cover the remaining districts in Uttar Pradesh, West Bengal, Orissa and Gujarat. With the launching of the new scheme, it is proposed to revamp the National Literacy Mission (NLM) with the objective of raising the literacy rate to 75 per cent by 2005. The plan allocation for elementary education has been enhanced to Rs 37.29 billion for 2000–01, from Rs 29.31 billion during 1999–2000.⁶² SSA has also identified 120 districts in non-DPEP States for programme implementation. Forty-two districts from DPEP Phase-I States have been identified for vertical expansion of primary education towards upper primary, covering the entire elementary education stage. It is likely that by the end of the Ninth Five-Year Plan, all districts in the country will be covered by the SSA.⁶³

863. In pursuance of the goal of UEE, several schemes such as OB, NFE, Restructuring and Reorganisation of Teacher Education, Nutritional Support to Primary Education, *Lok Jumbish* and *Shiksha Karmi* Projects are currently in operation. In order to bring every child of 6–14 years to school/education guarantee centre/back-to-school camp by 2003, the Government has launched the SSA in mission mode. These interventions have been discussed in paras 140 to 154.

864. Access to schools is no longer a major problem. At the primary stage, 94 per cent of the country's rural population now have schools within a distance of one kilometre. At the upper primary stage, 84 cent of the rural population have schools within a distance of three kilometres. While the GER at the primary stage, in the country as a whole, and in most States, exceeds 100 per cent, there are quite a few States where the ratio is considerably lower. These include Uttar Pradesh, Bihar, Rajasthan, Haryana, Jammu & Kashmir and Meghalaya. At the upper primary stage, in addition to these States, Andhra Pradesh, Orissa and Sikkim have GER lower than the national average. In most of these States, literacy rates are also lower than the national average.

Gender disparity in education

865. While UEE is the ultimate goal, no strategy or programme of action can succeed without addressing gender and regional dimensions. Gender disparities are conspicuous in regard to enrolment and retention. Girls' enrolment has increased at the primary stages from 5.4 million in 1950–51 to 48.2 million in 1998–99 and at the upper primary stage, from 0.5 million to 16.30 million. The rate of growth of enrolment of girls has been higher than that of boys, but

disparities still persist, as girls still account for only 43.5 per cent of enrolment at the primary stage. The dropout rate of girls is much higher than that of boys at the primary and the upper primary stages.

Education of Scheduled Castes and Scheduled Tribes

866. According to the 1991 census, the population of SCs was 138.22 million (16.48 per cent) and that of STs was 67.76 million (8.08 per cent of the country's population). The enrolment of children belonging to SCs and STs has increased considerably at the primary stage because of the affirmative policies of the Government. The participation of SCs and STs is now more or less in proportion to their share in population at the primary level. Dropouts, though declining over the years, are significantly large. Gender disparities are very conspicuous among SCs and STs.

Minimum Levels of Learning (MLL)

867. India is one of the few developing countries which took an initiative in 1991 to lay down minimum levels of learning to be achieved at primary stage. This new approach integrates various components of curriculum, classroom transaction and evaluation, and teacher orientation. The first phase of the programme was implemented through 18 voluntary agencies, research institutions, SCERTs, etc. The results of these projects show significant improvement in learning achievements of schoolchildren.

868. The State Governments have introduced MLL in most of their primary schools, including local body/private schools. DPEP has adopted MLL as a major strategy to improve the quality of primary education. The NFE programme is also adopting MLL wherever appropriate. Introduction of learning competencies for various subjects taught at the upper-primary stage is under consideration. NCERT has undertaken an intensive curriculum review to meet the needs of excellence with equity. It has now been decided to upgrade the MLL programme through institutional mechanism throughout the country. The national resource institutes like the NCERT, RIEs, SCERT and DIETs are being networked for this purpose. Curriculum revision, rewriting of textbooks to make them competency based, enhancing their pedagogical value, and training of teachers in the classroom process are the major activities being undertaken.

Some recent initiatives

Sarva Shiksha Abhiyan

869. *Sarva Shiksha Abhiyan* (SSA) has the central objective of mobilising all the resources—human, financial and institutional—necessary for achieving the goal of UEE. On the recommendations of the Conference of Education Ministers, a National Committee of State Education Ministers was constituted under the chairmanship of the Minister of Human Resource Development, to develop the structure and outline of implementing UEE in a mission mode.

870. Based on the suggestion of the above Committee, this Ministry is launching SSA to incorporate all the existing schemes and programmes in the elementary education sector. SSA is a holistic and convergent approach to implement UEE in a mission mode with a clear district focus. The objective of SSA is to provide quality elementary education to all children in the age group of 6–14 years by 2010. There will be special focus on girls, children belonging to SC/ST communities, urban slum dwellers, and low female literacy blocks.

National programme of media publicity and advocacy of universalisation of elementary education

871. In order to build up public opinion and mobilise social support, this programme has been included in the Ninth Five-Year Plan.

872. It is envisaged that the programme would facilitate social mobilisation and environment building for operationalising the proposal to make elementary education a fundamental right. It has been decided that this programme would be implemented as part of the new scheme, SSA.

Lok Jumbish

873. An innovative project called *Lok Jumbish* (LJP—People's Movement for Education for All), with the assistance from the Swedish International Development Authority (SIDA), was undertaken in Rajasthan in 1992. The basic objective of the project is to achieve education for all, through people's mobilization and participation.

874. The aims and objectives of the project are:

- Access to primary education for all children up to 14 years of age;
- Assurance that all enrolled children attend school/NFE centre regularly and complete primary education;
- Creation of necessary structures, and setting in motion processes which would empower women and make education an instrument of women's equality;
- Pursue the goal of equality in education;
- Necessary modifications in the content and process of education so that children learn to live in harmony with the environment; and
- Effective involvement of the people in the planning and management of education.

875. The project has covered 75 blocks in Rajasthan and its achievements include environment building activities in 8,675 villages and completion of school-mapping exercise in 6954 villages. Five hundred and twenty-nine new schools have been opened, while 268 primary schools have been upgraded. An innovative and successful NFE programme, called *Sahaj Shiksha Programme* (SSP), launched by LJP, has spread to more than 3000 centres. This programme caters to dropouts and out-of-school children, especially girls. It works with the community; and has resulted in an increase in the learning ability of students. LJP has been able to set up innovative management structures, incorporating the principles of decentralisation and delegation of authority, as well as building partnerships with local communities and the voluntary sector. Community mobilisation and school-mapping exercises have shown good results and provide the basis for opening of new schools, *Sahaj Shiksha* centres and building a community-centred development programme. LJP has made a positive contribution to quality improvement through the development of improved MLL-based textbooks from Classes I–IV, which have been streamlined in all schools of the Government of Rajasthan. It has also set up vibrant block and cluster resource groups for providing academic supervision, as well as a regular and renewed training of primary school teachers. A renewed teacher training strategy in a cascade model is being implemented successfully.

Box 7.9: *Muktangan* (open courtyard education)

This innovation was started under *Lok Jumbish* in two blocks—Kishanganj or Baran district and Kota of Udaipur district, so that children may get education at any time in the day. At present, 37 *muktangans* are running with 2308 enrolled children (including 999 girls).

Source: Rajasthan State Report, Government of Rajasthan

Operation Blackboard

876. In pursuance of NPE, 1986, the scheme of Operation Blackboard was launched in 1987–88 with the aim of improving the human and physical resources available in the country's primary schools as at 30 September, 1986.

877. During the Eighth Five-Year Plan, the scheme was revised in 1993–94 and extended to provide a third classroom and a third teacher to primary schools, where enrolment exceeds 100 students. It was also extended to cover teaching-learning equipment and additional teachers in upper-primary schools. The scheme is being implemented through the State Governments, with 100 per cent assistance from the Centre, towards salary of additional teachers and provision of teaching-learning equipment. Under the scheme of Operation Blackboard, construction of school buildings is the responsibility of the State/UT Governments. However, in consultation with the Department of Education, the Ministry of Rural Areas and Employment has worked out a formula to set aside funds for the construction of school buildings.

Teacher education, 1999–2000

878. As envisaged in NPE and the POA, the Centrally Sponsored Scheme of Restructuring and Reorganisation of Teacher Education was taken up in 1987 to create a viable institutional infrastructure, and academic and technical resource base for orientations, training and continuous upgradation of knowledge, competence and pedagogical skills of schoolteachers in the country. The scheme envisages setting up of a District Institute of Education and Training in each district to provide academic and resource support to elementary schoolteachers and non-formal and adult education instructors. It also envisages establishment of Colleges of Teachers' Education/Institutes of Advanced Studies in Education to organise pre-service training for secondary teachers and provide extension and resource support services to secondary schools. Institutes of Advanced Studies in Education are also expected to engage in advanced level fundamental and applied research, especially of an inter disciplinary nature, and provide academic guidance to District Institute of Education and Training and support services to Colleges of Teachers' Education. Four hundred and fifty-one District Institutes of Education and Training, Seventy-six Colleges of Teachers' Education and Thirty-four Institutes of Advanced Studies in Education have been established under the scheme till the end of 1998–99.

879. State Governments have realized the critical role of District Institute of Education and Training in the development of teacher education at the grassroot level and in implementation of new educational initiatives. These institutions have been identified as the principal technical and professional resource institutions in DPEP districts. The progress of implementation of the scheme is being monitored through quarterly progress reports furnished by the States. Information received from States is analysed. States are suitably advised to take necessary action, wherever warranted, for expediting completion of civil works, filling up of posts and organisation

of pre-service and in-service training programmes for elementary schoolteachers. The scheme also envisages strengthening of SCERTs; orientation of schoolteachers in the use of OB materials and implementation of MLL strategy with focus on teaching of languages, maths and environmental studies; and strengthening of departments of education in the universities through the University Grants Commission (UGC).

880. Over the years, India has developed a multi-tier infrastructure for teacher education. At the national level, NCERT leads the country in designing quality instructional material on teacher education and providing training through innovative programmes. The Indira Gandhi National Open University (IGNOU), through its School of Education, offers teacher education programmes in the distance mode. SCERTs and SIEs are the State counterparts of NCERT in providing direction and leadership for reforms in school education, including teacher education. Twenty SCERTs have received central assistance under the Teacher Education Scheme. Special emphasis is being laid during the Ninth Plan on strengthening teacher education in North-Eastern States. A diploma programme in primary education (DPPE) by IGNOU, in collaboration with NCERT, is on the anvil to remove the backlog of untrained teachers in the North-east. North-Eastern States have also been asked to conduct short-term induction programmes for untrained teachers in DIETs and other teacher training institutions before the untrained teachers are actually assigned teaching work in schools. A proposal for setting-up of the Regional Committee of the National Council for Teacher Education (NCTE) in the North-East is also under consideration.

881. The Distance Education Programme of DPEP, which is a joint collaborative project of IGNOU and NCERT, is also involved in training of teachers and educational personnel using the distance mode. Multimedia packages, including print and audio-visual materials for training of teachers are prepared under this programme. One-way audio and two-way video tele-conferencing has also been utilized for training of teachers in DPEP States through provision of dish receiving system (DRS) in the DIETs of some of the DPEP States. The NFE scheme will become part of SSA under the Education Guarantee Scheme (EGS) and Alternative Innovative Education (AIE).⁶⁴

National Council for Teacher Education (NCTE)

882. NCTE was established as a national level statutory body by the GOI on 17 August 1995. The main objectives of the Council are to achieve planned and coordinated development of the teacher education system, and regulate the proper maintenance of norms and standards of teacher education. Some of the other major functions of the Council are laying down of norms for various teacher education courses, recognition of teacher education institutions, laying down of guidelines in respect of minimum qualification for appointment of teachers, surveys and studies, research and innovations, prevention, etc. Four Regional Committees for the northern, southern, eastern and western regions have been set up at Jaipur, Bangalore, Bhubaneswar and Bhopal, respectively. These Regional Committees consider the applications of teacher education institutions for recognition/permission in accordance with the provisions of the Act.

883. The Council has laid down norms and standards for pre-primary, elementary and secondary level teacher education institutions and B.Ed., through the distance mode. The task of preparation of a new curriculum framework for teacher education at various stages was completed during the year, 1998–99, after detailed exercise of consultations with eminent educationists and teacher educators and organisation of a series of seminars. One of the major achievements of NCTE, during the short period of its existence, has been the publication of

monographs, reports and self-learning modules for teacher educators and teachers during the year 1998–99. The publication brought out by NCTE provides a comprehensive view on several important aspects of teacher education.

Non-formal education programme

884. In pursuance of the directive under article 45 of the Constitution, the NPE, 1986, envisages a large and systematic programme of non-formal education (NFE) as an integral component of the strategy to achieve UEE. It caters to children who remain outside the formal system of education due to various socio-economic constraints. The scheme has been in operation since 1979–80 and focuses on children in the 6–14 years age group who have remained out of the formal schooling system. It lays emphasis on organization, flexibility and relevance of curriculum, and diversity of the learning activity to suit the needs of learners. The scheme primarily covers the educationally backward States of Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Jammu & Kashmir, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal. It also covers urban slums, hilly, desert and tribal areas and areas with a concentration of working children in other States. Special emphasis is laid on girls, working children, and those belonging to the SC and ST communities.

885. At present, there are 297,000 NFE centres, covering about 7.42 million children in 24 States/UTs. While 238,000 centres have been sanctioned to States/UTs (of which 118,000 centres are exclusively for girls), 58,788 centres are run by 816 voluntary agencies. The performance of the scheme has been reviewed and a decision has been taken to incorporate the following features into the scheme:

- All habitations that do not have an elementary education centre within a radius of one kilometre will have one at the earliest;
- The quality of NFE will be upgraded to a level matching the formal education system;
- The local community will be more active in the implementation of the scheme;
- It will provide instructors with enhanced honorariums;
- As part of the scheme, an elaborate school-mapping exercise will be undertaken; and
- It is part of the large, more holistic programme for UEE, namely, SSA.

National Bal Bhavan

886. National *Bal Bhavan* (NBB) formerly *Bal Bhavan* Society, India, New Delhi, was established by the GOI in 1956, at the initiative of Pandit Jawahar Lal Nehru. An autonomous institution, fully funded by the Department of Education, NBB has been working towards enhancing creativity amongst children in the age-group of 5–16 years, especially from the weaker sections of the society. The programmes for children are so designed as to explore the inner potential through participation in creative and performing arts, environment, astronomy, photography and science-related activities. NBB thus aims at the all-round growth of children in a free and happy atmosphere, and encourages them to develop a scientific temper.

887. National *Bal Bhavan* organizes summer programmes for children, wherein workshops on miniature painting, machine modelling, development of low-cost scientific models, toys and

games, creative arts, screen printing, etc., are arranged. Environment-related activities form an integral part of the innovative, creative and meaningful programme organized by NBB throughout the year. A Cultural Craft Conservation Convention was organised in June 1999 with well-known folk artists. A number of camps such as publication camp, literacy camp and computer awareness camp were also organized this year. At the local level, *Bal Shree* Camps were organised in July 1999, for the children of age group 9–16 years, to honour creative children. The National Children's Museum with galleries on *Gaurav Gatha*, *Hamara Bharat Mahan* and *Surya*, displaying, children's creative work, attracted 5536 visitors. An interstate camp was held at Jawahar Bal Bhavan at Pondicherry. An Indian delegation participated in the International Children's Camp at Nairamadal (Mongolia) in August 1999, under the cultural exchange programme.

National Programme for Nutritional Support to Primary Education

888. The National Programme for Nutritional Support to Primary Education (NPNSPE): Popularly known as the Midday Meal Scheme (MDM), this programme was launched on 15 August 1995. The programme is designed to give a boost to UPE by impacting upon enrolment, attendance, retention and the nutritional needs of children in primary classes. The programme aims to cover all Government, Local Body and Government-aided schools. Central support under this programme is to provide food grains, free of cost to children at the rate of 100 grams per school per student in States where cooked meal is provided, and three kilos per month per child where food grains are being distributed, subject to minimum 80 per cent of attendance. All States except Gujarat, Kerala, Orissa, Tamil Nadu, Madhya Pradesh (174 tribal blocks) and Pondicherry distribute foodgrains. The programme has been evaluated recently in 10 States by an independent agency. The findings state that while the programme has given a boost to enrolment in Assam, Madhya Pradesh, Uttar Pradesh and West Bengal, it has had a positive impact on attendance and retention in Gujarat, Haryana, Jammu & Kashmir, Karnataka, Orissa and Rajasthan.

Shiksha Karmi Project

889. The *Shiksha Karmi Project* (SKP) aims at universalisation and qualitative improvement of primary education in remote, arid and socio-economically backward villages of Rajasthan, with primary attention on girls. The project identifies teacher absenteeism as a major obstacle in achieving the goal of UEE. It was realised that a primary school in a remote village, with a non-resident teacher often tended to become dysfunctional, and both parents and children failed to relate to such an institution, leading to high dropout rates. Under SKP, regular teachers are replaced by local teachers who are less qualified but specially trained. A *shiksha karmi* (SK education worker) is a local person with a minimum educational qualification of Class VIII for men, and Class V for women. To overcome the basic lack of qualifications, *shiksha karmis* are given intensive training through induction programme as well as periodic refresher courses. The project is being implemented by the Government of Rajasthan through the Rajasthan *Shiksha Karmi* Board (RSKB) with assistance from voluntary agencies. The RSKP has a Governing Council and an Executive Council.

Box 7.10: Innovative strategies in Rajasthan

Rajasthan is situated in the north-western part of India. With an area of 342 thousand square kilometres, it is the second largest State in India. The area of Rajasthan is nearly equal to that of countries like Norway, Poland and Italy, but the size of population is about 8–10 times more than the population of these countries. The State had an estimated total population of 52 million in 1999. The growth rate of population has been conspicuously higher than the national average. Between 1951 and 1991, the population has recorded an almost three-fold increase. Even then the density of population at 154 persons per square kilometre is significantly lower than the Indian average of 299 persons per square kilometre. Administratively, the State is divided into 32 districts, which are further sub-divided into 237 development blocks.

The educational backwardness of Rajasthan can be ascribed partly to its harsh geography and scattered habitations. Its feudal society imposes a low status on women. Access to education is limited because of both inadequate facilities and social customs. Efforts based on conventional approaches have failed to overcome these problems. Innovative flexible programmes which address the needs of the diverse areas and communities had to be conceptualised. SKP and *Lok Jumbish* (LJP) are two such programmes, which have successfully worked on a fairly large scale in the State. The approach followed by both these programmes is process-based, incorporating components such as participatory learning, partnership with NGOs, flexibility of management, creation of multiple levels of leadership and integration with mainstream education.

The success of SKP and LJP may be ascribed to many factors and strategies. Some of these are:

Collaborative model with autonomy and linkage of implementing structure: SKP and LJP are strategically based on collaborative models with four sets of actors: (i) villagers, (ii) grassroot workers, who are capable of local mobilisation and flexible, creative ways of planning, management and teaching; (iii) Government of Rajasthan, with the support of the GOI, which provides the wherewithal and machinery for scale and sustainability; (iv) academics and NGOs, who facilitate the training and curriculum development, make mid-term corrections and guide the revisions in planning. The autonomous bodies, *Shiksha Karmi Board* (SKB) and *Lok Jumbish Parishad* (LJP), have both the space and stability to devise, implement and monitor, while at the same time, the Government has the responsibility to fund the programme and the authority to intervene in the delivery system. The State-level resource institutions, local voluntary organisations, district level officials, *Sandhan* and IDS, block and panchayat samiti members are all linked together in a web and a delicate balance is maintained between autonomy and linkage.

Giving recognition to the talent and emphasis on continuous training of workers and teachers: Appointment in various positions under SKP and LJP has not been identified with employment schemes. Rather, the potential that lay under the apparent ordinariness of the unemployed and underemployed youth has been recognised, nurtured and supported through a network of institutions. For maintaining the motivation, SKP and LJP devote tremendous time, energy and effort in providing continuous training and support to the staff at all levels. This has enabled them to perform up to the high expectation of the community.

Using new vocabulary for altered functions: In order to enable the functionaries to internalise new shifts in the way of functioning, SKP has initiated the use of fresh vocabulary, giving new role descriptions, such as *shiksha karmi*—education worker rather than *gram shikshak*—village teacher; *shiksha karmi sahyogi* rather than supervisor, and so on.

Limited claims and demonstration of results: SKP and LJP were modest in aim and gradual in practice, with the approval of the concerned community as a constant principle.

Willingness to learn from others: SKP and LJP have shown a welcome ability to learn from contextual experiences and to work in coordination with holistic initiatives.

Incentives and career opportunities of SKs and other staff: To be a *shiksha karmi* (SK) itself brings prestige and a special position to the person in the community. Although appointment of SKs are not identified with an employment scheme, appropriate financial and career incentive schemes have been introduced.

From the insight of success of the two specific projects meant for achieving the goals of UPE, what appears important is to understand and recognise the factors which have contributed to the innovations in education in Rajasthan—the creativity, vision, optimism and faith of the people concerned. These have been complemented by conceptual clarity, emotional strength, and investment of the time of many qualified, talented and warm people.

890. NGOs and the community play a pivotal role in the implementation of SKP. Village education committees (VECs) have contributed to the improvement of school environment, augmentation of infrastructure and facilities, and greater enrolment of children through school-mapping and micro-planning in the *Shiksha Karmi schools*. Enrolment of girls, and their attendance and retention in primary schools are serious challenges in achieving UEE in Rajasthan. SKP aims at addressing these through decentralised initiatives involving the community. At the grass-roots level, *panchayat samitis*, *shiksha karmi sahyogis*, subject specialists of NGOs, *shiksha karmis* and the village community constantly interact with each other to achieve the aims of the project.

Prehar Pathshalas (PPs)

891. *Prehar Pathshalas* (school of convenient timings), under SKP, provide educational programmes for out-of-school children who cannot attend regular day schools due to their preoccupation at home. In PPs, condensed formal school curriculum and learning materials are followed. At present 22,359 girls who constitute 71 per cent of learners in PPs are benefiting from this facility. Among other innovative and experimental activities, *Angan Pathshalas* have proved effective in attracting girls to primary schools. *Mahila sahyogis* have confirmed their utility in motivating girls to attend schools/PPs in remote areas. Integration of children with partial disabilities into day schools and PPs have been attempted on a pilot basis.

892. There are in-built monitoring processes at village, block, headquarter and State levels. There is a provision of joint biannual reviews by the international agency concerned, the GOI and the Government of Rajasthan and independent evaluation by teams consisting of national and international experts. It has been the practice to conduct mid-term review/evaluation through interactions with all functionaries and beneficiaries. Expert studies have revealed that academic attainments of primary schoolchildren in the SKP areas are generally better than neighbouring schools managed by the PRIs.

893. SKP has emerged as a unique instrument of human resource development. It has enabled rural youth, with inherent talent and potential, to blossom into confident para-professionals with self-respect and dignity. There has been a six-fold increase in the enrolment of children in the schools taken over by the project. A significant number of children covered by SK schools are from among SCs/STs. The project now covers 2715 villages in 146 blocks in Rajasthan and 6285 *shiksha karmis* provide primary education to 216,000 children in day schools and PPs. The experience of SKP demonstrates that the motivation of *shiksha karmis* working in difficult conditions can be sustained over a longer period of time by recurrent and effective training, sensitive nurturing, community support, regular participatory review, and problem solving. The success of SKP has brought to it national and international recognition. The second phase of SKP came to an end on 30 June 1998.

District Primary Education Programme (DPEP)

894. DPEP is a centrally sponsored scheme providing special thrust to achieve UPE. The programme takes a holistic view of primary education development and seeks to operationalize the strategy of UPE through district-specific planning, with emphasis on decentralized management, participatory processes, empowerment and capacity-building at all levels.

895. The programme is structured to provide additional inputs over and above the provisions made by the State Governments for elementary education. It fills in the existing gaps in the

development of primary education and seeks to re-utilize the existing system. DPEP is a contextual programme and has a marked gender focus. The programme components include construction of classrooms and new schools, opening of non-formal/alternative schooling centres, appointment of new teachers, setting up of block resource centres/cluster resource centres, teacher training, development of teaching-learning material, research-based interventions, special interventions for education of girls, SCs/STs, etc. The components of integrated education for children with disability and a distance education component for improving teacher training have also been incorporated in the programme.

896. The programme which was initially launched in 1994 in 42 districts of seven States, has now been extended to cover 219 districts of 15 States, namely, Assam, Haryana, Karnataka, Kerala, Maharashtra, Tamil Nadu, Madhya Pradesh, Gujarat, Himachal Pradesh, Orissa, Andhra Pradesh, West Bengal, Uttar Pradesh, Bihar and Rajasthan. Further expansion of DPEP to eight districts of Orissa, six districts of Gujarat and nine districts of Rajasthan is being envisaged.

897. The programme is supervised through periodic supervision missions. So far, five internal supervision missions and 10 joint supervision/review missions (comprising representatives of GOI and external funding agencies) have been carried out. The first phase of the programme, which was launched in November 1994 in 42 districts in seven States, was subjected to an in-depth review during September-October 1997. The second in-depth review was conducted in November 1999. Consequent reviews and evaluatory studies have revealed that the programme has resulted in a significant increase in enrolment, improvement in learning achievement, and reduction in repetition rates/dropouts, with increased community involvement and improvements in classroom processes. Following are the major achievements of DPEP.⁶⁵

- In addition to universalizing access to about 300,000 formal schools existing in DPEP areas, DPEP has added 8,000 new formal schools, and another 15,000 are in the pipeline. Thirty-eight thousand alternative schooling centres of various kinds have been set up and about 75,000 more are planned. In addition, about 16,000 summer schools are functioning annually;
- In Phase-I districts, where the programme has been under implementation for five years, a compound annual growth rate of 6.2 per cent in enrolment has been reported during 1995–1998, as against zero overall enrolment growth in the country during the period;
- The average GER in these districts stands at 99.7. Assuming the contribution of unrecognized schools at 8–10 per cent, the GER would be around 107. The enrolment, thus, is near universal, as compared to about 84 per cent in 1995 (accounting only for formal recognized schools);
- In Phase-II/III districts, where the programme has been under implementation for about two years, an overall increase of 2.55 per cent has been reported in unrecognized schools in the study during 1997–98. However, household survey data, sample studies as well as field visits indicate a higher growth;
- The average GER in Phase-II/III areas as reported in the study is 85. This data, however, does not include unrecognized schools' contribution and has its limitations as explained earlier. Moreover, this data is one year old. The situation in the field is changing very fast. Sample studies in two backward districts of Uttar Pradesh,

conducted by Development and Research Services (DRS), New Delhi, early this year indicated that the GER is 102–103 and NER 73–80, the contribution of private unrecognized schools being 6–8 per cent in the two districts.

Gender Gap

- Gender gap in enrolment is closing rapidly. Enrolment of girls has been faster than that of boys. As per the study, index of gender equity (IGE) in 23 districts, as against 15 in 1995, out of the 42 Phase—I districts is above 95 per cent, which is the goal to be achieved by the end of the project period. One district has IGE below 85, as against six in 1995.
- Out of 75 districts in Phase—II/III covered in the study, 35 have IGE greater than 95, as against 31 in 1997, and eight have IGE less than 85, compared to 14 in 1997.

Repetition rates, dropout and internal efficiency

- Overall repetition rate of children has shown a perceptible decline in Phase—I areas. The average repetition rate, which was 7.5 per cent in 1995, has been reduced to 5.2 per cent in 1997, representing a drop of 30 per cent. For Phase—II/III areas, the data is not amenable to calculation of change in the rate. The rate stood at 8.8 per cent in 1997. The relatively higher repetition rate in these areas is explained by the fact that most of the districts in Phase—II/III are in educationally very backward and challenging areas in Orissa, Uttar Pradesh, Bihar and Madhya Pradesh.
- The study on dropout rates and internal efficiency could focus only on Phase—I districts, in the absence of data for consecutive years for subsequent phases. The decrease in dropout rates has been in the range of 4–20 percentage points, and now stands at 17–31 per cent in most of the districts.

Learning achievement

- Under the aegis of DPEP, NCERT conducted baseline achievements surveys (BAS) in 219 districts spread over 15 States during 1994–1999. The district wise average achievement of learners at the end of the initial stage of primary schooling i.e., Class 1, varied from 26.2 percent to 82.1 percent in language and from 25.8 percent to 78.37 percent in mathematics. At the end of the penultimate stage of primary school i.e. class III–V, the district-wise average achievements of learners varied from 19.16 per cent to 52.02 per cent in language and from 17.5 percent to 55.64 percent in mathematics. Further, during 1997–2000, NCERT conducted mid-term achievements survey (MAS) in 118 districts of 12 States. During MAS the district-wise average achievements of learners at the end of class I varied from 42.61 per cent to 88.87 per cent in language and from 36.51 per cent to 87.25 per cent in mathematics. MAS has revealed that while the performance of students at the initial stage has registered a significant improvement in a large number of districts, the performance at the end of the penultimate stage has not been encouraging.⁶⁶

Improving classroom situation

- Improving classroom processes is the cornerstone of the DPEP strategy. Adequate availability of teachers, their competence and motivation, availability of quality

teaching-learning materials and other infrastructural facilities are the key elements of this strategy;

- A study on teacher attendance in two districts each in Madhya Pradesh and Uttar Pradesh, by the Development and Research Services (DRS), New Delhi, has reported the attendance rate between 78 to 86 per cent;
- All the 850,000 teachers in the DPEP system have received in-service training, majority of them more than once. Generally, the teachers receive 5–10 days of training every year;
- The textbooks also have been developed in all the States though local resource groups and in decentralized mode, as the study on textbooks will show. A sum of Rs 500 per teacher per annum, known as teacher grant, which enables them to make locally relevant teaching-learning materials, has also been of considerable help;
- The distance education component is also playing its due role by providing materials in video and audio forms at resource centres and by telecasting supportive lessons for teacher educators, teachers and children;
- The package of strategies for teacher empowerment and improving classrooms has immensely contributed to promotion of child-centred, joyful learning approach. The study on pedagogical strategy corroborates this.

Community involvement

- The strategy of constituting VECs with participation of weaker sections, giving them adequate training, involving them in construction and entrusting them with utilization of the school grant of Rs 2000 per school per annum, and decentralizing some of the school management responsibility to them has helped a great deal.

School building reforms

- School building has traditionally been looked at only in terms of brick and mortar. The experience in all DPEP areas has shown that during these five years, buildings based on new designs have emerged, which have promoted aesthetics, functionality and use of local materials. The exercises in renewal and reform have brought down cost substantially and have involved the community, thereby improving the sense of ownership of the schools and generating contributions from the community.

Secondary education⁶⁷

898. Secondary education serves as a bridge between elementary and higher education and prepares young persons in the age group of 14–18 years for entry into higher education. Secondary education starts with classes IX–X, leading to the higher secondary classes of XI–XII. The child population at the secondary and senior level, as projected in 1996–97 by NSSO has been estimated at 96.6 million. Against this, the enrolment figures of 1997–98 show that only 27 million were attending schools. Thus, two thirds of the eligible population remain out of the school system. At present (1998–99), there are 110,000 secondary-level institutions to accommodate these children. With emphasis on UEE and programmes like DPEP, the enrolment

is bound to increase and we may require more than 200,000 additional institutions at the secondary level.

899. Secondary school education is being assisted by the many autonomous institutions which function under the management and guidance of the Department of Education, such as:

- National Council of Educational Research and Training (NCERT)
- Central Board of Secondary Education (CBSE)
- National Open School (NOS)
- Kendriya Vidyalaya Sangathan (KVS)
- Navodaya Vidyalaya Samiti (NVS)
- The Central Tibetan School Administration.

Some interventions in secondary education are described below.

Vocationalization of secondary education

900. A centrally-sponsored scheme of vocationalization of secondary education was introduced in 1998. The main objectives of the scheme are to enhance individual employability, reduce the mismatch between demand and supply of skilled manpower and provide an alternative for those pursuing higher education without particular interest or purpose. A centrally sponsored scheme of pre-vocational education at the lower secondary stage has also been introduced from 1993–94, primarily to impart training in simple marketable skills to the students of classes IX and X, to develop vocational interests and to facilitate students in making a choice of vocational courses at the higher secondary level. The target laid down in the revised policy was to divert 10 per cent of higher secondary students to the vocational stream by 1995, and 25 per cent by 2000. As against this, 18,719 vocational sections have been sanctioned in 6486 schools all over the country, thereby creating capacity for diversion of about 9.35 lakh students to the vocational stream, which is 11 per cent of the enrolment at the 10+2 (class 11-12) stage.

Box 7.11: Skill training for the underprivileged

Don Bosco Self-Employment Research Institute (DB-SERI), Howrah, West Bengal, is an example of a pioneering NGO working in the vocational education sector, catering to the needs of about 250 underprivileged school dropout youths, by imparting skill training for producing marketable items so that they can earn their livelihood.

The institute is running 12 nonformal vocational trades of one-year duration such as welding, house-wiring, motorwinding, machine shop training, computers for handicapped, jute products and other allied trades without any fees. Sixty-five per cent of the total strength of the institute consists of girls and housewives. Once the training is complete, each trainee is supplied with a machine of his/her trade. The product produced is sold in the market through the marketing organisations set up by the institute.

Since the commencement of DB-SERI, about 1200 trainees have passed out in the last six years. Now 95 per cent of them are self-employed and are capable of earning their livelihood.

A State intervention

901. In the realm of vocational education, the Punjab Government has been active in implementing schemes like:

- Developing infrastructure for higher and vocational education;
- Improved facilities in colleges;
- Four chairs and job-oriented courses;
- UGC-aided projects;
- Establishment of State youth training and development centres;
- Centre for training and employment;
- Welfare schemes for youth belonging to the socially disadvantaged sections.⁶⁸

Educational technology

902. The Educational Technology Programme has been implemented by the Department of Education under the central sector to bring about qualitative improvement in and widen access to education. This scheme seeks to provide the entire cost of radio-cum-cassette players in primary schools and 75 per cent of the cost of colour TVs in upper primary schools, to promote quality education. Six autonomous State Institutes of Educational Technology (SIETs) in Uttar Pradesh, Bihar, Orissa, Maharashtra, Gujarat and Andhra Pradesh are also being funded under the scheme. The scheme extends financial support to the Central Institute of Educational Technology (CIET) for producing programmes for the school sector that are aired on *Doordarshan* and *Aakashvani* the state owned television and radio stations.

903. So far, approximately 3,92,438 radio-cum-cassette players and 75,001 colour TVs have been sanctioned to States and UTs for installation in primary/upper primary schools. Up to December 1998, the CIET and SIETs together produced 683 (633 video and 50 audio) programmes.

Computer literacy and studies in schools

904. Keeping in view the need to expose children to utility and applications of computers, the Department of Electronics, in collaborations with MHRD, initiated a pilot project— Computer Literacy and Studies in Schools (CLASS) from 1984–85, for senior secondary schools. The CLASS project was modified into a centrally sponsored scheme implemented from 1993–94. In 1995–96, the Ministry of Finance advised the Department of Education to revise the scheme. During the Eighth Five-Year Plan, 2371 schools have been covered under the scheme. The scheme is now being revised in view of changed situations and requirements of information technology in schools.

Improvement of science education in schools

905. The main objective of the scheme is to improve the quality of science education and promote scientific temper. The scheme uses the resources and agency of the State Government and NGOs to achieve these objectives. Accordingly, 100 per cent assistance is provided to States

and UTs for provision of science kits to upper primary schools, upgradation of science laboratories and library facilities in secondary/senior secondary schools and training of science and mathematics teachers. The scheme also provides for assistance to voluntary organisations for undertaking innovative projects in the field of science education.

Environmental orientation to school education

906. The NPE, 1986, provides that protection of the environment is a value which must form an integral part of the curricula at all stages of education. The intellect of the student must be sensitized to the hazards inherent in upsetting the ecological balance in nature.

907. A centrally sponsored scheme, Environmental Orientation to School Education, was initiated in 1998–99 to inculcate awareness among students regarding conservation of the environment. The scheme envisages assistance to voluntary agencies for experimental and innovative programmes, aimed at promoting integration of educational programmes in schools with local environmental conditions. States and UTs are assisted in various activities, including review and development of curricula at primary, upper primary, secondary and senior secondary levels with a view to infusing environmental concepts therein, development of strategies and textbooks for environmental studies at primary and upper primary levels and development of teaching-learning material.

908. Three resource centres, namely, *Uttarakhand Seva Nidhi*, Almora; CPR Environmental Education Centre, Chennai; and Centre for Environment Education, Ahmedabad, have been designated as nodal agencies for mobilization and provision of financial support to NGOs and voluntary organisations for conducting innovative and experimental programmes to provide environmental orientation to school education.

Strengthening culture and values in education

909. The schemes of assistance to voluntary agencies to strengthen culture and values in education have been operational since 1988–89. In 1992–93, a revised scheme was introduced, which has two broad components: strengthening cultural and value education inputs in the school systems and strengthening the in-service training of art, craft, music and dance teachers.

Boarding and hostel facilities for girl students

910. Under this scheme, financial assistance is given to eligible voluntary organisations to improve the enrolment of adolescent girls belonging to rural areas and weaker sections. Preference in providing assistance is given to hostels located in educationally backward districts, particularly those predominantly inhabited by SCs/STs and educationally backward minorities. Grants are given as per the following norms:

- Rs 5,000 per annum per girl boarder, for food and salary of cook and warden in the hostel/boarding house accommodating at least 25 girl boarders who are students of classes IX–XII of a recognized school; and
- One-time grant of Rs1500 per girl boarder for purchase of furniture (including beds) and utensils and provision of basic recreational aids, particularly material for sports and games, reading room equipment and books.

Educational concessions to children of armed forces personnel killed/disabled during hostilities

911. The GOI and most States and UTs offer educational concessions by way of reimbursement of tuition fees, boarding-lodging expenses, expenditure incurred on uniforms, textbooks, transport charges, etc., to school students who are wards of armed forces personnel killed or permanently disabled in the course of the duties. At present, the Department provides these concessions to students at two Lawrence Schools (at Sanawar and Lovedale).

A State intervention

912. In Punjab, a rising trend has been observed in the establishment of both high and senior secondary level schools. In fact, a high school has been ensured within a radius of 2.5 km in all areas, lower than the national prescription of 3 km. There has been an augmentation of enrolment at the secondary level in 1998–99 from the previous year. An encouraging aspect is the improvement in the enrolment of girls at the secondary level.

913. At the secondary level also, the Punjab Government has implemented schemes to provide access to students belonging to SC/ST, like:

- Award to meritorious students belonging to SC communities;
- Scholarships to children of backward classes;
- Post-matriculation scholarships to children belonging to SCs/STs for studies in India; and
- Grant to SC girls studying in post-matriculation classes.

University and higher education

914. The higher education system has seen a phenomenal increase in the number of universities and number of colleges since Independence. There are now 185 universities, 42 deemed to be universities and five institutions established through State and Central legislation, and nearly 11,100 colleges in the country in addition to the unrecognized institutions in the higher education sector.⁶⁹ A number of initiatives were taken to improve access to and quality of higher education. The National Assessment and Accreditation Council has been set up to make accreditation obligatory for universities. Curriculum revision is done in tandem with the existing vocational courses introduced at the first-degree level.

915. Open university systems like IGNOU are trying to reach out to districts with low female literacy levels. Their outreach will be strengthened by the setting-up of educational TV and radio called *Gyan Darshan* and *Gyan Vani* respectively. Efforts are being made to involve the tertiary sector as well as check the quality of education both at the national and international level. In the distance education sector, linkages with the Commonwealth of Learning were maintained and strengthened. A special emphasis has come to be laid on women's education. The number of women's colleges has recorded a substantial increase—India has 1195 women's colleges today. The enrolment of women at the beginning of 1997–98 was 2,303 million, 34 per cent of them being at the post-graduate level.

916. This massive development has been guided by a process of planning and the recommendations of several National Commissions set up by the GOI. The objectives of higher education have gradually become more and more precise and a system of governance in the direction of increasing autonomy and accountability is developing.⁷⁰

917. *Open University System:* The country also has an open university system. IGNOU, set up in 1985, has nationwide jurisdiction in the field of distance education. A Distance Education Council has been established as a statutory authority under IGNOU Act. It provides development funds to open universities and distance education institutions from the funds placed at its disposal by the Central Government. The open university network has established a common pool of programmes consisting of contributions from different open universities. These programmes can be shared by any open university through the process of adoption, adaptation and transmission. IGNOU has received international attention and recognition, and the Commonwealth of Learning has recently conferred the status of excellence in distance education to IGNOU.

918. *Protective discrimination:* An important aspect of the NPE is to ensure protective discrimination for certain sections of society. It aims at enabling disadvantaged sections of society to have access to colleges and universities, through reservation of seats. Students from SCs and STs are given scholarships. In addition, there is provision for coaching classes for these students to help them overcome their deficiencies.

919. *. Reforms in the examination system:* There is a programme to reform the examination system, and various experiments have been conducted to ensure that students are freed from the burden of annual examinations, and encouraged to continue studying throughout the period of study. It is proposed to broaden these experiments.

920. *Investment in higher education:* Higher education in India is under deep financial strain. The allocation for higher education has declined continually, from 0.53 per cent of GDP in the Seventh Five-Year Plan to 0.35 per cent in the Eighth Five-Year Plan, though the actual expenditure has increased by more than 100 times, to Rs 15,000 million in the Eighth Five-Year Plan at current prices, and by 6.5 times in terms of real prices.

921. Recently, major efforts have been mounted for resource mobilisation. It has been recommended that while the Government should make a firm commitment to higher education, institutions of higher education should make efforts to raise their own resources. A suggestion has also been mooted for levying an educational cess. It is clear that if higher education has to be maintained and developed further, the Government will have to step up measures to promote self-reliance while providing more massive investment than before.

Technical education

922. The basic thrust of the programme of technical education has been on overall quality improvement. Strong linkages between technical institutions and industry were developed, particularly through the technology development missions between Indian Institutes of Technology (IITs) and Indian Institute of Science (IISc), Bangalore, and industries. The institutions generate adequate resources under block grant-funding scheme and are progressing successfully towards achieving self-sufficiency in due course. Centrally funded institutions were able to work towards holistic development through direct central assistance schemes like modernization and removal of obsolescence, thrust area development, and research and development.

Education in local, minority languages

923. Teaching in local and indigenous minority languages occupies an important place in NPE and POA. Accordingly, the Department of Education is assisted by autonomous organisations, subordinate offices and NGOs in fulfilling this Constitutional responsibility.⁷¹ The promotion of languages occupies an important place in NPE and POA, since they are an important medium of communication and education. The promotion and development of Indian languages, listed in schedule VIII of the Constitution, as also foreign languages, has been the constant endeavour of the Department of Education. The Department is assisted by the following autonomous organizations and subordinate offices in fulfilling this Constitutional responsibility.

Central Hindi Directorate

924. The Central Hindi Directorate was set up in March 1960 as a subordinate office of the Ministry of Education. The Directorate has since designed and implemented a number of schemes for the promotion and development of Hindi. The Department of Correspondence Courses of the Central Hindi Directorate is currently implementing a scheme of teaching Hindi as a second and foreign language to non-Hindi speaking Indians and foreigners. So far, four lakh (approx.) people have benefited under this scheme. New methodologies of teaching, such as the use of audio cassettes have also been initiated by the Department. Bilingual, trilingual and foreign language dictionaries have been published to provide non-Hindi speakers access to the language.

Commission for Scientific and Technical Terminology

925. The Commission for Scientific and Technical Terminology was established by the GOI with the aim of developing India-languages as media of instruction. The Commission has been engaged in the task of evolution of technical terms in Hindi, production of university-level textbooks, definitional dictionaries and reference literature. So far, 53 definitional dictionaries have been published.

Central Institute of Indian Languages, Mysore

926. The Central Institute of Indian Languages (CIIL) at Mysore, a subordinate office, helps in evolving and implementing the language policy of the GOI. It also coordinates the development of Indian languages by conducting research in the areas of language analysis, language pedagogy, language technology and language use in society. CIIL promotes Indian languages through three comprehensive schemes. Under the first scheme, it seeks to develop Indian languages through research, manpower development and production of materials in modern Indian languages, including tribal languages. The scheme also addresses other important areas of concern such as tribal and border languages, socio-linguistics, phonetics, psycho-linguistics, materials production and training, evaluation and testing, distance education, educational technology, lexicography and translation. Under the second scheme, the three-language formula is implemented, through training secondary schoolteachers deputed by States and UTs. The Regional Language Centres conduct various teacher training programmes and prepare instructional materials. The 10-month intensive course in Indian languages begins in July at various centres, with the total intake capacity of 400 trainees.

927. Under the third scheme, financial assistance is provided to individuals and voluntary organisations for publication in Indian languages, including tribal languages (other than Hindi, Urdu, Sindhi, Sanskrit and English).

Appointment of modern Indian language teachers

928. This scheme provides 100 per cent assistance for appointment of modern Indian language teachers, preferably South Indian languages, in Hindi-speaking States. The CIIL has also been assigned the responsibility of training teachers appointed by various States, to teach modern Indian languages in Hindi-speaking States. This scheme was initiated during the Eighth Plan period and has been approved for continuation during the Ninth Plan period. The scheme is being reviewed in view of inadequate response from the States.

