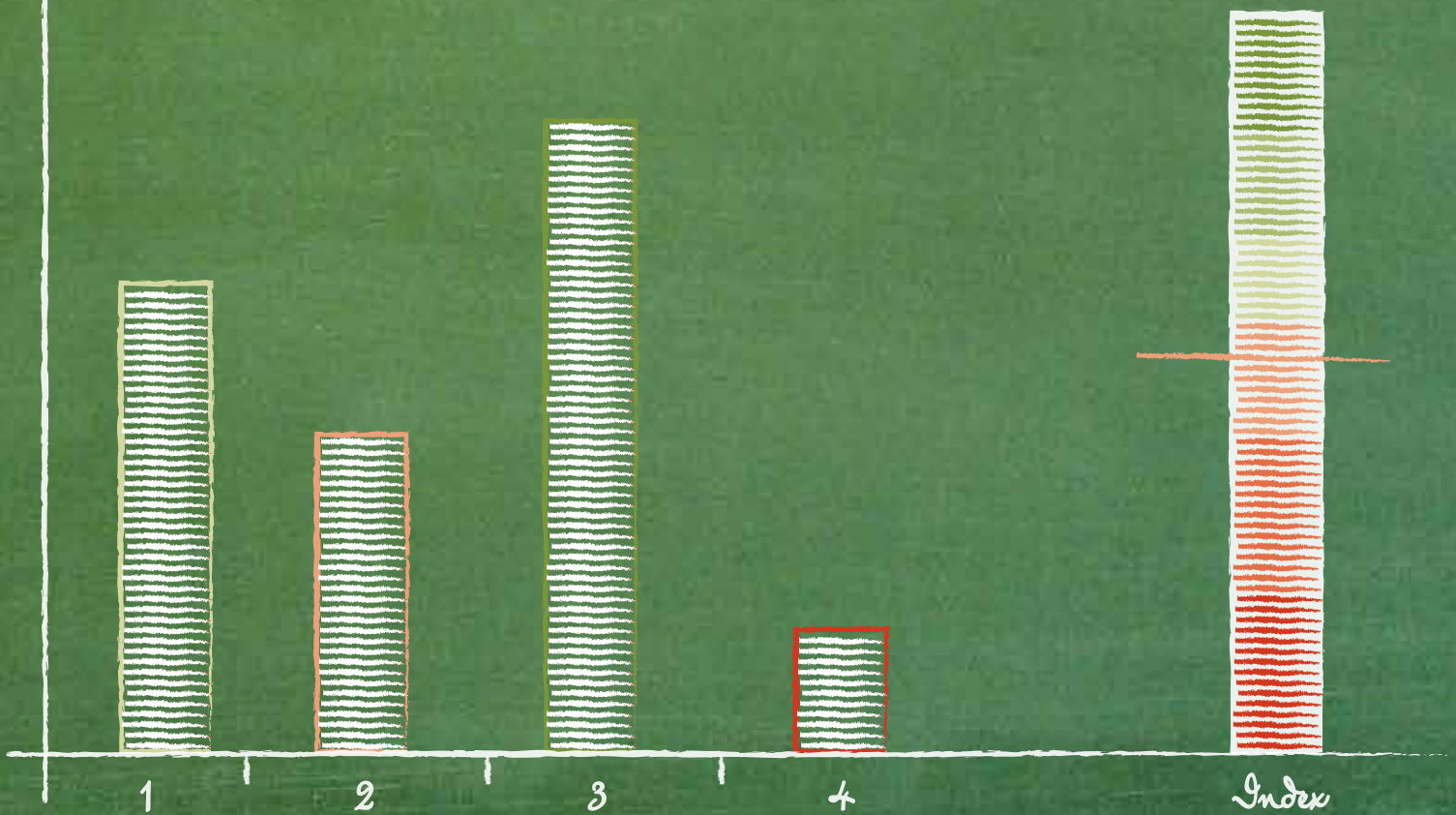


India Child Rights Index



HAQ: Centre for Child Rights

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India Child Rights Index

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We thank...

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...The HAQ team as it is always bears the brunt of the agony and the ecstasy of any activity happening in the office. This was no different. Being the first effort of its kind for HAQ, it was an even bigger challenge---there were several highs and lows, tears and stress to contend with. To its credit the team withstood all of this, in particular Parul Thukral for all she has put in into the making of this index, Madhumita Purkayastha, who took the plunge and took over the making of the maps and Indarilin Kharbubon, who was a last minute proof reading support.

Our families who are as much a part of all our agonies and ecstasies, but also bear the brunt of our overwork, impatience and lack of time and energy, that is so often their lot.

But most of all we thank the children who are our constant inspiration to innovate and create, and whose rights we hope to realise.

Enakshi Ganguly Thukral

Bharti Ali

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Introduction

Indices for ranking performance are not new. For several decades now, every year, we have eagerly looked forward to the United Nations' Human Development Index (HDI) to see how our country has been ranked – whether it has gone up or down. Education index, hunger index, health index – there are many to be found.

“There can be no keener revelation of a society's soul than the way in which it treats its children...”

Nelson Mandela

Ranking on the basis of performance is a good way to point out where a country or a state stands and how much it needs to improve. It shows us where the gaps lie and the areas that need attention.

In 2008, the African Child Policy Forum (ACPF) published a report – ***The African Report on Child Well-being: How Friendly are African Governments?*** This report for the first time assessed the extent to which African governments met their obligations in ensuring the wellbeing of children through the development of a Child-friendliness Index. The aim of the report was to monitor the wellbeing of children in Africa and the efforts made by 52 African governments to realise children's rights and ensure their wellbeing.

ACPF defined child wellbeing as:

Child wellbeing means a lot of things. It is about children being safe, well, healthy and happy. It is about children's opportunities to grow and to learn. It is about positive personal and social relationships, and about being and feeling secure and respected. It is also about being given a voice and being heard. In short, it is about the full and harmonious development of each child's personality, skills and talents. All of these have a better chance of being achieved in societies and states that uphold, both in law and in practice, the principle of the “best interests of the child”. This means respecting, protecting and realising the rights of children and nurturing a social ecology that provides opportunities for all children – boys and girls, disabled or disadvantaged – to become all that their abilities and their potential allow them to be.

The countries were ranked on their performance based on indicators identified; inputs they have channelled for the benefit of children and the outcomes that they have succeeded in providing to them. The indicators that ACPF used related to laws, policies and practices put in place to protect children from abuse and exploitation; budgetary commitments to provide basic needs and achievement of outcomes for children.

They opted to identify three major dimensions for their assessment: protection, measured in terms of legal policy framework put in place, including ratification of international law and creating national law; provision of basic needs, measured through budgetary expenditure on sectors likely to benefit children and child-related outcomes. For each of these dimensions, several indicators were identified.

It showed some amazing results, one of the most significant being that it was not the richest or most ‘developed’ countries that were most child- friendly. In fact Malawi, Kenya, Rwanda, and Burkina Faso ranked among the top 12 countries, despite relatively low GDPs.¹ (ACPF. 2008. 92)

Child Rights Index in India

India has indices related to children, like the Education Development Index (EDI) or the hunger index that includes children. However, we could not find a composite index that looked into all aspects of child wellbeing, in all sectors and indicators for the realisation of child rights as a whole.

Therefore, in 2009, inspired by ACPF's Child Friendly Index, HAQ decided to explore the possibility of developing a similar index, ranking the states and union territories in India and creating a **Child Rights Index** (CRI or 'the index'). It was timed to coincide with the 12th Five Year Planning process. We hoped that it would help to identify the states that still lag behind, and highlight the specific areas, geographical and sectoral, that pull them down so that they can be paid attention to. Only then can we dream of 'Inclusive Development' rather than the government and the Planning Commission's stated objective of 'Inclusive Growth'.² (Planning Commission. 2011. 1)

We began by attempting to draw upon ACPF's methodology. However, we soon realised that it was not possible to adopt it in its entirety. This was because ACPF's child friendly index was ranking independent countries and we were attempting to rank states within a country. Naturally while some indicator overlapped, many others differed. Hence slowly, bit by bit, we began to construct our own methodology. Instead of dividing the ranks on three major dimensions, we decided to take a few major indicators such as birth registration, sex ratio, early childhood care, health, education, child marriage, child labour, crimes by and against children. To examine each of these, a number of 'components' were used in creating 'mini-indices'. This approach was adopted as against the use of 3 broad dimensions like ACPF, because these are not only the categories for which data is available but also the basis of planning processes developed in India. We have, however, largely followed ACPF's methodology in standardisation and scaling of values of components and weighting, with a few modifications (explained in detail in Chapter 2).

Indicators for the Child Rights Index

Choosing indicators is the most critical part of such an exercise. It is not just about those that quantify the plight of the children but is also about the presence of the government, and the ability of the government to provide basic services to its children.

It is critical that the indicators, and their relative components that are chosen, as also the data sources used for the development of the CRI, are credible and acceptable to all, particularly the government, as it is their performance that is being ranked. Therefore, availability of data and their acceptability and credibility as a measure of child rights has been the determining factors for the choice of indicators for the CRI.

It is as a result of this very challenge that, despite realising the importance of focussing on special categories of children such as disabled, scheduled castes (SC) and scheduled tribes (ST), in the absence of comprehensive data on these categories of children, it was not possible to have separate indices on them. However, wherever possible these categories of marginalised children have been focussed upon in the analysis of the indicators. For example, availability of ramps is a component of 'inclusion', and enrolment and retention of SC/ ST children and girl children are components of the index on education. It would be worthwhile to read this Child Rights Index along with HAQ's status report on children *Still Out of Focus – Status of Children in India, 2008*, which focussed on exclusion of children.

Challenges of Data

The biggest challenge in undertaking the CRI was **availability of data, accessing correct data and choosing the data source**. To ensure acceptability and credibility, HAQ has chosen to restrict itself to data generated by government or government supported agencies. Also, great care has been taken to ensure that each indicator used the same source, and that the most recent information available is used. For the total number of children in the states, Census 2001 data has been used, as only select Census 2011 data came, well after the research had begun.

The biggest challenge faced due to lack of information was in writing the chapter on general measures of implementation. Although states form rules and policies, it was found to be very difficult to gain complete access to all the latest information, and hence although dealt with as a chapter, has not been included in the index for ranking.

The second challenge was posed in scenarios **where more than one source was available**. In such cases, the choice of data source was incumbent upon the purpose of the research. For example, although child marriage data was available in both Census as well as in National Family Health Survey (NFHS), we chose to use the data provided by Census 2001 for the CRI, even though NFHS-3 was more recent. This choice was made because census gives information on *all* persons who reported having been married before 18 years, as against NFHS that collected data from women aged 15-49 yrs and men aged 15-54 years, who reported having been married before the age of 18. Thus, it was felt that the census data provided a more comprehensive picture of the extent of incidence of child marriage in India.

The CRI is based on data for children in the age group of 0-18 years. However, the **availability of age specific data** proved to be the next challenge because of the way ages are grouped in the sources. There is a huge variation in the breakdown of the age-groups for which data is provided. In the census, disabled population data gets lumped as 0-4 yrs, 5-9 years and 10-19 years. Child Marriage data provided is for 'less than 10-years', 10-11 years, 12-13 years, 14-15 years, 16-17 years, 18-19 years. The child labour data was for children 5-9 yrs, 10-14 yrs and 15-19 years.

To add on to the complication, **sometimes the figures, though available, do not tell the whole story and indeed, do not correspond with what may have been found in another source**. This is particularly true in the case of components related to both crimes against children and by them. The data presented by Crime in India³ (NCRB 2009: 409) on child marriage shows a very low reporting although the Census 2001 data shows that 34.5 per cent of children aged 1-17 were married before the prescribed age. It also shows that the child marriage law is not being used very effectively by the states in prosecuting this crime. This is because the data source is based only on reported cases, and unfortunately not all cases are reported to the police.

There were also instances where, within the same source, data contradicted each other. (See chapter on education for an example.)

Ranking and Performance of States

Table 1.1 shows the ranking of the states on all indicators that were used for the CRI, along with the combined National Ranking as well as State GDP ranking. Each of these indicators have been dealt with in separate chapters and their components or mini indices have been analysed in detail. While an indicator like child labour has only one component, birth registration has two, the ranking on education is based on 23 components, health is based on 29 and crime by children is based on 46 components!

The findings based on the mini-indices are also significant because it shows that while a state may be performing very well in the overall indicator; there are components that still need attention.

Table 1.1: Child Rights Index

State	Overall National Ranking	Overall GDP	Birth Registration	Sex Ratio	Early Childhood Care	Child Marriage	Child Labour 5-14	Education	Health	Crimes Against Children- Incidences	Crimes Against Children- Victims	Crimes By Children
Kerala	1	9	1	3	21	29	1	2	1	14	15	7
Karnataka	2	7	6	8	12	26	21	7	10	1	6	4
Maharashtra	3	1	8	27	14	19	7	4	7	4	11	3
Tamil Nadu	4	4	2	6	18	25	8	6	3	17	9	13
Andhra Pradesh	5	3	18	11	20	28	24	19	11	2	2	11
Gujarat	6	5	9	22	16	10	10	9	19	3	16	5
Rajasthan	7	8	10	26	24	24	26	18	22	5	5	2
Punjab	8	13	1	20	15	4	6	15	12	10	13	16
Himachal Pradesh	9	20	1	16	13	15	23	3	5	9	24	18
Haryana	10	12	7	28	26	17	12	12	16	7	8	15
Madhya Pradesh	11	11	17	21	8	23	20	17	23	6	3	8
Delhi	12	10	1	24	27	11	2	1	14	19	17	19
Uttaranchal	13	19	16	25	29	14	5	13	13	15	18	14
Orissa	14	15	4	17	7	21	13	20	18	21	20	10
West Bengal	15	6	3	9	23	27	14	26	15	12	7	17
Bihar	16	14	14	13	25	18	11	29	24	13	19	1
Jharkhand	17	17	21	15	9	16	16	28	27	11	1	6
Uttar Pradesh	18	2	19	23	10	13	9	24	28	16	10	9
Chhattisgarh	19	16	11	5	28	20	22	16	20	8	4	20
Goa	20	22	1	19	19	9	3	22	2	26	23	23
Tripura	21	23	1	10	5	22	4	11	17	24	27	21
Assam	22	18	12	7	11	12	15	25	29	20	22	12
Mizoram	23	28	1	1	4	2	29	5	6	22	28	28
Jammu & Kashmir	24	21	15	29	22	7	19	21	8	18	12	24
Sikkim	25	29	5	12	17	8	28	10	4	25	25	26
Meghalaya	26	24	1	2	6	3	25	23	21	23	21	22
Manipur	27	25	13	18	3	6	17	14	9	28	14	29
Nagaland	28	26	1	14	1	1	27	8	26	29	29	25
Arunachal Pradesh	29	27	20	4	2	5	18	27	25	27	26	27

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

The devil lies in the detail. Hence, while ranking the states on their performance, we tried to analyse what made the difference – what ailed the state or improved its performance rank, and we found that the answers sometimes lay in the performance of the districts. Indeed, to undertake a truly decentralised planning, it is important to be able to rank the districts within the states.

Unfortunately, not only is data not available for all indicators at a district level (eg. Crimes in India gives data only at the national and state level), but given that this was our first effort, it was not possible to do this with every indicator. That would have meant beginning all over again! Next time is what we have said to ourselves. However, as an experiment, we tried to do this exercise in the chapter on Sex Ratio and were able to pull out the districts that are, what we have referred to as, the “rogue districts” (See chapter on Sex Ratio)

Key Findings

The results from the CRI have validated some of the existing notions regarding some states, but have also thrown up a number of surprises. This is because opinions and planning are almost always based on absolute numbers. The index, on the other hand, is based on proportional calculation. Hence, while Uttar Pradesh may have the highest head count of working children in the country, it is Mizoram that ranks the lowest because the number of working children in proportion to the total child population is highest in that state. And who would have thought that Mizoram even had a child labour problem?

The following are some of the highlights:

1. As with the Africa experience, in India too we find that economic growth does not necessarily ensure child rights performance. To examine this, let us look at the ranking of states in child rights vis-à-vis their GDP:
 - Kerala, which ranks 1st in the national child rights stands 9th in its GDP status.
 - On the other hand Maharashtra, which ranks 1st amongst the states in GDP, is ranked 3rd in child rights. Moreover, its ranking in sex ratio (among the worst 5 states), on child marriage (2nd worst cohort at rank 20) clearly shows lack of attention to children.
 - Uttar Pradesh is yet another example. This state, with the 2nd highest GDP in the country, ranks 18th in child rights. What is more, it ranks 27th in provision of health care, next only to Jharkhand which has a GDP rank of 17.
 - Jharkhand is the only state whose economic status matches its child rights rank – both at 17.
 - The state with the lowest GDP, Sikkim and the second lowest Mizoram, still manage to have a child rights rank higher than their GDP rank, showing attention to child rights realisation.
2. There is regional pattern to the ranking, highlighting the need to focus on regional planning. It is interesting to see that 4 of the 5 best performing states (Kerala, Karnataka, Tamil Nadu and Andhra Pradesh) in child rights are from the southern region. Maharashtra, alone is from the west.

On the other hand, all the worst performing states are the north-eastern states – Sikkim, Meghalaya, Manipur, Nagaland and Arunachal Pradesh. In fact, of the five states that fall in the not so well performing category, three are once again north-eastern states. They are performing badly in almost all indicators. This is a clear indication that despite the promised attention to North-East and separate budget allocations, they have among the lowest GDP ranks, and children's status in those states needs urgent attention.

3. The ethnic composition of the worst performing states is also a matter of concern. For example, a significant proportion of the population of the states which are performing badly in education are tribals – Jharkhand and Arunachal Pradesh, are essentially tribal states, with tribals constituting 26.3 per cent and 64.2 per cent of the population respectively. In Dadra & Nagar Haveli, tribals constitute 62.3 per cent of the total population. In other words, their position in the index is also indicative of the situation of the tribal children in these states. This is true of health too where the five worst performing states are Assam, Uttar Pradesh, Jharkhand, Nagaland, Arunachal Pradesh, where in except for Uttar Pradesh, the states of Nagaland and Arunachal Pradesh are essentially tribal states; Assam too has a significant tribal population.

A point to be noted is that most of these states with higher tribal populations, are also natural resource rich, where there is growing industrialisation and ‘development’. But these are also areas where people face

significant dislocation from their habitats. Is there a connection between poor health and displacement? There is enough evidence to suggest there is.⁴ (Thukral 2011: 190-194)

4. While a state may be performing wonderfully in the overall national rank, it may need to pay attention to some of the other areas (Table 1.1 helps in identifying some of these)
 - Kerala ranks 1st in the overall child rights index, but definitely has a long way to go in provision of early childhood care and in controlling child marriage and crimes against children.
 - Maharashtra, although ranking 3rd in child rights, has not been able to address falling sex ratio and child marriage.
 - In fact all the five best performing states, Kerala, Karnataka, Maharashtra, Tamil Nadu and Andhra Pradesh are not performing well in early childhood care and controlling child marriage.
5. It is the overall child rights rank on an indicator along with details of ranking on each of the components which help identify the problem areas on that issue/indicator. For example:
 - Kerala and Goa, the two best performing states in health, are performing poorly in provision of health infrastructure. Himachal Pradesh, which is one of the five best states in healthcare, is ranking in the last five in HIV/AIDS intervention.
 - While the children in West Bengal against all odds do want to go to school and stay there, as is evident from its position in the enrolment and retention index, much more inputs are required in provision of infrastructure, teachers and ensuring access. While Delhi is doing well in making education available to its children, it does not have enough teachers and hence ranks as one of the lowest in the pupil teacher ratio of 1:100.
 - The north-eastern states of Nagaland, Arunachal Pradesh, Manipur, Mizoram and Tripura are ranked in the top five in provision for early childhood care, but are lagging behind in their attention to pre-school education for the 3-6 year old children.
6. Within each indicator, there are wide variations in the performance of the States. For example while, according to the government, some states such as Goa, Himachal Pradesh, Meghalaya, Mizoram, Nagaland, Kerala, Punjab, Tamil Nadu and Delhi plus the Union Territories of Chandigarh, and Puducherry have achieved 100 per cent level of registration of births, Bihar and Jharkhand are still below the 50 per cent mark. Indeed India is a land of disparities in so many ways.

Conclusion

This is the first experiment in India on ranking states through a Child Rights Index using so many indicators. It is still an evolving methodology and will definitely need further refining as we move on with it. The findings and analysis too will be much sharper then. We hope that when combined with budget for children, analysis of parliamentary questions and a detailed status report, that HAQ does as part of its assessment and monitoring of realisation of rights of the child, this will prove to be a very powerful tool for planning and monitoring.

Endnotes

1. ACPF. (African Child Policy Forum). 2008. The African Report on Child Well-Being: How Friendly are African Governments? Adis Ababa. Ethiopia. p. 92
2. Planning Commission. August 2011. Faster, Sustainable and More Inclusive Growth. An Approach to the Twelfth Five Year Plan. Government of India. New Delhi. p. 1

Methodology

The African Report on Child Well-Being: How Friendly are African Governments? was published in 2008 by the African Child Policy Forum (ACPF). This report for the first time made an assessment of the extent to which African governments meet their obligations in ensuring the wellbeing of children through the development of a Child-friendliness Index.

