



**SAARC**  
**Social Charter**  
**India Country Report**  
**2012**

Central Statistics Office  
National Statistical Organisation  
Ministry of Statistics and Programme Implementation  
Government of India  
Sardar Patel Bhavan, New Delhi



## Foreword

The SAARC Social Charter is one of the guiding forces in the formulation of Government policies aimed at alleviation of poverty, enhancing the income levels, providing better healthcare facilities, raising the literacy levels and thereby raising the standards of living of its citizens. India pursues the five year development plans to achieve the objectives of social and economic development which are in conformity with the principal goal of SAARC which is to promote the welfare of the people of South Asia.

The objective of the Eleventh Plan (2007-12) was faster and inclusive growth and the initiatives taken in the Eleventh Plan period have resulted in substantial progress towards both objectives. With the kind of favourable platform created by the Eleventh Plan, the Twelfth Plan (2012-17) aims at faster, sustainable and more inclusive growth.

The recent global economic crisis which started in the USA, has had its impact on India as well. Though India has been able to take on this situation in a much better way than most of the countries in the world, it has not been possible for it to remain immune. The crisis has resulted in lower than the expected growth rates which has had its spin-off on all the sectors of the economy. Continued uncertainty in the world market does not augur well either.

Under the current situation, there cannot be a more enhanced case for even greater cooperation among the countries of the South Asian region. Given the common historical, social and cultural heritage, the Member States of SAARC are better placed to weather the economic crisis – which has affected each State with varying degrees – by having closer economic cooperation. The current situation has presented us with an opportunity to look towards and recognise each others' strengths, work on that, have greater people-to-people contact and move ahead.

I hope that the 'SAARC Social Charter – India Country Report 2012' would be a step further in providing an opportunity to understand the recent policy approaches and the programmatic interventions undertaken by the Government of India with the aim of faster, sustainable and more inclusive growth in the country.

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## Preface

The “SAARC Social Charter – India Country Report 2012” is the fourth country report which presents the progress made in achieving the objectives of the SAARC Social Charter in India. Along with the most recent values of the outcome indicators associated with the different Articles of the Charter, the present report vividly describes the policy approaches and the programmatic interventions of the Government of India aimed at all-round development of the citizens of the country. Earlier, India also brought out “SAARC Development Goals – India Country Report 2010 – Mid-term Statistical Appraisal” which gave the statistical appraisal of the achievements made on the 22 SAARC Development Goals in India on the mutually agreed 67 indicators with some voluntarily added additional indicators. This report was brought out as per the decision of the meeting of the “Inter-Governmental Mechanism for Mid-Term Review on the Achievements of the SDGs and Plan of Action on Poverty Alleviation” held at SAARC Secretariat, Kathmandu during 28-29 September 2010.

The Ministry of Statistics and Programme Implementation has been designated as the nodal Ministry to facilitate the implementation of SAARC Social Charter in India. The Ministry is also responsible for bringing out the country report on the Social Charter. The present report gives the status of implementation of SAARC Social Charter in the country. The report is divided into 7 chapters corresponding to the different Articles of the Social Charter.

I would like to thank all the Ministries/Departments of the Government of India who have extended their full cooperation in bringing out this report. Thanks are also due to the able guidance of Mrs. S. Jeyalakshmi, Additional Director General, Social Statistics Division of the Central Statistics Office and her team of officers responsible for the preparation of this Report – Mr. S. Maitra, Deputy Director General, Mr. Dhrijesh Kumar Tiwari, Director and Mr. Mool Chand Bhaskar, Deputy Director – for their valuable efforts in the preparation of this Report.

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## Introduction

The SAARC Social Charter was signed by the SAARC Heads of State/ Government at the 12<sup>th</sup> SAARC Summit in Islamabad on 4<sup>th</sup> January 2004. The Charter envisages action in the areas of poverty alleviation, health, education, human resource development, status of women, rights and well being of children, population stabilization, drug addiction, rehabilitation and reintegration as enumerated in the various Articles of the Charter. These actions will be a set of complements to the national processes of policy making, policy implementation and their evaluation. The principles and objectives of the Charter are to place people at the centre of development and to direct the economy to meet the human needs more effectively.

At the SAARC Council of Ministers meeting held on 20-21 July 2004, it was agreed that each of the SAARC countries would set up a National Committee to facilitate the implementation of the SAARC Social Charter and monitor performance in achieving its goals as well as to consult with each other to exchange ideas and information on best practices, apart from promoting collaborative poverty alleviation projects.

The Ministry of Statistics and Programme Implementation has been designated as the nodal Ministry to facilitate the implementation of SAARC Social Charter in India. A National Coordination Committee under the chairpersonship of Secretary, Ministry of Statistics and Programme Implementation was constituted on 12<sup>th</sup> September 2005 with members from Planning Commission, Ministries of External Affairs, Rural Development, Panchayati Raj, Social Justice and Empowerment, Housing and Urban Poverty Alleviation, Health and Family Welfare, Sports and Youth Affairs, Human Resource Development, Women and Child Development and Finance.

The mandate of the National Coordination Committee is to coordinate, facilitate and monitor the implementation of the goals of the SAARC Social Charter; to coordinate with the National Committees of other SAARC Member States and consult with these Committees to exchange ideas and information on best practices, apart from promoting collaborative Poverty Alleviation Projects; to interact with SAARC Secretariat in the matters pertaining to implementation of SAARC Social Charter in India. It is also mandated to bring out the India Country Report on SAARC Social Charter.

The current report, third in the series, while presenting the status of achievement on different social development outcomes under different chapters, gives a lucid description of the programmatic interventions of the Government of India aimed at raising the living standards of its citizens and providing equal opportunities to hitherto marginalized sections of the society.

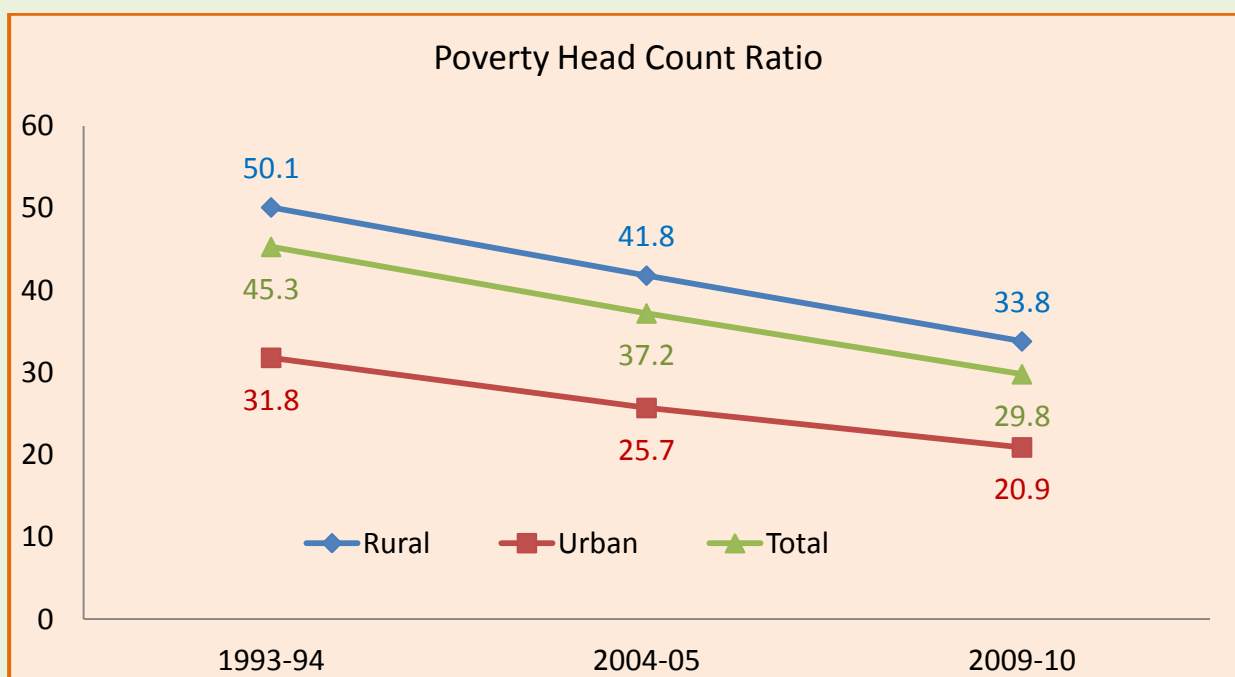
## 1.1 Poverty Profile

Reducing poverty is a key element in India's inclusive growth strategy and there is some progress in that regard. According to previous official poverty estimates, the percentage of the population living below the poverty line had declined by 8.5 percentage points between 1993-04 and 2004-05. Since the appropriateness of the poverty line was questioned in some quarters, the Government appointed an Expert Committee under the Chairmanship of the late Prof. Suresh Tendulkar. The Tendulkar Committee recommended a recalibration of the rural poverty line to make it more comparable with the urban poverty line, which it found to be appropriate. The application of the Tendulkar Committee poverty line provides a higher estimate of rural poverty and therefore also of total poverty, but if the new method is applied to the earlier years, as it should be, it shows that the percentage of the population in poverty declined from 45 per cent in 1993-94 to 37 per cent in 2004-05. Thus, poverty declined at roughly 0.8 percentage points per year during the 11 year period before the Eleventh Five Year Plan (2007-12). The Tendulkar Committee poverty line for 2004-05 was updated for 2009-10 based on the methodology suggested by the Committee. Some of the key results of the Tendulkar Committee are:

- The all-India Poverty Head Count Ratio (PHCR) has declined by 7.3 percentage points from 37.2% in 2004-05 to 29.8% in 2009-10, with rural poverty declining by 8.0 percentage points from 41.8% to 33.8% and urban poverty declining by 4.8 percentage points from 25.7% to 20.9%.
- Nearly 50% of agricultural labourers and 40% of other labourers are below the poverty line in rural areas, whereas in urban areas, the poverty ratio for casual labourers is 47.1%. As expected, those in regular wage/ salaried employment have the lowest proportion of poor.
- In rural areas, as expected, households with 'primary level and lower' education have the highest poverty ratio, whereas the reverse is true for households with 'secondary and higher' education. The trend is similar in urban areas.
- In rural areas, it is seen that households headed by minors have poverty ratio of 16.7% and households headed by female and senior citizen have poverty ratio of 29.4% and 30.3% respectively.
- In urban areas, households headed by minors have poverty ratio of 15.7% and households headed by female and senior citizen have poverty ratio of 22.1% and 20.0% respectively against overall poverty ratio of 20.9%.

Table: Poverty Head Count Ratios over the years

Year of NSS Survey	Poverty Head Count Ratio		
	Rural	Urban	Total
1993-94	50.1	31.8	45.3
2004-05	41.8	25.7	37.2
2009-10	33.8	20.9	29.8
Annual rate of reduction (%) (Between 1993-94 and 2004-05)	0.8	0.6	0.7
Annual rate of reduction (%) (Between 2004-05 and 2009-10)	1.6	1.0	1.5



The Eleventh Five Year Plan (2007-12) Plan had set a more ambitious target of achieving a decline in poverty ratio of 2 percentage points per year. While the actual performance in this regard was below this target, it was better than it was in the earlier decade. Preliminary estimates using the latest NSS survey for 2009-10 suggest that the percentage of the population in poverty declined, at a faster pace than before, by approximately one percentage point per annum, during the five-year period 2004-05 to 2009-10. Since 2009-10 was a drought year, and poverty in that year could have increased temporarily, the underlying rate of decline is probably more than one percentage point per year. It is also possible that the pace of poverty reduction accelerated in the last two years of the Eleventh Plan period, since by then several Eleventh Plan programmes aimed at increasing inclusiveness would have begun to have a fuller impact. A summary assessment is that the pace of poverty reduction has accelerated, though it may still be short of the target.

## 1.2 Poverty Alleviation: Rural India

The adverse effect of the economic downturn continues to impact the lives of millions of poor and vulnerable globally. The steep increase in the food and energy prices, falling values of national currencies, decline in purchasing power due to shrinking employment opportunities, progressive disengagement of the national governments in many countries from social sectors due to resource crunch etc. have precipitated the accentuation of the worsening economic conditions of poor and marginalized communities in general and rural poor in particular in most countries of the world. Notwithstanding this worldwide phenomenon, due to the proactive and consistent policy decisions promoting the doctrine of 'inclusive economic growth' with unhindered focus on the social sector particularly on rural development, the Indian rural populace are not only insulated from the onslaught of global economic downslide but in actuality, the rural economy is in an unprecedented boisterous course of ascendancy.

A 'convergence approach' has been adopted for optimization of resources, initiatives and results. The government has been continuously working towards translating visions into policies and programmes. Based on the experience and performances, initiatives have been taken to undertake course correction implementation process, modify and include new elements in some of the existing schemes and programmes like the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Indira Awaas Yojana (IAY), Integrated Watershed Management Programme (IWMP), National Social Assistance Programme (NSAP) etc. To make them more effective, blueprints have been drawn up for new schemes like Aajeevika - National Rural Livelihood Mission (NRLM) to bring about a paradigm shift in the approach to poverty alleviation and resultant self reliance in the rural areas.

### 1.2.1 Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

Ensuring a minimum level of livelihood security in the rural areas has been one of the daunting tasks for successive governments. Evolving the design of the wage employment programmes to more effectively fight poverty, the Central Government formulated the National Rural Employment Guarantee Act (NREGA) in 2005. 'National Rural Employment Guarantee Act' 2005 (NREGA) was launched with effect from 2<sup>nd</sup> February, 2006. During 2009-10, through an amendment the NREGA has been rechristened as the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). To start with, 200 selected districts of the country were brought under its ambit. In 2007-08, it was extended to 130 more districts. As against the original target of 5 years, within three years of its launch MGNREGA has been extended to all the districts from 1st April 2008.

Being the first ever law internationally, that guarantees wage employment in an unprecedented scale, MGNREGA aims at enhancing livelihood security of households in rural areas of the country by providing at least one hundred days of guaranteed wage employment in a financial year to every household whose adult members volunteer to do unskilled manual work. Unique features of the Act inter alia include, time bound employment guarantee and wage payment within 15 days, incentive-disincentive structure to the state governments for providing or not providing employment as per demand, emphasis on labour intensive works prohibiting the use of contractors, and machinery, ensure the creation of durable community, social and economic infrastructure and assets in the rural areas. The Act also mandates 33 per cent participation for women. The potential of NREGA spans a range of possibilities. The



primary objective of the Act is augmenting wage employment. The choice of works suggested in the Act addresses causes of chronic poverty like drought, deforestation and soil erosion, so that the process of employment generation is maintained on a sustainable basis. The Act is also a significant vehicle for strengthening decentralization and deepening processes of democracy by giving a pivotal role to local governance bodies, that is, the Panchayati Raj Institutions.



MGNREGA work in progress

During the first year (FY 2006-07) of implementation in 200 districts, 2.10 crore households were provided employment and 90.5 crore persondays were generated. Over the years employment opportunities under MGNREGA have increased and during 2010-11, 5.49 crore household were provided employment and 257.15 crore persondays were generated. During 2011-12 (upto 16<sup>th</sup> December 2011), 3.54 crore household have been provided employment and 108.19 crore persondays have been generated across the country. At the national level, average wage paid under MGNREGA has increased from ₹65 (FY 2006-07) to ₹100 in FY 2010-11. During 2010-11, expenditure on wages was ₹25,686.53 crore (68 per cent of the total expenditure). During 2011-12 (upto 16<sup>th</sup> December 2011), expenditure on wages was ₹13,012.82 crore (73 percent of the total expenditure). The Programme had a high workforce participation of marginalized groups like SC/ST (52%) in FY 2010-11. Women workforce participation has also surpassed the statutory minimum requirement of one third participation. In 2010-11, women participation was 48% and it is 50% in FY 2011-12 (upto 16<sup>th</sup> December 2011). Financial inclusion of the poor and marginalised has also increased manifold. Up to FY 2010-11, 9.88 crore bank and post office accounts have been opened to disburse wages directly to the workers' accounts. In FY 2011-12 (upto December 2011), 61.61 lakh works were undertaken, of which 53% constituted water conservation, 22% rural connectivity, 9% land development, 0.37% Rajiv Gandhi Sewa Kendra. Provision of irrigation facility to individual beneficiaries constituted around 12%

of total work. The remaining 4% works were other activities specific to the local needs of the respective rural areas.

### 1.2.2 Swarnjayanti Gram Swarojgar Yojana (SGSY)

Assisting the rural poor in self employment by encouraging group and cluster activities, providing skill development opportunities, credit linkages and subsidies and creation of marketing opportunities for products has been another major plank of the Poverty alleviation schemes of the Government. Launched on 1<sup>st</sup> April 1999, Swarnjayanti Gram Swarojgar Yojana (SGSY) is an integrated scheme for providing opportunities of self employment to the rural poor. The assisted families (Swarojgaris) may be individuals or Groups (Self Help Groups). However, the emphasis is on Group approach and also with particular emphasis on group formation by women and the weaker sections. It has been conceived as a holistic programme of self employment and some of its salient features are:

- Organizing the rural poor into Self Help Groups (SHGs) through social mobilization.
- Key activity and development of activity clusters.
- Training and marketing support to the Swarojaris.
- Social mobilization and training and capacity building of Self Help Groups.

SGSY is being implemented by the District Rural Development Agencies (DRDAs) with the active participation of Panchayat Raj Institutions, the Banks, the line Departments, and Non-Governmental Organisations. In order to provide incentives to rural artisans, SARAS fairs are also organized in various parts of the country to promote sale of products produced by Self- Help Groups. Since the inception of the Programme 42.69 lakh SHGs have been formed. During 2010-11, a total of 21.09 lakh Swarojgaris were assisted out of which 14.24 lakh (69.49%) were women Swarojgaris. In 2011-12, till December, 10.47 lakh Swarojgaris out of which 7.23 lakh(69.07) were women. **SGSY has been restructured as National Rural Livelihoods Mission (NRLM), now renamed as 'Aajeevika'**, to implement it in a mission mode in a phased manner for targeted and time bound delivery of results. Aajeevika recognizes that the poor people have the potential to come out of poverty with proper handholding, training and capacity building and credit linkage. Aajeevika also believes that a strong institutional architecture owned by the poor, enables them to access institutional credit for various purposes, pursue livelihoods based on their resources, skills and preferences and also to access other services and entitlements, both from the public and private sector. Therefore, Aajeevika will focus on building strong institutions of the poor into Self Help Groups (SHGs), their federations and livelihoods collectives.

The two major strategic shifts under Aajeevika, vis-à-vis SGSY are that (i) Aajeevika will be a demand driven programme and the states will formulate their own poverty reduction action plans under it based on their past experience, resources and skills base and (ii) Aajeevika will provide for a professional support structure for programme implementation at all levels from National to sub-district level in different streams. Aajeevika was formally launched on 3rd June 2011 at Banswara, Rajasthan. In order to improve the present status of women in agriculture, and to enhance the opportunities for her empowerment, Government of India has announced "Mahila Kisan Sashaktikaran Pariyojana" (MKSP), as a sub component of the Aajeevika. MKSP recognizes the centrality of women in agriculture and therefore aims to provide direct and indirect

support to enable them to achieve sustainable agriculture production. It will initiate a learning cycle by which women are enabled to learn and adopt appropriate technologies and farming systems. MKSP will be implemented as a sub-component of Aajeevika through specially formulated projects.

### **1.2.3 Indira Awaas Yojana (IAY)**

Since the beginning of the planned development one of the major and daunting tasks engaging the attention of successive governments has been to effectively address the issue of rural housing shortage. Shelter is one of the basic human requirements for survival and dignity. To meet the shortage of housing in rural areas, the Government of India had launched a comprehensive scheme Indira Awaas Yojana. Since inception of scheme about 272.83 lakh houses have been constructed with an expenditure of ₹78986.81 crore (upto end 2011). Rural Housing is one of the six components of Bharat Nirman Programme. Under Bharat Nirman Programme Phase-I, 60 lakh houses were envisaged to be constructed through Indira Awaas Yojana all over the country during the four years i.e. from 2005-06 to 2008-2009. Against this target, 71.76 lakh houses were constructed with an expenditure of ₹21720.39 crore. The target for the next five years period starting from the year 2009-10, has been doubled to 120 lakh houses. During the first two years of the Bharat Nirman Programme Period-Phase-II, approx. 70.81 lakh houses have been constructed.

### **1.2.4 Pradhan Mantri Gram Sadak Yojana (PMGSY)**

The linkage between development and poverty alleviation in rural areas with a well laid road infrastructure needs no emphasis. As such, in December, 2000, a 100 % centrally sponsored scheme namely Pradhan Mantri Gram Sadak Yojana (PMGSY) was launched with the objective of providing connectivity by all weather roads to about 1.60 lakh unconnected habitations with population of 500 persons and above (250 persons and above in respect of hill States, the tribal and the desert areas) through good all-weather roads in the rural areas by the end of Tenth Plan Period (2007) at an estimated cost of about ₹60,000 crore. After launching the programme and the experience of the first 3 years with the average cost of construction of PMGSY roads, the cost of the programme was revised in 2003-04 to ₹1,32,000 crore (as against ₹60,000 crore projected initially). Government of India has identified 'Rural Roads' as one of the six components of 'Bharat Nirman' with a goal to provide connectivity to all eligible unconnected habitations with a population of 1,000 persons and above (as per 2001 census) in plain areas and 500 persons and above in the case of hilly or Tribal areas – Schedule V) with an all-weather road. Upto January 2012, a total of 42,531 habitations have been connected out of 63,940 habitations to be connected and works for 58,387 habitations sanctioned. In 2011- 12, a target of 4000 habitation is set to be covered and 33,000 kms of road length is to be constructed. Till January 2012, a total of 4142 habitations have been covered and 21750 kms of road has been constructed. General approval under Section 2 of Forest (Conservation) Act 1980 for diversion of forest land up to 5 ha for creation of critical public infrastructure projects in 60 IAP districts has been given and orders have been issued, which covers rural roads. One of the litmus tests for any welfare state is the kind of social security it provides for the vulnerable sections of its population.



A PMGSY Road in Rajasthan

### 1.2.5 National Social Assistance Programme (NSAP)

The Directive Principles of State Policy in the Constitution of India enjoin upon the State to undertake, within its means, a number of welfare measures. In particular, Article 41 of the Constitution of India directs the State to provide public assistance to its citizens in case of unemployment, old age, sickness and disablement and in other cases of undeserved want within the limit of its economic capacity and development. It is in accordance with these noble principles that the Government of India on 15<sup>th</sup> August 1995 included the National Social Assistance Programme (NSAP) in the Central Budget for 1995-96. The NSAP then comprised of National Old Age Pension Scheme (NOAPS), National Family Benefit Scheme (NFBS) and National Maternity Benefit Scheme (NMBS). On 1<sup>st</sup> April, 2000 a new scheme known as Annapurna Scheme was launched. This Scheme aimed at providing food security to meet the requirement of those senior citizens who, though eligible had remained uncovered under the NOAPS. Under Annapurna Scheme 10 kg of food grains per month is provided free of cost to the beneficiary. Under NOAPS ₹75 per month was being provided per beneficiary to destitutes who were 65 years of age or above. The amount of pension was increased to ₹200 per month with effect from 1.4.2006 and the States were requested to top up with another ₹200 from their own resources. Government of India on 13.9.2007 modified the eligibility criteria for grant of old age pension to persons aged 65 years or higher and belonging to a household below the poverty line according to the criteria prescribed by the Government of India.