National Council for Promotion of Urdu Language

929. The Government has constituted the National Council for Promotion of Urdu Language (NCPUL) as an autonomous body to replace the *Taraqqi-e-Urdu* Board with a view to furthering broad-based Urdu promotional activities. NCPUL became functional from 1 April 1996. It is engaged in preparation of academic literature in Urdu for the Urdu-speaking people of the country.⁷²

Education of children from socially disadvantaged groups⁷³

Education of the girl child

930. In the Eighth Five-Year Plan, a central scheme provided funds to the States to hire a woman teacher for all single-teacher primary schools and also gave funds for cash awards and prizes for villages, blocks and districts doing well in female education/literacy.

931. Girls belonging to SCs and STs receive special benefits like free uniforms and free textbooks. Special stipends are awarded to these children as day scholars, as well as for board and lodging for primary education upward in several States. In Madhya Pradesh for instance, a tribal girl passing class V is provided with a bicycle for commuting to school if she joins class VI. She is allowed to retain the cycle if she clears class VIII. *Ashram Shalas* (residential schools) and *Kanya Parisars* (girls' education complexes) seem to be doing very well in the tribal areas of Madhya Pradesh. Likewise, Maharashtra and Andhra Pradesh have a large number of schemes to promote UEE among girls, especially those belonging to disadvantaged groups. Post-matric scholarships are given to all SC and ST students for general, technical and higher education, and they also enjoy reservation in all higher institutions/courses, jobs and legislatures. As a result of the protective discrimination policies formulated under Constitutional provisions, the enrolment of SC/ST children has improved considerably, but their dropout rates in elementary education are still considerably higher than those of the general population, both at the primary and middle stages, i.e. classes I–VIII.

932. A central scheme of NFE was launched for out-of-school children in the age group of 6–14 years. Under this scheme, States and UTs get 60 per cent support for co-educational centres and 90 per cent for all-girls' centres. Voluntary agencies get 100 per cent support for organising these NFE centres. In 1996–97, of the 241,000 NFE centres, 118,000 were exclusively for girls, who account for 2,950,000 of the total of 7,000,000 children.

933. The DPEP strategy intends to improve access, retention and achievement among primary school-going children with a focus on girls and children belonging to the socially disadvantaged and economically backward sections of society.

934. The IGE of the Phase I districts with near-absence of gender inequities has increased from 15 in 1995–96 to 23 in 1998–99. The general increase in IGE is an outcome of gender-sensitive programmes initiated under DPEP for teachers, administrators and communities. Revision of curriculum to remove gender bias has also facilitated an improvement in the enrolment of girls. Of the 75 districts in Phase-II/III where the SC population was more than 95 per cent, as against 31 in 1997, eight had an IGE of less than 85, compared to 14 in 1997.

Central Sector Scheme for Special Educational Development Programme for SC girls with very low literacy levels

935. This scheme was introduced in 1996–97 on a pilot basis, with a view to providing a package of educational inputs, through residential schools, to SC girls in areas of very low SC female literacy, where traditions and the environment are not conducive to their education. The schools are intended to supplement existing measures to impart and consolidate literacy and to promote quality education to such girls who are first-generation learners in areas of low literacy. The grant-in-aid under the scheme consists of a package of Rs11, 340 per student in class I only. This includes direct facilities to the student and covers costs towards infrastructure, staff and other running costs. No fees, charges or contributions are recovered from the students. The scheme is implemented by the *zilla parishads* (district level *panchayats*) of the districts concerned.⁷⁴

Girls' access to educational opportunities

936. The appointment of women teachers has a positive impact on girls' education. Over the last five decades, there has been a sharp increase in the recruitment of women teachers, especially at the primary school level. Under the scheme of OB, it is proposed to upgrade the primary schools in blocks with low female literacy by providing additional women teachers and teaching-learning equipment during the Ninth Plan. At least one in every two teachers appointed must be a woman. Recognizing the fact that large numbers of girls and working children have been left out of the ambit of education, the NFE scheme provides the flexibility, relevance of curriculum and diversity in learning activity necessary to reach out through a decentralised management system. There is a separate budget for girl centres within the schemes. At present, nearly 50 per cent of the 241,000 NFE centres are exclusively for girls. Another 12,000 centres only for girls will be set up by the end of the Ninth Plan period.⁷⁵

Non-formal education for girls

208. A prime area of concern in the education of the girl child is the formulation of action programmes in the sphere of elementary and secondary education, focusing on the education of out-of-school girls. A major proportion of girls in the age group of 10–18 years is out of school. Till very recently, girls in this age group were not covered by any Government programme for health care or nutrition. At present, these girls are being addressed through the following programmes:

- The Non-formal Education programme of Department of Education, GOI, as a CSS for out-of-school children in the age group of 6–14 years is being implemented by the

State Governments and several NGOs. So far, more than 290,000 NFE centres are running, but these cater largely to students at the primary level. A total of seven million children are enrolled in these courses and girls form about 40 per cent of those enrolled;

- The National Open School runs courses for out-of-school girls and women, as well as for employed personnel who are desirous of completing the 10-year, secondary level open school course and higher general and vocational secondary education course. The National Open School also conducts a course for adolescent girls and adult women. The course, named the *Paripurna Mahila Yojna* (complete woman project), covers a vast range of areas which are relevant to women's empowerment, including legal literacy, health and nutrition and general awareness;⁷⁶
- The Central Social Welfare Board (CSWB) has a major scheme of condensed courses for girls and women in the age-group of 15–35 years from among the disadvantaged sections of the rural and urban areas, who have missed schooling or have dropped out of the system. These are two-year courses, leading to primary, middle, secondary and vocational education, which are awarded to NGOs through the State Social Welfare Boards all over the country.⁷⁷

938. Additionally, in the Ninth Five-Year Plan, provision has been made to fund and support innovative educational programmes for out-of-school adolescent girls in the age-group of 12 to 18 years by the Department of Education, MHRD.⁷⁸ The Ministry of Health and Family Welfare also has a very large programme for adolescent girls, as part of its Reproductive and Child Health (RCH) programme. Likewise, the Ministry of Labour is targeting out-of-school girls and women through some of its programmes.⁷⁹ NCERT has a National Resource Centre for Women's Education, which has acted as a nodal point for SAARC activities and provided consultancy to the UN and certain other international organisations. An evaluation of the Central scheme, Strengthening of Boarding and Hostel Facilities for Girl Students of Secondary and Higher Secondary Schools was conducted to assess its impact on the enrolment, retention and achievement of rural girls.⁸⁰

Box 7.12: *Angana Vidyalaya*, Bihar

Angana Vidyalaya has been specially designed for adolescent girls who are out of school. The teacher at the school is from the same community and is referred to as the *saheli* (friend). The school curriculum, apart from mathematics, language and environmental studies, includes knowledge and skills relevant to adolescent girls. It helps to build awareness on the biological changes that take place during adolescence.

The strategy was started in November 1998. It drew inspiration from the *Jagjagi* centres under the *Mahila Samakhya*. A total of 467 *Angana Vidyalayas* are operational, covering more than 15,000 girls.

These centres run for four hours daily, the timings being suitable for girls. The programme duration is two years, divided into four semesters, each of six months' duration.

Source: Every Child in School and Every Child Learning, DPEP, page 3

939. The *Balika Shikshan Shivir* is an innovative programme run by the *Lok Jumbish Parishad* in rural and tribal areas of Rajasthan for out-of-school adolescent girls. Three *shivirs* (camps), namely, *Abu Road Shivir* (District Sirohi), *Nokha Shivir* (District Bikaner) and *Udairamsar Shivir* (District Bikaner), were studied through a case-study approach. The qualitative aspects

were studied through classroom observations, field surveys and interviews, and focused group-data was collected by administering achievement tests.⁸¹

940. An International Centre for Promotion of Inclusive Education in the Asia and Pacific Countries has been established in the Council for Culture, Education, Research and Training. Its coverage will soon be extended to include other countries besides the Asia-Pacific region. The NCERT has prepared a source book for teachers of visually and hearing-impaired children.⁸²

Education for the SCs/STs and minorities

941. The NPE, 1986, updated in 1992, envisages paying greater attention to the education of the educationally backward minorities in the interest of equity and social justice. The Department, in pursuance of these objectives, launched several schemes and programmes such as the Area Intensive Programme for Educationally Backward Minorities launched in May 1993. This seeks to provide basic infrastructure and facilities in areas which have a large population of educationally backward minorities and which do not have adequate provision for elementary and secondary education. Under the scheme, 100 per cent financial assistance to State Governments and voluntary organisations (through State Governments) is given for establishment of new primary/upper primary schools and residential higher secondary schools for girls; strengthening of educational infrastructure in existing schools; and opening of multi-stream residential higher secondary schools for girls, where Science, Commerce, humanities and vocational courses are taught. The scheme covers 325 blocks and four districts (of Assam) spread over 13 States and three UTs.

942. *Modernization of Madrasa Education:* This scheme has been devised to provide financial support to *madrasas* to introduce subjects like Science, Mathematics, Social Studies and languages in their curriculum. The scheme is implemented through State/UT Governments and has been expanded recently.

Box 7.13: Lok Jumbish in Rajasthan

The *Lok Jumbish Project* was launched in 1992 with the main objective of achieving education for all (EFA) by the year 2000 through mobilisation and active participation of people in the development of education in rural areas. The project is being funded by Swedish International Development Agency (SIDA), GOI and Government of Rajasthan. It completed its first phase in 1996. The main objective of LJP is to achieve universalisation of primary education, that would include (i) universal access and participation in primary education of all children up to the age of 14 years, (ii) universal retention in school till they complete the full cycle of primary education, and (iii) universal achievement of at least the minimum levels of learning (MLL) laid down for the primary stage of education.

Source: Girl Child Week in Rajasthan (acquired from UNICEF)

Box 7.14: Girl Child Week in Rajasthan

In Rajasthan, the Girl Child Week (20–26 September, 1999) was celebrated with gaiety. Different types of programmes, activities and events marked the Girl Child Week, which was observed all over the State. The animated character of Meena triumphed over the odds to give many children, especially girls, courage, confidence and hope. This was made possible largely due to the efforts of various NGOs, the Gender Cell of the Rajasthan State Women's Commission, the District Women's Development Authority (DWCD), the Government of Rajasthan and the Department of Social Welfare, with the support of UNICEF, Rajasthan.

Objectives:

The efforts made during the week by different organisations in Rajasthan were aimed at:

Spreading awareness about issues concerning the girl child;

Motivating grassroot workers, parents, guardians, family members and the community to redress gender-based inequities;

Encouraging girls to be educated, confident and self-reliant;

Sensitising various Government officials and other functionaries about child rights, with a specific focus on issues related to the girl child; and

Making the girl child feel important.

The diverse nature of events and activities organised in different parts of the State by the different organizations reflected their creative and innovative orientation, as well as their grasp of the local situation.

Source: Girl Child Week in Rajasthan (acquired from UNICEF)

943. *Incentive for teaching/study of Urdu:* The scheme provides for appointment of Urdu teachers and incentive for teaching/learning of Urdu and to augment educational facilities for girls.

944. *Education of Scheduled Castes and Scheduled Tribes:* Pursuant to NPE, the following special provisions for SCs and STs have been incorporated in the existing scheme of the Department of Education.

- Relaxed norms for opening of primary schools;
- A primary school within one kilometre walking distance from habitations of 200 people instead of habitations of 300 people;
- Abolition of tuition fee in Government schools in all the States, at least up to upper primary level. Most States have abolished tuition fee for SC/ST students up to senior secondary level;
- Provision of incentives like free textbooks, uniforms, schoolbags, etc., to these students;
- The major programmes of the Department of Education, namely, UEE, Operation Blackboard, NFE, DPEP, etc., accord priority to areas of concentration of SCs and STs. LJP and SKP, which are community-based basic education projects, have a specific focus on remote and backward areas;
- The CIIL, Mysore, prepares textbooks, primers, grammar books, dictionaries and bilingual textbooks, facilitating translation from regional languages into tribal languages. CIIL has worked in 75 tribal and border languages;
- NCERT published 10 textbooks in tribal dialects and teaching-learning material in 15 tribal dialects;
- An inter-ministerial working group has been constituted to draw up a 10-year perspective plan, aimed at the educational development of SCs and STs and to bring them at par with the other communities; and

- One hundred and forty-six districts have been identified as low female literacy districts to be given focused attention by the Centre as well as States/UTs for implementation of programmes/schemes.
- *Pre-matric scholarships for Other Backward Classes (OBCs):* Under this scheme, scholarships will be awarded to students whose parents' or guardians' income from all sources does not exceed Rs 44,500 per annum. The scholarships are to be given to students in class I or any subsequent class in the pre-matric stage in the case of day scholars, and class II or any subsequent stage in the case of hostellers. The scholarship will terminate at the end of class X. Its duration in an academic year will be 10 months. The scholarships will be tenable in such institutions and for such pre-matriculation courses, which have been duly recognized by the State Government and Union Territory administration concerned. As much as 50 per cent central assistance will be provided to the States under the scheme. In 1998–99, Rs 1.5 crore was released under this scheme. An amount of Rs 5 crore has been provided for 1999–2000.
- *tate interventions:* Envisaging the crucial role effective education can play to reduce disparities on economic and social grounds, and in prevention of discrimination against most disadvantaged groups of children, the Punjab Government has undertaken various measures towards education of these children. These steps would ensure equal opportunities for all:
 - Free textbooks to SC students studying in classes I–X;
 - Attendance scholarship to SC girl students studying in primary classes;
 - Pre-matric scholarships to children of parents who are engaged in unclean activities; and
 - Stipend to children belonging to vimukat jatis (other than backward classes/denotified tribes).

Children with special needs⁸³

947. The findings of several surveys indicate that the achievement levels of disabled children in general are at par with those of non-disabled children. Among the disabled children, the orthopaedically handicapped performed the best, followed by the visually and hearing impaired. Mentally retarded children performed well below the average of other disabled children. However, the progress has been relatively slow. The scheme of Integrated Education for Disabled Children (IEDC) was started with the objective of providing educational opportunities to children with disabilities under general school system as to facilitate the inclusion. Under the scheme, 100 per cent financial assistance is provided to States or NGOs. The IEDC scheme has provisions for early childhood education and support, aids and appliances for disabled children, escort allowance, transport allowance and teacher training, etc. One of the important features is the setting up of resource rooms to support and enrich integration, as well among resource teachers. The IEDC scheme is presently being implemented in 27 States and UT through over 15,000 schools benefiting more than 65,000 disabled children. Two polytechnics for disabled students have been set up at Mysore and Kanpur. The Government proposes to make further efforts to generate awareness in the community, about the need to send children with disabilities

to regular schools. According to NCERT (1998), the largest number of such teachers is in primary schools. However, it is important to note that the share of NGO effort is remarkably high. In recent years, State Governments are reported to be discontinuing this provision, mainly because of the unclear policy position on the creation of a cadre.

Box 7.15: Stipend to children belonging to *vimukat jatis* (other than backward classes / Denotified Tribes)

The objective of the scheme is to provide financial assistance to students of denotified tribes and thus, motivate them to attend schools. An enhancement in the budget provisions and expenditure over the scheme has been notified.

Source: Punjab State Report, Government of Punjab

948. To cite an example, in Gujarat, according to NGOs, a few schools in Ahmedabad (Vishwa Bharati and Sharada Mandir) as a policy, admit physically disabled children into their school. Some of them have a provision of a resource teacher to help these children. In addition, recent efforts in the direction of integrating challenged children into the mainstream are gaining ground. Grants are available to children on an annual basis for purchase of educational materials, uniforms, prosthetic aids, etc. The Government is taking the help of various NGOs in the coordination, monitoring and supervision of the integration of activities.

Voluntary organizations working for children with special needs

949. The Ministry of Social Justice and Empowerment funds NGOs to work for the education and rehabilitation of the disabled and to provide aids and appliances to the physically handicapped. It is important to note the role NGOs have played in formulating policies, providing support to Government efforts and in initiating action. There are more than 2,456 voluntary organizations in the disability area and 1,200 special schools, 450 of which received grants from the Government towards their operational costs. The majority of them are autonomous. Some notable NGOs are *Sanjivini*, *Amar Jyoti* Rehabilitation and Research Centre, the National Association for the Blind, the Blind Persons Association, the All-India Federation of the Deaf, the Federation for the Welfare of the Mentally Retarded, the Spastic Society of India and *Tamanna*. Besides national NGOs, many international NGOs are also operating in India. These include the Christottel Blindermission, Sight Savers and Action Aid.

Children of women prisoners

950. Although educational programmes are reported to be running for children in some jails, they have not been able to fulfil the requirements of children from different age groups. By way of recreational facilities, only playgrounds were available in jails. Since the playgrounds can be utilised by only grown-up children, there is clearly a need to provide different types of recreational programmes, which can cater to the recreational needs of children of different age groups.

951. The mother prisoners have mixed perceptions regarding the health care, educational, recreational and other programmes for their children. While most of them expressed their unhappiness regarding health care, recreational and other facilities (religious) for the children, they were generally satisfied with the educational programmes. Despite their dissatisfaction in certain areas, most mother prisoners are inclined to believe that these programmes are beneficial to their children.⁸⁴

Non-formal education

952. Non-formal education, at the conceptual level, attempts to weave the intent, content, pedagogy and evaluation of education around the children as they are in their specificity. Getting out of prescribed formats and regulations with respect to educational management is in fact a response to the oft-quoted statement: "If I cannot learn the way you teach why can't you teach the way I learn." Attempts at evolving curriculum, teaching practices, self-learning materials and monitoring the progress in this flexible mode have been successful in smaller pockets through NGO efforts all over the country.⁸⁵

953. There are two essential aspects to any successful programme—innovation and the large-scale delivery of services. The first requires a climate of flexibility in implementation which prevails only in voluntary schemes. The second requires the kind of clout, in terms of finance and political will, that only the Government can command. Both the systems have strengths and weaknesses. The achievement of UEE demands the strengths of both modes of operation. Some interesting models of Government–NGO collaboration in educational management have emerged in the past decade.

954. Some Governmental and non-governmental interventions are detailed below.

Non-Formal Education Programme (NFE)

955. In pursuance of the directive under article 45 of the Constitution, the NPE of 1986 envisages a large and systematic programme of NFE as an integral component of the strategy to achieve UEE. It caters to children who remain out of the formal education system due to various socio-economic constraints.⁸⁶

956. The scheme has been in operation since 1979–80 and focuses on children in the age group of 6–14 years. It lays emphasis on organisation, flexibility, and relevance of curriculum and diversity of learning activity to suit the needs of learners. The scheme primarily covers the educationally backward States of Andhra Pradesh, Arunachal Pradesh, Bihar, Assam, Jammu & Kashmir, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal. It also covers urban slums, and hilly, desert and tribal areas, as well as areas with a concentration of working children in other States. Special emphasis is laid on girls, working children, and those belonging to SCs and STs.

957. Central assistance is provided to the States/UTs and voluntary agencies in the following pattern;

- Co-educational centres and administrative support—60 per cent;
- Centres exclusively for girls—90 per cent; and
- Centres run by voluntary agencies—100 per cent.⁸⁷

958. At present, there are 297,000 NFE centres, covering about 7.42 million children in 24 States and UTs. The performance of the scheme has been reviewed, inter alia, by two Parliamentary Standing Committees, one on human resource development and the second on the problem of dropouts. It has also been evaluated by the Planning Commission, and on the basis of the recommendations, action has been initiated to revise the scheme.⁸⁸

959. The revised scheme, to be called the Scheme of Alternative and Innovative Education, will be more flexible and more pro-active. Its salient features are as follows:

- All habitations which do not have an education centre within a radius of one kilometre will have one at the earliest;
- The quality of NFE will be upgraded to a level matching the formal education system;
- The local community will be more active in the implementation of the scheme;
- It will provide instructors with enhanced honorariums; and
- It is part of the large, more holistic programme for UEE, namely, SSA.⁸⁹

Alternative schooling system

960. In order to overcome the shortcomings of the NFE system and at the same time, avoid the rigidity of formal schooling, some alternative measure was sought. This arrangement, called the Alternate Schooling Programme (ASP), falls under DPEP and is largely based on the guidelines provided in POA of NPE, 1992.

Box 7.16: EFA in Mizoram: The dynamics of success

Mizoram through its efforts has given sufficient indication that it shares the expanded vision, proclaimed at Jomtien, Thailand, in 1990. The rights of every child have been recognised. The State through its sustained expansion programme has almost succeeded in providing universal access to basic education. Various central schemes have been implemented. The overall impact of Governmental effort on the system is difficult to assess. But there are certain indicators of progress. The gap between male and female literacy rates has been bridged. With 95 per cent female literacy against 96 per cent male literacy, the gap is as good as non-existent. There has been considerable improvement in the functional space of schools and in teacher-pupil ratio.

Adult illiteracy rate has been sufficiently reduced mainly through the collaborative efforts of Government and the community. Mizoram has a vast reservoir of public goodwill and energy. It has, in fact, a legacy of public participation. The literacy movement, initiated by the missionaries, was given momentum by young people who had the baptism of learning. The involvement of social organisations like YMA and MHIP in education-for-all in recent years is a sufficient indication of the presence of a virtuous circle. Within a span of 100 years, Mizoram has achieved much. What is missing is the pursuit of excellence. The State is slowly trying to address itself to the task of qualitative improvement. What is needed is a thorough assessment of the ongoing programmes and a follow-up plan of action for improving the internal efficiency of the school system, establishing linkage with other developmental agencies for a coordinated programme of skill development of youth and adults and forging a partnership with community organisations for effective management of the formal and non-formal system of education.

The ethnic turmoil that is almost tearing apart the rest of the North-eastern region does not disturb the social fabric of Mizo society. The resilience of the society has succeeded in removing the scars of the 1960s insurgency movement. Mizoram has given peace a chance for the last decade and a half. Yesterday's rebels are today's helmsmen. Mizoram is the recent recipient of the 'Peace Bonus.' Central attention to the economic needs of the State is increasingly becoming noticeable. There is a greater mobility of people both within and outside the State. Rural economy is slowly looking up. Dissemination media keep people informed of developmental programmes. Information highway has reached urban centres. A synergistic action shall give the much needed boost to the State's efforts at providing EFA. The State's success in adult literacy movement, in particular, owes substantially to the combined efforts of the community and the State.

961. The various strategies adopted under ASP in different States can be broadly classified according to the following six categories of children that they address:

- Children of remote/inaccessible habitations;
- Children of migrant families;
- Children engaged in household chores;
- Children engaged as wage labourers;
- Children to whom access is restricted due to religious beliefs and practices; and
- Adolescent girls.

962. The ASP:

- Uses micro-planning for assessment;
- Is diverse and flexible;
- Has a decentralised management system;
- Lays emphasis on the quality of education;
- Is cost-effective;
- Adopts appropriate pedagogy; and
- Ensures community involvement.

963. In DPEP, approximately 1.47 million children have been covered under different types of alternative schools. There are 38,500 alternative schools of different types. In addition, more than 16,000 summer schools were organized and these mainstreamed around 0.45 million children through bridge courses in Andhra Pradesh.

964. Concrete steps have been taken to ensure the quality of primary education in alternative schools. These include increasing the daily school hours and the duration of the programmes, ensuring that the schools function for a minimum of 250 days in a year, making matriculation the minimum qualification for teachers, and strengthening the training and academic support system for teachers. There is an effort to give special attention to the training of teachers as education activists who can work with the community for UPE. The thrust is towards improving quality; however, much more needs to be done to reach the desired level. The proposal to revamp the existing NFE scheme as the 'Scheme for Alternative and Experimental Schooling' would help strengthen the initiatives taken up under DPEP and some other projects for providing alternative schooling to out-of-school children.⁹⁰

965. Some examples of alternative schooling are given below.

- Children living in small and remote habitations: In small habitations, providing a formal school is not cost-effective. Some of these children go to schools in nearby villages or remain out of school. DPEP provides education to children in such habitations through strategies such as the Education Guarantee Scheme in Madhya Pradesh; Community Schools in Andhra Pradesh, Multi-grade Centres in Rajasthan, and so on;
- Children of migrant families: Landless labourers or families from agriculturally backward areas are forced to move out of their villages during periods when no work is available in the village. When the families migrate, their children accompany them. Gujarat and Maharashtra have planned strategies to provide access to schooling for children of families migrating to brick kiln sites, sugarcane fields and sugar factories, salt farms, etc;
- Children engaged in household chores: Large numbers of children are out of school in areas where schooling facilities are available. While some children never enrol in schools, others drop out due to dysfunctional schools or poor experiences of schooling. While some children take part in the economic activity of the family, many children, especially girls, spend the day attending to household chores. Some strategies designed to address this group of children include Alternate Schooling Centres in Tamil Nadu, Aammar Kendra in Assam, Shikshaghara in Uttar Pradesh and *Apana Vidyalaya* in Bihar;
- Child labour: It is estimated that the unorganized sector, both in rural and urban areas, employs more than 85 per cent of child labour. These children work in tanneries, construction, factories/workshops and as vendors, domestic workers, rag-pickers, etc. Strategies such as the Back-to-School Camp in Uttar Pradesh, summer schools in Andhra Pradesh, Strategies for Urban Areas in Rajasthan address the educational needs of these children;
- Children to whom access is restrained due to religious beliefs and practices: Many children in the Muslim community do not go to schools because the community gives greater importance to religious education given at the maktab or the madarasa. The traditional practices of the community prevent girls from moving out of their homes and these practices are more binding on the girls. Strategies adopted by the States to reach these children include the strengthening of the maktabs and madarasas by training the maulavis to transact the mainstream curriculum;
- Girls: A large number of girls remain out of school, despite physical access to formal primary schools. This is due to various social, cultural and economic factors like parents' unwillingness to send girls to schools situated at a distance from their homes, traditional practices in certain communities, child marriage, girls assisting their mothers in household chores, and looking after their younger siblings. In ASP, specific strategies have been designed for enrolling girls, giving them a chance to complete their primary education. In Bihar, Uttar Pradesh and Gujarat, where girls' enrolment and retention are acute problems, centres have been set up exclusively for girls like the Angana Vidyalaya in Bihar, Prehar Pathashala in U.P. and Girls Community Centres in Gujarat.⁹¹

Box 7.17: Multi-grade school based on the Rishi Valley model, Uttar Pradesh

Multi-grade schools serve children of small habitations, which either do not have a school or are located at a distance from the nearest formal school. These have been designed with support from the Rishi Valley Education Society. At present these schools are designed for classes I and II.

The rationale behind setting up these schools was to provide a multi-grade school with a single teacher in the remote habitations of Sonebhadra and Lakshmipur Kheri, where the number of children is more than 25–30.

These schools have been started in January 1999. There are 59 schools in the two districts of Sonebhadra and Lakshmipur Kheri, covering 551 boys and 548 girls, of which 125 children are from tribal communities.

These are single teacher schools with a maximum of 30 children. The school runs for four hours daily for 300 days in a year. One formal school at the cluster level has been developed into a model school, and 10 of these multi-grade schools are linked to it, as satellite schools. The school is generally located in the house of the teacher who is a local person, or sometimes in the house of another villager. In some cases, it is housed in a temporary structure with a thatched roof, set up by the community. The community provides the space, the construction material and the labour to construct the temporary structure. Uttar Pradesh would be expanding this scheme in the coming years.

Source: Every Child in School and Every Child Learning, DPEP, page 3

Planning and monitoring unit

966. Educational planning and timely monitoring of Plan outlays and actual expenditure as per the monthly targets fixed is an important activity of this unit. Additional requirements of funds were projected in the Mid-term Appraisal (MTA) of the Ninth Five-Year Plan to achieve:

- UEE;
- EFA;
- Quality upgradation to meet the challenges of the new millennium; and
- Six per cent of GDP norm for education.

967. The unit monitored the targets related to UEE and adult literacy, which are contained in the 20-point programme. Annual action plans for the Department of Education were prepared and submitted to the Parliamentary Standing Committee. The unit also liaised with various divisions of the HRD Ministry, Planning Commission, Ministry of Finance, and the Prime Minister's Office on all matters relating to Plan schemes.⁹²

Community mobilization in education

968. The 73rd and 74th Constitutional Amendments have further empowered PRIs to make a positive contribution to the development of education at the grass-roots level. VECs will be actively involved in the School Improvement Programme (SIP). The PRI will be empowered to serve as a nucleus in programme implementation. NGOs will be encouraged to supplement Governmental efforts, while the growth of the private sector will also be facilitated, particularly in higher and technical education.⁹³ Recent trends in community participation indicate a greater thrust on empowerment of the communities. Mobilizing the communities to take responsibility to ensure quality education for the child is the core strategy of several innovative initiatives in elementary education, including DPEP, SKP and the Bihar Education Project (BEP). Genuine community involvement is the key to the success of LJP and SKP in Rajasthan.

969. DPEP is making useful investments in the orientation and training of VEC members. An important role of VECs is to mobilise resources for maintenance, repair and construction of

school buildings. VECs also help in determining the school calendar and school timings in consultation with the local community. LJP had a positive effect in empowering the locally elected people, especially women at the village level, who are often active members of the LJ core group and the *Mahila Samooh* (women's groups). SKP has constituted VECs in 2000 villages to promote community involvement in primary education and encourage village-level planning.⁹⁴

International co-operation

970. India is among the founding members of UNESCO. The fortification of the 'defences of the peace of minds of men', which is the primary goal of UNESCO, can be fulfilled only through education. The UNESCO Division is the coordinating agency for all UNESCO activities in the country. It is housed in the Department of Secondary Education and Higher Education, MHRD

Box 7.18: Sixth All India Educational Survey (AIES)

Sixth AIES, a joint project of NCERT and NIC was conducted with reference date as 30 September 1993, with the twin objectives of providing data for educational planning and to create a uniform school database. Data was collected on eight schedules, and about 600 statistical reports/tables were generated, both at national, State and district levels.

Source: Annual Report 1999–2000, Department of Education, MHRD, GOI, page 62

971. The Indian National Commission for Cooperation with UNESCO (INCCU), set up in 1949, is the apex advisory, executive, liaison, information and coordination body at the national level. It has been playing a very active role in UNESCO's work. It also coordinates work related to external academic relations, international cooperation and the Auroville Foundation.⁹⁵

B. Aims of Education

Article 29

Introduction

972. India is described as the world's longest continuing civilization. It is a multicultural, multi-lingual society with a perennial undercurrent of essential unity. It is a geographically diverse country inhabited by people of various, religions and races. Indian culture is a living process, assimilating various strands of thought and lifestyle. The process has created a rich collage exemplifying "unity in diversity and diversity in unity".

973. In this setting, today, it is widely accepted that education, adequate in quality and scale, is the most powerful instrument for achieving social cohesion. Some of the important national goals that education has been addressing are: secularism, democracy, equality, liberty, fraternity, justice, national integration and patriotism. Education is also expected to develop in the child a respect for human rights as well as duties. The weaker sections, including Scheduled Castes, Scheduled Tribes, women, children with disabilities, minorities and children in special circumstances, can no longer remain underprivileged. Education must contribute to their upliftment and empowerment.

974. An important feature of educational development in India during the past several decades has been the sustained effort to evolve a national system of education. Soon after Independence,

the Secondary Education Commission (1951–53) was set up by the GOI, and it gave several recommendations for improving the quality of school education. In 1964–66, the Education Commission was set up, which brought out a more comprehensive document on education, covering all stages and aspects of education. This was a major landmark in the history of the modern education system in India. Several recommendations of this Commission formed the basis for the National Policy on Education (NPE), 1968. NPE, 1968, envisaged “a radical transformation of the education system to relate it more closely to the lives of the people, provide expanded educational opportunities, initiate a sustained intensive effort to raise the quality of education at all stages, emphasise the development of science and technology and cultivate moral and social values”. Consequently, NPE, 1986, modified in 1992, stressed the need for evolving a national curriculum framework and the minimum levels of learning (MLL) for each stage of education. For the first time, a detailed strategy of implementation accompanied by assignment of specific responsibilities and financial and organisational support was brought out in the form of the Programme of Action (POA), 1992.

975. However, India’s goal of universal elementary education (UEE) is still faced with major challenges—expanding access, arresting dropouts, raising learning achievements to an acceptable level of quality, and reducing gaps in educational outcomes across States and among groups. It is the nation’s endeavour to reach the all-important threshold of educational attainment where benefits are optimal and high economic growth rates can be sustained.¹

Constitutional and policy provisions

976. The Directive Principles contained in article 45 of the Constitution enjoin that “the State shall endeavour to provide, within a period of 10 years from the commencement of the Constitution, free and compulsory education for all children until they complete the age of 14 years”. This broadly corresponds to the provisions relating to primary education in article 26 of the Universal Declaration of Human Rights. By virtue of a recent Supreme Court ruling, a Constitutional amendment to make education free and compulsory is on the anvil. It is pertinent here to mention that 14 States and four Union Territories (UTs) have already passed compulsory education acts.²

977. The task of establishing and directing educational institutions has attained greater significance in the wake of the 73rd and 74th Amendments of the Constitution. With these amendments, it is now possible to set up educational programmes of all kinds at the municipalities, *nagar palikas* (urban local government) and panchayats (rural local government). Besides, each panchayat may constitute a village education committee (VEC) which would be responsible for the administration of the delegated programmes in the field of education at the village level. The main responsibility of VECs could be operationalization of the micro-level planning and school-mapping in the village through systematic house-to-house survey and periodic discussion with parents.³

978. The Government has given a commitment to provide six per cent of GDP for education and to earmark 50 per cent of it for primary education. The MLL programme aims to improve the standards of learning. Several States have launched a number of activities, including revision of textbooks, changes of curriculum and teaching methodologies, as well as content of teacher training.

979. India's freedom movement was built around a unifying theme that had several principles underlying it, such as non-violence, empowerment of women, removal of untouchability, promotion of religious harmony, spreading of peace and tolerance and many other principles based on the brotherhood and dignity of human beings. National Policy of Education is guided by these views. The policy, while encompassing all aspects of education, is equally sensitive to the cultural values and international aspects of education. While spelling out the need for a cultural perspective for basic education, NPE stresses the need to bridge the schism between the formal system of education and India's ancient and varied cultural traditions. The NPE strategy evolved from the realization that to universalize elementary education, the needs of the teacher and the learners must guide all action. Management of education is being conceptualized as a partnership between the Government, the teaching profession and the local community. While the education system is made responsible to the local community, it is simultaneously becoming the responsibility of the community to ensure that all children between the ages of 6–14 years attend school. Realizing that mere enrolment of children is an insufficient condition to achieve literacy, an integrated programme of enrolment, retention and achievement of MLL is being aimed at.

980. The NPE and POA emphasize decentralized planning and management of elementary education. Direct community involvement is encouraged through the formation of VECs for management of elementary education. Villagers have also been involved in the designing of a non-formal education (NFE) programme which ensures a minimum of eight years of learning for every child at his or her own pace.

Concerns of education⁴

981. Despite more than half a century of Independence, India is struggling for freedom from various kinds of biases and imbalances such as rural/urban, rich/poor, and differences on the basis of caste, religion, ideology and gender. Education can play a very significant role in minimising and finally eliminating these differences.

982. Towards this end, some concerns of the education system in India are:

- *Education for a cohesive society*: Creating an awareness of the inherent equality of all with a view to removing prejudices and complexes transmitted through the social environment and the factor of birth; addressing the education of girls, learners with special needs, learners from disadvantaged groups, the gifted and talented;
- *Strengthening national identity and preserving cultural heritage*: Nurturing a sense of pride in being an Indian through a conscious understanding of the growth of Indian civilisation and also contributions of India to the world civilisation and vice versa in thoughts and deeds;
- *Integrating indigenous knowledge and India's contribution to mankind*: Relating to the sociocultural context of the students; sustaining India's indigenous knowledge system through active support to the societies and groups that are traditional repositories of this knowledge;
- *Responding to the impact of globalization*: Rethinking the selection and delivery of educational content, integrating new sources of information, developing competence

along with knowledge, adapting curricula to the needs of different sociocultural groups, and maintaining national and social cohesion;

- *Meeting the challenge of information and communication technology:* Integration of ICT would demand that educational planners look beyond the current urban classrooms by devising updated plans for education in an electronic environment, even in the far-flung rural areas, and by expanding their design so that the computer becomes more than a subject of study. It becomes instead, an integral part of the schooling process, resulting in universal computer literacy, computer-aided learning and finally, computer-based learning throughout the country;
- *Linking education with life skills:* Linking education intimately with different life-skills, the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life, by developing in them generic skills related to a wide variety of areas such as health and social needs;
- Education for value development: Restoring and sustaining the universal and eternal values oriented towards the unity and integration of people, their moral and spiritual growth, enabling them to realize the treasure within;

Box 7.19: Total Literacy Campaigns

One of the most successful endeavours of NPE has been the series of Total Literacy Campaigns (TLCs). The campaigns were launched in 1990 with the goal of creating 100 million neo-literates by 1999. Out of the total 588 districts in the country, 559 districts have been covered by NLM. The continuing education programme has been initiated in 95 districts; post-literacy programmes are continuing in 292 districts; while total literacy campaigns are on in 172 districts. More than one crore twenty lakh volunteers from all walks of life have been associated with the literacy programmes, making it the largest voluntary movement since the freedom struggle.

Source: Annual Report, 2000-2001, Department of Elementary Education and Literacy, Department of Secondary and Higher Education, Ministry of Human Resource Development, GOI

- Universalization of Elementary Education;
- Alternative and open schooling;
- Integrating diverse curricula concerns: Integrating ideas and concepts into the curriculum, after a careful analysis in the existing areas of learning, without overloading the curriculum.
- Relating education to the world of work;
- Reducing the curriculum load;
- Culture-specific pedagogies: Perceiving pedagogy not merely as a science of instruction but as a culture or as a set of sub-cultures as well, which reflect different contexts and different teaching behaviours—inside and outside classrooms—reflecting the pluralistic nature of Indian society in the pedagogical approaches;
- Development of aesthetic sensibilities: Shifting from traditionally oriented, cognitively focused approach to education towards a more holistic education, which places learning within the context of the learners' total experience rather than on only a part of the experience. Attempting to restore an appropriate balance to the learning

process by giving equal status to experience, imagination, creativity and intuition, as it does to knowing, thinking, remembering and reasoning;

- Continuous and comprehensive evaluation; and
- Empowerment of teachers.

Value education⁵

983. The Indian effort in value education can be seen from three different trends, namely, policy perspectives in value education, value education activities and the recent initiatives. Value education has been the hallmark of ancient Indian education in the *Gurukula* (traditional schooling) system, as well as in the ancient Indian universities. Post-Independence development was significantly guided by the spirit and values of the national freedom movement. India's struggle for freedom under the leadership and moral influence of Mahatma Gandhi was guided by a set of values like non-violence, truth, peace and right moral conduct.

984. The earliest report on education in Independent India—the University Education Commission (1948–49), presided over by Dr Sarvepalli Radhakrishnan, an eminent scholar and philosopher who later became the Indian President—recommended the inclusion of spiritual education in the curriculum. Religious and moral education also found a significant place in the recommendations of the Secondary Education Commission (1952–53). The seeds of value education contained in the Secondary Education Commission were later elaborated in the report by the Sree Prakash Committee (1959). The report of the Education Commission (1964–66)—the most comprehensive report on education—has had the greatest impact on Indian educational development. The report stressed on value orientation in education and emphasised moral education, role of education in social responsibility, non-violence, peace, truth and compassion.

985. The concept of value orientation of education consistently found a prominent place in the Five-Year Plans of India. The NPE, 1986, came out openly for the inculcation of common cultural heritage, egalitarianism, democracy, gender equality, environmental protection and inculcation of scientific temper. In addition, the Policy also stressed on focusing on internal values and on the combating role of education in eliminating religious fanaticism, superstitions, etc.

986. The recommendations of various committees and commissions on education and the national policies on education, have been reflected in the national curriculum frameworks developed in 1975, 1988 and 1999. The draft Curriculum Framework, 1999, recommends more persuasive value orientation in education. In a multi-religious country such as India, it makes forthright recommendations in keeping with the Indian tradition and philosophy of *sarva dharma samabhava* (equality of all religions).

987. Value education has been, directly or indirectly, part of the school and college curriculum. For example, education on fundamental rights and duties is part of the school curriculum and textbooks. These fundamental duties and rights prescribe, among others, promotion of harmony and spirit of common brotherhood, protection and improvement of the natural environment, development of scientific temper and humanism, and striving towards excellence.

Activities commonly undertaken to contribute to the inculcation of values are:

- Celebration of national holidays;

- Celebrating the birthdays of great men and women;
- Celebrating religious festivals;
- Participation in activities like National Cadet Corps, Scouts and Guides, Red Cross, etc.;
- Participation in local, regional and national sports and games;
- Participation in regional and national seminars and symposia; and
- Participation in youth camps.

988. An activity known as 'Promoting Experiential Value Education Among Children' was initiated in October 1999, with the objectives of experiencing living together, appreciating the richness and variety of cultures, natural environment and natural resources in different parts of the country, appreciating the inter dependence of people and developing values like patriotism, cooperation, tolerance, etc. Value education has also been designed to be supported by relevant teacher education programmes.

989. Along with these value orientation activities, there have been some interesting documentation and literature on value education. Besides the reports of commissions and committees on education, NCERT brought out a publication in 1992, entitled *Education in Values—Source Book*, CBSE, in collaboration with *Bhartiya Vidya Bhawan*, designed curricular material on value education in 1997. Such print material is also strongly supported by the electronic media. The programmes in educational television focus on identifying values, reinforcing value education in schools and colleges through curricular materials like textbooks and supplementary reading materials. The programmes broadcast by Doordarshan and All India Radio focus on values like compassion, democracy, peace, human rights, environment, etc. The programmes also include specific input on gender equality, children's rights, religious tolerance, etc.

990. There has been a spurt in initiatives and activities in value education in recent years. The Standing Committee of the Parliament on HRD, in its report of 1999, laid stress on universal human values of truth, right conduct, peace, love and concern for the environment. A Committee of Experts on Value Education was formed in August 1999, in the MHRD. Subsequently, a division has been created on education in human values in the Ministry. This division has taken a large number of steps that have had far-reaching consequences and effects on value education at all levels in the country.

991. NCERT has identified 3000 NGOs and other State organisations for networking in the area of value education. An extensive annotated bibliography on value education in India is being brought out by NCERT. The first volume is being edited for publication. It will include mention of journals, articles, other published research materials and audio-video materials in the area. NCERT has brought out a journal exclusively on value education entitled *Journal of Value Education*, which is a bi-annual publication. A lecture series on "Education on Human Values" has been initiated. Supplementary reading materials have been prepared for children based on parables and stories from religious texts. Two compilations have been brought out, based on Jainism and Sikhism.

992. The Indian Institute of Management, Lucknow, has set up a centre for consciousness. The University Grants Commission (UGC) and MHRD have called upon universities to introduce courses in applied philosophy. An exclusive web site on education for human values is being set up.

993. The spurt in activities in human values, cutting across all levels and types of education, is indicative of a vigorous Indian emphasis on value education.

National Curriculum Framework

994. NCERT initiated work on developing a new curricular framework for the entire school education by constituting a Curriculum Group of its internal faculty members in 1999. The Group developed a "*National Curriculum Framework for School Education: A Discussion Document*", after consulting its faculty members and also after studying relevant theoretical and research materials. The curriculum framework reaffirms some of the major concerns raised in NPE, 1986, and the "*National Curriculum For Elementary and Secondary Education: A Framework, 1988*". They include issues related to language education and the medium of instruction, need for a common school structure for all the stages, the central issues of social cohesion, secularism and national integration and their relevance to the entire educational process. The framework provides a fresh look at certain issues such as MLL, value education, the use of ICT and the management and accountability of the system.

995. On the basis of years of observation and professional analysis, certain other concerns have either been reformulated or addressed somewhat differently with a view to ensuring better policy implementation. These include healthy, enjoyable and stress-free early childhood care and education (ECCE), sustenance and nurturance of talent for securing excellence and the reduction of the curricular load. The present framework also offers suggestions or recommendations in keeping with the rapid changes all around, but well within the spirit of the Policy. Integration of environmental education with languages, mathematics and other activities in the first two years of the primary stage, integration of art education, health and physical education and work education into the art and healthy and productive living at the primary stage, education about religions, integrated thematic approach to the teaching of social sciences, integration of science and technology, bringing mathematics closer to life at the secondary level and so on, are some of the new elements. Besides, full trust in the teachers, and their empowerment and participation in the planning, implementation and evaluation of the curriculum and development of curricular materials is being asserted for the first time.

Physical education

996. Learning is concerned with improving the quality of life and is thus linked with the individual physical being. UGC provides assistance to universities and colleges for running a three-year degree course in physical education, health education and sports. UGC is also the implementing agency for the creation of sports infrastructure in universities and colleges through the National Sports Organisation. Assistance is provided for the construction of gymnasiums, swimming pools, basketball/volleyball/badminton/tennis courts, athletic tracks and cricket pitches. There are several programmes under the scheme of adventure sports for university/college students.

997. Yoga, as a system to promote the integrated development of body and mind, is viewed with special attention by NPE. Efforts are on to introduce yoga in all schools and teacher training courses.