HAQ: Centre for Child Rights decided to adopt this concept. We have, however, adapted and modified the methodology for undertaking a similar analysis in India, in creating a Child Rights Index (CRI or 'the index'). This is because it was found that the indicators that can be used to undertake an inter-country analysis may not be suitable for an inter-state analysis. The development of indicators is also incumbent on the availability and quality of data.

Hence, depending on availability of data as well as acceptability of each indicator as a parameter for measuring child rights (as discussed in detail in the Introduction), HAQ identified its own indicators, in an attempt to measure how the states are performing in providing for the needs of children such as education status, health status, crimes against and by children, the status of existing infrastructure to realise a right (number of schools, health facilities, anganwadis etc), and even efforts to reach the most vulnerable (disabled, SC/ST, girl child etc.).

Each indicator had the following components:

Indicator	Component
Birth Registration (Source: Office of the Registrar General, India)	a. Birth Registration in India, 2005 b. Percentage change in birth registration levels from 2004 to 2005
Sex Ratio (Source: Census Data, 2001, 2011)	a. Child Sex Ratio (0-6yrs), 2011 b. Difference in Child Sex Ratio from 2001 to 2011
Early Childhood (Source: http://wcd.nic.in/)	a. Beneficiaries of Pre-school Education (3-6yr) – Overall b. Beneficiaries of Pre-school Education (3-6yr) – Gender Equality c. Beneficiaries of Supplementary Nutrition Programme (6m-6yr) d. Number of ICDS projects sanctioned vs. operational e. Number of Anganwadi centres sanctioned vs. operational
Child Marriage (Source: Census, 2001)	a. Ever Married and Currently married (0-17 yrs) b. Child Marriage – Gender Equality
Health (Source: National Family Health Survey (NFHS-3), National AIDS Control Organisation (NACO), National Health Profile (NHP) of India – 2010)	a. Mortality: i. Neo Natal Mortality ii. Post Neo Natal Mortality iii. Infant Mortality iv. Under 5 Mortality b. Immunisation: i. BCG Vaccine ii. 3 doses of Diphtheria, Whooping Cough and Tetanus (DPT) iii. 4 doses of Polio iv. Measles v. No vaccinations c. Nutrition and Anaemia: i. Percentage children with low birth weight ii. Percentage children <3 yrs who are under-weight iii. Percentage children <3 yrs who are stunted

	<ul style="list-style-type: none"> iv. Percentage children <3 yrs who are wasted v. Percentage children age 6-59 months who are Anaemic <p>d. Morbidity</p> <ul style="list-style-type: none"> i. For children <5 yrs with Acute Respiratory Infection <ul style="list-style-type: none"> ■ Percentage who had symptoms ■ Percentage for whom treatment was sought ■ Percentage who received antibiotics ii. For children <5 yrs with Diarrhoea <ul style="list-style-type: none"> ■ Percentage taken to a health provider ■ Any ORT or increased fluids ■ No treatment sought <p>e. HIV/AIDS:</p> <ul style="list-style-type: none"> i. HIV-infected Children <15yr infected as a percentage of all HIV-infected ii. Percentage children on Antiretroviral therapy (ART) <p>f. Infrastructure (Including CHCs):</p> <ul style="list-style-type: none"> i. Average population served per government hospital ii. Average population served per government hospital bed
<p>Education (Source: District Information System for Education (DISE) 07-08)</p>	<p>a. Enrolment and Retention-related:</p> <ul style="list-style-type: none"> i. Net Enrolment Ratio – Primary Level ii. Net Enrolment Ratio – Upper Primary Level iii. Enrolment (I-VIII) – Overall iv. Enrolment (I-VIII) – Gender Equality v. Enrolment of the Disabled – Overall vi. Enrolment of the Disabled – Gender Equality vii. Out of School – Overall viii. Out of School – Gender Equality <ul style="list-style-type: none"> ■ Note: Out of School data was taken from the Census 2001 data. It was calculated as percentage of total population 6-14 yrs of age, per Census 2001 ■ Note: The Disabled populated age-group used was 10-19 yrs (the grouping provided in the census data). ■ Note: We could not include SC/ST enrolment as a separate indicator as it was difficult to get 6-14 yr census data per state on SC/ST children <p>b. Teacher-related:</p> <ul style="list-style-type: none"> i. Percentage of Single-Teacher schools ii. Pupil-Teacher ratio iii. Schools with Pupil-Teacher ratio>100 iv. Percentage of Para Teachers <p>c. Facilities:</p> <ul style="list-style-type: none"> i. Percentage schools with no buildings ii. Percentage distribution of Single-Classroom schools iii. Percentage schools with common toilets iv. Percentage schools with girls toilets v. Percentage schools with drinking water facilities vi. Percentage schools with ramps <p>d. Access:</p> <ul style="list-style-type: none"> i. Student-Classroom Ratio ii. Ratio of Primary/Upper-Primary Schools

	<ul style="list-style-type: none"> iii. Distance from Cluster Resource Center (CRC): <1km from CRC; 1-5 km from CRC; >5 km from CRC (Note: DISE only uses this measure of distance) e. Gender Inequality: <ul style="list-style-type: none"> i. Enrolment (I-VIII) ii. Enrolment of the Disabled iii. Out of School iv. Percentage schools with Girls Toilets f. Inclusion (Disabled): <ul style="list-style-type: none"> i. Enrolment of the Disabled – Overall ii. Enrolment of the Disabled – Gender Equality iii. Percentage schools with ramps
Child Labour (Census, 2001)	a. Child Labour (5-14 yrs)
Crimes against Children (Source: National Crime Records Bureau (NCRB) – Crime in India – 2009)	<ul style="list-style-type: none"> a. Incidences <ul style="list-style-type: none"> i. Infanticide ii. Murder iii. Rape iv. Kidnapping & Abduction v. Foeticide vi. Abetment of Suicide vii. Exposure & Abandonment viii. Procurement of Minor Girls ix. Buying of Girls for Prostitution x. Selling of Girls for Prostitution xi. Child Marriage Restraint Act, 1978 xii. Other crimes xiii. Disposal of crimes by police xiv. Disposal of crimes by courts b. Victims <ul style="list-style-type: none"> i. Murder – Overall ii. Murder – Gender Equality iii. Kidnapping & Abduction – Overall iv. Kidnapping & Abduction – Gender Equality v. Culpable Homicide not amounting to Murder – Overall vi. Culpable Homicide not amounting to Murder – Gender Equality
Crimes by Children (Source: National Crime Records Bureau (NCRB) – Crime in India – 2009)	<ul style="list-style-type: none"> a. Indian Penal Code (IPC) <ul style="list-style-type: none"> i. Murder ii. Attempt to Commit Murder iii. Culpable Homicide Not Amounting to Murder iv. Rape v. Kidnapping & Abduction vi. Dacoity vii. Preparation & Assembly for Dacoity viii. Robbery ix. Burglary x. Theft xi. Riots xii. Criminal Breach of Trust

	<ul style="list-style-type: none"> xiii. Cheating xiv. Counterfeiting xv. Arson xvi. Hurt xvii. Dowry Deaths xviii. Molestation xix. Sexual Harassment xx. Cruelty by Husband or Relative xxi. Importation of Girls xxii. Causing Death by Negligence xxiii. Other IPC Crimes
	<ul style="list-style-type: none"> b. Special Local Laws (SLLs) <ul style="list-style-type: none"> i. Arms Act ii. Narcotic Drugs & Psychotropic Substances Act (NDPS) iii. Gambling Act iv. Excise Act v. Prohibition Act vi. Explosives & Explosive Substances Act vii. Immoral Traffic (Prevention) Act viii. Railways Act ix. Registration of Foreigners Act x. Protection of Civil Rights Act xi. Indian Passport Act xii. Essential Commodities Act xiii. Terrorist & Disruptive Activities Act xiv. Antiquities & Art Treasures Act xv. Dowry Prohibition Act xvi. Child Marriage Restraint Act xvii. Indecent Representation of Women Act xviii. Copyright Act xix. Sati Prevention Act xx. SC/ST (Prevention of Atrocities) Act xxi. Forest Act xxii. Other SLL Crimes c. Disposal of juveniles arrested and sent to court

Standardisation of Indicators

Construction of an index follows a standard procedure that includes the standardisation of indicator values, weighting, and aggregation.¹ (Mekonen. 2008. 8)

The various indicators identified for measuring governments' performance have different values with significantly different ranges. As has been pointed out by ACPF, where values differ, the index would be biased towards indicators with higher ranges, and meaningful changes in indicators with low ranges would not register in the index. To overcome this issue, indicator values have to be standardised and equivalently scaled to adjust for not only the difference in ranges but also varying units of raw data.

We largely followed ACPF's methodology, with a few modifications:

Varying Units of Data

Different indicators have different units of measurement. While some indicators are expressed in percentages, others are rates expressed per 1,000 units. And yet others are provided as actual numbers. To make the data comparable, the following approach was adopted:

- Where data comprised of actual numbers, great caution has been taken to present this in terms of percentage of child population, i.e. in terms of proportion to actual child population in each.
- Where it was possible to get a breakdown of boys vs. girls, the data has been presented as percentage of the male population and percentage of the female population of that age group.

Hence, while a state may be performing badly in absolute numbers, it may not have the lowest rank in the child rights index. A very good example, as mentioned in the Introduction too, is that of Uttar Pradesh, which is home to the largest number of working children in absolute numbers, but ranks 9 in the index. On the other hand, Mizoram ranks as the worst in child labour because the proportion of working children against the total number of children in the state is the highest.

Adjusting for Poor Reporting

As mentioned in the Introduction, data availability remains a major challenge in India. 'Lack of adequate child-related information is a very serious impediment to monitoring the implementation of children's rights (even though these rights are recognised in various treaties), and contributes to the concealment of rights violations.'² (Mekonen. 2008. 6)

There are indicators for which some states have not reported at all. This issue is most prominent for education and crimes. Instead of not counting them in, it was decided that those states that did not report for any particular indicator be penalised by giving them a score of zero for their lack of effort to record/measure how much abuse is actually taking place and portraying a more accurate picture of the ground realities. A case in point is Nagaland which did not report even one incidence of crime against children. However, a continuous rise in crimes against children in that state has been well-documented in the media, indicating that it was not a case of no crimes against children, but of non-reporting/ not recording. (Please see chapter 9: Crime and Justice).

From Raw Data to Normalised Scores

Drawing on ACPF's methodology, we also decided to adopt the Linear Scaling Technique (LST), a conventional method that standardises varying ranges of indicator values to scores from 0 to 1.

For some indicators and their components, a higher value corresponds to an increased effort by the government towards realisation of child rights (eg. higher vaccination rates correspond to better performance by the state) while for some other indicators, a higher value corresponds to the state's failure in realisation of child rights (eg. higher incidences of rape or a higher number of child labour indicates an inability of the state to protect its children). LST takes care of this issue of directionality when it comes to scoring various indicators. Hence, with LST, the value 0 corresponds to lowest/worst performance, and 1 corresponds to highest/best performance.

The United Nations' Human Development Index also uses this method of standardisation.

Equal Weighting

The construction of this index is based on combining a representative set of indicators, each with their separate set of components, all viewed as important measures of a state's performance in realisation of the rights of children.

Therefore, in the construction of the Child Rights Index, apart from the intrinsic weight generated while scaling values, all indicators have been treated equally, with equal weighting.

Formulae used to standardise indicator/component values

When an increase in the value of an indicator corresponds to an increase in the performance, the score value (I_{ij}) for that particular indicator (X_i) of a state (j) is given by:

$$I_{ij} = \frac{X_{ij} - \text{Min}\{X_{jk}\}}{\text{Max}\{X_{jk}\} - \text{Min}\{X_{jk}\}}$$

Inversely, if an increase in the value of an indicator corresponds to a decrease in performance, the score value is calculated using the complementary formula:

$$I_{ij} = \frac{\text{Max}\{X_{jk}\} - X_{ij}}{\text{Max}\{X_{jk}\} - \text{Min}\{X_{jk}\}}$$

Where:

$\text{Max}\{X_{jk}\}$ refers to the maximum value of the indicator X_i in the range of states included in the comparison, and similarly,

$\text{Min}\{X_{jk}\}$ denotes the minimum value of the indicator X_i in the range of states.

Based on Yehualashet Mekonen, Information and Statistics. Approach to the Measurement of Government Performance in Realising Child Rights and Wellbeing. The African Child Policy Forum 2008. Pg. 9

Additive Aggregation: Creating a Child Rights Index

In addition to standardisation and weighting of indicators, an appropriate method needs to be established to combine score values of the various components into 'mini-indices'. The indices must also be aggregated into one composite index that measures overall performance of the states, i.e. the Child Rights Index (CRI).

The most common approach, attractive in its simplicity and transparency, is 'additive aggregation'.

We believe that an advocacy tool is only as effective as the ease with which it can be used or replicated, as in the case of an index. Hence, similar to ACPF's methodology, we also chose to use additive aggregation to combine the scores of various components for each state in creating mini-indices for all the indicators.

The same methodology was then used for creating the overall National Child Rights Index.

Measuring Gender Equality

Gender inequality remains a bitter truth in India. One cannot therefore meaningfully measure governments' performance without giving due consideration to the efforts made to narrow gender inequality among children. To address this disparity in the preparation of the Child Rights Index, where possible, gender disaggregated information has been collected and used in the composition of the index. The female and male scores have been combined in a way that penalised states for their bias against the girl child.

Calculating Gender Equality involved two steps:

Step 1: The 'gender parity' has been first calculated by dividing the data-value for the girl child by that of the boy-child.

Step 2: This measure of gender difference has been standardised, adjusting for directional differences similar to the other scores. (In this case, a score of 0 would reflect a greater bias against the girl child and a score of 1 would reflect no gender bias). These scores have been aggregated with the rest of the indicators to form the composite index for Gender Equality.

Endnotes

1. Mekonen, Yehualashet. 2008. Information and Statistics. Approach to the Measurement of Government Performance in Realising Child Rights and Wellbeing. The African Child Policy Forum. Addis Ababa, Ethiopia. p. 8
2. Ibid, p. 6

General Measures of Implementation

Introduction

The Indian constitution accords rights to children as citizens of the country, and in keeping with their special status the State has even enacted special laws. Declaring itself a Republic on 26 January 1950, India gave itself a strong Constitution that mandated fulfillment of basic human rights of all people of the country. The Indian Constitution encompasses most rights included in the United Nations Convention on the Rights of the Child (CRC) as Fundamental Rights and Directive Principles of State Policy.

“In the little world in which children have their existence, there is nothing so finely perceived and finely felt, as injustice”

Charles Dickens

Both the Central Government and the State Governments can legislate to ensure these constitutional guarantees. While some matters are subjects of both the centre and the states, some others are exclusively state subjects or subjects of the central government as per the Union List, the State List and the Concurrent List respectively, contained in the Seventh Schedule to the Constitution of India.

In meeting its constitutional obligations, several new laws were created in independent India and some of the old ones were inherited from the pre-independence period. Post ratification of the CRC, important child related legislations were amended. For example, the juvenile justice law was amended to bring it in consonance with international instruments, the law prohibiting use of ultrasound technology for sex selective abortions was amended to make it more stringent, amendment was introduced in the law to prohibit advertisements of infant and milk substitutes and encourage breast feeding up to 2 years, the information technology act was amended to cover child pornography, children between the ages of 6–14 years got the right to free and compulsory education, list of hazardous occupations prohibiting employment of children below 14 years was increased to cover domestic sector, restaurants, eateries and recreational centres, etc. Many rules too were amended as time went by. The Indian child is thus protected by a range of the constitutional provisions and the laws enacted over the years.

Moreover, India has ratified a range of international human rights instruments that have a bearing on its national legal provisions, programmes and policies. Principles of international law apply within a country by a process of reception into ‘municipal law’ or the national or domestic legal system. In some countries the ratification or adoption of an international treaty becomes automatically binding on the domestic courts. Ratification of the CRC in 1992 was a reiteration of India’s commitment to its children as enshrined in its Constitution.

As mentioned above, states in India are also committed to enacting legal measures and formulating policies and programmes for children. Most central acts for children are enacted in the states through state rules, the need for which is specified in the Acts.

Ideally to develop an index ranking of states, we would need to have access to information of such actions taken by the states. However, despite all efforts, it was not possible to get a comprehensive list of rules and enactments from the states and the status of their implementation.

Hence, although we are adding in a chapter on status of general measures of implementation that reflects the commitments of the states, it has not been added to the main index and ranked.

International Human Rights Instruments

All international instruments ratified by the government of India become applicable to the states. Table 1 gives the status of compliance with international human rights instruments by India. All of them have provisions in them that also apply to children.

Table 3.1: Status of Ratification of Important International Human Rights Instruments¹

International Legal Instruments	Status of Ratification/Signature/Adoption
International Covenant on Civil and Political Rights, 1966	ACCEDED on 10 April 1979
Optional Protocol to the International Covenant on Civil and Political Rights, 1966 on setting up of individual complaint mechanism	NOT SIGNED
Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of death penalty, 1989	NOT SIGNED
International Covenant Economic, Social and Cultural Rights, 1966	ACCEDED on 10 April 1979
Convention on the Elimination of All Forms of Discriminations Against Women (CEDAW), 1979	SIGNED on 30 July 1980 and RATIFIED on 9 July 1993 with a declaration/ reservation
Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 1999	NOT SIGNED
The Convention on the Rights of the Child, 1989	RATIFIED on 11 December 1992 with a declaration on Article 32
Optional Protocol to CRC on Sale of Children, Child Prostitution and Child Pornography	SIGNED on 15 November 2004 and
Optional Protocol to CRC on involvement of Children in Armed Conflict	RATIFIED on 16 August 2005 SIGNED on 15 November 2004 and RATIFIED on 30 November 2005
Convention on the Rights of Persons with Disabilities, 2006 (not yet in force)	SIGNED on 30 March 2007 RATIFIED on 1 October 2007
Optional Protocol to the Convention on the Rights of the persons with Disabilities, 2006	NOT SIGNED
Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984	SIGNED on 14 October, 1997 NOT RATIFIED (Despite recommendation in this regard by the CRC Committee in its Concluding Observations in India's Second Periodic Report, India has not ratified this Convention)
Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 2002	NOT SIGNED
International Agreement for Suppression of White Slave Traffic, 1904	Declared Applicable to India at the time of transfer to the Secretary-General
International Convention for Suppression of White Slave Traffic, 1910	Declared Applicable to India at the time of transfer to the Secretary-General
International Convention for the Suppression of the Traffic of the Women and Children, 1921	RATIFIED on 28 June 1922 with reservations on age on Article 5
Slavery Convention, 1926	RATIFIED in 1954

International Legal Instruments	Status of Ratification/Signature/Adoption
Supplementary Convention on the Abolition of Slavery, Slave Trade and Institutions and Practices of Slavery, 1956	SIGNED on 7 September 1956 RATIFIED on 23 June 1960
Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others 1951	SIGNED on 9 May 1950 and RATIFIED on 9 January 1953
Convention against Transnational Organised Crime, 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the Convention against Transnational Organized Crime	SIGNED on 12 December 2002 RATIFIED on 5 May 2011 SIGNED on 12 December 2002 RATIFIED on 5 May 2011
Eight Core ILO Conventions ILO Convention No. 29 (Forced Labour, 1930) ILO Convention No. 87 (Freedom of Association and Protection of Rights, 1948) ILO Convention No. 98 (Right to Organise and Collective Bargaining Convention, 1949) ILO Convention No. 100 (Equal Remuneration Convention, 1951) ILO Convention No. 105 (Abolition of Forced Labour, 1957) ILO Convention No. 111 (Discrimination (Employment and Occupation Convention, 1958) ILO Convention No. 138 (Minimum Age Convention, 1973) ILO Convention No. 182 (Worst Forms of Child Labour, 1999)	RATIFIED on 30 November 1954 NOT RATIFIED NOT RATIFIED RATIFIED on 25 September 1958 RATIFIED on 18 May 2000 RATIFIED on 3 June 1960 NOT RATIFIED NOT RATIFIED
International Convention on Protection of Rights of All Migrant Workers and Members of their Families, 1990	NOT SIGNED
Hague Convention on Protection of Children & Cooperation in respect of Inter-country Adoption, 1993	SIGNED on 9 January, 2003 and RATIFIED on 6 June 2003
REGIONAL CONVENTIONS	
SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, 2002	SIGNED on 5 January 2002 at the Eleventh SAARC Summit in Kathmandu on 4–6 January 2002
SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia	SIGNED on 5 January 2002 at the Eleventh SAARC Summit in Kathmandu on 4–6 January 2002
Proclamation on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region, 1992	Adopted on 5th December, 1992

While acceding to the Convention on the Rights of the Child, India made a declaration on Article 32 stating that there are many reasons due to which children have to work in India and that while India recognizes that children have to be protected from economic exploitation, it shall progressively implement Article 32, particularly Article 32 (a) requiring the state parties to provide for a minimum age for admission to all employments.