### 1.3 Poverty Alleviation: Urban India

Central Government implements specific programmes aimed at providing urban employment and urban poverty alleviation, including provision of basic amenities to the urban poor and support for establishment of micro-enterprises by skill development of the poor. In the federal structure of the Indian polity, the matters pertaining to the housing and urban development have been assigned by the Constitution of India to the State Governments. The Constitutional 74<sup>th</sup> Amendment Act has further delegated

many of these functions to the urban local bodies. Although these are essentially State subjects yet the Government of India plays a coordinating and monitoring role and also supports these programmes through Centrally Sponsored Schemes (CSSs).

The Central Ministry of Housing and Urban Poverty Alleviation plays a nodal role in addressing various issues of urban employment and poverty alleviation and housing sector by formulating policies, providing legislative guidance and through sectoral programmes. The National Policy issues are decided by this Ministry which allocates resources to the State Governments through various CSSs. In addition, this Ministry is also supporting various external assistance programmes for housing, urban employment and poverty alleviation in the country.

### **1.3.1 Swarn Jayanti Shahari Rojgar Yojana (SJSRY)**

With a view to provide gainful employment to the urban unemployed and underemployed through encouraging the setting up of self-employment ventures or provision of wage employment, a new urban poverty alleviation programme, namely, Swarna Jayanti Shahari Rozgar Yojana (SJSRY) was launched by the Government of India on 01.12.1997. This scheme subsumed the earlier three urban poverty alleviation programmes, namely Urban Basic Services for the Poor (UBSP), Nehru Rozgar Yojana (NRY) and Prime Minister's Integrated Urban Poverty Eradication Programme (PMIUPEP). An independent evaluation of SJSRY was carried out by the Ministry of Housing & Urban Poverty Alleviation in 2006 to assess the impact of the scheme in improving the conditions of the urban poor. Based on the study findings, lessons learnt in implementation and feedback received from State Governments, Urban Local Bodies and other stakeholders, a revision of the Guidelines of the SJSRY scheme has been made, with effect from the year 2009-2010.

The main objectives of the new revamped SJSRY are:

- Addressing urban poverty alleviation through gainful employment to the urban unemployed or underemployed poor by encouraging them to set up self-employment ventures (individual or group), with support for their sustainability; or undertake wage employment;
- Supporting skill development and training programmes to enable the urban poor have access to employment opportunities opened up by the market or undertake self employment; and
- Empowering the community to tackle the issues of urban poverty through suitable self managed community structures like Neighbourhood Groups (NHGs), Neighbourhood Committees (NHC), Community Development Society (CDS), etc.

SJSRY will have five major components, namely:

- (i) Urban Self Employment Programme (USEP)
- (ii) Urban Women Self-help Programme (UWSP)
- (iii) Skill Training for Employment Promotion amongst Urban Poor (STEP-UP)
- (iv) Urban Wage Employment Programme (UWEP)
- (v) Urban Community Development Network (UCDN)

### **1.3.1.1 Urban Self Employment Programme (USEP)**

- USEP will focus on providing assistance to individual urban poor beneficiaries for setting up gainful self-employment ventures.
- An Infrastructure component will enable setting up Micro-Business Centres (MBCs), housing common facilities and Informal Sector Markets, to be managed by the beneficiaries themselves in collaboration with other stakeholders.
- USEP targets the urban population below poverty line, as defined by the Planning Commission from time to time. The percentage of women beneficiaries under STEP-UP shall not be less than 30%. SCs and STs must be benefited at least to the extent of the proportion of their strength in the city/ town population below poverty line (BPL). A special provision of 3% reservation should be made for the differently-abled, under this programme.
- The project cost ceiling for individual enterprises for self-employment is ₹ 2 Lakh with subsidy component of 25% of the project cost or ₹ 50000/-, whichever is less.
- In the infrastructure component, an average of ₹ 80 Lakh can be provided for the MBCs (one time capital grant of ₹ 60 Lakhs + ₹ 20 Lakhs for the running cost for three years on a tapered scale).

### **1.3.1.2 Urban Women Self-help Programme (UWSP)**

- Minimum number of women in a Women Self-Help Group should be 5.
- UWSP will aim at providing assistance by way of subsidy to urban poor women for setting up gainful group enterprises with SHG-Bank linkage.
- For setting up group enterprises, the UWSP group shall be entitled to a subsidy of ₹300,000/- or 35% of the cost of project or ₹ 60,000/- per Member of the Group, whichever is less. The remaining amount will be mobilized as Bank Loan and Margin Money.
- Revolving Fund assistance will also be provided to the Thrift & Credit Societies (T&CS) formed by the urban poor women at the rate of ₹ 2000/- per Member subject to a ceiling of ₹ 25000/- per T&CS.
- The Groups will be encouraged to undertake social security and other measures for the benefit of the members.

### **1.3.1.3 Skill Training for Employment Promotion amongst Urban Poor (STEP-UP)**

- This component of SJSRY will focus on providing assistance for skill formation/ upgradation of the urban poor to enhance their capacity to undertake self-employment as well as access better salaried employment.
- Like USEP, STEP-UP will target the urban population below poverty line, as defined by the Planning Commission from time to time. The percentage of women beneficiaries under STEP-UP shall not be less than 30%. SCs and STs must be

benefited at least to the extent of the proportion of their strength in the city/ town population below poverty line (BPL). A special provision of 3% reservation should be made for the differently-abled, under this programme. In view of the Prime Minister's New 15-Point Programme for the Welfare of Minorities, 15% of the physical and financial targets under the Skill Training for Employment Promotion amongst Urban Poor (STEP-UP) at the national level shall be earmarked for the minority communities.

- STEP-UP intends to provide training to the urban poor in a variety of service, business and manufacturing activities as well as in local skills and local crafts so that they can set up self-employment ventures or secure salaried employment with enhanced remuneration. Training should also be imparted in vital components of the service sector like the construction trade and allied services such as carpentry, plumbing, electrical and also in manufacturing low-cost building materials based on improved or cost-effective technology using local materials.
- Skill Training may be linked to Accreditation, Certification and preferably be taken on Public-Private-Partnership (PPP) mode with the involvement of reputed institutions like IITs, NITs, Industry Associations, reputed Engineering Colleges, Management Institutes, Foundations and other reputed agencies. Training institutions such as ITIs/Polytechnics/ Shramik Vidyapeeths, Engineering Colleges and other suitable institutions run by Government, private, or voluntary organizations may be utilized and provided appropriate support for skills training of the urban poor subject to verification of their brand image and quality of instructions being imparted.
- The average unit cost allowed for training will not exceed ₹10,000/- per trainee, including material cost, trainers' fees, tool kit cost, other miscellaneous expenses to be incurred by the training institution and the monthly stipend, to be paid to the trainee.

#### **1.3.1.4 Urban Wage Employment Programme (UWEP)**

- UWEP seeks to provide wage employment to beneficiaries living below the poverty line within the jurisdiction of urban local bodies by utilising their labour for construction of socially and economically useful public assets.
- These assets may be Community Centres, Storm water Drains, Roads, Night Shelters, Kitchen Sheds in Primary Schools under Mid day Meal Scheme and other community requirements like Parks, Solid Waste Management facilities, as decided by the community structures themselves.
- The Urban Wage Employment Programme (UWEP) will be applicable only to towns/cities with population upto 5 Lakhs, as per the 1991 Census.
- UWEP will provide opportunities for wage employment, especially for the unskilled and semi-skilled migrants/residents by creation of community assets. Special emphasis will be on the construction of community assets in low-income neighbourhoods with a strong involvement and participation of local communities.

- The material:labour ratio for works under this programme shall be maintained at 60:40. However, States/UTs can relax this material:labour ratio up to 10% (either way), wherever absolutely necessary.
- The prevailing minimum wage rate, as notified from time to time for each area, shall be paid to beneficiaries under this programme.

#### **1.3.1.5 Urban Community Development Network (UCDN)**

- UCDN will support and promote community organizations and structures such as Neighbourhood Groups (NHGs), Neighbourhood Committees (NHCs), and Community Development Societies (CDSs) to facilitate sustainable local development.
- The CDSs shall be the focal point for purposes of identification of beneficiaries; preparation of applications, monitoring of recovery, and generally providing whatever other support is necessary to the programme. The CDSs will also identify viable projects suitable for that particular area.

At the end of the 10<sup>th</sup> Five Year Plan, the housing shortage was estimated to be 24.7 million housing units. An estimated 99% of this housing shortage pertains to households falling in the Economically Weaker Sections (EWS) and Low Income Group (LIG) segments. Further, urban areas in our country especially those inhabited by the poor are characterized by severe constraints of basic services like potable water, drainage system, sewerage network, sanitary facilities, electricity, roads and effective solid waste disposal. In order to mitigate the housing shortage along with deficiencies in basic services and in consonance with the changing policy environment, the Government announced the National Urban Housing and Habitat Policy, 2007. This Policy focuses on affordable housing for all with special emphasis on economically weaker sections of the society such as SCs, STs, OBCs, Minorities, women headed households and the physically challenged. The Policy seeks to emphasize public sector partnering with private sector and also cooperative sector, the employees welfare housing sector, the industrial-cum-labour housing sector playing important role.

#### **1.3.2 Jawaharlal Nehru National Urban Renewal Mission (JNNURM)**

Cities and towns of India constitute the world's second largest urban system. They contribute over 50% of country's Gross Domestic Product (GDP) and are central to economic growth. For these cities to realize their full potential and become true engines of growth, it was necessary that focused attention is given to the improvement of infrastructure and basic services to the poor therein. For achieving these objectives, a Mission Mode approach was essential. Accordingly, the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) was launched on 3<sup>rd</sup> December, 2005. The Mission comprises two Sub-Missions – one for Basic Services to the Urban Poor (BSUP) and the other for Urban Infrastructure and Governance (UIG). BSUP is being implemented in select 65 cities. The duration of the Mission is 7 years (2005-2012). Smaller cities/towns are covered under Urban Infrastructure Development Scheme for Small and Medium Towns (UIDSSMT) and Integrated Housing and Slum Development Programme (IHSDP).



### 1.3.2.1 Basic Services to the Urban Poor (BSUP)

#### Salient features

- The Sub-Mission is to be implemented in 65 select cities.
- The duration of the Mission is 7 years beginning with the year 2005-06.
- Central Assistance in the form of ACA as full grant.
- 50% of the project cost in respect of cities having million plus population or above to be borne by the Central Government.
- 90% of the project cost borne by the Central Government for projects from cities/towns in North Eastern States and Jammu & Kashmir.
- 80% of the project cost borne by the Central Government for projects from the remaining cities.
- A minimum of 12% beneficiary contribution for houses which in the case of SC /ST/BC/ OBC/PH and other weaker sections is 10%.
- Access of Central assistance predicated upon the State/ Urban Local Bodies/Parastatals agreeing to reforms.
- Reforms to ensure improvement in urban governance and management.
- Cities to prepare City Development Plans and Detailed Project Reports.

#### Admissible Components

- Integrated development of slums, i.e., housing and development of infrastructure projects in the slums in the identified cities.
- Projects involving development/improvement/ maintenance of basic services to the urban poor.
- Slum improvement and rehabilitation projects.
- Projects on water supply/sewerage/drainage, community toilets/baths, etc.
- Houses at affordable costs for slum dwellers/ urban poor/EWS/LIG categories.
- Construction and improvements of drains/ storm water drains.
- Environmental improvement of slums and solid waste management.
- Street lighting.
- Civic amenities, like, community halls, child care centers, etc.
- Operation and maintenance of assets created under this component.
- Convergence of health, education and social security schemes for the urban poor.



Completed dwelling unit under JNNURM (BSUP)

### 1.3.2.2 Integrated Housing & Slum Development Programme (IHSDP)

#### Salient Features

- Central Assistance in the form of ACA as full grant.
- 80% of the project cost borne by the Central Government in general.
- 90% of the project cost borne by the Central Government for projects from cities/towns in special category States.
- A minimum of 12% beneficiary contribution for houses which in the case of SC/ST/BC/ OBC/PH and other weaker sections is 10%.
- Access of Central assistance predicated upon the State/Urban Local Bodies/Parastatals agreeing to reforms.
- Reforms to ensure improvement in urban governance and management.
- Cities/towns to prepare Detailed Project Reports.

#### Admissible Components

- Provision of shelter including up-gradation & construction of new houses.
- Provision of community toilets.
- Provision of physical amenities like water supply, storm water drains, community bath, widening and paving of existing lanes, sewers, community latrines, street lights, etc.

- Community Infrastructure like provision of community centres to be used for pre-school education, non-formal education, adult education, recreational activities, etc.
- Community Primary Health Care Centre Buildings.
- Social Amenities like pre-school education, non-formal education, adult education, maternity, child health and primary health care including immunization, etc.
- Provision of Model Demonstration Projects.
- Sites and Services/houses at affordable costs for EWS & LIG categories.
- Slum improvement and rehabilitation projects.

### **Special Feature of Integrated Development of Slums**

Both under BSUP and IHSDP emphasis is given for integrated development of slums through projects for providing shelter, basic services and other related civic amenities with a view to provide utilities to the urban poor. Accordingly, the approved projects include physical amenities and related infrastructure such as water supply, sewerage, storm water drain, roads, multi-purpose community centres, parks etc.

#### **1.3.3 Rajiv Awas Yojna**

In pursuance of the Government's vision of creating a Slum-free India, a new scheme 'Rajiv Awas Yojana' (RAY) has been launched on 02.06.2011. The Phase I of Rajiv Awas Yojana is for a period of two years from the date of approval of the scheme with a budget of ₹5,000 crore.

The Scheme will provide financial assistance to States that are willing to assign property rights to slum dwellers for provision of decent shelter and basic civic and social services for slum redevelopment, and for creation of affordable housing stock. Fifty percent (50%) of the cost of provision of basic civic and social infrastructure and amenities and of housing, including rental housing, and transit housing for in-situ redevelopment – in slums would be borne by the Centre, including operation & maintenance of assets created under this scheme. For the North Eastern and Special Category States the share of the Centre would be 90% including the cost of land acquisition, if required.

The central assistance under RAY is conditional to reforms by the States. The reforms required here are directly linked to the objectives of the scheme, and necessary for the scheme to be successful. The overarching aim of RAY is to drive a fundamental change in policy and reform in the existing urban development systems to make cities inclusive and equitable. Release of funds under RAY would be predicated upon the acceptance and implementation of the following necessary policy actions by the states:

- i) The commitment and willingness to assign property rights to slum dwellers, preferably in the name of the wife or in the name of both wife and husband, and enactment of legislation within one year of the first project sanctioned. For North Eastern and Special Category States, however, where land ownership patterns are community based, or restricted by certain conditions of law, the reform with timelines will be mutually worked out between the concerned States and the Centre.

ii) The other key reforms pertains to provisions for enforcement of the pro-poor reforms begun under JNNURM i.e. reservation of 20-25% of developed land for Economically Weaker Section (EWS)/Low Income Group (LIG) housing; and for a non-lapsable earmarking of 25% of the budget of all municipalities/ other bodies for providing municipal basic services to meet the revenue and capital expenditures of urban poor colonies and slums; and the implementation of the seven point charter entitlements of JNNURM (i.e land-tenure, affordable housing, water, sanitation, education, health and social security). It would be mandatory to enact a legislation for the first two reforms within one year of the first project sanctioned.

The Scheme is expected to cover about 250 cities, across the entire country by the end of 12<sup>th</sup> Five Year Plan (2017). The selection of the cities will be done in consultation with the Centre. The States would be required to include all the mission cities of JNNURM, preferably cities with more than 3 lakh population as per 2001 Census; and other smaller cities, with due consideration to the pace of growth of the city, of slums, predominance of minority population, and areas where property rights are assigned. The scheme will progress at the pace set by the States. Funds have been released to 157 cities for undertaking preparatory activities under Slum Free City Planning Scheme - the preparatory phase of Rajiv Awas Yojana. As on December, 2011, 6 States have completed the process of Slum Survey & entry into Slum MIS, 27 States/UTs have initiated the process of GIS Mapping & 17 States have initiated preparation of City/State Plans of Action.

Under the scheme, it is also proposed to set up a Credit Risk Guarantee Fund to encourage lending for affordable housing to EWS / LIG Households, for loans up to ₹ 5 Lakh with initial corpus of ₹1000 crore from the Central Government. The details of establishing & operating the fund have been finalized in consultation with Department of Financial Services and the Ministry is in the process of seeking approval of the Cabinet.

The Affordable Housing in Partnership Scheme, which is intended to encourage public private partnerships for creation of affordable housing stock is dovetailed into RAY. Under this scheme central support will provided at the rate of Rs 50,000 per unit of affordable dwelling unit or 25% of the cost of civic infrastructure (external and internal), whichever is lower. The scheme extends to all cities covered under RAY and rental housing units as well as dormitories for new migrants are also permissible under the scheme. Further, as a means of Credit Enablement, the Interest Subsidy Scheme for Housing the Urban Poor (ISHUP), has also been dovetailed with RAY, to reduce the cost of the loan taken by the beneficiary to build or purchase his/her house.

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## Education, Human Resource Development and Youth Mobilisation

India is a Nation of young people – out of a population of above 1.2 billion, 0.672 billion people are in the age-group of 15-64 years, which is usually treated as the “working age population”. This large population should be considered as an invariable human resource and they should be provided the necessary skills so as to empower them to lead a purposeful life and contribute to our national economy, which is possible only through quality education.

The Central Government continues to play a leading role in the formulation and implementation of educational policies and programmes, the most notable of which is the National Policy on Education (NPE) 1986, as modified in 1992. The modified policy envisages, inter-alia, a National System of Education to bring about uniformity in education, making adult education programmes a mass movement, providing universal access, ensuring retention and improving quality in elementary education, special emphasis on education of girls, establishment of pace-setting schools like Navodaya Vidyalayas in each district, vocationalisation of secondary education, synthesis of knowledge and inter-disciplinary research in higher education, starting more Open Universities in the States, strengthening of the All India Council for Technical Education, encouraging sports, physical education, Yoga and adoption of an effective evaluation method, etc.

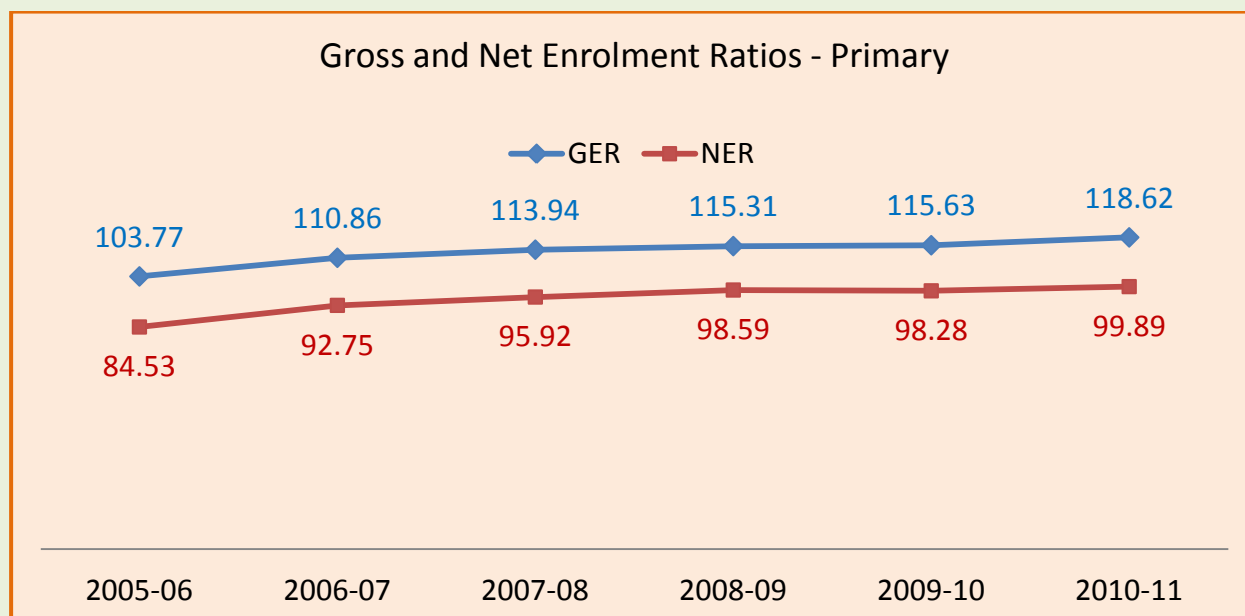
### 2.1 Elementary Education

Article 21-A of the Constitution of India and its consequent legislation, the Right of Children to Free and Compulsory Education Act 2009, became operative in the country on 1<sup>st</sup> April 2010. This development has far reaching implications for elementary education and for the implementation of Sarva Shiksha Abhiyan (SSA), in the years to come. This development implies that every child has a right to elementary education of satisfactory and equitable quality in a formal school which meets certain essential norms and standards.

In the recent years, there has been major progress in the educational attendance of children aged 6-10 years in general (from 69% in 2001 to 83% in 2005-06 and finally to 88% in 2007-08). For girls and rural children, in particular, the recent improvement is remarkable and follows more or less same pattern, from 66% in 2001 to 81% in 2005-06 and 87% in 2007-08 in both the cases. Also the gap in attendance rates between girls and boys, or between rural and urban children narrowed down remarkably, from 10 or more percentage points to 2% between girls' and boy's 4% between rural and urban respectively.

Table: Percentage of children of age 6-10 years attending formal education

Year/Survey	All	Girls	Boys	Rural	Urban
2001, Population Census	69	66	72	66	79
2005-06, NFHS	83	81	85	81	88
2007-08, NSS	88	87	89	87	91



Source: DISE Flash Statistics

At the primary level, both gross enrolment ratio and net enrolment ratio show a continuously increasing trend. The gross enrolment ratio increased from 103.77 in 2005-06 to 118.62 in 2010-11 and the net enrolment ratio increased from 84.53 to 99.89 during the same period.

### 2.1.1 Kasturba Gandhi Balika Vidyalaya (KGBV)

KGBVs are residential upper primary schools for girls from SC, ST, OBC and Muslim communities. KGBVs are set up in areas of scattered habitations, where schools are at great distances and are a challenge to the security of girls. This often compels girls to discontinue their education. KGBV addresses this through setting up residential schools, in the block itself. KGBVs reach out to:

- Adolescent girls who are unable to go to regular schools
- Out of school girls in the 10+ age group who are unable to complete primary school
- Younger girls of migratory populations in difficult areas of scattered habitations that do not qualify for primary/upper primary schools.