998. Based on the evaluation of the experimental programme of introducing yoga in *Kendriya Vidyalayas*, a centrally sponsored scheme for promotion of yoga in schools was launched in 1989. This scheme is being implemented by the State education departments, as well as yoga institutions of repute.⁶

Human rights education

999. A landmark in the incorporation of human rights education was the report of the Sikri Commission, set up in 1980. The Commission's mandate was to recommend ways and means of promoting education about human rights, international understanding, peace, disarmament and its problems and international organizations. The Commission came up with the plan of teaching human rights in schools, colleges and universities, as well as in adult and continuing education through a three-pronged approach. The first was to teach the essentials at all stages to all learners, initially in school-level civics, and later as a component of foundation undergraduate courses. The second was the introduction of special courses at the undergraduate and postgraduate levels in the faculties of political science and law. The third involved the teaching of human rights as a special field by itself at the postgraduate levels.⁷

1000. In pursuance of the United Nations General Assembly Resolution of 23 December 1994, declaring 1995–2004 as the United Nations Decade for Human Rights Education, the National Human Rights Commission (NHRC) held meetings with ministries to draw up a sectoral plan of action. A National Coordination Committee and working groups have been set up under the aegis of the Ministry of Home Affairs (MHA). The National Coordination Committee, in its first meeting held on 12 January 1998, decided that each ministry/department would prepare its own plan of action and submit it to MHA for the consideration of the Committee. MHA has set up a Drafting Committee with the prime objective of formulating a sustainable and achievable action plan for spreading awareness on human rights through efforts at training, dissemination and information, with clearly spelled out time frames.

1001. The Department of Education has created a cell to deal with matters relating to human rights education, and a plan of action to be observed by the various organizations under the department has been drawn up. Various activities in the field of human rights have also been undertaken by organizations such as NCERT, UGC, IGNOU, NBT, NLMA and IIAS–Shimla. These are reviewed and monitored from time to time. The Department of Education is thus committed to strengthening human rights education programmes both in the formal and non-formal sectors of education.⁹

Box 7.20: Indigenous curriculum

The education system of a country has to be built on the firm ground of its own philosophical, cultural and sociological tradition and must respond to its needs and aspirations. Indigenousness of the curriculum, therefore, is being strongly recommended. The National Curriculum Framework has, therefore, stressed the need to get education rooted in the Indian reality and its composite culture. The awareness of India's rich intellectual and cultural heritage and of her contributions to the world civilisation, along with those of other countries, is strongly urged. A profound sense of patriotism and nationalism tempered with the spirit of *Vasudhaiva Kutumbakam* (the world is one family) must also be infused into the students. At the same time; it also stresses the value of being receptive and open to all cultures and showing tolerance and respect for others.⁸

Observance of the United Nations decade for human rights education and other awareness campaigns

1002. The NHRC played a catalytic role in the drawing up of a National Plan of Action for observing the United Nations Decade for Human Rights Education (1995–2004). The GOI constituted a Coordination Committee under the chairmanship of the Union Home Secretary, comprising secretaries from the other concerned ministries and departments to draw up a national plan and monitor its implementation. A plan of action was drawn up, *inter alia*, for enhancing human rights education. The year-long programme was launched on Human Rights Day 10 December 1997, with a function organised by NHRC.¹⁰

Mobilizing the educational system

1003. In order to promote an understanding of human rights among students at various levels, NHRC has been interacting with MHRD, NCERT, NCTE and UGC. At the initiative of NHRC, the Department of Education (MHRD) has set up a working group to oversee, monitor and coordinate the programme for human rights education at the level of higher education, as well as to consider matters relating to international collaboration in this field. In addition, UGC has also constituted a Standing Committee on Human Rights to examine proposals for conducting postgraduate courses by the universities, and holding of seminars/workshops/symposia by various universities, colleges, etc. During the year, the UGC approved a number of proposals submitted by the universities to introduce courses on human rights at different levels.¹¹

1004. In Gujarat, school textbooks (especially class I textbooks) were reviewed and revised in 1999 for gender-related or other forms of bias. The Government has been careful to review material-development processes. For instance, under DPEP, there is a post of gender coordinator, who also looks at gender bias in educational material.¹²

Environment education, awareness and training

1005. Environmental concerns and awareness are becoming increasingly significant in the present industrial set-up, as well as in the context of growing service-oriented enterprises. In this connection, economically viable vocational activities should contribute to national development and must in no way lead to environmental degradation. Environmental education is being offered to vocational students at the higher secondary stage under the general foundation course—a compulsory component of all vocational courses. The main objectives of teaching environmental education to vocational students are to:

- Develop a clear understanding about the environment in its totality and its relationship with the world of work;
- Provide education and training for developing participatory skills for solving environmental problems, maintaining a safe working environment and applying environmental ethics in daily life, contributing towards a cleaner, greener and safer environment.¹³

1006. The Ministry of Environment and Forests interacts actively with UGC, NCERT and MHRD for introducing and expanding environmental concepts, themes and issues in the curricula of schools and colleges. The Ministry's two Centres of Excellence on Environmental Education

are also fully involved in those activities of UGC, NCERT and MHRD that are related to formal environmental education.

1007. Subsequent to the adoption of the discussion paper on the 'Revitalisation of Environment Education in School' by the State Education Ministers' Conference in October 1998, a concept paper was prepared by the Ministry in consultation with the Centre for Environmental Education (CEE), Ahmedabad, to operationalize the strategy for environment education outlined in the discussion paper. On the basis of the concept paper, Environment Education in the School System has been included as a sub-component under the World Bank-assisted Environmental Management Capacity-Building project, being implemented by the Ministry. Under phase-I of this sub-component, a study is being conducted by the *Bharatiya Vidyapeeth* Institute of Environmental Education and Research (BVIEER), Pune, to assess the status of the infusion of environmental content into the school curriculum and the effectiveness of its delivery. The study is expected to be completed by September 2000.

1008. As a part of this project, a National Consultation on Environmental Education was also organised during 10–12 January 2000 at the Centre for Environment Education (CEE), Ahmedabad, with the objective of discussing the strategy for environment education prepared by the Ministry. The Consultation, inaugurated by the Special Secretary of the Ministry, was attended by 150 officials from Central and State Government departments, and educationists. The strategy developed by the Ministry was discussed during the consultation, while components relating to strengthening the infusion of environmental components in the school curriculum and teacher training, as well as the use of non-formal methods through the involvement of NGOs, were agreed to unanimously by the participants. The introduction of environment as a separate and additional subject was not considered necessary. The view that emerged was that instead of introducing environment as a separate subject, it would be more effective if a separate space was created within the school curriculum during which the environmental concepts—infused in various subjects—could be focused upon and discussed. The strategy is being revised on the basis of these discussions.¹⁴

Non-formal environmental education and awareness

1009. Environmental education, awareness and training plays a significant role in encouraging and enhancing people's participation in activities aimed at the conservation, protection and management of the environment, essential for sustainable development. The Ministry, therefore, accords priority to the promotion of non-formal environment education and creation of awareness among all sections of society through diverse activities, using traditional and modern media of communication.¹⁵

C. Leisure, Recreation and Cultural Activities

Article 31

Introduction

1010. Imparting knowledge about India's rich cultural heritage to the younger generation has been one of the core areas under the national system of education. While spelling out the need for a cultural perspective for basic education, NPE stressed the need to bridge the schism between the formal system of education and India's ancient and varied cultural traditions. The growing concern over the erosion of essential values and an increasing cynicism in society has brought to

focus the need for readjustments in the curriculum, in order to make education a forceful tool for the cultivation of social and moral values.

1011. In India's culturally plural society, education is expected to foster universal and eternal values, oriented towards unity and integration of our people. Such value education should help eliminate all negative influences.¹

1012. In India, apart from the formal training in schools and various other cultural institutions, the rich heritage of the country has also been responsible for the value orientation of children. Secular India is home to Hinduism, Islam, Christianity, Buddhism, Jainism, and Sikhism, among other religious traditions. To cite a few examples, *Dussehra* is a time when children participate in various competitions, making dolls out of waste materials and sharing the joy of creativity. *Deepawali* or *Diwali*, the most pan-Indian of all Hindu festivals, is a festival of lights, symbolizing the victory of righteousness and the lifting of spiritual darkness. *Ganesh Chaturthi* is a festival in the honour of Lord Ganesha, the elephant-headed son of Shiva. It was started by Chhatrapati Shivaji, the great Maratha ruler, to disseminate culture and nationalism. The festival was given a new impetus by Bal Gangadhar Tilak, a freedom fighter, to spread the message of the freedom struggle and to defy the British who had banned public assemblies. Similarly, *Holi*, the festival of colours, is celebrated all over the country. *Id* is celebrated all over the country with great enthusiasm, as is *Christmas*.

1013. The National Policy for Children, 1974, recognizes and ensures the right of the child to rest and leisure, including play and recreational activities.² The Convention has several articles which refer to the right of the child to experience and be exposed to his or her own cultural environment. This is considered an important aspect of growth and development. However, it should be borne in mind that the protection of cultural rights has not placed any undue constraint on State pro-action concerning a wide range of culturally justified but harmful practices such as child marriage, customary child prostitution or involvement of children in religious rituals.³

1014. Though religious and ethnic differences can sometimes cause disharmony in society, the Constitution of India recognizes the important need to balance individual and community rights with universal standards on human rights and, therefore, links to the international value system. The major feature of our Constitution is the specific provision justifying affirmative action in the form of legislative and administrative intervention, on behalf of children in order to realize fundamental rights. The Constitution thus provides a legal framework that links to the Convention and balances the interests of realising a child's cultural rights and the other rights in the Convention.

Government interventions

1015. One third of India's population is in the 15–35 years age group. The Department of Youth and Sports Affairs, MHRD, seeks to develop the personality of youth as also involve them in various nation-building activities. It acts as a catalytic agent for other departments which deal with the welfare of young people.⁴ Similarly, the Department of Culture, Ministry of Tourism and Culture, is also largely involved in the preservation, promotion and dissemination of art and culture. The aim of the Department is to develop ways and means by which basic cultural and aesthetic values and perceptions remain dynamic and active among young people. It also undertakes activities for preservation, encouragement and dissemination of various manifestations of contemporary creativity.⁵ The National School of Drama is an autonomous body under the Department of Culture, Ministry of Tourism and Culture. The *Sanskrit Rang Toli*,

formerly known as Theatre in Education (TIE) Company, under the National School of Drama, was established on 16 October 1989, to educate young people between the ages of 8 and 17 years through the medium of theatre. To a large extent, the *Toli* fulfils the provisions in article 31 (2) of the CRC in as much as it encourages and trains children to participate in cultural and artistic activities. The activities also have recreational value.⁶

1016. The Centre for Cultural Resources and Training (CCRT) is another autonomous organization under the Department of Culture. The CCRT organizes a variety of educational activities for children belonging to the underprivileged sections of society and those in non-formal schools run by NGOs under its Extension and Community Feedback Programme. Institutions like the National Centre for Performing Arts (NCPA), Indira Gandhi National Centre of Arts (IGNCA), INTACH, World Wide Fund–India (WWF India), etc., promote cultural activities, including environmental preservation among children. NCPA, situated in Mumbai, has proved its credibility through 34 years of service to the performing and allied arts. IGNCA provides a forum for dialogue among arts from cultures and civilisation. The WWF–India Conservation Education Programme was started in 1969 primarily for the youth.⁷ The Ministry of Forest and Environment also has taken the initiative to help children in developing skills with regard to preserving nature. They have set up various nature clubs for children. These programmes of the Ministry are discussed in detail later in the article.⁸ The Government, through various departments, establishes playgrounds, parks, stadiums, zoological parks, science centres, etc., for recreational purposes. The *Bal Bhavan* Society is one such recreational centre with a membership of about 25,000 children in Delhi alone and has about 2,000 regional centres. It has initiated a number of creative and innovative programmes and its activities range from clay modelling and painting to theatre.

1017. Most schools in India set aside a few hours weekly for recreational activities such as games, arts and drama. Apart from this, schools have long holidays ranging from 10–15 days for celebration of festivals. At the end of each academic session, the school closes for about one or two months.⁹ The Sports Authority of India (SAI), which is a successor organisation to the Special Organising Committee (SOC) for the IX Asian Games, held in Delhi in 1982, was set up in 1984 by the GOI with the objective of maintaining and utilizing the stadia created/renovated for the 1982 Asian Games and to spot and nurture talented children under different sports promotion schemes to achieve excellence at the national and international levels.¹⁰ One of the schemes of SAI introduces the concept of ‘stay, play and study’ in the same school. This scheme is designed to select physically fit children in the 8–12 years age-group and groom them scientifically in SAI-adopted schools. Selection to the scheme is based on a battery of tests to identify children endowed with good motor qualities and physical growth, having future potential for excellence, subject to age verification and mental fitness. The selected trainees are given scientific training in one of the 10 identified Olympic disciplines of athletics, badminton, basketball, football, gymnastics, hockey, swimming, table tennis, volleyball and wrestling. The number of trainees to be admitted in each discipline is based on team requirement and optimum utilisation of available infrastructure. In order to tap rural youth, there is a scheme for the adoption of *akhadas*. Under this scheme, talented boys under 14 years of age, are adopted by SAI under the NSTC scheme and a stipend is given towards diet and school expenses. Under this new concept for wider coverage of trainees, 26 new schools and 11 new *Akhadas* were adopted without increase in the financial outlay during 1999–2000.

1018. The Training Centres Scheme of SAI came about as the result of a decision by the governing body of SAI in May 1995, to merge the Sports Hostel Scheme and the Sports Project

Development Area into a consolidated scheme. Each training centre caters to three-four disciplines. Selection is based on a battery of tests and on merit for those who have secured positions at the district, State and national competitions. The Training Centres Scheme forms a natural corollary to the sub-junior scheme of SAI by including trainees in the age group of 14-21 years. These trainees are then assessed in their chosen disciplines and finally selected to undergo in-house training at various SAI centres where sports facilities, equipment, and services of qualified teachers are available, along with scientific backup. During 1999-2000, 2373 trainees (including non-residential trainees) were trained at 41 SAI centres, as against 1760 trainees during 1998-99. During the year, the number of girl trainees increased from 177 to 389. The 17 sports disciplines taught at these centres are athletics, archery, basketball, badminton, boxing, cycling, football, gymnastics, hockey, handball, judo, swimming, *kabaddi*, volleyball, wrestling, weightlifting, canoeing, kayaking and rowing.

1019. The *Nehru Yuva Kendra Sangathan* (NYKS) is an autonomous organization of the Department of Sports and Youth Affairs, with its offices in nearly all the districts of India. NYKS is the largest grass-roots level apolitical organization in the world, catering to the needs of more than eight million non-student rural youth in the age-group of 15-35 years, enrolled through 181,000 village-based youth clubs.¹¹ They undertake various sports promotion programmes to promote sports culture and a spirit of sportsmanship. NYKS also aims at popularising rural sports and games, which require minimum infrastructure, equipment and finance. The objective was achieved through the organisation of 1,143 tournaments during 1999-2000, in which 279,421 youth participated. The cultural initiative undertaken by NYKS seeks to promote and encourage local folk art and culture of rural India, and through them to convey important social messages. Activities such as *nukkad nataks*, skits, one-act plays, folk dances, folk songs, puppetry, etc., are organized. During 1999-2000, NYKS organized 625 cultural programmes, in which 259,606 youth participated. It also organizes various camps and training workshops like blood donation camps and training workshops for disaster management. Before the organisation of any national or international day or week, a workshop/seminar is organised so as to let the rural youth know the philosophy, spirit, history and importance of a particular day/week as well as how effectively the messages behind it can be disseminated among the masses. During 1999-2000, NYKS organised 161 programmes, in which 8,560 youth participated.

1020. The Council for Culture, Education, Research and Training, Department of Culture, organises a variety of educational activities for children belonging to underprivileged sections of society and those in non-formal schools run by NGOs under its Extension and Community Feedback Programme. The activities are:

- Educational tours to museums, monuments, craft centres, zoological parks/gardens;
- Workshops on learning, using locally available low-cost materials; and
- Camps on conservation of the natural and cultural heritage;

1021. The activities mentioned above aim at:

- Creating awareness about India's rich natural and cultural heritage;
- Developing in children a sense of dignity towards labour and enable them later to generate income if necessary; and

- Involving children in creative activities to sensitize them to beauty in nature and art.

1022. Council for Culture, Education, Research and Training sends artists and craft experts to schools/community for activities such as clay modelling, pottery, cane work, bookbinding, tie-and-dye, paper toy making and wall decoration. These activities are conducted with the help of locally available low-cost material, which is provided by the Centre free of cost. The Centre is organizing leisure, recreation and cultural activities for children from rural/urban areas and slum colonies of Delhi. All these activities are linked with education and aimed at checking the dropout rates in non-formal schools run by NGOs. While developing such programmes, the right to leisure, recreation and education is taken into account, and activities are targeted towards the achievement of rights recognized by the Convention. Twenty per cent of the total overall budget allocated for community and extension service programmes is spent on the activities related to article 31.

1023. The *Sanskrit Rang Toli* has become one of the important educational resource centres for children in the country and consists of a group of actor-teachers working with and performing for children on a regular basis. The activities of the *Toli* are:

- To perform creative, curricular and participatory plays in schools, specially designed and prepared for children of different age groups. To create awareness about the potential of theatre as a means of education and encourage children to raise questions and to adopt theatrical skills as an alternative to regular curriculum;
- More than 600 performances have been viewed by more than 500,000 people all over the country. The audiences consist of children, parents, schoolteachers, and others concerned with children;
- It offers training workshops for teachers to create meaningful theatre with children and also offers skills and techniques to work in classroom situations to make the teaching-learning process more enjoyable;
- A regular annual feature is the month-long intensive summer theatre workshop for children in the age-group of 8–16 years held in May–June every year. The workshop imparts training in allied arts and integrated personality development. Children from different strata of the society, including slum and street/working children, participate in the workshop;
- The Saturday Club with children is an extension of the summer workshop, where extensive work is done with children of various age groups to create original plays through a process of improvisation. During this training, children decide a theme or subject and work on it through a very creative and artistic process; and
- Workshops for colleges, parents, social organisations and for children with special needs are also important activities. The *Toli* organizes theatre festivals and has undertaken extensive tours in collaboration with various departments and institutions.¹²

1024. The Ministry of Environment and Forests interacts actively with NCERT and MHRD for introducing and expanding environmental concepts, themes and issues in the curricula of schools and colleges. The two Centres of Excellence on Environmental Education are also fully involved

in those activities of UGC, NCERT and MHRD that are related to formal environmental education. Environment education in the school system has been included as a sub-component under the World Bank-assisted Environmental Management Capacity-Building project, being implemented by the Ministry. Under phase-I of this sub-component, a study is being conducted by BVIEER, Pune, to assess the status of the infusion of environmental content into the school curriculum and the effectiveness of its delivery. As a part of this project, a National Consultation on Environmental Education was also organized during 10–12 January 2000, at CEE, Ahmedabad, with the objective of discussing the strategy prepared by the Ministry.

Strengthening environmental components in the school curriculum and teacher training, as well as the use of non-formal methods through the involvement of NGOs, were agreed to unanimously by the participants. The experts present decided to incorporate environmental education within the existing curriculum of the schools and colleges in order to increase its effectiveness.

1025. The WWF-India Conservation Education programme was started in 1969. Aimed primarily at the country's youth, WWF-India has a network of about 700 Nature Clubs across the country with a membership of about 20,000 schoolchildren. The Nature Clubs encourage young members to undertake voluntary work in awareness-building, tree-planting, running campaigns against wildlife trade and conducting conservation activities. Besides Nature Clubs, the members attend nature camps in some of India's finest wilderness areas. WWF-India has introduced a National Programme for Teacher Training Workshops with support from WWF-International. These workshops are organized to discuss the possibility of linking environmental approaches to existing school curricula, devising and conducting activities in the field, and the use of street theatre and other folk and art forms for promoting environment education (EE). WWF-India has been involved in designing and developing EE centres. It has designed a captive breeding centre for the endangered Kashmir stag in its home State—Jammu & Kashmir. The Conservation Corps Volunteers Programme has created a cadre of dedicated young volunteers who undergo intensive training with NGOs to gain experience in resource management.¹³

1026. The IGNCA is visualized as a centre encompassing the study and experience of all the arts—each form with its own integrity, yet within a dimension of mutual inter dependence, inter related with nature, social structure and cosmology. Through a diverse programme of research, publication, training, creative activities and performance, IGNCA seeks to place the arts within the context of the natural environment. The fundamental approach of the Centre—in all its work—is interdisciplinary and multidisciplinary. The principle aims and objectives of NCPA are:

- To establish a national centre for preservation and promotion of India's legacy of classical, traditional and contemporary performing and visual arts;
- To establish, equip and maintain schools, auditoria, libraries, archives, museums, studios, workshops and other facilities necessary to fulfil these objectives; and
- To disseminate knowledge, promote appreciation, provide training and sponsor or undertake scientific research in these fields with the objective of further development by encouragement of innovation within India and by interaction with the arts of other countries.

1027. The Ministry of Sports and Youth Affairs also has some schemes to provide proper sports infrastructure to children. These schemes are discussed below.

Grants for creation of sports infrastructure

1028. Grants are given to State Governments, UT administrations, local statutory bodies such as municipalities, municipal corporations/notified area committees/cantonment boards and registered voluntary organisations active in the field of sports. Grants can be availed of to develop playing fields, and construct indoor/outdoor stadia/facilities, swimming pools, water and winter sports infrastructure, shooting ranges and additional facilities in existing sports projects. In addition, State/UT Governments are also assisted in the construction of district/State-level sports complexes. Financial assistance is rendered, subject to the cost being shared between the Union Government and the sponsoring agencies/State Government concerned in the ratio of 75:25 in case of special category States, hilly/tribal areas, and 50:50 in other cases. *Kendriya Vidyalaya Sangathan* (KVS)/*Navodaya Vidyalaya Samiti*/State/UT administration are also eligible to avail of assistance of up to Rs 5 lakh for construction and improvement of sports facilities in their schools.

Grant for rural schools

1029. Secondary/senior secondary schools in rural areas with suitably sized playing fields and a regular appointed physical education teacher are given a grant of up to Rs 150,000 for development of playgrounds and/or purchase of consumable/non-consumable sports equipment. There is no matching contribution required against this grant either from the State/UT Government or the school. Only one school per year per block, and not exceeding two schools per block during a Plan period, will be provided assistance under the scheme. Schools in hilly areas are also made eligible for grant towards fencing a playground.

Educational technology¹⁴

1030. Doordarshan's high priority to programmes on education is reflected in its school telecasts which started from Delhi in 1961. As a part of the SITE Continuity, programmes for schoolchildren were started in 1982. Programmes today are telecast in regional segments from Delhi and Chennai and programmes produced by State Institutes of Education (SIE) are telecast in Hindi, Marathi, Gujarati, Oriya and Telegu for relay by all transmitters in a particular language zone. Separate chunks have been earmarked for programmes for secondary schools on the national network. These programmes are produced by CIETs. The telecast of a programme titled *Tarang* for children from Doordarshan (DD-I) continued during the year under report. The current telecast included 473 programme capsules and 92 continuities. A weekly audio programme, *Umang*, was broadcast throughout the year from 10 All-India Radio Stations, viz., Allahabad, Lucknow, Jaipur, Jodhpur, Bhopal, Indore, Patna, Rohtak, Shimla and Delhi. Eighty-five educational television programmes, covering a wide range of subjects for students and teachers, were scripted and produced. Besides, 29 educational video-spots of short duration were conceived, planned and produced. A series of 10 audio programmes "Rang Ras Barse" were also produced to teach *sargam* of different *ragaas*. Under the series *Land and People*, two films titled *Abode of Gods* (with its Hindi version *Dev Bhoomi*) and *Land of Warriors* (with its Hindi version *Veer Bhoomi*) were produced.

Educational Television Programmes (ETV)

1031. Eighty-five ETV programmes were scripted and produced during 1998–99, covering a wide range of school subjects like science, mathematics, language, social sciences and fine arts for children and teachers. These included *Exploring the Universe*—a series of 11 programmes, in

collaboration with IUCCA, Pune; programmes on agriculture and animal husbandry, low-cost teaching aids with LJP, Jaipur, and programmes on performing arts such as *Kathak Parichay*, involving eminent danseuse Uma Sharma. Amongst the 29 educational short-duration video-spots, four were on parental motivation. Some ETV spots also dealt with subtle Constitutional provisions like Fundamental Duties.

Promotion and dissemination of culture¹⁵

1032. The Department of Culture implements a number of schemes intended to provide monetary assistance to individuals, groups and voluntary organizations engaged in promoting a particular art form and/or to sustain cultural activities in the country. The contribution of the Department of Culture in giving financial assistance to young individuals who wish to pursue the arts as a profession has been immense. Scholarships are provided to the young in the field of art, and are later followed by junior and senior fellowships. An evaluation of this scheme has shown that many prominent artists have been recipients of these scholarships in their youth, and at a later stage, of fellowships offered by the Department of Culture.¹⁶ During 1998–99, the Department enhanced the number of fellowships and scholarships by almost 50 per cent.

1033. Also, the activities covered under these schemes range from salary grants, production grants and scholarships to pensions. Grants are given for performing arts, tribal and folk art, research on various aspects of Indian culture, Buddhist and Tibetan studies and the cultural heritage of the Himalayas. Funds are also provided for centenary celebrations of important personalities, as well as for setting up of national memorials. For strengthening infrastructure in the States, funds are provided for setting up multi-purpose cultural complexes, and for strengthening regional and local museums.

1034. In Gujarat, the State organizes inter state camps, inter- and intra state level sporting activities, dance festivals, picnics and tours, celebration of national and local festivals and other forms of cultural activities.¹⁷ But the NGOs in Gujarat feel that in urban areas, there is a dearth of space for play, especially outdoor play. In rural areas, where this problem does not exist, there is a paucity of play equipment and material.

1035. Likewise, in the state of Punjab the initiatives taken are:¹⁸

- Competition schemes;
- Provision of sports scholarships and sports equipment;
- Construction of sports complexes;
- Assignment of national games; and
- Sports-related schemes for SC children.

1036. The Government of Punjab also:

- Holds musical and cultural festivals and seminars;
- Promotes cultural activities;

- Provides grants-in-aid to institutions engaged in promotion of art and culture;
- Establishes and strengthens libraries;
- Renovates/improves display of museums/galleries;
- Preserves ancient and historical monuments; and
- Has an environment awareness programme.

1037. With, physical education being part of the school curriculum, sports and games in Kerala have made remarkable progress and the State is a frontrunner in this field. In order to identify talent, the Kerala Sports Council has been implementing innovative programmes. The Sports Council also organizes Kerala Games every year at district, as well as at State level, which has produced good results. The State Institute of Children's Literature has also inspired young people to participate in cultural and social activities.¹⁹

1038. In the North-Eastern State of Manipur, with respect to the child's right to leisure and recreation, the Department of Social Welfare is seeking to run the existing *Bal Bhavan* along the lines of the Convention. Various steps are being taken to promote an atmosphere of freedom, spontaneity and creativity, and the *Bhavan* has various sections, including those for:

- Crafts;
- Science;
- Toy-making;
- Horticulture;
- Home-management;
- Computer applications; and
- A science park.

1039. Besides this, the *Bal Bhavan* organizes a number of competitions and camps every year. As of now, there are about 2,000 students enrolled and since 1995, six children have received the National *Bal Shree* Award in various fields like creative writing, creative arts, creative performance and innovative science.²⁰

1040. The Don Bosco *Ashalayam*, an NGO in West Bengal, while implementing a project for these street and destitute children, includes activities:

- Sports and games as part of the formation programme;
- Art, music and drama programmes that develop creativity in young minds;
- Participation in various personality formation groups and movements like leadership training services (LTS), scouts and guides;

- Annual educational camps; and
- Monthly educational festivals for children in the streets, organized by the children who belong to the *Aashalayam*.

1041. Youth for Youth, a movement started in early 1990s, encourages better-off youth to work for the more needy youth. The movement organizes various street and railway station contact meetings, where basic literacy programmes, medicine and recreational facilities are offered. The children of *Aashalayam* invite children who stay on the streets to their “House of Hope”. Educational programmes (awareness of drugs, health issues, etc.,) games and sports, dramatics, singing and dancing, films and good food are organized with a view of making the children experience love and affection and eventually lead them away from the streets.²¹

1042. Total budget allocation for the Department of Sports and Youth Affairs for 1999–2000 was Rs 2,200.09 million. For the year 2000–2001, the total budget allocation is Rs 2,600 million.

SECTION VIII

SPECIAL PROTECTION MEASURES

(Arts. 22, 38, 39, 40, 37(b)-(d), 32-36)

A. Children in Situation of Emergency

1. Refugee Children

Article 22

Introduction

1043. India has been subject to a periodic influx of refugees over the last few decades, from countries as diverse as Afghanistan, Iran, Iraq, Burma, Bangladesh, Somalia, Sudan, Sri Lanka and Tibet. Ethnic and religious similarities of some refugee groups with Indians means that India is a feasible direction in which to move, not only in terms of geographical proximity but also in terms of cultural affinity.¹

1044. The situation of refugees in India generally depends upon the extent of protection they receive from either the Indian Government or the United Nations High Commission for Refugees (UNHCR). Certain categories of refugees are recognized by the Indian Government and are entitled to rehabilitative measures by the Government whereas certain categories not recognized by the Government are taken care of by UNHCR in Delhi.²

1045. Although India is not a signatory to the 1951 Convention on the Status of Refugees and its 1967 Protocol, India has had one of the best records of treatment of refugees. India has been more liberal than most States in practice, by according special facilities for education, shelter and food for the refugees, thus fulfilling the provisions of the 1951 Convention and the 1967 Protocol.³

Constitutional and legal framework

1046. The legal framework dealing with refugee-related issues is contained in the relevant provisions of the Indian Constitution, related domestic legislation and regulations dealing with citizenship, naturalization and foreigners, such as the Foreigners Act, 1946 and obligations assumed by India under various international human rights instruments and a series of judicial pronouncements.

1047. The Constitution of India contains provisions on the status of international law in India. Leading among them is article 51 (c), which states that:

“The State [India] shall endeavour to foster respect for international law and treaty obligations in the dealings of organised peoples with one another.”

1048. Additionally, the Constitution of India seeks to protect aliens, except enemy aliens, under articles 14, 20(1), (2) and (3), 21, 22, 25(1), 27, and 28(3). In all these provisions of the Constitution the guarantee is extended to all persons, including “refugees”, a fact that has also been acknowledged by courts in India.

1049. India also deals with the question of admission of refugees and their stay until they are officially accorded refugee status, under legislations which deal with foreigners who voluntarily leave their homes in normal circumstances.

1050. As far as international standards are concerned, India has ratified the following:

- The International Covenant on Civil and Political Rights [ICCPR] in 1976.
- The International Covenant on Economic, Social and Cultural Rights [ICESR] in 1976;
- The Convention on the Elimination of all Forms of Discrimination Against Women [CEDAW] in 1974 and
- The United Nations Convention on the Rights of the Child [CRC] in 1992.

1051. All these conventions impose legally binding obligations on States Parties regarding the rights of people under their jurisdiction. Provisions which can be specifically applied to refugees include article 12, paragraph 2 of the ICCPR, which states that “everyone shall be free to leave any country, including his own”, as well as article 13, which refers to expulsion of aliens only being permitted after a decision has been reached according to law. Relevant articles from the CRC include articles 3, 22, 37 and 28. CEDAW includes relevant provisions in article 1.

1052. Regarding the status of the refugee child in India, the countries is a party to the 1989 United Nations Convention of the Rights of the Child, wherein article 22 clearly provides for a more specific obligation to determine the refugee status of a child, based on international or domestic law. However, India has not formulated legislation to meet this obligation. The refugee child in India, therefore, will be subject to India’s current approach to all refugees in general within its constitutional framework.⁴

1053. The chief legislation for the regulation of foreigners is the Foreigners Act, 1946, which deals with the matter of “entry of foreigners in India, their presence therein and their departure therefrom”. Paragraph 3(1) of the Foreigners Order, 1948 (10) lays down the power to grant or refuse permission to a foreigner to enter India, in the following terms:

“No foreigner shall enter India—

- (a) otherwise than at such port or other place of entry on the borders of India as a registration officer having jurisdiction at that port or place may appoint in this behalf; either for foreigners generally or any specified class or description of foreigners, or
- (b) without leave of the civil authorities having jurisdiction at such port or place.”

Refugee categories

1054. The situation of refugees in India generally depends upon the extent of protection they receive from either the Indian Government or UNHCR. Refugees can broadly be said to fall into the following categories:

1055. Refugees who receive full protection according to standards set by the Government of India (GOI). Though India has not ratified the 1951 United Nations Convention on the Status of Refugees and its 1967 protocol, it provides shelter to over 300,000 refugees from neighbouring countries. Tamil refugees from Sri Lanka and Tibetan refugees fall in this category.

1056. Tamil refugees live in different camps and are given small monthly stipends and food rations such as rice, sugar and kerosene by the Government of Tamil Nadu. Currently, it is estimated that there are about 160,000 Sri Lankan Tamil refugees in India.⁵ About 68,629⁶ of these refugees, live in more than 130-plus refugee camps, in Tamil Nadu and about 30,000 live outside these camps in cities and towns across Tamil Nadu⁷. Children are entitled to education, medical assistance, hut maintenance, and basic amenities that have been made available to all refugees.

1057. As per available information, at present there are about 93,100 Tibetan refugees in India. Of these, 68,639 refugees have been resettled with Government assistance and self-employment under agriculture and handicraft schemes. Schemes for re-settlement of the remaining refugees are at various stages of implementation in different States. The rehabilitation is being achieved through schemes of the GOI and by the relief agencies under the Tibetan Administration in India.⁸

Box 8.1: Home away from home

As many as 60 per cent of the Tibetans now in India were born here. For Yang Chen, a teenager, India is the only home that she has known. Yet her heart is in Tibet, the land of her ancestors and her parents, who fled Tibet to settle in India with the Dalai Lama 41 years ago. She has never seen her homeland and is apprehensive how she will adjust there once Tibet is free, yet, she believes that she will return and settle down there. Her father, Gyurmey, who is also the *pradhan* (chief) of Delhi's largest Tibetan settlement, with about 300 families in the Majnu-ka-Tilla area, is thankful for all that the Indian Government has done for him and his fellow Tibetans. But, in his heart India remains his temporary home and he feels confident that his daughter will settle down well in Tibet when they return. In his words "that is our home."

Source: The Hindu, 30 July 2000.

1058. At the request of His Holiness the Dalai Lama, the GOI responded generously by setting up the Tibetan Schools Society (renamed the Central Tibetan Schools Administration or CTSA) to manage institutions for the education of Tibetan refugee children. A host of organizations and individuals, both local and international, also provided assistance. The Department of Education (DoE, formerly known as the Council for Tibetan Education) of the Central Tibetan Administration, was established in 1960 to oversee the education and care of Tibetan refugee children. In addition, there was a pressing need to set up alternative homes for the many orphans and displaced children, where they would be provided with modern education, while being raised in a family atmosphere which maintained Tibetan religion, culture and traditions. Hence, the establishment of the Tibetan Children's Village (TCV) and the Tibetan Homes Foundation (THF).⁹

1059. In addition to the refugees under the care of the GOI, there are about 20,800 Category II refugees, including Afghan and Burmese refugees as on January 1, 1996. Their presence in India is acknowledged and protected under the principle of non-refoulement by the United Nations High Commissioner for Refugees.¹⁰

1060. There are also refugees who have entered India and have been assimilated into their communities. Their presence is not acknowledged by either the Indian Government or UNHCR.

1061. An estimated 157,000 persons of various ethnicities were displaced in several States in North-East India. Once sparsely populated, the population of this region has swelled in recent decades with the arrival of millions of ethnic Bengali Hindus and Muslims from Bangladesh and the neighbouring State of West Bengal.

1062. As many as 350,000 Kashmiris, mostly Hindu Pandits, have been displaced since 1990 as a result of the long-standing conflict in Kashmir. Some 250,000 were living in or near the city of Jammu, both in camps for the displaced and in their own homes; an estimated 100,000 other displaced Kashmiris were living elsewhere in India, many in the New Delhi area.¹¹

Government interventions

1063. The Office UNHCR, New Delhi, in collaboration with the Indian Chapter of SAARCLAW, hosted a round-table workshop titled “National Legislation on Refugees” on 30 April 1999 which considered priorities for the future.¹²

1064. As per information available, the GOI’s major efforts pursuant to Article 22 have been to set up refugee camps for immediate relief and subsequently to arrange for voluntary repatriation to home countries. States like Tamil Nadu have taken steps to encourage refugees to voluntarily opt for repatriation. Similarly, refugee camps have been set up to provide relief to children in areas affected by terrorism, particularly Jammu and Kashmir, along with State-level NGOs. This apart, an SOS Children’s Village, which has been functioning in Jammu and Kashmir, is providing a family-like atmosphere to children who are victims of terrorism.

Rehabilitation in Kashmir

1065. The Central Government has consistently facilitated the State Government in reviving its administrative vigour, rebuilding the infrastructure and economy damaged by militancy, providing relief to affected people, stimulating further development based upon people’s participation and ensuring equitable provision of basic services and minimum needs. Some of the noteworthy efforts made in these directions are briefly stated below:-

(a). **Rehabilitation of widows and orphans:**

For widows, orphans, handicapped and aged persons adversely affected by militancy, the Government of Jammu and Kashmir set up a rehabilitation council in 1995. The council has at present a corpus fund of Rs 8.28 crore. A significant number of beneficiaries have been covered under the Rehabilitation Scheme. During the years 1997-98 and 1998-99, scholarship at the approved rates of Rs 200-300 p.m. was provided to 1,416 school-going orphans, marriage assistance at the rate of Rs 10,000 was extended to 91 widows, 18 rehabilitation camps were held, 1943 artificial limbs/appliances distributed and pension at the rate of Rs 300 p.m. was given to 1192 old-aged persons.

(b). **Relief to displaced persons due to cross-border firing/shelling:**

Due to regular and intense cross-border firing/shelling, a large number of people in villages adjacent to the Line of Control (LoC) have got displaced. Also, a

number of families have got displaced as a result of the Kargil intrusion. As per available information, 23,611 persons, comprising about 4,000 families in Kargil and about 300 families in Leh have been displaced. In addition, there are reports of displacement of some 46,000 persons from the Jammu area. To overcome the difficulties faced by displaced persons and to provide them with essential items, a relief policy for displaced persons is under implementation which provides for free ration at the rate of nine kilos of food grains per month per person, 10 litres of kerosene oil per family, Rs 200 per month per head, cost of medical treatment, including cost of drugs and fodder for livestock. The State Government projected a total expenditure of Rs 350 million for implementing the relief package till May 2000. Till November 1999, the Central Government released a sum of Rs 170 million for providing relief to displaced persons. This includes Rs 150 million sanctioned from the National Defence Fund and Rs 20 million from the security-related expenditure of the Ministry of Home Affairs. The Prime Minister's Office has also released Rs 78 million at the rate of Rs 13 million per month on 3 December 1999 for providing one-time relief for six months to people from Kargil and Leh.

(c). **Return and rehabilitation of displaced persons in Kashmir:**

Targeted attacks by militants against civilians in the initial phases of the terrorist violence in Jammu and Kashmir forced a situation where a vast majority of Kashmiri Pandits and a sizeable number of Sikhs and other Hindus, and some Muslims, had to flee from the valley in 1990 and thereafter. About 51,000 families were displaced from the Kashmir Valley. Out of this, 14,654 families in Jammu and 4,100 families in Delhi reside outside camps and are drawing relief; 4,674 families live in camps in Jammu, 235 in Delhi and 18 in Chandigarh. The Government of Jammu and Kashmir is giving cash relief of Rs 600 per head per month, subject to a maximum of Rs 2400 per month per family plus dry rations: nine kilos of rice, two kilos of *atta* (flour) per person and one kilo of sugar per family per month. The Government of Delhi is also providing the same rate of cash relief plus basic dry rations. The rates have been revised for Jammu and Kashmir and Delhi as on 1 April 1999. Other State/UT Governments, where Kashmiri migrants are residing, are also giving relief as per the rates prescribed by them.

Both the Central and the State Governments are keen on the return of migrants to their homes and the State Government is engaged in the preparation of a detailed action plan in this regard. The matter of safe and honourable return of migrants to their native places in the Valley has been assigned the topmost priority by the State Government. A comprehensive policy for the return and rehabilitation of Kashmiri migrants is under formulation by the State Government.

(d). **Relief/ improvement of facilities in Kashmiri migrant camps:**

There are 29,074 migrant families registered in Jammu, 19,338 families registered in Delhi and 2,710 families registered in other States. Out of this, 4,674 families are staying in relief camps in Jammu and 235 families are staying in relief camps in Delhi. In Jammu, where a sizeable number of migrants are staying in relief

camps, migrant families have been provided with one-room tenement accommodation. Necessary physical facilities like water, electricity, sanitation, etc., have been provided free of cost. There are 12 dispensaries within Jammu to provide medical facilities. The living condition of the migrants in these camps is closely monitored by the Ministry of Home Affairs to make improvements. In 1996, the then Prime Minister announced a special package of Rs 66 million for improvement of facilities in Jammu camps. The amount was utilized on construction of one-room tenements, *Sulabh*-type toilet complexes, drainage systems and school buildings. A sum of Rs 20 million was released from SRE in late 1998-99 for improvement of living conditions in Jammu camps.¹³

Assistance from UNHCR

1066. Out of approximately 200,000 refugees in India today, UNHCR is exercising its mandate over 17,174 refugees mainly in the New Delhi area.¹⁴

1067. The assistance given by UNHCR cover the following areas:

Health care facilities

1068. UNHCR provides medical aid and health care services through the outreach community centres set up at Saket, Defence Colony and Vikaspuri in New Delhi. UNHCR, in affiliation with the All India Institute of Medical Sciences (AIIMS), Government-run hospitals and the Public Health Centre (PHC), provides medical aid to the refugees at its community centres. Medical cards are issued at the PHC to refugees requiring medical assistance. At AIIMS, there exists a special refugee counter, complete with interpreters.

1069. Refugee communities have tried to come-up with their own alternatives to the services offered by UNHCR. The Burmese refugees run their own PHC, which is financially assisted by the Voluntary Health Association of India (VHAI), which provides Rs 1,000 monthly, and the Burmese Students League, which pays the room-rent of Rs 750.

Vocational training

1070. UNHCR has been assisting vocationally trained refugees and those refugees possessing skills to find employment for the last eleven years. However, UNHCR concedes that many skilled and trained refugees are unable to obtain employment.

1071. UNHCR is of the view that most refugee students find education in India very difficult and prefer vocational training.

1072. Refugees can take-up vocational training in tailoring, air ticketing, tourism, refrigeration and in the automobile industry as mechanics, among others. UNHCR directs refugees to recognized vocational training institutes, where they are permitted (by UNHCR) to take-up only one course, within a budget of Rs 2,000 during their entire stay in Delhi. However, additional financial assistance is provided in a few exceptional cases. UNHCR offers courses in English language for the refugees, the duration being six months.

UNHCR guidelines for refugee children

1073. UNHCR recognizes that usually over half of any refugee population consists of children and in that an essential consideration is that refugee children have certain rights as children and certain additional rights as refugees. Thus, refugee children are entitled to special protection and assistance from UNHCR.

Education

1074. The Office of UNHCR in New Delhi, under the Project CM 201, provides educational facilities at the primary and secondary levels. At present, there are 7,600 children who are beneficiaries at the primary and lower secondary level. UNHCR, on granting refugee status to the family, gives them information regarding schools located in their locality. Under the educational assistance scheme, each child at the primary level is entitled to a monthly allowance of Rs 175 for tuition fees, Rs 1,000 annually for other fees and a yearly allowance of Rs 1,000 for scholastic material. Students at the lower secondary level receive a monthly tuition fee of Rs 225, Rs 1,000 for admission and Rs 1,000 for scholastic material. UNHCR phased out assistance for higher secondary education in 1992 due to lack of credible students.

Box 8.2: Profile of UNHCR refugees

About 51 per cent of UNHCR-registered refugees are in the productive age-group of 18 to 59 years and of these nearly 55 per cent are women. The second largest group, i.e. about 41 per cent falls in the age-group of five to 17 years. Of the remaining, nearly five per cent are below four years and about 46 per cent of these are females. The remaining four per cent are 60 years of age and above. More than 52 per cent of all refugees are females and 1339 households are headed by women comprising 5,486 persons.

Source: Proceedings of Roundtable Workshop titled "National Legislation on Refugees" on 30 April 1999

1075. Educational assistance at the primary and secondary level are made available under UNHCR general programmes. At higher levels, assistance is given through the UNHCR Refugee Education Account. UNHCR also cooperates with UNESCO and with other governmental and non-governmental organizations in several countries to provide educational assistance. Language courses are organised and offered free of cost to refugees by UNHCR, as well as by the Government in several countries. However, there are no schemes or grants that encourage young refugees to go in for higher studies.