India's Declaration on Article 32 of the CRC² (protection from economic exploitation and work that is hazardous to a child's education, health or physical, mental, spiritual, moral or social development)

Declaration:

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

The National Legal Regime

Constitutional Guarantees

The essence of the Indian Constitution is reflected in its Preamble. The Preamble embodies the essential goals of justice, liberty, equality and fraternity for each citizen. Every child born in this country is by birth a citizen, so no efforts can be spared to establish these. Though the Preamble is not a legal statute, it is an inviolable component of the constitution. It serves the purpose of being a guiding light for the overall interpretation and understanding of the Constitution; it is a powerful guiding force and no law can be made that vitiates the essence of the Preamble.



Constitutional Guarantees that are meant specifically for children include:

- Right to free and compulsory elementary education for all children in the 6–14 year age group (Article 21 A)
- Right to be protected from any hazardous employment till the age of 14 years (Article 24)
- Right to be protected from being abused and forced by economic necessity to enter occupations unsuited to their age or strength (Article 39(e))
- Right to equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against exploitation and against moral and material abandonment (Article 39 (f))
- Right to early childhood care and education to all children until they complete the age of six years (Article 45)

Besides, Children also have rights as equal citizens of India, just as any other adult male or female:

- Right to equality (Article 14)
- Right against discrimination (Article 15)
- Right to personal liberty and due process of law (Article 21)
- Right to being protected from being trafficked and forced into bonded labour (Article 23)
- Right of minorities for protection of their interests (Article 29)
- Right of weaker sections of the people to be protected from social injustice and all forms of exploitation (Article 46)
- Right to nutrition and standard of living and improved public health (Article 47)

Directive Principles of State Policy guiding state action in matters relating to children specifically are:

State shall take necessary measures to:

- Protect people from being abused and forced by economic necessity to enter occupations unsuited to their age or strength (Article 39(e))
- Provide equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guarantee protection of childhood and youth against exploitation and against moral and material abandonment (Article 39(f))
- Provide early childhood care and education to all children until they complete the age of six years (Article 45)
- Protect the weaker sections of the people from social injustice and all forms of exploitation (Article 46)
- Provide nutrition and standard of living and improved public health (Article 47)

Legislations

The Constitutional guarantees listed above are implemented through several state and national legislations. The key legislations and legal provisions that have a bearing on children's rights include **48** special and local laws and about **60** provisions dealing with various crimes, punishments and procedures as contained in the Indian Penal Code, the Criminal Procedure Code and the Indian Evidence Act. While all the major legislations have been listed out herein below, the list is not exhaustive as there are many more state specific legislations and rules as well as judicial precedence set through case law.

Laws and Legal Provisions Specifically for Children

Special Laws

1. 1890 Guardians and Wards Act (Amended in 2010)
2. 1933 Children (Pledging of Labour) Act
3. 1956 Women's and Children's Institutions (Licensing) Act
4. 1956 Young Persons (Harmful Publications) Act
5. 1960 Orphanages and Other Charitable Homes (Supervision and Control) Act
6. 1986 Child Labour (Prohibition and Regulation) Act
7. 1992 Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act (amended in 2003)
8. 1994 Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (amended in 2003 to become Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act)
9. 2000 Juvenile Justice (Care and Protection of Children) Act, 2000 as amended in 2006 and in 2011³
10. 2005 Commission for the Protection of Child Rights Act, as amended in 2006
11. 2006 Prohibition of Child Marriages Act, 2006 (A law replacing the Child Marriage Restraint Act of 1929)
12. 2009 Right of Children to Free and Compulsory Education Act, 2009

Local Laws

13. 2003 Goa Children's Act

Criminal Laws

There are several provisions that relate to children in the Indian Penal Code, 1860 and the Criminal Procedure Code, 1973 and the Evidence Act, 1872

Special Laws

14. 1875 Indian Majority Act
15. 1925 Indian Succession Act
16. 1937 Muslim Personal Law (Shariat) Application Act
17. 1948 Factories Act (Amended in 1949, 1950 and 1954)
18. 1951 Plantations Labour Act (Amended in 1953, 1960, 1961, 1981, 1986 and 2010)
19. 1952 Mines Act
20. 1954 Special Marriage Act
21. 1955 Hindu Marriage Act

22. 1956 Hindu Adoptions and Maintenance Act (Amended in 2010)
23. 1956 Hindu Succession Act (Amended in 2005)
24. 1956 Immoral Traffic (Prevention) Act (Amended in 1978 and 1986)
25. 1958 Probation of Offenders Act
26. 1958 Merchant Shipping Act
27. 1961 Maternity Benefits Act 1961 (amended in 2008)
28. 1961 Apprentices Act
29. 1961 Motor Transport Workers Act
30. 1966 Beedi and Cigar Workers (Conditions of Employment) Act
31. 1969 Registration of Births and Deaths Act
32. 1970 Contract Labour (Regulation and Abolition) Act
33. 1971 Medical Termination of Pregnancy Act, 1971 (amended in 2002 through the Medical Termination of Pregnancy (Amendment) Act, 2002)
34. 1976 Bonded Labour System (Abolition) Act
35. 1978 Inter State Migrant Workmen (Regulation of Employment and Conditions of Service) Act (came into force w.e.f 25 June 1987)
36. 1986 Indecent Representation of Women (Prohibition) Act
37. 1987 Mental Health Act
38. 1987 Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act
39. 1989 Schedule Caste and Schedule Tribes (Prevention of Atrocities) Act
40. 1992 Rehabilitation Council of India Act
41. 1994 Transplantation of Human Organ Act
42. 1995 Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act
43. 1999 National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act
44. 2000 Information Technology Act, (amended in 2008 to include child pornography)
45. 2005 Protection of Women from Domestic Violence Act

Local Laws

46. 1959 Bombay Prevention of Begging Act (Applicable in Delhi also)
47. 1982 Karnataka Devadasi (Prohibition of Dedication) Act
48. 1986 Andhra Pradesh Devadasi's (Prohibition of Dedication) Act

Prohibition of Child Marriages Act, 2006

Despite repealing the old law and enacting a new one, child marriages continue unabated. Stringent provisions and punishments in the law are not a deterrent as implementation remains poor. The Child Marriage Prohibition Officers have several other tasks at hand and are unable to check child marriages, which often receive political patronage. To be implemented in the states, there is the need for formulation of state rules but full and complete information on the status of formulation of state rules could not be accessed. However the rate of child marriages in the state has been used to develop an index.

Pre–Natal Diagnostic Techniques (Regulation and Prevention of Misuses) Act (The PNDT Act)

On 20 September 1994, the Parliament enacted the Pre–Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (the PNDT Act), which came into force in 1996 with the framing of the rules. This is an example of a central law that is applicable to all states as a central legislation.

This law failed as new techniques for sex determination were coming into use, pre–conception sex–selection remained unaddressed, monitoring of clinics and doctors was poor and penal provisions were ambiguous and very weak, the law penalized women for sex determination without addressing the patriarchal social milieu.

There are 30,000 registered ultrasound clinics spread all over the nation. Almost a million sex selective abortions take place in India annually, which points to the fact that at least 10,000–20,000 or more of the 30,000 clinics are either openly or covertly carrying out sex determination tests. Only 300 prosecutions (mainly for non–registration) and only one conviction so far.⁴ (Deshpande. n.d.)

In the 11 years of existence of the PNDT Act, the first conviction of a doctor came about only in March 2006. When these issues were brought to the notice of the Supreme Court in *CEHAT & Others vs. Union of India and Others*, the court ordered for a change in the law, which was amended in 2003 to be called the ‘The Pre–conception and Pre–natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC & PNDT Act). At the same time certain amendments were also brought about in the Rules of 1996, which came into effect from 14 February 2003, to ensure effective implementation of the Act and in view of the observations of the Supreme Court. The main purpose of this law is to ban the use of sex–selection techniques before or after conception as well as the misuse of pre–natal diagnostic techniques for sex selective abortions and to regulate such techniques.

Most ultrasound clinics are now registered, but this has not prevented them from continuing with sex determination tests. The fact that private clinics are allowed to function is a reflection of government’s inability to cater to the health needs through the public health system. Increased privatisation of health will make it even more difficult to hold private providers accountable.

Despite amendments, the All India Conference of State Secretaries of Health and Women and Child Development Departments, DGPs and NGOs held at Vigyan Bhawan in New Delhi on 11 August 2005 concluded that ‘no significant impact of the Act has been felt at the grassroots level because of the difficulties associated with the implementation of the Act.’

It was also noted at the Conference that there is an urgent need to increase the staff strength of the PNDT cell to 1000, of which 600 officers are deputed to each district and 300 monitor various districts from the centre. The budget for the PNDT cell needs to be increased to Rs. 200 crore to ensure effective implementation of PNDT Act.⁵ (Deshpande. n.d.)

Medical Termination of Pregnancy Act, 1971 (MTP)

In 2002 the Medical Termination of Pregnancy Act, 1971 was amended and new rules framed in 2003 to prevent the continued use of abortion as a means for eliminating the child. These amendments were based on the recommendations of the ‘expert group committee’ formed in 1997, and suggestions of the National Women’s Rights Commission (as a measure to prevent cases of ‘female foeticide’) along with the experience gained in the implementation of the MTP Act.⁶ (Yadav. 2005) While it was established as illegal in 1971 to abort a healthy foetus, particularly that of a girl child, the Amendment of 2002 established strict guidelines as to where and by whom medical terminations of pregnancies may be carried out, and imposed severe punishments, including rigorous imprisonment of 2 to 7 years, on those who violate the Act.⁷ (MWCD. 2006. 32)

There is little information available by way of documentation of evaluation of the implementation of this Act post the amendment. The ground reality is that female fetuses continue to be aborted and in fact at a much higher rate given the fall in sex-ratio at birth.

Registration of Births and Deaths Act, 1969

The national legal framework for registration is the Registration of Births and Deaths Act 1969 (RBD Act) and registration services are decentralised spreading across 28 States and 7 union territories with more than 200,000 registration centres. The RBD Act made reporting and registration of births and deaths compulsory.

However, the value of birth registration is often neglected in Indian communities in the face of problems that are more immediate and tangible. It is often seen as nothing more than a legal formality, with little relevance for the development of the child, including access to healthcare and education services. As a result there is a lack of support for birth registration from national and local authorities, and little demand from the general public, who remain unaware of its importance. The Government needs to overcome this challenge through awareness programmes and by making birth registration not just compulsory but also simple. The states have been ranked on the basis of their implementation of this act in a separate chapter.

Another problem in India is that birth registration does not necessarily ensure a birth certificate. In the present system, the birth certificate is issued only when the record of birth is shown to the issuing authority and an application is made. Issuing birth certificates at the time of registration would help especially in rural areas where people find it difficult to make a second journey to the municipality/panchayat where their child was born. Currently, people have to make several visits, spend several hundred rupees, and lose work days and hence wages to get a birth certificate.

Although birth registration is decentralised, the Committee on the Rights of the Child had recommended to India in its Concluding Observations dated February 2004 that steps such as the establishment of mobile registration offices and registration units in schools and health facilities be taken. It further recommended that the State party seek technical assistance from, among others, UNICEF and UNFPA. Currently, in India there are no systems established for setting up of mobile registration offices. Such a move will help mothers who go to their natal family for delivery as the birth of their new born can be registered by a mobile unit.

Guardianship Laws

In recognition of the overwhelming patriarchal nature of our society, natural guardianship is given to the father while childcare responsibilities are delegated to the mother. In most communities, children carry the father's name, and most documents continue to require the father's name as the guardian of the child, even when he/she may be living with the mother. This is not only unjust, but also insensitive to both mother and child, given the fact that one-third of all households in India are female-headed.

The custody laws too favour the father and grant the mother the status of a caretaker. Mothers can only be custodians if for any reason fathers are unable to be guardians.⁸

Various Supreme Court judgements have declared that the mother is as much a child's natural guardian as the father, boosting the principle that the parent who can provide better care of the child and love should have custody. Yet, the situation on ground is different.

The judgement in Geetha Hariharan and Another vs. Reserve Bank of India ((1999) 2 SSC 228) and Vandana Shiva vs. J. Bandopadhyaya and Another (236 ITR 380) declared that the mother was as much the child's natural guardian as the father. This judgement brings family reality into consonance with requirements of the CRC. Indeed in a country where one third of the households are female-headed, it is critical that the mother be recognised as guardian of the child and all official documents also ask for the mother's name to determine identity rather than continue only with the father's name!

Personal laws govern matters of maintenance, custody, adoption and other matters regarding the family environment. The government has been wary of amending personal laws, and many provisions remain that do not serve best interests of the child.

Although legislation in some cases does take care of the interests of the child and protects its rights within the family or with respect to the family, most of it provides for the rights of parents and guardians OVER the child rather than the other way round.

Adoption

But for the Hindu Maintenance and Adoption Act, governing Hindu children, and the Juvenile Justice law which provides for adoption as a form of alternate care for children in need of care and protection, there is no law on adoption in the country that clearly lays down the adoption procedures. The Supreme Court judgement in Lakshmikant Pandey vs. Union of India led to establishment of the Central Adoption Resource Agency, which has failed to check illegal adoptions. In fact it has even failed to provide data on children awaiting adoption and adoptive parents in the waitlist. CARA guidelines have been weak and have had no force in checking illegal adoptions and sale of babies in the name of adoption.

While number of children being given in foreign adoptions has reduced, the number of domestic adoptions is not very encouraging. A fair assessment however is only possible if CARA would provide statistics on number of parents and children in waiting.

It is important to note that babies are sold everyday in the name of adoption. While one of the reasons could be a cumbersome process, the most important reason is that there are no checks on illegal sourcing of children. Hospitals are out of the purview of CARA and so are many orphanages that are not registered as an adoption agency or a child care institution under the juvenile justice law.



A check on adoption agencies has only been possible through civil society action and with intervention of courts. Yet, a lot needs to be done as babies disappear from hospitals and adoption agencies.

CARA has meanwhile drafted a new set of guidelines, notified on 24 June 2011. The drafting of these guidelines took more than three years. Given that these are only guidelines and do not have a binding force, the likelihood of their violation remains. Moreover, the new guidelines are not sensitive to the needs of the disabled children, as the primary thrust seems to be on getting rid of children with special needs at the earliest possible. In the name of finding such children a permanent family, the government has abdicated its responsibility towards

treatment of even minor correctible disabilities in orphaned, abandoned and surrendered children who are put up for adoption.

Inter-country adoptions are still governed by the Guardianship and Wards Act (1890) and the final adoption takes place only in the country of the adoptive parents. Often the follow-up is weak and many adopted children have come back in search of their roots or with complaints of mal-treatment. Illegal sourcing for inter-country adoption, which fetch huge amounts of money to an adoption agency, is well documented by now. Recognising the problems that arise, the Central Adoption Resource Authority (CARA) has evolved Guidelines for Inter-Country Adoption, 2006, though implementation of these guidelines remains very inadequate.

That there is no information available regarding the setting up of the State Adoption Resource Agencies has already been discussed above.

Rules

Children's issues are part of the concurrent list or the state list appended to the Constitution of India. Hence, on most children's issues the states can frame their own legislations and policies. Even on central legislations and policies that govern children, the states have to frame their own rules to implement them.

Central Rules

Rules have been framed by the Central Government for certain Central Legislations. Some of the important ones relating to children are:

- 1988 The Child Labour (Prohibition and Regulation) Rules
- 1996 The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Rules, as amended in 2003⁹
- 2006 National Commission for Protection of Child Rights Rules
- 2007 The Juvenile Justice (Care and Protection of Children) Rules
- 2010 Model rules under the Right of Children to Free and Compulsory Education Act, 2009

State Rules

Attempts made at collecting information on various state rules brought to light the fact that the states are lagging far behind on the framing of rules for implementation of various national laws. In most states and union territories, state rules have not been framed even for age old legislations like the Child Labour (Prohibition and Regulation) Act.

In Rajasthan for instance, until May 2011, when the state finally framed the new rules on juvenile justice, the old rules were being followed, flouting the legal requirement. Similarly in Bihar, neither have new rules been framed nor is there any order or circular of the concerned government department stating that the central rules ought to be followed in the absence of formulation of new state rules.

Based on the information gathered, we have attempted to list out the states that have made their own rules on some of the major laws for children, showing their commitment to them.

State Rules under the Right of Children to Free and Compulsory Education Act, 2009 (RTE)

The Central Model Rules on Right of Children to Free and Compulsory Education were notified in the Official Gazette on 8 April 2010. As of 1 April 2011, one year after the right to free and compulsory education came

into effect, the status of rules framed by the states and union territories for implementation of this right is as follows¹⁰ (MoHRD. 2011. 1 April) :

Table 3.2: The Status of Rules Framed by the States and Union Territories for Implementation of RTE	
Notification of State RTE Rules	<p>Andhra Pradesh, Arunachal Pradesh, Himachal Pradesh, Manipur, Orissa, Sikkim, Chhattisgarh, Madhya Pradesh, Rajasthan, Mizoram, have notified their State RTE Rules; A&N Islands, Chandigarh, Lakshadweep, Daman and Diu, Dadra & Nagar Haveli have adopted Central RTE Rules</p> <p>Assam, Bihar, Delhi, Gujarat, Jharkhand, Karnataka, Kerala, Maharashtra, Nagaland, Puducherry, Punjab, Tamil Nadu, Tripura, Uttar Pradesh, Uttarakhand, West Bengal have prepared the draft State RTE Rules</p>

State Rules framed under the Child Labour (Prohibition and Regulation) Act, 1986

Here again, status of rules framed by the states for implementation of the Child Labour (Prohibition and Regulation) Act is not known for all the states. The information available from various central and state government websites is as follows:

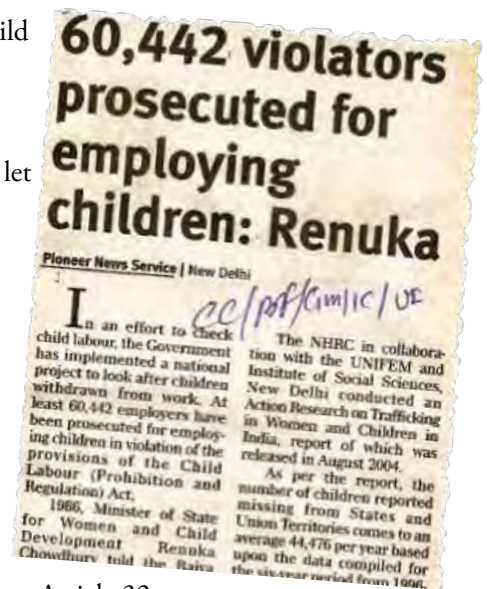
Table 3.3: Present Status of State Rules Framed under the Child Labour Act		
S. No.	State	Year in which the rules were framed
1.	Bihar	1995
2.	Delhi	1988
3.	Goa	1994
4.	Gujarat	1994
5.	Haryana	1988
6.	Karnataka	1997
7.	Kerala	1993
8.	Madhya Pradesh	1993
9.	Meghalaya	As of 17 June 2011, Meghalaya is yet to notify the rules
10.	Orissa	1994
11.	Punjab	1997
12.	Rajasthan	Follows the Central Rules dated 1988
13.	Tamil Nadu	1994
14.	West Bengal	1995

While the child labour law is yet to be amended, there have been additions from time to time to the list of hazardous occupations and processes where employment of children below 14 years of age is prohibited. After years of campaign by groups and activist, the government banned employment of children as domestic workers in the *dhabas* (road-side eateries), restaurants, hotels, motels, tea-shops, resorts, spas or other recreational centres w.e.f 10th of October 2006 (Gazette Notification of 3 June 2008 No.S-27019/1/93-CL). Similarly, in May 2008, the government added 'diving' to the list of prohibited occupations/ processes. At present, employment of children in 65 occupations and 15 processes is prohibited. While a total ban eliminating distinction between hazardous and non-hazardous employment in the case of children is still a dream, the present efforts are insufficient to ensure prosecution of offenders.

What is even more disconcerting is that because the laws dealing with child labour are weak – a bailable offence with a minimum of three months and a maximum of a year's imprisonment OR/AND a fine of Rs. 10,000 extending to Rs. 20,000 – the implementation of the law remains tardy. Taking recourse to the choice given, in almost all cases the employers are let off with a fine.

The Government is yet to implement the CRC Committee's recommendation that the 1986 Child Labour Act be amended so that government schools and training centres are no longer exempt from prohibitions on employing children; and coverage is expanded to include agriculture and other informal sectors or that the Factories Act be amended to cover all factories or workshops employing child labour and the Beedi Act be amended so that exemptions for household-based production are eliminated.

CRC Committee's recommendation to India to withdraw its declaration on Article 32 of the Convention seems to be falling on deaf ears. In fact, in the light of enactment of the law guaranteeing free and compulsory education to all children aged 6–14 years, the child labour law, policy and schemes are left with no meaning and should not be required at all. As the current child labour law allows regulation of child labour in some sectors, it is violative of the fundamental right to education guaranteed under Article 21A of the Constitution of India.



Committee recommends withdrawal of declaration on Article 32

The Committee encourages the State party to withdraw its declaration with respect to article 32 of the Convention, as it is unnecessary in light of the efforts the State party is making to address child labour.

*28 January 2000
CRC/C/15/Add.115*

In light of the State party's numerous measures to implement progressively article 32 of the Convention, the Committee has serious doubt at the necessity of this declaration....In line with its previous recommendations [Ibid., para. 66], and in light of the 1993 Vienna Declaration and Programme of Action, the Committee urges the State party to withdraw the declaration made to article 32 of the Convention.