KGBVs provide for a minimum reservation of 75% seats for girls from SC/ST/OBC and minorities communities and 25% to girls from families that live below the poverty line. Till 2009-10 there were 2570 KGBVs in the country. After RTE Act came into operation,

an additional 1030 KGBVs were sanctioned, taking the total number of KGBVs in the country to 3600.

### 2.1.2 National Programme for Education of Girls at Elementary Level (NPEGEL)

NPEGEL is implemented in educationally backward blocks (EBB) and addresses the needs of girls who are 'in' as well as 'out' of school. NPEGEL also reaches out to girls who are enrolled in school, but do not attend school regularly.

NPEGEL emphasizes the responsibility of teachers to recognize vulnerable girls and pay special attention to bring them out of their state of vulnerability and prevent them from dropping out. Recognizing the need for support services to help girls with responsibilities with regard to fuel, fodder, water, sibling care and paid and unpaid work, provisions have been made for incentives that are decided locally based on needs, and through the provision of ECCE, as child care for the two and three year old children. Gender sensitive teaching learning materials as also additional subjects like self-defence, life skills, legal rights, gender have been provided in the scheme. Efforts to ensure a supportive and gender sensitive classroom environment through systematic sensitization and monitoring the classroom are also built into the scheme.

NPEGEL works through village level women's and community groups to follow up girls' enrolment, attendance and achievement. The community is engaged, in recommending village specific action based on their understanding of local issues.

### 2.1.3 Mid Day Meal Scheme

With a view to enhancing enrollment, retention and attendance and simultaneously improving nutritional levels among children, the National Programme of Nutritional Support to Primary Education (NP-NSPE) was launched as a Centrally Sponsored Scheme on 15<sup>th</sup> August 1995, in 2,408 blocks in the country as a dry ration scheme. Over the years, this scheme has been revised many times to make it more effective.

#### Objectives

The objective of the Mid Day Meal Scheme is to address two of the pressing problems for majority of children in India, viz. hunger and education by:

- Improving the nutritional status of children in classes I-VIII in Government, Local Body and Government aided schools and EGS and AIE centres, NCLP Schools and Madarsa and Maqtabs supported under SSA.
- Encouraging poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities.
- Providing nutritional support to children of elementary stage in drought-affected areas during summer vacation.

## Rationale

- Promoting school participation: Mid day meals have big effects on school participation, not just in terms of getting more children enrolled in the registers but also in terms of regular pupil attendance on a daily basis.
- Preventing classroom hunger: Many children belonging to disadvantaged sections of the society reach school with an empty stomach. Even children, who have a meal before they leave for school, get hungry by the afternoon and are not able to concentrate – especially children from families, which cannot give them a lunch box or are staying a long distance away from the school. Mid day meal can help to overcome this problem by preventing “classroom hunger” amongst such children.
- Facilitating the healthy growth of children: Mid day meal can also act as a regular source of “supplementary nutrition” for children, and facilitate their healthy growths.
- Intrinsic educational value: A well organized mid day meal can be used as an opportunity to impart various good habits to children (such as washing one’s hands before and after eating), and to educate them about the importance of clean water, good hygiene and other related matters.
- Fostering social equality: Mid day meal can help spread egalitarian values, as children from various social backgrounds learn to sit together and share a common meal. In particular, mid day meal can help to break the barriers of caste and class among school. Appointing cooks from SC/ST communities is another way of teaching children to overcome caste prejudices.
- Enhancing gender equity: The gender gap in school participation tends to narrow, as the Mid Day Meal Scheme helps erode the barrier that prevents girls from going to school. Mid Day Meal Scheme also provide a useful source of employment for women, and helps liberate working women from the burden of cooking at home during the day. In these and other ways, women and girl children have a special stake in Mid Day Meal Scheme.
- Psychological Benefits: Physiological deprivation leads to low self-esteem, consequent in security, anxiety and stress. The Mid Day Meal Scheme can help address these and facilitate cognitive, emotional and social development.

## Coverage

The National Programme of Mid Day Meal in Schools (NP-MDMS) presently covers all children studying in Classes I-VIII in Government, Government Aided and Local Body Schools, NCLP Schools, Education Guarantee Scheme (EGS) and Alternative and Innovative Education (AIE) centres including Madarasas and Maqtabs supported under SSA.



## Nutritional content

To achieve the objectives of the Scheme, the guidelines prescribe the following nutritional content in the mid day meal:

Table: Nutritional content of cooked mid-day meal

S. No.	Item	Primary	Upper Primary
1.	Calories	450 calories	700 calories
2.	Protein	12 grams	20 grams

The above nutritional content is ensured through a package consisting of the following ingredients per child per school day:

S. No.	Item	Primary	Upper Primary
1.	Rice/Wheat	100 gms	150 gms
2.	Pulses	20 gms	30 gms
3.	Vegetable	50 gms	75 gms
4.	Oil	5 gms	7.5 gms
5.	Micro-nutrients	Adequate quantities of micro-nutrients like Iron, Folic Acid, Vitamin-A etc. in convergence with NRHM	

## 2.2 Secondary Education

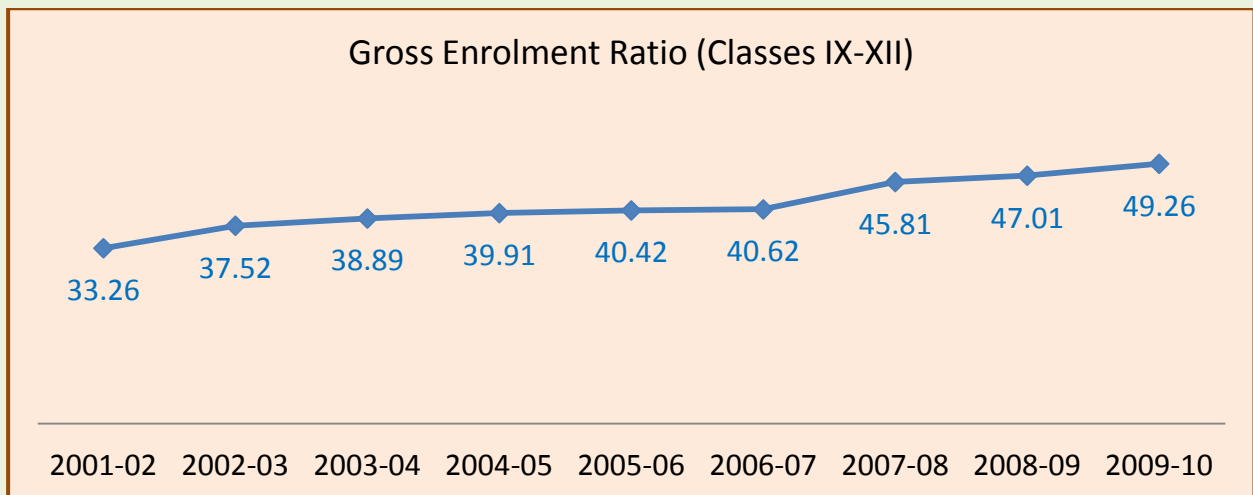
### 2.2.1 Rashtriya Madhyamik Shiksha Abhiyan (RMSA)

This scheme was launched in March 2009 with the objective to enhance access to secondary education and improve its quality. The scheme envisages inter alia to enhance the enrolment at secondary stage by providing a secondary school with a reasonable distance of habitation, with an aim to ensure GER of 100% by 2017 and universal retention by 2020. The other objectives include improving quality of education imparted at secondary level through making all secondary schools conform to prescribed norms, removing gender, socio-economic and disability barrier, etc.

#### Targets

Broad physical targets include providing facilities for estimated additional enrolment of more than 32 lakh students by 2011-12 through;

- Strengthening of about 44,000 existing secondary schools,
- Opening of around 11,000 new secondary schools,
- Appointment of additional teachers to improve Pupil Teacher Ratio (PTR); and
- Construction of more than 80,000 additional classrooms.



Source: Statistics of School Education, Ministry of Human Resource Development

## Components

Important physical facilities to be provided in school include,

- Additional class rooms,
- Laboratories,
- Libraries
- Art and crafts room,
- Toilet blocks,
- Drinking water provisions,
- Electricity/telephone/internet connectivity

Improvement in quality will be through, (i) appointment of additional teachers to reduce PTR to 30:1, (ii) focus on Science, Math and English education, (iii) in-service training of teachers, (iv) science laboratories, (v) ICT enabled education, (vi) curriculum reforms; and (vii) teaching learning reforms.

Equity aspects will be addressed through (i) special focus in micro planning (ii) preference to Ashram schools in upgradation (iii) preference to areas with concentration of SC/ST/Minority for opening of schools (iv) special enrolment drive for the weaker section 9v) more female teachers in schools; and (vi) separate toilet blocks for girls.

### 2.2.2. Scheme for Setting Up of 6000 Model Schools at Block Level

The scheme envisages providing quality education to talented rural children through setting up 6000 model schools as benchmark of excellence at block level at the rate of one school per block. The scheme was launched in 2008-09 and is being implemented from 2009-10.

## Objectives

- To have at least one good quality senior secondary school in every block.
- To have a pace setting role
- To try out innovative curriculum and pedagogy
- To be a model in infrastructure, curriculum, evaluation and school governance

### **2.2.3 Scheme of Construction & Running of Girls Hostel for Students of Secondary & Higher Secondary Schools**

The Centrally sponsored scheme “Constuction & Running of Girls’ Hostel for Students of Secondary & Higher Secondary Schools” was launched in 2008-09 and is being implemented from 2009-10. The Scheme envisages construction of a hostel with the capacity of 100 girls in each of about 3,500 Educationally Backward Blocks (EBBs) in the country.

The main objective of the scheme is to improve access to and retain the girl child in secondary and higher secondary classes (IX-XII) so that the girl students are not denied the opportunity to continue their study due to distance to school, parents’ financial affordability and other connected societal factors.

The girl students in the age group of 14-18 years studying in classes IX to XII belonging to SC, ST, OBC, Minority Community and BPL families will form the target group of the Scheme. Students passing out of KGBVs will be given preference in admission in hostels. At least 50% of girls’ students should be from SC, ST, OBC, and Minority Communities.

## **2.3 Vocational Education**

### **2.3.1 Scheme for Vocationalisation of Secondary Education**

The scheme was launched in 1988, to be implemented through State/UTs and NGOs/VA in the formal and non-formal sector respectively. The Scheme envisages selection of vocational courses on the basis of assessment of manpower needs. The main objectives of the scheme, as spelt out in the National Policy on Education 1986, were to provide diversification of educational opportunities so as to enhance individual employability, reduce the mismatch between demand and supply of skilled manpower and to provide an alternative for those pursuing higher education. Vocational Educational was made a distant stream intended to prepare students for identified occupations spanning several areas of activities. Since inception of the scheme, 9,619 schools with about 21,000 sections have been created with an intake capacity of about 10.03 lakh students. About 150 vocational courses were being offered.

The revised Centrally Sponsored Scheme of “vocationalisation of Secondary Education”, has been approved on 15.09.2011. The components of the revised scheme include strengthening of 1000 existing vocational schools and establishment of 100 new vocational schools through State Governments, assistance to 500 vocational schools under PPP mode, in-service training of 7 days for 2000 existing vocational education teachers and induction training of 30 days for 1000 new vocational education teachers, development of 250 competency based modules for each individual vocational course and assistance to 150 reputed NGOs to run short duration innovative vocational education programmes. An Executive Council under the chairmanship of the Minister of Human Resource Development, with representation from all concerned Ministries, organizations and 5 States, in rotation, has been constituted. A Vocational Education Cell within the Central Board of Secondary Education (CBSE) has been established.

Vocational education has traditionally been imparted in higher secondary schools (Classes XI-XII). However during the consultations for the formulation of the National

Vocational Education Qualifications Framework (NVEQF), a start from class XI was strongly recommended. However, a vocational stream in Classes IX and X is not recommended since with the 'in principle' approval of RTE to Class X, it is imperative that all children complete formal education till class X. Hence vocational courses would be introduced in Class IX – X by way of substitution or addition to the general subjects. 2 pilot for the introduction of VE within the tenets of the NVEQF have been approved for implementation in Haryana and West Bengal under the CSS. The rest of the States would continue to implement it in Classes XI-XII. The experience from the pilot will hold in good stead for scaling up in the XII Plan.

### **2.3.2 National Scheme of Incentive to Girls for Secondary Education (NSIGSE)**

The Centrally Sponsored Scheme “National Scheme of Incentive to Girls for Secondary Education” was launched in May 2008 with the objective to establish an enabling environment to reduce the drop-outs and to promote the enrolment of girl child belonging mainly to SC/ST communities in secondary schools. According to the scheme, a sum of ₹3000/- is deposited in the name of the unmarried eligible girls as fixed deposit, who are entitled to withdraw it along with interest thereon on attaining 18 years of age and passing X class examination. The Scheme covers (i) all girls belonging to SC/ST communities, who pass VIII and (ii) all girls who pass VIII examination from Kasturba Gandhi Balika Vidyalayas (irrespective of whether they belong to SC/ST) and enroll in class IX in Government, Government-aided and Local Body schools.

### **2.4 Youth Development**

The population of persons below the age of 35 years in India is about 70 percent of the total population. Within this, the population between the age of 10-19 years is approximately 225 million, the largest ever cohort of young people to make a transition to adulthood. It is this population of young people, which constitutes, for India, a potential demographic dividend, and/or a challenge of mega proportions if not properly addressed and harnessed.

#### **2.5.1 National Youth Policy**

The National Youth Policy reiterates the commitment of the entire nation to the composite and all round development of the youth of India so that they are strong of heart and strong of body and mind in successfully accomplishing the challenging tasks of national reconstruction and social changes that lie ahead.

The Government is actively reviewing the existing National Youth Policy, 2003. The draft Youth Policy 2011 is built upon ten thrust areas viz., promotion of national values, social harmony and national unity, empowering youth through employment and entrepreneurship opportunities, education – formal and non-formal , health, health-related issues and healthy lifestyle, promoting gender justice and equality, participation in community service, preparing adolescents for facing challenges of life, social justice and action against unhealthy social practices, issues related to environment, its conservation and preservation, and youth and local governance, including support to state-sponsored programmes and schemes. The draft youth policy has been prepared by Rajiv Gandhi National Institute of Youth Development (RGNIYD).

### **2.5.2 Nehru Yuva Kendra Sangathan (NYKS)**

Nehru Yuva Kendra Sangathan (NYKS) is an autonomous body established in 1972. NYKS has its presence in 501 districts of the country. It has become one of the largest Youth organizations in the world, reaching out to more than 42 lakh non-student rural youth enrolled through over 1.25 lakh village based active youth Clubs. These Youth Clubs work in the areas like education and training, awareness generation, social harmony development and self-employment, cultural and sports activities, thrift and cooperation, besides development of the body through sports and adventure and mind through sustained exposure to new ideas and development strategies. For implementation of the programmes, every district Nehru Yuva Kendra (NYK) has a trained cadre of District Youth Coordinator, National Youth Corps (NYC) Volunteers and Youth leaders.

### **2.5.3 National Service Scheme (NSS)**

National Service Scheme, popularly known as NSS, was launched in Gandhiji's Birth Centenary Year 1969, in 37 Universities involving 40,000 students with primary focus on the development of personality of students through community service. Today, NSS has more than 3.2 million student volunteers on its roll spread over 298 Universities and 42 (+2) Senior Secondary Councils and Directorate of Vocational Education all over the country. From its inception, more than 3.75 crore students from Universities, Colleges and Institutions of higher learning have benefited from the NSS activities, as student volunteers.

Under NSS, 32 lakh volunteers have enrolled themselves in 15,109 Colleges/Technical institutions and 8,174 Sr Secondary Schools to carry out development activities in 26,202 villages/urban slums which have been adopted for this purpose. The NSS volunteers undertake two types of activities (i) Regular Activities, and (ii) Special Camping Programmes. During the Regular activities they devote 120 hours per year for two consecutive years which includes 20 hours of general orientation regarding NSS and the mode of work they have to do in their volunteership. After completion of the tenure the volunteers are given certificates by the universities and +2 councils. To familiarize the student volunteers of NSS to the community, a golden opportunity in the form of Special Camp for 7 days is provided to all the volunteers during their tenure. These camps are residential and organized in the community based on specific themes.



NSS contingent participating in the Republic Day Parade

#### 2.5.4 Youth Hostels

Youth Hostels are built to promote youth travel and to enable the young people experience the rich cultural heritage of the country. The construction of the Youth Hostels is a joint venture of the Central and State Governments. While the Central Government bears the cost of construction, the State Governments provide fully developed land free of cost with water, electricity and approach roads. Youth Hostels are located in areas of historical and cultural value, educational centre, tourist importance etc. where facilities for youth activities are available. Youth Hostels provide good accommodation for the youth at reasonable rates. The Youth Hostels are looked after by Managers, appointed by the Central Government. So far 80 Youth Hostels have been constructed across the country and 4 more youth hostels are under various stages of construction. Out of 80 Youth Hostels, 12 Hostels have been transferred to Nehru Yuva Kendra Sangathan (NYKS), Sports Authority of India (SAI) and the respective State Governments for optimum use for youth and sports development. At present, 68 Youth Hostel are functioning.

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## Health and Population Stabilisation

### 3.1 Health Profile

The National Health Policy-2002 (NHP-2002) gives prime importance to ensure a more equitable access to health services across the social and geographical expanse of the country. The policy outlines the need for improvement in the health status of the people as one of the major thrust areas in the social sector. It focuses on the need for enhanced funding and organizational restructuring of the public health initiatives at national level in order to facilitate more equitable access to the health facilities. An acceptable standard of good health amongst the general population of the country is sought to be achieved by increasing access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Emphasis has been given to increase the aggregate public health investment through a substantially increased contribution by the Central Government. Priority would be given to preventive and curative initiatives at the primary health level through increased sectoral share of allocation.

The improvement in the quality of healthcare over the years is reflected in respect of some basic demographic indicators (Table given below). The Crude Birth Rate (CBR) has declined from 40.8 in 1951 to 29.5 in 1991 and further to 22.5 in 2009. Similarly there was a sharp decline in Crude Death Rate (CDR) which has decreased from 25.1 in 1951 to 9.8 in 1991 and further to 7.3 in 2009. Also, the Total Fertility Rate (average number of children likely to be born to a woman between 15-49 years of age) has decreased from 6.0 in 1951 to 2.6 in the year 2009 as per the estimates from the Sample Registration System (SRS) of Registrar General India (RGI), Ministry of Home Affairs. The Maternal Mortality Rate has also declined from 437 per 100,000 live births in 1992 – 93 to 212 in 2007-09 according to the SRS Report brought out by RGI. Infant Mortality Rate, which was 110 in 1981, has declined to 50 per 1000 live births in 2009. Child Mortality Rate has also decreased from 57.3 in 1972 to 14.1 in 2009.

Table: Achievements of Family Welfare Programmes

Indicator	1951	1981	1991	Current Level
Crude Birth Rate (Per 1000 Population)	40.8	33.9	29.5	22.1 (2010)
Crude Death Rate (Per 1000 Population)	25.1	12.5	9.8	7.2 (2010)
Total Fertility Rate (Per women)	6.0	4.5	3.6	2.5 (2010)
Maternal Mortality Rate (Per 100,000 live births)	NA	NA	437 (1992-93) NFHS	212 (2007-09) SRS
Infant Mortality Rate (Per 1000 live births)	146 (1951-61)	110	80	47 (2010)
Child (0-4 years) Mortality Rate (Per 1000 children)	57.3 (1972)	41.2	26.5	13.3 (2010)
Couple Protection Rate (%)	10.4 (1971)	22.8	44.1	40.4 (2011)

### 3.2 National Rural Health Mission (NRHM)

The National Rural Health Mission was launched on 12<sup>th</sup> April 2005 to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. The detailed Framework for Implementation that facilitated a large range of interventions under NRHM was approved by the Union Cabinet in July 2006. Under the NRHM, the difficult areas with unsatisfactory health indicators were classified as special focus States to ensure greatest attention where needed. The thrust of the Mission is on establishing a fully functional, community owned, decentralized health delivery system with inter sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health like water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities. From narrowly defined schemes, the NRHM is shifting the focus to a functional health system at all levels, from the village to the district. The NRHM is about increasing public expenditure on healthcare from the current 0.9% of the GDP to 2 to 3% of the GDP. The corollaries of such a policy directive have not only increased central government budgetary outlay for health, but states are also making matching increase – at least 10% of the budget annually including a 15% contribution into the NRHM plan. Another important corollary is that the state health sector develops the capacities to absorb such fund flows. There are currently many constraints, especially in the High Focus states to absorb these funds and the poorest performing states which require the largest infusion of resources have some of the greatest problems to spend the funds already with them. This is one of the main reasons why a process of reforming and strengthening the state health systems needs to go hand in hand with the increase of fund flows. The NRHM is thus also about health sector reform. The architectural correction envisaged under NRHM is organized around five pillars, each of which is made up of a number of overlapping core strategies.

a) **Increasing Participation and Ownership by the Community:** This is sought to be achieved through an increased role for PRIs, the ASHA programme, the Village Health and Sanitation Committee, increased public participation in Hospital Development Committees, District Health Societies in the district and village health planning efforts and by a special community monitoring initiative and also through a greater space for NGO participation.

b) **Improved Management Capacity:** The core of this is professionalising management by building up management and public health skills in the existing workforce, supplemented by inculcation of skilled management personnel into the system.

c) **Flexible Financing:** The central strategy of this pillar is the provision of untied funds to every Village Health and Sanitation Committee, to the sub-center, to the PHC, to the CHC including District Hospital.

d) **Innovations in human resources development for the health sector:** The central challenge of the NRHM is to find definitive answers to the old questions about ensuring adequate recruitment for the public health system and adequate functionality of those recruited. Contractual appointment route to immediately fill gaps as well as ensure local residency, incentives and innovation to find staff to work in hitherto underserved areas and the use of multi-skilling and multi-tasking



options are examples of other innovations that seek to find new solutions to old problems.

e) **Setting of standards and norms with monitoring:** The prescription of the Indian Public Health Standards (IPHS) norms marks one of the most important core strategies of the mission. This has been followed up by a facility survey to identify gaps and funding is directed to close the gaps so identified.

The journey of NRHM has been crafted by the responses of the States. It is for the States to decide on what their priorities are. District and State Programme Implementation Plans form the basis of approvals. Never before has there been so much flexibility in a programme to suit the diverse needs of States and regions. NRHM has set a new standard of partnership with States where it is the States that determine what is needed to resolve the crisis of the public sector health system. Human Resources, physical infrastructure, equipment, capacity building, resources, skill up-gradation resources etc. are available on an unprecedented scale. The philosophy of NRHM is to move from distrust to trust. Within the umbrella of Panchayati Raj Institutions, NRHM has tried to formulate an accountability framework that makes every health facility responsible to the people whose needs it caters to. Starting from the Village Health and Sanitation Committees, NRHM has crafted facility specific public institutions within the framework of PRI to ensure that Health Institutions have the flexibility to deliver in partnership with the community.