Counselling

1076. Counselling services have been recognised as important for refugees and are to be provided under various UNHCR programmes in order to help refugees solve their problems, as well as help them to avail of facilities that may be open to them. Special welfare programmes for divided families, women and children have been laid down by UNHCR. Included in the vulnerable groups, identified by UNHCR as requiring special assistance and protection, are refugee women, children, the disabled and abuse victims. An important function of UNHCR is also the reunification of families. Guidelines laid down for refugee women and children have been elaborated.¹⁵

Displacement due to natural disasters

1077. Declaration of the current decade as the International Decade for Natural Disaster Reduction (IDNDR) by the United Nations has helped substantially in giving more thrust to disaster preparedness and mitigation by the disaster managers in the country.

1078. During this decade, India has faced many major natural disasters. These include cyclones in Orissa (1999), Andhra Pradesh (1990 and 1996) and Gujarat (1998), earthquakes in Uttarkashi (1991), Latur (1993), Jabalpur (1997) and Gujarat (2001).

1079. Understandably, these natural disasters cause untold misery and displacement of population with particular hardship for women and children. State and Central Governments take immediate measures to provide relief to the people through temporary shelter, health care, creches, and emergency food. United Nations, international and donor agencies and NGOs assist government in relief operations.

1080. The following assistance has been provided to the Government of Gujarat under the schemes of the Department of Women and Child Development (DWCD) for the rehabilitation of women and children affected by the earthquake in Gujarat¹⁶:

(a) Construction of 10 Hostel Buildings for Working Women with Day Care Centre for Children

A non-recurring grant of Rs 25,200,000 as Central Government share for construction of working women hostels for 600 working women by Gujarat Women Economic Development Corporation, Gandhinagar, Gujarat is approved for sanction. The grant represents 75 per cent of the total estimated cost of Rs 33,600,000 as admitted for construction of the working women hostels subject to the condition that in case the actual expenditure on this project is less than the estimated cost, 75 per cent of the difference between the estimated cost and the actual expenditure will have to be refunded by the organization to the Ministry;

(b) To set up 20 temporary Working Women Hostels

The GOI have approved the proposal for sanctioning Rs 1,000,000 as Central Government's assistance for setting up of 20 temporary Working Women Hostels;

(c) Setting up of Short Stay Homes

The GOI have approved the proposal to set up 50 Short Stay Homes and have sanctioned an amount of Rs 22,500,000;

(d) Training of poor women on traditional/non-traditional trades under NORAD Scheme

The GOI have approved a sum of Rs 5,000,000 as grant—in-aid for training to women affected by earthquake in traditional and non-traditional trades.

(e) Grant-in-aid to Voluntary Organisations in the field of Women and Children

The GOI have approved a sum of Rs 2,000,000 to the Government of Gujarat for grant-in-aid to Voluntary Organisations in the field of women and children.

2. Children in Armed Conflicts

Article 38

Including Physical and Psychological Recovery and Social Reintegration

Article 39

Introduction

1081. CRC amplifies other international instruments by providing a special obligation on the part of governments to respect the rights of children in situations of armed conflict.

1082. While India is not in a situation of armed conflict, there are major instances of terrorism, both cross-border and internal, and children are the unwitting victims of such strife.

Involvement of Children

1083. Article 51 A of the Constitution states: "It shall be the duty of every citizen of India to defend the country and render national service when called upon to do so." However, there is currently no compulsory recruitment in India.

1084. The age of recruitment in the army is from 16 to 25 years. Persons who are recruited at the age of 16 years undergo basic military training for up to two and a half years from the date of enrolment and are then inducted into regular service.

1085. A situation of internal disturbance also exists in the North-east of India in the States of Nagaland, Manipur, Tripura and Assam. This sometimes disrupts normal life and interferes with children's access to education, health and other basic services often creating fear and psychological problems.

Rehabilitation

1086. Punjab has at least a few thousand children affected by the trauma of the decade-long violence in the state. They have either been orphaned or their families have lost the breadwinner.

1087. Efforts have been made to provide some educational facilities and opportunities of rehabilitation to child victims. Some of these efforts are:

- Since 1 April 1994, providing Rs 300 p.m. to school-going and Rs 500 p.m. to college-going wards of victims of violence in Punjab;
- Providing a subsistence allowance of Rs 1,000 p.m. to orphans, destitutes, physically disabled persons who are victims of violence in Punjab, till they get employment;
- Since 1 March 1992, providing ex-gratia grant of Rs 50,000 in cash and National Savings Certificates of the same value to widows/widowers' sons and daughters, grandsons and grand-daughters, mother, father, dependent brothers and sisters of those killed in violence by militants or security forces in Punjab;

- Providing land to open an SOS Village near Rajpura for militancy-affected children, with 15 children under the care of one house-mother. The children are provided nutritious food and free education by the SOS village organization;
- Since 1 May 1990, providing Rs 10,000 each for the marriage of daughter/sister of the sole breadwinner who was killed by militants/security forces or who got killed in the November 1984 riots.¹

1088. According to a study sponsored by UNICEF, New Delhi, it was found that victims of violence (children and women) have also been provided with relief and rehabilitated by various agencies such as religious organizations, NGOs and *panchayats*, besides the State.

1089. All pro-State victims and most of the other affected survivors have been provided with monetary compensation and pension. Ninety-six per cent have been provided with opportunities for employment, and educational scholarships have also been provided to children.²

1090. Some key priorities of the Indian Government in emergency situations, including armed conflict, include:

- Providing psychological and emotional support to children affected by disaster and violence through child guidance approaches;
- Involving non-governmental organizations increasingly in the rehabilitation of families and children affected by natural calamities and communal violence.³

B. Children involved with the System of Administration of Juvenile Justice

1. The Administration of Juvenile Justice

Article 40

Introduction

1091. Juvenile Justice is commonly understood as a notion of fairness and justice and also an alternative system of dealing with children through laws. The idea of fairness concerning children is the fundamental ideological premise of Juvenile Justice, which ensures that the mental and physical incapacabilities of a child are taken into account. Fairness and justice not only demand children's that liability ought to be diminished but also ordain that they must be subject to protective and restorative measures as are most conducive to their reintegration into society.¹

1092. In a landmark step, the GOI has repealed the Juvenile Justice Act, 1986, and introduced the Juvenile Justice (Care and Protection of Children) Act, 2000 that has come into force from 1 April, 2001. This chapter outlines the provisions of the Juvenile justice Act, 1986, the background to and process leading to the Juvenile Justice (Care and Protection of Children) Act, 2000, and its main features.

1093. "Delinquency" signifies deviant behaviour, a behaviour pattern that violates institutional expectations, i.e., expectations that are shared and recognised as legitimate within a social system. The word "delinquency" has been preferred for use, with respect to children, while excluding the use of word "crime", "criminal" and "offence" from the purview. The object is to view the "problem child" from a broader perspective of social behaviour that the child encounters with legal intervention but with a liberal, welfare-oriented approach.

1094. There has been unanimity of opinion in the usage of the word “delinquency” on account of the following:

- It frees juveniles from the stigma of “crime”, “criminal” and other negative and deterrent labels;
- It addresses a broader range of behavioural problems of children;
- It provides a common platform for social workers and functionaries involved in the administration of justice;
- Technically, juvenile (offending) behaviour is different from adult criminal acts;
- Delinquent behaviour has less individual responsibility compared to adult criminality;
- Overall, it embodies a correctional system, where penal sanctions have no validity.

1095. Juveniles resort to delinquency often because of social factors. They are children for whom life is full of drudgery, abuse and exploitation. In most cases they are victims before they become perpetrators, and hence get entangled in a vicious cycle. They are forced to become deviants due to factors such as poverty and lack of a normal home life.²

Administration of juvenile justice

1096. The Ministry of Social Justice and Empowerment has been responsible for the implementation and administration of the Juvenile Justice Act, 1986 which has since been replaced by the Juvenile Justice (Care and Protection of Children) Act, 2001 that has come into force from 1 April, 2001.

1097. The Juvenile Justice Act that came on the Statute Book as the Juvenile Justice Act, 1986 (53 of 1986), could be proclaimed as the first all-India child welfare enactment seeking to promote “the best interests of juveniles” by incorporating into its folds not only some of the major provisions and clauses of the Indian Constitution and National Policy for Children but also universally agreed principles and standards for the protection of juveniles such as the Convention on the Rights of the Child and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (Objective No VII of the JJA and Article 3 of CRC).³

Box 8.3: Juvenile Justice Act, 1986: key points

- The Act was designed for the care, protection, development and rehabilitation of the neglected and delinquent juvenile.
- It aimed to provide a uniform legal framework of justice across the country.
- The Act dealt with “neglected” and “delinquent” children differently.
- The Act covered children up to 16 years (boys) and 18 years (girls) of age.
- A neglected delinquent child arrested could be sent to a police station or jail but might be kept in an observation home, a place of safety or with parents or guardians.
- If found that an offence been committed, and if institutionalisation was chosen, children were to be placed in a juvenile/special home.
- Inquiry in relation to delinquent children was conducted by those magistrates who had special knowledge of child psychology and welfare.
- Summons procedure followed, irrespective of whether the offence committed was minor or most serious.
- The Act spelt out the machinery and infrastructure, including juvenile welfare boards, juvenile courts observation, homes, special and after-care homes.

1098. The relevant international instruments applicable, besides the CRC itself, in the area of administration of juvenile Justice, are the United Nations Guidelines for the Prevention of Juvenile Delinquency popularly known as the Riyadh Guidelines, United Nations Rules for the Protection of Juveniles Deprived of their Liberty, and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice, or the Beijing Rules (adopted by India in 1985). These contain the global consensus on principles and standards related to juvenile justice. One of the avowed objectives of Juvenile Justice in fact, is to bring the operation of the Juvenile Justice system in the country in conformity with the United Nations Standard Minimum Rules for the Administration of Juvenile Justice.

1099. The Beijing Rules recognized that children, “owing to their early stage of human development require particular care and assistance with regard to physical, mental and social development and require legal protection in conditions of peace, freedom, dignity and security”.⁴

1100. The Supreme Court of India said, in its judgement in the case of Sheela Barse vs. Union of India (AIR 1986 SC 1773) that ”...instead of each State having its own Children’s Act, different in procedure and content from the Children’s Act in other States, it would be desirable if the Central Government initiates Parliamentary legislation on the subject, so that there is complete uniformity with regard to the various provisions relating to children in the entire territory of the country.” In the statement of objects and reasons appended to Bill No 103 of 1986 pertaining to the Act under consideration it was specifically stated that the above referred Act would replace the corresponding law on the subject such as the Children Act, 1960, and other State laws on the subject.

1101. A general review of the working of the Juvenile Justice Act all over the country discussed in the Report of the National Consultation on Juvenile Justice revealed that despite the formulation of rules by almost all the State/UTs under Section 62 of the JJA, there were still quite a few States/UTs which had yet to constitute Juvenile Welfare Boards and Juvenile Courts, as required under Section 4 and 5 of the Act; as a result, powers conferred on the board or the courts continue to be exercised by the District Magistrate; or the Sub-divisional Magistrate; or any Metropolitan Magistrate or Judicial Magistrate of the first class or as the class maybe.⁵

1102. According to the Ministry of Social Justice and Empowerment, the major problems in the effective implementation of Juvenile Justice in the country lay with the allied systems, such as:

- Lack of timely assistance from the police;
- Employers abusing children could not be apprehended;
- Abused children were turned away and could not be rehabilitated;
- Children having to wait for long hours before getting admission in Government hospitals.

1103. To overcome some of these known problems, the Ministry had initiated training for the allied systems and integrated child protection issues into the curriculum, besides liaising for better access to services. It had also constituted a national core group and was eliciting State Government support.

Box 8.4: Care and protection of children

Children are our priority areas. They are more vulnerable; they have less power; they have, in most societies, less control over their own lives. Some children are more marginalised than others. The radical changes in India's political, socio-cultural and economic environment have had their impact on marginalised children. The immediate causes include:

- Abandonment and destitution.
- Breakdown of the family, leading to an increase in runaway street children.
- Influence of the media on the child, which causes conflicts of identify.
- Abuse and exploitation by unsociable elements, resulting in addiction.

Such children need special care and protection. The programmes of Social Defence Division focus on children in crisis situations, such as street children, children who have been abused, abandoned children, orphan, children in conflict with the law, children affected by conflict or disasters, etc.

Source: Annual Report, MSJ&E, 1999-2000.

1104. The other problems that clearly emerged in a general overview of the entire Juvenile Justice system in India were:

- The increasing crime rates among juveniles and the alarming change in the nature of crimes and offences that are being committed (see table 8.3);
- JJA Section 2 (h) prescribes cut-off age for boys at 16 years and for girls at 18 years, which is unfair, as boys over 16 years of age who may have committed an ordinary offence will be treated at par with adult criminals. Also, the CRC states 18 years as the ideal age. Fortunately, the new Act does define "juvenile" or "child" as a person who has not completed eighteen years of age;

Box 8.5: Standard minimum rules for the administration of the Juvenile Justice Act, 1986 (Beijing Rules)

Guidance to member states in developing measures to protect the human rights of children in conflict with the law:

- Member states shall seek to further the well-being of juveniles and their families and ensure their meaningful lives in the community.
- Juvenile Justice shall be an integral part of the national development process of each country.
- Age of criminal responsibility should not be too low.
- Reaction to juvenile offenders should be in proportion to the offender's age and the offence.
- Scope for discretionary power.
- Rights of juveniles, due process, and right to privacy to be respected.
- Rules regarding investigations and prosecution.
- Guidance regarding semi-institutional arrangements.

Source: A Report of the National Consultation on Juvenile Justice, Better Implementation of the Juvenile Justice System, 11-13 February 1999, Susan Matthews, page 35

- Shortage of homes in different States; though states like Madhya Pradesh, Maharashtra and Bihar have reported high incidence of juvenile crimes under IPC during the year 1996, we find that in Madhya Pradesh there are just two Juvenile Homes, three Special Homes and one After-Care Organisation, in comparison to the magnitude of the crimes committed by juveniles (23.7 per cent);⁶ It cannot be ignored that despite all the goals set by the Juvenile Justice Act, 1986, many States were reported to have pendency level in the disposal of apprehended juveniles. Of the total juveniles apprehended, 23.5 per cent were disposed of after advice or admonition, 12.0 per cent were under the care of parents/guardians, 4.2 per cent

sent off to institutions, 8.5 per cent were sent to Special Homes, 4.6 per cent were dealt with fine and 7.9 per cent were either acquitted or otherwise disposed off;⁷

Box 8.6: *Bal Sangopan Yojana*

This Maharashtra-based scheme primarily aims at preventing institutionalisation of children and promoting de-institutionalisation. It recognises the child's right to a family and thus includes provision for temporary or long-term care in a substitute family for a planned period to children who are orphans or whose parents are unable to care for them due to severe family crisis, death, desertion illness. The scheme applies to children from 0-18 years. Eligibility criteria have been worked out for children, foster parents and NGOs. Foster parents receive a grant of Rs 250/- per month per child. Any registered voluntary organisation with 3 years, experience in the field of family welfare can implement the scheme. Implementing NGO will receive Rs 50 per child.

Source: A Report of the National Consultation on Juvenile Justice, Better Implementation of the Juvenile Justice System, 11-13 February 1999, Susan Matthews, page 72

- The lack of special knowledge of child psychology and child welfare among the members of Juvenile Courts and Welfare Boards;
- An unsuitable environment prevails in some Homes across the country and the inadequate personnel in these homes is the weakest component of institutional management;
- Till now, the focus has basically been on developing institutions for the juveniles, consequently both non-institutional and post-institutional programmes have been neglected;
- The juvenile's apprehension by the police is the first step in State intervention, and further intervention can not be avoided in the juvenile's interest if the police take recourse to appropriate diversion, though the present Act does not permit formal diversion by the police. The juvenile police units, wherever established, also vary in terms of organization, structure and functions, depending on the type of police department and size and the nature of problems persistent in their particular jurisdiction (see table 8.2);
- Lack of training and sensitization Judicial Officers, Administrators and Police Personnel.⁸

1105. Whilst the Juvenile Justice Act, 1986 supposed to have separate procedures for responding to "neglected" and "delinquent" children, the borders between the two groups become merged, as the inadequacies and discrimination in the system result in children generally being inappropriately dealt with as criminals. There prevails general ignorance about the legal methods and social correctional schemes in processing juvenile delinquents. Though the JJA speaks an integral approach, there exist many gaps in coordinating all the involved machineries. The police, the prosecutor, the defence counsel, the probation officer, the case-worker, the juvenile court, the observation home and special homes, often seem to function in isolation by simply discharging their individual functions. There are few occasions for a joint appraisal and meeting of all functionaries to reflect on their experience and knowledge, to understand what these juveniles go through. Juvenile Justice needs to be seen in a more holistic sense rather than the narrow concept it presently is. There is also fragmentation that arises on account of lack of coordination between the autonomous sub-system at the input, output and process stages.⁹

Box 8.7: Supreme Court on the age of juveniles

The Supreme Court has clarified a major ambiguity in the Juvenile Justice Act, ruling that a regular court would try a juvenile if he was arrested after crossing the age of 16.

A bench comprising Mr Justice K. T. Thomas and Mr. Justice R. C. Lahoti was of the view that the Act would be applicable if the “competent authority finds the person brought before it for the first time to be under 16 years of age (18 in the case of a girl).”

“ The date of commission of offence is irrelevant for finding out whether the person is a juvenile within the meaning of Section 2(H) of the Act,” Mr. Justice Lahoti said, writing the judgment.

The court noted that “neither the definition of juvenile nor any other provision contained in the Act specifically provides the date by reference to which the age of a boy or girl has to be determined so as to find out whether he or she is a juvenile or not.”

The court said, with illustration, that if a boy or a girl below 16 or 18 years of age, committed an offence, left the country and neither appeared nor was brought before the competent authority until he or she attained the age of 50, juvenile authority would become irrelevant.

Referring to the preamble of the Act, the bench said the legislature intended it to be applicable “from a time when the juvenile is available to the law administration and justice delivery system; it does not make any provision for a person involved in an offence by reference to the date of its commission by him.”

Source: Online edition of India's national newspaper on indiaserver.com, Monday, 15 May 2000

1106. The National Consultation Meet on the Juvenile Justice System and the Rights of the Child (21-22 January 1999) organized by the National Institute of Public Cooperation and Child Development (NIPCCD) has made several recommendations on the above problems and this is being looked at by the relevant Ministry and Implementing Authorities.

1107. Refresher-cum-Inservice Training Programme on Juvenile Delinquency, was organised on 22-23 April and Training Course on Juvenile Delinquency, on 3-4 and 20-21 May, 1999, for Superintendents and Deputy Superintendents of Juvenile institutions (30). The collaborating agency was Butterflies, an NGO working for street children in Delhi.

Table 8.1: Number of Juvenile Homes in the country

Observation homes	287
Juvenile homes	290
Special homes	35
After-care organisations	50
Total	662

Source: D.O. No. 5-3,2001-SD, Ministry of Social Justice & Empowerment.

1108. The Juvenile Justice (Care and Protection of Children) Act, 2000, replaces the existing Juvenile Justice Act, 1986. This law has a child-friendly approach and provides for proper care, protection and treatment and also for ultimate rehabilitation of children in need of care and protection. With the implementation of this new law, the objectives of treating children in the best possible manner and ensuring that they get their rightful place in society would be achieved. The following are the salient features introduced for the first time in this enactment:

- The law provides for separate treatment for juveniles in conflict with the law, and children in need of care and protection, so as to give clarity and distinction in the treatment of such categories;
- This law recognizes the United Nations Convention on the Rights of the Child and other international conventions thus giving due recognition to international standards and practices regarding the treatment of children;
- Under the old Act, there were separate institutions: Juvenile Homes for neglected children, Special Homes for Delinquent Juveniles and Observation Homes for Juveniles. There was no clear distinction between the juvenile offender and the neglected child, which led to mixing of children of the two categories in the observation homes. In the new Act, the two categories have been clearly defined Juvenile offenders pending inquiry will be kept only in observation homes and once the inquiry is completed, they will go to special homes for rehabilitation. Juvenile Homes have been renamed as Children and Homes, will house only neglected children;
- It prescribes a uniform age of 18 years below which both boys and girls are to be treated as children. Thus, criminal justice as applicable to adults will not apply to children who are below 18 years of age;

Box 8.8: The Juvenile Justice (Care and Protection of Children) Act, 2000

This is an Act to consolidate and amend the law relating to juveniles in conflict with law, and children in need of care and protection, by providing for proper care, protection and treatment by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under this enactment.

Whereas the Constitution has in several provisions, including clause (93) of Article 15, clause (e) and (f) of Article 39, Articles 45 and 47, imposed on the State a primary responsibility of ensuring that all needs of children are met and that their basic human rights are fully protected.

And Whereas, the General Assembly of the United Nations has adopted the Convention on the rights of the Child on the 20th November 1989;

And Whereas, the Convention on the Rights of the Child has prescribed a set of standards to be adhered to by all State parties in securing the best interests of the child;

And Whereas, the Convention on the Rights of the Child emphasises social reintegration of the child victims, to the extent possible, without resorting to judicial proceedings;

And Whereas, the GOI ratified the Convention on the 11th February December 1992.

And Whereas, it is expedient to re-enact the existing law relating to juveniles bearing in mind the standards prescribed in the Convention of the Rights of the Child, the United Nations Standards Minimum Rules for the Administration of Juvenile Justice, 1985 (the Beijing Rules), the United Nations Rules for the Protection of Juveniles Deprived of their liberty (1990), and all other relevant international instruments.

Source: The Juvenile Justice (Care and Protection of Children) Act, 2000.

- Previously boys found to be juvenile offenders between the ages of 16 and 18 would be sent to jail under the new Act, boys up to 18 years of age will be kept in special

homes only and will not go to jail. They will be able to get protection and the benefits of other provisions, especially with regard to rehabilitation;

- In the old Act, juvenile delinquents were being brought before the Juvenile Court. This has been redefined as Juvenile Justice Board and will remove the stigma associated with appearing in a court like adult criminals.
- Children will not have to wait for justice indefinitely, as the new enactment provides for the disposal of cases within a limited period of four months by the concerned authorities.
- It has also been made compulsory to set up a the Juvenile Justice Board and Child Welfare Committee under the present Act either for each district or groups of districts. Previously, there was no juvenile court or juvenile welfare boards, and the powers of these courts and boards could be exercised by the District Magistrate, SDM, Metropolitan Magistrate or Judicial Magistrate (first class).

Box 8.9: National Consultation Meet on the Juvenile Justice System and the Rights of the Child

Given the enormous potential of the CRC to stimulate changes in law and practice in each country for improving the situation of children, the National Institute of Public Cooperation and Child Development thought it appropriate to organise a National Consultation Meet on the Juvenile Justice System and the Rights of the Child on 21 and 22 January 1999.

The main objectives of the meet were to critically appraise the constitutional provisions and legislation concerned with the Indian juvenile justice system *vis-à-vis* rights of the child; to evolve desirable and appropriate and alternate measures for administration of the JJ system in the country in terms of investigation and prosecution, adjudication and disposition and care, treatment and rehabilitation in protecting the rights of the child, and to develop appropriate linkages and coordination between the formal system of JJ and voluntary agencies engaged in the welfare and development of neglected or socially maladjusted children, and thereby define the areas of their responsibilities.

The meet was attended by 84 participants, including members of the NHRC, Juvenile Welfare Boards, senior police officers, government officials, subject specialists and representatives of national and international organisations.

Conclusively, it was proposed that the action recommendations be shared with National Human Rights Commission, Ministry of Social Justice and Empowerment, voluntary organisations working in the field and the Department of Women and Child Development, so as to carry forward the process.

Source: National Consultation Meet on the Juvenile Justice System and the Rights of the Child (21-22 January 1999), A Report, National Institute of Public Cooperation and Child Development (NIPCCD), page 1

- Any offence against a juvenile is now cognisable. This will enable the police authority to take cognisance to such offence seriously and would also result in appreciable reduction in such offence against children;
- Special Juvenile Police units will be set up under the new Act, which will enable trained police personnel to perform their functions more effectively while handling children;
- Role of voluntary organizations and local authorities has been specified for involving them at various stages for handling and rehabilitating children. Voluntary

organizations have been given a specific role in the whole process of care and rehabilitation of such children to and extent so that various types of homes can also be set up by voluntary organizations. The voluntary organizations can also take action for ensuring the proper care of such children, and to ensure that their rights are protected. Thus section 37 (1) of the Act states that State Governments may recognize reputed and capable voluntary organizations and provide them assistance to set up and administer as many shelter homes for juveniles or children as may be required. Voluntary organizations should necessarily also be involved in the inspection of various homes, facilities, etc. Section 35(2) of the Act states that the inspection committee of a State, district or city shall consist of such number of representatives from the State Government, local authority, committee, voluntary organizations and such other medical experts and social workers as may be prescribed. Any child in need of care and protection can be produced before the Child Welfare Committee (previously known as Juvenile Welfare Board) by either police officers, public servants, social workers, Childline, voluntary organizations, etc;

Box 8.10: Training of police personnel in Madhya Pradesh

UNICEF and the State Government made a welcome beginning in Madhya Pradesh by organising seminars on JJA for police personnel all levels at zonal/range headquarters and at training institutions. UNICEF is putting in a special effort to constitute teams of suitably oriented police personnel by organising courses on ‘training of trainers’ and then asking them in turn to organise seminars/workshops JJ at the local police station level.

The police administration at the police headquarters also now alive to the situation and taking action to include JJ and its administration in the training programmes of the State Police Academy at Sagar and other police training institutions.

Source: A Study of Implementation, JJA-1986 in Madhya Pradesh, sponsored by UNICEF MP State, 1998, prepared by V.P. Sahni, IPS, ADG Police [Retd.]

- Local authorities, including Panchayats, Zilla Parishads, Municipal Committees, Corporations, Cantonment Boards, can now play a role in the transfer of the juvenile or child from one home to another home even outside the State, keeping in view the best interest of the child. Previously this power was entrusted only to the State Government;
- This enactment would enable increased accessibility for children by establishing a wide network of Juvenile Justice Boards, Child Welfare Committees and different types of Homes in each district or group of districts in the country;
- Special emphasis has been given in this Act for the rehabilitation and social re-integration of children by placing all clauses for this purpose in a separate chapter. The various alternatives provided are adoption, foster-care, sponsorship and after-care. This would ultimately benefit abandoned, destitute and neglected children who would get a home and family of their own;
- In India, confirm Hindu parents can take children under adoption, as laid down in the Hindu Adoption and Maintenance Act. The parents of other communities can only take over the care of a child under the Guardianship and Wards Act, 1890. The new Act now allows for adoption of a child within the purview of the Act by any community. This has been provided for such categories of children who have a

specific identity of their own irrespective of caste, creed or religion and after adoption would get the identity of adoptive parents. The Juvenile Justice Board has been empowered to give such children in adoption even to a single parent, and allowed parents to adopt a child of the same sex, irrespective of the number of biological sons or daughters. (However, the issue of the rights of succession of such adopted children has not been specified in the present Act);

Box 8.11: Help reform juvenile delinquents

A two-day training programme was organised by the Directorate of Social Defence, Chennai, to sensitise the police personnel on the implementation of the Juvenile Justice Act, 1986, at the Regional Institute of Correctional Administration (RICA). Police personnel in Tamil Nadu were called upon to adopt a humanitarian approach while dealing with juvenile delinquents, in order to facilitate correction of their character.

Source: Online edition of India's National Newspaper on indiaserver.com, Wednesday, 6 January 1999

- The prime objective behind allowing adoption under present enactment is to ensure that the right to a family is not denied to any abandoned, orphaned or destitute child. The present enactment aims at facilitating the adoption of children who come within the purview of this law, and to bring in-country and intercountry adoptions at par;
- The rehabilitation and reintegration of a child shall begin during the stay of the child in a children's home or special home and rehabilitation and social reintegration of children shall be carried out by (a) adoption; (b) foster-care; (c) sponsorship; or (d) sending the child to an after-care organization.

Training of functionaries

1109. At present, the GOI is providing training/sensitization programmes to Juvenile Justice personnel such as judges, prosecutors, lawyers, law enforcement officials, immigration officers and social workers on the provision of the Convention and other relevant international instruments in the field of Juvenile Justice, including the Beijing Rules, the Riyadh Guidelines and the United Nations Rules for the Protection of Juveniles deprived of their Liberty.¹⁰

1110. The National Institute of Social Defence, a subordinate Office of the Ministry of Social Justice and Empowerment, GOI has allocated a budget of Rs 2.5 millions for the year 2000-2001 to publicize the provisions of the CRC¹¹.

Box 8.12: Conference on Juvenile Justice

A meeting with the Juvenile Justice Officers was convened at NALSAR, University of Law, Barkatpura, Andhra Pradesh, on 5 December 2000. The meeting was attended by the heads of Juvenile institutions in Hyderabad, as well as in other parts of the State such as Cuddapah, Eluru and Vishakapatnam.

Some of the issues that were raised in the meeting were:

1. Juvenile Justice Institutions were being primarily used for neglected children. Even in observation homes the number of children who were in contact with the Juvenile Justice System by reason of committing a delinquency was very small.
2. A need for setting up a Juvenile Bureau of Police at the mofussils was felt. These Boards would ensure that children who needed the protection of the Juvenile Justice System would come within its umbrella.

3. The participants felt the need for innovating other means of dealing with juveniles than institutionalisation of children.
4. The participants felt that a number of probationary officers were in charge of observations homes in more than one district. This affected the quality of the report of the probationary officer.
5. It was also highlighted the Probationary Officers were not only responsible for Juvenile Homes but also for Correctional Institutions, Central Prisons, Borstal Schools within their jurisdiction. Thus it seemed unrealistic to expect probationary officers to function efficiently.
6. A common refrain from all Observation Homes related to absence of teachers and lack of any programme of occupation for the young persons. Many of the juvenile homes had vacant positions and lack of staff.
7. Lack of funds was another constraint expressed by the participants.
8. The in-charges of the Observation Homes and Juvenile Homes spoke of the inadequacies in their services.

Source: Proceedings of the Meeting—Juvenile Justice Officers, Conference on Child Rights, UNICEF-NALSAR, 5 December 2000

Progress made

111. Rules have been formulated by almost all the State Governments and Union Territory (UT) Governments under section 62 of the Juvenile Justice Act, 1986. Several States have set up their own JJ system as per the requirements of the Act. The Act of 1986 has been reviewed and revised to bring its provisions in conformity with the provisions of CRC. This exercise has been completed and a new Act titled “The Juvenile Justice (Care and Protection of Children Act, 2000” has been enacted by Parliament of India. This Act has come into force with effect from 1st April 2001. The child-oriented institutional mechanisms with Juvenile Welfare Boards, Child Welfare Committees and different types of Homes have to be set up under the new Act for implementing its provisions across the country. Several programmes are being carried out for the development, care and rehabilitation of neglected juveniles like street children in different states and cities of India. The above is being dealt in detail under the article “Physical and Psychological Recovery and Social Reintegration of the Child”.

1112. The Ministry has taken the initiative of establishing a Chair of Juvenile Justice at the National Law School of India University (NLISU), Bangalore. A grant of Rs 3 million was released to the NLISU for this purpose. The tasks of the Chair inter alia include constant review and revision of the Juvenile Justice Act, 1986.

Box 8.13: Key issues of concern

Some of the key issues of concern that emerged from the National Consultation on Juvenile Justice organised between 11-13 February 1999 are:

- Definition of terms such as delinquency and neglect.
- Special needs and different situations of children in especially difficult circumstances.
- Grave problems faced by children in conflict with law.
- Understanding the conceptual framework of JJA.
- Problems with the provisions and structure of the JJA.
- Problems with implementation of the Act.
 - a) Enforcement agencies such as the police.
 - b) Institutions—homes, boards, courts.
 - c) Poor implementation of procedures under the Act.
 - d) Lack of community participation and viable non-institutional measures and alternatives such diversion.
 - e) Critique and challenge of the status reports of implementation by the State Governments.

Source: A Report of the National Consultation on Juvenile Justice, Better Implementation of the Juvenile Justice System, 11-13 February 1999, Susan Matthews, page 47

Thrust areas for the future

113. Considering that the official figures of juvenile delinquency since 1988 have shown an overall decrease in the violent or serious offences, it does not make sense to shift from a “care philosophy” in India.¹²

1114. Special attention is being given to tackle drug-abuse problems amongst socially and economically vulnerable groups such like street children, commercial sex workers, destitute women, etc. A project on reducing risk behaviours and HIV/AIDS, STD and drug-abuse among street children has been undertaken by the Ministry of Social Justice and Empowerment, United Nations Drug Control Programme, UNICEF, WHO, NACO, and ODA. City-level plans have been prepared for the cities of Bombay, Hyderabad, Calcutta and Delhi and a National Action Plan has been formulated.

Box 8.14: Recommendations

In the National Consultation Meet on the Juvenile Justice System and the Rights of the Child (21-22 January, 1999)-A Report, National Institute of Public Cooperation and Child Development (NIPCCD), some of the recommendations that were made were:

- Adequate importance should be given to the overall role of probation in the juvenile justice system.
- The variety of dispositions as suggested in the Beijing Rules should invariably be reflected in Section 16 and 21 of the JJA.
- There is need to constitute a committee in each State, consisting of experts, government officials, representatives of NGOs and persons from the corporate sector of the following:
 - a) Chairpersons and Members of the Juvenile welfare boards.
 - b) Social workers for appointment to the child forum.
 - c) Identification of non-official visitors to observation, Juvenile and special homes.
 - d) Selection of members to the advisory board.
- In consonance with Articles 5, 9 and 18 of the Convention, parents and families, in fact, must be encouraged to shoulder the responsibility of their children and there was need to reflect this aspect of the JJA.
- A need to develop a consistent policy on the family along with the parameters of State intervention and social and economic support for the family by the State.
- Adequate number of Juvenile welfare Boards, Juvenile Courts, Observation Homes, Juvenile Homes, Special Homes, After-care Organisations should be set up in all States.
- Institutionalisation of the Juvenile to be taken up as the last measure in the dispositional options with competent authority.
- There was an immediate need to professionalise the manpower responsible for implementation of the Juvenile Justice System in the Country in conformity with the new trends in the field, which among other thing, implied recruitment of professionally qualified functionaries who were not specialists in their own right but who were required to perform their roles and responsibilities in a scientific manner. Further, in order to keep them abreast of the latest tools and techniques for correction and rehabilitation of children coming in conflict with the law, there was need to organise sensitisation/training programmes for them. The meet advocated sensitisation programmes for all concerned—law makers, administrative authorities and court personnel dealing with juvenile cases.

- Training /sensitisation of the juvenile justice personnel should be concerned with knowledge, skills, attitude and ethics. The curriculum proposed to be devised for the purpose should include a core and a differential component.
- The meet recommended continuing education, preferably through distance education techniques, for enlarging the knowledge base and helping in the networking of actors in the juvenile justice system.
- Need for a manual on juvenile justice for different personnel involved in the administration of the JJA.
- Formulation of an apex body or a monitoring cell for monitoring the system of administration of JJA.
- Involvement of voluntary organisations which responded to children's complaint about abuses and violations of their rights in the overall monitoring of the juvenile justice administration.
- The scope of Section 53 and 54 of the JJA should be enlarged so as to include a wide range of people from society who could be entrusted with the overall role of monitoring the JJA. The Government must take the overall responsibility of providing adequate information about various provisions in the JJA to the common man. There was need to prioritise and strengthen non-institutional methods such as adoption, foster care and sponsorship through legal procedures so that placing a victim of abuse in an institution was not perceived as the only goal of protection.
- The recommended the following non-institutional approaches for prevention of delinquency and intervention strategy:
 - a) Strengthen the ability of the family to fulfil its primary obligations to instil social values in the younger generation.
 - b) Provide family surrogates to nurture children when no functional family unit was available.
 - c) Support core social institutions (schools, religious institutions and community organisations) in their role of developing capable, mature and responsible youth.
 - d) Intervene immediately and effectively when delinquent behaviour occurs in order to successfully prevent delinquent offenders from becoming chronic offenders.
 - e) Identify and control the small group of serious, violent and chronic juvenile offenders who have committed felony offences or who have failed to respond to intervention and community-based treatment and rehabilitation services.
- It was necessary to establish appropriate relationships with community-based welfare organisations, so as to reduce the contact of a juvenile with the police.

Initiatives such as Childline should be strengthened.

Source: National Consultation Meet on the Juvenile Justice System and the Rights of the Child (21-22 January, 1999) A Report, National Institute of Public Co-operation and Child Development (NIPCCD), pp. 45-49

Relevant Data

Juvenile delinquency (SLL) under different crime heads

1115. According to information available in *Crime in India 1996*, there has been a declining trend of juvenile offences as a percentage of total Indian Penal Code (IPC) crimes since 1988. According to a report by National Law School, the economic factor was a major cause leading to delinquent behaviour in juveniles. Of the total juveniles who were involved in various crimes, 80 per cent were either illiterate or had education upto primary level.

1116. The *Crime in India* statistics reflect that juvenile delinquents are associated mostly with all types of property offences defined in the Indian Penal Code and are largely intercepted for cheating, theft, robbery and dacoity, reflecting economic criteria of causation.¹³

Table 8.2: States reporting high pendency level in disposing of apprehended juveniles

State	% of Pendency Level
Himachal Pradesh	82.2
Goa	74.3
West Bengal	71.4
Kerala	70.5
NCT of Delhi	64.2
Rajasthan	63.5
Haryana	62.9

Source: National Consultation Meet on the Juvenile Justice System and the Rights of the Child (21-22 January 1999)-A Report, National Institute of Public Cooperation and Child Development (NIPCCD)

Table 8.3: Juveniles apprehended under IPC and SLL Crimes 1995 and 1996

Year	7-12 years		12-16 years		16-18 years		Total
	No.	%	No.	%	No.	%	
1995	3377	18.0	12,043	63.9	3403	18.1	18,823
1996	3471	18.2	14,397	59.7	4230	22.1	22,098

Source: National Consultation Meet on the Juvenile Justice System and the Rights of the Child (21-22 January 1999)-A Report, National Institute of Public Cooperation and Child Development (NIPCCD)

Table 8.4: Juvenile delinquency (SLL) under different crime heads during 1996 and % variation over 1995

Crime head	No of cases reported		% change in 1996 over 1995
	1995	1996	
Prohibition Act	732	1282	75.1
Indian Railways Act	7	16	128.6
SC/ST (Prevention of Atrocities) Act	8	18	125.0
Immoral Trafficking (Prevention) Act	50	104	108.0
Excise Act	182	378	107.7
Gambling Act	240	363	51.3

Source: National Consultation Meet on the Juvenile Justice System and the Rights of the Child (21-22 January 1999)-A Report, National Institute of Public Cooperation and Child Development (NIPCCD)

Street Children

1117. The phenomenon of street children is an off-shoot of the complex interplay of various factors in India. The phenomenon seems to have acquired a gigantic dimension in the wake of rapid industrialization and urbanization. The large-scale presence of street children is a disease that is widespread due to an exploitative social structure, lopsided development and iniquitous resource ownership. Other parameters contributing to its presence in India are large-scale

unemployment, rapid urbanization, fast population growth, extreme poverty, increasing disparities in wealth, high levels of child abuse by parents/society and a breakdown of traditional family and community structure. Human migrations from rural to urban areas have contributed significantly to a substantial increase in the number of street children. Migrants shift to cities in search of higher income and secure employment. However, they are able to secure jobs mostly in the unorganized or semi-organized, low-paid sector. Consequently, children are forced to live on the street and earn a livelihoods for themselves and also support their families.

Box 8.15: Street children in the metros of India: A case study

Calcutta

The existing data estimate that the population of street children in Calcutta exceeds 100,000 with girls making up 47% of this population (Source: *Calcutta's Invisible Children: Who Are They?* Save the Children Fund).

A Study conducted by the Institute of Psychological and Educational Research (1992) suggests that only 10% of street children come as runaways or have been deserted by parents, A majority of these children were born in Calcutta. Among the rest of the population, while a few have migrated with their families from adjacent townships, there are a number of migrants from across the Bangladesh border.

The street girls are an extremely vulnerable group. They are under high risk of being lured into the sex trade or kidnapped Girls living in slums or in squatter colonies are in constant danger of being rape. Girls in the age-group of 10 to 16 years are prone to sexual abuse by adult men on the streets or even by their fathers or brothers at home.

Mumbai

The population of street children in Mumbai is very high and poses a significant and intense challenge to various development practitioners. These children can be categorised into three groups:

- Working children who live the street with their families.
- Children who live and seek shelter, food and a sense of belonging among with each other on the streets. A majority have no ties with families, the minority still have remote ties.
- Children who have no contact at all with their families, including orphans, runaways, and refugees.

In Mumbai, the percentage of boys varies from 65 to 83% of the street children. An analysis of admissions to the Children's Aid Society between 1984 and 1988 shows that street children in Mumbai are mostly in the age-group of ten years and above.

The majority of street children belong to the Muslim community. Almost 90% of them work as self-employed rag-pickers, and 10% as hawkers, shoe shine boys, etc. Mumbai's street children also turn to pick-pocketing and stealing. A number of children often become commercial sex workers. The remainder take to *hamali* (hard physical labour such as carrying heavy loads) or begging. One in every three street children puts in a 10 to 12 hour workday and one in every ten, a 13-hour workday.

These children seek shelter at night anywhere they can—at railway stations, near temples, *dargahs*, in market places, etc. Only a minority sleeps under a roof of any kind.

According to the NGO *Sneh Sadan*, the increase in the number of younger children could be a direct result of an increasing number of slum children taking to the streets after their parents split up. The majority of street children smoke, but drug addiction is one of the most pressing problems facing the street child.

Some sniff glue, three-fourth smoked *charas*, *ganja* and *bhang*, many inhaled the intoxicating fumes of shoe polish, but it was only the addiction of brown sugar that street children regarded as serious and wanted help for it.

The most frightening aspect of drug addiction on the streets is not how these children manage to acquire drugs but that most of them do not even regard them as drugs.

The study found that street children live in constant dread of municipal authorities and policemen. Under the JJA, street children frequently find themselves in remand homes under trial as delinquents. If they are able to state where their parental home is, they may be sent back there. It is important to note that the majority of runaways tend to dodge the police, so the number of children coming to Mumbai annually would be much higher.

Delhi

It is difficult to get estimates of street children in Delhi. Panickar and Nangia (1992) estimated the number of street children at 1 lakh. Most of them, including the working children, are above 12 years of age (Source: *The Child-Friendly Capital: Plan of Action* (1198-2202), December 1997, Government of NCT, Delhi). UNICEF estimates that there are over 30 million street children in the world and 11 million are in India (CRY in Action, *Who was on my side?*, Vol. 4, No. 1, 1998, Page 3). To this 11 million, the contribution of Delhi, according to a conservative estimate would be about five lakh. (*PRAYAS Reflections We have a reason to smile*., 1998, Page 4). The majority of street children are boys. Their number is almost twice that of girls on the street. Street girls are not often visible though far more vulnerable.

Seventy-five to 80% of street children in Delhi live with their families. About 15% have little contact with their families, while a small proportion have no contact with their family.

Migrant and refugee children comprise the majority of street and working children of Delhi. They have migrated with their families from the Hindi-speaking areas of UP, MP, Bihar, and Rajasthan. Some of these children have come across the border (with or without families) from Bangladesh, Tibet, Nepal, Pakistan and Afghanistan. Most of them have set up camp at particular places while others prefer to be part of the already existing slums or *Jhuggi-Jhopri* clusters in the city or resort to pavements.

The sources of earnings of street children are as porters, vendors, shoe shine boys, rag-pickers, causal workers or workers in sundry jobs not requiring skills. The earnings vary from Rs 25 per day to Rs 50 per day.

Studies show that street children are mostly malnourished and are exposed to dirt, smoke and other environmental hazards. They suffer from chronic diseases like asthma, TB and other respiratory or gastro-intestinal diseases. They are neither covered under any health camp or programmes or schemes (like immunisation), nor do they have easy access to government or municipal hospitals or health centres. Most of them have had no schooling or are dropouts.

Source: *All Child Rights for All Children, Situational Analysis of Children of Calcutta, Save the Children Fund, 1 June to 31 August '99*

Street Children: Problems and Intervention, Tata Institute of Social Sciences, Mumbai

The Child Friendly Capital: Plan of Action (1198-2202), December 1997, Government of NCT, Delhi
Working and Street Children of Delhi, NLI, 1992

Box 8.16: Some NGO Initiatives

Don Bosco Ashalayam started working in Howrah, West Bengal, in 1985 with street and destitute children. Today, they have 17 homes sheltering children from 5 to 18 years. Don Bosco creates a family centre where children are provided schooling or skills training in a home atmosphere. There is a savings account in the main home where children are taught how to save and trade. In the morning, there is a craft session, (this creates a habit of work), and at the end of the month a remuneration is given for whatever they have produced. A part of the money they receive goes into their personal savings account, and the rest is for their personal expense. Don Bosco Ashalayam also provides an assistance booth in Howrah railway station. The Ashalayam had earlier worked with UNESCO on a 2-year project entitled "Impact of education in improving the quality of life of disadvantaged urban groups in Calcutta & Howrah". Now, a new project entitled "Education for social change" has been launched to provide street and working children with quality education and vocational training. The project integrates street and working children into formal schools and training centres; trains them to handle computers; informs them on sex education and HIV/AIDS; involves the community in educational activities.