*CRC/C/15/Add.228
30 January 2004*

State Rules under Juvenile Justice (Care and Protection of Children) Act

In 2007 the Ministry of Women and Child Development notified the Juvenile Justice (Care and Protection of Children) Rules, 2007 as the central model rules on juvenile justice. Under Rule 96 of these central model rules, the states are required to frame their own rules conforming to the 2007 central model rules or else the central model rules apply mutatis mutandis. The exact status of formulation of juvenile justice rules in the states

as per the 2007 central model rules is not available. The little information that could be gathered from various sources in this regard is as follows:

Table 3.4: Present Status of State Rules Framed under the Juvenile Justice Act	
State	Status
Andhra Pradesh	The Andhra Pradesh Juvenile Justice (Care and Protection of Children) Draft Rules, 2009 have been framed but are not yet finalized
Assam	New Rules were notified recently on 22 September 2011.
Bihar	Status is not clear as new rules have not been formulated and there is nothing in writing to suggest that the central model rules ought to be followed.
Delhi	New rules were formulated in 2009 to be called the Delhi Juvenile Justice (Care and Protection of Children) Rules, 2009.
Gujarat	The Gujarat Juvenile Justice (Care and Protection of Children) Rules, 2011 are dated 14 February 2011. They were issued by the Gujarat Social Justice and Empowerment Department.
Haryana	Haryana Juvenile Justice (Care and Protection of Children) Rules, 2009 have been approved according to a newspaper report dated 22 August 2009. ¹¹ However, the official website of the Haryana Government continues to suggest that the rules are dated 2002.
Jharkhand	The state has adopted the central model rules of 2007.
Karnataka	The Juvenile Justice (Care and Protection of Children) Karnataka Rules, 2010 are in place.
Kerala	The state rules have not been revised, neither central model rules of 2007 adopted. In 2009, a Kerala High Court judgement, while dealing with a question of whether a woman was required to surrender her child before the CWC as per the central model rules of 2007, ruled that the state was not bound by the central law. ¹²
Madhya Pradesh	New state rules were notified on 3 October 2008.
Rajasthan	New rules were notified on 13 May 2011.
Tamil Nadu	The central rules are being relied upon in Tamil Nadu in the absence of revised state rules. In 2008, Madras High Court directed the state government to revise the draft rules. ¹³ In the absence of revised rules, in January 2011, while dealing with a serial blasts case, when the petitioner pleaded that he was a juvenile as per the records required to be relied upon under the 2007 juvenile justice central model rules, the Madras High Court followed the central model rules in its decision. ¹⁴
Uttar Pradesh	According to a report by Justice Vineet Saran, Chairman, Committee dealing with Juvenile Homes on inspection of homes in the state, undertaken by virtue of a resolution of the committee dated 10 February 2011, the state is following the central model rules in the absence of formulation of the new state rules. However, there is no official circular in this regard. ¹⁵
West Bengal	New state rules are dated 2009.

Policy Framework

National Charter for Children 2003

This Charter was published in the Extraordinary Gazette of India, by the Ministry of Human Resource Development through its Department of Women and Child Development dated the 9 February 2004.

The Charter reiterates the commitment of the Government of India to the cause of the children in order to see that no child remains hungry, illiterate or sick. Underlying this Charter is the intent to secure for every

child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation.

The 2003 Charter has come under criticism from child rights activists for a number of reasons. Primary among them is the fact that its legal status is not clear. **It does not over-ride or 'is in place of' the National Policy for Children, 1974 that had been**

brought in before the Convention on the Rights of the Child. That it does not mention at all or draw upon the Convention is also being commented upon. When questioned on this at the presentation of India's Second periodic report at the CRC Committee the head of the Indian delegation said that it had the 'basic essence' of the Convention.

The Committee is nevertheless concerned that the National Charter for Children does not adopt a child rights based approach and does not explicitly include all rights and principles of the Convention.

CRC/C/15/Add.228

30 January 2004

National Policy for Children

The National Policy for Children in India is dated 1974. Since then the government has adopted two National Plans of Action for Children, dated 1992 and 2005 as also a National Charter for Children, 2003, but has not come up with a new policy. The Ministry of Women and Child Development has initiated the process of drafting a new policy for children, which is currently in abeyance.

None of the states have a policy for children.

Issue Specific Policies

There are **8** critical policy documents that relate to or have a bearing on children's rights, some of which have been translated into action plans and programmes and schemes. These are listed below.

Policy documents specifically for children are:

1974 National Policy for Children (under revision)

1986 National Policy on Education

1986 National Policy on Child Labour

2003 National Children's Charter

2003 National Youth Policy

Other policy documents having a bearing on children's rights include:

1988 National Policy for the Mentally Handicapped

1993 National Nutrition Policy

2002 National Health Policy

2006 National Policy for Persons with Disabilities

Plans of Action for Children

Plans of Action for children have come to receive importance fairly recently. These are formulated both at the national and the state level.

National Plans of Action

The various national plans of action for children¹⁶ (MWCD. 2011a) that India has formulated in the last two decades are:

- 1992 National Plan of Action for children
- 1992 National Plan of Action for the SAARC Decade of the Girl Child (1991–2000)
- 1998 National Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children¹⁷ (MWCD. 2011b. 233)
- 2005 National Plan of Action for Children
- 2005 National Plan of Action for Children (NPAC) Affected by Human Immunodeficiency Virus (HIV)/ Acquired Immuno Deficiency Syndrome (AIDS)¹⁸ (MWCD. 2011b. 283)

A National Plan of Action for Children (NPA) was released in August 1992¹⁹ (DWCD. 1992) following which India acceded to the UN Convention on the Rights of the Child in December, 1992. While the NPA for Children set out quantifiable goals to be achieved by 2000 AD in the priority areas of health, nutrition, education, water, sanitation and environment, the NPA for the Girl Child (1991–2000) aimed at removal of gender bias and enhancing the status of girl child in the society, so as to provide them the equal opportunities for their survival, protection and development. Both the Plans of Action adopted an inter-sectoral approach in achieving sectoral goals laid down in the Action Plans in close uniformity with the major goals of ‘Health for All’, ‘Education for All’ etc.

The National Plan of Action of 1992 comprised of goals and objectives not just for children but women as well.²⁰ (DWCD. 1992) In fact it also contained a section on “Children and Environment” (Section VIII). In 2005, the Government of India came up with a new National Plan of Action for Children.

The 1992 Plan of Action did not provide for specific actions on the issues of child participation, children affected by HIV/AIDS, child trafficking, sexual exploitation and child pornography, children in conflict with law, and early childhood care and development. However it did contain a section on Children and environment, but which is not to be found in the subsequent Plan dated 2005.

As regards the National Plan of Action for the girl Child, clearly, the states did not feel the need to have the state plan for the girl child and finally the National Plan of Action for Girl Children was merged with the National Plan of Action for Children in 2005. The falling sex ratio in various age groups only calls for a focused approach and specific plan of action aimed at empowering the girl children.

States were expected to draft their own plans of action based on this.

State Plans of Action for Children

The States are required to form their own State Plan of Action for Children. Most states and union territories are yet to formulate their **State Plan of Action for Children** based on the National Plan of Action for Children, 2005. There is no readily available updated information in this regard, the 2007 National Report of Government of India on World Fit for Children reported that about 13 States have already prepared their Action Plans.²¹ (MWCD. 2007. 3) Research carried out for preparing this report reveals that 17 states have had some plan of action for children in place. These include Assam, Arunachal Pradesh, Bihar, Delhi, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Manipur, Meghalaya, Mizoram, Orissa, Punjab, Rajasthan, Tamil Nadu and West Bengal. States with Plan of Action for Children post formulation of the National Plan of Action, 2005 are only Orissa, Gujarat and Bihar. Karnataka and Kerala formulated their plans in 2004 and 2003 respectively with goals set to be achieved by 2010. Since their plans were formulated a year or two prior to the 2005 National Plan of Action, they did not reformulate their plans of action.

Further, as per a 1995 report of the Government of India, governments of Karnataka, Madhya Pradesh, Tamil Nadu and Goa have formulated the State Plan of Action for Girl Children.²² (DWCD. 1995. 19-29)

In 2008, the Government of Bihar formulated 'Astitva', the Bihar Action Plan for preventing and combating trafficking of human beings, and rehabilitating victims and survivors of trafficking.²³ (MWCD. 2011a. 22) Even more recent is the Bihar government's State Plan of Action for Elimination, Release and Rehabilitation of Child Labour.²⁴ (Govt. of Bihar. 2006) Karnataka too has a plan of action to deal with *Devadasi* tradition (the practice of dedicating girls to Gods and Goddesses).²⁵ (MWCD. 2011a. 22)

Programmes and Schemes

A decadal analysis of the government's budget from a child rights' perspective undertaken by HAQ: Centre for Child Rights in the year 2000 found 120 central government programmes and schemes for children operational through 13 Ministries. Now this number is 73, largely because many schemes have been merged, while a few have been completely closed down or replaced by some other new scheme.

Many of the states have their own specific programmes and schemes, for which a comprehensive list was not available at this stage.

Mechanisms for Realization of Rights of Children

Ministries

There are 9 Ministries catering to the needs of children in a substantial way, though there are others too that have taken a few initiatives e.g. Ministries of Home Affairs and Departments of Atomic Energy, Nuclear Power, Industrial Policy Promotion, Telecommunications and Posts have taken small steps in the field of education by giving scholarships or setting up institutions or instituting rewards for children of their staff or other groups of workers in some of their areas of operation. The nine main Ministries however, are:

1. Ministry of Women and Child Development
2. Ministry of Health and Family Welfare
3. Ministry of Human Resource Development, Department of Education
4. Ministry of Labour & Employment
5. Ministry of Social Justice & Empowerment
6. Ministry of Youth Affairs and Sports
7. Ministry of Tribal Affairs
8. Ministry of Minority Affairs
9. Ministry of Home Affairs

Separate Ministry for Women and Children

The Department of Women and Child Development was set up in the year 1985 as a part of the Ministry of Human Resource Development to give the much needed impetus to the holistic development of women and children. With effect from 30 January 2006, the Department was upgraded to a Union level Ministry under the independent charge of the Minister of State for Women and Child Development.²⁶ This brought consolidation of two major child rights issues under one Ministry to a large extent viz. early childhood care and child

protection. Specific programmes on elimination of child labour, programmes and schemes for disabled children, children affected by HIV/AIDS, schemes for protection of children belonging to the Scheduled Tribes and Scheduled Castes and other minority communities however, continue to remain with different Ministries.

In most states children's programmes are spread across different departments. Not all states have departments of Women and Children. In such cases the nodal department is the Department of Social Welfare.

Other Institutions/Institutional Mechanisms set up for Implementation of Programmes and Schemes or Monitoring of Programmes and Schemes

- National Institute of Public Cooperation & Child Development (NIPCCD)
- National Institute for Social Defence (NISD)
- Central Adoption Resource Agency (CARA)
- National Council of Teacher Education (NCTE)
- National and State Councils for Educational research and Training (NCERT and SCERTs)
- National Institute of Open Schooling (NIOS)
- National and State Commissions for Protection of Child Rights (NCPCR and SCPCRs)
- Juvenile Justice Boards (JJBs) and Child Welfare Committees (CWCs)
- National Rehabilitation Council
- Family Courts
- Children's Courts (designated only in Delhi so far)
- Child care institutions and protective homes, including adoption agencies

The National and State Commissions for Protection of Child Rights

The Commissions for Protection of Child Rights Act, 2005 (Act No. 4 of 2006) and the amendment to it in 2006 (Act No. 4 of 2007) deals with the establishment of Commissions (both at the Centre and State), and the creation of children's courts to look into matters affecting rights of children.

The first National Commission for Protection of Child Rights was constituted in 2007 with a chairperson and only two of the six members. Unfortunately the selection of the members was not accorded the seriousness that it deserved, which led to the filing of a Public Interest Litigation challenging the appointment of two NCPCR members who did not fulfil the eligibility criteria.

The second Commission was constituted in May 2010, with only a Chairperson in place until November 2010, when the members were selected and appointed on 22 November 2010 despite great criticism regarding the selection process and lack of transparency as also a Public Interest Litigation in the Delhi High Court.

State Commissions for Children

According to the National Commissions for Protection of Children Act, all states have to set up state commissions. Unfortunately, the trend has been one of going ahead with the setting up the commissions, without formulation of the state rules.

Of the 12 states that have set up the commission for protection of child rights, only 3 viz. Chhattisgarh, Delhi and Orissa, framed the requisite rules prior to setting up these bodies. Since Gujarat has merged children's issues into the state commission for women, no rules were framed for the children's commission. Even in progressive

states like Karnataka, the Commission came into being on 3 July 2009, while the rules were framed only in 2010. Absence of rules before setting up the commissions can affect the functioning of the such bodies. For instance, in Karnataka, the Chairperson and the Members of the Commission do not enjoy the same position as that enjoyed by their counterparts in the National Commission, whereas the role and the tasks assigned to the state and the national commissions are the same. The absence of rules also makes it difficult for the state government to assign requisite number of staff and infrastructure to the commission, thus affecting the efficacy of the state commission.

While the Delhi State Commission was set up in September 2008 with a Chairperson and four members, Madhya Pradesh and Rajasthan have only notified the Commissions but the members have not been appointed. Goa has also adopted the Goa State Commission for Children Rules, 2004.²⁷

Table 3.5: Establishing State Commissions for Protection of Child Rights without Rules			
S. No.	State	Year in which the Commission was set up	Year in which the rules were framed
1.	Assam	04 Mar 2010	Rules are yet to be framed
2.	Bihar	23 Dec 2008	Bihar Commission for Protection of Child Rights Rules, 2010, notified on 19 Aug 2010
3.	Chhattisgarh	17 Jun 2010	Commission for Protection of Child Rights Rules, 2009
4.	Delhi	08 Sep 2008	Delhi Commission for Protection of Child Rights Rules, 2008
5.	Goa	15 Apr 2008	Goa Commission for Protection of Child Rights Rules, 2010
6.	Gujarat	The Commission is merged with the Gujarat State Commission for Women	_____
7.	Karnataka	3 July 2009	Karnataka State Commission for Protection of Child Rights Rules, 2010
8.	Kerala	Not yet constituted	In July 2011, the rules of the Kerala State Commission for Protection of Child Rights Rules, drafted by the Centre for Child and the Law, National Law School of India University, Bangalore, were discussed and given a final shape by experts ²⁸ , but they are yet to be notified.
9.	Madhya Pradesh	Information not available	Madhya Pradesh Commission for Protection of Child Rights Rules, 2007
10.	Maharashtra	24 Jul 2007	Maharashtra State Commission for Protection of Child Rights Rules, 2010
11.	Orissa	30 Sept 2010	Orissa State Commission for Protection of Child Rights Rules, 2009
12.	Punjab	15 Apr 2011 The Commission has been set up on paper. The Chairperson and Members are yet to be appointed.	Information not available
13.	Rajasthan	23 Feb 2010	Rajasthan State Commission for Protection of Child Rights Rules, 2010
14.	Sikkim	10 Jan 2008	Sikkim Commission for Protection of Child Rights Rules, 2007

Source: <http://www.ncpcr.gov.in/scpcr.htm>

Child panel head says priest to decide if child needs nutrition, kicks up row

Himanshi Dhawan, TNN, Feb 9, 2011, 03.45am IST

NEW DELHI: “My suggestion is to appoint a Brahmin priest in each of these centres and require the priest to verify the horoscope of every child brought to the centre. After studying a child’s horoscope if the priest is of the opinion that the child will grow into a good citizen of this country, it must be provided treatment at the centre. For the rest, I would say, let us leave them to their fate...”

This statement allegedly made by Madhya Pradesh’s child rights panel chief Justice Sheela Khanna to tackle malnutrition has raised the hackles of activists. They have demanded that the National Commission for Protection of Child Rights (NCPCR) take action against Khanna. NCPCR chairperson Shanta Sinha has written to the state commission asking for a response adding that if true the remarks were “obnoxious” and flouts child rights.

Source: http://articles.timesofindia.indiatimes.com/2011-02-09/india/28545095_1_child-rights-shanta-sinha-priest, accessed on 1 March 2011

However, the selection of the members in the states too has been questioned. For example, in Rajasthan all the members of the state commission also hold other government offices. In Maharashtra, one of the members of the state commission was also on the selection panel for the commission, amounting to a clear violation of ethical, transparent and accountable governance. In October 2010, the Chairperson of the Madhya Pradesh State Commission for Protection of Child Rights was in news for having shown utter disregard for the poor children. According to her, horoscopes of children in the Nutrition Centres should be verified by a Brahmin priest and if the priest opines that the child will grow into a good citizen, it must be provided treatment, while the rest can be left to their fate as the government cannot spend on them. There has been no action against her till date.

Moreover, these Commissions are budgeted as a programme or scheme of the Ministry of Women and Child Development or its corresponding department in the states. This affects their autonomy and hampers effective monitoring of the state on implementation of child rights, which is a critical role of these commissions.

The payment made to the chairpersons and members of the commissions too differ from state to state. In Karnataka for example pays members per day of sitting fees, while Delhi pays Rs. 25,000 per month for the Chairperson and Rs.20,000 per month for the other members. They are entitled to no other facilities and are to be full time with the Commission, not being allowed to take on any other employment. The only exception is for Retired Government Employees, whose last salary would be matched. Given the poor remuneration being offered, there is very little hope of getting a professionally qualified young person, who needs to earn a living, to be on the Commission. Only retired government employees would find it worth their while.

THE HINDU

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Thursday, Mar 10, 2011

In a significant observation, the committee has said that the manner in which the rules for the State commission have been conceived is not in consonance with the guiding Central legislation, Commissions for Protection of Child Rights Act, 2005.

It has noted that the National commission's chairperson has the powers and salary on a par with the Cabinet Secretary, while its counterpart in Karnataka draws a salary of Rs. 3,500 a month despite it being a full-time post. None of the members is a full-timer, and members draw a sitting fee of Rs. 500 per meeting.

Source: Bageshree S, Government has made child rights panel sick; report, Legislature committee blames Government for apathy.

Available at: <http://www.hindu.com/2011/03/10/stories/2011031063010600.htm>

National Institute of Public Cooperation & Child Development (NIPCCD)

In order to cater to the regional requirements of research and training in the field of Women and Child Development in the country, the institute has setup four Regional Centres at Bangalore, Guwahati, Lucknow and Indore.

Regional Centre, Bangalore covers the States of Andhra Pradesh, Karnataka, Kerala, Tamil Nadu and Union Territories of Puducherry and Lakshadweep.

Regional Centre, Guwahati covers the States of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Sikkim Tripura and West Bengal.

Regional Centre, Indore covers the States of Chhattisgarh, Goa, Gujarat, Madhya Pradesh, Maharashtra, Rajasthan and Union Territories of Dadra and Nagar Haveli and Daman and Diu.

Central Adoption Resource Agency (CARA)

The Central Adoption Resource Authority (CARA) is an Autonomous Body under the Ministry of Women & Child Development, Government of India. Its mandate is to find a loving and caring family for every orphan/ destitute/surrendered child in the country. Adoptions in the states are to be co-ordinated through the State Adoption Resource Agency (SARA). There is no list of such agencies available as yet.

Juvenile Justice Boards (JJBs) and Child Welfare Committees (CWCs)

As per the Juvenile Justice (Care and Protection) Act, 2000, every district must have a JJB and a CWC. However, according to the Government of India, there are 548 Child Welfare Committees and 561 Juvenile Justice Boards spread over the states and Union Territories, leaving many districts without these mechanisms.

National Co-ordination Group on the Rights of the Child

The National Co-ordination Group on the Rights of the Child (NCG) meant to coordinate and monitor implementation of CRC and other national and international instruments related to child rights was formed in 2004. The NCG was first reconstituted in April 2005 and then again in October 2007.

Resources

Budget for Children

The Ministry of Women and Child Development has been undertaking analysis of budget for children since 2003. This was a time when budget analysis had been established as a monitoring tool by civil society groups that analysed national budget in the context of specific issues such as education, or special groups of people such as the *dalits* and children.²⁸ Drawing upon the existing civil society initiative on child budget analysis, in October 2005, at a national meeting, the MWCD (then the Department of Women and Child Development), announced that it would be undertake child budget analysis in Centre as well as the states called for this purpose. Since then it has been a regular feature of the MWCD.

As a policy commitment, child budgeting thus found space in both the National Plan of Action 2005 and the Eleventh Five Year Plan documents.

Moreover, in 2008–09, as an outcome of advocacy by civil society organisation, the Finance Bill included a separate expenditure statement on children (statement no. 22), which has since become a regular feature in the Finance Bill presented and passed by the Parliament every fiscal year.

However, the state government's are yet to undertake budget analysis for children.

HAQ has been analysing allocations and spending on children since 2000. Our analysis shows that actual spending on children in the total union budget expenditure increased by 1 percentage point between 1990 and 1998 (from 0.6 per cent in 1990 to 1.6 per cent in 1998). The decadal average of spending on children

Recognising that children under 18 constitute a significant percentage of the Indian population, the Government is committed to their welfare and development. This statement reflects budget provisions of schemes that are meant substantially for the welfare of children. These provisions indicate educational outlays, provisions for the girl child, health, provisions for Child protection, etc.