From the village to the district level all requirements of the health system can be met through the NRHM and States have come up with innovative plans to suit their needs. Realizing the need for improved management of the Public Sector Health System, NRHM has extended management support to States at all levels and for all institutions. The thrust on Nursing Institutions, Nurses and ANMs has been its foremost message to the States considering the need for public sector facilities to provide round the clock services.

### 3.3 National Urban Health Mission (NUHM)

The proposed National Urban Health Mission (NUHM) aims to address the public health care needs of urban population. Addressing the needs of public health care services for urban population would involve revamping/ creation/upgradation of primary, secondary and tertiary health care service delivery system in urban areas. This will be done by investing in health professionals, appropriate technology, creating new & upgradation and utilization of existing infrastructure and strengthening the extant health care service delivery system. Recognizing the seriousness of the problem, urban health has been taken up as a thrust area for the 12<sup>th</sup> Five Year Plan. NUHM will be launched for urban population with focus on slums and other urban poor. For promoting public health and cleanliness in urban slums, the 12<sup>th</sup> Five Year Plan would also incorporate experiences of Civil Society Organization (CSO) working in urban slum clusters. It will seek to build a bridge of NGO-GO partnership and develop community level monitoring of resources and their rightful use. NUHM would ensure the following:

- Availability of resources for addressing the health problems in urban areas, especially among urban poor.

- Need based city specific urban health care system to meet the diverse health needs of the urban population with focus on urban poor and other vulnerable sections.
- Partnership with community for a more proactive involvement in planning, implementation and monitoring of health activities.
- Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population.
- Framework for partnerships with NGOs, charitable hospitals and other stakeholders.

NUHM would cover all cities/towns with a population of more than 50000. Towns below 50000 population will be covered under National Rural Health Mission (NRHM). It would cover urban population including slum dwellers; other marginalized urban dwellers like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers, who may be in slums or on sites.

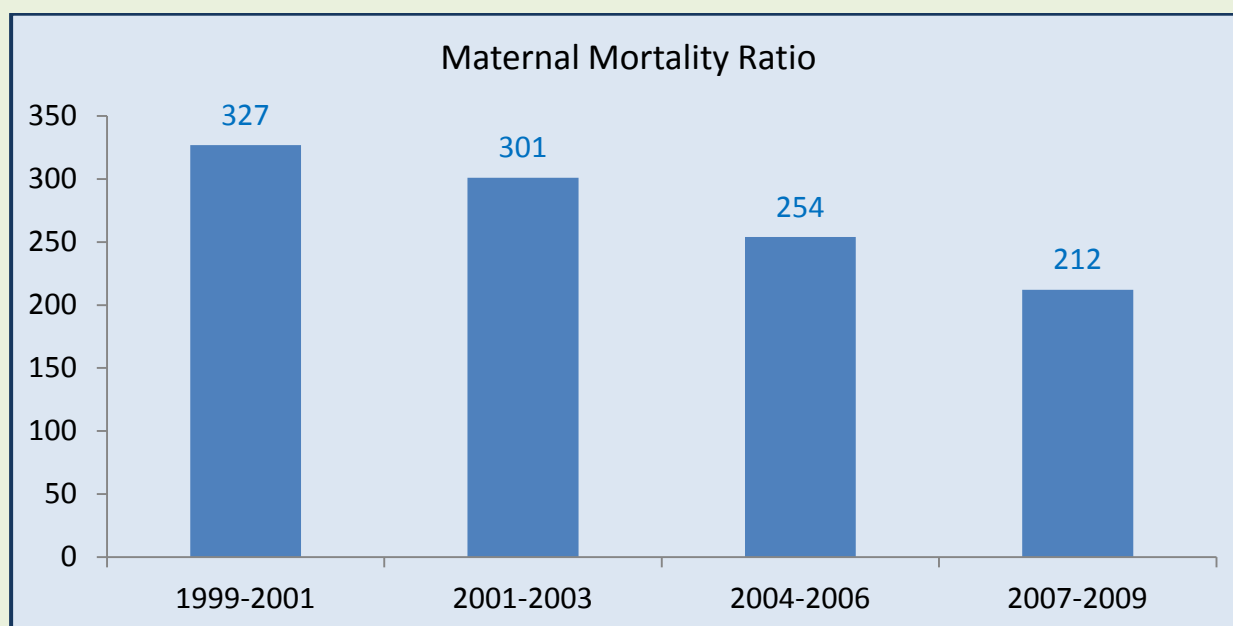
### 3.4 Maternal Health

Promotion of maternal and child health has been one of the most important objectives of the Family Welfare Programme in India. Under the NRHM (2005-2012) and the RCH Programme Phase-II (2005-10) the Government of India is actively pursuing the goals of reduction in Maternal Mortality by focusing on the 4 major strategies of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. The other major interventions are provision of Safe Abortion Services and services for RTIs and STIs. This policy recommends a holistic strategy for bringing about total inter-sectoral coordination at the grass root level and involving the NGOs, Civil Societies, Panchayati Raj Institutions and Women's Group in bringing down Maternal Mortality Ratio and Infant Mortality Rate. The National Population Policy, 2000 and National Health Policy, 2002 have set the goal of reducing MMR to less than 100 per 100,000 live births by the year 2010. Accordingly, schemes and programmes have been developed and various interventions focused on reducing maternal deaths. The Maternal Mortality Ratio in India is 212 per 100,000 live births (SRS 2007-09). Maternal Mortality is a cause of great concern. The major causes of these deaths have been identified as hemorrhage (both ante and post partum), toxemia (Hypertension during pregnancy), anemia, obstructed labour, puerperal sepsis (infections after delivery) and unsafe abortion. Over 57,000 women in India continue to die of pregnancy related causes every year.

#### 3.4.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY), a safe motherhood intervention under the National Rural Health Mission (NRHM), was launched on 12th April, 2005 to promote institutional delivery among the poor pregnant women. The Yojana is being implemented in all States and Union Territories. JSY is a 100% centrally sponsored scheme. The scheme focuses on the poor pregnant women with special dispensation for States having Low institutional delivery rates, namely, the States of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu & Kashmir. While these states have been classified as Low Performing Status (LPS) the remaining States have been named as High Performing States (HPS). Besides maternal care, the scheme provides cash assistance to all eligible mothers for delivery

care. The scheme has identified ASHA, the Accredited Social Health Activist as an effective link between the health facility and the community.



### 3.4.2 Janani Shishu Suraksha Karyakram (JSSK)

- Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1<sup>st</sup> June 2011. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever required. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.
- The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. Moreover it will motivate those who still choose to deliver at their homes to opt for institutional deliveries.
- While 32 of the 35 States and Union Territories have initiated implementation of the scheme, 20 have rolled out all the entitlements, 12 have also initiated implementation of the scheme except for 1 or 2 entitlements and the remaining 3 States in the North–East (Sikkim, Mizoram and Nagaland) are expected to initiate shortly.

### 3.4.3 Adolescent Reproductive and Sexual Health (ARSH)

According to 2001 census data, there are 225 million adolescents, which comprise nearly one-fifth (22%) of India's total population (Census, 2001). Of the total adolescent population, 12% belong to the 10-14 years age group and nearly 10% are in the 15-19 years age group. This age group comprises of individuals in a transient phase of life requiring nutrition, education, counselling and guidance to ensure their development into healthy adults. However, data on adolescents from national surveys including

NFHS-III, DLHS-III and SRS call for focused attention with respect to health for this age group.

- More than half of the girls in the 15-19 age group are anaemic - 56% (NFHS-3)
- Over half (58%) of Indian women are married before they attain 18 years of age (NFHS-3)
- 16% of girls aged 15-19 have already begun child bearing and 12% have had a live birth
- Only 14% of women in the 15-19 age group have received complete ANC
- 62% of currently married adolescents have had complications during pregnancy
- 52% of women in the 15-19 age group have delivered at home
- 8.3% of all pregnancies in this age group result in spontaneous abortions
- 45% of all maternal deaths take place among the 15-24 age group and Neo-natal Mortality Rate (NMR) is as high as 54/1000 among those in the age group of 15-19 years. Neo-natal Mortality Rate among rural adolescents is as high as 60/1000.
- 50% higher risk of infant deaths among mothers aged below 20 years (NFHS-3)
- Only 66.2% of pregnant girls below 20 years of age have been given or purchased iron and folate tablets as part of antenatal care (NFHS -3)
- 6000 adolescent mothers die every year due to anaemia (NFHS -3)
- 47 per cent girls in this age group are underweight (NFHS -3)

### **ARSH Strategy**

The goals of the Government of India RCH-II programme are reduction in IMR, MMR and TFR. In order to achieve these goals, RCH-II has four technical strategies. One of these four is Adolescent Health.

Strategy for ARSH as part of the RCH-II National Programme Implementation Plan (PIP) focuses on reorganizing the existing public health system in order to meet the service needs of adolescents. Steps are being taken to ensure improved service delivery for adolescents during routine sub-centre clinics and ensure service availability on fixed days and timings at the PHC and CHC levels. Outreach activities in tune with this have also been initiated in some states. A core package of services includes preventive, promotive, curative and counselling services. Adolescent-friendly services are to be made available for all adolescents – married and unmarried, girls and boys – during the clinic sessions, but not denied services during routine hours. All States have incorporated this into their State PIPs. There are close to 3000 adolescent friendly health clinics across District Hospitals, CHCs and PHCs. Efforts are underway to ensure availability of trained staff at these clinics as well as in routine OPDs. 5527 Medical Officers and 16728 ANM/LHV/ Counsellors have been trained on offering adolescent friendly health services across the country. This network needs to be expanded and strengthened to increase access to quality services for adolescents.

### **3.5 Child Health**

The Reproductive and Child Health programme (RCH-II) under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to infant and under-five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the

Government of India and it has tried to address the issue right from the early stages of planned development. The major components of child health programme are:

- (i) Establishment of New Born Care facilities and Facility Based Integrated Management of Neonatal and Childhood Illnesses (F-IMNCI)
- (ii) Navjaat Shishu Suraksha Karyakram
- (iii) Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and Pre-Service IMNCI
- (iv) Home Based Care of Newborns
- (v) Universal Immunization
- (vi) Early detection and appropriate management of Acute Respiratory Infections, Diarrhoea and other infections
- (vii) Infant and young child feeding including promotion of breast feeding
- (viii) Management of children with malnutrition
- (ix) Vitamin A supplementation and Iron and Folic Acid supplementation.

The strategies for child health intervention focus on improving skills of the health care workers, strengthening the health care infrastructure and involvement of the community through behaviour change communication. The medical causes of infant deaths in India 2001-03 as given by the Registrar General of India, Ministry of Home Affairs, are perinatal conditions (46%), respiratory infections (22%), diarrhoeal disease (10%), other infectious and parasitic diseases (8%), and congenital anomalies (3.1%). As per WHO estimates, the causes of child mortality in the age group 0-5 years in India are neonatal causes (55%), pneumonia (11%), diarrhoeal disease (11%), measles (4%), injuries (3%) and others (16%).

### 3.5.1 Universal Immunization Programme

Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Immunization Programme in India was introduced in 1978 as Expanded Programme of Immunization. This gained momentum in 1985 as Universal Immunization Programme (UIP) and implemented in phased manner to cover all districts in the country by 1989-90. UIP become a part of Child Survival and Safe Motherhood Programme in 1992. Since, 1997, immunization activities have been an important component of National Reproductive and Child Health Programme. Immunization is one of the key areas under National Rural Health Mission (NRHM) launched in 2005. Under the Universal Immunization Programme Government of India is providing vaccination to prevent seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B. The vaccination schedule is as under:

- BCG (Bacillus Calmette Guerin) 1 dose at Birth (upto 1 year if not given earlier)
- DPT (Diphtheria, Pertussis and Tetanus Toxoid) 5 doses; Three primary doses at 6,10,14 weeks and two booster doses at 16-24 months & 5 Years of age
- OPV (Oral Polio Vaccine) 5 doses; 0 dose at birth, three primary doses at 6,10 and 14 weeks and one booster dose at 16-24 months of age
- Hepatitis B vaccine 4 doses; 0 dose within 24 hours of birth and three doses at 6, 10 and 14 weeks of age
- Measles 2 doses; first dose at 9-12 months and second dose at 16-24months of age
- TT (Tetanus Toxoid) 2 doses at 10 years and 16 years of age

- TT – for pregnant woman two doses or one dose if previously vaccinated within 3 Year

Table: Status of Universal Immunisation Programme

	Coverage Evaluation Survey (CES)	
	2006	2009
Full Immunisation	62.4	61.0
BCG	87.4	86.9
OPV3	67.5	70.4
Measles	70.9	74.1
No Immunisation	-	7.6

### 3.6 National Vector Borne Diseases Control Programme (NVBDCP)

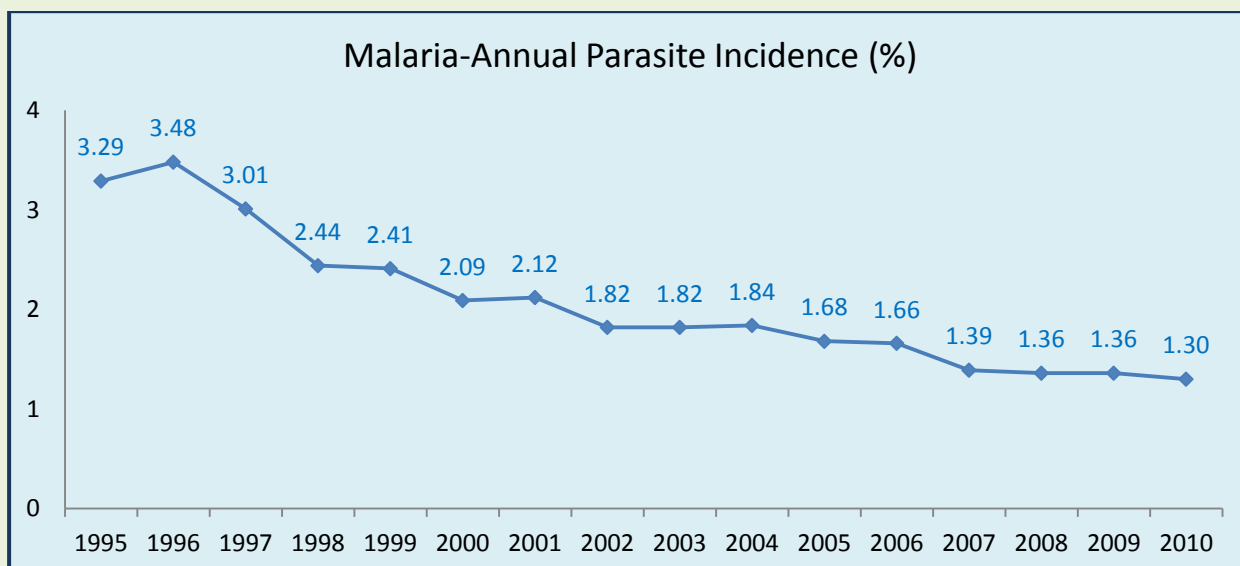
The National Vector Borne Disease Control Programme is a comprehensive programme for prevention and control of vector borne diseases namely Malaria, Filariasis, Kala-azar, Japanese Encephalitis (JE), Dengue and Chikungunya which is covered under the overall umbrella of NRHM. The States are responsible for implementation of programme whereas the Directorate of NVBDCP, Delhi provides technical assistance, policies and assistance to the States in the form of cash & commodity, as per approved pattern. Malaria, Filariasis, Japanese Encephalitis, Dengue and Chikungunya are transmitted by mosquitoes whereas Kala-azar is transmitted by sandflies. The transmission of vector borne diseases in any area is dependent on frequency of man-vector contact, which is further influenced by various factors such as climate, sleeping habits of human, density of vectors and their biting etc. The general strategy for prevention and control of vector borne diseases under NVBDCP is described below:

- (i) **Disease Management** including early case detection with active, passive and sentinel surveillance and complete effective treatment, strengthening of referral services, epidemic preparedness and rapid response.
- (ii) **Integrated Vector Management** including Indoor Residual Spraying (IRS) in selected high risk areas, use of Insecticide Treated Bed Nets (ITNs), Long Lasting Insecticidal Nets (LLINs), use of larvivorous fish, anti-larval measures in urban areas including bio-larvicides and minor environmental engineering.
- (iii) **Supportive Interventions** including Behaviour Change Communication (BCC), Inter-sectoral Convergence, Human Resource Development through capacity building.

#### 3.6.1 Malaria

Malaria is an acute parasitic illness caused by *Plasmodium falciparum* or *Plasmodium vivax* in India. There are 9 species of Malaria vectors in India, out of which the major vector mosquito for rural malaria viz. *Anopheles culicifacies*, is distributed all over the country and breeds in clean ground water collections. Other important Anopheline species namely *An.minimus* and *An.fluviatilis* breed in running channels, streams with

clean water. Some of the vector species also breed in forest areas, mangroves, lagoons, etc, even in those with organic pollutants. In urban areas, malaria is mainly transmitted by *Anopheles stephensi* which breeds in man-made water containers in domestic and peri-domestic situations such as tanks, wells, cisterns, which are more or less of permanent nature and hence can maintain density for malaria transmission throughout the year. Increasing human activities, such as urbanization, industrialization and construction projects with consequent migration, deficient water and solid waste management and indiscriminate disposal of articles (tyres, containers, junk materials, cups, etc.) create mosquitogenic conditions and thus contribute to the spread of vector borne diseases.



Pre-independence estimates of Malaria were about 75 million cases and 0.8 million deaths annually. The problem was virtually eliminated in the mid sixties but resurgence led to an annual incidence of 6.47 million cases in 1976. Modified Plan of Operation was launched in 1977 and annual malaria incidence started declining. The cases were contained between 2 to 3 million cases annually till 2001 afterwards the cases have further started declining. During 2010, the malaria incidence was around 1.60 million cases, 0.83 million Pf cases and 1023 deaths. During 2011 (till November updated on 6.01.12), 1.18 million cases, 0.58 Pf cases and 430 deaths have been reported. About 92% of malaria cases and 97% of deaths due to malaria are reported from high disease burden states namely North-Eastern (NE) States, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Andhra Pradesh, Maharashtra, Gujarat and Rajasthan, West Bengal and Karnataka. However, other States are also vulnerable and have local and focal outbreaks. Resistance in *Plasmodium falciparum* to Chloroquine is being detected from more areas and so Artesunate Combination Therapy has been introduced initially in such areas as first line treatment and now, from 2010 onwards, the ACT is recommended as first line of treatment for all Pf cases in whole of the country. For strengthening surveillance, Rapid Diagnostic Test (RDT) for diagnosis of *P.falciparum* malaria has also been introduced in high endemic areas. In these areas, efforts have been made to provide diagnostic services at the village level through ASHAs who have been trained in diagnosis and treatment of malaria cases and are thus involved in early case detection and treatment. The Government of India provides technical assistance and logistics support including anti malaria drugs, DDT, larvicides, etc. under the National Vector Borne Disease Control Programme. State Governments have to meet

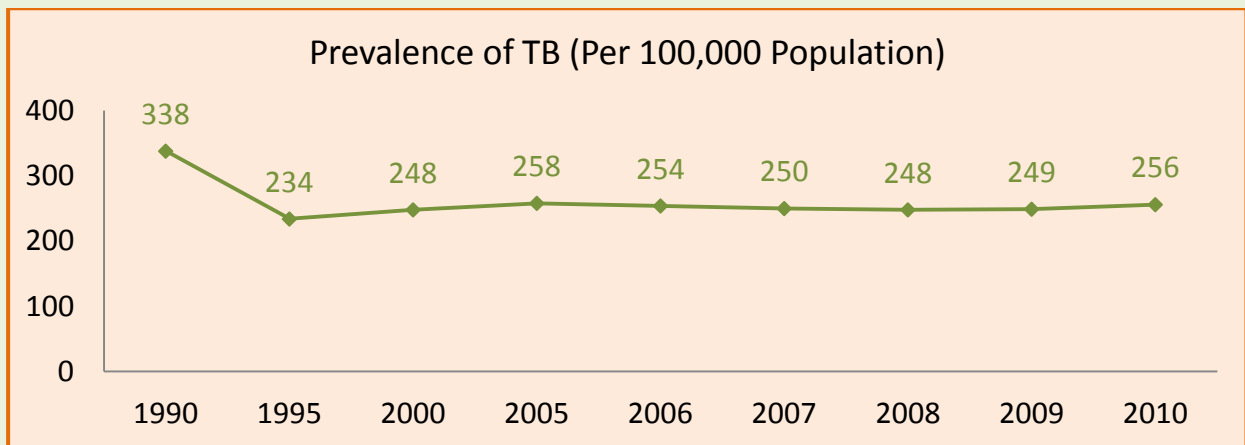
other requirements of the programme and operational costs and to ensure the implementation of programme. North-Eastern States are provided 100 per cent central assistance for programme implementation that includes operational cost.

### 3.6.2 Revised National Tuberculosis Control Programme (RNTCP)

Tuberculosis (TB) is a major public health problem in India causing significant economic loss to the country. TB is a curable and preventable disease and yet it causes significant morbidity and mortality, which is a cause of serious concern. As per the Global TB Report (2010) in 2009 out of the estimated global annual incidence of 9.4 million TB cases, 1.98 million were estimated to have occurred in India, thus catering to a fifth of the global burden of TB. The Revised National Tuberculosis Control Programme (RNTCP) has completed over thirteen years of its implementation with more than four years of full nationwide coverage. Since its inception, the Programme has initiated over 13.68 million patients on treatment, thus saving nearly 2.5 million additional lives. As per the Global TB Report (2010), TB mortality in the country has reduced by 43%, from an estimated 42/lakh population in 1990 to 24/lakh population in 2009, and the prevalence of TB in the country has reduced by 67%, from 568/lakh population in 1990 to 185/lakh population. These are encouraging trends and an indicator that RNTCP is steadily working towards achieving the United Nations' Millennium Development Goals relating to TB by 2015.

- The Revised National TB Control Programme (RNTCP), based on the internationally recommended Directly Observed Treatment Short course (DOTS) strategy, was launched in 1997 expanded across the country in a phased manner with support from World Bank and other development partners.
- Full nation-wide coverage was achieved in March 2006 covering over a billion populations (1114 million) in 632 districts / reporting units. In terms of treatment of patients, RNTCP has been recognized as the largest and the fastest expanding TB control programme in the world.
- Goal of the Programme: The goal of TB control Programme is to decrease mortality and morbidity due to TB and cut transmission of infection until TB cases to be a major public health problem in India.
- Objectives of the programme:
  - To achieve and maintain cure rate of at least 85% among New Sputum Positive patients.
  - To achieve and maintain case detection of at least 70% of the estimated NSP cases in the community
- The current focus of the programme is on ensuring universal access to quality TB diagnosis and quality treatment services to all TB patients in the community.