"**Butterflies**", an NGO in Delhi, has been working with street and working children in Delhi since January 1988. It has eight points of contact with the children in areas where there is a concentration of street and working children. Most of the children are migrants to Delhi and are self-employed and are working as porters, shoe polishers, rag pickers and vendors or engaged in roadside restaurants, workshops, garages and small-scale industries.

Butterflies has a team of street educators who play an important role in initiating contact with street children, through regular visits to their places of work and abode. They make it a point to say "Hello," spend time with the children and occasionally organise recreational and group activities in order to overcome their initial fear and mistrust and develop a trusting relationship based on equality and respect.

Once a relationship has been established with the children, in the next step, they involve them in an activity that they help to design and develop. Experience has shown that unless a relationship is built, it is difficult to motivate the children to come together for collective action, to continue their education, or to discuss drug and gambling problems.

Children participate in planning most of their activities. They also contribute in a material way for all their activities. Nothing is given free. Children honour their commitments and participate in the planned activity with a feeling that it is their programme and therefore they have to make it a success.

Prayas Juvenile Aid Centre in Delhi started off by working with street and neglected working children, to rehabilitate them and reduce the incidence of vagrancy and delinquency among them. It now provides specially designed non-formal education for these children; vocational training and Child Empowerment Programmes (for those above 14 years); indoor and outdoor health care including a nursing home; mid-day meals for those who attend the non-formal education sessions regularly; counselling and recreational activities; family and community interventions; and a shelter for homeless children. It is the first NGO to run a juvenile home in Delhi. Through experience, Prayas has come to believe that "the basic needs of a child are synonymous with his basic rights." Deeply rooted in the slum-clusters, Prayas has emerged as a replicable model organisation in the country and at the international level. From 25 children in 1988, it now serves over 3,000 children in the slums of Delhi. It is now creating a National Institute for Neglected Child and Juvenile Justice in Delhi. In the last nine years, over 10,000 children have been drawn away from ragpicking and other such occupations and placed in formal schools. Through its Health Unit, it reaches out to thousands of street and working children; many have been provided vocational training and an occupational shift.

CINI ASHA (Child in Need Institute), a Calcutta-based NGO, was born in response to the cry of poor children living in degrading conditions. Its aim is to educate street children, child labourers and children of sex workers between the ages of 4 and 20 and place them in formal schools. CINI ASHA in partnership with UNESCO have been working to meet the needs of these children in areas most crucial to their survival, growth and development. In the first phase, facilities such as Drop-In-Centres, Night Shelters, Short stay residential homes (Half-Way-House), Clinic, Sick Bay, HIV/AIDS prevention programme for street children, preparatory centres and coaching centres for child labourers and evening centres for children of sex workers have been provided.

In the second phase launched in 2000. Under this, all children in the project area are to be enrolled and retained in formal schools. Special focus is being placed on the sustainability of the programme. The local community, therefore, is involved in the overall project. So are the Calcutta Municipal Corporation Ward councillors. Formal school teachers are being trained/oriented to gradually take up the activities carried out by CINI ASHA. The chief result of this programme is as follows: establishment of staff training sessions on teaching methodology, child psychology, child rights, counselling skills and communication skills; use of innovative educational material in Bengali, Hindi and Urdu; vocational training courses and weekly theatre workshops.

Source: www.cwatnet.coth/vol1-2&3/butterflies.htm
www.differentindia.org/prayas.htm/
www.unescodelhi.nic.in/vsunescodelhi/edu.htm#.street

1118. India, with a population of more than one billion in 2000, has the largest population of street children in the world. A significant proportion of street children are working in the unorganized or informal service sector in every city, big or small, offering cheap labour, and catering to various needs of city-dwellers. The majority of children live or work on the streets of urban India, labouring as porters at bus or railway terminals; as mechanics in auto-repair shops; or as vendors of food, tea and handmade articles. They work as street tailors or as rag-pickers, picking garbage and selling usable materials to local buyers. They are often seen polishing shoes in shopping and commercial centres, working as domestic servants or as vegetable sellers, milk carriers and car cleaners. They carry heavy loads and work in cycle and automobile repair shops. They are also engaged in several hazardous industries and processes throughout the country. Many of them are also procured as sex workers. The parents/crime rings many a times use these children for begging around crossroads and places of worship.

1119. These children suffer from the worst kind of deprivation and denial of basic necessities like education, health, food, shelter, physical protection, security and recreation.

1120. Street children are susceptible drug/alcoholic addiction and to inhalants, such as cobbler's glue, correction fluid, gold/silver spray paint, nail polish, rubber cement, permanent/dry eraser makers and gasoline, which offer them an escape from reality and hunger. In exchange, they invite a host of physical and psychological problems, including hallucinations, pulmonary edema, kidney failure and irreversible brain damage. In order to secure a regular dose of drugs/alcohol and inhalants, they resort to pick-pocketing, petty theft and even more serious crimes. Many of these children eventually turn into hardened criminals controlled by organized crime rings for drugs trafficking, prostitution and other unlawful activities, thus placing a heavy burden on the law and order machinery.

1121. The increase in the number of street children-orphans, destitute, neglected and delinquent children is a matter of great concern to the Ministry Social Justice and Empowerment. Recognizing the basic responsibility of the government towards these children, specific schemes are being put into effect, to provide immediate relief and succour to these children as well as meet their long-term development needs.¹⁴ To meet these needs, the Ministry of Social Justice and Empowerment, GOI, implements the Integrated Programme for the Street Children. The programme has been dealt with in detail under the article, "Children Deprived of their Family".

2. Children Deprived of their Liberty, including any Form of Detention, Imprisonment or Placement in Custodial Settings

Article 37 (b)-(d)

Introduction

1122. The Juvenile Justice (Care and Protection of Children) Act, 2000, is the most comprehensive legislation for juveniles in India and this is displayed in the entire process of dealing with juveniles who infringe the law—beginning with identifying a neglected or delinquent juvenile as defined under the Act, the consequent trial by exclusive Juvenile Courts, setting up of Welfare Boards and rehabilitation of juveniles in institutions that have been set up for such children, with facilities for shelter, accommodation, food, education, etc.

1123. The State has a responsibility to protect children in custody—State officials are accountable for the way they treat children in their care, custody and control. Children apprehended and convicted are sent to homes setup under the Juvenile Justice (Care and Protection of Children) Act, 2000, which are based on the doctrine of *parents patraie*, which means that the State is expected to provide protection like a parent to the child who deviates from the norms of society.¹

Arrest, detention or imprisonment of a Juvenile

1124. The Juvenile Justice (Care and Protection of Children) Act, 2000, ensures that no child is deprived of his/her liberty arbitrarily or unlawfully. According to section 12 of the Act:

- (1) When any person is accused of a bailable or non-bailable offence and a juvenile is arrested or detained or appears or is brought before a board, such person shall, notwithstanding anything contained in the Code of Criminal Procedure, 1973, or

in any other law for the time being in force, be released on bail with or without surety but he shall not be released if there appear reasonable grounds for believing that the release is likely to bring him into association with any known criminal or expose him to moral danger or that his release would defeat the ends of justice.

- (2) When such person having been arrested is not released on bail under sub-section (1) by the officer in charge of the police station, such officer shall cause him to be kept in an observation home in the prescribed manner until he can be brought before a board.
- (3) When such person is not released on bail under sub-section (1) by the board it shall, instead of committing him to prison, make an order sending him to an observation home or place of safety for such period during the pendency of the inquiry regarding him as may be specified in the order.²

1125. Arrest, detention or imprisonment of a child is used as a measure of last resort if there appears reasonable grounds under the Juvenile Justice (Care and Protection of Children) Act, 2000, for believing that the release of the child is likely to bring him/her into association with any known criminal or expose him/her to moral danger or that his/her release would defeat the ends of justice.

1126. Section 13 of the Juvenile Justice (Care and Protection of Children) Act, 2000, states, “Where a juvenile is arrested, the officer in charge of the police station or the special juvenile police unit to which the juvenile is brought shall, as soon as may be after the arrest, inform the following:

- the parent or guardian of the juvenile, if they can be found, of such arrest and direct them to be present at the board before which the juvenile will appear; and
- the probation officer, to enable him to obtain information regarding the antecedents and family background of the juvenile and other material circumstances likely to be of assistance to the board for making the inquiry”

1127. Section 15 (1) of the Juvenile Justice (Care and Protection of Children) Act, 2000 states, “Where a Board is satisfied on inquiry that a juvenile has committed an offence, then, notwithstanding anything to the contrary contained in any other law for the time being in force, the board, may if it thinks so fit:

- allow the juvenile to go home after advise or admonition following appropriate inquiry against and counselling to the parent or the guardian and the juvenile;
- direct the juvenile to participate in group counselling and similar activities;
- order the juvenile to perform community service;
- order the parent or the juvenile himself to pay a fine, if he is over 14 years of age and earns money;
- direct the juvenile to be released on probation of good conduct and placed under the care of any parent, guardian or other fit person, on such parent, guardian or other fit

person executing a bond with or without surety, as the board may require, for the good behaviour and well-being of the juvenile for any period not exceeding three years;

- direct the juvenile to be released on probation of good conduct and placed under the care of any fit institution for the good behaviour and well-being of the juvenile for any period not exceeding three years;
- make an order directing the juvenile to be sent to a special home:
 - (i) in the case of the juvenile being over seventeen years but less than 18 years of age, for a period of not less than two years;
 - (ii) in case of any other juvenile for the period until he ceases to be a juvenile.”

1128. Provided that the Board may, if it is satisfied that having regard to the nature of the offence and the circumstances of the case, it is expedient so to do, for reasons to be recorded, reduce the period of stay to such period as it thinks fit.

- (1) The board shall obtain the social investigation report on the juvenile either through a probation officer or a recognised voluntary organisation or otherwise, and shall take into consideration the findings of such report, before passing an order.
- (2) Where an order under clause (d), clause (e) and clause (f) of sub section (1) is made, the board may, if it is in the interest of the juvenile and of the public, it is expedient so to do, in addition make an order that the juvenile in conflict with the law shall remain under the supervision of a probation officer named in the order during such period, not exceeding three years as may be specified therein, and may in such supervision order imposed such conditions as it deems necessary for the due supervision of the juvenile in conflict with the law.
- (3) Provided that if at any time afterwards, if it appears to the board on receiving a report from the probation officer or otherwise, that the juvenile in conflict with the law has not been of good behaviour during the period of supervision or that the fit institution under whose care the juvenile was placed is no longer able or willing to ensure good behaviour and well-being of the juvenile it may, after making such inquiry it deems fit, order the juvenile in conflict with the law to be sent to a special home.
- (4) The board shall, while making a supervision order under sub-section of (3), explain to the juvenile and the parent, guardian or other fit person or fit institution, as the case may be, under whose care the juvenile has been placed, the terms and conditions of the order and shall forward one copy of the supervision order to the juvenile, the parent, guardian or other fit person or fit institution, as the case may be, the sureties, if any, and the probation officer.

1129. Thus sections 13 and 15 of the Juvenile Justice (Care and Protection of Children) Act, 2000, ensure that all positive corrective options are followed before sending the juvenile to a home.

1130. As per section 18(1) of the Juvenile Justice (Care and Protection of Children) Act, 2000, all children are to be kept separately from adults in the best interests of the child. The section states—“Notwithstanding anything contained in Section 223 of the Code of Criminal Procedure, 1973, or in any other law for the time being in force, no juvenile shall be charged with or tried for any offence together with a person who is not a juvenile.”

1131. Section 48 and Section 62 (1) of the Juvenile Justice (Care and Protection of Children) Act, 2000, lay down provisions relating to the availability of health and educational facilities for the juvenile. According to Section 48 (1) of the Act, when a juvenile or child who has been brought before a competent authority under this Act, is found to be suffering from a disease requiring prolonged medical treatment or physical or mental complaint that will respond to treatment, the competent authority may send the juvenile or the child to any place recognized to be an approved place in accordance with the rules made under this Act for such period as it may think necessary for the required treatment.

1132. Where a juvenile or child is found to be suffering from leprosy, sexually transmitted disease, hepatitis B, tuberculosis or such other diseases or is of unsound mind, he shall be dealt with separately, through various specialised referral services or under relevant laws as such.

1133. Section 62 (1) states, “The central Government or a State Government may constitute a central or a State Advisory Board, as the case may be, to advise that Government on matter relating to the establishment and maintenance of the homes, mobilisation of resources, provision of facilities for education, training, rehabilitation of children in need of care and protection of juveniles in conflict with the law, and coordination among various officials and non-official agencies concerned.”

Respect for the views of the child

1134. Section 8 (4) of the Juvenile Justice (Care and Protection of Children) Act, 2000, states that every juvenile who is not placed under the charge of a parent or guardian and is sent to an observation home shall be initially kept in a reception unit of the observation home for preliminary inquiries, care and classification according to his age group, such as 7-12/12-16 years, and 16-18 years, giving due consideration to physical and mental status and degree of the offence committed, for further induction into an observation home.

1135. Further, section 9(1) of the Act empowers the State Government to establish and maintain by itself or under an agreement with voluntary organizations, special homes in each district or a group of districts as may be required, for reception and rehabilitation of juveniles in conflict with the law under this Act.

1136. Section 11 of the Act states that any person in whose charge a juvenile is placed in pursuance of the Act shall, while the order is in force, have control over the juvenile as he would have if he were his parents, and shall be responsible for his maintenance, and the juvenile shall remain in his charge for the period stated by a competent authority, notwithstanding that he is claimed by his parents or any other person.

1137. Section 13 (a) of the Juvenile Justice (Care and Protection of Children) Act, 2000, lays down that where a juvenile is arrested, the officer in charge of the police station or the special juvenile police unit to which the juvenile is brought shall, as soon as may be after the arrest,

inform the parent or guardian of the juvenile, if he can be found, of such arrest and direct him to be present at the board before which the juvenile will appear.

1138. Further, section 14 of the Act states that where a juvenile having been charged with the offence is produced before a board, the board shall hold the inquiry in accordance with the provisions of this Act and may make such order in relation to the juvenile as it deems fit, provided that an inquiry under this section shall be completed within a period of four months from the date of its commencement, unless the period is extended by the board, having regard to the circumstances of the case and in special cases after recording the reasons in writing for such extension.

3. The Sentencing of Children, with Particular Reference to the Prohibition of Capital Punishment and Life Imprisonment

Article 37 (a)

1139. Section 14 of the Juvenile Justice (Care and Protection of Children) Act, 2000, prohibits sentencing of a delinquent juvenile to death or imprisonment or commitment to prison in default of payment of fine or in default of furnishing security¹ (see box 8.17). Similarly, the Indian Penal Code prohibits imposition of death penalty on children.²

1140. Section 15 (1) of the Juvenile Justice (Care and Protection of Children) Act, 2000 states, “Where a board is satisfied on inquiry that a juvenile has committed an offence, then, notwithstanding anything to the contrary contained in any other law for the time being in force, the board, may if it thinks so fit:

- allow the juvenile to go home after advise or admonition following appropriate inquiry against and counselling to the parent or the guardian and the juvenile;
- direct the juvenile to participate in group counselling and similar activities;
- order the juvenile to perform community service;
- order the parent the juvenile himself to pay a fine, if he is over 14 years of age and earns money;
- direct the juvenile to be released on probation of good conduct and placed under the care of any parent, guardian or other fit person, on such parent, guardian or other fit person executing a bond with or without surety, as the board may require, for the good behaviour and well-being of the juvenile for any period not exceeding three years;
- direct the juvenile to be released on probation of good conduct and placed under the care of any fit institution for the good behaviour and well-being of the juvenile for any period not exceeding three years;

Box 8.17: Section 26: Orders that may not be passed against delinquent juveniles

(1) Notwithstanding anything to the contrary contained in any other law for the time being in force, no delinquent juvenile shall be sentenced to death or life imprisonment, or committed to prison in default of payment of fine or in default of furnishing security:

Provided that where a juvenile who has attained the age of 16 years has committed an offence and the board is satisfied that the offence committed is of so serious nature or that his conduct and behaviour have been such that it would not be in his interest or in the interest other juveniles in a special home, to send him to such special home and that none of the other measures provided under this Act is suitable or sufficient, the board may order the juvenile in conflict with the law to be kept in such place of safety and in such a manner as it thinks fit and shall report the case for the orders of the State Government.

(2) On receipt of a report from a board under sub-section (1), the State Government may make such arrangement in respect of the juvenile as it deems proper and may order such juvenile to be kept under protective custody at such a place and on such conditions as it thinks fit.

Provided that the period of detention so ordered shall not exceed the maximum period of imprisonment to which the juvenile could have been sentenced for the offence committed.

Source: Juvenile Justice (Care and Protection of Children) Act, 2000.

- make an order directing the juvenile to be sent to a special home:
 - (i) in the case of the juvenile being over 17 years but less than 18 years of age for a period of not less than two years;
 - (ii) in case of any other juvenile for the period until he ceases to be a juvenile;
 - (iii) provided that the board may, if it is satisfied that having regard to the nature of the offence and the circumstances of the case it is expedient so to do, for reasons to be recorded, reduce the period of stay to such period as it thinks fit²³

4. Physical and Psychological Recovery and Social Reintegration of the Child

Article 39

Introduction

1141. There are several programmes being implemented for the rehabilitation and development of juveniles in India. The principle agency involved is the Ministry of Social Justice and Empowerment along with the State Governments, autonomous bodies and NGOs.

1142. A juvenile who requires physical and psychological recovery and social reintegration is helped to face these problems not only through care and protection in observation and special homes but also through appropriate after care schemes. The purpose of these after care schemes is to take care of juveniles after they leave the homes and to enable them to lead an industrious and useful life. Taking care also includes maintenance facilities like food, clothing and shelter.

Some schemes of the Ministry of Social Justice and Empowerment

A Programme for Juvenile Justice

1143. During the year 1998-99, the Scheme was revised with a view to strengthening the implementation of Juvenile Justice Act, 1986 in the country and bring about a qualitative improvement in the services provided under the scheme to both neglected as well as delinquent children. So far, 287 Observation Homes, 290 Juvenile Homes, 35 Special Homes and 50 After Care Institutions have been established. In addition, there are 189 Juvenile Courts and 271 Juvenile Welfare Boards operating in different parts of the country.

Process of rehabilitation and social integration

1144. The Juvenile Justice (Care and Protection of Children) Act, 2000, states that the rehabilitation and social integration of a child shall begin during the stay of the child in a children's home or special home and the rehabilitation and social integration of children shall be carried out alternatively by (a) adoption, (b) foster care, (c) sponsorship, or (d) sending the child to an after-care organization (section 40 of the Act).

1145. The children's home or the State Government-run institutions for orphans shall be recognized as adoption agencies both for scrutiny and placement of such children for adoption in accordance with the guidelines issued under sub-section (3) [section 41 (4) of the Act].

1146. No child shall be offered for adoption without his consent in the case of a child who can understand and express his consent [section 41 (5) of the Act]. Further the Board may allow a child to be given in adoption— (a) to a single parent, and (b) to parents to adopt a child of the same sex irrespective of the number of live biological sons or daughters [section 41 (6) of the Act].

1147. Section 44 of the Act states that the State Government may, by rules made under this Act,

- provide for the establishment or recognition of after-care organisations and the functions that may be performed by them under this Act;
- for a scheme of after-care programme to be followed by after-care organisations for the purpose of taking care of juveniles or children after they leave special homes or children's homes and for the purpose of enabling them to lead an honest, industrious and useful life.

1148. Section 45 of the Act empowers the State Governments to make rules to ensure effective linkages between various governmental, non-governmental, corporate and other community agencies for facilitating the rehabilitation and social integration of the child.

1149. The following measures have been taken by the Government of Tamil Nadu to ensure that the Rights of the Child in Juvenile Homes:

- Exclusive institutions have been established to provide care and protection for delinquent children. Monthly meeting of children and their family are organized;

- Probation Officer, psychologists have been appointed to coordinate the activities;
- A complaint cell is functioning in the Directorate of Social Defence;
- In all institutions, full-time medical officer/part-time officer has been appointed to look into the health needs of children. Similarly, all the institutions have facilities for imparting education up to class VIII. For higher education, children are sent to regular schools. Children are also provided with opportunities to pursue professional courses like medical/engineering, etc;
- The Tamil Nadu Legal Aid Board regularly deputes representatives from panel of lawyers to ensure that legal aid is provided to children in distress in the observation homes.¹

Box 8.18: Childline

After making an impact with earlier national projects for older citizens and the disabled the Ministry of Social Justice and Empowerment has now turned its attention to street children, with a stress on compassion. It has made child protection a work priority in the Ministry and sought public participation and support from the allied system, consisting of the police, healthcare and welfare, judiciary, education, transport, labour, media and the corporate sector.

The aim of Project Childline is to ensure that “a childhood to every child” is just a call away. Help can be sought by any child on the street or a victim of child abuse on telephone number 1098 through the night-and-day childline service. Help will arrive from the police and support from identified NGOs.

The National Initiative for Child Protection (NICP) is a campaign initiated by the Ministry of Social Justice & Empowerment through the National Institute of Social Defence (NISD) and CHILDLINE in India Foundation (CIF).

NICP aims at building partnerships with the Allied Systems for Child Protection and promotion of Child’s Rights. These Allied Systems are:

- The police
- The health care system
- The judicial system, especially the juvenile justice system
- The education system
- The transport system
- The Labour Department
- The media
- The Department of Telecommunication
- The corporate sector (especially hoteliers)
- The community at large (especially elected representatives and PCO owners)

NICP hopes to achieve this by training people who work within the Allied Systems. As awareness increases in this group, it is believed that every child will get her or his rights. It is believed that this training will yield a greater understanding of the circumstances of the child and will also lead to:

- Greater access to services such as health care, education, justice, etc.
- Development of specialised services where they are needed.
- Allocation of resources including time, attention, money, infrastructure, etc.
- An attitudinal change in perceiving the needs of a child and helping him/her.

The partners for NICP include:

- Children
- Government at the Central, State and Local levels

- Non-Governmental Organisations
- Academic and Training Organisations
- UNICEF
- National Commission for Women
- The Allied Systems

The training activities are going to be supported by the Institute in partnership with concerned organizations. Training modules under this programme for various functionaries have already been developed. These training modules propose to use a multi-dimensional, multi-cultural and multi-layered approach. More than 600 training programmes have already been carried out and more training programmes have been planned for the future covering 14 cities of the country for training various levels of functionaries in the Police Department, Health Care Department, Judiciary—specially the Juvenile Justice functionaries, Education Department, Transport Department, Labour Department, Media Personnel, Department of Telecommunication, corporate sector, elected representatives and members of the community.

Source: Online edition of India's National Newspaper on indiaserver.com, Wednesday, June 28, 2000

An Integrated Programme for Street Children

1150. The objective of this programme is to prevent destitution of children and facilitate their withdrawal from life on the streets. The programme provides for shelter, nutrition, health care, education, recreation facilities to street children and seeks to protect them against abuse and exploitation. The target group of this programme is children without homes and family ties, that is, street children and children especially vulnerable to abuse and exploitation such as children of sex workers and children of pavement dwellers. In addition to voluntary organisations, State Governments, UT administrations, local bodies, and educational institutions are also eligible for financial assistance from the Government under this programme.

Childline Service

1151. This service which was started in Mumbai is now available in 25 cities, namely, Ahmedabad, Alwar, Baroda, Bhopal, Bhubaneshwar, Calcutta, Chennai, Cochin, Coimbatore, Delhi, Goa, Guwahati, Hyderabad, Indore, Kutch, Jaipur, Lucknow, Mumbai, Nagpur, Patna, Pune, Thiruvananthapuram, Varanasi, Vijayawada, Vishakapatnam. It is aimed to cover 30 cities by the end of the Ninth Five-Year Plan. The basic objectives of the Childline Service are as follows:-

- To respond to children in emergency situations and refer them to relevant Governmental and NGOs;
- To create a structure ensures the protection of the rights of the child as ratified in the United Nations Convention on the Rights of the Child and the Juvenile Justice Act, 1986;
- To provide a platform for networking amongst organizations and to strengthen support systems that facilitate the rehabilitation of children in especially difficult circumstances;
- To sensitise agencies such as police, hospitals, municipal corporations and the railways towards the problems faced by these children,
- To provide an opportunity to the public to respond to the needs of children in difficult circumstances.

1152. Childline is envisaged by the Ministry as a national service in each city. The service is being standardized to meet common norms and objects. Keeping in view the highly mobile character of street children the telephone number for accessing the service nationwide is 1098. The Ministry of Communications has provided a toll-free dedicated line-1098.

Childline India Foundation

1153. Childline India Foundation has been established as an umbrella organization to identify, provide support-services and to monitor efficient service delivery of the centres at various locations. It serves as a link between the Ministry and NGOs in the field. The Secretary, Ministry of Social Justice and Empowerment, is the Chairperson of the Governing Board of the Foundation.

Rehabilitation of Children of Sex Workers

1154. Children of sex workers are among the most disadvantaged and neglected children. The Ministry, recognizing the need for their rehabilitation, commissioned a project in collaboration with voluntary organizations for this purpose. Grants-in-aid have been released to 25 voluntary organizations during 1999-2000 for implementation of this project. The grant is released for imparting vocational training, non-formal education, health care and nutrition.

1155. Besides the above projects, grants have also been released for day-care-centres for children of fishermen, construction of a home for destitutes and maintenance of 25 orphan girls in Port Blair.

1156. The total amount of grant-in-aid released for all the above mentioned projects during 1999-2000 is Rs 73 lakh.

C. Children in Situation of Exploitation, including Physical and Psychological Recovery and Social Integration

1. Economic Exploitation of Children, including Child Labour

Article 32

Introduction

1157. The phenomenon of working children is invariably associated with poverty and is usually considered to be a by-product of under development. The highest incidence of child labour is said to be in the poorest countries of the world, and in the poorest regions of those countries. Globalization, indebtedness and the widening income gap between the rich and the poor countries may also exacerbate the problem. Several studies have pointed out that globalization does have a negative influence in the short term. Structural policies of adjustments have resulted in many developing countries spending less on basic services such as education.

1158. However, a crucial distinction has to be made between child labour and child work. Child work should be used as the generic term, and should refer to any type of work in any mode of employment relationship. The concept of work, which is a description of a physical (or mental) involvement in a job, may be an activity which, rather than being harmful, is beneficial to the child in its formative socialization. The concept of labour, on the other hand, should be restricted

to the production and services which interfere with the normal development of children as defined by the CRC.

1159. There is a perception that quite a lot of what has been subsumed under child labour, is actually work performed during a standard process of socialization and not associated with labour exploitation or interfering with the quality of development which the child in the given circumstances could expect.¹

1160. Towards fulfilling the national commitment of eliminating child labour, the Ninth Five-Year Plan is committed to enforcing the ongoing legal as well as remedial measures to eliminate child labour not only by strengthening various instruments that prevent/combat the problem of child labour but also by ensuring their effective implementation.²

1161. Non-availability of accurate, authentic, and up-to-date data on child labour has been a major handicap in planned intervention for eradication of this social evil. This, however, does not minimize the urgency and importance of drawing up concrete programmes for identification, release and rehabilitation of working children.

1162. Poverty has been identified as a major factor compelling parents to send their children to work. Lack of awareness and educational opportunity and ineffective enforcement of child labour-related laws contribute to the existence and acceptance of this social evil. The improvement in the living , working and economic conditions of the parents is considered crucial to the elimination of child labour. The ultimate objective of the child labour programme is to convert working children into productive and participative members of the society.³ Success can be achieved only through social engineering on a major scale combined with national economic growth.⁴

Box 8.19: Amar came to Mumbai to meet Sachin Tendulkar

He happened to ask a policeman in plain clothes for the address. The policeman called Childline. Amar refused to go home, saying that he wanted to live in Mumbai. Childline referred him to a shelter. A few days later, a Childline volunteer escorted him home.

Source: National Initiative for Child Protection (NICP)-A Resource Book...To Every Child a Childhood, Ministry of Social Justice and Empowerment

Current situation

1163. The 1991 census data on child labour, compiled by the Registrar General and Census Commissioner, estimates the number of working children in the country at 11.28 million.

1164. The State with the highest child labour population in the country is Andhra Pradesh, which as per the 1991 census had 1.66 million working children. Other States where child labour population is more than one million are Madhya Pradesh, Maharashtra and Uttar Pradesh. More than 90 percent of child labour is engaged in rural areas, in agriculture and allied employment like cultivation, agricultural labour, livestock, forestry and fisheries.⁵

1165. Although a major cause, poverty alone does not cause child labour. As ILO rightly warns, “Poverty is not the only reason for the existence of child labour. The picture varies across households and across regions and countries. Countries which are equally poor may yet have

relatively high or relatively low levels of non-school-going children or of working children. Underlying child labour obviously also is the pull factor, the desire to maximise profits and to command an utmost docile and flexible labour force. The absence of a strong (adult) labour movement and a strong civic society in general, in combination with the inertia of government institutions will allow these tendencies a free hand.” Thus, child labour is essentially associated with inequality in society.

1166. In India, the correlation between child labour and regional poverty is inconclusive. Some of the poorer states, for different reasons, have a lower child labour count, and some of the richer states have a higher count.

1167. Agricultural development as such may not reduce the incidence of child labour as much as direct efforts to improve the living conditions of marginal farmers and landless labourers. The intensity of child labour, it could be said, rather relates to the female labour-force participation rate.

1168. Literacy rate is another variable which is often used to explain the differences in child employment ratios. Empirically, Kerala furnishes a strong correlation between literacy and the decline of child labour. It is not merely the economic advancement but the overall social development, including education, which plays a major role in the incidence of child labour. This is why Kerala has a lower incidence of child labour than Punjab, Haryana and several other states which have lower poverty ratios. Other states with a relatively high literacy level, like Maharashtra and Tamil Nadu, however, have an above average child labour ratio, indicating that the demand for labour on the pull side is not balanced by a desire for education on the push-side. Educationally backward states like Bihar and Uttar Pradesh, on the other hand, have a relative low child labour ratio because of a falling demand for child labour.

1169. An important fact that has been established by many surveys is that access to education is a general wish among parents and children, but this remains unfulfilled due to the lack of properly functioning government schools.⁶

Box 8.20: Government's commitment

Government's commitment to addressing the problems of child labour is reflected in the National Agenda of Governance. The agenda states that the aim is to ensure that no child remains illiterate, hungry or lacks medical care, and that measures will be taken to eliminate child labour.

Source: Annual Report, 1999-2000, Ministry of Labour, GOI, page 161

Constitutional and Policy Framework

1170. India has all along followed a proactive policy with respect to the problem of child labour, and has stood for constitutional, statutory and developmental measures to combat child labour. Six ILO conventions relating to child labour have been ratified, three of these as early as the first quarter of the twentieth century. The framers of the Indian Constitution consciously incorporated relevant provisions in the Constitution to secure compulsory universal primary education as well as labour protection for children (see box 8.21).

Box 8.21: Constitutional provisions

Article 24—Prohibition of employment of children in factories, etc.:

No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.

Article 39—The State shall in particular, direct its policy towards securing:

- That the health and strength of workers, men and women, and the tender age of children are not abused and the citizens are not forced by economic necessity to enter a vocation unsuited to their age or strength.
- That children are given opportunities and facilities to develop in a healthy manner and in condition of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Article 45—Provision for free and compulsory education for children:

The State shall endeavour to provide, within a period of 10 years from the commencement of this Constitution, for free and compulsory education for all children until they complete the age of 14 years.

Source: Annual Report, 1999-2000, Ministry of Labour, GOI, page 156.

1171. If the provisions on child labour in international conventions such as the ILO standards and the CRC are compared with Indian standards, it can be said that the Indian Constitution articulates higher standards in some respects. The Constitution of India specifies that a child has a right not to be used in “forced” or “bonded” labour. The Constitution also specifies in its chapter on Fundamental Rights that ‘no child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous work’. The aspect of child labour is also covered under the Directive Principles of State Policy which are not legally enforceable, but are fundamental in the governance of the country. These Directive Principles specifically refer to the duty to formulate policies preventing exploitation of workers or prohibiting child labour, or contain general provisions on safeguarding a child’s welfare and protecting children from exploitation. Equality provisions in the Constitution authorise affirmative action policies on behalf of the child.

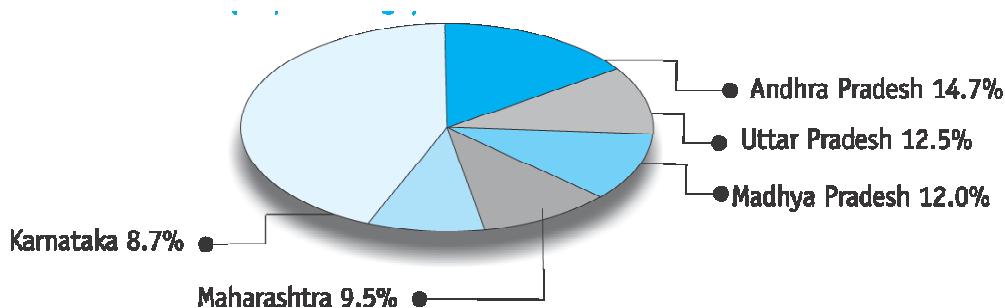
1172. Directive Principles of State Policy indicate that the Government must take measures to achieve the goal of free and compulsory education for children under the age of 14 years. They also refer to the eradication of illiteracy by ensuring universal and equal access to education at all levels. In that sense, they postulate higher standards on education than the Convention, which focuses on free compulsory primary education.⁷

1173. Labour Commissions and Committees have gone into the problems of child labour and made extensive recommendations. India’s judiciary right up to the apex level has demonstrated empathetic responses against the practice of child labour. India’s policy on child labour has evolved over the years in this backdrop.

1174. The policy of the Government is to ban employment of children below the age of 14 years in factories, mines and hazardous employment and to regulate the working conditions of children in other employment.⁸

1175. The GOI adopted a National Child Labour Policy in 1987. The objective of the policy was not only to place the issue on the nation’s agenda, but also formulate a specific programme of action to initiate the process of progressive elimination of child labour. The policy consists of three complementary measures:

- (a) **Legal action plan:** The policy envisages strict enforcement of the provisions of the Child Labour (Prohibition and Regulation) Act, 1986, and other child-related legislation.
- (b) **Focus on general development programmes benefiting children, wherever possible:** The policy envisages the development of an extensive system of non-formal education for working children withdrawn from work, and increase in the provision for employment and income-generating schemes meant for their parents. A special cell—Child Labour Cell—was constituted to encourage voluntary organizations to take up activities like non-formal education, vocational training and provision of health care, nutrition and education for working children.
- (c) **Area specific projects:** To focus on areas known to have high concentration of child labour and to adopt a project approach for identification, withdrawal and rehabilitation of working children.⁹

Figure 8.1: State-wise distribution of working children

Source: Annual Report, 1999-2000, Ministry of Labour, GOI

Table 8.5: Distribution of working children (as per 1991 census)

State/Union Territory	Main workers	Marginal workers	Total workers
Andhra Pradesh	1,537,293	124,647	1,661,940
Assam	259,953	67,645	327,598
Bihar	795,444	146,801	942,245
Gujarat	373,027	150,558	523,585
Haryana	89,030	20,661	109,691
Himachal Pradesh	30,771	25,667	56,438
Jammu and Kashmir	*	*	*
Karnataka	818,159	158,088	976,247
Kerala	28,590	6,210	34,800
Madhya Pradesh	997,940	354,623	1,352,563
Maharashtra	805,847	262,571	1,068,418
Manipur	13,478	3,015	16,493
Meghalaya	30,730	3,903	34,633
Nagaland	16,106	370	16,476
Orissa	325,250	127,144	452,394
Punjab	132,414	10,454	142,868

Rajasthan	490,522	282,677	773,199
Sikkim	5,254	344	5,598
Tamil Nadu	523,125	55,764	578,889
Tripura	13,506	2,972	16,478
Uttar Pradesh	1,145,087	264,999	1,410,086
West Bengal	593,387	118,304	711,691
Andaman and Nicobar Islands	758	507	1,265
Arunachal Pradesh	11,632	763	12,395
Chandigarh	1,839	31	1,870
Dadra and Nagar Haveli	2,677	1,739	4,416
Delhi	26,670	681	27,351
Daman and Diu	741	200	941
Goa	3,938	718	4,656
Lakshadweep	17	17	34
Mizoram	6,391	10,020	16,411
Pondicherry	2,565	115	2,680
Total	9,082,141	2,203,208	11,285,349

* Census could not be conducted

Source: Registrar General of India

NB: Figures for 1991 relates to workers of age group 5-14 years

International Conventions

1176. India has signed the following conventions related to child labour.¹⁰

- (a) **Convention No 5 of 1919**—It provides that children under the age of 14 years should not be employed or allowed to work in any public or private industrial undertaking other than an undertaking in which only members of the same family are employed. The term “industrial undertaking” includes mines, quarries, manufacturing industries, construction, maintenance and repairs and transport of passengers or goods by road, rail or inland waterways This convention was ratified by India on September 9, 1955;
- (b) **Convention No 6 of 1919**—It provides that young persons under 18 years of age are not to be employed during the night in any public or private industrial undertakings, which includes mines, manufacturing units, quarries, construction, transport. In case of India “industrial undertaking” includes only factories as defined by the Indian Factories Act, and the age is 14 instead of 18, as provided in the Convention. This convention was ratified by India on August 7, 1921;
- (c) **Convention No 15 of 1921**—It provides that young persons under the age of 18 years are not to be employed on vessels as trimmers or stokers. India ratified this convention on November 20, 1922;
- (d) **Convention No 16 of 1921**—The convention provides for compulsory medical examination of children and young persons employed at sea. The fitness certificate is to be given at intervals of not more than one year. This convention was ratified by India on November 20, 1922;

Table 8.6: Child labour indicators from Multi-Indicator Cluster Survey-2

List of Indicators	All India (Weighted average)
Percent of children aged 5-14 years working for someone outside the family	
• <i>For pay</i>	2.8
• <i>Not for pay</i>	2.9
• <i>Total</i>	—
Percent distribution of children working for someone outside the family by sector of work	
• <i>Agriculture and livestock</i>	28.3
• <i>Manufacturing</i>	5.1
• <i>Cottage industry</i>	3.7
• <i>Domestic labour</i>	18.8
• <i>Other</i>	27.5
Percent of children aged 5-14 years	
• <i>Engaged in household chores</i>	42.3
• <i>Engaged in household chores for more than four hours a week</i>	31.9
• <i>Engaged in family enterprise/work</i>	8.2
• <i>Engaged in family enterprise/work for more than four hours a week</i>	6.9
Median duration of work by children who are engaged	
• <i>For someone outside the family</i>	20.7
• <i>In household chores</i>	8.5
• <i>In family enterprise/work</i>	10.4

Source: MICS-2, UNICEF

Box 8.22: Employment of Children: protective legal provisions

Name of the Act	Protective provisions for children
<ul style="list-style-type: none"> • The Children (Pledging of Labour) Act, 1933 • The Factories Act, 1948 • The Mines Act, 1952 • The Motor Transport Workers Act, 1961 • The Child Labour (Prohibition and Regulation) Act, 1986 	<p>Any agreement to pledge the labour of children is void. Employment of children under 14 years of age is prohibited under these various laws.</p> <p>Except in the process of family-based work or recognised school-based activities, children are not permitted to work in occupations concerned with:</p> <ul style="list-style-type: none"> — Passenger, goods mail transport in railway — Carpet weaving — Cinder picking, cleaning of ash pits — Cement manufacturing — Building operation construction — Cloth printing — Dyeing, weaving — Manufacturing of matches, explosives, fireworks — Catering establishment in railway premises or port limits — <i>Beedi</i> making — Mica, cutting, splitting — Abattoirs

	<ul style="list-style-type: none">— “Hazardous process” and “dangerous operations” as defined, notified in Section 2(cb) and Section 87 of the Factories Act 1948 respectively.— Wool cleaning— Printing, as defined in Section 2(k) of the Factories Act, 1948— Cashew and cashewnut descaling and processing— Soldering processes in electronic industries <p>In occupations and processes other than the above mentioned, work by children is permissible only for six hours between 8.00 a.m. and 7.00 p.m. with one day's weekly rest. Occupier of establishment employing children to give notice to local inspector and maintain prescribed register.</p>
• The Plantation Labour Act, 1951	Children/adolescents are allowed to work 27 hours a week.
• The Minimum Wages Act, 1948	Child work is not allowed during night i.e. 7.00 p.m. to 6.00 a.m. Children are permitted to work in plantation only where certificate of fitness is granted by a certifying surgeon. On completion of 15 days, leave with wages is to be allowed.

Source: Annual Report, 1999-2000, Ministry of Labour, GOI

- (e) **Convention No 90 of 1948**—This convention partly revises Convention No 6 of 1919. The term “night” signifies a period of at least 12 consecutive hours instead of 11 prescribed in Convention No. 6. India ratified this convention on February 27, 1950.
- (f) **Convention No 123 of 1965**—This convention provides that the minimum number of young persons to work in an underground mine, should be fixed in consultation with the employers and workers, organisations and that the age should not be less than 16 years. India ratified this convention on March 20, 1975.

Legislation

1177. The present regime of laws relating to child labour have a pragmatic foundation and are consistent with the International Labour Conference Resolution of 1979 which calls for a combination of prohibitory measures and measures for humanising child labour wherever it cannot be immediately outright in the short run. (see box 8.22).

1178. The Child Labour (Prohibition and Regulation) Act, 1986, seeks to achieve this basic objective. The Act prohibits employment of children in occupations and processes listed in Part A and B of the Schedule to the Act. Through a notification dated 27 January 1999, the Schedule has been substantially enlarged to add six more occupations and 33 processes to the Schedule, bringing the total to 13 occupations and 51 processes, respectively.

1179. The Child Labour (Prohibition and Regulation) Act, 1986, provides for the constitution of a Child Labour Technical Advisory Committee to advise the Central Government for the purpose of addition of occupations and processes to the Schedule to the Act.¹¹

1180. The Government recently amended the Central Civil Services (Conduct) rules to prohibit the employment of children. According to this, no Government employee shall employ any child below the age of 14 years.¹²

1181. As an immediate response to the States which have made necessary changes to the State Service Rules are: Andhra Pradesh, Tamil Nadu, Karnataka, Assam, Goa, Himachal Pradesh, Jammu and Kashmir, Maharashtra, Madhya Pradesh, Mizoram, Sikkim, Tripura and West Bengal.¹³

1182. The State Governments too have been taking steps to eliminate child labour. For instance, the Government of West Bengal has begun consultations with organizations of workers, NGOs and their agencies (to identify the worst forms of child labour). A steering committee has been set up to coordinate the process of eliminating the worst forms of child labour has been setup. It organizes special hearings through the NGOs to receive input from child labourers for the design of the programme. It has started a process of consultation with organizations of workers, employers and other concerned groups on programmes of action against worst forms of child labour.¹⁴

Table 8.7: Child labour as a percentage of child population—Rural

	1971	1981	Female labour participation rate 1991
Andhra Pradesh	14.1	16.6	30.1
Karnataka	9.9	13.8	22.7
Madhya Pradesh	9.7	13.9	22.8
Maharashtra	7.3	12.9	26.5
Tamil Nadu	7.0	10.8	25.1
Orissa	8.0	10.5	12.1
Rajasthan	8.0	9.9	13.0
Gujarat	9.9	8.6	13.7
Bihar	6.9	6.0	10.0
Uttar Pradesh	5.5	5.1	7.5
West Bengal	4.1	4.6	8.0
Punjab	5.4	NA	2.8
Kerala	1.9	0.7	12.8

Source: *Children, Work and Education - I, General Parameters, Economic and Political Weekly, June 10, 2000, page 2038*

1183. The State of Kerala is drafting a legislation totally banning child labour, the first State to do so. The draft of the Bill has already been prepared by the Department of Labour and is expected to be presented before the assembly in due course. The State is also planning to set up a Child Labour Elimination Authority.¹⁵

Judicial interventions

1184. Judicial interventions are one of the most powerful instruments available for combating child labour. Like many countries, the Indian judiciary has given appropriate importance to the issue of prohibiting the employment of children under a certain age and regulating working conditions for children above the minimum age.

1185. The Supreme Court, in its judgement on December 10, 1996 in a writ petition [(Civil) No. 465/1986] has given certain directions regarding the manner in which children working in hazardous occupations are to be withdrawn and rehabilitated as also the manner in which the working conditions of children working in non-hazardous occupations are to be regulated and improved upon.

1186. Important directions given in the judgement include:

- Payment of compensation amounting to Rs 20, 000 by the offending employer for every child employed in contravention of the provisions of the Act;
- Constitution of the Child Labour Rehabilitation-cum-Welfare Fund;
- Giving alternative employment to an adult member of the family in place of the child withdrawn from the hazardous occupation or payment of an amount of Rs 5,000 for each child employed in hazardous employment, by the appropriate Government;

Box 8.23: Out of sight out of mind out of reach — A study of child domestic workers in Chennai

A study conducted by *Arunodhaya*, Centre for Street and Working Children, Chennai, Tamil Nadu, aimed at bringing the problem of child domestic workers into focus and identifying the factors which contributed to the problem, so that appropriate programmes of intervention could be initiated.