— *Ministry of Finance, Government of India, Expenditure Budget. Volume-I, 2008–09*

“We will score another ‘first’ this year. A statement on child related schemes is included in the budget documents and Honourable Members will be happy to note that the total expenditure on these schemes is of the order of Rs. 33,434 crore.”

— *Finance Minister, Budget Speech, Budget 2008–2009*

Fig 3.1: BfC as percentage of Union Budget, average allocation 2000–01 to 2008–09

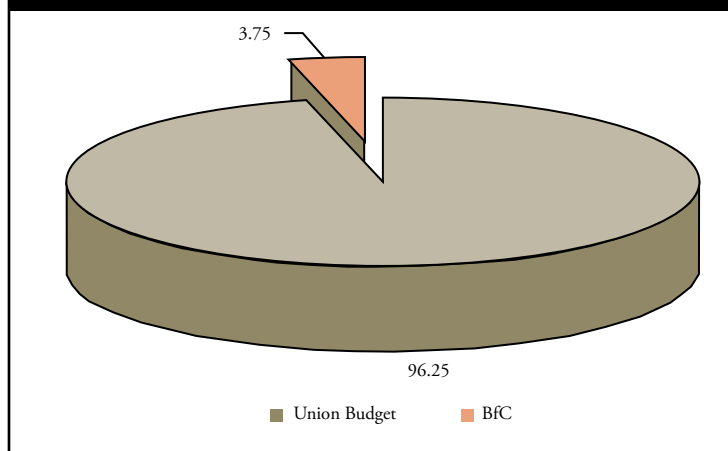
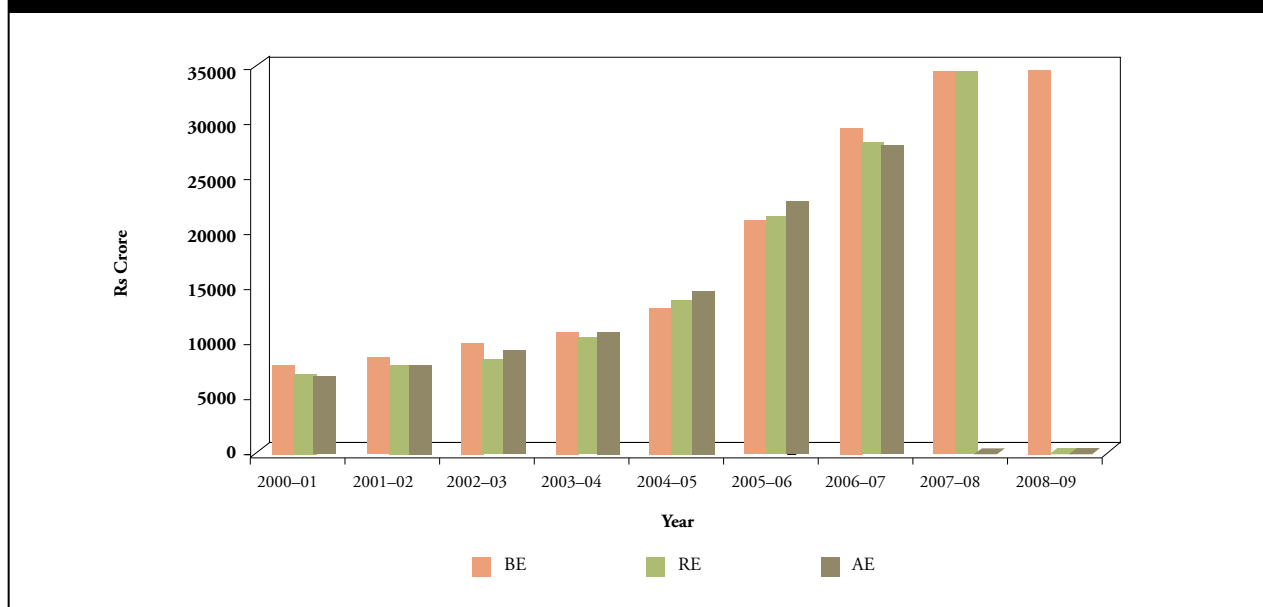


Fig 3.2: BE, RE and AE in Budget for Children 2000–01 to 2008–09



went up from about 2 per cent of the total union budget during 1990–2000, to a little over 4 per cent during 2001–2010. Average share of budget allocation for children in the union budget between 2000–2001 and 2008–09 was 3.75 per cent.

Budgetary allocations and expenditure for children in the union budget in the last decade are as shown in the graph below:

Table 3.6 shows the sectoral allocations in the Union Budget over the last decade.

Year	Development	Health	Education	Protection
2000–01	0.36	0.54	1.45	0.02
2001–02	0.41	0.47	1.41	0.03
2002–03	0.45	0.51	1.45	0.04
2003–04	0.50	1.45	1.47	0.03
2004–05	0.42	0.66	1.64	0.03
2005–06	0.66	0.76	2.63	0.03
2006–07	0.83	0.84	3.52	0.04
2007–08	0.80	0.71	3.51	0.05
2008–09	0.86	0.82	2.88	0.07
Average	0.63	0.67	2.41	0.04

Source: Detailed Demands for Grants, Ministry of HRD, Ministry of SJ&E, Ministry of Labour, Ministry of Health and Family Welfare and Ministry of Women and Child Development (2000–01 to 2008–09)

HAQ has also been analysing budgets in a few states and table below shows the sectoral allocation by these states for children.

Table 3.7: Budget for Children as Percentage of the State Budget and Sectoral Allocation within BfC as Percentage of the State Budget (2004–05 to 2008–09)

State	BfC in State budget In per cent	Sectoral allocation within BfC and State Budget In per cent							
		Education		Health		Development		Protection	
		State Budget	BfC	State Budget	BfC	State Budget	BfC	State Budget	BfC
Assam	7.7	6.8	88.30	0.08	1.80	0.81	10.49	0.01	0.11
Andhra Pradesh	14.07	11.80	88.20	2.15	1.25	2.15	14.48	0.13	0.99
Himachal Pradesh	14.14	13.50	85.44	0.003	0.43	0.58	9.43	0.06	0.19
Odisha	13.51	11.54	85.25	0.54	4.00	1.38	10.34	0.05	0.40
Uttar Pradesh	13.63	11.64	85.44	0.19	4.90	1.29	9.43	0.03	0.19
West Bengal	13.48	12.04	89.35	0.34	2.50	1.07	7.91	0.03	0.24

Source: Detail Demands for Grants of various concerned Departments, for the years mentioned in the table, Government of Assam, AP, HP, Odisha, UP and West Bengal.

Within the budget for children, of all sectors, education has the highest budget, while child protection has always received the least attention. This despite introduction of a comprehensive scheme on child protection in the Eleventh Five Year Plan.

In the education budget, a significant proportion of the resources are being raised through a cess imposed on all services. As far as health is concerned, the budget is largely in the form of external aid.

Child protection has been the least attended sector and continues to be so. The average expenditure on child protection was 0.01 percent of the total union budget expenditure in 1990–91, going up marginally to 0.03 percent in 2006–07. Spending has always been less than the allocated budget. And this is true of the states too.

Data Collection and Management

Accurate data is vital to providing a more realistic foundation for truly assessing the scale of the problem and following it with better prescribed policies and appropriately funding schemes and programmes. However, even after 20 years of the CRC and repeated recommendations of the CRC Committee to India, getting accurate and reliable data on children remains a challenge in India.

One of the major goals of the 2005 National Plan of Action for Children was to build a comprehensive system for data collection and analysis. The goal is yet to be achieved.

This Plan will be regularly monitored at the national, state and district levels, to assess progress towards the goals and targets. A comprehensive system would be developed and operated to collect and analyse disaggregated data on children, based on age, gender, cultural and socio-economic grouping, and special needs and circumstances. Disaggregated data and analysis would be used to assess progress in achievement of child rights goals. A range of child-focused research will also be supported to gather data and understanding in areas where information on the situation is inadequate.

— *National Plan of Action for Children, 2005*

Problems with the existing data includes non-availability of disaggregated data for all child rights indicators, e.g. child participation and all forms of disability amongst children; non-availability of district level data; duplication of data; and lack of updated information. The Census data being a household survey is most reliable. However, since it takes place once in ten years, often the data becomes redundant. The sample surveys indeed cannot be fully relied upon and can only be treated as projections. Moreover, use of differing methodologies by different sources on the same issue or indicator, results in conflicting information. Thus we continue to see not only inadequate data but also conflicting data from various government sources:

1. **Birth Registration:** The Government's apathy in the importance of birth registration gets reflected in the availability of data on birth registration. Different sources suggest different levels of both birth as well as death registration. For example,
 - a. The most recent available data from the Ministry of Home Affairs indicates that India's overall birth registration rate in 2007 is 74 per cent, a 5 per cent increase on the previous year.
 - b. In 2007, the National Family Health Survey (NFHS-3) sponsored by the Ministry of Health and Family Welfare found that 41.5 per cent of Indian children aged 0–4 are registered,
 - c. For the same period a survey carried out by the Office of the Registrar General of India (ORGI) indicated that 62.5 per cent of children were registered, a difference of approximately 20 per cent.
 - d. Moreover, much of the available data is not disaggregated by gender, which makes it difficult to highlight the specific situation of girls in relation to birth registration. This data needs to be available at the district level as well, for more efficient micro-planning.
2. **Child Labour:** While India is known to have the highest number of child labourers in the world, getting an exact number of those labourers is nearly impossible. There are varying estimates of the number of working children in the country due to differing definitions and methods of estimation. Two main sources of official information, the National Sample Survey Organization (NSSO) and the Census of India provide different

Table 3.8: Estimates of Working Children in India	
Source	Number of Working Children
2001 National Census	12.6 million (5.2%)
Ministry of Labour and Employment	2 million in hazardous industries *
National Sample Survey	2000 16.4 million (6.5%)
2006 UNICEF report**	35 million (14%)
Various NGOs***	60–115 million

Sources: 2001 Census, NSSO 2000, UNICEF, Ministry of Labour

*. Figure provided by the Ministry of Labour and Employment, Government of India.

** "Excluded and invisible: The State of the World's Children," UNICEF, 2006.

*** "The Small Hands of Slavery: Bonded Child Labour in India," Human Rights Watch, 1996.

estimates. Neither has a specific definition of child labour.

3. **Health:** The National Family Health Survey (NFHS) and the District Level Household and Facility Survey (DLHS) remain the most comprehensive source of information on various health-related issues. In addition, there is the Sample registration System that also covers certain health indicators, although the data obtained is either for some sample areas in the different states or confined to a few sample states only, as in the case of maternal mortality. There are problems in the data produced by both NFHS and DLHS. Some of these include:
 - a. Both are based on sample surveys

- b. NFHS does not compute data for the Union Territories.
- c. While some information is available on mortality rates, immunisation, some of the diseases like respiratory diseases, anaemia, diarrhoea, polio etc, there is no data available on the broad range of diseases that children suffer from across the country. For example, we do not know how many children in the India suffer from cancer, diabetes or even thalassaemia, or any other preventable or non-preventable or even life threatening diseases. How many died of polio?
- d. Children with HIV/AIDS are particularly discriminated against and yet NFHS does not provide information on HIV/AIDS infected children of 0–14 years of age.

4. **Education:**

- a. Out of School Children: Various sources have differing figures when it comes to out-of-school children. While the Census does have data on this, District Information System for Education (DISE) does not.
- b. Access to girls toilets is known to be a factor in the retention rates of the girl child. Looking at the raw data provided by DISE, it seems that there is a significant amount of double-counting in those two categories, which is perhaps hindering a true assessment of how inclusive the schools are for the girl-child.

5. **Protection:** Violence against children has been increasing over the years, with more reports of violent crimes being reported every day. The main source of data on crimes in India is the Crime in India brought out by the National Crime Records Bureau (NCRB), Ministry of Home Affairs. However, several shortfalls remain:

- a. This data is available only at the national and state level and only reflects incidences of crimes that have actually been reported.
- b. While the NCRB does give a break up of child marriage, it does not give a data break-up for child labour and trafficking under the ITPA Act. In fact offences under the CLPRA and PC&PNDT Act have never been enumerated.
- c. Many states maintain their own data on offences related to children that just get lumped under “other crimes”. Disaggregated data remains a challenge.

6. **Child Marriage:** Similar to child labour, different sources of data, with varying methodologies, paint very different pictures as to the actual prevalence of child marriage in India. While the District Level Household and Facility Survey (DLHS) gives data for 2007–08, this is based on information collected from people who were between 15–49 at the time of the survey who were married below the age of 18 years. NFHS-3 also uses the same method. Both are based on sample surveys. Census of India gives data for ever-married children.

7. India has yet to have one uniform definition of a child. Labour laws claim 14 years of age, the Juvenile Justice Act claims 18 years and the marriage laws prohibit marriage of girls under 18 years of age and boys under 21 years of age. Such confusion is also reflected in the few sources of data that are available. There is wide inconsistency in the way data is ‘lumped’ for the various age groups of the child population in India.

- a. NFHS HIV/AIDS related data for adolescents and the DLHS health data are aggregated into the 15–19 year age group.
- b. The Census remains a good source for much data, especially broken down to the district level. However, there is a huge variation in the breakdown of the age-groups for which data is provided.
 - i. Disabled population data gets lumped as 0–4 yrs, 5–9 years and 10–19 years
 - ii. Child Marriage: Data provided is for ‘less than 10-years’, 10–11 years, 12–13 years, 14–15 years, 16–17 years, 18–19 years.

Government's responses to some of the inadequacies:

“The Ministry, however, did not establish a system of reliable and consistent data capture from the states. Neither was there any system of cross verification of the correctness of enrolment figures reported by the state governments. The data of enrolment collected from the states were inconsistent with the data maintained by the Ministry, which indicates unreliable data capture.”

— Comptroller and Auditor General of India. Report No. PA 13 of 2008. Performance Audit on National programme for Nutritional support to primary education (midday meal scheme)

When it comes to education, even the government has itself acknowledged that fact. The inconsistency in enrolment data forced the Comptroller and Auditor General to make the following comment:

Health Minister admits lack of data on children infected and affected by HIV/AIDS

“While it is estimated that India has 2.5 million persons living with HIV/AIDS, there is no data available regarding the number of infected and affected orphans and vulnerable children. In the absence of such data, there is no defined strategy and interventions under National AIDS Control Programme – Phase II (NACP II, 1999–2006).”

Source: LSSQ 343, 16 April 2008. Response of Dr. Anbumani Ramadoss, the Minister of Health and Family Welfare Question to a Question asked by Adv. Suresh Kurup (CPI (M) and Shri Suravaram Sudhakar Reddy (CPI)

In the health sector, the Health Minister admits lack of data on children infected and affected by HIV/AIDS.

Similarly, although it is by now fairly well established that about 10 per cent of the population across the world is disabled, data on children with disabilities and care facilities that they can have access to, has been the most

In 2004, the CAG report noted, “the Ministry did not possess any reliable data on the numbers and categories of disabled in the country, which was essential to estimate the resource requirements and facilitate the preparation of a well-considered action plan”. It also said that adequate measures had not been taken for prevention of disabilities through early detection, awareness campaigns and training of staff of Primary Health Centres.

difficult to find.

Conclusion

Although states could not be ranked according to their compliance with the general measures of

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United Nations Treaty Collection (UNTC). <http://treaties.un.org/pages/Treaties.aspx?id=4&subid=A&lang=en>. (accessed on 28 October 2011).
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Birth Registration

SPOTLIGHT ON BIRTH REGISTRATION IN INDIA

1 While there is variation in data from various sources, as per the latest 2005 provisional national estimates provided by the Office of the Registrar General and Census Commissioner of India (ORGI), the current level of birth registration in India is 63.8 per cent

2 While some states claim to have achieved 100 per cent birth registration, other states are severely lagging behind, at under 50 per cent

3 Every year, according to the ORGI, around 7.6 million out of 26.2 million newborns in India do not get registered. (*Invisible Children*, By Syed Nazakat, *The Week*, February 20, 2011 pp.18-19)

4 Over the years, there have been discussions on the need to amend the Registration of Births and Deaths (RBD) Act, 1969, in efforts to simplify and streamline the birth registration process and to ensure greater compliance of the Act. However, the law is still under review

5 While mobile registration units are yet to be established, in some states like Delhi, online birth registration has been initiated

Introduction

Birth registration is not just the official recording of a child's birth or a mere administrative task. It is considered a first step in providing an **identity** to the child, both as an individual and as a member of the society, as the birth certificate is the first legal document in which the name of the child gets entered along with the parentage.¹ (Serrao and B.R. 2004. 1)

“...it's a small paper but it actually establishes who you are and gives access to the rights and the privileges, and the obligations, of citizenship”

A registered birth actually helps secure a child's right to an official identity, a nationality, and helps safeguard his other human rights. Unregistered children not only have higher chances to fall prey to rights violations and exploitations, but are often denied the enjoyment of collective privileges like the opportunity to access education, welfare and social security benefits from various government schemes, delay in the age of marriage, access to property as grownups, access to various economic opportunities when children become adults, opening bank accounts, access to political privileges such as the right to vote when they turn 18 years of age and so forth. Unfortunately, such a key event in a child's life remains a low priority in India, with state disparities in registration coverage varying from 100 per cent to as low as 30 per cent (as per Office of the Registrar General of India).

Archbishop Desmond Tutu

Birth registration goes beyond the individual; it is also about good governance. While ‘it is a passport to citizenship for the registered child...it incorporates vital data for national statistics to guide governments’ formulation of their development policies’.² (Mouravieff-Apostol. nd. 3) As it provides vital statistics on the demographic base, it becomes an invaluable element in national planning as well as implementation.

‘The lack of a birth certificate puts children at even greater risk of discrimination, violence, abuse and exploitation.’

Deputy Registrar General of India Mr. Bhaskar Mishra. IANS, ‘Birth registration prevents exploitation of children’. Published: Wed, 10 Jun 2009 at 20:47 IST’.

Births and deaths are registered in India under the Implementation of the Registration of Births and Deaths (RBD) Act, 1969 and are done by the functionaries appointed by the State/ UT Governments under the RBD Act, 1969. The Registrar General, India coordinates and unifies the registration activities across the country while the Chief Registrars of Births and Deaths are the chief executive authorities in the respective States. RBD Act, 1969 has been in existence for nearly four decades and has not been amended since then. A need has been felt for making amendments which have been necessitated inter-alia to fill the existing loopholes by including sections of the population hitherto not covered under the ambit of the Act; to make it people-friendly by simplifying different sections of the Act and also to keep pace with the technological innovations taking place, specially, in the field of Information Technology. A consultation with the State Governments as well as concerned Central Ministries/ Departments, the concurrence of the Department of Legal Affairs, Ministry of Law, on the proposed amendments has been obtained and the Cabinet Note is being finalised.

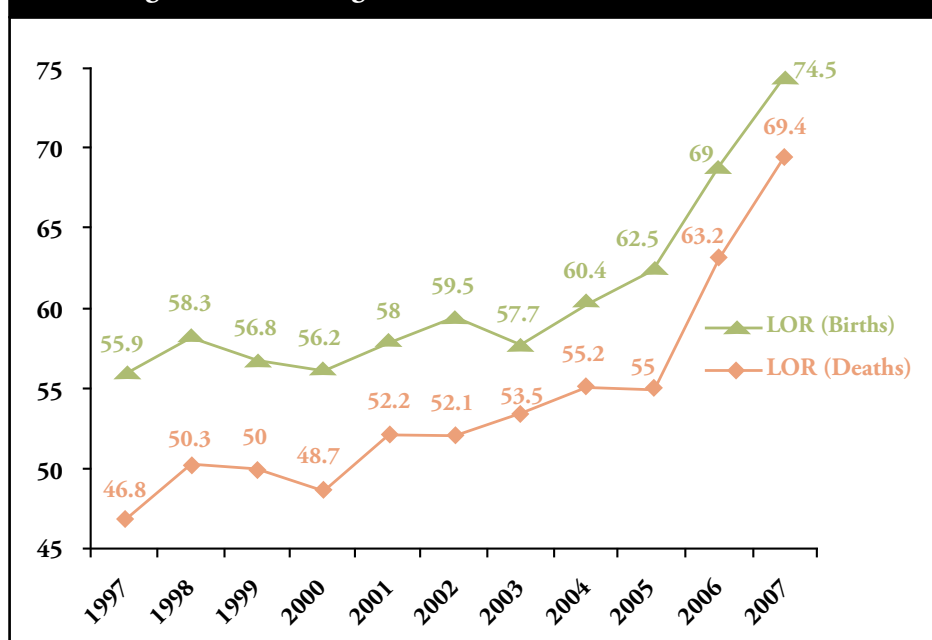
According to the Ministry of Home Affairs, Annual Report 2010-11 the proportion of registered births and deaths has witnessed a steady increase over the years. The registration level of births and deaths for the Country in 2007 has gone up to 74 per cent and 69 per cent respectively, registering an increase of about five per cent for births and six per cent for deaths over the previous year.³ (MoHA. 2011. 255)

However, the government admits that there continues to be wide variations across the States.