### 3.7 National Commission on Population

In pursuance of the objectives of the National Population Policy 2000, the National Commission on Population was constituted in May 2000 to review, monitor and give directions for the implementation of the National Population Policy (NPP), 2000 with a view to meeting the goals set out in the Policy, to promote inter-sectoral co-ordination, involve the civil society in planning and implementation, facilitate initiatives to improve performance in the demographically weaker States in the country and to explore the possibilities of international cooperation in support of the goals set out in the National Population Policy.

The first meeting of the Commission was held on 22.07.2000 following which an Empowered Action Group was formed for paying focused attention to States with deficient national socio-demographic indices and National Population Stabilization Fund (Jansankhya Sthirata Kosh) was created to provide a window for canalizing monies from national voluntary sources to specifically aid projects designed to contribute to population stabilization.

The National Commission on Population has since been reconstituted in April 2005 with 40 members under the Chairmanship of the Hon'ble Prime Minister. The reconstituted National Commission on Population had decided on the following.

- There should be Annual Health Survey of all districts which could be published annually so that health indicators at district level are periodically published, monitored and compared against benchmarks.
- Setting up of five groups of experts for studying the population profile of the States of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Orissa to identify weaknesses in the health delivery systems and to suggest measures that would be taken to improve the health and demographic status of the States.

**Annual Health Survey (AHS):** The first round of Annual Health survey (AHS) was during 2010-11 with the reference period 2007-09 in 284 districts of 8 Empowered Action Group (EAG) States namely Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chattisgarh, Rajasthan, Orissa and Assam.

**Expert Groups:** Five groups of experts were constituted for studying the population profile of the States of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Orissa. The draft reports of the expert groups have been received in the Commission and examined for correctness of the demographic data and then sent to the concerned five States for their comments on specific issues.

The Commission has been providing policy support to the population stabilization efforts under overall framework of implementation of NRHM by the states. The Commission has come out with a number of publications in collaboration with Registrar General of India and Institute of Economic Growth, which provides valuable inputs on future demographic trends, challenges and suggestive measures for achieving population stabilization as envisaged in NPP 2000 and NRHM goals.

The second meeting of the Commission was held on 21<sup>st</sup> October 2010. The Commission deliberated upon population stabilization issue amongst other issues and adopted the following resolution with broad consensus recommending to (i) accord high priority to population stabilization with Chief Ministers of the States providing the leadership, (ii) have programmatic interventions to meet the unmet need for family planning services and strengthening public health services, (iii) have inter-sectoral coordination among Ministries of Human Resource Development, Women & Child Development and Panchayati Raj; and (iv) have some other interventions like raising of legal age at marriage of girls be considered, gender to be included in medical education, etc.

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## Promotion of the Status of Women

As per 2011 Census, women constitute 48.5% of the country's total population. Recognising women as an important human resource, the Constitution of India has not only accorded equality to women but also empowered the State to adopt measures of positive discrimination in their favour. Drawing strength from the Constitutional commitments, Government of India has been constantly endeavouring to ensure all round well being, development and empowerment of women. The upgradation of Department of Women and Child Development to a Ministry with effect from 30<sup>th</sup> January, 2006 was an important mile stone in that direction. In its nodal capacity, the Ministry has been striving for the holistic empowerment of women by reviewing the laws to remove gender bias, bringing new legal measures aimed at gender justice and implementing programmes to achieve social and economic empowerment of women.

India has witnessed 15 General Elections to the Lok Sabha (Lower House) of National Parliament so far. As on November 2011, the Lok Sabha has only 60 women representatives out of 544 members while there are 26 female Members of Parliament in the 241 member Rajya Sabha (Upper House).

Table: Proportion of seats held by women in National parliament

	Lok Sabha (Lower House)			Rajya Sabha (Upper House)			Total		
	Total Seats	Seats held by women	Share (%)	Total Seats	Seats held by women	Share (%)	Total Seats	Seats held by women	Share (%)
2004	544	45	8.3	250	28	11.2	794	73	9.2
2007	544	47	8.6	250	25	10.0	794	72	9.1
2009	545	59	10.8	234	21	9.0	779	80	10.3
2011	544	60	11.0	241	26	10.8	785	86	11.0

### 4.1 National Policy for the Empowerment of Women (NPEW)

The National Policy for Empowerment of Women, 2001 (NPEW) was formulated as the blueprint for the future, with the goal of addressing women's felt needs and bringing about their advancement, development and empowerment. The policies/ programmes of the Government are directed towards achieving inclusive growth with special focus on women in line with the objective of the National Policy for Empowerment of Women.

Keeping in view the need to specially focus attention on the empowerment women from the marginalized and vulnerable groups, the Ministry organized two national level Conferences on issues and challenges for the development of women and children from these groups. The objective of the Conferences was to take stock of the status of various policies, legislations, programmes and schemes and identify the extent to which the benefits are reaching these women and children, identify the gaps therein and suggest remedial measures required to fulfil their needs and entitlements. A wide cross

section of participants from Central Government Ministries, State Governments, subject experts and civil society organisations participated in these Conferences. Recommendations of these Conferences are sent to the Planning Commission and concerned Ministries for their consideration.

## **4.2 Planning Process and Women Empowerment**

The planning process has evolved over the years from a purely 'welfare' oriented approach to the 'development' approach to 'empowerment' module and now recognizing 'women's agency', i.e. women as agents of change. From the Sixth Five year Plan onwards women secured a special niche and space in the national plans and planning process primarily with a thrust on health, education and employment of women. A paradigm shift occurred in the Eighth Plan where 'empowerment' of women was recognized and accepted as a distinct strategy. The Ninth Plan adopted the 'Women's Component Plan' as one of the major strategies and directed both the Central and State Governments to ensure that not less than 30 per cent of the funds/benefits are earmarked in all the women's related sectors. It also laid emphasis on the participation of people in the planning process, and the promotion of Self-Help Groups (SHGs).

The Tenth Plan recognized the importance of gender budgeting by stating that the two effective concepts of Women Component Plan and Gender Budgeting would be tied up to play a complementary role to each other. The Eleventh Plan recognised gender as a crosscutting theme across all sectors and sought to reinforce the commitment to gender budgeting and specifically stated that gender equity requires adequate provisions to be made in policies and schemes across Ministries and Departments. This would entail strict adherence to gender budgeting across the board. Keeping this in mind, the Ministry of Women and Child Development has taken several initiatives for gender equality, empowerment and development of women.

The vision for empowerment of women for the 12<sup>th</sup> Plan is to work towards sustainable inclusive growth with socio-economic empowerment of women and gender justice. The Planning Commission constituted a Working Group on "Women's Agency and Empowerment" for the 12<sup>th</sup> Five Year Plan under the Chairpersonship of Secretary, Ministry of Women and Child Development with the basic objective to contextualize women's empowerment, define what the 12<sup>th</sup> Plan seeks to achieve, carry out a review analysis and evaluation of the existing provisions / programmes for women and make recommendations for the Five Year Plan. The Working Group report was submitted to the Planning Commission.

## **4.3 National Mission for Empowerment of Women (NMEW)**

The Government launched the National Mission for Empowerment of Women (NMEW) in March 2010 for coordinated assessment of current Government interventions and aligning future programmes so as to translate the National Policy on Empowerment of Women (NPEW) prescriptions into reality. The Mission was operationalised during 2011-12, with the setting up a National Resource Centre for Women (NRCW). The NRCW has technical experts from eight domains: economic empowerment, social empowerment, health and nutrition, gender budgeting, gender laws and rights, marginalised and vulnerable women, media and communication and I.T services – a holistic and comprehensive repertoire to cover the multi-faceted and complex issues affecting women across the country.

While the national framework of the NMEW was put in place during the first half of the year, the second half witnessed the laying of foundations at the grassroots level, for the Mission's work in the coming years. The national framework of the NMEW involves setting up of a 'State Mission Authority', in each State, under which the State Resource Centre for Women (SRCW) would be set up, based on the national model. By the end of 2011, SMAs (State Mission Authorities) had been constituted in 18 States and Union Territories and funds released for setting up of SRCWs to all these States and UTs.

#### 4.4 Schemes for Women

##### 4.4.1 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – Sabla

Sabla – a comprehensive scheme called Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – was introduced in 2010. *Sabla* is initially being implemented in 200 selected districts across the country. In these districts, *Sabla* has replaced the Nutrition Programme for Adolescent Girls (NPAG) and Kishori Shakti Yojana (KSY). In the non-*Sabla* districts, KSY continues as before. The scheme has two major components i.e., Nutrition and Non Nutrition Component. Nutrition is being given in the form of Take Home Ration or Hot Cooked Meal for 11-14 years Out of school girls and 14 -18 years to all AGs (out of school and in school girls). In the Non Nutrition Component, the Out of school Adolescent Girls 11-18 years are being provided IFA supplementation, Health check-up and Referral services, Nutrition & Health Education, Counselling/ Guidance on family welfare, Adolescent Reproductive Sexual Health (ARSH), child care practices and Life Skill Education and accessing public services and 16-18 year old AGs are also being given vocational training. *Sabla* is being implemented by States Governments/UTs, with 100 per cent financial assistance from the Central Government for all inputs other than nutrition provision for which 50 per cent Central Assistance to States is provided. Anganwadi Centre is the focal point for delivery of all services under the scheme. The Scheme also envisages Vocational training for girls aged 16 and above, under the National Skill Development Programme. Till the end of December, 2011, a total of 11,149 adolescent girls have already been provided vocational training as part of *Sabla*. Upto 4,212 adolescent girls have been mainstreamed to the school system.

##### 4.4.2 Indira Gandhi Matritva Sahyog Yojana (IGMSY)

Indira Gandhi Matritva Sahyog Yojana (IGMSY): A Conditional Cash Transfer Scheme for pregnant and lactating women was introduced in October, 2010 to contribute to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and nursing mothers. The Scheme envisages providing cash to Pregnant & Lactating (P&L) women during pregnancy and lactation in response to individual fulfilling specific conditions. It addresses short term income support objectives with long term objective of behavioural and attitudinal changes. The scheme attempts to partly compensate for wage loss to Pregnant & Lactating women both prior to and after delivery of the child. Being implemented on pilot basis in 52 selected districts using the platform of ICDS, 12.5 lakh P&L women are expected to be covered every year under IGMSY. The beneficiaries are paid ` 4000/- in three installments per P&L woman between the second trimester and till the child attains the age of 6 months on fulfilling specific conditions related to maternal and child health. Pregnant women of 19 years of age and above for first two live births are eligible under the scheme. Under IGMSY scheme, transfer of amount to the beneficiary is done through bank/post office only.

#### 4.4.3 Support to Training & Employment Programme for Women (STEP)

The Government has been administering the Support to Training and Employment Programme for Women (STEP) as a Central Sector Scheme since 1986-87, to ensure sustainable employment and income generation for marginalized and assetless rural and urban women across the country. The key strategies taken up for achieving the goal of livelihood opportunities for these women, especially those in SC/ST households and families below the poverty line, include training for skill development, facilitating organization of women into viable cooperative groups, strengthening backward and forward linkages and providing access to credit. The scheme also provides for enabling support services in the form of health check-ups, legal and health literacy, elementary education, gender sensitization and mobile crèches. The unique feature of STEP is its integrated package of inputs aiming at holistic development of poor women. The ultimate endeavour of each project is to develop the group to thrive on a self-sustaining basis in the market place with minimal governmental support and intervention even after the project period is over. With a view to expanding the reach of the programme and further strengthening implementation and monitoring, norms and parameters of STEP scheme have been revised in the year 2009. The ten traditional sectors, identified for project funding under STEP comprise agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries, sericulture, waste land development and social forestry. The scope and coverage of the scheme is being broadened with introduction of locally appropriate sectors being identified and incorporated into the scheme.

#### 4.4.4 Hostel for Working Women (WWH)

The Scheme of Hostel for Working Women envisages provision of safe and affordable hostel accommodation to working, single working woman, women working at places away from their home-town and for women being trained for employment. The salient features of the scheme are:

- Financial assistance for construction of hostel building to be given only on public land.
- Financial assistance available for rent of the hostels run in rented premises also
- Provision for maintenance grant of hostel building (maximum ` 5.00 lakh) and one-time non-recurring grant for furnishings @ ₹ 7500/- per beneficiary.
- State Government agencies, Urban Municipal Bodies, Cantonment Boards, Civil Society Organizations, Panchayati Raj Institutions, Self Help Groups, Recognized Colleges/Universities and Corporate or associations like CII, ASSOCHAM and FICCI included under the revised scheme.

Since its inception in 1972-73, 891 hostels have been sanctioned under the scheme all over the country benefiting about 66,299 working women.

#### 4.4.5 Swadhar Scheme

Recognizing the need to prevent women from exploitation and to support their survival and rehabilitation, the scheme of Short Stay Home (SSH) for women and girls was introduced in 1969 as a social defence mechanism. The scheme is meant to provide

temporary accommodation, maintenance and rehabilitative services to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism or being forced into prostitution and in moral danger. There are 337 SSHs functioning in the country. Another scheme with the similar objectives namely Swadhar – A Scheme for Women in Difficult Circumstances was launched by the Government in 2001-02. The scheme through the provisions of shelter, food, clothing, counselling, trainings, clinical and legal aid aims to rehabilitate such women in difficult circumstance. As on 20.01.2012, there are 322 swadhar homes across the country.

#### 4.4.6 Swadhar Greh

As the target group and the objectives of both the short stay homes and swadhar schemes were similar, these have been merged to a new scheme 'Swadhar Greh', with revised financial norms, in order to reach out to those women who are victims of difficult circumstances and are in need of institutional support for rehabilitation, so that they could lead their life with dignity. Financial assistance under each component of the scheme will be provided to the implementing agencies so that the day to day requirement of the inmates of the home could be fulfilled. The scheme aims to set up a Swadhar Greh in every district. All the State Governments have been requested to review the performance of the existing shelter homes for its conversion into Swadhar Greh. The objectives of the scheme are:

- To cater to the primary need of shelter, food, clothing, medical treatment and care of the women in distress who are without any social and economic support,
- To enable them to regain their emotional strength that gets hampered due to their encounter with unfortunate circumstances,
- To provide them with legal aid and guidance to enable them to take steps for their readjustment in family/society,
- To rehabilitate them economically and emotionally
- To act as a support system that understands and meets various requirements of women in distress
- To enable them to start their life afresh with dignity and conviction

#### 4.4.7 Scheme for Combating Trafficking – Ujjawala

Ujjawala - a comprehensive scheme to combat trafficking was launched on 4<sup>th</sup> December 2007 and is being implemented mainly through NGOs. The Scheme has five components — Prevention, Rescue, Rehabilitation, Re-Integration and Repatriation of trafficked victims for commercial sexual exploitation. Some of the activities envisaged under the Scheme are:

- Formation of community vigilance groups, adolescents groups, awareness creation and preparation of IEC material, holding workshops, etc.
- Safe withdrawal of victims from the place of exploitation.
- Rehabilitation of victims by providing them safe shelter, basic amenities, medical care, legal aid, vocational training and income generation activities.
- Re-integration of victims into society.
- Provide support to cross-border victims for their safe repatriation to their country of origin.

Under the Scheme, assistance is provided to eligible organizations for undertaking the above activities.

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## Promotion of Rights And Well-being of Child

One third of country's population is below 18 years. The strength of the nation lies in having healthy, protected, educated and well- developed children who may grow up to be productive citizens of the country. It is estimated that around 40 per cent of India's children are vulnerable or experiencing difficult circumstances characterized by their specific social, economic and geo-political situations. All these children need special attention.

### 5.1 Laws and Policy for Care and Protection of Children

The National Policy for Children, adopted on 22<sup>nd</sup> August 1974 has been under review in order to better address emerging challenges related to the rights of children and an Advisory and Drafting Committee had been formed for the purpose. Five Regional Consultations have been held between September 2010 and January 2011. The National Consultation was held on 19<sup>th</sup> December 2011 to discuss draft working paper on Policy of Children.

### 5.2 National Commission for the Protection of the Child Rights

The National Commission for Protection of Child Rights (NCPCR) was set up as a statutory body of Government of India on 5<sup>th</sup> March 2007 under the Commissions for Protection of Child Rights (CPCR) Act, 2005 to protect, promote and defend child rights in the country. The Commission has the following mandate:

- To examine and review the safeguards provided by or under any law for the time being in force for the protection of child rights and recommend measures for their effective implementation;
- To present to the Central Government, annually and at such other intervals, as the Commission may deem fit, reports upon the working of those safeguards;
- To examine all factors that inhibit the enjoyment of rights of children affected by terrorism, riots, torture, exploitation, disaster, domestic violence, HIV/AIDS, trafficking, maltreatment, pornography and prostitution and recommend appropriate remedial measures;
- To look into the matters relating to children in distress, marginalized and disadvantaged children without family and children of prisoners and recommend appropriate remedial measures;
- To spread child rights literacy and promote awareness of the safeguards available for protection of these rights;
- To inspect or cause to be inspected any Juvenile or custodial homes, or any other institution meant for children, under the control of Central Government or any State Government or any other authority, including any institution run by Social Organizations, where children are detained or lodged for the purpose of treatment, reformation or protection and take up with these authorities for remedial action, if found necessary;
- To inquire into the violation of child rights including *Suo-moto* notice and recommend initiation of proceedings with appropriate authorities;

- To study treaties and other international instruments and undertake periodical review of existing laws, policies, programmes and other activities on child rights and make recommendations for their effective implementation in the best interest of children;
- To undertake such other functions as it may consider necessary for the promotion of child rights and any other matter incidental to the above functions.

During the year 2011-12 (upto 31.12.2011), NCPCR dealt with 493 complaints of violations/deprivations of child rights. Out of 493 complaints, the Commission took up suo-moto notices of 91 cases with concerned authorities for remedial measures.

### **5.3 The Juvenile Justice (Care & Protection of Children) Act (JJ Act)**

The Juvenile Justice (Care & Protection of Children) Act, enacted in 2000, is the primary law in the country relating to welfare of juveniles in conflict with law as well as children in need of care and protection and defines the 'child' as a person below eighteen years of age. The Act provides for proper care, protection and treatment for such children by catering to their development needs and by adopting a child friendly approach in dealing with matters in the best interest of children. The Act lays emphasis on rehabilitation and reintegration of such children into the society through various processes. For this, the Act provides for several alternatives such as adoption, sponsorship, foster care and institutional care.

The JJ Act was amended, in 2006, to make it more effective by providing time-lines for setting up of Juvenile Justice Boards and Child Welfare Committees and compulsory registration of Child Care Institutions, etc. The scope of the Act was also widened to include working children, children living on the streets, those found begging, etc. The Act has been further amended in the year 2011 to remove discriminatory references to children affected by disease such as leprosy, tuberculosis, hepatitis-B, etc. In keeping with the JJ Act, the State Governments are required to set up and maintain-either by themselves or in association with NGOs – Homes, shelters and other services like adoption, foster care etc. for various types for children in every district or group of districts, for their care, education, training, development and rehabilitation.

### **5.4 The Protection of Children from Sexual Offences Bill, 2011**

The Protection of Children from Sexual Offences Bill, 2011 was introduced in Rajya Sabha on 23<sup>rd</sup> March 2011. The main aim of the Bill is to address sexual abuse and exploitation of children, including child pornography. It provides for establishment of special courts for trial of such offences. The Bill defines offences, namely, penetrative sexual assault, aggravated penetrative sexual assault, sexual assault, aggravated sexual assault, sexual harassment and use of child for pornography. The Bill provides for stringent punishment to offenders. For speedy trial, the State Governments have been mandated to designate a Session Court in each district, to be a Special Court to try offences under the Bill. The other provisions of the Bill include child friendly court procedure, punishment for not reporting the offence to police or appropriate authority, and punishment for abetment and for making false complaint or false information.

## 5.5 Schemes for Protection of Children

### 5.5.1 Integrated Child Protection Scheme (ICPS)

The implementation of the JJ Act faced several teething problems and the pace of implementation was affected by lack of focus on child protection in the States/UTs, absence of dedicated structures for implementation of the Act, and shortage of financial resources. Intervention of the Central Government, in terms of allocation of resources, was also negligible. As a consequence, the structures envisaged under the Act could not be established in the required numbers and standards of care were not of desired quality.

To encourage quicker establishment of structures and procedures under the Act, the Government introduced, in 2009-10, a comprehensive scheme, namely, the Integrated Child Protection Scheme (ICPS) under which financial and technical support is provided to the State Governments/ UT Administrations. ICPS brings several existing child protection programmes, under one umbrella, with improved norms. These include, (i) A Programme for Juvenile Justice; (ii) An Integrated Programme for Street Children; and (iii) Scheme for Assistance to Homes (Shishu Greh) to promote in-country Adoption. A number of new initiatives have also been incorporated, such as dedicated service delivery structures at State and district levels, child tracking system, sponsorship, fostercare etc.

The objectives of the scheme are to contribute to the improvement in the well being of children in difficult circumstances, as well as the reduction of vulnerabilities to situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children from their families. These are achieved by; i) improved access to and quality of child protection services; (ii) increased public awareness about the reality of child rights, situation and protection in India; (iii) clearly articulated responsibilities and enforced accountability of these responsibilities for child protection (iv) established and functioning structures at all government levels for delivery of statutory and support services to children in difficult circumstances; (v) evidence based monitoring and evaluation system.

### 5.5.2 Scheme for Welfare of Working Children in Need of Care and Protection

The objective of the scheme is to provide opportunities for non formal education and vocational training to working children to facilitate their entry/re-entry into mainstream education in cases where they have either not attended any learning system or where, for some reasons, their education has been discontinued. The Scheme lends support to projects only in urban areas and does not support projects in areas covered by the existing schemes of the Ministry of Labour & Employment.

The Scheme provides support for the holistic development of child workers and potential child workers especially those with none or ineffective family support, such as children of slum/pavement dwellers/drug addicts, children living on railway platforms/along railway lines, children working in shops, dhabas, mechanic shops, children engaged as domestic workers, children whose parents are in jail, children of migrant/sex workers, leprosy patients, etc. The programme components are:

- Facilitating introduction and/or return to the mainstream education system as children at study are not children at work,
- Counselling of parents, heads of families, relatives of the children so as to prevent their exploitation, and
- Vocational training wherever necessary.

### 5.5.3 Rajiv Gandhi National Creche Scheme for the Children of Working Mothers

Rajiv Gandhi National Creche Scheme for the Children of Working Mothers provides Day Care facilities to the Children in the age group 0-6 years from families with monthly income of less than 12,000/-. In addition to being a safe place for the children, the crèches provide services such as supplementary nutrition, pre-school education and emergency health care, etc. The scheme envisages implementation through the Central Social Welfare Board (CSWB), Indian Council for Child Welfare (ICCW) and Bhartiya Adim Jati Sevak Sangh (BAJSS).