Functionaries of NGOs working in the field of child development and a cross-section of the public, including professionals, parents, employers, advocates and trade union leaders were interviewed to elicit opinions the issue of child domestic work and their participation to charter future course of action.

The study found that children were sent to work by compulsion and not by choice. They were found to have started working at a very young age. Parents did play a prime role in introducing children to the world of work. But among the residential child workers, the hand of outsiders engaged as 'recruiters' was evident. The study also showed that the literacy level of the parents has a direct influence on the education of the child.

Regarding terms of employment, in the majority of instances (87 per cent), there was no contract or agreement of any kind. Everything was informally negotiated, leaving it to the employer's discretion to hire or fire the child worker.

By and large, the child domestic workers appeared to have been well adjusted to the reality of their employment situation. The concept of child rights was unknown to 90 per cent of the children. The 10 per cent who said that they have some knowledge of child rights said that children have the right to study, write, speak and play.

Source: Out of Sight... Out of Mind... Out of Reach, A Study of Child Domestic Workers in Chennai-India, Arunodhaya, Centre for Street and Working Children, 1999

- Constitution of a separate cell in the Department of Labour in the appropriate Government for the purpose of monitoring and completion of the survey of children working in hazardous employment within a period of six months;
- Payment of interest on the corpus of Rs 25,000 (Rs 20,000 to be paid by the employer and Rs 5000 to be paid by the Government) to the family of the child withdrawn from work;
- Provision of education in a suitable institution for the child withdrawn from work.

1187. In a related judgement on 7th May 1999, the Supreme Court of India in a writ petition (Civil No. 12125/84 and 11643/85)—*Bandhwa Mukti Morcha, etc. vs. Union of India and others*, has also given a number of directions on the identification, release and rehabilitation of child labour. The Court, inter alia, directed the GOI to convene a meeting with the State Government to evolve principles/policies for progressive elimination of employment of children below 14 years in all employment consistent with the scheme laid down in Civil Writ Petition No. 465/86. These directions were given by the Court in the context of employment of children in the carpet industries in the State of Uttar Pradesh. In this case, the Court issue the following directions to the Government of Uttar Pradesh:

- (a) Investigate the conditions of employment of children;
- (b) Issue such welfare directions as are appropriate for total prohibition of employment below 14 years of age;
- (c) Provide facilitates for education, health, sanitation, nutritious food, etc.

1188. The implementation of the directions of the Supreme Court is being monitored by the Ministry of Labour and compliance of the directions reported to the Court on the basis of information received from the State/UT Governments.¹⁶ The Ministry of Labour issued guidelines to State Governments. Receipt of materials from the State Governments is monitored and affidavits filed before the Court from time to time.

Programme interventions

National Child Labour Project (NCLP)

1189. Under the project-based action plan, 12 National Child Labour Projects (NCLP) were started in Andhra Pradesh (Jaggampet and Markapur), Bihar (Garwah), Madhya Pradesh (Mandsaur), Maharashtra (Thane), Orissa (Sambalpur), Rajasthan (Jaipur), Tamil Nadu (Sivakasi) and Uttar Pradesh (Varanasi-Mirzapur-Bhadoli, Moradabad, Aligarh and Ferozabad). A major activity undertaken under NCLP is the establishment of special schools to provide non-formal education, vocational training, supplementary nutrition, stipend, health care, etc., to children withdrawn from employment. During 1999-2000 (till end of January 2000), 100 NCLPs have been sanctioned in child labour endemic States for rehabilitation of nearly 2 lakh children who were removed from work (see table 8.8).

International Programme on Elimination of Child Labour (IPEC)

1190. The International Programme on Elimination of Child Labour is a global programme launched by ILO in December 1991. India was the first country to join it in 1992. The long-term objective of IPEC is to contribute to the effective abolition of child labour. Important highlights of the IPEC programme in India are given in box 8.24.

1191. Altogether, 154 action programmes were taken-up for implementation under IPEC during 1992-99. The total number of children covered by these projects is 90,574. Further continuation of IPEC beyond December 1999 for two years has been signed by ILO and the GOI.¹⁷

Table 8.8: Coverage under National Child Labour Project

States	Number of districts covered	Sanctioned coverage		Actual coverage	
		Number of schools	Number of children	Number of schools	Number of children
Andhra Pradesh	22	915	58,050	797	50,508
Bihar	08	194	12,200	187	11,213
Karnataka	03	110	5,500	039	1,950
Madhya Pradesh	06	137	9,500	069	3,858
Maharashtra	02	74	3,700	061	3,170
Orissa	18	530	36,250	511	3,1456
Rajasthan	05	140	7,000	060	3,000
Tamil Nadu	09	425	21,900	353	17,190
Uttar Pradesh	11	350	22,500	170	11,730
West Bengal	07	279	14,000	232	11,650
Total	91	3154	190,600	2479	145,725

Source: Annual Report, 1999-2000, Ministry of Labour, GOI.

National Authority for the Elimination of Child Labour (NAECL)

1192. NAECL was constituted on September 26, 1994 under the chairmanship of the Labour Minister. Its functions are:

- (a) To lay down policies for elimination of child labour, particularly in hazardous employment;
- (b) To monitor the progress of implementation of projects and schemes for elimination of child labour;
- (c) To coordinate implementation of child labour-related projects of various GOI ministries to ensure convergence of services for the benefit of the families of child labour.

1193. Secretaries to GOI in the Ministries of Labour, Information and Broadcasting, Welfare, Rural Development, Textiles and the departments of Expenditure, Education, Health, Family Welfare and Women and Child Development are members of NAECL.¹⁸

National Resource Centre on Child Labour (NRCCL)

1194. NRCCL was set up in V.V. Giri National Labour Institute, NOIDA, Uttar Pradesh, in March 1993. The centre has been entrusted with the task of documentation, publication and creation of data-bank on child labour, research and training, media management and technical support services etc. The main objective of the centre is to assist the national and state governments, NGOs, policy makers and other social groups in the field of child labour through a variety of supports, and to develop capabilities of various target groups towards progressive elimination of child labour.

1195. During the period under review, training programmes were organised for various target groups involved with different aspects of child labour. A manual for trainers of enforcement officials in child labour legislation and enforcement material for factory and labour inspectors on child labour has been prepared. Orientation training on child labour for coordinators of NSS and NYK, trade union leaders, voluntary organizations and NGOs on child labour at Manipur, was conducted by the centre.

1196. NRCCL has also taken up a number of research studies. To assess the fallout of child labour legislation, a major project on child labour in home-based industries was undertaken in nine areas. Other ongoing research projects include child labour in *beedi* rolling industry in Orissa; plastic bead-making industry of Bhiwandi, Maharashtra; textile industries of Surat, Gujarat; study on child labour as domestic servants; child labour as an indicator of backwardness, etc.¹⁹

Assistance to voluntary organizations

1197. Under the grant-in-aid scheme, voluntary organizations are being financially assisted to the extent of 75 per cent of the project cost, for taking up welfare projects to rehabilitate working children. Financial aid is also provided for useful action-oriented research and study on the subject of child labour and preventive measures to discourage further accretion of children into employment. During the year 1999-2000, 72 voluntary agencies spread across 13 States (Andhra Pradesh, Bihar, Haryana, Jammu and Kashmir, Kerala, Madhya Pradesh, Maharashtra, Manipur, Delhi, Orissa, Tamil Nadu, Uttar Pradesh and West Bengal) received grant-in-aid.

1198. Grant-in-aid projects are monitored through periodic reports, field visits, etc. All State Governments have been directed to undertake a comprehensive evaluation of the projects.²⁰

Monitoring and evaluation

1199. A review of the implementation of various programmes for elimination of child labour reveals that in order to make a significant dent on this age-old social evil, a multi-pronged strategy coupled with massive mobilization of resources, both physical and financial is required.

1200. Before considering any expansion of the NCLP, it was considered appropriate to get the existing projects evaluated through independent evaluation agencies. Accordingly, five evaluation agencies evaluated child labour projects in Uttar Pradesh, Tamil Nadu, Andhra Pradesh, Orissa and Rajasthan. The report received showed that the magnitude of the child labour problem can be considerably reduced through rehabilitation measures by the projects and that there is need to continue the component of special schools or camp approach. The need for awareness-generation among the public was also highlighted.

Box 8.24: Highlights of IPEC programme in India

- National Consultation with trade unions
- Survey of child labour in sports goods industry
- Workshop on policy changes for elimination of child labour in rural areas
- State-based approach against child labour in Andhra Pradesh
- Consultation meeting with States on child labour
- Adoption of UN system in India: Position paper on child labour

- UN-system support of community based education
- Development of training packages on child labour for NCLP project directors
- Project for providing pre-vocational training skills and basic education/literacy to child labourers released from bondage
- Combating child labour in stone quarries and brick kilns
- Development of training package on child labour for trade unions at the State/district level
- Consolidation of work done on the training of labour and factory inspectors on child labour
- Training module for elected representatives of *Panchayati Raj* institutions
- Training module for judicial officers
- Setting up a child labour cell in the State Labour Institute, Orissa
- Conducting a multi-centric action research study on child labour in home-based industry
- Sensitising office bearers and members of INTUC and its affiliates against child labour
- Composite approach against child labour: sensitising and education
- Sensitising trade unions activists on the worst forms of child labour and counselling child labourers in distress
- Integrated area-specific approach against hazardous and exploitative forms of child labour in Ferozabad
- Four integrated area-specific projects to be implemented by NCLPs in Mirzapur (Uttar Pradesh), Jaipur (Rajasthan), Tripur (Tamil Nadu), and Virudhunagar (Tamil Nadu).

Source: Annual Report, 1999-2000, Ministry of Labour, GOI

1201. Subsequently, inter-ministerial teams were constituted to assess the progress made so far under the NCLPs and to ascertain the strength and weakness of child labour projects. The team comprising representatives of the Department of Expenditure, Planning Commission, Department of Women and Child Development, Ministry of Labour and Controller of Accounts of the Ministry undertook extensive visits to NCLPs at Rangareddy (Andhra Pradesh), Kalahandi (Orissa), Varanasi (Uttar Pradesh), Sivakasi (Tamil Nadu) and Jaipur (Rajasthan). The teams interacted with State Governments, NGOs, officials of the project, parents of children admitted in the special schools and representatives of the public in order to make an objective assessment, and ascertain the strengths and weaknesses of implementation of the NCLPs. Some of the observations and recommendations of teams are as follows:

- (a) NCLPs, which were set up with the main objective of withdrawing children hazardous occupations and mainstreaming them to the formal school system, have succeeded in achieving the desired objective to a large extent;
- (b) They have bridged an important gap in the education system and have been able to ensure rehabilitation of children withdrawn from hazardous employment, through education in special schools;
- (c) Performance of some of the projects is appreciable and worthy of replication;

- (d) As working children are from different socio-economic backgrounds and have different skills and experience, the schools essentially act as a bridge to facilitate their entry to the formal schools. Their continuance is therefore necessary;
- (e) One of the main weaknesses observed by the team was lack of systematic and periodic monitoring and inspection, both through the State Governments and periodic visits from the Ministry. Enforcement of labour laws also needs to be stepped up.

1202. Thereafter, a Central Monitoring Committee for the overall supervision, monitoring and evaluation of NCLP has been set-up under the Chairmanship of Secretary, Ministry of Labour.

1203. Action is also being taken at the district and State levels to monitor the pace and progress of operationalization of NCLPs. Detailed instructions have been issued to Project Societies regarding the manner of operationalization of projects, selection and training of teachers, curriculum, course content and textual material, evaluation of learning outcomes, mainstreaming of children etc.

1204. A revised scheme of NCLPs has been formulated taking into account various constitutional provisions related to child labour, the National Policy on Child Labour, 1987, country's commitment to various ILO resolutions and conventions, the present Government policy on child labour as enunciated in the National Agenda for Governance and the observations and recommendations made by the interministerial teams.²¹

Box 8.25: Some NGO initiatives

The **NGO Forum for Street and Working Children**, established in 13 cities, with more than 60 organisations working with street children, has played an important role in awareness building and empowerment of street children. The primary objectives of this group are to promote networking and co-ordination among NGOs, groups and individuals concerned with street children and to initiate and promote a common programme of action in the areas of health care, education, awareness-building, etc.

- The **Bachpan Bachao Andolan** came into being during the Uttar Pradesh Legislative Assembly election in 1993. It emerged as a strategy by the South Asian Coalition of Child Servitude (SACCS), a Delhi-based NGO, to inject the issue of child labour into the electoral campaign. This group organises direct action like raids and freeing children from bondage; mobilising public opinion on the issue and building pressure groups for an effective implementation of child labour laws and rehabilitation schemes.
- The **Andolan** has State units in UP, Bihar, Madhya Pradesh, Rajasthan, Maharashtra, Haryana and Delhi. SACCS is the first Asian joint NGO initiative against bonded child labour and servitude. The initiative has freed more than 27,000 children from servitude through raids and with the help of Supreme Court and High Court orders—from the carpet, glass, brick kiln, stone and construction sectors. The group has developed the Rugmark label. Besides, it has also set up 14 non-formal schools for working children and two rehabilitation centres for freed child labourers.
- The **Campaign Against Child Labour** (CACL), initiated in 1992, is a nationwide effort seeking eradication of child labour. It is one of the most significant advocacy campaigns, and addresses the question of child labour as a violation of basic human rights. Its major focus is on the mobilisation of public opinion for the eradication of child labour; establishing linkages with other issues, movements and struggles; and intervening in specific cases of child rights violation. At present, CACL is active in 12 States of India. Within a short span of eight years, it has succeeded in building up a network of more than 500 social action groups, voluntary organisations and activists to work together on the issue of child labour. A two-pronged advocacy strategy has been adopted—that of building public opinion on child

labour and using both conventional and non-conventional media, and of persuading the Government to enforce existing laws and to enact legislations to ensure the rights of children.

- The **M V Foundation**, established in 1981, has been combating child labour and providing non-formal education, particularly for girl children and bonded labourers in the agricultural sector of Rangareddy district of Andhra Pradesh for over a decade. The child labour project was instituted to provide non-formal education to working children and thereby to motivate them to enrol in regular schools.
- The project is operational in 10 *mandals* and 300 villages of Rangareddy districts. Over 80,000 children in the 5-8 age group have been enrolled into schools and have been retained. These include 1200 formerly bonded children and 25,000 adolescents girls who have been released from work and have been enrolled and retained in schools. Over 500 teachers were appointed through the Parent-Teacher Association/Community/*Gram Panchayat* support. Over 1200 para-teachers, 7000 youth volunteers and 300 government teachers have been motivated and trained by the M V Foundation, and they in turn have motivated parents to release their children from work and send them to school. Strong community participation is the hallmark of the programme's success. Parents committees and village level committees were formed to help the local community understand the importance of educating their children. An advocacy campaign was launched in the community and as part of this, posters, handouts, spots in the electronic and print media were used to raise awareness of parents and teachers about the importance of universal primary education.
- The **Pratham Mumbai Education Initiative** adopted the plan of using early childhood education as a stepping stone to universalise primary education when it started work in the city of Mumbai. Begun with UNICEF initiative, *Pratham*'s defined objective is to ensure that all children in the age-group of 3-10 years in Mumbai city are enrolled in pre-school centres or primary schools. *Pratham* has developed a low-cost and effective model for ECCE that is community based.
- The **Mabadi** (our school) project in Andhra Pradesh has set up schools run by the local community with support from the Integrated Tribal Development Authority (ITDA). Mabadi is a full-time school and has classes upto class II. After completion of the course at *Mabadi*, the teachers encourage parents to admit their children to the nearby *ashram* or residential schools. A local youth who has received education upto class VII is appointed by the village education committee (VEC) to teach in the school.
- The Lok Jumbish (people's movement) project in Rajasthan tries to address the needs of children who have been left out of the mainstream educational system through the Sahaj Shiksha Kendras (non-formal learning centres).

Source: Year 2000 Assessment—*Education for All, Children: Work and Education, Rethinking on Out-of-School Children, April 2000, NIEPA, MHRD and Child Labour in India, Lakshmidhar Mishra, 2000, Oxford*

Future strategies

1205. Child labour is a violation of Child Rights in the most extreme manner, and adversely affects health, education, recreation and optimal development of children. Child labour does not allow a child to develop upgraded skills, and hence traps the child in ill health, illiteracy and poverty.

1206. A study commissioned in Karnataka by the Commissioner for Labour, Government of Karnataka and UNICEF, Hyderabad, on child labour in the sectors of agriculture, domestic work, sericulture and hotels attempts to reconcile the diverse views on child labour and has indicated a minimum non-negotiable agenda for action, which is imperative from a human rights and child rights perspective.²²

- Some of the non-negotiable principles put forward by the study are:

- Child labour is a violation of human rights—political, civil, economic, social and cultural—and should be treated as such;
- Exploitation of poverty rather than poverty per se is the prime reason for child labour but one need not wait for poverty to be eradicated to end exploitation. Ending the exploitation will bring about an end to poverty;
- While efforts to address the structural roots of poverty, end exploitation, meet the basic needs of all and adopt development models which are non-displacing and provide labour-intensive, low-cost, sustainable livelihoods to all should continue, these should be combined with immediate practical action to prevent, remove and rehabilitate child labour by targeting individual child labourers and their families for assistance so that it becomes unnecessary for these families to rely on children's contributions;

Box 8.26: Rapid assessment of child labour in a few districts

The National Child Labour Project (NCLP) was formulated with the basic objective of suitably rehabilitating children withdrawn from employment through education in special schools/learning-cum-rehabilitation centres, where they were provided non-formal education, vocational training, stipend, nutrition, etc. In view of this, 26 such districts in 9 states have been identified under the NCLP by the

Ministry of Labour for consideration of UNICEF. The Ministry has requested UNICEF to develop a comprehensive communication and social mobilisation strategy for the elimination of child labour in the country, with an initial focus on four districts in four states, representing different regions of the country, viz. Rangareddy in A.P., Kalahandi in Orissa, Varanasi in U.P and Udaipur in Rajasthan.

In order to develop this communication strategy, a rapid assessment of child labour was commissioned in the four districts. The assessment involved various dimensions of child labour such as the age of children involved in child labour, types and magnitude of child labour prevalent in the area, factors influencing child labour, role of government, international agencies, NGOs and mass media in eliminating child labour, and Information, education and communication (IEC) strategies followed at present.

The rapid assessments have thrown a lot of light on the nature and extent of child labour in these districts, their conditions of work, perceptions of employers, parents and children engaged in child labour, inadequacy of implementation of child labour laws, shortcomings of the NCLP schools, lack of coordination between various government departments in tackling child labour issues, lack of awareness on welfare schemes, and the low profile of IEC activities.

Source: Rapid Assessment of Child Labour, Draft report submitted to UNICEF, ORG Centre for Social Research

- A broad social alliance including all sections of society, government, elected representatives, trade unions, employers, legal and judicial fraternity, NGOs, academia and media, should be formed to voice a strong societal outcry against child labour and to implement the agenda for action. Alliance to become effective through social mobilization of all societal groups;
- Prevention of child labour through enforcement of free and compulsory education and eradication of poverty should take precedence over rehabilitation;
- In addition to government accountability in enforcing laws on child rights strictly, participatory approaches at community level, with full involvement of local bodies, parents, civil society groups, etc., in the implementation and monitoring of laws on child rights should be the preferred mode of enforcement.

Some of the major proposals suggested by the study in its agenda for action are:

- The 83rd Constitution Amendment Bill should be passed by Parliament at the earliest to make education free and compulsory for all children from 6-14 years. The phased manner of its implementation should be built into the legislation as delineated above. Obligation to be placed simultaneously on the State and parents to ensure that every child is “compulsorily” educated;
- The costs of the necessary resources and infrastructure for the total enrolment and retention of all current six-year-olds and imparting of quality education to them should be calculated realistically and made available mandatorily. This amount should be increased each year to accommodate one additional agenda;
- Incentives/scholarships for preventing children from dropping out to be provided by the State to all children in need, based on a stringent assessment of assets and incomes of families, on condition that the children complete the minimum years of compulsory schooling;
- Incentives can be in the form of free uniforms, books, stationery and transport, or free residential school, etc., for all children in need. Instead of all other incentives, paying of a lump-sum amount of about Rs 10,000 to the genuinely needy child on completion of eight years of compulsory schooling could also be considered.

1207. Efforts and initiatives of many States for the elimination of child labour have culminated into action plans. At a time when human resource development is gaining centre-stage as a precondition of human development, child labour cannot be a peripheral issue. The magnitude of child labour being enormous in India, the stakes are also high. It is being realized that child labour elimination needs a multisectoral and multidimensional approach and the emerging action plans are a statement of this approach.

1208. For example, the Vision 2020 document of Andhra Pradesh clearly outlines, “A major element of the strategy to achieve Vision 2020 will be to work towards removing all the environmental and structural constraints that inhibit the fullest development of the children of Andhra Pradesh.” Towards this end, an Action Plan for the Elimination of Child Labour has been developed. Among the major proposals in the Action Plan are:

- The Department of Women Development and Child Welfare in coordination with other sectors will prioritize the withdrawal of children in hazardous employment focusing on both preventive aspect as well as rehabilitation;
- Strengthen and make available “bridge courses” for working children, especially in hazardous employment. The National Child Labour Project will focus on mainstreaming children on withdrawal from work, and qualitative improvements will be taken up with the assistance of UNICEF and other organisations active in this aspect;
- Provision of self-employment to families of working children through the Department of *Panchayati Raj* and Rural Development. Priority will be given to parents of working children in CMEY, DWCRA, and other development schemes;

- The Government will ensure that the cross-sectoral approach to the child labour issue is incorporated in the training strategy;
- An intensive refresher training for all sectoral department managers, from education, social welfare, labour and women and child development will be made mandatory annually;
- Mapping of schools in child labour intensive areas will be undertaken to locate and assess availability of schools within 1 km of every village/or habitation. Self-help groups and local bodies to initiate action;
- *Gram panchayats* (village local bodies) to liaise with village committees, *panchayat* members, village elders, teachers, parents and NGOs to monitor the education system and make it accountable to the local community with emphasis on 100 per cent enrolment/retention and school amenities;
- Set up a Child Labour Eradication Committee at the *Zilla/Gram Panchayat* level involving elected representatives, officials, NGOs, trade unions, employers and farmers' associations, etc., and review the state of child labour/enrolment percentage in schools, as a standing agenda of *Gram Panchayat/Taluk Panchayat/Zilla Panchayat*;
- Identify families below the poverty line and provide them with incentives such as land, IRDP loans, jobs at need-based minimum wages through Employment Guarantee Schemes, easy credit, etc., on the condition that they send their children to schools;
- Sustained media advocacy will be taken up in collaboration with NGOs, women's groups and others to create public awareness on the issue of child labour. Doordarshan, private television channels, radio will be extensively used for propagating the elimination of child labour. *Kala jathas* and other cultural activities will be used to create public opinion against employment of children. Voluntary organizations, trade unions and others will be asked to participate and share successful experiences with the government.²³

2. Drug Abuse

Article 33

Introduction

1209. The problem of drug abuse has emerged as a major concern having far reaching socio-medical and economic consequences. The process of industrialization and the consequent urban drift, stresses and strains of modern life have rendered individuals more vulnerable to substance abuse than ever before. Addiction to drugs does not merely affect the physical and mental health of the individuals involved, it also disrupts their families and social relationships. An addict is not only a loss to himself or herself but also to society as a productive individual and to the nation as an asset for development. This trend is ominous for a developing country like India, which is still struggling to overcome its basic problems of poverty, hunger and disease.

1210. The use of dependence-producing substances, in some form or the other, is not new. In India too, the abuse of alcohol, opium and cannabis has been known for long, but the consumption of drugs like heroin, hashish, LSD, etc., is altogether a new trend. Within the last decade or so, the extent of usage of such drugs in various segments of society has acquired alarming dimensions.

1211. Today, India is no more merely a transit country for illicit trafficking of drugs from the “golden triangle” or “golden crescent”, but is also becoming a significant consumer in the global scenario. As long as addiction was a problem of certain individuals or socially alienated groups and was well contained by informal social control mechanisms, it did not evoke much attention. Now, with its spread amongst all sociocultural and economic strata and an increasing perception of its disruptive influence on the individual, the family and society at large, drug abuse has emerged as a vital issue for planners.

1212. Experience has shown that the demand for drugs can be curbed effectively only in a climate of abstinence among the people, that can be created by propagating a lifestyle that rejects the use of dependence producing substances. By and large, abstinence is still deeply rooted in our culture and is strongly supported by the family, community and religion.¹

Current situation

1213. The estimated or projected number of drug abusers in India is 3 million and that of drug dependants is 0.5-0.6 million.² Drug addiction is especially severe in the North-Eastern states of the country.³

1214. The Ministry of Social Justice and Empowerment, GOI, has embarked upon the first ever initiative in collaboration with the UNDCP for carrying out a national survey to assess the extent, trend and pattern of alcohol and drug abuse in the country. This survey provide authentic information on the actual dimensions of the problem and facilitate appropriate need-based interventions to address the problem of alcoholism and drug abuse in the country.⁴

Box 8.27: Kinds of drugs used by children

According to the NGOs working in the area, the most commonly used intoxicants used by children in Gujarat are betel, thinner (acetone), petrol, solvent oil, opium, snuff, *gutkha*, *hukka*, *beedi*, and locally brewed liquor. Children have also been known to be involved in the illicit trafficking of liquor. Gujarat is a dry state and prohibition is in force throughout the state.

Source: Gujarat State Report, Government of Gujarat

International instruments

1215. India is a signatory to all the major global conventions related to drug abuse. At the regional level, it has signed the South Asian Association for Regional Cooperation (SAARC) Convention on Narcotic Drugs and Psychotropic Substances, 1990. Besides, India has also signed many bilateral agreements with various countries on combating drug trafficking. These conventions and agreements, however, remain ineffective, because most neighbouring countries, although signatories to the bilateral agreements, are yet to translate them into national legislation.

1216. Through various governmental efforts, India is trying to make these countries realize the threats posed by drug trafficking to their societies and polity. The Indian Government has also initiated efforts to sign a convention at the regional level to check the smuggling of chemicals known as “precursors” that are essential to produce heroin out of opium.

1217. The Indian Government adopted a United Nations-sponsored Single Convention in 1960 on narcotic drugs, which instantly criminalised use of intoxicants in any form, save the consumption of alcohol.

Legislative measures

1218. In India, the Narcotics Drugs and Psychotropic Substances (NDPS) Act, 1985, provides the current framework for drug abuse control in the country. Essentially, the Act deals with supply reduction activities. However, certain provisions for health care of drug-dependent individuals exist. It authorizes the GOI to take necessary measures for identification, treatment, after care and rehabilitation of addicts and preventive education. It also gives the Central Government the power to establish, maintain and regulate treatment centres. The Act permits supply of “drugs” to registered addicts, and use of these substances for medical and scientific purposes.

Box 8.28: 125,170 drug addicts in India, says United Nations report

Of the four million registered drug addicts in South Asia, 125,170 are in India, according to latest figures quoted by a United Nations report. Among the drug-takers in India, 42 per cent use alcohol, 20 per cent opium, 13 per cent heroin, 6.2 per cent cannabis and 18 per cent other drugs, according to the ‘Drug demand reduction report on South Asia’ of the United Nations International Drug Control Programme (UNDCP).

Stating that there had been reports of increase in abuse of prescription medicines like buprenorphine, morphine, pethidine, propoxyphene, nitrazepam and diazepam, the report said adulterated heroin (smack) abuse had also witnessed an upward trend with such users now estimated to be around 40,000. “Dependence on psychotropic substances is of very recent origin. Most of these substances are medicinal compounds that are controlled, and obtained through the illicit market,” it said. Pointing out that drug users were mostly unmarried, from the lower socio-economic strata and self-employed, it said 33 per cent of them were engaged in anti-social activities.

The report said while traditional use of opium was continuing in Punjab, Rajasthan, Madhya Pradesh, Uttar Pradesh and Gujarat, injectable heroin was more prevalent in the north-eastern states.

Source: United Nations Information Service

1219. The Act provides a light penalty for possession of a small quantity of drugs (defined as per Government notification) for personal consumption. In such a situation, a person may be directed by the court to undergo treatment in recognized treatment centres.

1220. With the passing of the NDPS Act, cultivation and consumption of cannabis, which were native to India for centuries, was criminalised and rendered illegal.

1221. As a follow up to the Act, the GOI created the Narcotics Control Bureau (NCB) in March 1986 and empowered it to coordinate all activities for administration and enforcement of the Act.

1222. Under the NDPS Act, an advisory committee called the Narcotic Drugs and Psychotropic Substances Consultative Committee was constituted in February 1988 to formulate a national policy towards drug control measures. The 20-member committee was broad-based and included

members of Parliament, professional experts, social scientists, and secretaries of all concerned Central Government ministries. A National Fund for Control of Drug Abuse was also established. Several other measures followed.

1223. Following recommendations made by an expert committee, five centres were established with Central Government assistance. In July 1988, specific programme documents were developed on drug demand reduction as a collaborative activity between UNFDAC (now UNDCP) and GOI.

Programmes and interventions

1224. In order to tackle the problem of drug abuse in the country, the Government has adopted a two-pronged strategy of supply control and demand reduction of drugs. While the aspect of control of supply is taken care of by the Narcotics Control Bureau and the police, the Ministry of Social Justice and Empowerment has the responsibility of looking after the educational and rehabilitation aspects of drug addiction. The Ministry is working towards:

- (a) Building awareness and educating people about the ill-effects of drug abuse;
- (b) Dealing with the addicts through a well-rounded programme of motivation, counselling treatment, follow-up and social reintegration of curbed drug addicts;
- (c) Imparting drug abuse prevention and rehabilitation training of volunteers.

Approach

1225. Drug abuse and alcoholism being a psycho-socio-medical problem, the approach of the Ministry of Social Justice and Empowerment is to provide a whole range of services including:

- Awareness generation;
- Identification, treatment and rehabilitation of addicts through voluntary organizations with a view to reducing the demand for and consumption of alcohol and dependence producing substances.

1226. The thrust is being laid on preventive education programmes and reintegration of addicts into the social mainstream of society. The Ministry of Social Justice and Empowerment has revised the scheme for Prevention of Alcoholism and Substance (Drugs) Abuse. The scheme has been implemented from 1 April 1999 in the light of the approach and objectives envisaged in the Ninth Five-Year Plan.

Box 8.29: Institutional measures

Two types of efforts—deaddiction and counselling, are being made in Rajasthan. Presently 13 centres have been functioning in the State. Among them, seven are drug-deaddiction centres and six drug counselling centres; the former take curative measures, the latter preventive measures. Most of these centres are in the western part of Rajasthan—7 in Jodhpur and 2 in Bikaner districts where use of opium is common. There are three centres in Jaipur district and one in Bharatpur district. Through these centres are not exclusively for children, yet a large number of adolescents benefit from them. Each centre has a capacity for accommodating 15-30 beds. These institutions are being run by NGOs with government aid under the scheme for Prohibition and Drug Abuse Prevention by the GOI. NGOs receive 90 per cent of grant for this purpose.

1227. While the Government provides financial support to the organizations for institutionalized activities, the stress is now being laid on mobilization of community participation through setting up of treatment-cum-rehabilitation and drug awareness, counselling and assistance centres for awareness building, screening of addicts, counselling to addicts and their families, referral of hard-core addicts and follow-up assistance to former addicts. The programme has now expanded to cover most States and Union Territories through setting up of:

Drug awareness, counselling and assistance centres

1228. These centres provide community-based services for awareness building, screening of addicts, counselling to addicts and their families, referral of hard-core addicts to treatment-cum-rehabilitation centres and follow-up assistance to former addicts.

Treatment-cum-rehabilitation centres

1229. These centres provide community-based services for awareness, identification, motivation, counselling, deaddiction, after-care and reintegration of addicts into the social mainstream.

Deaddiction camps

1230. To give wider coverage, deaddiction camps have been provided in urban and rural areas where treatment-cum-rehabilitation centres have not yet been established but there is a need for the service. These camps are organised only by organizations which are running treatment-cum-rehabilitation centres.

Workplace prevention programme

1231. In order to encourage a workplace prevention programme, financial assistance of up to 25 per cent of the expenditure for the setting up a 15-bedded or 30-bedded treatment-cum-rehabilitation centre is provided to industrial units/enterprises having at least 500 workers on their rolls.

Awareness generation programmes

1232. There is still much ignorance in society about the ill-effects of drug abuse on the individual, the family and the community. The Government therefore took a deliberate decision to set up awareness generation programmes, including seminars, conferences, workshops, corner meetings, essay/debate competitions, publicity through mass media, etc. Several radio and TV programmes have been launched and films produced to create awareness about the role of parents, teachers and opinion leaders in the prevention of alcohol and drug abuse. Voluntary organisations are being financially assisted to undertake educational work amongst the community and target groups.

1233. The total number of centres was 432 in December 1999, of which 176 were drug awareness, counselling and assistance centres and 256 were treatment-cum-rehabilitation centres. (see table 8.9).

International cooperation

1234. In order to provide for better training and qualified personnel amongst the service providers, the Government in, collaboration with UNDCP and ILO, has taken up a number of projects including the Community Drug Rehabilitation and (Workplace) Prevention Programme. Under this programme, 20 NGOs have been identified in different parts of the country with the objective of training at least 4,000 service providers in rehabilitation of drugs.

1235. The Government has also launched two major projects—Community-wide Drug Demand Reduction in India and Community-wide Drug Demand Reduction in the North-East States of India, to be implemented in collaboration with UNDCP and ILO during the year 1999-2000.

1236. The projects are expected to result in the biggest ever GOI-UNDCP/ILO collaborated initiative for demand reduction in terms of allocation of external resources and coverage and developing the capacity of the programmes and the institutions involved to adequately address the increasing incidence of alcoholism/drug addiction in the country.

1237. The projects have been designed specially keeping in mind the needs of the north-eastern States of the country, the border regions, the high-risk groups and the disadvantaged sections of the society.⁴

Monitoring mechanisms

1238. Monitoring forms an integral part of the scheme for Prevention of Alcoholism and Substance (Drugs) Abuse. The programme is evaluated on the basis of information and statistics pertaining to addicts coming for counselling/treatment, collected in prescribed proforma on a quarterly and annual basis from the treatment-cum-rehabilitation centres and counselling centres funded by the Government. The feedback enables the Ministry of Social Justice and Empowerment to evaluate the performance of voluntary agencies. The State Governments/UT administrations conduct yearly inspection of the agencies and send their report to the Ministry. Further instalments of the grant are released only on the basis of the inspection report and recommendation of the State Governments or designated agencies. Further, to evolve a more effective monitoring/evaluation mechanism under the scheme, services of retired defence personnel are also being utilized for inspection/evaluation of NGOs.⁵

Table 8.9: Number of NGOs and counselling/treatment-cum-rehabilitation centres

State	Number of NGOs	Counselling centres	Deaddiction centres
Andhra Pradesh	14	2	12
Assam	6	2	4
Bihar	25	16	11
Goa	3	4	1
Gujarat	7	6	7
Haryana	12	9	11
Jammu and Kashmir	2	-	-
Karnataka	11	3	10
Kerala	21	14	15

Madhya Pradesh	10	2	9
Maharashtra	39	9	37
Manipur	20	11	17
Meghalaya	2	1	2
Mizoram	8	4	6
Nagaland	7	2	6
Orissa	31	8	28
Punjab	12	4	13
Rajasthan	8	4	7
Sikkim	1	1	-
Tamil Nadu	28	25	11
Tripura	2	1	1
Uttar Pradesh	52	30	26
West Bengal	18	10	11
Chandigarh	2	1	1
Delhi	7	6	7
Pondicherry	2	1	1
Total	350	176	256

Source: Annual Report, 1999-2000, Ministry of Social Justice and Empowerment, GOI

Thrust areas for the future

1239. Special attention is being given to tackle the drug abuse problem amongst the socially and economically vulnerable groups such as street children. A project on reducing risk behaviours and HIV/AIDS/STD and drug abuse among street children has been undertaken by the Ministry, UNDCP, UNICEF, WHO, NACO and ODA. City-level plans have been prepared for the cities of Mumbai, Delhi, Hyderabad, and Calcutta and a National Action Plan has been formulated.

1240. In consonance with the directives of the Prime Minister of India, a special focus has been given to the Drug Abuse Prevention Programme in the North-East, where a three-pronged strategy has been adopted:

- (a) to train and enhance the capabilities of NGOs in the area;
- (b) to extend the outreach of drug abuse prevention scheme of the Ministry by opening new centres; and
- (c) to develop awareness and education programmes for the North-East.

1241. Five training programmes for trainers, 15 training courses for service providers in the North-East and training of service providers in reputed centres are also being implemented. A committee has been constituted by the Ministry to visit the north-eastern states to review the working of existing NGOs, exploring possibilities for opening new centres and identifying service providers for the purpose of training.⁶

3. Sexual Exploitation and Abuse

Article 34, and

4. Sale, Trafficking and Abduction

Article 35

Constitutional provisions

1242. Article 23 of Part III of the Indian Constitution relates to Fundamental Rights and, under the caption “Right Against Exploitation”, prohibits the trafficking of human beings and provides that any contravention of this right shall be an offence punishable by law. The Directive Principles of State Policy under Part IV of the Constitution in Article 39(e) and (f) declare that state policies should be directed towards securing that the tender age of children is not abused and that childhood and youth are protected against exploitation and material abandonment.¹

Legislation

1243. Building on the constitutional principles, the suppression of Immoral Traffic in Women and Girls Act was enacted in 1956. The Act was amended in 1986 and retitled as the Immoral Traffic (Prevention) Act (ITPA). The amended Act continues to prohibit prostitution in its commercialized form without making prostitution an offence per se. Section 26 (b) of the Act states “Prostitution means the sexual exploitation or the abuse of a person for commercial purposes and the expression ‘prostitutes’ shall be construed accordingly.” The Act prescribes stringent action against those inducing children (below 16 years) and minors (16 to 18 years) for the purpose of prostitution. If the offence is committed against a child, the punishment is rigorous imprisonment for a term not less than 7 years, which may extend to life. The Act provides for the setting up of protective homes for adult prostitutes rescued from brothels.²

1244. The Act does not directly deal with child sexual abuse but the definition of a neglected juvenile includes a juvenile who lives in a brothel or with a prostitute or frequently goes to any place used for the purpose of prostitution or is found to associate with any prostitute or who is being or is likely to be abused or exploited for immoral or illegal purposes. Such neglected children are produced before a Juvenile Welfare Board who may, after an inquiry, send the child to a Juvenile Home for care, protection and rehabilitation.

1245. Under the Juvenile Justice (Care and Protection) Act, 2000 a prostitute’s child is automatically a neglected child. The magistrate has the power to segregate the prostitute from her child and place the child in a corrective institution. Both boys and girls below the age of 18 are considered children.

1246. The Indian Penal Code (IPC) deals with sexual abuse of children in the form of rape (section 375), unnatural practices (section 377), molestation and outraging the modesty. Exploitation is addressed in the form of obscenity, indecent representation, selling and procuring persons for the purpose of prostitution and trafficking (sections 372 and 373).

1247. The common forms of sexual abuse of children do not come under the definition of rape. Section 375 of the Indian Penal Code defines rape. Section 376 of the Indian Penal Code provides for the punishment of rape which shall not be less than seven years but which may be for a term

that may extend to ten years, unless the woman raped is his own wife and is not under twelve years of age, in which case, he shall be punished with imprisonment for a term which may extend to two years or with fine or both³.

Definition

1248. There have been a number of definitions of the phrase “child sexual abuse” (CSA). CSA has been defined as any kind of physical or mental violation of a child with sexual intent, usually by a person who is in possession of trust or power vis-à-vis the child. CSA is also defined as any sexual behaviour directed at a person under 16, without informed consent. There is no uniformly accepted definition of child abuse.

1249. What emerges from these definitions is that CSA covers the sexual mistreatment of both children and young people. The perpetrator can be anyone who exploits the child’s vulnerability to gain sexual gratification. It can also include activities which do not involve direct touching. Sexual exploitation takes different forms such as:

- Child labourers and young domestic workers are frequently used for the sexual gratification of employers and other adults;
- Children are sexually abused within the family. Rape within a family has its own alarming numbers;
- With the advent of HIV/AIDS, there is an increased demand for younger child prostitutes;
- Children are used as attractions in sex tourism. Children are victims of a globally organized sex trade. In some countries, this helps in bringing much-needed foreign exchange;
- Children are abused within the context of cultural or traditional practices such as child marriage;
- Children in institutions are vulnerable to sexual abuse from those who are supposed to take care of them;
- Children in situations of conflicts, displaced, migrant and refugee children are particularly vulnerable to all forms of sexual exploitation.⁴

1250. Trafficking has been defined by the United Nations General Assembly as the illicit and clandestine movement of persons across national and international borders, illegally from developing countries, with the goal of forcing women and girl children into economically oppressive and exploitative situations for the profit of recruiters, traffickers and crime syndicates.⁵

International Conventions

1251. The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) enjoins State Parties to take all appropriate measures, including legalization, to suppress all forms of traffic of women.⁶

1252. India is in the process of ratifying the International Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.

Current scenario

1253. It is difficult to estimate the number of girl children living in the brothels of major cities because the adults who control these children are aware of the significance of their crime and thus keep the children hidden. The only reliable numbers available concern prostitution in the six major cities studied by the GOI in 1994 (Calcutta, Mumbai, Delhi, Chennai, Bangalore and Hyderabad): 30 per cent of prostitutes in these cities were under the age of 20 and 39.4 per cent entered the profession before they turned 18 (GOI, 1994). Evidence provided by social workers in red-light districts supports these figures.

1254. The question that must be asked concerning the stable child-prostitute population, then, is how these girls arrive in brothels at such a young age. The demographic breakdowns of the prostitute populations, combined with the testimonies of social workers, reveal that the bulk of prostitutes within a city were born in the rural areas surrounding the city and were brought in by traffickers, although a substantial percentage are trafficked over longer distances. Only 4 per cent of the prostitutes interviewed in a study done in Calcutta in 1990 were born within Calcutta itself, for example, while 73.8 percent were born in West Bengal.

1255. Two thirds of the original families of the prostitute population studied by the GOI (1994) lived below the poverty line; 36 per cent were from the Scheduled Castes and Scheduled Tribes and 24 per cent were from the backward classes. Economic stress, combined with the discrimination suffered by an Indian girl within her family, pushes her into prostitution. Families sometimes force a girl to become a prostitute to earn extra money. Even in the absence of financial stress, oppression of girls within the family could cause their entry into prostitution. Eight per cent of child prostitutes found themselves in red-light areas after fleeing incest, according to the Indian Health Organisation.

1256. Such conditions make young girls easy targets for traffickers and/or family members who want to make a profit. Traffickers make it their business to canvass regions that are particularly impoverished. Some traffickers, however, simply abduct their victims. Family members are also frequently responsible for pushing a girl into prostitution. Of a sample of 1,000 women and girls in prostitution, 353 of them (33 per cent) said family members forced them to become prostitutes. Family members might sell the girl to a trafficker, or they might simply undertake the operation themselves. The girl's desire for a better life and her belief in the quasi-mythological glamour of the cities contribute to her decision to accompany the older woman, but the girl is invariably kept ignorant about what her life in the city will actually become.

1257. The average prostitute has frequent abortions. Prostitutes, barred forever from mainstream family life, create their own families by refusing to abort at least one of their pregnancies and then raising the child in the red-light districts. That they raise their children as lovingly as possible is proved by the 32 per cent rise in the literacy rate between the generation of prostitutes studied by the GOI (1994) and that of their children. Yet the daughters of prostitutes overwhelmingly become prostitutes.

1258. The brothel environment explains much of this phenomenon. Consciously or not, these girls often come to view their mother's subjection as a glimpse of their own inevitable future. This feeling of hopelessness is intensified by the sexual abuse at the hands of brothel owners and

pimps that most daughters of prostitutes suffer at least once in their childhood. Ostracism suffered in the primary school, where prostitutes' children have no answer when asked the name of the father, reinforces their feeling that they will never be accepted in the mainstream society.⁷

1259. According to the study done by the Joint women's programme, the problem of trafficking cannot be viewed in isolation. It stems from gender inequalities, low literacy and poverty, cultural practices and traditions. It is also found to be rampant in poor, drought-affected and backward districts. Some major causes of child prostitution are:

- Globalization and liberalization policies of the Government, which have served to widen the gap between the rich and the poor;
- Rising consumerism and aspirations of families to a better standard of living has become an important factor in pushing girls out of villages;
- Increased migration from rural to urban areas owing to failure of development projects;
- Families are displaced due to industrialization, construction of dams and environmental degradation;
- AIDS scare drives customers to children;
- The growing sex tourism industry has added another destination to the trafficker's list;
- Male attitudes and perceptions of women's low and unequal socio-economic status are also responsible.⁸

Plan of Action

1260. The Supreme Court of India passed an important judgement on the subject of commercial sexual exploitation of children and women in the case of *Gaurav Jain vs Union of India* on 9 July 1997 and directed, inter alia, the constitution of a committee to make an in-depth study of the problems of prostitution, child prostitutes and children of prostitutes, and to evolve suitable schemes for their rescue and rehabilitation.