The level of registration of deaths is lower than that of births in most of the States/UTs except Chhattisgarh, Jharkhand, Andaman & Nicobar Island, Dadra & Nagar Haveli and Lakshadweep.

What is most significant and must be flagged here upfront is that the Ministry of Home Affairs has noted that lower level of death registration may partly be attributed to non-registration of female deaths and infant deaths.⁴ (MoHA. 2011. 256)

Fig 4.1: Level of Registration – Births & Deaths: 1997-2007



Source: Ministry of Home Affairs, Annual Report 2010-11 p.256. Available at: <http://www.mha.nic.in/pdfs/AR%28E%291011.pdf>

According to government of India the following states have achieved cent per cent level of registration of births:

- | | |
|--------------------|--|
| ■ Goa | ■ Punjab |
| ■ Himachal Pradesh | ■ Tamil Nadu |
| ■ Meghalaya | ■ Delhi |
| ■ Mizoram | ■ Tripura |
| ■ Nagaland | ■ Union Territories of Chandigarh, and |
| ■ Kerala | Puducherry |

More than 80 per cent birth registration has been achieved by:

- | | |
|---------------|---|
| ■ Gujarat | ■ Orissa |
| ■ Haryana | ■ Maharashtra |
| ■ Karnataka | ■ Union Territories of Andaman & Nicobar, |
| ■ Sikkim | and Daman & Diu |
| ■ West Bengal | |

Less than 50 per cent birth registration

- Bihar
- Jharkhand
- Uttar Pradesh

Table 4.1: Estimated Birth Rate, Death Rate, Natural Growth Rate and Infant Mortality Rate, 2009

India/States/Union Territories	Birth Rate			Death Rate			Natural growth rate			Infant mortality rate		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
India	22.5	24.1	18.3	7.3	7.8	5.8	15.2	16.3	12.5	50	55	34
Bigger States												
1. Andhra Pradesh	18.3	18.8	17.0	7.6	8.5	5.5	10.6	10.3	11.5	49	54	35
2. Assam	23.6	24.9	15.9	8.4	8.8	5.9	15.2	16.1	10.1	61	64	37
3. Bihar	28.5	29.3	22.2	7.0	7.2	5.8	21.5	22.1	16.5	52	53	40
4. Chattisgarh	25.7	27.2	19	8.1	8.5	6.4	17.6	18.8	12.6	54	55	47
5. Delhi	18.1	19.9	17.8	4.4	4.8	4.3	13.8	15.0	13.5	33	40	31
6. Gujarat	22.3	23.8	19.9	6.9	7.7	5.6	15.4	16.1	14.3	48	55	33
7. Haryana	22.7	23.8	20.1	6.6	7.1	5.7	16.0	16.7	14.5	51	54	41
8. Jammu & Kashmir	18.6	19.9	13.7	5.7	6.0	4.7	12.8	13.9	9.0	45	48	34
9. Jharkhand	25.6	27.1	19.2	7.0	7.4	5.3	18.6	19.7	13.9	44	46	30
10. Karnataka	19.5	20.6	17.6	7.2	8.3	5.3	12.3	12.3	12.3	41	47	31
11. Kerala	14.7	14.6	14.9	6.8	6.8	6.5	7.9	7.8	8.3	12	12	11
12. Madhya Pradesh	27.7	29.7	20.8	8.5	9.2	6.1	19.2	20.5	14.8	67	72	45
13. Maharashtra	17.6	18.1	16.9	6.7	7.6	5.5	10.9	10.6	11.4	31	37	22
14. Orissa	21.0	21.9	15.7	8.8	9.2	6.8	12.2	12.7	8.9	65	68	46
15. Punjab	17.0	17.7	15.8	7.0	7.8	5.8	9.9	9.9	10.1	38	42	37
16. Rajasthan	27.2	28.4	23.2	6.6	6.7	6.1	20.6	21.7	17.1	59	65	35
17. Tamil Nadu	16.3	16.5	16.0	7.6	6.7	6.1	20.6	21.7	17.1	59	65	35
18. Uttar Pradesh	28.7	29.7	24.7	8.2	8.6	6.5	20.5	21.1	18.3	63	66	47
19. West Bengal	17.2	19.1	12.1	6.2	6.1	6.4	11.0	13.0	5.7	33	34	27
Smaller States												
1. Arunachal Pradesh	21.1	22.6	14.9	6.1	7.0	2.5	15.0	15.6	12.4	32	35	14
2. Goa	13.5	12	13.9	6.7	8.2	5.8	6.8	4.8	8.1	11	11	10
3. Himachal Pradesh	17.2	17.8	11.7	7.2	7.4	4.9	10.0	10.4	6.8	45	46	28
4. Manipur	15.4	15.4	15.5	4.7	4.6	5.0	10.7	10.8	10.5	16	18	11
5. Meghalaya	24.4	26.4	15.0	8.1	8.6	5.7	16.3	17.9	9.4	59	61	40
6. Mizoram	17.6	21.7	13.2	4.5	5.0	4.1	13.0	16.7	9.2	36	45	19
7. Nagaland	17.2	17.4	16.3	3.6	3.7	3.1	13.6	13.7	13.2	26	27	23
8. Meghalaya	24.3	26.4	15.0	8.1	8.6	5.7	16.3	17.9	9.4	59	61	40
9. Mizoram	17.6	21.7	13.2	4.5	5.0	4.1	13.0	16.7	9.2	36	45	19
7. Nagaland	17.2	17.4	16.3	3.6	3.7	3.1	13.6	13.7	13.2	26	27	23
8. Sikkim	18.1	18.4	16.0	5.7	6.0	3.9	12.3	12.4	12.1	34	36	21
9. Tripura	14.8	15.5	11.6	5.1	5.0	5.5	9.7	10.5	6.1	31	33	20
10. Uttarakhand	19.7	20.6	16.3	6.5	6.9	5.2	13.2	13.7	11.0	41	44	27
Union Territories												
1. Andaman & Nicobar Islands	16.3	16.5	16.1	4.1	4.4	3.6	12.2	12.0	12.5	27	31	20
2. Chandigarh	15.9	22.1	15.3	3.9	3.9	3.9	12.0	18.2	11.4	25	25	25
3. Dadra & Nagar Haveli	27.0	26.5	28.8	4.8	5.2	3.7	22.1	21.3	25.5	37	41	24
4. Daman & Diu	19.2	19.6	18.6	5.1	5.5	4.4	14.2	14.1	14.2	24	21	30
5. Laskhsadweep	15.0	15.5	14.6	5.8	5.4	6.3	9.2	10.1	8.3	25	22	28
6. Puducherry	16.5	17.1	16.2	7.0	7.4	6.8	9.5	9.7	9.4	22	28	19
Note : Infant mortality rates for smaller States and Union Territories are based on three-years period 2007-09												

Source: Ministry of Home Affairs, Annual Report 2010-11 p.299. Available at: <http://www.mha.nic.in/pdfs/AR%28E%291011.pdf>

Commitments on Birth Registration

The National Population Policy 2000 had laid down the objective of achieving 100 per cent registration of births, deaths, marriage and pregnancy by 2010. No statistics or information is available on whether this objective has been achieved. The current system is ridden with loopholes. Birth certificates are issued only when record of birth is shown and a subsequent application is made. Since most births happen at home, rural folks from far-flung areas do not register the birth as they simply cannot afford the cost of travel.

Table 4.2: Goals	
National Population Policy, 2000	Achieve 100 per cent registration of births, deaths, marriage and pregnancy by 2010
National Plan of Action for Children 2005	Achieving 100 per cent civil registration (by 2010) of births is one of the twelve key areas the Plan has identified that require utmost and sustained attention in terms of outreach, programme interventions and resource allocation, so as to achieve the necessary targets and ensure the rights and entitlements
Eleventh Five Year Plan (2007-12)	Birth registration as monitoring targets find mention both in chapters on health as well as in Towards Women's Agency and Child Rights

Which is the correct data?

The Government's apathy in the importance of birth registration gets reflected in the availability of data. Different sources suggest different levels of both birth as well as death registration. For example,

- The most recent available data from the Ministry of Home Affairs indicates that India's overall birth registration rate in 2007 is 74 per cent, a 5 per cent increase on the previous year.⁵ (MoHA. 2011. 256)
- In 2007, the National Family Health Survey (NFHS-3) sponsored by the Ministry of Health and Family Welfare found that only 41.5 per cent of Indian children aged 0-4 are registered.⁶ (IIPS and Macro International. 2007. 46)
- For the same period a survey carried out by the Office of the Registrar General of India (ORGI) indicated that 62.5 per cent of children were registered, a difference of approximately 20 per cent.⁷ (ORGI)

Moreover, much of the available data, at state level, is not disaggregated by gender, which makes it difficult to highlight the specific situation of girls in relation to birth registration. This data needs to be available at the district level as well, for more efficient micro-planning.

For the CRI, this chapter on Birth Registration follows the ORGI data for 2005, which is readily available for public consumption, which is also what is used by the Ministry of Home Affairs, Government of India.

National Index for Birth Registration

Table 4.3: Overall Birth Registration Index

(1= Most child friendly)

State	National Ranking for Birth Registration
Delhi	1
Goa	1
Himachal Pradesh	1
Kerala	1
Meghalaya	1
Mizoram	1
Nagaland	1
Punjab	1
Tripura	1
Tamil Nadu	2
West Bengal	3
Orissa	4
Sikkim	5
Karnataka	6
Haryana	7
Maharashtra	8
Gujarat	9
Rajasthan	10
Chhattisgarh	11
Assam	12
Manipur	13
Bihar	14
Jammu & Kashmir	15
Uttaranchal	16
Madhya Pradesh	17
Andhra Pradesh	18
Uttar Pradesh	19
Arunachal Pradesh	20
Jharkhand	21
UT	National Ranking for Birth Registration
Chandigarh	1
Puducherry	1
Daman & Diu	2
Lakshwadeep	3
D & N Haveli	4
A & N Islands	5

Components used for the birth registration index:

- Birth Registration levels in 2005
- Change in the level of Birth Registration from 2004 to 2005

Data Source: Office of the Registrar General, India

The five worst performing states are: Madhya Pradesh, Andhra Pradesh, Uttar Pradesh, Arunachal Pradesh, and Jharkhand. Arunachal Pradesh, essentially a tribal state, with tribals constituting 64.2 per cent of the population, actually also had a 21.6 per cent decline in the level of birth registrations from 2004 to 2005, by far the largest decline compared to other states. Andhra Pradesh also saw a decline of 3.5 per cent.

Amongst the worst performing are also the Union Territories of Dadra and Nagar Haveli (D&N Haveli) and Andaman & Nicobar Islands (A&N Islands). In D&N Haveli, tribals constitute 62.3 per cent of the total population. Also, A&N Islands is not only ranked the lowest but also saw a 8.1 per cent decline in the levels of birth registration from the previous year. In other words, their position in this index, as in other indices, is also

Table 4.4: Birth Registration Components

State	National Ranking for Birth Registration	Birth Registration - 2005	Change from 2004 - 2005
Delhi	1	1	1
Goa	1	1	1
Himachal Pradesh	1	1	1
Kerala	1	1	1
Meghalaya	1	1	1
Mizoram	1	1	1
Nagaland	1	1	1
Punjab	1	1	1
Tripura	1	1	1
Tamil Nadu	2	1	14
West Bengal	3	2	16
Orissa	4	7	7
Sikkim	5	3	18
Karnataka	6	5	10
Haryana	7	8	12
Maharashtra	8	6	15
Gujarat	9	4	20
Rajasthan	10	12	4
Chhattisgarh	11	14	5
Assam	12	11	8
Manipur	13	10	19
Bihar	14	20	2
Jammu & Kashmir	15	13	13
Uttaranchal	16	15	11
Madhya Pradesh	17	17	9
Andhra Pradesh	18	16	17
Uttar Pradesh	19	18	3
Arunachal Pradesh	20	9	21
Jharkhand	21	19	6

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-21

UT	National Ranking for Birth Registration	Birth Registration - 2005	Change from 2004 - 2005
Chandigarh	1	1	1
Puducherry	1	1	1
Daman & Diu	2	2	3
Lakshwadeep	3	5	1
Dadra & Nagar Haveli	4	4	2
Andaman & Nicobar Islands	5	3	4

Ranking ■ 1-2 ■ 3-4 ■ 5

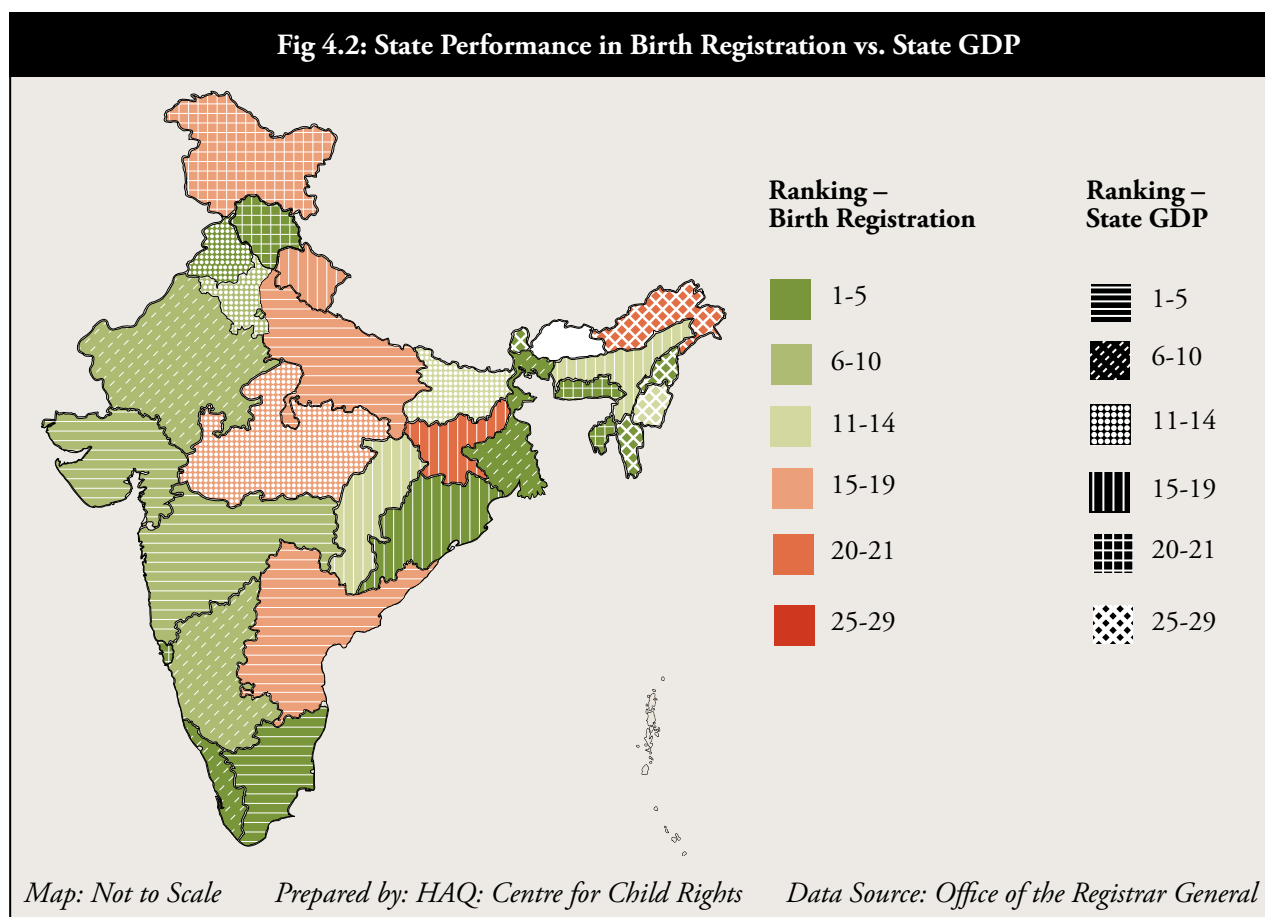
indicative of the situation of the tribal children in these states. In this case not having a birth certificate leads to tribal children becoming more vulnerable and marginalised.

When the main index and the ranking is read in the context of the separate components, we find that:

- While West Bengal is ranked high in overall birth registration levels of 2005, there actually was a 3.0 per cent decline in registration levels from the year before.
- Other states that have seen a decline in the levels of birth registration from 2004 to 2005 are Gujarat (5.7 per cent), Manipur (4.6 per cent), Sikkim (4.2 per cent), and Maharashtra (0.8 per cent)
- While Lakshwadeep has the lowest birth registration level in 2005 as compared to other UTs, it actually saw the highest increase in birth registration from the previous year, at 15.2 per cent.
- Daman & Diu also saw a 1.7 per cent decline in levels of birth registration from 2004 to 2005.

Higher economic status does not translate into better performance in birth registration as map in Fig. 4.2 indicates clearly. There is no direct relation between a states resources and its efforts to register births.

- Andhra Pradesh and Uttar Pradesh have very high GDPs and yet are ranked poorly for birth registration
- Mizoram, Sikkim, Meghalaya, Nagaland are clearly making a good effort despite less resources and low GDPs.



Gender Gaps in Birth Registration

As is the case with most interventions on rights, there has been a gender disparity in birth registration too, with gender-wise break-up of this data (as far as absolute numbers are concerned) showing that the level of male birth registration was higher than that of females both in urban and rural settings.

Not only has the overall level of birth registration in 2005 gone down from the year before, according to data produced by the ORGI, there is clearly a fall in the registration levels of both girls and boys between 2002 and 2005.

The level of registration in the case of girls was 41.2 per cent as against 46.8 per cent for boys. In 2002, the corresponding figures were 46.7 per cent in case of girls and 53.3 per cent in case of boys.

Children that go unregistered and are hence excluded...

- A vast majority of such children are found in the rural areas
- Children of families living in marginalised sectors of urban centers
- Children from indigenous and ethnic groups
- Orphans
- Children of unmarried mothers are often not registered out of shame or ignorance
- Children of illegal migrants or refugees
- Children whose records were destroyed as a result of conflict or natural disaster

Ellen Mouravieff-Apostol, The Significance of Birth Registration in Today's World, International Federation of Social Workers, Geneva. http://www.ifsw.org/cm_data/Ellen.5.pdf (accessed on July 26, 2011)

Conclusion

Although a number of initiatives have been taken by the government, civil society and international development agencies to increase birth registration rates, significant barriers remain.⁸ Clearly, the issue of registration is not merely one of adequate resources. The truth is that barriers to achieving 100 per cent birth registration include: views amongst some sections of the community and government that birth registration is not a pressing development priority; registration procedures that can be time consuming (including travel time to the point of registration), and a lack of government capacity at the local level to effectively implement birth registration policies. The result is a long lasting one - loss of identity and citizenship for children, violating their right to name and nationality.

Endnotes

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8. UNICEF India, Why is Birth Registration Important? http://www.unicef.org/india/child_protection_1629.htm. See also, Plan, India, Universal Birth Registration <http://plan-international.org/birthregistration/resources/country-case-studies/india> and Birth Registration, a Background Note By Arun Serrao and Sujatha B. R., Community Development Foundation, Bangalore http://www.ilpnet.org/news/BRWorkshop/BirthRegistration_Background.pdf, p. 15-16

Child Sex Ratio

SPOTLIGHT ON CHILD SEX RATIO IN INDIA

1 Child sex ratio (0-6 yrs) first made headlines when it dropped below the overall sex ratio between 1991 and 2001 (from 945 to 927)

2 As per Census 2011 data, child sex ratio (0-6 yr) has dropped 13 points to 914 girls per 1000 boys (from 927 in 2001) (*Invisible Children, By Syed Nazakat, The Week, February 20, 2011 pp.18-19*)

3 Child sex ratio has declined in 27 out of the 35 States and Union Territories and in 431 districts.

4 Some of the states and districts are showing this trend for the first time

5 Eleven states fall below the national average, 10 of whom were already below the national average in 2001. The surprise inclusion this census is Jammu & Kashmir which has gone down by 82 points!