## 5.6 Girl Child

Girl Child continues to be the most vulnerable member of civil society in India. The 2011 Census shows that there has been an improvement in social indicators such as literacy and the gender gap in effective literacy rate and that the overall sex ratio has improved from 933 to 940. However, at an age-group wise disaggregated level, the status of the girl child continues to be a matter of concern in the country. The Census 2011 has shown a decline in the ratio of girls per thousand boys in the 0 to 6 age group, i.e, in the Child Sex Ratio as compared to the previous Census. Child Sex Ratio has declined from 927 in Census 2001 to 914 in Census 2011. Decline in Child Sex Ratio has now spread to as many as 22 States and 5 Union Territories. The National Family Health Survey-3 data on under nutrition in children below 5 years had already flagged that 43% of girls are undernourished.

### 5.6.1 Dhanlakshmi - Conditional Cash Transfer for Girl Child

A pilot Scheme Dhanlakshmi was launched on 3<sup>rd</sup> March 2008 with the objective of:

- Providing a set of staggered financial incentives for families to encourage them to retain the girl child and educate her.
- Changing the attitudinal mindset of the family towards the girl, by looking upon the girl as an asset rather than a liability since her very existence has led to cash inflow to the family.

Cash transfers are made under the Scheme to the family of the girl child (preferably the mother) on fulfilling the following conditions:

- Birth registration of the girl child
- Progress of immunization
- Full immunization
- Enrolment to school and retention in school

“Dhanlakshmi” is being implemented in 11 Blocks across seven States on pilot basis and is being implemented by the State Governments through the District Authorities.



National Girl Child Day Celebration

## 5.7 Integrated Child Development Services (ICDS)

The Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest programme for Early Childhood Development. It is the foremost symbol of country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under the Scheme are children in the age group 0-6 years, pregnant women and lactating mothers. Objectives of the Scheme are:

- to improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst various departments to promote child development; and
- to enhance capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

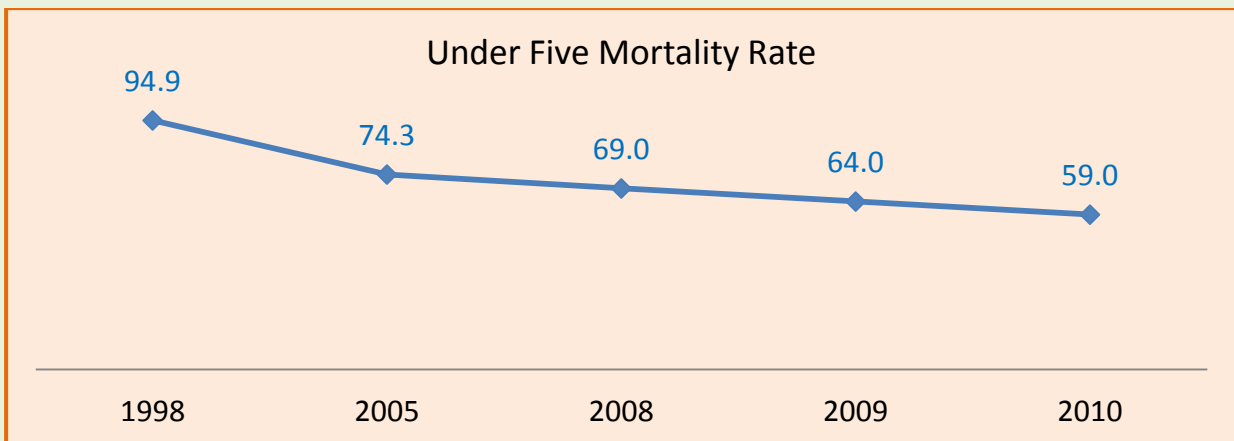
The ICDS Scheme offers a package of six services, viz,

- i) supplementary nutrition
- ii) pre-school non-formal education
- iii) nutrition & health education
- iv) immunization
- v) health check-up and
- vi) referral services

The last three services are related to health and are provided by Ministry of Health and Family Welfare through NRHM & Health system.

The perception of providing a package of services is based primarily on the consideration that the overall impact will be much larger if different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services.

For better governance in the delivery of the Scheme, convergence is, therefore, one of the key features of the ICDS Scheme. This convergence is inbuilt in the Scheme which provides a platform in the form of Anganwadi Centres for providing all services under the Scheme.



Pre-School Activity at Anganwadi Centre

Provision of supplementary nutrition under ICDS is primarily designed to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI). On an average, the effort is to provide daily nutritional supplements to the extent indicated below:

<b>Beneficiaries</b>	<b>Calories (Cal)</b>	<b>Protein (gm)</b>
Children (6-72 Months)	500	12-15
Severely Malnourished Children	800	20-25
Pregnant & Lactating Mothers	600	18-20

### **Introduction of New WHO Child Growth Standards in ICDS**

The new WHO standards, globally used, prescribe how children should grow with optimal nutrition and health care. The child growth standards recognize the breastfed infant as the normative model, provide reference values for assessing childhood obesity, and also the link between physical growth and motor development. With these new standards, parents, communities, child care workers, programme managers, health and care advocates will know when the nutrition and care needs of children are being compromised. The use of this tool enables them to take timely corrective action at different levels. ICDS, since its inception, had been using Harvard standards (IAP) for the purpose of monitoring growth among children. In 2008, the Government of India decided to introduce the new WHO Growth standards through ICDS and NRHM. These standards of Weight-for-Age have been adopted by India. The NFHS-3 Report has also incorporated the new growth standards and brought out the revised levels of malnutrition according to which the average level of malnutrition in the country is 42.5% and severely underweight children are 15.8%.

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## Drug De-addiction, Rehabilitation And Reintegration

Government's mission is to empower the victims of alcoholism and substance abuse through programmes for educational, economic and social development and rehabilitation as appropriate. The objective is rehabilitation, through 'whole person recovery' approach, of victims of substance abuse. "Victim of Substance Abuse", in the context of Government programmes, broadly means a person who is addicted to /dependent on alcohol, narcotic drugs, psychotropic substances or any other addictive substances (other than tobacco), and generally includes the immediate family members of such persons (This is an enlarged version of the term "addict" as defined in Section 2 of The Narcotic Drugs and Psychotropic Substances Act, 1985). Article 47 ("Duty of the State to raise the level of nutrition and the standard of living and to improve public health") makes provisions for inter-alia, curbing consumption of intoxicating substances, which are injurious to health.

### **Article 47: Duty of the State to raise the level of nutrition and the standard of living and to improve public health**

The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties **and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.**

The strategies for victims of substance (drug) abuse have been as under:

- Thrust given to the prevention of drug abuse by ensuring effective involvement of parents, community, schools and colleges.
- Efforts have been made to involve the corporate sector, civil society and other institutions like religious and elected bodies, to prevent drug abuse.
- There is a need to have a National Policy on Drug Abuse Prevention and Rehabilitation.
- The ongoing programmes of the National Institute of Social Defence (NISD) such as collection of statistics, documentation, research and programmes for training pertaining to prevention of drug abuse and care of older persons to continue. The training programme should be organized both in-house as well as in collaboration with other organizations working in related areas.

For victims of substance abuse, the programme is for drug demand reduction which is achieved through awareness campaign and treatment of addicts and their detoxification so that they may join the mainstream. These programmes are implemented through Non-Governmental Organizations with financial support from the Ministry.





Celebrating International Day against Drug Abuse and Illicit Trafficking

Drug and Alcohol abuse has become a major concern in India. In a national survey conducted by United Nations Office on Drugs and Crime (UNODC) and Ministry of Social Justice and Empowerment, for the year 2000-2001 (report published in 2004) it was estimated that about 732 lakh persons in India were users of alcohol and drugs. Of these 87 lakh used Cannabis, 20 lakh used opiates and 625 lakh were users of alcohol. About 26%, 22% and 17% of the users of the three types respectively were found to be dependent on/addicted to them. The survey also indicated that other drugs such as sedatives/hypnotics, volatile substances, hallucinogens, stimulants and pharmaceutical preparations were also abused. However the sample size being small (40,697 males only) viz-a -viz the country's population, the estimates can at best be taken as indicative only.

With a view to build a reliable data base, a pilot survey in the States of Punjab and Manipur and the Metro of Mumbai has been conducted by The National Sample Survey Office (NSSO) on the extent, pattern and trends of drug abuse during the months of March and April, 2010. The report of this pilot survey is expected soon. A full-fledged survey at the national level will be conducted based on the experience of the pilot.

### 6.1 Narcotic Drugs & Psychotropic Substances Act, 1985

The Narcotic Drugs and Psychotropic Substances Act 1985 was enacted, inter alia, to curb drug abuse. Section 71 of the Act (Power of Government to establish centres for identification, treatment, etc of addicts and for supply of narcotic drugs and psychotropic substances) provides that "The Government may, in its discretion, establish as many centers as it thinks fit for identification, treatment, education, after-care, rehabilitation,

social reintegration of addicts and for supply, subject to such conditions and in such manner as may be prescribed, by the concerned Government of any narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity.” Accordingly the Government has been supporting Integrated Rehabilitation Centre for Addicts (IRCAs) under the Scheme of Prevention of Alcoholism and Substance (Drugs) Abuse being run by voluntary organizations.

The Government recognizes drug abuse as a psycho-socio-medical problem, which can be best handled by adoption of a family/community based approach by active involvement of NGOs/Community Based Organisations (CBOs).

The strategy for demand reduction is three pronged:

- a) Awareness building and educating people about ill effects of drug abuse.
- b) Community based intervention for motivational counseling, identification, treatment and rehabilitation of drug addicts, and
- c) Training of volunteers/service providers and other stakeholders with a view to build up a committed and skilled cadre.

## **6.2 National Consultative Committee on De-addiction and Rehabilitation (NCCDR)**

A National Consultative Committee on De-addiction and Rehabilitation Services (NCCDR) under the chairpersonship of Minister for Social Justice & Empowerment was constituted in July 2008. The Committee has representation of various stakeholders, which also include agencies dealing with supply and demand reduction. The Committee advises the Government on issues connected with drug demand reduction, education/awareness building, de-addiction and rehabilitation of drug-addicts. The first meeting of the Committee was held on 10.12.2008. Two major recommendations which emerged in the meeting were:

- (i) To bring about further necessary changes in the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse and
- (ii) To formulate a national policy on Prevention of Alcoholism and Substance Abuse and rehabilitation of its victims.

A sub-committee of the NCCDR was constituted on 28.02.2009 to take necessary steps in regard to both the above recommendations. The Sub Committee submitted its recommendations in July 2010 (i) suggesting changes in the ongoing scheme on de-addiction and (ii) a draft for formulation of a policy on drug demand reduction. These recommendations on the changes to the scheme and the draft national policy were discussed in the Second meeting of NCCDR held on 9.9.2010. Further action is being taken as per the suggestions received.

## **6.3 Scheme of Assistance for the Prevention of Alcoholism & Substance (Drugs) Abuse and for Social Defence Services**

This is the flagship scheme of the Government in the field of drug demand reduction. The Scheme has two parts viz. (i) Assistance for the Prevention of Alcoholism & Substance (Drugs) Abuse, and (ii) Financial Assistance in the Field of Social Defence

### **6.3.1 Assistance to Voluntary Organizations for Prevention of Alcoholism and Drug Abuse**

The Scheme of Assistance for the Prevention of Alcoholism and Substance (Drugs) Abuse is being implemented for identification, counseling, treatment and rehabilitation of addicts through voluntary and other eligible organizations. Under this scheme, financial assistance up to 90% of the approved expenditure is given to the voluntary organizations and other eligible agencies for setting up/running Integrated Rehabilitation Centre for Addicts (IRCAs), Regional Resource and Training Centres (RRTCs), for holding Awareness-cum De-addiction Camps (ACDC) and Workplace Prevention Programmes etc.

### **6.3.2 Financial Assistance in the Field of Social Defence**

The Scheme of 'General Grant-in-Aid Programme for Financial Assistance in the Field of Social Defence' aims to:

- (i) Meet urgent needs falling within the mandate of the Ministry which cannot be met under the its regular schemes, and
- (ii) Support such initiatives of an innovative/pilot nature in the area of welfare and empowerment of the target groups as cannot be supported under its regular schemes.

Financial assistance is given up to 90% of the approved expenditure to the voluntary and other eligible organizations. In case of an organization working in a relatively new area where both voluntary and Government effort is very limited but the need for the service is very great the Government may bear up to 100% of the cost.

## **6.4 Training and Research in the field of alcoholism and drug demand reduction**

### **6.4.1 National Centre for Drug Abuse Prevention (NCDAP)**

Training is an important component for capacity building and skill development for the service providers. It is important to have exposure to the new trends regarding the kind of drugs abused, medical and psychiatric problems, new medicines/methodologies available for the treatment of addiction through participation in training programmes and conferences. Updating and training through refresher courses also needs to be provided to existing staff. A National Centre for Drug Abuse Prevention (NCDAP) was established in 1998, in the National Institute of Social Defence (NISD) at New Delhi to serve as an apex body for training, research and documentation in the field of alcoholism and drug demand reduction.

### **6.4.2 Regional Resource and Training Centres (RRTC)**

Eleven Non-Governmental Organizations (NGOs), with long years of experience and expertise in treatment, rehabilitation, training and research have been designated as Regional Resource and Training Centres (RRTCs) for different regions of the country. These serve as field training units of National Centre for Drug Abuse Prevention (NCDAP) on various aspects of demand reduction. RRTCs provide the following services to the NGOs working the field of Drug Abuse Prevention:

- Documentation of all activities of the NGOs including preparation of Information Education Communication (IEC) material
- Undertaking Advocacy, Research and Monitoring of drug abuse programmes
- Technical support to the NGOs, Community Based Organisations and Enterprises.

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Forests have been with us since the dawn of civilization. Nevertheless, the incapacity of human life to survive without forests is a recent realization. A number of factors have worked to bring about this shift in the perception of humanity. Recent phenomena like shifting rainfall patterns, climate change and their effect on vegetation and human race, have raised concerns about the very viability of civilization if the drift is allowed to go unchecked. Industrial growth is a reality of our age. It is essential to let the fruits of technological advancement percolate down to the lowest strata of society. However, a balance has to be struck between development and conservation. It has been suggested by experts that in the ideal situation, one-third of the land surface should be devoted to each of industry, agriculture and natural eco system if the self-sustaining renewable capacity of the Earth is to be maintained. This should further reinforce our belief in a symbiotic relationship between humans and the environment.

### 7.1 Forest Conservation

The Forest (Conservation) Act, 1980 came into effect from October 25, 1980 which provides for prior approval of the Central Government for diversion of forest lands for non-forestry purposes. In the national interest and in the interest of future generations, this Act, therefore, regulates the diversion of forest lands to non forestry purposes. The objective of the Act is to regulate indiscriminate diversion of forest lands for non forestry uses and to maintain balance between developmental needs of the country and the conservation of natural heritage. The guidelines are issued under the Act from time to time, to simplify the procedures, to cut down delays and to make the process transparent.

Table: Forest and Tree Cover of India in 2011

Class	Area (km <sup>2</sup> )	Share in Geographical Area (%)
Forest Cover		
Very Dense Forest	83,471	2.54
Moderately Dense Forest	320,736	9.76
Open Forest	287,820	8.75
<b>Total Forest Cover*</b>	<b>692,027</b>	<b>21.05</b>
Scrub	42,177	1.28
Non-forest	2,553,059	77.67
<b>Total Geographical Area</b>	<b>3,287,263</b>	<b>100.00</b>

\* Includes 4662 km<sup>2</sup> area under mangroves.

#### 7.1.1 Intensification of Forest Management Scheme (IFMS)

While aiming to expand forest cover in the country, it is equally important to improve the state of existing forests and protect them against various threats. This Centrally

Sponsored 'Intensification of Forest Management Scheme' (IFMS) aims at strengthening forest protection machinery of the State/UT Governments and providing support for area-specific forest management interventions. The financial assistance is provided on cost share basis - All the North Eastern States including Sikkim and special categories States, namely, Jammu & Kashmir, Himachal Pradesh and Uttarakhand share 10% of the cost while the rest of the States/UTs share 25% of the cost of the annual plans of operations. The major components of the scheme include:

- Forest fire control and management.
- Strengthening of Infrastructure.
- Survey, Demarcation and Working Plan preparation.
- Protection and Conservation of Sacred Groves.
- Conservation and Restoration of Unique Vegetation & Ecosystems.
- Control and Eradication of Forest Invasive Species.
- Preparedness for Meeting Challenges of Bamboo Flowering and Improving Management of Bamboo Forests.



Moderate dense forests at Mandi, Himachal Pradesh

While the first three components have been under implementation since the Tenth Plan period under the erstwhile 'Integrated Forest Protection Scheme', the remaining four components have been introduced from the year 2009-10.

The scheme has helped the State/UT forest departments in modernizing the forestry sector by way of creating infrastructure such as field offices, forest stations, residential facilities for frontline staff; construction of roads and patrolling paths; introduction of modern technology including use of PDA for field surveillance and reporting; providing field vehicles, arms and ammunitions. Introduction of advanced technology helped in bridging the backlog in preparation of working plans. Forest fire control has become progressively effective by way of creation and maintenance of fire lines for prevention of

forest fires, early detection, reporting and quick mobilization of force for forest fire control. Modern technology has also helped in improving planning for forest fire control and management. This scheme has also provided incentives for involvement of local people through Joint Forest Management Committees (JFMCs) in forest protection. Presently, there are 274,134 JFMCs managing 67,142,757 million hectares involving 3,862,811 people of forest area.

### 7.1.2 Integrated Development of Wildlife Habitats

At present India has a network of 668 Protected Areas (102 National Parks, 515 Wildlife Sanctuaries, 47 Conservation Reserves and 4 Community Reserves). The Government of India provides financial and technical assistance to the State/UT Governments for activities aimed at wildlife conservation through the Centrally Sponsored Scheme viz. 'Integrated Development of Wildlife Habitats'. The scheme has following three components:

- Support to Protected Areas (PA) (National Parks, Wildlife Sanctuaries, Conservation Reserves and Community Reserves)
- Protection of Wildlife Outside Protected Areas
- Recovery programmes for saving critically endangered species and habitats.



Sarus Crane with Great Egret

### 7.2 Biosphere Reserves

Biosphere Reserves are areas of terrestrial and coastal ecosystems which are internationally recognized within the framework of the Man and the Biosphere (MAB) programme of the UNESCO. These Reserves are required to meet a minimal set of criteria and adhere to a minimal set of conditions before being admitted to the World Network of Biosphere Reserves designated by the UNESCO. The world's major ecosystem types and landscapes are represented in this network, which is devoted to conserving biological diversity, promoting research and monitoring as well as seeking to

provide models of sustainable development in the service of human kind with special reference to the local communities which mostly consist of traditional societies.

These Reserves are rich in biological and cultural diversity and encompass unique features of exceptionally pristine nature. The goal is to facilitate conservation of these representative landscapes and their immense biological diversity and cultural heritage, foster economic and human development which is culturally and ecologically sustainable and to provide support for research, monitoring, education and information exchange. The scheme is a pioneering effort at pursuing the increasingly difficult yet urgent task of conserving ecological diversity under mounting pressures.

The programme was initiated in 1986 and till date, 18 sites have been designated as Biosphere Reserves (BRs) in different parts of the country. Some potential sites have also been identified. The Government provides financial assistance to the concerned State/UT Governments for conservation and management of the designated Biosphere Reserves. The Indian National Man and Biosphere (MAB) Committee constituted by the Government is the apex body to oversee the programme, provide policy guidelines and review the programme.



A view of Indus river at Leh

Out of the 18 Biosphere Reserves designated nationally, so far seven viz., Nilgiri (Tamil Nadu, Kerala and Karnataka), Gulf of Mannar (Tamil Nadu), Sunderban (West Bengal), Nanda Devi, (Uttarakhand), Pachmarhi (Madhya Pradesh), Similipal (Orissa) and Nokrek (Meghalaya) have been included in the World Network of Biosphere Reserves of UNESCO. The nominations in respect of Khangchendzonga (Sikkim) and Achanakmar-Amarkantak (Chhattisgarh & Madhya Pradesh) Biosphere Reserves are under active consideration of the UNESCO for inclusion in the world Network. Revised nomination form in respect of Great Nicobar (Andaman & Nicobar Islands) Biosphere Reserve is getting finalized. Efforts are on for getting remaining Biosphere Reserves included in the World Network of Biosphere Reserves. Research and development projects are also supported in these designated Reserves.



Table: List of Designated Biosphere Reserves

S. No.	Name of the Biosphere Reserve	Geographical Area (Km <sup>2</sup> )	S. No.	Name of the Biosphere Reserve	Geographical Area (Km <sup>2</sup> )
1.	Nilgiri	5520	10.	Dehang Debang	5112
2.	Nanda Devi	5861	11.	Pachmarhi	4982
3.	Nokrek	820	12.	Khangchendzonga	2620
4.	Manas	2837	13.	Agasthyamalai	3501
5.	Sunderban	9630	14.	Achanakmar-Amarkantak	3836
6.	Gulf of Mannar	10500	15.	Kachchh	12454
7.	Great Nicobar	885	16.	Cold Desert	7770
8.	Similipal	4374	17.	Seshachalam	4756
9.	Dibru-Saikhowa	765	18.	Panna	2999

### 7.3 Control of Pollution

The concern for environmental quality has become the top most issue in the present scenario of rising population, increasing urbanization, industrial pollution, shipping, aviation and vehicular emission as well as pollution of water courses due to discharge of industrial effluents and sewage without conforming to the environmental norms and standards apart from agriculture run-off. Realising this trend of pollution in various environmental media like air, water, soil, etc., the Government earlier adopted Policy for Abatement of Pollution in 1992, which provides multi-pronged strategies in the form of regulations, legislations, agreements, fiscal incentives and other measures to prevent and abate pollution. To give effect to various measures and policies for pollution control, various steps have been initiated which include stringent regulations, development of environmental standards and periodical revision therein, control of vehicular pollution, control of air and water pollution, abatement and prevention of noise pollution, spatial environmental planning, revisit and revision in the list of critically polluted areas and improvement plans therein, etc. The Government also adopted National Conservation Strategy and Policy Statement on Environment and Development, 1992. Afterwards, the Government adopted the National Environment Policy (NEP- 2006) which seeks to extend the coverage, and fill in gaps that still exists, in light of present knowledge and accumulated experience. This policy does not displace, but builds on the earlier policies of the Government. It lays emphasis on a number of new issues.