1261. In pursuance of the directions of the Supreme Court, the committee on prostitution, child prostitutes and children of prostitutes, headed by the Secretary, Department of Women and Child Development, made an in-depth study of the commercial sexual exploitation and trafficking of women and children, by widely touring across the country and meeting law enforcement officers, officers in charge of the boards of the Department of Women and Child Development, Social Defence, Scheduled Castes/Scheduled Tribes Welfare, and NGOs. Reports of CSWB, NCW and of the Central Advisory Committee on eradication of child prostitution were also studied. On the basis of this exercise, a Plan of Action to combat trafficking and commercial sexual exploitation of women and children has been drawn up.⁹

1262. This Plan of Action guides the actions of all ministries/departments of Central Governments, State Governments, NGOs, the public and private sector and other sections of the civil society. The Plan of Action aims to look into (a) prevention, (b) trafficking, (c) awareness

generation, (d) health care, (e) education and child-care, (f) housing, shelter and civic amenities, (g) economic empowerment, (h) legal reform and law enforcement, (i) rescue and rehabilitation and (j) institutional machinery.¹⁰

Government initiatives

1263. Protective Homes have been established by Government under Section 21 of the ITPA exclusively for girls/women detained under ITPA and also for those who seek protection from being forced into prostitution. The number of such protective homes is estimated to be about 80. These homes provide custodial care and protection in addition to providing education and vocational training and arranging marriage for rehabilitation of the inmates.

1264. The Central Social Welfare Board provides financial assistance to NGOs to run Development and Care Centres for the children of victims of prostitution. These centres are set up in red light areas and provide facilities of crèche and day-care centres, educational support programme, supplementary nutrition, health care, counselling, excursions, etc, and are manned by trained social workers and trained teachers. The Ministry of Social Justice and Empowerment also provides financial assistance to NGOs for rehabilitation of children of prostitutes.

1265. In some red light areas, projects have been sanctioned by the GOI for starting centres under the ICDS. However, the response from the NGOs in starting these sanctioned centres is not encouraging. A number of voluntary agencies are also independently involved in the care and rehabilitation of women victims, including child victims and advocacy for their problem. Projects for rehabilitation of *devdasis*, *jogins*, women victims, are also taken up under various schemes for training and employment of women like Support for Training and Employment Programme (STEP), setting up of Training cum Production Unit (NORAD) and by *Shramik Vidyapeeths* assisted by the Central Government.

1266. A 40 per cent reservation for women has been provided under the integrated rural Development Programme. The *Rashtriya Mahila Kosh* (National Women's Saving) has been set up to provide micro-credit to poor women in the informal sector with low transition cost through the mediation of NGOs.

Educational and social initiatives

1267. In the last few years, the Government has initiated national-level activities like the Total Literacy Campaign (TLC), Integrated Child Development Services (ICDS), Training Rural Youth for Self-Employment (TRYSEM), *Jawahar Rozgar Yojana* (Jawahar Employment Scheme), etc., to address illiteracy, ill-health, poverty and other retarded areas of development.

1268. All over India, State Governments are making considerable efforts to stop the induction of girls into commercial sex trade by strengthening the primary school system. Further, through the implementation of ICDS, parents are motivated to send their girl children to school.

1269. The Governments of Andhra Pradesh, Madhya Pradesh and Orissa have felt that the problem of child prostitution is linked to that of the general problem of prostitution in society. A number of steps have been initiated for the development of girl children in the recent past. In these states, various programmes of economic development in several trades have been undertaken by the State Government. The children of prostitutes are also given preference in admission to schools and vocational training institutes. In addition, income-generating assets like

milch cattle, and training in micro-business enterprises, rope and basket making, etc., are also being provided to them.

1270. In Madhya Pradesh, the State Government has initiated the *Jawali Yojana* to tackle the issue of girl child prostitution by social reform in the Bedia community. The scheme would be implemented in two stages. The first stage would comprise enrolment of six-year-old girls in primary schools. The second stage would be to admit the girls in middle schools or provide vocational education or training so that they do not fall prey to the flesh trade.

1271. Thrift and credit groups and self-help groups are popular in Maharashtra, Tamil Nadu, Karnataka and Andhra Pradesh. Through the *Rastriya Mahila Kosh* (RMK), the Government is providing funds to NGOs, which in turn fund self-help groups of women.

1272. In Mumbai, a special unit called the Juvenile Aid Police Unit (JAPU) has been formed to deal with cases of juveniles who are pre-delinquent, socially handicapped and victimized. The social security scheme of the police came into operation in 1976 in the wake of a series of complaints of young girls being lured away from their homes by traffickers and sold to brothels. The object of this scheme is to assist and guide young boys and girls who come in search of employment to Mumbai. The police officials maintain a special vigil in and around State transport bus stands and railway stations. Special attention is paid to girls. It is the endeavour of the police to ensure that these minors who have come to Mumbai without the knowledge of their parents, do not fall into wrong hands. The girls are sent to various reception centres for temporary shelter, and after due enquiry they are restored back to their homes, failing which they are sent to different institutions for rehabilitation.¹¹

1273. The Department of Women and Child Development is implementing various schemes for the welfare of “*devdasis*”—girls who are “married off” to the local deity and who become prostitutes. In 1990, the Government of Maharashtra appointed a study group under the chairmanship of Prakash Awade for their rehabilitation. On the recommendation of the study group, a number of the schemes are being implemented in Maharashtra.¹²

1274. A monthly pension of Rs 300 is sanctioned to *devdasis* upon the following terms and conditions:

- The *devdasi* must be over 40 and her annual income must be less than Rs 15,000;
- The pension is admissible only to women *devdasis* and not to others like *aradhi*, *jogate* etc.;
- The scheme has been implemented with effect from 1 July 1997.¹³

1275. Financial assistance of Rs 10,000 is given for the marriage of unmarried *devdasis* or for the marriage of the daughter of a *devdasi*. An amount of Rs 2,000 is sanctioned for the marriage expenses and an amount of Rs 8,000 is deposited in the joint bank account of the newly married couple.¹⁴

1276. Compelled to wander from one village to another to earn a living, without any support from family or relatives, most *devdasis* turn to prostitution. As a result, their daughters end up as *devdasis* too. To break this cycle, rehabilitative hostels, which provide vocational training and education, have been built as Gadahinggalaj, district Kolhapur, Maharashtra and at Jat, district Sangli, Maharashtra. Each hostel houses 75 boys or girls.¹⁵

1277. The *devdasi* system is a kind of superstition. It is necessary to work continuously to eradicate such superstitions from society, it is not enough to awaken the minds of the *devdasis* alone. Hence, an assistance of Rs 10,000 per year is given to registered NGOs who work for eradicating the *devdasi* system from society.

1278. Seed capital up to Rs 35,000 is sanctioned to *devdasis* to start small businesses concerned with agriculture, transport, rural development, cottage industries, small-scale industries, etc. A loan of up to Rs 35,000 is sanctioned by nationalized banks. While getting the loan from the bank, 25 per cent of the seed capital is deposited in the bank by the State Government and the bank pays the consolidated amount to the *devdasis*. This 25 per cent is recovered by the State Government from the *devdasis* at an interest of Rs 4 per annum and the loan sanctioned by the bank is recovered from the *devdasis* with interest at the rate prescribed by the bank.¹⁶

1279. **Scheme of Financial Assistance to Destitute Widows for Re-Marriage and *Devdasi's Marriage*:** Financial Assistance of Rs 10,000 is being given for the marriage of destitute widows. The destitute widow should be in the age group of 18 and 35 years and she must be domiciled in Karnataka for more than 5 years. The Annual income should be as per the Integrated Rural Development Programme norms. Rs 5,000 is given to the couple to meet the expenses of the marriage and the remaining amount of Rs.5,000 should be kept in the form of National Saving Certificate in the name of widow. Financial Assistance of Rs10,000 is being given to a couple where the bride is a *Devdasi*. The *Devdasi* women should be in the age group of 18 to 35 years. The *Devdasi* women/girl must be domiciled in Karnataka for more than 2 years. The suitor should be above 21 years of age at the time of submitting application. He should have a permanent source of income not less than Rs 500 per month.

Box 8.30: Convention of Rehabilitated *Devdasi* Women

The National Commission of Women and the Karnataka State Commission of Women convened a convention of the rehabilitated *devdasi* women on 11th and 12th September 1997 with the co-operation of Karnataka SC/ST Development Corporation, Karnataka State Women Development Corporation and Vimochans, an NGO in Belgaum, Karnataka. About 500 rehabilitated *devdasi* women participated in the convention. The representatives of the rehabilitated *devdasi* women presented their experience and the problems faced by them during the convention.

The following are some of the resolutions were made during the convention:

1. Co-ordination committee of all agencies involved in *devdasi* rehabilitated work must be formed at the State and District level.
2. There must be representations of the NGOs working for *devdasi* rehabilitation in the temple trust of *Yellamma Devi* (Name of the Goddess). The trust should in future spend money towards awareness programme for eradication of *devdasi* system.
3. There should be special allotment of houses for homeless rehabilitated *devdasi* women.
4. There should be preference given to children of rehabilitated *devdasi* women in allotment of seats in free hostels and for higher education.
5. All rehabilitated *devdasi* women should be given old age pension.
6. Reservations in Government and Semi-Government departments for educated *devdasi* and children of *devdasi*.
7. Health identity cards for *devdasi* for free medical checkup and drugs.

1280. Special Cell for the Eradication of Social Evils: A Special Cell was created in the Directorate of Women and Child Development with two Mini Cells attached to the District Offices of the Assistant Director of Women and Child Development at Belgaum and Raichur in order to deal with the eradication of various social evils such as Dowry system, Child Marriage, Devdasi System, Drug Addiction and atrocities on women. The functions of the cell are:

- (a) to create public awareness so as to highlight the harmful effects of these systems;
- (b) to launch anti-dowry campaigns through education and publicity with the involvement of voluntary organizations;
- (c) to take action on the representations received from the victims of dowry disputes and other atrocities on women in the State.

1281. Publicity campaigns are held in the districts to create awareness among public on the amended Dowry Prohibition Act, Devdasi Act (Prohibition of Dedication) and other social evils prevalent in society. Workshops and Seminars are also conducted to create awareness about the benefits available under various schemes of the Department.¹⁷

Rehabilitation and reintegration

1282. Under Section 21 of the ITPA, 1986 the Government has established protective homes. These homes provide custodial care and protection in addition to education and vocational training and arranging marriage for rehabilitation of the inmates.

1283. The Government also has an extensive network of short stay homes and juvenile homes, set up under the Juvenile Justice (Care and Protection Children) Act, 2000, for protection and rehabilitation of victims. The services of qualified doctors and psychiatrists are available in the short stay homes. The Central Social Welfare Board provides financial assistance to NGOs to run child development and care centres for the children of sex workers. These centres, set up in red-light areas, provide crèche and day-care facilities, supplementary nutrition, health care, counselling and educational support programmes and are manned by trained social workers and trained teachers.¹⁸

Relevant bilateral, regional and multilateral agreements

1284. The Beijing Platform for Action (PFA) succeeded in bringing to the forefront of the international human rights agenda, the issue of trafficking of girls and women into prostitution. The PFA resulted in an intensification of international discourse at the ideological level. At the regional level, further empowered by the PFA, women's organizations in South Asia lobbied for an intercountry instrument that would provide a framework for preventing and controlling trafficking. The Rawalpindi Resolution, 1996, urges member states to combat inter and intra-country trafficking in children; abolishing hazardous child labour by the year 2000 and to end all forms of child labour by 2010.¹⁹

1285. At the SAARC Summit in Male, 1997, member states (including India) agreed to work together to eliminate trafficking, and towards this end the creation of a regional convention on trafficking was initiated. The Convention on Preventing and Combating Trafficking of Women and Children into Prostitution has been drafted and is expected to be ratified at the next SAARC Summit. This convention seeks to take measures to prevent cross-border trafficking through

proper international and governmental coordination, as well as harmonizing various laws and legal provisions relating to trafficking and rehabilitation of rescued victims.

1286. At the UNIFEM South Asian regional workshop on trafficking in women and children (May 2000), the intercountry South Asia Forum against Human Trafficking (SAFATH) was established to facilitate and support activities of national, regional and local networks and organizations, as well as to facilitate an exchange of information and experience among members.

1287. India is a signatory to most of the international human rights instruments that are relevant to the prevention of all forms of sexual abuse and exploitation and to the effective protection of child victims. The Conventions are as follows:

- Convention for the Suppression of Traffic in Persons and the Exploitation of Prostitutes and Others, 1949;
- The International Covenants on Civil and Political Rights (ICCPR);
- The Anti-Slavery Conventions;
- Convention on the Elimination of all forms of Discrimination against Women (CEDAW), 1979;
- Convention on the Rights of the Child, 1989;
- The Minimum Age Convention, 1973;
- Forced Labour Convention, 1930 (some sections of which India has not yet ratified);
- The Copenhagen Declaration and Plan of Action of the World Summit on Social Development;
- The Beijing Declaration and Platform for Action of the Fourth World Conference on Women, 1995, aims to “eliminate trafficking in women and assist victims of violence due to prostitution and trafficking”;
- The World Conference on Human Rights, Vienna, 1993, stresses “...the elimination of all forms of sexual harassment, exploitation and trafficking in women.”;²⁰
- India is in the process of ratifying the International Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.

Issues of concern and areas of action

1288. While considering strategies to end the intolerable practice of child prostitution, the difficulties of rehabilitating children after they have been freed from the trade must be recognized. One of the factors which makes the rehabilitation of child prostitutes “almost impossible” in the view of many social workers is the likelihood that they will be ostracized by their own communities. Hence, given the victims’ culture of intense subordination and limited financial resources, we believe that interventions to address child prostitution should focus on

prevention, targeting both the exploiters and the exploited. These include broad policy shifts, improved law enforcement and promotion of awareness and education amongst the community in supply and traffic prone areas. Schemes supporting prevention, enforcement and rehabilitation, to be operated through NGOs are under finalization in the Department of Women and Child Development.

1289. Vigorous investigation and prosecution is necessary to curtail the operations of the traffickers involved in procuring and trafficking in children. Section 13(4) of the ITPA empowers the Central Government to appoint special police officers with nationwide jurisdiction for the investigation of cases related to interstate trafficking in women and children for the purposes of prostitution. The Department of Women and Child Development has initiated such a proposal and it is at present under the active consideration by Government.

1290. The Supreme Court has already directed the State Governments to vigorously implement the provisions of the ITPA and IPC on the subject of trafficking and prostitution. In vulnerable areas, which are sources of child prostitutes, or where child prostitution is prevalent, the State Government must appoint special officers under section 13 of the ITPA. Under section 13 (3) of the Act, the special officers should be assisted by an advisory body comprising leading social welfare workers of the area. This will create a mechanism at the field level to take stock of the problem and initiate and sustain appropriate action. Under section 14 of the ITPA, a Special Officer or subordinate officers empowered by him may arrest a person without a warrant and enforce other provisions of the Act. However, it is felt that the implementation of the provisions of ITPA requires much greater police training and vigilance. Government have taken an initiative under the GOI-UNICEF Plan of Operations to prepare an Advisory Manual for the District and Taluk level judiciary under the auspices of the National Human Rights Commission. A Manual for the sensitization of the Police machinery responsible for implementation of the ITPA is also under preparation.

1291. The Government has almost completed the process of amendment of the ITPA. The objective of the proposed amendments is to enhance penalties and place complete criminal culpability on the traffickers. The amendment also seeks to involve the NGO sector to assist the Police in registration of cases and prosecution of offenders. Emphasis is also being placed on streamlining procedures to ensure a speedy trial. It is expected that the Amendment Bill will be placed before Parliament very shortly.

1292. A Regional Protocol of the SAARC countries for the Prevention of Trafficking in Women and Children has been approved in principle by the member states and is expected to be ratified at the next SAARC meeting. This Protocol provides, inter alia, for exchange of information, extradition of traffickers, and regional monitoring of cross-border trafficking.

1293. Surveys regarding the dimensions of the problem, its sociological and economic causes, and the most effective methods of rehabilitation are being carried out, through the NHRC and DWCD for trafficking within the country, and in collaboration with the Asian Development Bank for inter-country Trafficking.

1294. The United Nations Special Rapporteur on Violence against Women visited the region in October, 2000. She has submitted her report which is receiving the highest consideration for necessary action.

1295. The Government believes that fundamental to the sustained elimination of child labour in general, as well as child prostitution in particular, is the implementation of compulsory primary education. A literate informed population, educated to at least the identified minimum levels of learning, is much better able to articulate demands and lobby for social change which would ameliorate the conditions leading to child sale, trafficking and prostitution. Specific action to retain girls in school is especially important for improving their status in society. To this end, we are confident that the Sarva Shiksha Abhiyan will have a very positive ripple effect.

1296. Powerful information campaigns bringing the facts to the public would assist in creating a groundswell of popular indignation necessary to promote reform in the police force as well as other sectors. It is encouraging that the media in India has begun to play an active role in informing the general public about the facts concerning child prostitution and trafficking. Articles on child trafficking and prostitution, which are now appearing regularly in the popular press in India, are doing much to break the silence shrouding this understandably sensitive subject.²¹

Kidnapping

1297. IPC contains several provisions which make kidnapping unlawful. These provisions are as follows:

- (a) Section 361 Kidnapping from lawful guardian;
- (b) Section 366 Kidnapping and abduction of any woman/girl for immoral purpose;
- (c) Section 366 A Procuring of a girl under the age of 16 years;
- (d) Section 366 B Import of girl under the age of 21 years from a foreign country
 or from the State of Jammu and Kashmir for immoral purposes;
- (e) Section 372 Selling, letting for hire or otherwise disposing of any person under the age of 18 years;
- (f) Section 373 Buying or hiring or otherwise obtaining possession of a minor girl for the purpose of prostitution.²²

3. Other Forms of Exploitation

Article 36

Child marriages

1298. According to decades of research, child marriages contribute to virtually every social problem that keeps India behind in women's rights. The problems include soaring birth rates, high malnutrition, illiteracy infant mortality, and low life expectancy, especially among rural women. Concern focuses on an arc of populous northern states where child marriages are most deeply rooted: Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar and West Bengal, with a combined population of 420 million, about 40 per cent of all Indians.¹

1299. Statutory changes in the Hindu Law, affecting women's rights have been in force for quite a long time. For example, the Child Marriage Restraint Act, 1929, known as the Sharada Act,

came into being after a lot of debate throughout the country, because of the existence of a large number of child widows in various parts of the country. It sets 18 as the minimum age for a woman to marry and 21 for a man.

1300. In India the role of early marriage in maintaining the high fertility and high growth rate of the population is now well recognized. The mean age of marriage of girls in India was 14.5 years in 1951, 16.1 years in 1961, 17.2 years in 1971 and 18.3 years in 1981. In 1991, it was about 19 years. There is lot of variation in the age of marriage among the States, especially between the northern and southern states, and within states, among castes, communities and across other social strata. The mean age of marriage for men is 23.3 years and 18.3 years for women. However, there are glaring regional imbalances with 21.8 years for women in Kerala and 16.1 years in Rajasthan. In Uttar Pradesh, Madhya Pradesh, Rajasthan and Bihar 50 per cent of the girls are married before the age of 16. Early marriage, frequent pregnancies and deliveries take their toll and 13 per cent of deaths before the woman reaches 25 are due to complications in childbirth.

1301. The States in the south, north-west and east have relatively higher mean age of marriage for females, than do the others. So states like Assam, West Bengal, Tamil Nadu, Kerala and Karnataka have a significantly higher mean age of marriage than the national averages whereas states like Jammu and Kashmir, Punjab, Orissa, Gujarat and Maharashtra have a mean age at marriage close to the national average. States like Madhya Pradesh, Bihar, Rajasthan and Uttar Pradesh have a substantially lower age of marriage.

1302. In Rajasthan, a survey of more than 5,000 women conducted by the National Government in 1993 showed that 56 per cent of girls were married before they were 15. Of these, three per cent married before they were five and another 14 per cent before they were 10. Barely 18 per cent were literate, and only three per cent used any form of birth control other than sterilization. Large families and poor health of children and mothers were among the results. The survey showed that of every 1000 births, 73 children died in infancy, and 103 were under the age of five when they died. Sixty-three per cent of children under four were found to be severely undernourished. Average life expectancy for women was 58 years.²

The tradition of *gauna*

1303. Given that girls are married before reaching menarche and are not physically mature enough to consummate the marriage, customarily *gauna* (beginning of effective married life) is performed some time after the girl has reached menarche. It seems that *Gauna* does not function to protect young girls as only five to ten per cent of girls consummate their marriage after the age of 20. It was found that 94.7 per cent of the marriages in Doroli village and 91.7 per cent of the marriages in Kathaputali colony exposed young girls to the risk of teenage pregnancies.

Child marriages in tribal societies

1304. Girls in tribal societies were given in marriage generally after puberty. According to the 1971 census at the national level, the age of marriage for tribal women was higher (16.39) than that of rural women in general (15.39). The mean age of marriage of tribal females in Assam, Gujarat, Himachal Pradesh, Kerala, Manipur, Meghalaya, Nagaland, the Andaman and Nicobar Islands and Arunachal Pradesh was more than 18 years, the highest being in Nagaland (21.33). On the other hand, it was less than 15 years in Rajasthan and Uttar Pradesh, the lowest being in Uttar Pradesh (14.50).

1305. A few micro-level studies which dealt with the age at marriage of some individual tribes found the following mean age at marriage of females: Ao Naga (16-20), Bhil (16), Khasi (13-18), Koli (12-16), Bodh (19), Gond (18), Munda (18), Oraon (16). Jaunsads (12.2) Dudh Kharias (21.41), and Santhals (17.87). Jaunsaris of Jaunsar-Bawar, Dehradun, are a polyandrous tribe and they follow the custom of child marriage which is still a part of their cultural behaviour. Investigation showed that 33.83 per cent of the Jaunsari females got married before or at eight, 29.70 per cent in the age group of 9-15, 30.33 per cent in the age group of 15-20 and the remaining 5.6 per cent got married above the age of 20. In contrast, the north-eastern states, the age at marriage was found to be relatively high.³

Current initiatives

1306. The Child Marriage Restraint Act, 1929, is a personal law falling in the Concurrent List of the Constitution, wherein both the Centre and the States exercise powers jointly or singly. The Centre has solicited the support of the States and Union Territories to its proposal to amend the Child Marriage Restraint Act (CMRA), 1929, to prevent child marriages in the country. Under the CMRA, the marriageable age for females is 18 years and for males, 21 years. Marriage below the age fixed under this Act is punishable. However, child marriages are still rampant in the country and the Centre feels that there is a need to prevent it altogether with iron hands for the better health of the nation.

Box 8.31: Positive interventions in Rajgarh district

The last three years have witnessed an annual campaign by the district administration around the time of the *Akshaya Tritiya*. The 1999 campaign was with a difference. These, who had recently been freed from the bondage of illiteracy met in an unusual gathering.

These *samaj sammelans* (community seminars) and *mahila sammelans* (women seminars) made a lot of difference to the routine campaign. Their appeal made a better impact on the masses in terms of delaying the marriages.

Following this, it was decided to develop a database on the child marriage scenario in a time frame and social background. A set of questionnaires was printed and information sought from all the households in all villages of the district on the age and sex distribution of children to enter into wedlock. This database sets the benchmark for all future comparisons and analysis. (It must be remembered that since this was the first time that a format was prepared, there were certain limitations on the data. These would be taken into account in 2000 survey.)

Source: Childhood in Rajgarh: Too young for Wedlock, Too old for Cradle, Rajeshwar Chandrashekran, Economic and Political Weekly 31(40), October 5, 1996, pp. 2721-2722.

Review of the Child Marriage Restraint Act: National Commission for Women (NCW)

1307. One of the important functions of the NCW is to review, from time to time, the existing provisions of the Constitution and other laws affecting women and recommend amendments thereto. It also suggests remedial legislative measures to meet any lacunae, in such legislation. An expert committee has been set up for advice and guidance. Right from its inception, the NCW has been perturbed over the reports in the media regarding child marriages, notwithstanding the enactment of the CMRA as far back as 1929. The NCW with the National Human Rights Commission (NHRC) has taken up this issue with the Government, at length.

1308. The following recommendations have been made and the Act is being considered for amendment accordingly:

- The Government should immediately appoint child marriage prevention officers;
- The punishment provided under Section 23 of the CMRA 1929, should be amended to make it more stringent;
- A new provision should be included in the Act to the effect that any marriage performed in contravention to the order made by the child marriage prevention officer should be void;
- A new provision should be included in the Act for creating a penal obligation on every person present at a child marriage, for objection to or advising the person concerned against such marriage or reporting to the child marriage prevention officer, of the solemnization of the child marriage;
- Section 7 of the Act should be replaced by a provision for making the offences under the Act as cognizable without any qualifying clause.

1309. Further, it may be necessary to make a systematic effort to spread awareness about the evils of child marriage, which may include setting up of committees to spread the message.⁴

Current interventions

1310. Realizing the situation of the girl child, the heads of governments of the SAARC region met at Male in 1990 and declared 1991-2000 AD as “SAARC Decade of the Girl Child”. In fulfilment of this commitment, the GOI has formulated a National Plan of Action (NPA) around the theme of “Survival, Protection and Development” to attend to gender-specific needs and requirements to the fullest possible extent. This was a conscious effort to ensure equitable rights, opportunities, benefits and status to girl children who face discrimination much before birth and throughout their life.

1311. The NPA broadly envisages three gender-specific goals which are akin to those of the “World Declaration on the Survival, Protection and Development of Children” in 1990, and the “Male Declaration of SAARC”. Efforts are on to formulate State Plans of Action suitable to the indigenous, culturally diverse situations and area-specific problems. These include child marriages in Rajasthan, dedication of girl children as *devdasis* in Karnataka, sale of girls in marriage in Andhra Pradesh and Kerala and the problem of female infanticide in Tamil Nadu. So far, the Governments of Karnataka, Madhya Pradesh, Tamil Nadu and Goa have formulated State Plans.⁵

1312. The GOI constituted on 19 July 1993, an Expert Group on Population Policy, here after referred to as the Expert Group, to prepare a preliminary draft of the National Population Policy. This group submitted its report, called the Draft National Population Policy on 23 May 1994, to the Minister for Health and Family Welfare. One of the 10 socio-demographic goals to be achieved by the country by 2010 is the reduction of the “incidence of marriage of girls below the age of 18 years to zero” (Ministry of Health and Family Welfare, 1994: 98). Another recommendation was to ensure the full coverage of registration of births, deaths and marriages. Raising of female age at marriage has therefore been recognized as one of the important policy interventions that might be able to influence population growth rates apart from the national family planning programme.⁶

Female age at marriage in India: Trends and determinants

1313. Traditionally social and cultural factors have tended to support early as well as universal marriage for girls in India. The average age at marriage of females in India was too low at 12.5 years during 1921-31. After the enactment of CMRA, 1929, although there was a slow upward shift in the female age at marriage. Even 1951 the marriage age of females was reported to be about 15.6 years. As per the census information, the two decades 1961-71 and 1971-81 recorded larger increases in female age at marriage at the national level as compared to earlier decades.

1314. The NFHS-II Survey shows that there is a steady rise in the age at first marriage in India. The proportion married by exact age 15 falls steadily from the oldest to the youngest age group, but even more remarkable is the fact that the proportion falls from 24 per cent for women age 20-14 to 14 per cent for women age 15-19 who are only five years younger, on average. In rural areas, the proportion of women by age 15 declines from 29 per cent among women age 20-24 to 18 per cent among women age 15-19; the corresponding decline in urban areas is from 9 per cent to 5 per cent. The practice of very early marriage (before age 13) has virtually disappeared in urban areas and has become quite rare in rural areas as well.

1315. Despite the evidence of a rising age at marriage, the majority of women age 20-49 in India married before they reached the legal minimum age at marriage of 18 years as set by the Child Marriage Restraint Act, 1978. Specifically, 61 percent of all women, 69 percent of rural women, and 41 percent of urban women age 20-49 married before age 18.

1316. There are considerable differences across States in the age at first marriage of women. About half of women age 25-49 married before age 15 in Madhya Pradesh, Bihar, Uttar Pradesh, Andhra Pradesh, and Rajasthan, and about four-fifths of women in these States married before reaching the legal minimum age at marriage of 18 years. By contrast, the median age at first marriage is 22-23 years in Goa, Mizoram, and Manipur, and 20 years in Kerala, Nagaland, Punjab, and Sikkim. Notably, however, in Kerala, Nagaland, Punjab, and Manipur at least one out of five women are already married by age 18.⁷

D. Children belonging to a Minority or Indigenous Group

Article 30

Introduction

1317. Protection of minorities is the hallmark of any civilized nation. According to Mahatma Gandhi, the claim of a country to civilization depends on the treatment it extends to its minorities. In keeping with this, the founding fathers of the Indian Republic were deeply concerned about ensuring full and meaningful protection to members of minority communities, individually and collectively. This concern was translated into extensive constitutional safeguards and provisions for the protection and promotion of minorities in the form of articles 25-41. Apart from this, India is also party to several international and multilateral conventions and declarations that uphold the rights of minorities. Measures have been taken for the development of children belonging to minority groups, especially in the areas of education and health. However, in most other aspects, the status of the children of minorities may be determined by the status of the community that they belong to. In this regard, therefore, this section elaborates the constitutional safeguards and

national mechanisms for implementing these safeguards, and the general status of minorities with respect to their education, health, etc.¹

International scenario

1318. The international community, through the United Nations Declaration on Minorities (1992), has put an obligation on member states, not only to protect the existence and identity of minorities within their respective territories, but also “to encourage conditions for the promotion of thin identity”, and the States are required to take appropriate legislative and other measures to achieve those ends [article 1(1) and (2)]. India as part of the United Nations General Assembly has adopted this convention among others and is obliged under these to secure the rights of its resident minority communities.

1319. The United Nations system has not been able to evolve an agreed definition of “minority” from 1947, when it created a Sub-Commission on Prevention of Discrimination and Protection of Minorities, through 1966, when article 27 of the International Covenant of Civil and Political Rights provided for the rights of persons belonging to minorities, to the 1992 declaration on the rights of minorities. This failure partly derives from the desire to have a single, universally applicable, comprehensive formulation applicable to all minority situations in all parts of the world. It would, however, be more appropriate to indicate universality of minority situations and status, leaving scope for accommodating the specifics of every particular country’s situation.

Constitutional provisions, legislative, administrative and budgetary measures

1320. The expression “minority” is not defined in the Constitution. The Indian Constitution accords recognition to minorities largely in its articles 25–40, based on religion, language and culture, as those who have been guaranteed the right to conserve their language, script and culture and to establish and administer educational institutions of their choice (see box 8.33). Indian judicial view has been that those who constitute less than 50 per cent of the population of State or the country, as the case may be, shall be considered a minority under the State or Union legislation. That minorities are characterized by religious, linguistic or cultural identities, which they would like to preserve, has been accepted as a fact, by framers and interpreters of the Constitution.²

Box 8.32: United Nations Conventions and declarations related to minority rights ratified by India

- Charter of United Nations, 1945.
- Universal Declaration of Human Rights, 1948.
- Convention on the Prevention and Punishment of the Crime of Genocide, 1948.
- International Convention on the Elimination of All Forms of Racial Discrimination, 1965.
- International Covenant on Civil and Political Rights [ICCPR] 1976.
- International Covenant on Economic, Social and Cultural Rights [ICESR], 1976.
- Declaration on the Elimination of All Forms of Intolerance and Discrimination based on Religion or Belief, 1981.
- Declaration on the Rights of Persons belonging to National or Ethnic, Religious and Linguistic Minorities, 1992.
- World Conference on Human Rights, Vienna Declaration and Programme of Action, Vienna, 14–25 June, 1993.

1321. Issues relating to cultural or religious minorities are in the Concurrent List of the Indian Constitution, where both the Centre and States can make laws with the understanding that in case of conflict, the Central laws will take precedence. This ensures the institutionalisation of unity as well as diversity.³

Minorities of India

1322. According to the 1991 census, the Scheduled Castes account for 138.22 million, representing 16.48 per cent of the country's total population. Of these, 81 per cent live in rural areas. The Other Backward Classes, as per the GOI's notification dated 8 September 1993, comprise castes and communities whose names figure in the list of the Mandal Commission and in the lists of the individual State Governments. In the absence of specific census data, it is not possible to quote the exact figure of their population. However, the Mandal Commission made a rough estimate of OBCs constituting 52 per cent of the country's total population. The population of Muslim, Christian, Sikh, Buddhist and Zoroastrian communities is 145.31 million (17.17 per cent), as per the 1991 census⁴.

Box 8.33: Constitutional provisions for minorities in India

Right to freedom of religion

Article 29: Protection of interests of minorities.

Article 30: Right of minorities to establish and administer educational institutions.

Right to Constitutional remedies

Article 349: Special procedure for enactment of certain laws relating to language.

Special Directives

Article 350: Language to be used in representations for redress of grievances.

Article 350 a: Facilities for instruction in mother tongue at primary stage.

Article 350 b: Special officer for linguistic minorities.

Article 351: Directive for development of the Hindi language.

Source: Readings on Minorities, Perspectives & Documents, Vol. 2, by Iqbal A. Ansari, published by institute of Objective Studies, 1996

Administrative measures

1323. The constitutional commitments made in favour of the socially disadvantaged groups prompted policy makers and planners to accord high priority to the welfare and development of these groups right from the beginning of the country's developmental planning, launched in 1951. To ensure a focused attention on improving the lot of these groups, the Ministry of Social Justice and Empowerment was set up in 1985. Consequently, all the hitherto scattered programmes of SCs, STs, OBCs and minorities were brought under one single umbrella during the 1990s and were put into effective operation with the ultimate objective of achieving the constitutional commitment of raising the status of these disadvantaged groups. In 1986, a scheme called the Prime Minister's 15-Point Programme for the upliftment of minorities was launched.⁵

1324. The 1990s have witnessed an upsurge in social legislation and creation of institutions for protecting the rights of the underprivileged and the socio-economically backward. The Constitution was amended in 1990 to provide for a National Commission on Scheduled Castes and Scheduled Tribes, which was entrusted with a variety of duties, including the duty "to inquire into specific complaints with respect to the deprivation of rights and safeguards of the Scheduled

Castes and Scheduled Tribes" (article 338). Similarly, the National Commission for Minorities Act, 1992; the National Commission for Backward Classes Act, 1993; and the Protection of Human Rights Act, 1993, led to the constitution of such Commissions at the national level. The National Commission for *Safai Karamcharis* Act, 1993, led to the formation of the National Commission for *Safai Karamcharis* (NCSK).

1325. A Ministry of Tribal Affairs was created in October 1999. The work relating to tribal development has now been transferred to this ministry.⁶

Budgetary measures

1326. The Special Component Plan (SCP) is an umbrella programme under which all the schemes implemented by the State and Central Governments are dovetailed for addressing different needs of Schedule Castes. The SCP outlay as percentage of total State Plan outlay increased marginally from 11.03 per cent in the Eight Five-Year Plan to 11.88 per cent in the Ninth Plan.

1327. The Ninth Plan (1997–2002) commits to the empowerment of SCs, STs, OBCs and minorities as the agents of socio-economic change and development. Empowerment of these groups will, therefore, be attempted in an integrated manner, essentially encompassing the three vital and interrelated components, viz., social empowerment economic empowerment; and social justice.⁷

The right to enjoy one's culture

1328. A significant provision of the historic Declaration on the Rights of Persons belonging to National or Ethnic, Religious and Linguistic Minorities, which was accepted by the General Assembly, including India, without any member States voting against it on 18 December 1992, is article 4.4. This requires the States to "take measures in the field of education, in order to encourage knowledge of the history, traditions, language and culture of the minorities existing within their territory. Persons belonging to minorities should have adequate opportunities to gain knowledge of society as a whole.

1329. The Indian Constitution provides for cultural and educational rights:

- Article 29: Protection of the interests of minorities.
 - (1) Any section of the citizens residing in the territory of India or any part thereof having a distinct language, script or culture of its own shall have the right to conserve the same.
 - (2) No citizen shall be denied admission into any educational institution maintained by the State or receiving aid out of State funds on grounds only of religion, race, caste, language or any of them.
- Article 30: Right of minorities to establish and administer educational institutions

1330. Besides the above safeguards, the Indian Constitution has made provisions for the reservation of seats in the House of People (the lower house of Parliament), the legislative assemblies of States and in certain services and posts for the members of Schedule Castes and Schedule Tribes (article 243 D: Special Provision relating to Classes). Not only this, there are

seats reserved for the members of these communities in all Government educational institutions. Members of the religious minorities are entitled to reserve 50 per cent of the seats in their institutions members of their community.⁸

Right to profess and practise one's religion

1331. The Declaration on the Rights of Persons belonging to National or Ethnic, Religious and Linguistic Minorities, 1992, requires signatory States, including India, to "take measures where required to ensure that persons belonging to minorities may exercise fully and effectively all their human rights and fundamental freedoms without any discrimination and in full equality before the law", (vide article 4.1). Article 4.2 further obliges the States to "take measures to create favourable conditions to enable persons belonging to minorities to express their characteristics and to develop their culture, language, religion, tradition and customs". It is clarified by article 8.3 that these measures "shall not prima facie be considered contrary to the principle of equality".

Some related issues

1332. Freedom of religion guaranteed by article 25 is not confined to citizens but extends to every person. It includes the right not merely to profess and practise one's religion but also the right to propagate it. The exercise of this freedom is subject to public order, morality and health. The expression "propagate" received a restrictive interpretation by the Supreme Court in *Rev. Stainslaus vs. State of Madhya Pradesh* [AIR (1977) SC 908]. The court held that the propagation of religion does not include the right to convert another person to one's own religion.⁹

Right to use one's own language

1333. The Commission for Linguistic Minorities in India is appointed by the President of India and for all purposes, is independent of the cross-currents of India's national and regional politics.

1334. This institutional defence of the rights of minorities is of paramount importance. For the protection of the other languages in use, the following directives are provided. For the submission of representation for the redress of any grievances to any officer or authority of the Union or a State, the petitioner is authorized to use any of the languages used in the Union or in the State, as the case may be (article 350). Every State and local authority within a State is directed to provide adequate facilities for instruction in the mother tongue at the preliminary stage of education to children belonging to linguistic minority groups and the President is authorized to issue such directions to any State, as she/he may consider necessary for the securing of such facilities (article 350 (a)). A special officer for linguistic minorities is appointed by the President to investigate all matters relating to the safeguards provided by the Constitution for linguistic minorities and to report to the President upon those matters. It shall be the duty of the President to cause all such reports to be laid before each House of Parliament and also to be sent to the Government of the State concerned (article 350 B).¹⁰

Situation of ethnic, religious or linguistic minorities

Scheduled Castes and Scheduled Tribes in India

1335. There has been an increase in the percentage of SC population to the total population from 15.28 in 1981 to 16.48 in 1991, with a decadal growth rate of 3.20 per cent during 1981-91. They

are dispersed all over the country, except in one State and two Union Territories, viz., Nagaland, Andaman and Nicobar Islands and Lakshadweep. Uttar Pradesh the largest State, accounts for 21 per cent of the total SC population of the country.

1336. Nearly 84 per cent of the country's total SC population live in 10 States, viz., Andhra Pradesh (7.66 per cent), Bihar (9.09 per cent), Karnataka (5.33 per cent), Kerala (2.09 per cent), Madhya Pradesh (6.96 per cent), Maharashtra (6.34 per cent), Rajasthan (5.50 per cent), Tamil Nadu (7.75 per cent), Uttar Pradesh (21.18 per cent) and West Bengal (11.63 per cent). In a few States, SCs constitute more than 20 per cent of the total population. These include Punjab (28.31 per cent), Himachal Pradesh (25.34 per cent), West Bengal (23.62 per cent) and Uttar Pradesh (21.05 per cent).

1337. Scheduled Tribes account for 67.76 million or 8.08 per cent of country's total population. Of these, 1.32 million (1.95 per cent) are primitive tribes. STs too, have shown a decadal growth rate of 3.12 per cent during the period 1981-91. The actual increase in the percentage of ST population was from 7.53 in 1981 to 8.08 in 1991.

1338. STs inhabit all the States except Haryana, Punjab, Chandigarh, Delhi and Pondicherry. The highest concentration of ST population is found in the north-eastern States of Mizoram (94.75 per cent), Nagaland (87.70 per cent), Meghalaya (85.53 per cent) and Arunachal Pradesh (63.66 per cent) and in the UTs of Lakshadweep (93.15 per cent) and Dadra and Nagar Haveli (78.99 per cent), while there are high concentrations in the States of Madhya Pradesh (23.27 per cent), Orissa (22.21 per cent), Gujarat (14.92 per cent), Maharashtra (9.27 per cent) and Bihar (7.66 per cent).

Other Backward Classes

1339. The Other Backward Classes, as per the GOI's notification dated 8 September 1993, comprise castes and communities which are found common in the list of the Mandal Commission and in the lists of the individual State Governments. In the absence of specific census data, it is not possible to quote the exact figure of their population. However, the Mandal Commission made a rough estimate of OBCs constituting 52 per cent of the country's total population.¹¹

Religious minorities

1340. Muslim, Christian, Sikh, Buddhist and Zorastrian communities constitute 145.31 million (17.17 per cent) of India's population, as per the 1991 Census.

1341. The following are the main religious communities in the country as a whole. These are arranged in order of numerical strength at the all-India level, excluding figures of Jammu and Kashmir, where the 1991 census was not held.

1342. The three Christian-dominated States of India together have a Christian population of a little over eight million—Mizoram (5.9 million), Meghalaya (1.15 million) and Nagaland (over 1.06 million). Next to Mizoram, the largest population of Christians is in Kerala (5.62 million), and Tamil Nadu (3.18 million). Percentage-wise, the Christian population is quite high also in Manipur (34 per cent), Goa (30 per cent), Andamans (24 per cent) and Kerala (19.32 per cent).¹²

1343. Sikhs constitute the majority in one State, Punjab (63 per cent), and one fifth of the population in one UT, Chandigarh (20 per cent). Their population is between 16 per cent in

Himachal Pradesh, Rajasthan, Delhi and Haryana; while it is below one per cent elsewhere in the country. Their total population in India according to the 1991 census is about 16 million.

1344. There is no Buddhist-dominated State or UT in the country. Number-wise, the highest population of Buddhists is found in Maharashtra (over 500,000), followed by Uttar Pradesh (221,000), Madhya Pradesh (216,000) and West Bengal (203,000). Percentage-wise, the highest Buddhist population is in Sikkim (27 per cent), followed by Arunachal Pradesh (13 per cent).

1345. There are about 3.3 million Jains in India and their highest population is in Maharashtra (0.96 million), followed by Rajasthan (0.56 million) and Madhya Pradesh (0.49 million).

Table 8.10: Major religious communities in India

Religious communities	Percentage to total population	Persons	Males	Females	Sex ratio (Females per 1000 males)
Hindu	82.00	687,646,721	357,252,833	330,393,888	925
Muslim	12.12	101,596,057	52,631,365	48,964,692	930
Christian	2.34	19,640,284	9,848,930	9,791,354	994
Sikh	1.94	16,259,744	8,610,508	7,649,236	888
Buddhist	0.76	6,387,500	3,272,200	3,115,300	952
Jain	0.40	3,352,706	1,722,715	1,629,991	946

Source: Registrar General of India

1346. The successive census reports specify the Jains as an independent religious community.

1347. The Parsi population in India is only about 76,000 and it is concentrated in two western states, Maharashtra (60,000) and Gujarat (13,000). In the rest of the country, the Parsi population is only about 3,000.

1348. India with a Baha'i population of over 2,00,000, is host to the largest Baha'i community in the world. The Natural Spiritual Assembly of the Baha'is of India is their representative organization in India. A large number of believers reside in the Hindi-speaking rural belts.¹⁴

1349. The Jews of India one singular community. Among themselves they are divided into different communities. Each community has its own different culture, background and origin. Each community claims its arrival in India in different ways and it is not always clear how they really came to India. The three main Jewish communities of India are: the Bene Israel, Cochin and Baghdadi. Besides there are the Ashkenazi Jews and a community in east India which claims Israeli origin and calls itself the Ben Menashe.¹⁵

Languages in India

1350. Table 8.13 shows the major language groups in India.

Table 8.11: Major language groups in India by population

Languages	Percentage	Millions of people (1993)	Languages	Percentage	Millions of people (1993)
Indo-Aryan Languages			Dravidian Languages		
Hindi	30.1	238.1	Telugu	8.6	73.1
Bengali	7.7	65.5	Tamil	7.0	59.5
Marathi	7.6	64.6	Kannada	4.0	34.0
Gujarati	4.6	39.1	Malayalam	3.9	33.2
Oriya	3.6	30.6	Other		
Punjabi	2.5	21.3	English	2.5	21.3
Assamese	1.6	13.6	Urdu	5.3	45.0

1351. The figures for persons speaking a language subsidiary to their mother tongue are quite revealing: Hindi (5.10 per cent), Oriya (5.75 per cent), Malayalam (7.11 per cent), Gujarati (7.31 per cent), Tamil (8.11 per cent), Bengali (8.65 per cent), Assamese (8.96 per cent), Marathi (10.47 per cent), Kashmiri (10.69 per cent), Telugu (14.03 per cent), Punjabi (14.16 per cent), Kannada (14.43 per cent) and Urdu (22.09 per cent). Besides, differences arising out of language and religion are non-overlapping. Both Hindus and Sikhs speak Punjabi; Urdu is understood by Muslims, Hindus and Sikhs; and the Bengali literary pantheon counts several Muslim writers along with Hindus among its stars.¹⁶

The minority child and family law

1352. The rights of children of minorities in India with regard to marriage, adoption and maintenance falls in the area of family law, where the right of children in the family will depend on the religion to which the child's parents belong and marry into. The broad spectrum of family law covers the rights of parents over the custody and guardianship of their children, and the rights of the child to maintenance. While legislation in some cases does take care of the interests and well-being of the child, it is more attuned to the rights of the parents over the child.