6 As per 2001 census, UNICEF had calculated 50 million girls as MISSING. According to a 2005 study in the British medical journal, the Lancet, there are at least 10 million less girls due to selective abortions committed in India in the last two decades as reported in New York Times, 'India's Lost Daughters Abortion Toll in Millions' January 9, 2006 , and Action Aid and the International Development Research Center in 'Disappearing Daughters,' 2008, put the number at 35 million (*Action Aid 2011, India's missing daughter*)

7 Girl child mortality/birth sex selection has increased even as adult female mortality has gone down

8 A cultural preference for sons and the increasing availability of prenatal screening to determine a baby's sex have helped contribute to a worsening of the sex ratio

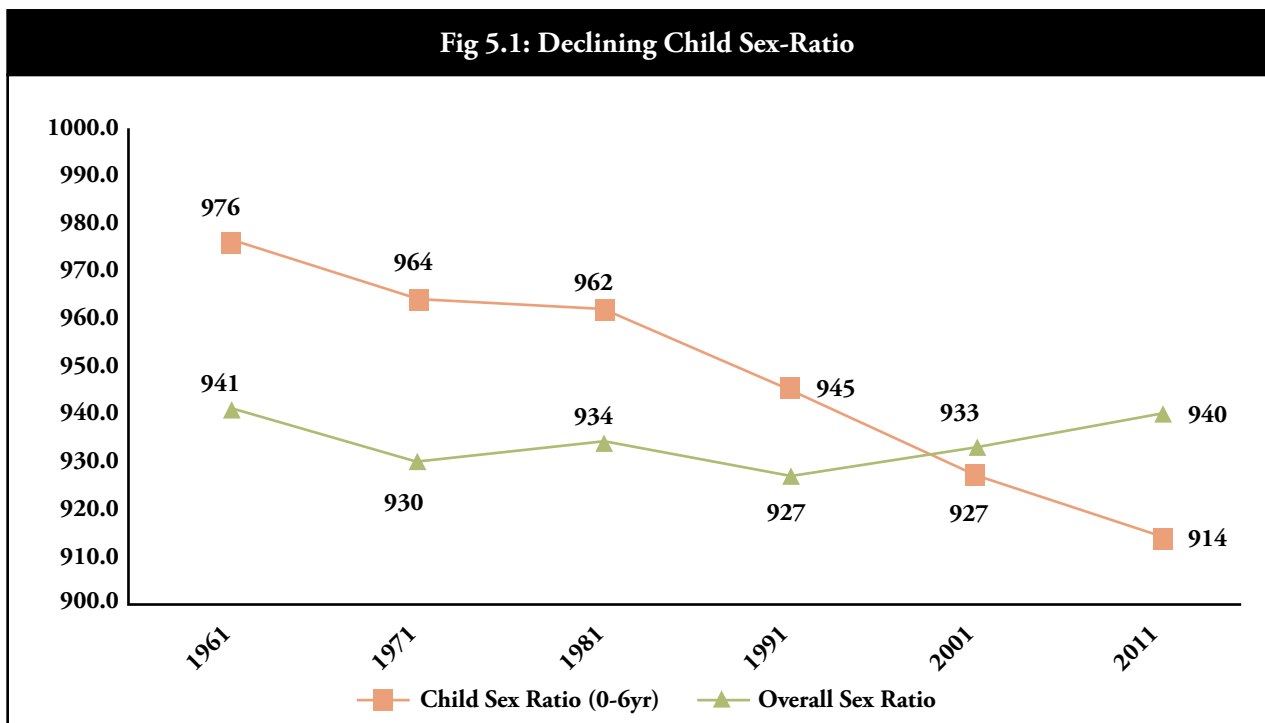
9 The National Crime Records Bureau, recorded a 68.5 per cent increase in foeticide between 2008 to 2009 (*NCRB, 2008 and 2009*)

10 In the first decade of the 21st century, a girl child is 40 per cent more likely to die than a male child in her first year of life, and 61 per cent more likely to die between her first and fifth birthdays (*Economic & political Weekly, Vol XLVI No 16, April 16-22, 2011. Pg. 16*)

11 While the number of girls is going down, violence against the girl child is only increasing, especially trafficking of girls as brides. Overall violence against women has risen over 30 per cent from 2005 to 2009 (*NCRB, 2005-09*)

Introduction

India has blood on its hands – it has the blood of the unborn girl child, whose numbers have been systematically reducing over the decades. Being an essentially patriarchal society, many have believed, and continue to believe, that ‘investing in girls is like watering the neighbour’s garden...’. Besides, except in matrilineal communities in the country, the rest believe that boys carry forward the lineage and the family. Hence, while in the world before technology that brought in sophisticated sex determination equipment, it was infanticide that killed the girls – putting a rice seed in the child’s little nose so that she stopped breathing, or feeding her poisoned berries or simply drowning her in a pot of milk, now it is the machines that help sex determination and then selective foeticide.



Source: Census of India, 2011

What is becoming clear is that even while the overall sex ratio of women to men across age-groups is steadily increasing, indicating decreasing female mortality, this is not true for the 0-6 year age group where the ratio of girls to boys is falling.

Be it predominantly patriarchal, socio – economic, cultural or religious factors, women undeniably have a subordinate status, and hence, there is a very strong preference for sons over daughters in India. In a 2008 report from India’s National Institute of Public Cooperation and Child Development, it is stated that ‘declining sex ratio is an issue of grave concern in India. Family and social pressures to produce a son are immense. In most regions, sons are desired for reasons related to kinship,

Sex ratio at birth is slightly favourable to boys...this is a natural phenomenon. Unfortunately, India’s skewed sex ratio (0-6yrs) clearly indicates a ‘man-made interference in the natural survival pattern targeted against the girl child. The tell tale signs of this interference will be reflected in i) an increasingly masculine sex ratio at birth, ii) Sharpening of excess female mortality in the post-neo-natal stage, and iii) increased sex selective abortions or female foeticide.

Mazumdar, Vina and Krishnaji (ed), N. 2001. Enduring Conundrum: India’s Sex Ratio - “Rising Sons and Setting Daughters: Provisional Results of the 2001 Census”. Centre for Women’s Development Studies. Rainbow Publishers, Ltd. Delhi. pp 199-200

inheritance, marriage, identity, status, economic security and lineage. A preference for boys cuts across caste and class lines and results in discrimination against girls even before they are born. In a gross misuse of the technology that facilitates pre-natal diagnosis of any potential birth defects and associated conditions, female fetuses are selectively aborted after such pre-natal sex determination. This is happening across the country in spite of a massive influx of legal regulations banning the same.¹ (Society for the Protection of the Girl Child. 2001. 2) The added complications of a still prevailing dowry system only prove the girl-child to be an economic burden for many. This coupled with the neglect of the girl child, reflected by a higher under-five mortality rate among girls, results in a much-skewed sex ratio at birth and an even more skewed under-five sex ratio.² (UNICEF. 2011. 37)

In the long-run, a declining sex ratio also impacts boys and men, as it would impact their ability to fulfill social expectations and pressures of marriage and so forth. An increase in gender based violence is also a consequence of an imbalanced sex ratio. Incidences of rape, kidnappings & abductions and trafficking are all on the rise, as per the National Crime Records Bureau, (NCRB)

The Preconception and Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 2003 (PC & PNDT Act)

Sex determination techniques have been in use in India since 1975 primarily for the determination of genetic abnormalities. However, as the Ministry of Health and Family Welfare (MoHFW) acknowledges in their 2010-11 Annual Report, 'these techniques were widely misused to determine the sex of the foetus and subsequent abortions if the foetus was found to be female'.³ (DoHFW. 2011. 38) In order to check female foeticide, on September 20, 1994, Parliament enacted the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act. The Act, which didn't come into operation till January, 1996, provided for the regulation of the use of pre-natal diagnostic techniques for the purpose of detecting genetic or metabolic disorders or chromosomal

Families in India increasingly aborting girl babies, study shows up to 6 million females aborted over past decade, often when child was family's second and they already had a daughter

Scientists estimate that up to 6 million girls have been aborted in India over the past decade by couples who do not want a large family and are determined to have a son. The practice is more widespread among wealthier and better educated Indian families, who are better able to afford the prenatal tests and medical intervention they want.



While it has been known that there has been a tendency to abort girls in India since the first census in 1871, the latest evidence suggests that the practice is common throughout the country.

The research, published in the Lancet, suggests that the Indian government's attempt to tackle the issue by outlawing ultrasound scans that identify the sex of a foetus has not worked.

The authors estimate that between 3 million and 6 million girls were aborted from 2000 to 2010. Over the 30 years from 1980 to 2010, there could have been as many as 12 million abortions of girls

<http://www.guardian.co.uk/world/2011/may/24/india-families-aborting-girl-babies>

abnormalities or certain congenital mal-formations or sex-linked disorders; and for the prevention of the misuse of such techniques for the purpose of pre-natal sex determination leading to female foeticide.

In February 2003, the Act was amended in an attempt to make it more comprehensive, and renamed the **Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994** (PC & PNDT). The Act brought within its ambit the techniques of pre-conception sex selection in a bid to pre-empt the misuse of such technologies. It has explicit provisions for the use, regulation and monitoring of ultrasound machines to curb their misuse for detection of the sex of the foetus. The Act prohibits the determination and disclosure of the sex of the foetus as well as the advertising, in any form, of the facilities for pre-natal determination of sex; and prescribes punishments of imprisonment up to 3 years and fine up to Rs. 10,000. For any subsequent offences, imprisonment is up to 5 years and fine up to Rs. 50,000 / Rs.1,00,000.

However, the government itself has acknowledged, in its Annual Report 2006 on the implementation of PC & PNDT Act, amongst the many difficulties in properly implementing the law are the facts that not only are a vast number of sex-selective abortions conducted illegally by unqualified persons, but also that. 'Appropriate Authorities (Chief Medical Officers / Civil Surgeons) are unable to devote adequate attention to the work relating to PNDT Act and feel they are not fully equipped for carrying out its mandate...(also) do not have the necessary expertise and experience in legal matters'.⁴ (MoHFW. 2007. 23) Getting accurate information from the States and UTs has also been an area of concern.

Falling Sex Ratio in 0-6 years

Child sex ratio has been consistently falling. The 2011 Census has some startling findings:

- While the overall population of India has consistently increased and it will soon overtake China, its child sex ratio has been declining since 1961, with lesser and lesser girls. India's 2011 Census has calculated 914 females (0-6yrs) per 1000 males (0-6yrs).
- Child sex ratio has declined in 27 out of the 35 States and Union Territories (See Tables 5.1 and Annexure). The decreasing girls to boys sex ratio is no longer confined to the northern states and now even includes all the north eastern states except Mizoram. But even the best state, Mizoram, has 2 districts Serchhip (-48) and Saiha (-13) showing a dip
 - The decreasing sex ratio of girls in some states such Nagaland (-20), Sikkim (-19), Manipur (-23) and Tripura (-13) ought to be a major source for concern. Some districts in these states have shown huge falls in the number of girls to boys (See Annexure).
- Even Meghalaya and Kerala, known for their matriarchal family systems have shown a fall in the number of girls to boys.
- What is more, the Sachar Committee report had reported that 'Muslims have the highest child sex ratio of any social group in the country.' It added, '*surprisingly, even though Muslims already had the highest child sex ratio of any group in 1992-93, they were the only social group to experience a further increase in the ratio between 1992-93 and 1998-99...*'⁵ (PM's high level Committee. 2006. 34-35). The 2011 census results in the states of Jammu & Kashmir and the UTs of Daman & Diu and Lakshadweep, that have a relatively high proportion of muslim population indicate a reverse trend and therefore need attention.
- Although, still lower than average, the 'rogue' states of 1991 - Punjab and Haryana, along with Chandigarh, seemed to have made some efforts to address this problem. Delhi the capital city continues to kill its girls before they are born.

Table 5.1: Child Sex Ratio (0-6 yrs) <i>In ascending order of difference in sex ratio, from 2001 – 2011; Source: Census 2001, 2011</i>					
State/UT	Ranking 2011	Ranking 2001	Sex Ratio 2011	Sex Ratio 2001	Point difference 2001-2011
Jammu & Kashmir	27	16	859	941	-82
Dadra & Nagar Haveli	16	1	924	979	-55
Lakshadweep	20	11	908	959	-51
Maharashtra	24	21	883	913	-30
Rajasthan	24	22	883	909	-26
Manipur	14	12	934	957	-23
Jharkhand	13	6	943	965	-22
Uttarakhand	23	23	886	908	-22
Nagaland	12	7	944	964	-20
Madhya Pradesh	18	18	912	932	-20
Sikkim	12	8	944	963	-19
Orissa	14	13	934	953	-19
Andhra Pradesh	13	9	943	961	-18
Goa	17	17	920	938	-18
Daman & Diu	19	19	909	926	-17
Uttar Pradesh	22	20	899	916	-17
Tripura	9	5	953	966	-13
Chhattisgarh	5	2	964	975	-11
West Bengal	10	10	950	960	-10
Bihar	15	15	933	942	-9
Assam	8	6	957	965	-8
Arunachal Pradesh	6	7	960	964	-4
Meghalaya	2	3	970	973	-3
Karnataka	13	14	943	946	-3
Puducherry	4	4	965	967	-2
Delhi	26	26	866	868	-2
Kerala	7	10	959	960	-1
Gujarat	23	25	886	883	3
Tamil Nadu	11	15	946	942	4
Mizoram	1	7	971	964	7
Andaman & Nicobar Islands	3	12	966	957	9
Himachal Pradesh	21	24	906	896	10
Haryana	29	28	830	819	11
Chandigarh	25	27	867	845	22
Punjab	28	29	846	798	48
INDIA			914	927	13

Source: Census 2001, 2011

Commitments on Reducing the Sex Ratio Gaps

That the sex ratio was falling has been flagged by the government time and again. The first ever plan of action for children in 1992 said – ‘The state of children hinges on the condition of women. Most social indicators, including the sex ratio (929 females per 1000 males) and literacy (39 for females and 64 for males for all ages), point to the depressed situation of women’. It has also been flagged as an area of concern from the Eighth Five Year Plan onwards, yet all that we see is a consistent fall in sex ratio, indicating that although identified as an area of concern, and interventions made, they have not been successful. On 2 October 2007, on the occasion of the Birth Anniversary of the Father of the Nation, Mahatma Gandhi, the Government of India launched a signature campaign ‘Save the Girl Child Campaign’ to generate awareness regarding the evils of female foeticide, with a view to lessen son preference by highlighting achievements of young girls.

Table 5.2: Goals and Commitments

National Plan of Action 1992 for Children	<ul style="list-style-type: none"> ■ Despite a low sex ratio in the Census 1991, NPAC did not lay down any goals or targets. All it said was ‘Most social indicators, including the sex ratio (929 females per 1000 males) and literacy (39 for females and 64 for males for all ages), point to the depressed situation of women’
National Plan of Action for Children 2005	<ul style="list-style-type: none"> ■ To stop Sex selection, female foeticide and infanticide. ■ To eliminate all forms of discrimination against the girl child which results in harmful and unethical practices like pre-natal sex selection, female foeticide and infanticide...
Ninth Five Year Plan (1997-2002)	<ul style="list-style-type: none"> ■ To arrest the declining sex ratio and curb its related problems of female foeticide and female infanticide and thus ensure ‘Survival, Protection and Development of Children’ and curb its related problems of female foeticide ■ These problems will be attacked through a two-pronged strategy of both direct and indirect measures. While the direct measures include effective implementation of the existing legislation, the indirect measures will be to change the mindset of the people in favour of the girl child, besides empowering women to exercise their reproductive rights and choices. ■ Concerted efforts will be put into action to eliminate all forms of discrimination and violation of the rights of the girl child by undertaking strong measures including punitive ones. These relate to strict enforcement of laws against pre-natal sex selection and the practice of harmful practices of female foeticide/female infanticide.... ■ Long-term measures will also be initiated to put an end to all forms of discrimination against the girl child through providing special incentives to the mother and the girl child so that the birth of a girl child is welcomed and the family is assured of State’s support for the future of the girl child. To this effect, a special package for the girl children belonging to the families living below the poverty line....
Tenth Five Year Plan (2002-07)	<ul style="list-style-type: none"> ■ To ensure ‘survival’ of children through arresting the declining sex ratio and curbing its related problems of female foeticide and female infanticide ■ Take special measures to look into the reasons responsible for this state of affairs and initiate necessary action to set right the existing demographic imbalances between women and men, as it does not augur well for the future of the country ■ Try and ensure easy accessibility for women and the girl child to the basic minimum services of primary health care, drinking water supply, nutrition, primary education etc. through effective inter-sectoral co-ordination and convergence

	<ul style="list-style-type: none"> ■ Initiate action to enforce effectively both the Indian Penal Code, 1860 and the Pre-natal Diagnostic Technique (Regulation and Prevention of Misuse) Act, 1994 to control/eradicate female foeticide and female infanticide, respectively with a very close vigil and surveillance along with severe punishment for the guilty ■ Long-term developmental measures launched during the Ninth Plan in the name of Balika Samriddhi Yojana will be expanded widely to extend incentives not only to the girl child but also to the mother of the girl child so that the birth of the girl child is welcomed and the family is assured of state support for the future of the girl child
Eleventh Five Year Plan (2007-12)	<ul style="list-style-type: none"> ■ Raising the sex ratio for age group 0–6 to 935 by 2011–12 and 950 by 2016–17 ■ Sex selection/female foeticide will be treated as a crime and not just a social evil. ■ Preventive, corrective/ regulatory, and punitive actions to address foeticide and sex selection will be strengthened by ensuring coordination with the MoHFW ■ Develop clear targets of natural sex ratio at birth (SRB) which is 105 males per 100 females and give financial benefits to States that have improved SRB. From 2007 onwards, the Annual Health Survey will include estimates of SRB at the district level. ■ Planning Commission will obtain independent estimates of the SRB at the district level each year. The States will be asked to monitor the SRB of the institutional deliveries, by parity, for each facility as well as for the districts ■ Improvement in SRB will be considered one of the indicators for arriving at decisions on plan assistance to States. ■ Apart from ensuring effective implementation of the PC & PNDT Act, relentless public awareness measures will be undertaken. ■ It will also review the current Appropriate Authorities under the PC & PNDT Act for granting, suspending or cancelling registration of Genetic Counselling Centres and investigating complaints. ■ Introduce a pilot scheme (Dhanalakshmi) in selected backward districts of the country wherein conditional cash will be provided to the family of the girl child (preferably the mother) on fulfilling certain conditionalities for the girl child, such as birth registration; immunisation; enrolment retention in school; and delaying the marriage age beyond 18 years. The scheme will also include a sub-component for providing insurance cover to the girl child.

Methodology

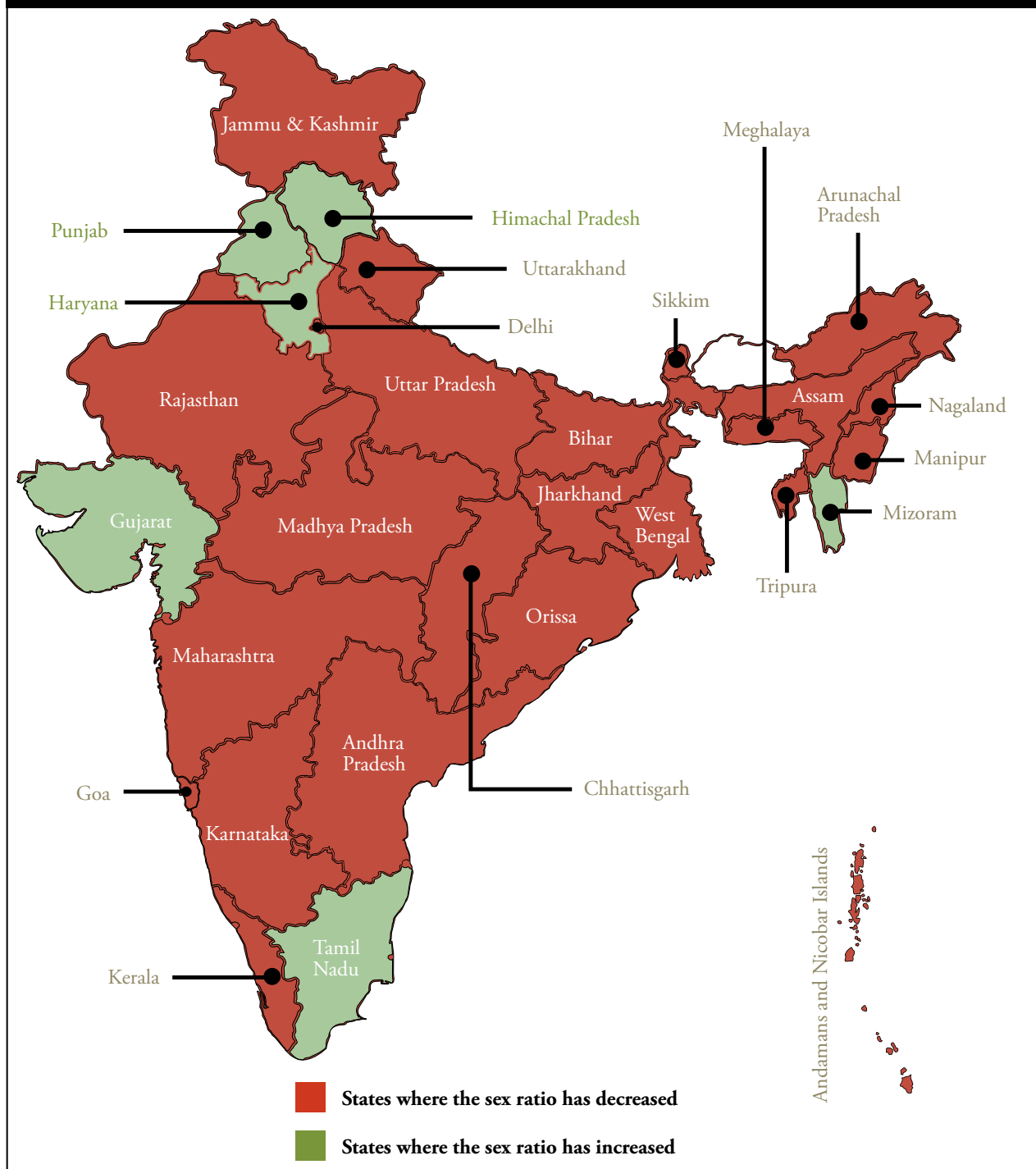
The ranking for sex ratio has been developed based on the data put out by the Office of the Registrar General of Census, the nodal body responsible for conducting the census in India.