#### 7.3.1 Air Pollution

- The air pollution and the resultant air quality can be attributed to emissions from transportation, i.e. road, rail, shipping and airways, industrial and domestic activities. The air quality has been, therefore, an issue of social concern in the backdrop of various developmental activities. The norms for ambient air quality have been revisited and various industry specific emissions standards are evolved afresh or revisited and notified from time to time. For control of air pollution, with a view to initiate policy measures and to prepare ambient air quality management

plans, 530 ambient air quality monitoring stations are operational covering 211 cities, towns and industrial areas in 26 States and five Union Territories. Presently, three out of five criteria pollutants namely; sulphur dioxide (SO<sub>2</sub>), nitrogen dioxides (NO<sub>2</sub>) and fine particulate matter having size less than 10 micron (PM<sub>10</sub>) are monitored under National Ambient Air Monitoring Programme (NAMP) by the Pollution Control Boards, Pollution Control Committees, Universities and Research Institutes. Besides, additional pollutants for other toxic trace matters and polycyclic aromatic hydrocarbons are also being monitored in selected cities of the country. Installation of automatic air quality monitoring stations is undertaken in cities for continuous monitoring. The continuous monitoring has been introduced in twenty seven cities namely, Agra, Ahmedabad, Bengaluru, Chandrapur, Chennai, Cuddalore, Delhi, Durgapur, Faridabad, Ghaziabad, Haldia, Howrah, Hyderabad, Jaipur, Jharia, Jodhpur, Kanpur, Kolkata, Lucknow, Mumbai, Panipat, Patna, Pune, Solapur, Tuticorin, Vadodara and Varanasi. A total of 84 manual monitoring stations covering 29 new cities and towns have been added in the network under NAMP during the 2011-12. The Government has published the Revised National Ambient Air Quality Standards, 2009 (NAAQS-2009) in the official Gazette on 16<sup>th</sup> November 2009. These ambient air quality standards/ limits provide a legal framework for the control of air pollution and the protection of public health.

- Standard monitoring protocol to monitor 12 pollutants as per NAAQS has been developed during the year.
- In furtherance of these Standards, the CPCB is in the process of drawing a road-map for the creation of required infrastructure, operation and maintenance of network and handling of data.
- The monitored ambient air quality data during the year while comparing with revised (NAAQS-2009) indicates that the annual average levels of Sulphur Dioxide (SO<sub>2</sub>) are within the prescribed air quality norms across the country and that of Nitrogen Dioxide (NO<sub>2</sub>) are within norms in most of the cities. However, the levels of fine particulate matter (PM<sub>10</sub>) exceed the prescribed norms in many cities including Delhi. PM<sub>10</sub> and NO<sub>2</sub> are the emerging air pollutants.

### 7.3.2 Noise Pollution

- Noise levels have been a matter of concern due to various activities, religious functions, festivals, marriages, processions and related celebrations. The main sources of noise pollution include industrial activities, use of public address system, construction activities, use of generator sets, pressure horns, fire crackers etc. Keeping in view the increasing trend in noise levels, Government has issued various regulations from time to time to control noise pollution in ambient air, at source and at manufacturing stage. To control community noise, Noise Pollution (Regulation and Control) Rules, 2000 were notified in February, 2000 and amended from time to time. The recent amendments to the Noise Rules, 2000 have been published in the official Gazette on 11<sup>th</sup> January, 2010. A bilingual booklet has been brought out on Noise Pollution (Regulation and Control) Rules, 2000 (as amended to date) by incorporating all amendments for creating mass awareness. The CPCB has been advised for revisiting the national ambient noise standards.

- A road map has been drawn by CPCB for national ambient noise monitoring network.
- First phase of National Ambient Noise Monitoring Network has been commissioned in accordance with NEP-2006 during the year, starting from seven cities, namely, Delhi, Lucknow, Bengaluru, Kolkata, Hyderabad, Chennai and Mumbai by establishing 70 stations to monitor ambient noise on 24X7 basis. Monitoring data is available on the website of respective State Pollution Control Board and CPCB.

### 7.3.3 National Water Quality Monitoring Programme

In order to assess the nature and extent of pollution control needed in different water bodies or their part, water quality monitoring is an imperative prerequisite. Central Pollution Control Board in collaboration with State Pollution Control Boards has established a Water Quality Monitoring Network covering 2000 sampling locations located in 27 States and 6 Union Territories covering 383 Rivers, 127 Lakes, 9 Tanks, 59 Ponds, 40 Creeks/Seawater, 17 Canals, 34 Drains and 595 Wells. Water samples are analyzed for 28 parameters consisting of physico-chemical and bacteriological parameters for ambient water samples apart from the field observations. Besides this, nine (9) trace metals and 28 pesticides are analyzed in selected samples. In view of resource, constraints limited numbers of organic pollution related parameters are chosen for frequent monitoring i.e. monthly or quarterly and major cations, anions, other inorganic ions and micro pollutants (Toxic Metals & POP's) are analyzed once in a year to keep track of water quality over large period of time. The water quality data are reported in Water Quality Status Year Book. The water quality monitoring results obtained between 1995 to 2010 indicated that the organic and bacterial contamination continue to be critical in water bodies, this is mainly due to discharge of untreated domestic wastewater from the urban centres.

### 7.4 Hazardous Wastes Management

The Hazardous Wastes (Management, Handling & Trans-boundary Movement) Rules, 2008, provided specific section (Rule 11) dedicated to utilization of Hazardous wastes as a supplementary resource or energy recovery or after processing. In view of this, the Central Pollution Control Board has brought out guidelines on co-processing of distillery spent wash in Cement/Power/Steel Industry and taken-up trial run for co-processing of few categories of wastes and regular permission for the same is being granted.

#### 7.4.1 National Inventory of Hazardous Wastes

- As per information of Central Pollution Control Board (CPCB), there are about 40,000 industries in the country generating about 7.66 million Metric Ton (MT) of hazardous waste every year, of which landfillable waste is 3.39 million MT (44.26%), incinerable 0.65 million MT (8.50%) and Recyclable Hazardous Waste is 3.61 million MT (47.13%).
- The Government has sponsored a project on GIS based National Hazardous Waste Information System. It is an online web based system, which can give the status of hazardous waste management in the country. The database is required to be regularly updated by all State Pollution Control Boards on web to ensure updated status at all times.

## 7.4.2 E-waste Management

- According to CPCB, the e-waste inventory in India for the year 2005 has been estimated to be 1.46 lakh tonnes, which is expected to exceed 8.0 lakh tonnes by 2012. About sixty five cities in India generate more than 60% of the total e-waste generated in India. Ten states generate 70% of the total e-waste generated in India. Maharashtra ranks first followed by Tamil Nadu, Andhra Pradesh, Uttar Pradesh, West Bengal, Delhi, Karnataka, Gujarat, Madhya Pradesh and Punjab in the list of e-waste generating states in India. Among top ten cities generating e-waste, Mumbai ranks first followed by Delhi, Bangalore, Chennai, Kolkata, Ahmedabad, Hyderabad, Pune, Surat and Nagpur.
- The Government has notified E-Waste (Management and Handling) Rules, 2011 on 12<sup>th</sup> May 2011. These Rules will be applicable to e-waste generated from IT and telecommunication equipment and Consumer electrical and electronics i.e. Television sets (including LCD & LED), Refrigerators, Washing Machines and Air-conditioners. These Rules empower the concerned State agencies to control, supervise and regulate relevant activities connected with e-waste management such as collection, segregation, dismantling and recycling.
- The concept of Extended Producer Responsibility (EPR) has been enshrined in these Rules. Accordingly, producers are required to set up collection systems and meet the costs involved in the environmentally sound management of e-waste generated from the 'end of life' of their own products. Besides, threshold limits, which are accepted globally, have been prescribed for six hazardous substances used in manufacture of electrical and electronics components. Producers are expected to achieve reduction in use of the hazardous substance (RoHS) to the prescribed limit within a period of two years from the date of commencement of these rules. These rules will be the main instrument to ensure environmentally sound management of e-waste.

## 7.5 Green India Mission

Green India Mission (GIM) has been initiated by the Ministry of Environment & Forest as one of the eight missions under National Action Plan on Climate Change (NAPCC) The mission has been approved by the Prime Minister's Council on Climate Change on 22<sup>nd</sup> February 2012 and an amount of ₹ 200 crore have been allocated in the budget for the preparatory activities in the year 2011-12 in the union budget for the year 2011-12. Total Mission cost is ₹46,000 crore over ten years starting from the year 2012-13, coinciding with the 12<sup>th</sup> and 13<sup>th</sup> Five year Plan Period. The Mission aims to increase forest and tree cover on five million hectare area and to improve quality of forest cover on another five million hectare area as well as to improve ecosystems services, forest based livelihood income of about three million households and to enhance annual CO<sub>2</sub> sequestration.

## 7.6 Environmental Education, Awareness and Training

The emergence of environmental issues at the top of the global agenda in the context of climate change concerns underline the need for collective endeavour for protection of environment. This warrants informed and voluntary participation of all sections of the people in the movement for conservation and participation of environment. Awareness

of people about emerging environmental issues and the interconnections between the life styles and environment is an essential prerequisite for such participation. Population increase, rapid urbanisation and industrialisation, increasing needs of energy etc., have impacted the availability of natural resources besides denting the quality of environment. The environmental damage already inflicted cannot be reversed unless there is collective thinking, will and effort. These call for public awareness and participation for bringing about an attitudinal change and finally restricting further damage to the environment. Effective implementation of environmental management and conservation programmes depends on education, awareness raising and training in the relevant areas. Without an adequate awareness of the impending challenges and their implications, few people would be motivated to participate actively in programmes on environmental conservation. Environment education and awareness thus assumes critical importance. The 'Environmental Education, Awareness and Training' is a flagship scheme of the Government for enhancing the understanding of people at all levels about the relationship between human beings and the environment and to develop capabilities/skills to improve and protect the environment. This scheme was launched in 1983-84 with the following basic objectives:

- To promote environmental awareness among all sections of the society;
- To spread environment education, especially in the non-formal system among different sections of the society;
- To facilitate development of education/training materials and aids in the formal education sector;
- To promote environment education through existing educational/scientific/ research institutions;
- To ensure training and manpower development for environment education, awareness and training;
- To encourage non-governmental organizations, mass media and other concerned organizations for promoting awareness about environmental issues among the people at all levels;
- To use different media including films, audio, visual and print, theatre, drama, advertisements, hoarding, posters, seminars, workshops, competitions, meetings etc. for spreading messages concerning environment and awareness; and
- To mobilize people's participation for preservation and conservation of environment.



Summer programme participants at cactus garden

### 7.6.1 National Environment Awareness Campaign (NEAC)

The need for a mass movement for protection of environment needs no emphasis. The concerns of the people for environment need to be harnessed into voluntary action. This requires a network of nodal agencies and grass-root level organisations. The NEAC was hence launched in mid 1986 with the objective of creating environmental awareness at the national level. In this campaign, nominal financial assistance is provided to NGOs, schools, colleges, universities, research institutes, women and youth organisations, army units, government departments etc. from all over the country for conducting awareness raising and action oriented activities. The awareness activities could be seminars, workshops, training programmes, camps, padyatras, rallies, public meetings, exhibitions, essay/ debate/painting/poster competitions, folk dances and songs, street theatre, puppet shows, preparation and distribution of environmental education resource materials etc. Action components could be plantation of trees, management of household waste, cleaning of water bodies, taking up water harvesting structures, use of energy saving devices etc. Diverse target groups encompassing students, youths, teachers, tribals, farmers, other rural population, professionals and the general public are covered under NEAC. The programme is implemented through designated Regional Resource Agencies (RRAs) appointed for specific States/Regions of the country. The following subthemes have been considered for financial assistance:

- Afforestation,
- Forest Conservation,
- Forest and Climate Amelioration,
- Forest for Water,
- Participatory Forest Management,
- Agro/Social Forestry,
- Forestry in Urban and Peri Urban Area,
- Renewable Energy,
- Green India Mission.

Thirty four Regional Resource Agencies (RRAs) appointed by the Government are involved in conducting, supervising and monitoring the NEAC activities. A total of 14,297 organisations have been involved in the campaign across the country.

## 7.7 Climate Change

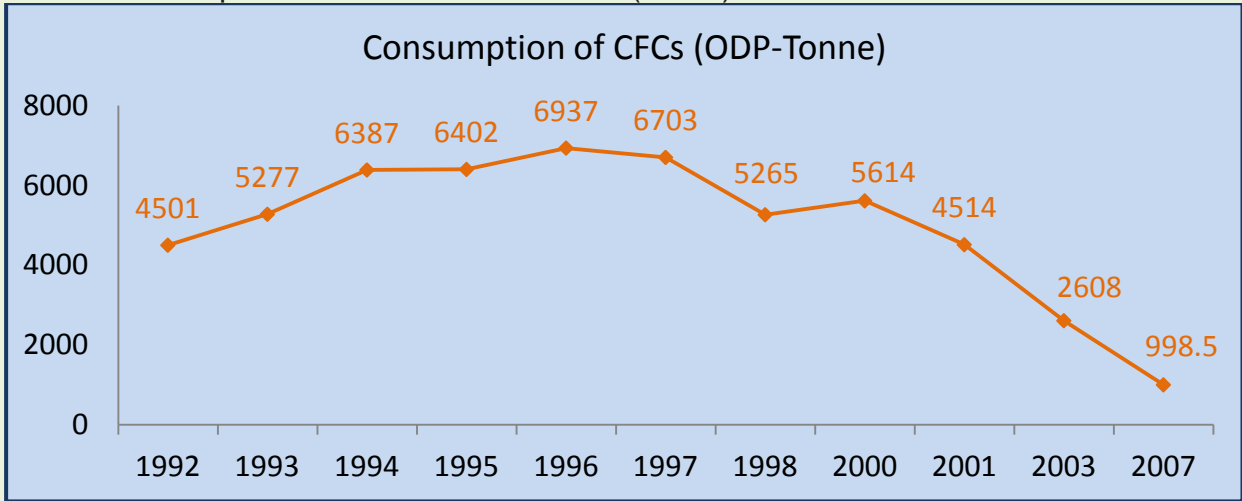
Climate change is a global phenomenon but adversely affects developing countries particularly as their capacity and resources to deal with the challenge is limited. India is already vulnerable to a large degree of climate variability. Studies indicate that climate change may exacerbate the problem of existing climate variability in India. It is projected that, by the end of 21<sup>st</sup> century, rainfall in India may increase by 15-40% with high regional variability. Warming may be more pronounced over land areas with northern India experiencing maximum increase. The warming could be relatively greater in winter and post-monsoon seasons. The annual mean temperature could increase by 3°C to 6°C over the century. The likely impacts of climate change on different regions and sectors have been studied and assessed from time to time. Initial assessments were carried out in National Communications in 2004. Recently, the Government carried out a major assessment for four sectors – water resources, agriculture, forests and human health – in four critical regions of India – the Himalayan region, North-East, Western Ghats and coastal prepared by INCCA. The report ‘Climate Change and India: 4x4 assessment’ provides a comprehensive, long-term assessment of impact of climate change in 2030s. The assessment will be further deepened and refined through a comprehensive exercise of preparation of National Communications (NATCOM) that is due in 2012.

### 7.7.1 Climate change and India’s actions

Although India’s contribution to global climate change is minimal and its total CO<sub>2</sub> emissions are about 4% only of total global CO<sub>2</sub> emissions, India has been conscious of the global challenge of climate change. In fulfilment of the international obligations under the UNFCCC, India prepares a National Communication (NATCOM) which gives an inventory of the greenhouse gases (GHG) emissions in India, and assesses the vulnerability and impacts. First NATCOM was presented in 2004. The Government is engaged in preparing NATCOM II, which will be presented to the UNFCCC in 2012. Preparation of NATCOM II is an exercise based on an extensive network of research and scientific institutions in India and draws upon expertise and assistance from different institutions. Steps have also been taken to increase capacity at the institutional level for conducting research into climate change science and making necessary assessments. The Government has set up a network, namely the Indian Network for Climate Change Assessment (INCCA) comprising 127 research institutions tasked with undertaking research on the science of climate change and its impacts on different sectors of economy across various regions of India. The Government released, in May 2010, India’s Green House Gas (GHG) Emissions Inventory for 2007 prepared by INCCA. The 2007 inventory was brought out in order to increase transparency of estimates of the GHG emissions in India. With this publication, India became the first ‘non Annex I’ (i.e., developing) country to publish such updated numbers. This constitutes a major step forward to improving the frequency of the preparation of NATCOMs and emissions inventory in India. India’s strategy for addressing climate change is also reflected in many of its social and economic development programmes. The National Action Plan on Climate Change (NAPCC) coordinated by the Ministry of Environment & Forests is being implemented through the Nodal Ministries in specific sectors/areas. Eight national missions in the area of solar energy, enhanced energy

efficiency, sustainable agriculture, sustainable habitat, water, Himalayan eco-system, increasing the forest cover and strategic knowledge for climate change form the core of National Action Plan. All national missions have been approved by the Prime Minister’s Council on Climate Change and are at different stages of implementation. State Governments are also preparing, under advice of the Central Government, State Action Plans on Climate Change aimed at creating institutional and programme oriented capacities to address climate change. Government has announced a domestic mitigation goal of reducing emissions intensity of GDP by 20-25% by 2020 in comparison with 2005 level. This is in line with the projections of the energy intensity of India’s output that has shown a declining trend owing to improvements in energy efficiency, autonomous technological changes and economical use of energy. This domestic goal and the objectives of the National Action Plan on Climate Change are proposed to be achieved through a sustainable development strategy that will be outlined in course of the Twelfth Five Year Plan.

Table: Consumption of Chlorofluorocarbons (CFCs)



**7.7.2 Recent Initiatives**

Besides following a pro-active policy of domestic actions, India took several other initiatives during the year to advance domestic and international actions on climate change. Planning Commission has recognized climate change as a major area of environmental intervention. ‘Climate Change Action Programme’, a new thematic/umbrella Scheme has been approved by the Planning Commission for inclusion in the 12<sup>th</sup> Five year Plan. To be launched from the year 2012-13, the new scheme aims at advancing scientific research into and assessment of the phenomenon of climate change, building an institutional and analytical capacity for research and studies in the area of climate change, and supporting domestic actions to address climate change through specific programmes and actions at the national and state level. The activities under the Scheme will continue to be amplified and developed in later years. In 2011, Government launched an ambitious project on assessment of ‘black carbon’ and its impact on environment in consultation with other agencies of the Government. The project has been launched with support of Indian Space Research Organization (ISRO). India’s participation in CDM projects continued to see an upward trend during the year. By the end of 2011, the total number of approved projects in India had risen to 2160 out of which 776 had been registered by the CDM Executive Board (EB) of the UNFCCC. The total investment potential of the approved projects is ₹3,64,034 crore. The Certified Emission Reduction certificates (CERs) for the projects



approved by the EB are 124 million. At a nominal value of US\$ 10 per CER, this represents a likely flow of around US\$ 1,240 million. India continues to occupy the second position globally in terms of projects approved by the EB as also in terms of the value of CERs earned by the approved projects. Sixteen State Governments and Governments of Union Territories have prepared State Action Plans on Climate Change (SAPCC) in accordance with the template prepared by the Central Government. A Steering Committee at the Central level will examine the Plans following which the modalities for financing and implementing the SAPCCs will be considered in the 12<sup>th</sup> Five Year Plan.

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## SAARC Social Charter

Re-affirming that the principal goal of SAARC is to promote the welfare of the peoples of South Asia, to improve their quality of life, to accelerate economic growth, social progress and cultural development and to provide all individuals the opportunity to live in dignity and to realize their full potential.

Recognising that the countries of South Asia have been linked by age-old cultural, social and historical traditions and that these have enriched the interaction of ideas, values, cultures and philosophies among the people and the States and that these commonalities constitute solid foundations for regional cooperation for addressing more effectively the economic and social needs of people.

Recalling that all Member States attach high importance to the imperative of social development and economic growth and that their national legislative, executive and administrative frameworks provide, in varying degrees, for the progressive realization of social and economic goals, with specific provisions, where appropriate, for the principles of equity, affirmative action and public interest.

Observing that regional cooperation in the social sector has received the focused attention of the Member States and that specific areas such as health, nutrition, food security, safe drinking water and sanitation, population activities, and child development and rights along with gender equality, participation of women in development, welfare of the elderly people, youth mobilization and human resources development continue to remain on the agenda of regional cooperation.

Noting that high level meetings convened since the inception of SAARC on the subjects of children, women, human resettlements, sustainable developments, agriculture and food, poverty alleviation etc. have contributed immensely to the enrichment of the social agenda in the region and that several directives of the Heads of State or Government of SAARC Countries at their Summit meetings have imparted dynamism and urgency to adopting regional programmes to fully and effectively realize social goals.

Reiterating that the SAARC Charter and the SAARC Conventions, respectively on Narcotic Drugs and Psychotropic Substances, Preventing and Combating Trafficking in Women and Children for Prostitution, Regional Arrangements for the Promotion of Child Welfare in South Asia and the SAARC Agreement on Food Security Reserve provide regional frameworks for addressing specific social issues, which require concerted and coordinated actions and strategies for the effective realization of their objectives.

Realizing that the health of the population of the countries of the region is closely interlinked and can be sustained only by putting in place coordinated surveillance mechanisms and prevention and management strategies.

Noting, in particular, that Heads of State or Government of SAARC Countries, at their Tenth Summit in Colombo in July 1998, re-affirmed the need to develop, beyond national plans of action, a regional dimension of cooperation in the social sector and

that the Eleventh SAARC Summit in Kathmandu in January 2002 directed that a SAARC Social Charter be concluded as early as possible.

Convinced that it was timely to develop a regional instrument which consolidated the multifarious commitments of SAARC Member States in the social sector and provided a practical platform for concerted, coherent and complementary action in determining social priorities, improving the structure and content of social policies and programmes, ensuring greater efficiency in the utilization of national, regional and external resources and in enhancing the equity and sustainability of social programmes and the quality of living conditions of their beneficiaries.

The Member States of the South Asian Association for Regional Cooperation hereby agree to adopt this Charter:

## **Article I**

### **General Provisions**

1. States Parties shall maintain a social policy and strategy in order to ensure an overall and balanced social development of their peoples. The salient features of individual social policy and programme shall be determined, taking into account the broader national development goals and specific historic and political contexts of each State Party.
2. States Parties agree that the obligations under the Social Charter shall be respected, protected and fulfilled without reservation and that the enforcement thereof at the national level shall be continuously reviewed through agreed regional arrangements and mechanisms.
3. States Parties shall establish a people-centered framework for social development to guide their work and in the future, to build a culture of cooperation and partnership and to respond to the immediate needs of those who are most affected by human distress. States Parties are determined to meet this challenge and promote social development throughout the region.