1353. The rights of children born to Hindus are governed by the Hindu Marriage Act (HMA), Hindu Minority and Guardianship Act (HMGA), the Hindu Adoption and Maintenance Act (HAMA) and the Hindu Succession Act (HSA). Muslim children are governed by customary Islamic law, while Christian children are governed by the Guardian and Wards Act (GWA). The GWA, however, will also apply to all children under certain circumstances. In addition to these, other legislation that might govern the rights of a child in case of a dispute between parents are the Indian Divorce Act (IDA), the Parsi Marriage and Divorce Act (PMDA) and Special Marriage Act (SMA). The Special Marriage Act also recognises the right of the children born of a void marriage to inherit from both the parents. (sect. 26). Parsi, Muslim and Christian children cannot inherit from their father according to their personal laws.¹⁷

1354. Similarly, there are such laws for Schedule Castes and Tribes; all these laws have been elaborately discussed in the following pages.

Institutional mechanisms

1355. To ensure a focused attention improving the lot of minority groups, the Ministry of Social Justice and Empowerment was set up in 1985. Consequently, all the hitherto scattered programmes of SCs, STs, OBCs and minorities were brought under one single umbrella during the 1990s and were put into effective operation with the ultimate objective of achieving the constitutional commitment of raising the status of these disadvantaged groups.

National Commission on Scheduled Castes and Scheduled Tribes

1356. The Constitution was amended in 1990 to provide for a National Commission on Scheduled Castes and Scheduled Tribes, as also provided for in the Indian Constitution (article 338: National Commission for Scheduled Castes and Scheduled Tribes), and was entrusted with a variety of duties, including the duty “to inquire into specific complaints with respect to the deprivation of rights and safeguards of the Scheduled Castes and the Scheduled Tribes”.

1357. As per the guidelines of State Government/Union Territory is expected to allocate funds in proportion to SCs/STs population in that State/UT. The Commission on such allocations keeps a watch and that they are spent for the welfare of SC and ST in that State to which she/he has migrated.¹⁸

National Commission for Minorities

1358. To safeguard secular interests and promote communal harmony, the erstwhile Minority Commission set up in 1978, was given a statutory status through the enactment of the National Commission for Minorities (NCM) Act, 1992.

1359. The Commission has also constituted a Minority Education Cell to exclusively look at the problems faced by minority educational institutions in regard to recognition, affiliation, grants-in-aid, etc.²⁰

Wakf Administration

1360. The Ministry of Social Justice and Empowerment is responsible for the administration of the *Wakf* Act, 1995, the Dargah Khwaja Saheb Act, 1955, and work relating to the Evacuee Property Act, 1950. It has taken the issues of common concern to promote the interest of *Wakfs* in the country. The institution of *Wakf* is a striking feature of Islamic jurisprudence, The word refers to any property, movable or immovable, dedicated for purposes recognized by Muslim law as religious, pious or charitable. *Wakfs* constitute a national assets as a very large number of them support schools, colleges, technical education, libraries, etc., which benefit the general public, irrespective of caste or creed. Identified as charitable and religious endowments in section 28 of the Concurrent List of the Seventh Schedule of the Constitution, supervision over their administration is a responsibility of both the Central and State Governments. The Central *Wakf* Council collects six per cent donation on loan advanced by it to *Wakf* institutions under the scheme for the development of Urban *Wakf* Properties and the amount thus received is deposited with the education fund—utilised for financing scholarships to students undergoing technical and professional courses, ad-hoc grants to poor and needy students, etc.

National Commission for OBCs (NCBC)

1361. During 1993, a National Commission for OBCs (NCBC), which is a permanent body at the Centre to look into complaints and requests, besides recommending inclusion of certain communities in the lists of OBCs, was set up. There is a provision for such a commission to be set up in the Indian Constitution (article 340: Appointment of a commission to investigate the conditions of backward classes). So far, on the basis of this commission's recommendation, the Central list of OBCs in respect of 21 States and four UTs has been notified by the Central Government. The Government has also extended to the OBC candidates the benefit of relaxed standards in respect of written examinations and interviews, with effect from October 1994. Under the scheme, of pre-examination coaching centres for weaker sections, candidates belonging to OBCs receive coaching to compete with general candidates in various competitive examinations.

1362. The welfare and development of OBCs started receiving special attention during the Eighth Plan with a definite percentage of reservation in Government employment, besides a definite share in the assistance for both educational and economic development programmes. The setting up of the National Backward Classes Finance and Development Corporation (NBCFDC) in 1992 was a major achievement towards the welfare of OBCs.²¹

Ministry of Tribal Affairs

1363. The Ministry of Tribal Affairs, which came into separate existence in October 1999, implements various central sector/centrally sponsored schemes for the social, educational and economics-development of tribals in the country. The Five-Year and Annual Plans approved by the Planning Commission and implemented by the Ministry of Tribal Affairs receive the Annual targets and monitor the achievements in this regard.

Tribal research institutes

1364. There are 14 tribal research institutes in Andhra Pradesh, Assam, Bihar, Gujarat, Kerala, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, West Bengal, Uttar Pradesh, Manipur and West Bengal. These institutes, set up by the States, conduct research and evaluation studies on matters relating to all aspects and help in policy formulation with regard to tribals. They also promote and foster various aspects of tribal culture including music and dance, literature and language, festivals and fairs. There are several tribal museums with a fairly large stock of exhibits on tribal culture.²²

1365. The Central Institute of Indian Languages (CIIL), Mysore, prepares text-books, primers, grammar books, dictionaries and bilingual textbooks, facilitating translation from regional languages into tribal languages. It also undertakes training of tribal teachers in bilingual education and socio-linguistic surveys and research. The CIIL through its programme has worked in 75 tribal and border languages and has prepared different kinds of linguistic material like grammars, phonetic readers, primers, etc.

1366. Besides the above, there are other schemes under the nodal Ministry of Social Justice and Empowerment which contribute to the economic development of SCs/STs. These include vocational training in the tribal areas, under which financial assistance is extended for setting up of vocational training centres in tribal areas and grants-in-aid to State Tribal Development Cooperatives/ Corporations for minor forest produce to ensure remunerative prices to tribals.²³

National Commission for Linguistic Minorities

1367. The Commission for Linguistic Minorities in India, also provided for in the Constitution (article 350 B: special officer for linguistic minorities), headquartered in Allahabad with one deputy commissioner and assistant commissioners posted in various regions, is appointed by the President of India and for all purposes, is independent of the cross-currents of India's national and regional politics. Linguistic Minorities Commissions have been constituted in various states State linguistic minority officers also stand appointed.²⁴

1368. It is relevant to discuss here the organizations associated with religious communities that have been involved in the development and betterment of the members of their communities. Also, it is important to note that some amount of work is being done by the religious institutions themselves. For example it is obvious that much of the advancement in the living conditions of the Christian population has been because of missionary activity—not confined to conversion in the narrow sense, but also in reaching literacy, health-care and other basic empowering resources to the poor.

1369. There are several educational institutions that have been set up by minorities according to the provisions of the Constitution. The Aligarh Muslim University and Jamia Millia Islamia are premier national institutions run by the Muslim community.

1370. The Hamdard Educational Society has carried out several surveys and taken out campaigns and caravans for raising awareness among Muslims in Delhi and Uttar Pradesh on the importance of education. In October 1999, the Society held a series of health and hygiene camps in Uttar Pradesh.²⁵

Programme interventions

1371. Various schemes of the Government are executed through the relevant Central ministries for education and health of the children of minorities in India.

Schemes for education

1372. The Department of Education, Ministry of Human Resource Development, has started programmes of educational development in 41 identified districts in the country with minority concentration. An area-intensive programme is being implemented at the block level in these districts to provide basic educational infrastructure and facilities. The Department of Education is also implementing a scheme to provide financial assistance for modernization of *madrasa* education and for teaching of science, mathematics, social studies and languages in these traditional educational institutions on a voluntary basis. Under this scheme 100 per cent grant is given by the Central Government.²⁶

1373. The 41 minority concentration districts have also been brought under the scheme of Community Polytechnics to impart technical skills to eligible persons belonging to minority communities. The Ministry of Labour has set up Industrial Training Institutes (ITIs) in 19 out of 41 districts and introduced trades relevant for minority artisans and workers. Instructions were also issued to States/UTs to sponsor candidates belonging to minority communities for vocational training courses.²⁷

Box 8.34: Special financial instruments

The five National Finance Development Corporations for the disadvantaged sections are the National SC and ST Finance and Development Corporation (NSFDC), New Delhi, Tribal Cooperative Market Development Federation of India Ltd. (TRIFED), Mumbai, National *Safai Karamchari* Finance and Development Corporation (NSKFDC), New Delhi, National Minorities Development and Finance Corporation (NMDFC), New Delhi, and the National Backward Classes Finance and Development Corporation (NBCFDC), New Delhi. These act as national-level apex agencies for networking, coordinating and streamlining various employment, credit and income-generation activities to better the economic status of the disadvantaged groups, viz., SCs, STs, OBCs and minorities. In fact, they are the major catalytic agents which transact business on behalf of the Government. While these apex agencies work through their State-level channelising agencies which would help/identify the beneficiaries; finance the projects through credit/subsidies; and extend technical advice and operate/control the activities, TRIFED continues to purchase minor forest produce and agricultural surplus produce by offering remunerative prices to the tribals and thus prevents exploitation by middlemen.

Source: GOI, National Commission For Scheduled Castes & Scheduled Tribes, Dated: 26/04/2000

1374. To enable minorities to take part in competitive examinations, pre-examination coaching centres were set up in 21 universities and 32 colleges.

1375. Pre-examination coaching, launched in 1992-93, has covered 188 institutions, with 9480 candidates receiving coaching for various competitive examinations. The Department of Personnel made it mandatory for all recruiting authorities of the Central Government and PSUs to have at least one member belonging to the minority communities in the selection boards/committees constituted for the recruitment of Group C and D posts/ services.

1376. The Ministry of Tribal Affairs has exclusive schemes for educational development of Scheduled Tribes, such as assistance to State Governments for construction of boys/girls, hostels, *ashram* schools, educational complexes for ST girls in low literacy pockets and vocational training in tribal areas.

1377. Although there has been a visible increase in the literacy rates of SCs and STs during the last three decades, the gap between the literacy rates of SCs/STs and those of the general population still persists.

1378. The enrolment ratios of SC and ST girls and boys have continued to show a progressive trend along with the rest of the population. The other revealing factor was the better pace of progress maintained by STs at primary level (43.0 per cent) over SCs (29.7 per cent), especially that of ST girls (49.0 per cent) over SC girls (37.3 per cent) during 1981-96. Above all, the overall progress made by SCs and STs in terms of enrolment ratios at primary and middle levels during 1980-81 and 1995-96 has been impressive, as they proved better than the general population.²⁸

1379. The dropout rate is a crucial indicator in the field of education. There has been a steady decline in the dropout rates of SCs and STs as given in table 8.15.

Pre-matric scholarship for the children of those engaged in "unclean" occupations and other backward classes

1380. This scheme provides financial assistance to enable children of families involved in 'unclean' occupations to pursue pre-matric education courses in recognized institutions. Under the scheme, central assistance is provided to the State Governments on a 50:50 basis and 100 per

cent to UT administrations, over and above their committed liabilities. This scheme has been extended to cover OBCs recently.

1381. The scheme of pre-matric scholarships for the children of those who are engaged in “unclean” occupations was revised in February 1994 to remove the restrictive clause of one child per family up to class VIII, subject to the condition that if a third child is born after 1.4.93, a total of only two children in the family would be eligible for these scholarships, extension of the benefits to day scholars studying in class III to X, removal of the income ceiling of Rs 1,500 per month of parents/guardians and relaxation of the restrictive clause on two children in class IX and X. These positive amendments led to the award of 326,000 (provisional) pre-matric scholarships in 1996-97, the end of the Eighth Plan and the central assistance released also increased from Rs 6.39 crore in 1992-95 to Rs 14.04 crore in 1996-97. In 1997-98, about 3.80 lakh students whose parents were engaged in “unclean” occupations were provided with prem-matric scholarships.

1382. The main objective of the scheme is to check the dropout tendency and to provide financial assistance to the children of traditional scavengers of dry latrines, tanners, flayers and sweepers. The scheme includes the students residing in hostels from class III-X, as well as day scholars from class I-X.

Table 8.12: Gross enrolment ratios of SCs & STs and general population

Years/level	General Population			Scheduled Caste Population			Scheduled Tribe Population		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1980-81 I-V (6-11Yrs)	95.8	64.1	80.5	105.4	57.8	82.2	94.2	45.9	70.0
VI-VIII (11-14Yrs)	54.3	28.6	41.9	41.4	16.2	29.1	28.2	10.8	19.5
1990-91 I-V (6-11Yrs)	114.0	85.5	100.1	122.7	80.6	102.2	126.8	78.6	103.4
VI-VIII (11-14Yrs)	76.6	47.0	62.1	61.4	33.3	47.7	51.3	27.5	39.7
1995-96 I-V (6-11Yrs)	114.5	93.3	104.3	127.6	95.1	111.9	130.0	94.9	113.0
VI-VIII (11-14Yrs)	79.5	54.9	67.6	74.9	46.8	61.3	61.6	37.6	50.0
Pace of progress I-V (Primary level)	18.7	29.2	23.8	22.2	37.3	29.7	35.8	49.0	43.0
VI-VIII (Middle level)	25.2	26.3	25.7	33.5	30.6	32.2	33.4	26.8	30.5

Source: Selected Education Statistics, 1995-96, Department of Education, New Delhi.

Hostels for boys and girls belonging to SCs and OBCs

1383. Under this scheme, Central assistance is provided to the State Governments on a 50:50 basis, 100 per cent to UT administrations and 90 per cent to centrally controlled universities and 45 per cent to other universities for construction of hostel buildings for SC and OBC boys and girls studying in middle schools, higher secondary schools, colleges and universities. A few

rooms/blocks of the hostels are constructed barrier-free, and facilities like ramps, etc. should be incorporated in the design of their construction so as to enable disabled SC students to reside in them conveniently. Land has to be provided free of cost by the State/UT or beneficiary institution. The cost of construction of hostels is worked out on the basis of State/CPWD schedule of rates. The expenditure on maintenance of these hostels is to be borne by the State Governments from their own funds. During the Eighth Plan, around 1,503 hostels were built to benefit 122,000 SC boys and girls and 553 hostels to benefit 22,120 ST boys and girls by the end of the Eighth Plan. During 1997-98, 143 SC/ST girls, and 86 SC/ST boys, hostels were sanctioned.²⁹

Stipend to children belonging to Vimukat Jatis (other than backward classes/denotified tribes)

1384. The objective of the scheme is to provide financial assistance to students of denotified tribes and thus, motivate them to attend schools. An enhancement in the budget provisions and expenditure over the scheme has been noticed.

Special education development programme for girls belonging to SCs in very low literacy level districts

1385. Under this scheme, free residential schools are established for SC girls who are first-generation learners and who belong to families below the poverty line in districts with Scheduled Caste female literacy below two per cent (1981 census). These districts are in Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh.

1386. The scheme was introduced during 1996-97 on a pilot basis Grant-in-aid under the scheme comprises of a package of Rs 11,340 per student, in class I only, which includes direct facilities to the students as well as cost towards infrastructure, staff and other running cost. No fees, charges or contributions are recovered from the students. The scheme is implemented by the *Zilla Parishads* (district-level panchayats) of the concerned district. The *Zilla Parishads* may run the schools themselves or through credible NGOs of proven integrity, competence and experience. The grant is given directly to concerned *Zilla Parishads*, which are required to send their proposals to the Ministry, through their State Governments.

Table 8.13: Dropout rates amongst SCs and STs at various stages of education

Category	Classes (I-V)		Classes (I-VIII)		Classes (I-X)	
	1980-81	1989-90	1980-81	1990-91	1980-81	1990-91
General	58.70	48.08	72.70	63.40	82.46	71.34
SC	60.16	49.03	76.84	72.09	86.91	80.58
ST	75.66	63.81	86.71	80.10	91.18	86.00

Source: Educational Development of SCs and STs (1995) and Unpublished Data of the Department of Education

Note: 1. Since the latest data on the dropout rates of SCs and STs is available only for 1990-91, data for the general population was also used for the same year for effective comparison.

2 Figures for 1990-91 in respect of SCs and STs are not available for primary level.

Central sector scheme of upgradation of merit of SC/ST students

1387. The objective of the scheme is to upgrade the merit of SC/ST students by providing them with facilities for all-round development through education in residential schools. Hundred per cent Central assistance is released to States/UTs for arranging remedial and special coaching for SC/ST students studying in classes IX-XII. While remedial coaching aims at removing

deficiencies in school subjects, special coaching is also provided with a view to preparing students for competitive examinations for entry into professional courses like engineering, medicine, etc. Under this scheme, coaching is provided in linguistic skills, science and mathematics. The number of awards in respect of each State/UT are pre-determined under the scheme, but each State/UT will have a minimum of five awards. A package grant of Rs 15,000 per year per student will be given. Students with disabilities will be eligible for additional grants as provided for in the scheme.

1388. The Ministry launched five new schemes for the welfare of the OBCs. They include pre-examination coaching, hostels for boys and girls, pre-matric and post-matric scholarships and assistance to voluntary organizations working for the welfare of OBCs.

Educational development programmes of Wakfs

1389. The Central *Wakf* Council collects six per cent as donation on loans advanced by it to *Wakf* institutions under the scheme for the development of urban *Wakf* properties. The amount thus received is deposited in the education fund. The interest earned on the bank deposits, as well as interest accrued from the revolving fund is also credited to the education fund. This fund is utilized in financing:

- Scholarship to students undergoing technical/professional degree courses (B.Tech. MBBS, BUMS, B.Pharma, MCA, etc.) at Rs 6,000 per annum;
- Ad-hoc grants to poor and needy students of general degree courses at Rs 3,000 per annum;
- Matching grant to State *Wakf* Boards for scholarship to the students of diploma courses in technical education, higher secondary and *madrasa* education;
- Fifty per cent matching grant to technical institutes for starting fresh courses or strengthening the existing trade courses;
- Financial assistance for vocational training courses;
- Financial assistance to book banks school libraries and reading rooms.³⁰

Box 8.35: Passing marks limit reduced for SC, ST candidates

The Supreme Court on Saturday held that reduction to an extent of 10 per cent of passing marks for Scheduled Castes and Scheduled Tribes departmental candidates *vis-a-vis* passing marks for general category candidates is permissible when recruitment to higher posts in the department is confined only to SC/ST candidates, who compete for posts reserved for them in the hierarchy of departmental cadres.

Source: *The Pioneer* 21st November, 1999

Ashram schools for the education of tribal children

1390. The concept of *ashram* Schools originated in Gujarat in 1922, when Thakkar Bapa, a social reformer initiated an experiment in Panchmahal for the benefit of tribal children. His successful experiment imparted education along with training in vocations/crafts. Later, he introduced the scheme in Maharashtra and Bihar as well. After Independence, various voluntary

organizations in Maharashtra, Gujarat and Orissa established *ashram* schools as part of their developmental work. During the First Five-Year Plan, there was an attempt by the Government to open such *ashram* schools in tribal areas, which gained momentum from the Third Five-Year Plan onwards.

1391. *Ashram* schools have been viewed as effective institutions to meet the educational needs of tribals living in backward and scattered habitations, where opening a normal school is unviable. The *ashram* school provides an atmosphere in which the inmates are offered full opportunities for total personality development and growth. These schools are residential, wherein free boarding and lodging along with other facilities and incentives are offered. The major thrust of *ashram* schools is on imparting skills in crafts and vocations, along with providing general education.³¹

1392. As many as 353 *ashram* schools in TSP Areas were envisaged by the end of the Eighth Plan (1996-97). During 1997-98, the construction of 101 *ashram* schools was taken up to accommodate 1,270 ST inmates/students.

Box 8.36: Evaluation of Ashram schools

A research study was sponsored by the Ministry of Social Justice and Empowerment, GOI. The study, which began in 1996, was carried out in eight states having a concentration of tribal population. These included Andhra Pradesh, Bihar, Madhya Pradesh, Maharashtra, Orissa, Rajasthan and West Bengal. The study was of an evaluative type, in which 20 *ashram* schools were selected from each of the eight States. From these 160 selected schools, 2,589 students were selected and the required information about the school, the hostel, teaching, etc., was gathered from these students with the help of a semi-structured interview schedule. The background information of the students was gathered along with the requisite information. Some interesting findings:

- About 41 per cent students females and the highest percentage of female students was found in Madhya Pradesh.
- About 68 per cent students belonged to the 11-15 age- group, whereas about 16 percent were in the age-group of above 15 years.
- The respondents belonged to 19 different tribes, and the highest percentage of respondents belong to the Gond tribe (12.6 per cent), followed by Santhal (10 per cent), Meena (9.5 per cent) and Oraon (7.9 per cent).
- About 47 per cent fathers and 81 per cent mothers of the respondents were illiterate. About 2.4 percent fathers had educational levels of graduation and above. On the other hand, there is only one case of a graduate mother from Bihar.
- About 75 per cent of the fathers of the respondents were in agricultural occupation and only about eight per cent fathers were in service. In the case of mothers, about 59 per cent were agricultural labourers, 14.2 percent were wage earners and about 25 per cent were housewives.

There was an upward trend in the admission of tribal students from the year 1991. There was a jump of 50 per cent in admissions in 1991 as compared to 1990. However, in 1995 there was a slight decline as compared to the figures of 1994.

About 84 per cent students reported that there no other education-cum-residential facilities available near their village, and the main reason for their seeking admission in such schools.

Box 8.37: Delhi: A Case Study

The Urdu-medium schools of the Municipal Corporation of Delhi (MCD), along with other voluntary organisations working in the field of education, have played an important role in providing education to Muslim girls in Muslim concentrated areas of Delhi. They have identified Muslim boys and girls in the age group of 6-11 not coming to schools, brought them to MCD Urdu-medium schools and got them admitted. MCD has opened some new Urdu-medium classes in the already existing MCD schools and appointed Urdu teachers (lady teachers for girls) for these new schools. They have also opened some purely Urdu-medium schools for girls and boys.

Some Findings

During 1983-89:

1. The number of MCD Muslim (Urdu Medium) girls' schools increased from 49 to 60 .
2. The number of Urdu-Medium lady teachers increased from 400 to 600
3. The number of Muslim girl students increased from 20,000 to 30,000
4. The achievement level of these girls increased by 23 per cent, from 34 per cent to 57 per cent (even more than that of Muslim boys, which 17 per cent increased, from 36 per cent to 53 per cent) (Table-III).
5. The dropout rate of girls decreased by 38 per cent, from 45 per cent to 7 per cent (compared to that of Muslim boys, which was 27 per cent, from 35 per cent to 8 per cent).

The study shows that Muslim girls are performing better than Muslim boys in primary and secondary schools in Delhi. Girls' achievement level is 57 per cent, while the boys are at 53 per cent. It is a healthy trend that Muslim parents are taking girls' education seriously.

Source: Centre for Research in Rural and Industrial Development, Chandigarh, 1981

Education of children of linguistic minorities

1393. In terms of the recommendations in the Fifth Report of the Commission for Linguistic Minorities, a pamphlet giving general information on the safeguards and facilities provided by the State Government to linguistic minorities in the State is being printed and published by the State Governments. As per these pamphlets, by and large, the criterion for providing facilities for instruction in the mother tongue in lower primary schools is fixed at a minimum of 10 pupils for each standard or an aggregate of 40 pupils in standard I - IV. In the upper primary schools, these figures are fixed at 10 pupils for each standard or an aggregate of 30 pupils in standard V - VII. In secondary schools, these figures are fixed at 15 for each standard or 45 pupils in standard VIII - X and 60 pupils in standard VIII - XI of higher secondary schools. In order to implement these safeguards, all primary schools are to entertain applications from parents of children belonging to linguistic minority groups for a period of three months, ending a fortnight before the commencement of the school year. Heads of all primary schools are to open registers for entering such applications three months prior to the date of closing of admission in schools. In the case of private schools, the education officers are authorized to call upon any management to open separate divisions in schools for the linguistic minorities. Language and subject textbooks of minority languages are published by the Government for use by primary and secondary school pupils. Guidelines are also laid down by the Government permitting Government correspondence, publicity materials and maintenance of records in minority language in areas where 15 per cent or more of the population speaks a language different from the majority language of the State. Instructions are also issued by the Government to give adequate representation to linguistic minorities in various committees according to merit. Guidelines are also issued enabling the linguistic minorities to take their recruitment tests to public services in the State in their mother tongue.³²

Health interventions

1394. The health and nutrition status of the socially disadvantaged groups, especially that of SCs and STs continues to be a major concern of the Government, as these communities live mostly in such areas which are neglected, remote, inaccessible and are endemic with diseases like malaria and tuberculosis. Keeping their specific needs in mind, the Government has been paying special attention by setting up Primary Health Centres (PHCs) with relaxed norms. However, a review of the existing situation reveals that the health and nutrition status of these special groups needs priority attention in the Ninth Plan.

1395. The National Health Policy (1993) while recognizing the heterogeneous tribal population and their varied health problems, accorded a high priority to extending health services to those residing in backward rural areas, with a concentration of SCs and to hilly and remote areas with tribal population. It laid special attention on endemic diseases like malaria, and tuberculosis. The strategy adopted for meeting the health care needs during the Eighth Plan period includes provision of preventive as well as curative services through health care institutions and at the village level through health guides and trained *dais* (midwives).³³

Table 8.14: Literacy rates of STs

Category	1971	1981	1991
Male	17.63	24.52	40.65
Female	4.85	8.04	18.19
Total	11.30	16.35	29.60

Source: Registrar General of India

1396. As the tribal population concentrations and habitations are located in difficult and isolated hill/forest areas and terrain, the Government has adopted relaxed norms for PHCs viz., one PHC for every 20,000 population and one sub-centre for every 3,000 population. In order to give focused attention to SCs, the State Governments were advised to set up at least 15 per cent of the sub-centres in villages and habitations having 20 per cent or more SC population and to direct 7.5 per cent of their annual targets to tribal areas. To the same effect, mobile dispensaries and medical camps were organized to provide health facilities in States and UTs.³⁴

Table 8.15: Literacy rates of STs

	Total			Rural			Urban		
	Total	M	F	Total	M	F	Total	M	F
India	16.35	24.52	8.04	14.92	22.92	6.81	37.93	47.60	27.32
W.B.	13.21	21.16	5.01	12.72	20.69	4.53	25.72	32.36	18.02
M.P.	10.68	17.74	3.60	10.05	16.91	3.19	27.62	38.64	15.18
A.P.	7.82	12.02	3.46	6.80	10.68	2.78	23.27	31.50	14.14
Orissa	13.96	23.27	4.76	13.42	22.63	4.34	25.18	36.05	13.69

Source: Registrar General of India

Legislative measures

Protection of Civil Rights (PCR) Act, 1955

1397. As per provisions under Section 15-A of the PCR Act, the State Governments take measures to ensure that the rights arising from the abolition of untouchability are made available to, and availed of, by persons subjected to untouchability. These measures may include the provision of adequate facilities, including legal aid, appointment of officers for initiating or exercising supervision over prosecution for the contravention of the provisions of this Act, setting up of Special Courts for the trial of offences under this Act, etc.

1398. Special measures such as constitution of committees/special cells/squads have been taken up by most States for supervising implementation of the Act properly. Assistance is provided to SC/STs in various kinds of cases indirectly related to untouchability offences and atrocities, such as land disputes, by the State/ UT Government.

Schedule Caste and the Schedule Tribes (Prevention of Atrocities) Act, 1989

1399. In order to check and deter crimes against SCs/ STs by persons belonging to other communities, this Act was brought into force from 1 January 1990. The POA Act defines categories of offences against SCs and STs as “atrocities” for the purposes of the Act. Rules were also notified under the POA Act in 1995, which lay down among other things, norms for relief and rehabilitation. The POA Act prescribes punishments for corresponding offences under the Indian Penal Code. Under the POA Act, State Governments are required to take various measures which may include the provision of adequate facilities, including legal aid, relief and rehabilitation to victims and dependents of victims of atrocities.

1400. The identification of areas where persons are under any disability arising out of untouchability, and atrocity-prone areas are made and adoption of measures in such areas to ensure safety of vulnerable sections is undertaken under both the above measures.³⁵

1401. Besides the IPC, the Protection of Civil Rights (PCR) Act of 1955 and the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act of 1989, are the two major legal instruments which help prevent atrocities against SCs and STs. Under these acts, as many as 434 special courts/mobile courts were set up in seven States. In addition, special cells/squads/officers have also been appointed in 19 States to ensure effective implementation of the Act. In accordance with the PCR Act of 1955, special legal aid was also extended to victims of untouchability and other crimes through special officers, who ensured effective implementation of the Act, besides extending support for social and economic rehabilitation of the SC/ST victims.

Table 8.16: No. of crimes against SCs and STs during 1996-98

Year	SCs		STs	
	No. of crimes	% variation	No. of crimes	% variation
1996	31,440	-4.7	4973	-9.5
1997	27,944	-11.1	4644	-6.6
1998	25,638	-8.3	4276	-7.9

Source: Crime in India 1998, National Crime Records Bureau, Ministry of Home Affairs, GOI

The Child Marriages Restraint Act, 1929

1402. The Act prescribes the minimum age for marriage as 21 in case of males and 18 in case of females. It also provides for punishment in case where the statutory prescription of age is violated (section 3 to 6). No woman can be punished under the Act. However, while the Act prohibits marriages below the age of consent, child marriages are valid under all personal laws except in the case of Parsis and those married under the Special Marriage Act.

1403. The Child Marriage Restraint Act is applicable to all Indians irrespective of their religion.

Guardianship

1404. All personal laws till 1998 recognized the father as the natural guardian, giving the mother only the right of custody, where the mother became the guardian only after the father's death, or if she obtained a declaration that the father was unfit to be the guardian of the child. The mother was also the natural guardian overriding the father if the child was illegitimate. However, on 18 February 1999, the Supreme Court handed down a landmark judgement in the Gita Hariharan case, that can be described as a ray of hope for Indian women on the eve of the new millennium. The Court held that "in all situations where the father is not in actual charge of the affairs of the minor, because of his indifference or because of an agreement between him and the mother of the minor (oral or written) and the minor is in the exclusive care and custody of the mother, or the father for any other reason is unable to take care of the minor because of his physical or mental incapacity the mother can act as the natural guardian of the minor". The Court added that "all her (the mother's) actions would be valid even during the lifetime of the father who would be deemed to be absent for the purposes of the two sections of the Acts".

Box 8.38: Strategy for the Ninth Plan

The Ninth Plan commits to empower the SCs, STs, OBCs and Minorities as the agents of socio-economic change and development.

For this, the most effective instrument which provides a special cushion for these categories in meeting their basic needs is the Special Plan of Action of 1998. In this direction, efforts are being initiated to fill the critical gaps in providing the basic minimum services to those living below the poverty line. These special efforts are expected to ensure that every habitation with concentration of these groups will have access to potable drinking water, nutrition supplements with both macro and micro nutrients, primary health care services, primary education facilities, sanitation and housing for the shelterless poor.

While formulating/implementing programmes for these groups, the Ninth Plan will strive to ensure 'People-Centred Development' and 'People's Participation' with effective involvement of Panchayati Raj Institutions, in pursuance of the recent Constitutional (73rd and 74th) Amendments. Immediate steps will also be taken for the devolution of financial as well as administrative powers to the local self-Governments, so that the marginalised groups will also get the opportunities to participate not only in formulating the need-based programmes but also in their effective implementation, supervision and monitoring. This will not only go a long way in empowering these groups but will also ensure that the implementation of various developmental programmes is carried out in the true sense of co-operative federalism.

In the Ninth Plan, the vital ongoing programmes for the advancement of these socially disadvantaged groups will be streamlined, strengthened and enriched to accomplish the unfinished task of bringing these sections on par with the rest of the society. Simultaneously, new measures, wherever necessary, will be initiated to accelerate the process of empowering these weaker sections. Empowerment of these groups will, therefore, be attempted in an integrated manner, essentially encompassing the three vital and inter-related components viz., i) Social Empowerment; ii) Economic Empowerment; and iii) Social Justice.

Scheduled Castes and Scheduled Tribes

The National Agenda of Governance clearly spells out the commitment of the Government to safeguard adequately the interests of SCs, STs and OBCs through appropriate legal, executive and societal efforts and by large scale education and empowerment.

Education, being the most effective instrument for socio-economic empowerment, high priority will be accorded to improving the educational status of SCs and STs, Particularly that of the women and the girl children. The need for a time-bound programme to improve the educational status of the socially disadvantaged groups has been identified as one of the immediate tasks to be fulfilled during the Ninth Plan as part of the total commitment of making the country fully literate by 2005.

The earlier initiative of the Government to start creche facilities within the school campus or nearer to the school will be revived/intensified to ensure that the girl children are not deprived of education as they have to play the role of a mother-substitute in many respects, when the mothers go out for work to supplement the family income. Also, much-needed nutritional support through the national feeding programme of Mid-Day Meals (MDM) will be expanded/universalised to reach the most interior and inaccessible rural, tribal and hill areas.

The spread of literacy through the efforts of the National Literacy Mission will be ensured so as to reach the backward rural, tribal and urban slums. The recent launching of Kasturba Gandhi Swatantrata Vidyalayas in 1997 is one of such initiatives exclusively meant for the educational improvement of girl children belonging to SCs, STs, OBCs and Minorities.

Employment-oriented education and diversified vocational training, which has been recognised as the need of the day, will be given top priority.

Other Backward Classes (OBCs)

Efforts will also be made to ensure that the National and the State Commissions, in pursuance of the directives of the Supreme Court, will bring out their final Lists of OBCs.

Minorities

The emphasis during the Ninth Plan will be on the overall socio-economic development of minorities with special focus on their education. The existing scheme of Maulana Azad Education Foundation, New Delhi will be further strengthened and supported to enable expansion of its activities and promotion of education amongst women by providing additional facilities of schools, colleges and hostels, offering remedial coaching, upgrading the existing institutions and networking with vocational and technical education. In order to promote higher and technical education amongst the minorities, support will be extended to provide scholarships/fellowships.

Plan outlays

While a total outlay of Rs 53.99 billion has been earmarked for both Central and Centrally Sponsored Schemes including Special Central Assistance (SCA) to Special Component Plan (SCP) for SCs, an amount of Rs 95.68 billion (Provisional) has been allocated for State Sector Schemes for empowering the Socially Disadvantaged Groups viz., SCs, STs, OBCs and minorities in the Ninth Five-Year Plan (1997-2002). In addition to these, Plan allocations are also earmarked through Special

Central Assistance (SCA) to Tribal Sub-Plan (TSP) and under Article 275 (1) for the development of the Schedule Tribes and Schedule Areas .

1405. The Guardian and Wards Act (GWA) is the substantive law that governs the appointment of guardians for all classes of Indians irrespective of their religion. Under the GWA, a guardian is appointed for the person and the property of the child. A guardian need not always be a parent. And while appointing a guardian the court must always take note of what is in the best interest of the minor. The court has to be guided by the age, sex and religion of the minor, the character and capacity of the proposed guardian and his relationship with the minor and the wishes of the deceased parent. If the child is able to exercise an intelligent preference, the court should take note of it (section 17, GWA). These are the broad parameters for proceedings under GWA to appoint a guardian. Proceedings can be initiated in district court and a high court in its original jurisdiction.

1406. The Act is exhaustive, with 51 sections dealing with matters pertaining to a minor's person and property. The ultimate thrust is on safeguarding the interests of the child.

1407. Under Muslim law, a father is entitled to the custody of male children over seven years. This provision prevailed even though the minors expressed their wish to stay with their mother as they were not of an age when they could make an intelligent preference (AIR 1989 Bombay P. 357, *Farzanabi vs S.K. Ayub Dadamiya*).

Disaggregated data on minorities

1408. There has been a gradual increase in the literacy rates of SCs and STs since independence.

1409. The reports of the National Commission on Scheduled Castes and Scheduled Tribes indicate that the vast majority of *Dalits* and tribals remain poor, illiterate and lack requisite skills for competing in the modern world. Educational backwardness of female STs and SCs has been both the cause and the result of their low status and subjugated position in society.

1410. The crimes committed against SCs and STs vis-à-vis the general population as reported by the National Crimes Record Bureau, New Delhi, are indicated in table 8.18.

1411. The total incidence of crimes against SCs and STs under the Indian Penal Code (IPC) and under Special Laws (SL) such as the Protection of Civil Rights Acts, 1955 and The Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989 was reported to be 25,638 and 4,276 respectively during 1998. These crimes have shown a continuous declining trend during the last three years.³⁶

SECTION IX

LOOKING AHEAD

1412. Clearly, India stands today at a crucial crossroad in its path towards greater social progress and actualization of children's rights, both of which are inextricably linked to each other, and to which the Government is deeply committed. Though we have come a long way since Independence on several social and economic fronts, we have yet a long way to go to fulfil all the pledges that we have made to our children.

1413. Our legislation, policies and programmes are in place and continue to evolve and respond to contemporary requirements in a fast changing world. We have in the last decade witnessed tremendous progress in the areas of literacy, especially female literacy, and women's empowerment. We are confident that it is a matter of time that our proactive policies with regard to education, viz: universal elementary education and the special focus on female literacy, and Women's Empowerment will gather further momentum and translate themselves into improved indicators relating to child survival, childcare, health and nutrition, and literacy, especially of the girl child, who holds the key for the future.

1414. An analysis of the last decade has underscored the critical importance of the health, literacy and economic skill development of the adolescent girl. This has been clearly acknowledged by the policy makers and planners and will form the focal point of human resource development during this decade. Again, it is a matter of time that the health, literacy and economic empowerment of the adolescent girl will translate itself into later marriage, safer motherhood and improved maternal health, smaller families, improved childcare and survival, higher literacy rates and lesser gender discrimination.

1415. We will in the next year universalize the Integrated Child Development Services Programme to cover the entire country, and during this decade our aim will be to upscale the quality of services under the programme. The present decade will also see a sustained focus on the eradication of malnutrition and micro-nutrient deficiencies, that are insidiously preventing our children from realizing their complete potential. The National Nutrition Mission has been announced by the Hon'ble Prime Minister of India on 15 August 2001, and is in the process of being operationalized. We expect that with a focus on the eradication of malnutrition through the intergenerational, life-cycle approach we will be able to make an appreciable dent in the problem of malnutrition in a long-term and sustained manner.

1416. Our efforts towards child protection, prevention of trafficking of children, and elimination of child labour will receive further impetus through the amendment of the Immoral Traffic Prevention Act, and the establishment of the National Commission for Children that will not only act as an Ombudsman for children, but will also monitor child rights throughout the country. Most importantly, it is the Sarva Shiksha Abhiyaan that will be the key catalyst for a long-term and sustainable solution for eliminating child labour.

1417. Our focus during this decade will also be reaching the children not reached thus far, and devising special mechanisms to implement programmes successfully in the pockets of backwardness and chronically backward areas in the country.

1418. The preparation of this Country Report has been an extremely educating and rewarding experience, as it has made us see firsthand the connectivity and complexity of socio-economic

indicators in relation to the fulfilment of children's rights. We are happy that the facts and analyses presented in this Country Report are the very latest, taken from the Census 2001, National Family Health Survey 1999 and the Multi-Indicator Cluster Survey 2000. We are confident that through our renewed commitment, acceleration of our ongoing programmes and through new initiatives to address the gap areas, we will be able to achieve much greater progress for securing children's rights during this decade.

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Abbreviations

AIR	All India Radio
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AP	Andhra Pradesh
APACR	Andhra Pradesh Alliance for Child Rights
APCRAF	Andhra Pradesh Child Rights Forum
APSA	Association for Participation in Social Action
ARI	Acute Respiratory Infection
ARWSP	Accelerated Rural Water Supply Programme
AUWSP	Accelerated Urban Water Supply Programme
AWW	Anganwadi Worker
BHN	Better Health and Nutrition
BIMARU	Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh
BPL	Below Poverty Line
BPNI	Breastfeeding Promotion Network
C P C	Code of Civil Procedure
CARA	Central Adoption Resource Agency
CBR	Community-Based Rehabilitation
CFSI	Children's Film Society of India
CHC	Community Health Centre
CIET	Central Institute of Educational Technology
CNAA	Community Needs Assessment Approach
CPCB	Central Pollution Control Board
Cr. P C	Code of Criminal Procedure
CSSM	Child Survival and Safe Motherhood
CSWB	Central Social Welfare Board
CWC	Concerned for Working Children
DINK	Double Income No Kids
DPEP	District Primary Education Programme
DWCD	Department of Women and Child Development
EPA	Environment Protection Act
ETV	Educational Television
FNB	Food and Nutrition Board
FORCES	Forum for Crèche and Childcare Services
FRU	First Referral Unit
GDP	Gross Domestic Product
GOI	Government of India
HAMA	Hindu Adoption and Maintenance Act, 1956
HP	Himachal Pradesh
HUDCO	Housing and Urban Development Corporation
IAP	Indian Academy of Paediatrics
ICCW	Indian Council for Child Welfare
ICDS	Integrated Child Development Services

IDA	International Development Agency
IEC	Information Education Communication
IEDC	Integrated Education for Disabled Children
IGNOU	Indira Gandhi National Open University
IMA	Indian Medical Association
IMR	Infant Mortality Rate
IMS	Infant Milk Substitutes Act
INEC	Integrated Nutrition Education Camps
INHP	Integrated Nutrition and Health Programme
INPD	Indian News Pool Desk
IPC	Indian Penal Code
ITI	Industrial Training Institute
ITPA	Immoral Traffic (Prevention) Act, 1956
IUCCA	Inter-University Centre for Astronomy and Astrophysics
IYDP	International Year of Disabled Persons
JJA	Juvenile Justice Act
LBW	Low Birth Weight
LCS	Low Cost Sanitation
LHV	Lady Health Visitor
MAP	Maghreb Arabe Press
MCH	Maternal Child Health
MCI	Medical Council of India
MHRD	Ministry of Human Resource Development
MMR	Maternal Mortality Rate
MNP	Minimum Needs Programme
MP	Member of Parliament
MSPAC	Manipur State Plan of Action for Children
MTP	Mid Termination of Pregnancy
NACO	National AIDS Control Organisation
NACSET	Network Against Commercial Sexual Exploitation and Trafficking
NANAP	Non-Aligned News Agencies Pool
NBDC	National Book Development Council
NBPC	National Book Development Council
NCCL	National Centre for Children's Literature
NCERT	National Council for Educational Research and Training
NCF	National Crèche Fund
NCM	National Coordination Mechanism
NCW	National Commission for Women
NCYP	National Centre of Films for Children and Young Persons
NER	North Eastern Region
NFE	Non-Formal Education
NFHS	National Family Health Survey
NGO	Non-Government Organisation
NHED	Nutrition, Health and Education
NHRC	National Human Rights Commission

NIEPA	National Institute of Educational Planning and Administration
NIPCCD	National Institute for Public Cooperation and Child Development
NIHFW	National Institute of Health and Family Welfare
NMDFC	National Minorities Development and Finance Corporation
NPAC	National Plan of Action for Children, 1992
NPAGC	National Plan of Action for the Girl Child
NRCCL	National Resource Centre in Child Labour
NYKS	Nehru Yuva Kendra Sangathan
OBC	Other Backward Class
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy
OTC	Orientation Training Camps
OTP	Orientation Training Programme
PDS	Public Distribution System
PHC	Primary Health Centre
PHED	Public Health Engineering Department
PIED	Project Integrated Education for the Disabled Children
PIL	Public Interest Litigation
PNDT	Prenatal Diagnostic Techniques Act, 1994
PPI	Pulse Polio Immunisation
PTI	Press Trust of India
PWD	Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act
R&D	Research and Development
RBD	Registration of Birth and Death Act, 1969
RCH	Reproductive and Child Health
SAARC	South Asian Association for Regional Cooperation
SACS	State AIDS Control Society
SC	Scheduled Castes
SCERT	State Council for Educational Research and Training
SEBC	Socially and Educationally Backward Class
SIE	State Institute for Education
SITE	Satellite Instructional Television Experiment
SSA	Sarva Shiksha Abhiyaan
SSC	Senior Secondary Certificate
ST	Scheduled Tribes
SWRC	Social Work and Research Centre
TN	Tamil Nadu
TPDS	Targeted Public Distribution System
TSC	Total Sanitation Campaign
UIP	Universal Immunisation Programme
UP	Uttar Pradesh
UT	Union Territory
WFP	World Food Programme
WHO	World Health Organization

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