## **Article II**

### **Principles, Goals and Objectives**

1. The provisions made herein shall complement the national processes of policy-making, policy-implementation and policy-evaluation, while providing broad parameters and principles for addressing common social issues and developing and implementing result-oriented programmes in specific social areas.
2. In the light of the commitments made in this Charter, States Parties agree to:
  - i. Place people at the center of development and direct their economies to meet human needs more effectively;
  - ii. Fulfill the responsibility towards present and future generations by ensuring equity among generations, and protecting the integrity and sustainable use of the environment;

- iii. Recognize that, while social development is a national responsibility, its successful achievement requires the collective commitment and cooperation of the international community;
- iv. Integrate economic, cultural and social policies so that they become mutually supportive, and acknowledge the interdependence of public and private spheres of activity;
- v. Recognize that the achievement of sustained social development requires sound, equitable and broad-based economic policies;
- vi. Promote participatory governance, human dignity, social justice and solidarity at the national, regional and international levels;
- vii. Ensure tolerance, non-violence, pluralism and non-discrimination in respect of diversity within and among societies;
- viii. Promote the equitable distribution of income and greater access to resources through equity and equality of opportunity for all;
- ix. Recognize the family as the basic unit of society, and acknowledge that it plays a key role in social development and as such should be strengthened, with attention to the rights, capabilities and responsibilities of its members including children, youth and the elderly;
- x. Affirm that while State, society, community and family have obligations towards children, these must be viewed in the context of inculcating in children intrinsic and attendant sense of duty and set of values directed towards preserving and strengthening the family, community, society and nation;
- xi. Ensure that disadvantaged, marginalized and vulnerable persons and groups are included in social development, and that society acknowledges and responds to the consequences of disability by securing the legal rights of the individual and by making the physical and social environment accessible;
- xii. Promote universal respect for and observance and protection of human rights and fundamental freedoms for all, in particular the right to development; promote the effective exercise of rights and the discharge of responsibilities in a balanced manner at all levels of society; promote gender equity; promote the welfare and interest of children and youth; promote social integration and strengthen civil society;
- xiii. Recognize the promotion of health as a regional objective and strive to enhance it by responding to urgent health issues and outbreak of any communicable disease in the region through sharing information with each other, imparting public health and curative skills to professionals in the region; and adopting a coordinated approach to health related issues in international fora;
- xiv. Support progress and protect people and communities whereby every member of society is enabled to satisfy basic human needs and to realize his or her personal dignity, safety and creativity;

- xv. Recognize and support people with diverse cultures, beliefs and traditions in their pursuit of economic and social development with full respect for their identity, traditions, forms of social organization and cultural values;
- xvi. Underline the importance of transparent and accountable conduct of administration in public and private, national and international institutions;
- xvii. Recognize that empowering people, particularly women, to strengthen their own capacities is an important objective of development and its principal resource. Empowerment requires the full participation of people in the formulation, implementation and evaluation of decisions and sharing the results equitably;
- xviii. Accept the universality of social development, and outline an effective approach to it, with a renewed call for international cooperation and partnership;
- xix. Ensure that the elderly persons lead meaningful and fulfilling lives while enjoying all rights without discrimination and facilitate the creation of an environment in which they continue to utilize their knowledge, experience and skills;
- xx. Recognize that information communication technology can help in fulfilling social development goals and emphasize the need to facilitate easy access to this technology;
- xxi. Strengthen policies and programmes that improve, broaden and ensure the participation of women in all spheres of political, economic, social and cultural life, as equal partners, and improve their access to all resources needed for the full enjoyment of their fundamental freedoms and other entitlements.

### **ARTICLE III**

#### **Poverty Alleviation**

1. States Parties affirm that highest priority shall be accorded to the alleviation of poverty in all South Asian countries. Recognising that South Asia's poor could constitute a huge and potential resource, provided their basic needs are met and they are mobilized to create economic growth, States Parties reaffirm that the poor should be empowered and irreversibly linked to the mainstream of development. They also agree to take appropriate measures to create income-generating activities for the poor.
2. Noting that a large number of the people remain below the poverty line, States Parties re-affirm their commitment to implement an assured nutritional standards approach towards the satisfaction of basic needs of the South Asian poor.
3. Noting the vital importance of biotechnology for the long-term food security of developing countries as well as for medicinal purposes, States Parties resolve that cooperation should be extended to the exchange of expertise in genetic conservation and maintenance of germplasm banks. They stress the importance of the role of training facilities in this area and agree that cooperation in the cataloguing of genetic resources in different SAARC countries would be mutually beneficial.
4. States Parties agree that access to basic education, adequate housing, safe drinking water and sanitation, and primary health care should be guaranteed in legislation, executive and administrative provisions, in addition to ensuring of adequate standard of living, including adequate shelter, food and clothing.

5. States Parties underline the imperative for providing a better habitat to the people of South Asia as part of addressing the problems of the homeless. They agree that each country share the experiences gained in their efforts to provide shelter, and exchange expertise for effectively alleviating the problem.

## **ARTICLE IV**

### **Health**

1. States Parties re-affirm that they will strive to protect and promote the health of the population in the region. Recognizing that it is not possible to achieve good health in any country without addressing the problems of primary health issues and communicable diseases in the region, the States Parties agree to share information regarding the outbreak of any communicable disease among their populations.

2. Conscious that considerable expertise has been built up within the SAARC countries on disease prevention, management and treatment, States Parties affirm their willingness to share knowledge and expertise with other countries in the region.

3. Noting that the capacity for manufacture of drugs and other chemicals exists in different countries, States Parties agree to share such capacity and products when sought by any other State Party.

4. Realizing that health issues are related to livelihood and trade issues which are influenced by international agreements and conventions, the States Parties agree to hold prior consultation on such issues and to make an effort to arrive at a coordinated stand on issues that relate to the health of their population.

5. States Parties also agree to strive at adopting regional standards on drugs and pharmaceutical products.

## **Article V**

### **Education, Human Resource Development and Youth Mobilization**

1. Deeply conscious that education is the cutting edge in the struggle against poverty and the promotion of development, States Parties re-affirm the importance of attaining the target of providing free education to all children between the ages of 6 – 14 years. They agree to share their respective experiences and technical expertise to achieve this goal.

2. States Parties agree that broad-based growth should create productive employment opportunities for all groups of people, including young people.

3. States Parties agree to provide enhanced job opportunities for young people through increased investment in education and vocational training.

4. States Parties agree to provide adequate employment opportunities and leisure time activities for youth to make them economically and socially productive.

5. States Parties shall find ways and means to provide youth with access to education, create awareness on family planning, HIV/AIDS and other sexually-transmitted diseases, and risks of consumption of tobacco, alcohol and drugs.

6. States Parties stress the idealism of youth must be harnessed for regional cooperative programmes. They further stress the imperative of the resurgence of South Asian consciousness in the youth of each country through participation in the development programmes and through greater understanding and appreciation of each other's country. The Organized Volunteers Programme under which volunteers from one country would be able to work in other countries in the social fields shall be revitalized.

7. States Parties recognize that it is essential to promote increased cross-fertilization of ideas through greater interaction among students, scholars and academics in the SAARC countries. They express the resolve that a concerted programme of exchange of scholars among Member States should be strengthened.

## **Article VI**

### **Promotion of the status of women**

1. States Parties reaffirm their belief that discrimination against women is incompatible with human rights and dignity and with the welfare of the family and society; that it prevents women realizing their social and economic potential and their participation on equal terms with men, in the political, social, economic and cultural life of the country, and is a serious obstacle to the full development of their personality and in their contribution to the social and economic development of their countries.

2. States Parties agree that all appropriate measures shall be taken to educate public opinion and to direct national aspirations towards the eradication of prejudice and the abolition of customary and all other practices, which are based on discrimination against women. States Parties further declare that all forms of discrimination and violence against women are offences against human rights and dignity and that such offences must be prohibited through legislative, administrative and judicial actions.

3. States Parties shall take all appropriate measures to ensure to women on equal terms with men, an enabling environment for their effective participation in the local, regional and national development processes and for the enjoyment of their fundamental freedoms and legitimate entitlements.

4. States Parties also affirm the need to empower women through literacy and education recognizing the fact that such empowerment paves the way for faster economic and social development. They particularly stress the need to reduce, and eventually eliminate, the gender gap in literacy that currently exists in the SAARC nations, within a time-bound period.

5. States Parties re-affirm their commitment to effectively implement the SAARC Convention on Combating the Trafficking of Women and Children for Prostitution and to combat and suppress all forms of traffic in women and exploitation of women, including through the cooperation of appropriate sections of the civil society.

6. States Parties are of the firm view that at the regional level, mechanisms and institutions, to promote the advancement of women as an integral part of mainstream political, economic, social and cultural development be established.

## **Article VII**

### **Promotion of the Rights and Well-being of the Child**

1. States Parties are convinced that the child, by reason of his or her physical and mental dependence, needs special safeguards and care, including appropriate legal protection, before as well as after birth.

2. The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

3. States Parties shall protect the child against all forms of abuse and exploitation prejudicial to any aspects of the child's well-being.

4. States Parties shall take necessary actions to implement effectively the SAARC Convention on Regional Arrangements for the Promotion of Child Welfare and to combat and suppress all offences against the person, dignity and the life of the child.

5. States Parties are resolved that the child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him or her to develop its full potential physically, mentally, emotionally, morally, spiritually, socially and culturally in a healthy and normal manner and in conditions of freedom and dignity. The best interests and welfare of the child shall be the paramount consideration and the guiding principle in all matters involving his or her life.

6. States Parties agree to extend to the child all possible support from government, society and the community. The child shall be entitled to grow and develop in health with due protection. To this end, special services shall be provided for the child and its mother, including pre-natal, natal (especially delivery by trained birth attendant) and post-natal care, immunization, early childhood care, timely and appropriate nutrition, education and recreation. States Parties shall undertake specific steps to reduce low birth weight, malnutrition, anemia amongst women and children, infant, child and maternal morbidity and mortality rates, through the inter-generational life cycle approach, increase education, literacy, and skill development amongst adolescents and youth, especially of girls and elimination of child/early marriage.

7. States Parties shall take effective measures for the rehabilitation and re-integration of children in conflict with the law.

8. State Parties shall take appropriate measures for the re-habilitation of street children, orphaned, displaced and abandoned children, and children affected by armed conflict.

9. States Parties pledge that a physically, mentally, emotionally or socially disadvantaged child shall be given the special treatment, education and care required by his or her particular condition.



10. States Parties shall ensure that a child of tender years shall not, save in exceptional circumstances, be separated from his or her mother and that society and the public authorities shall be required to extend particular care to children without a family and to those without adequate means of support, including where desirable, provision of State and other assistance towards his or her maintenance.

11. States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances. In this respect, States Parties shall expedite the implementation of the SAARC Convention on Narcotic Drugs and Psychotropic Substances at the national and regional levels.

## **Article VIII**

### **Population Stabilisation**

1. States Parties underscore the vital importance of enhanced cooperation in the social development and well-being of the people of South Asia. They agree that national programmes evolved through stakeholder partnership, with enhancement of allocation of requisite resources and well-coordinated regional programmes will contribute to a positive atmosphere for the development of a socially content, healthy and sustainable population in the region.

2. States Parties are of the view that population policies should provide for human-centered approach to population and development and aim towards human survival and well-being. In this regard, they affirm that national, local or provincial policies and strategies should aim to bring stabilization in the growth of population in each country, through voluntary sustainable family planning and contraceptive methods, which do not affect the health of women.

3. States Parties shall endeavour to inculcate a culture of self-contentment and regulation where unsustainable consumption and production patterns would have no place in the society and unsustainable population changes, internal migration resulting in excessive population concentration, homelessness, increasing poverty, unemployment, growing insecurity and violence, environmental degradation and increased vulnerability to disasters would be carefully, diligently and effectively managed.

4. States Parties shall take action to ensure reproductive health, reduction of maternal and infant mortality rates as also provision of adequate facilities to enable an infant to enjoy the warmth of love and support of his/her parents.

5. States Parties also agree to set up a SAARC Network of Focal Institutions on population activities for facilitating the sharing of information, experiences and resources within the region.

## **ARTICLE IX**

### **Drug de-addiction, Rehabilitation and Reintegration**

1. States Parties agree that regional cooperation should be enhanced through exchange of information, sharing of national experiences and common programmes in the specific areas, which should receive the priority consideration of the appropriate mechanisms both at the national and regional levels.
2. States Parties identify for intensive cooperation, the strengthening of legal systems to enhance collaboration in terms of financial investigation; asset forfeiture; money laundering; countering criminal conspiracies and organized crime; mutual legal assistance; controlled deliveries; extradition; the updating of laws and other relevant structures to meet the obligations of the SAARC Convention and other related international obligations, and developing of measures to counter drug trafficking through exchange of information; inter-country cooperation; controlled deliveries; strengthened SDOMD; regional training; frequent meetings at both policy and operational levels; strengthening the enforcement capabilities in the SAARC countries; enhanced control of production and use of licit drugs, and precursors and their essential chemicals.
3. Keeping in view the complementarities between demand reduction activities and supply control programmes, States Parties agree that all aspects of demand reduction, supply control, de-addiction and rehabilitation should be addressed by regional mechanisms.

## **ARTICLE X**

### **Implementation**

1. The implementation of the Social Charter shall be facilitated by a National Coordination Committee or any appropriate national mechanism as may be decided in each country. Information on such mechanism will be exchanged between States Parties through the SAARC Secretariat. Appropriate SAARC bodies shall review the implementation of the Social Charter at the regional level.
2. Member States shall formulate a national plan of action or modify the existing one, if any, in order to operationalise the provisions of the Social Charter. This shall be done through a transparent and broad-based participatory process. Stakeholder approach shall also be followed in respect of implementation and evaluation of the programmes under National Plans of Action.

## **ARTICLE XI**

### **Entry into force**

The Social Charter shall come into force upon the signature thereof by all States Parties.

## **ARTICLE XII**

### **Amendment**

The Social Charter may be amended through agreement among all States Parties.

**IN FAITH WHEREOF** We Have Set Our Hands And Seals Hereunto.

**DONE** In **ISLAMABAD, PAKISTAN**, On This The Sixth Day Of January Of The Year Two Thousand Four, In Nine Originals, In The English Language, All Texts Being Equally Authentic.

**Begum Khaleda Zia**  
PRIME MINISTER OF THE PEOPLE'S  
REPUBLIC OF BANGLADESH

**Maumoon Abdul Gayoom**  
PRESIDENT OF THE  
REPUBLIC OF MALDIVES

**Jigmi Yoezer Thinley**  
PRIME MINISTER OF THE  
KINGDOM OF BHUTAN

**Surya Bahadur Thapa**  
PRIME MINISTER OF THE  
KINGDOM OF NEPAL

**Atal Behari Vajpayee**  
PRIME MINISTER OF THE  
REPUBLIC OF INDIA

**Mir Zafarullah Khan Jamali**  
PRIME MINISTER OF THE  
ISLAMIC REPUBLIC OF  
PAKISTAN

**Chandrika Bandaranaike Kumaratunga**  
PRESIDENT OF THE DEMOCRATIC SOCIALIST  
REPUBLIC OF SRI LANKA

## SAARC Development Goals

### Livelihood SDGs

- Goal 1 Eradication of Hunger and Poverty
- Goal 2 Halve proportion of people in poverty by 2010
- Goal 3 Ensure adequate nutrition and dietary improvement for the poor
- Goal 4 Ensure a robust pro-poor growth process
- Goal 5 Strengthen connectivity of poorer regions and of poor as social group
- Goal 6 Reduce social and institutional vulnerability of the poor, women and children
- Goal 7 Ensure access to affordable justice
- Goal 8 Ensure effective participation of poor and of women in anti-poverty policies and programmes

### Health SDGs

- Goal 9 Maternal health
- Goal 10 Child health
- Goal 11 Affordable health care
- Goal 12 Improved hygiene and public health

### Education SDGs

- Goal 13 Access to primary/community schools for all children, boys and girls
- Goal 14 Completion of primary education cycle
- Goal 15 Universal functional literacy
- Goal 16 Quality education at primary, secondary and vocational levels

### Environment SDGs

- Goal 17 Acceptable level of forest cover
- Goal 18 Acceptable level of water and soil quality
- Goal 19 Acceptable level of air quality
- Goal 20 Conservation of bio-diversity
- Goal 21 Wetland conservation
- Goal 22 Ban on dumping of hazardous waste, including radio-active waste

# Conversion Table

1 Lakh	=	100,000	=	0.1 Million
1 Crore	=	100,00,000	=	10 Million
1 Million	=	10 Lakh	=	0.1 Crore

## Acronyms

ACA	Additional Central Assistance
ACDC	Awareness-cum De-addiction Camps
ADI	Average Daily Intake
AHS	Annual Health Survey
AIE	Alternative and Innovative Education
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
ASSOCHAM	Associated Chamber of Commerce
BCG	Bacillus Calmette Guerin
BPL	Below Poverty Line
BSUP	Basic Services to the Urban Poor
CBOs	Community Based Organisations
CBR	Crude Birth Rate
CBSE	Central Board of Secondary Education
CDR	Crude Death Rate
CDS	Community Development Society
CHC	Community Health Centre
CII	Confederation of Indian Industries
CMR	Child Mortality Rate
CPCB	Central Pollution Control Board
CSO	Central Statistics Office/Civil Society Organisation
CSSs	Centrally Sponsored Schemes
CSWB	Central Social Welfare Board
DDT	Dichloro-Diphenyl-Trichloroethane
DISE	District Information System for Education
DLHS	District Level Health and Facility Survey
DOTS	Directly Observed Treatment Short Course
DPT	Diphtheria, Pertussis and Tetanus Toxoid
DRDAs	District Rural Development Agencies
EBBs	Educationally Backward Blocks
ECCE	Early Childhood Care and Education
EGS	Education Guarantee Scheme
EWS	Economically Weaker Sections
FICCI	Federation of Indian Chamber of Commerce
FY	Financial Year
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GHG	Greenhouse Gases
GIM	Green India Mission
ha	Hectare
HPS	High Performing States
ICCW	Indian Council for Child Welfare
ICDS	Integrated Child Development Services
ICPS	Integrated Child Protection Scheme
ICT	Information and Communication Technology
IAY	Indira Awaas Yojana
IEC	Information Education Communication

IFMS	Intensification of Forest Management Scheme
IGMSY	Indira Gandhi Matritva Sahyog Yojana
IHSDP	Integrated Housing and Slum Development Programme
IMR	Infant Mortality Rate
INCCA	Indian Network for Climate Change Assessment
IPHS	Indian Public Health Standards
IRCA	Integrated Rehabilitation Centre for Addicts
ISHUP	Interest Subsidy Scheme for Housing the Urban Poor
ISRO	Indian Space Research Organisation
IWMP	Integrated Watershed Management Programme
JFMC	Joint Forest Management Committees
JJ Act	The Juvenile Justice (Care & Protection of Children) Act
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KGBV	Kasturba Gandhi Balika Vidyalaya
kms	Kilometres
KSY	Kishori Shakti Yojana
LIG	Low Income Group
LPS	Low Performing States
MBCs	Micro-Business Centres
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MKSP	Mahila Kisan Sashaktikaran Pariyojana
MMR	Maternal Mortality Rate/Maternal Mortality Ratio
MT	Metric Tonne
NAAQS	National Ambient Air Quality Standards
NAMP	National Ambient Air Monitoring Programme
NAPCC	National Action Plan on Climate Change
NATCOM	National Communications
NCCDR	National Consultative Committee on De-addiction and Rehabilitation
NCDAP	National Centre for Drug Abuse Prevention
NCLP	National Child Labour Project
NCPCR	National Commission for Protection of Child Rights
NEAC	National Environment Awareness Campaign
NEP	National Environment Policy
NFBS	National Family Benefit Scheme
NFHS	National Family Health Survey
NGO	Non Governmental Organisation
NHCs	Neighbourhood Committees
NHGs	Neighbourhood Groups
NHP	National Health Policy
NISD	National Institute of Social Defence
NMBS	National Maternity Benefit Scheme
NMEW	National Mission for Empowerment of Women
NMR	Neo-natal Mortality Rate
NOAPS	National Old Age Pension Scheme
NPAG	Nutrition Programme for Adolescent Girls
NP-NSPE	National Programme of Nutritional Support to Primary Education
NPE	National Policy on Education
NPEGEL	National Programme for Education of Girls at Elementary Level
NPEW	National Policy for the Empowerment of Women
NPP	National Population Policy

NRCW	National Resource Centre for Women
NREGA	National Rural Employment Guarantee Act
NRLM	National Rural Livelihood Mission
NRHM	National Rural Health Mission
NRY	Nehru Rozgar Yojana
NSAP	National Social Assistance Programme
NSIGSE	National Scheme of Incentive to Girls for Secondary Education
NSS	National Sample Survey
NSSO	National Sample Survey Office
NVBDCP	National Vector Borne Diseases Control Programme
NVEQF	National Vocational Education Qualifications Framework
NYC	National Youth Corps
NYK	Nehru Yuva Kendra
NYKS	Nehru Yuva Kendra Sangathan
NSS	National Service Scheme
NUHM	National Urban Health Mission
OBC	Other Backward Class
OPV	Oral Polio Vaccine
PDA	Personal Digital Assistant
PH	Physically Handicapped
PHC	Primary Health Centre
PHCR	Poverty Head Count Ratio
PMIUPEP	Prime Minister's Integrated Urban Poverty Eradication Programme
PMGSY	Pradhan Mantri Gram Sadak Yojana
PPP	Public Private Partnership
PRIs	Panchayati Raj Institutions
PTR	Pupil Teacher Ratio
RAY	Rajiv Awas Yojana
RCH	Reproductive and Child Health
RDA	Recommended Dietary Allowance
RGNIYD	Rajiv Gandhi National Institute of Youth Development
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
RMSA	Rashtriya Madhyamik Shiksha Abhiyan
RNTCP	Revised National Tuberculosis Control Programme
RRTCs	Regional Resource and Training Centres
RTE	Right To Education
RTI	Reproductive Tract Infections
SAARC	South Asian Association for Regional Cooperation
SAI	Sports Authority of India
SC	Scheduled Caste
SGSY	Swarnjayanti Gram Swarojgar Yojana
SHGs	Self Help Groups
SJSRY	Swarn Jayanti Shahari Rojgar Yojana
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribe
STEP	Support to Training & Employment Programme for Women
STEP-UP	Skill Training for Employment Promotion amongst Urban Poor
STI	Sexually Transmitted Infections
T&CS	Thrift & Credit Societies
TB	Tuberculosis
TFR	Total Fertility Rate



TT	Tetanus Toxoid
UBSP	Urban Basic Services for the Poor
UCDN	Urban Community Development Network
UIDSSMT	Urban Infrastructure Development Scheme for Small and Medium Towns
UIG	Urban Infrastructure and Governance
UIP	Universal Immunisation Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNODC	United Nations Office on Drugs and Crime
USEP	Urban Self Employment Programme
UTs	Union Territories
UWEP	Urban Wage Employment Programme
UWSP	Urban Women Self-help Programme
VAs	Voluntary Agencies
VE	Vocational Education

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