For the purpose of our ranking, data from both Census 2001 and the provisional data Census 2011 have been used. The states have been ranked both on their current performance, as well as by the effort they have shown to improve the sex ratio scenario from the previous census.

National Index for Child Sex Ratio

In 1991, the 'rogue' states were Punjab (875), Haryana (879), Himachal Pradesh (951) and Uttar Pradesh (899). In 2001, Punjab (798), Haryana (819) and Himachal Pradesh (896) showed an even further decrease, along with other states such as Delhi (915 to 868), Gujarat (928 to 883), Rajasthan (916 to 909), Maharashtra (from 946 to 913) and Tamil Nadu (948 to 942).

Fig 5.2: Increase and Decrease in Child Sex Ratio in States Census 2011



Source: *An Overview of Gendercide and Daughter Abuse in India, Society for the Protection of the Girl Child*

Table 5.3: Overall Sex Ratio Index**(1= Most child friendly)**

State	National Ranking for Sex Ratio
Mizoram	1
Meghalaya	2
Kerala	3
Arunachal Pradesh	4
Chhattisgarh	5
Tamil Nadu	6
Assam	7
Karnataka	8
West Bengal	9
Tripura	10
Andhra Pradesh	11
Sikkim	12
Bihar	13
Nagaland	14
Jharkhand	15
Himachal Pradesh	16
Orissa	17
Manipur	18
Goa	19
Punjab	20
Madhya Pradesh	21
Gujarat	22
Uttar Pradesh	23
Delhi	24
Uttaranchal	25
Rajasthan	26
Maharashtra	27
Haryana	28
Jammu & Kashmir	29
UT	National Ranking for Sex Ratio
Andaman & Nicobar Islands	1
Puducherry	2
Chandigarh	3
Daman & Diu	4
Dadra & Nagar Haveli	5
Lakshwadeep	6

Components used for the overall sex ratio index:

- a. Sex Ratio (0-6yrs) - 2011
- b. Difference in Sex Ratio levels from 2001 to 2011

Data Source: Census, 2001, 2011

Table 5.4: Child Sex Ratio Components

State	National Ranking for Sex Ratio	Sex Ratio 2011	Change from 2001 - 2011
Mizoram	1	1	4
Meghalaya	2	2	9
Kerala	3	5	7
Arunachal Pradesh	4	4	10
Chhattisgarh	5	3	14
Tamil Nadu	6	9	5
Assam	7	6	11
Karnataka	8	11	9
West Bengal	9	8	13
Tripura	10	7	15
Andhra Pradesh	11	11	17
Sikkim	12	10	18
Bihar	13	13	12
Nagaland	14	10	19
Jharkhand	15	11	20
Himachal Pradesh	16	16	3
Orissa	17	12	18
Manipur	18	12	21
Goa	19	14	17
Punjab	20	22	1
Madhya Pradesh	21	15	19
Gujarat	22	18	6
Uttar Pradesh	23	17	16
Delhi	24	20	8
Uttaranchal	25	18	20
Rajasthan	26	19	22
Maharashtra	27	19	23
Haryana	28	23	2
Jammu & Kashmir	29	21	24

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking for Sex Ratio	Sex Ratio 2011	Change from 2001 - 2011
Andaman & Nicobar Islands	1	1	2
Puducherry	2	2	3
Chandigarh	3	6	1
Daman & Diu	4	4	4
Dadra & Nagar Haveli	5	3	6
Lakshwadeep	6	5	5

Ranking ■ 1-2 ■ 3-4 ■ 5-6

Between 2001 and 2011, Himachal Pradesh, Haryana, Punjab and Chandigarh, though still having very low sex ratios have improved their score over the last census, showing that they are making some improvements in that direction. Uttar Pradesh too has improved its count.

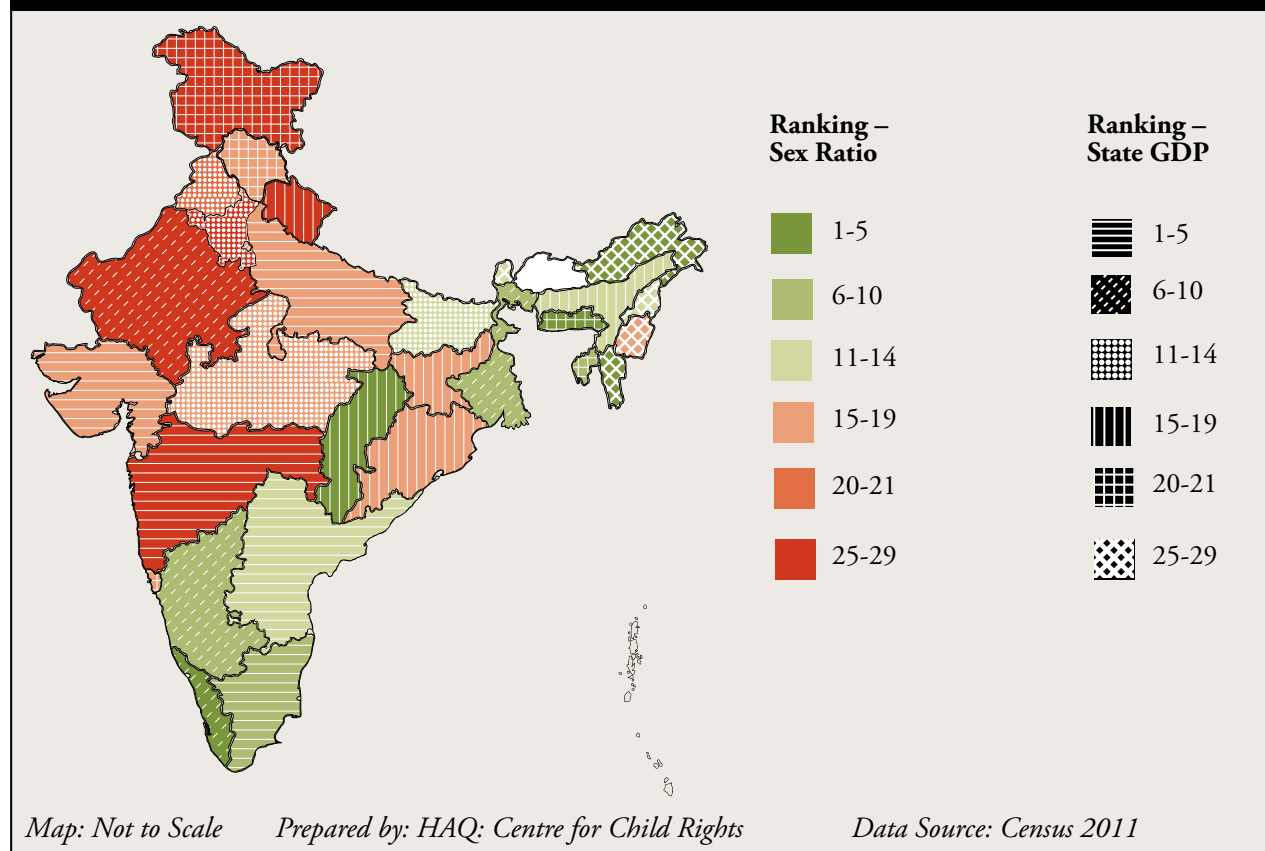
On the other hand, Jammu & Kashmir has dropped by a massive 82 points from the last census and hence has ranked the lowest in our index. Indeed it is perhaps time to ask what is happening there, before it is too late and we have a Punjab or Haryana like situation to confront there. It is even more baffling because it is the only state in the country to have registered a positive increase in its fertility during this period. As Mary John has pointed out, 'Whatever the form that the ongoing conflict is taking, such figures are hard to make sense of and require further investigation'.⁶ (John. 2011. XLVI (16))

Table 5.3 enables us to see how states have been ranked in 2011, on the basis of both their current rank and their efforts to reduce the sex ratio gap. Given these two parameters, the five worst performing states are Uttaranchal, Rajasthan, Maharashtra, Haryana and Jammu & Kashmir. Amongst the worst performing are also the Union Territories of Dadra Nagar Haveli (D&N Haveli) and Lakshwadeep.

When the main index and the ranking is read in the context of the rankings on individual components, (Table 5.4) we find that:

- Jammu & Kashmir most definitely must be flagged as it is not only the lowest ranking state but also saw the largest drop in sex ratio from 2001 to 2011 (82 points, from 941 in 2001 to 859 in 2011)
- While Haryana is ranked very low in overall sex ratio, it actually had the second highest increase in sex ratio, from 819 in 2001 to 830 in 2011. Unfortunately the three districts in India with the lowest sex ratio are all in Haryana. (Jhajjar – 774, Mahendragarh – 778, Rewari – 784)

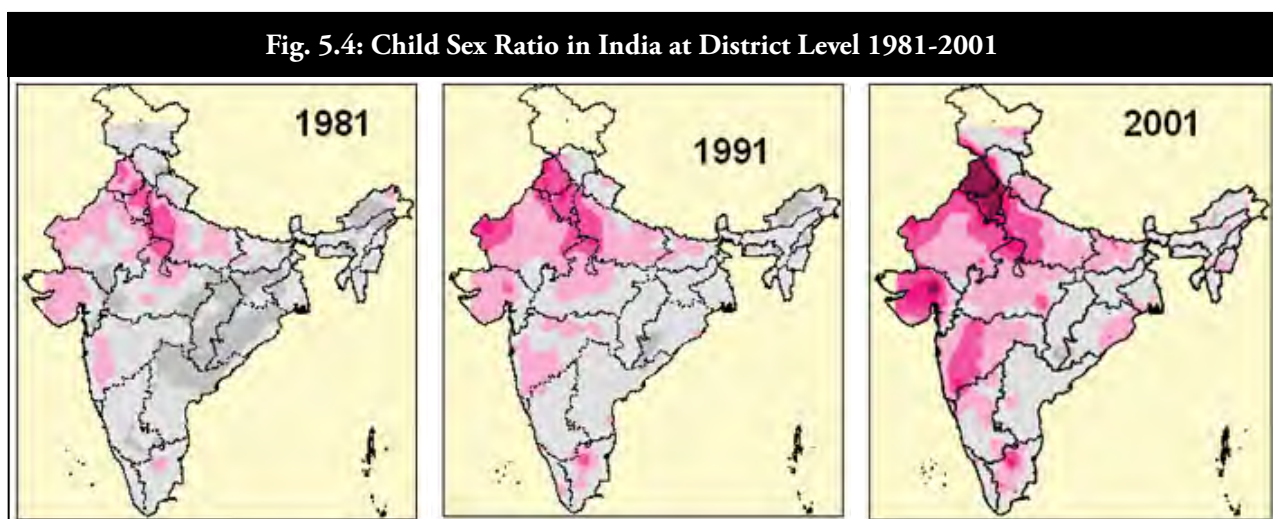
Fig 5.3: State Performance in Sex Ratio vs. State GDP



- Punjab, at 846 in 2011 is much lower than the National average. Yet it saw the highest increase in sex ratio, from 798 in 2001 to 846 in 2011
- Poverty is clearly not a reason for falling sex ratio. In fact, some of the poorest states have a sex-ratio well above the national average (Map in Fig. 5.3)
 - Mizoram, which has the second lowest State GDP is actually the best performing state in overall sex ratio index. A similar situation prevails in Arunachal Pradesh as well.
 - Maharashtra, which has the highest State GDP, is also the third worst performing state when it comes to sex ratio

The States and their Districts

The overall child sex ratio is 914, but the levels are definitely not uniform all over India. While the performance of some of the states is indeed alarming, it is the districts that give us insight into the discrepancy across the country as well as tell us the horrifying details of where the problems lie. Figure 5.4 clearly shows how the number of girls under six over the decades as more districts fell into the red category.



Source: Christophe Z. Guilmoto, "Characteristics of Sex-Ratio Imbalance in India, and Future Scenarios". 4th Asia Pacific Conference on Reproductive and Sexual Health and Rights. Hyderabad India. United Nations Population Fund (UNFPA). October 2007. Pg 4

Falling Sex Ratio in Districts

Looking at the performance of the districts across the country (Table 5.5 and 5.6 and Annexure), we can see that while it is as low as 774 in Jhajjar district of Haryana, it is a record high of 1013 in Lahul & Spiti district of Himachal Pradesh, the same state that ranks 21 in the its performance in 2011 and sixteenth in the index above.

While the north-west was understood to have a lower sex ratio than other parts of the country, the provisional census data of 2011 'demonstrate a widening of the circle – even if the numbers are not dramatic – well beyond the



so-called prosperity belt of north-west India to the poorer states. The strange aspect of the movement in the child sex ratio is that the deterioration has not taken place just in the north-west, but that the path of decline has been established in other states as well – Andhra Pradesh, Maharashtra, Madhya Pradesh and Orissa.⁷ (Economic & Political Weekly. 2011. 8)

Table 5.5: Best Performing Districts

District	State	Sex Ratio – 2011	Sex ratio – 2001	Change from 2001 to 2011
Lahul & Spiti	Himachal Pradesh	1013	961	52
Tawang	Arunachal Pradesh	1005	948	57
Dakshin Bastar Dantewada	Chhattisgarh	1005	1023	-18
Kamrup Metropolitan	Assam	994	943	51
Bastar	Chhattisgarh	991	1009	-18

The devil lies in the detail. Hence it is even more important to examine in which districts of these ‘rogue’ states is the girl child faring the worst. Table 5.6 enables us to get this picture. It also forces us to ask – What is happening? Why are more and more people no longer allowing girls to live?

More importantly, it enables us to identify where the interventions need to be directed and therefore actually undertake micro-planning as has always been spoken about, but never quite attempted whole-heartedly.

Table 5.6: Worst Performing Districts

District	State	Sex Ratio – 2011	Sex ratio – 2001	Change from 2001 to 2011
Jhajjar	Haryana	774	801	-27
Mahendragarh	Haryana	778	818	-40
Rewari	Haryana	784	811	-27
Samba	Jammu & Kashmir	787	798	-11
Sonipat	Haryana	790	788	2

Source: Census, 2001, 2011

Falling Sex Ratio Linked to Foeticide

Discrimination against girls begins even before birth. The role of sex selective abortion in the deterioration of the child sex ratio is a hotly debated and intensively researched area in India⁸. (Economic and Political Weekly. 2011. 16) The NFHS-3 discovered that women who had ultrasounds whilst pregnant were more likely to give birth to boys, indicating that ultrasound testing was carried out for sex selection in many cases.⁹ (IIPS and Macro International. 2007. 207)

Seven lakh (700,000) girls are killed by parents every year in India even before they are born,” says NHRC (India’s National Human Rights Committee) member and former envoy Satyabrata Pal. “When a woman finds she is pregnant, anxieties set in about the sex of the unborn child. Ruthless feticide often follows if tests that are illegal, but easy to get, show it is a girl... While 1.72 million children die in India each year before the age of one, because of our gender bias, the mortality rate is even higher for girls than boys,” he added

One World Asia: “India: 700,000 unborn girls killed each year,” 24 January, 2011 <http://southasia.oneworld.net/todayshadlines/india-700-000-female-foeticides-taking-place-each-year>. Visited on August 3, 2011

Wealthier, highly educated women and pregnant women with no living sons are much more likely to have an ultrasound test than other women.¹⁰ (IIPS and Macrointernational. 2007. 207) How else does one explain the fact that Mumbai, India's commercial capital, has a ratio of 874 girls, one of the lowest in the country¹¹ (The Guardian. 2011) or Delhi, especially South West Delhi which has 836 girls to every 1000 boys!

As the PNDT Annual Report 2006 also reports, 'paradoxically, with the spread of education, the strong preference for sons and the consequent elimination of the girl child has continued to increase rather than decline. This trend has been aided by the progress in science and technology, as the techniques for the elimination of the girl child have become more scientific. In most places female infanticide has now been replaced by female foeticide.'¹² (MoHFW. 2011. 6)

According to the annual report of the Ministry of Health and Family Welfare (2010-11)¹³: (DoHFW. 2011. 40)

- As per the reports received from the states and UTs, 39,854 bodies using ultrasound, image scanners etc. have been registered under the Act.
- 462 ultrasound machines have been sealed and seized for violation of the law.
- As of 30 June 2010, there were 706 ongoing cases in the Courts for various violations of the law. Though most of the cases (223) are for non-registration of the centre/clinic, 216 cases relate to non-maintenance of records, 155 cases relate to communication of sex of foetus, 36 cases relate to advertisement about pre-natal/conception diagnostic facilities and 76 cases relate to other violations of the Act/Rules.

Has Foeticide Replaced Female Infanticide?

This is a difficult question to answer. Clearly the rich use medical technology to get rid of the girl child, but the poor still depend on murder of the newborn girl which is euphemistically called "infanticide". Crime data shows that, although very poorly reported, there are still instances of infanticide recorded. Although NCRB records show a fall in the number of cases, what is important is that because of son preference infanticide is still resorted to and hence needs attention.

Hospital mass grave found as India cracks down on female infanticide

Police in central India have found 390 body parts from fetuses and newborn babies — thought to be unwanted girls — buried in the backyard of a Christian missionary hospital. Separately, the Government said that it was setting up a network of girls' homes — dubbed the "cradle scheme" — in an effort to stop poor Indians from killing their daughters. Both announcements threw a spotlight on female infanticide and foeticide in India, where an estimated ten million baby have been killed by their parents in the past twenty years.

Jeremy Page, The Times, February 19, 2007,
www.timesonline.co.uk

MP tops list of infanticide cases

DUBIOUS State has registered 51 of 186 cases in the country, 22 more than Punjab, which came second



2011 Census data shows MP sex ratio has dropped by 20 points - from 932 to 912

Gaurav Chandra
@gauravchandra1990

BHOPAL: Madhya Pradesh has acquired a dubious distinction, recording the country's highest number of foeticide and infanticide cases and the second-highest percentage of anaemia in children. The figures for 2010 have been revealed in the sixth issue of the 'National Health Profile' report from the union health ministry.

Of the 186 registered cases across the country, the state registered 51. Punjab was a distant second with 29 cases and

Concerted efforts are necessary ... the govt has initiated such steps already

HEALTH SECRETARY, MP

Maharashtra third with 18. The state also recorded 23 cases of foeticide among the 102 in the country; UP and Tamil Nadu both recorded 17.

The figures are ironic for a state where the pet project of the chief minister, Shri Singh Chohan, is Laxmi Yojna — meant to improve the gender

ratio and the standard of health and education among girls. According to 2011 Census data, the state's sex ratio has dropped by 20 points — from 932 in 2001 to 912 in 2011.

"The committees constituted to ensure compliance of the PC & PNDT Act, meant to ban sex determination tests, are defunct," said Sandhya Shaili, president of Akhil Bharatiya Janwadi Mahila Samiti. Only one doctor from Bhopal, Nirmal Jaisawal of Nirmal Nursing Home, has been convicted for its violation. After seven years of trial, he received a year's

prison sentence.

As far as anaemia in children (0-6 years) is concerned, MP came a close second with a figure of 74.1% — Bihar was the first with 78%. "The deliberate neglect of the girl child is one of the major reasons," said Dr Shalini Kapoor, technical advisor, MP Voluntary Health Association.

Health secretary Sudhi Ranjan Mohanty said: "Concerted efforts are necessary to undo the malpractices and the government has initiated such steps already."

Health minister Narsingh Mishra declined to comment.

Child Sex Ratio and Mortality

A strong gender bias in care seeking against female newborns is conspicuous at all levels of the health system. For example, for every two sick male newborns admitted to a facility, only one female infant was admitted. Female mortality rates amongst 0-4 year olds in India are 107 per cent of male mortality rates. This is because in India girls are frequently abandoned, deliberately neglected and underfed simply because they are girls. NFHS-3 also revealed a continued gender bias in terms of immunisation, with mothers surveyed showing vaccination cards for 39 per cent of boys as against 36 per cent of girls.¹⁴ (IIPS and Macro International. 2007. 229)

Examination of the mortality rates, and comparing them to the sex-ratio in census 1991, 2001 and 2011, it was very interesting to see that:

- Chhattisgarh, performing very well overall, actually is one of the worst when it comes to child mortality, especially neo-natal mortality as well as IMR
- Arunachal Pradesh, also a high performer of sex ratio, is amongst the poorest with regard to post-natal mortality
- Rajasthan, one of the worst performing states also is very weak over all in mortality.
- Similar situation persists in Uttar Pradesh as well as Madhya Pradesh

Table 5.7: Child Sex Ratio and Child Mortality

State	National Ranking for Sex Ratio	Sex Ratio 2011	Sex ratio Change from 2001 to 2011	National Ranking for Mortality	Neo-Natal Mortality	Post-Natal Mortality	IMR	Under 5 Mortality
Mizoram	1	1	4	8	3	14	5	11
Meghalaya	2	2	9	18	9	22	13	19
Kerala	3	5	7	1	2	1	1	1
Arunachal Pradesh	4	4	10	22	19	27	19	23
Chhattisgarh	5	3	14	27	29	19	26	24
Tamil Nadu	6	9	5	3	5	8	3	3
Assam	7	6	11	25	26	21	23	21
Karnataka	8	11	9	13	13	11	12	12
West Bengal	9	8	13	16	20	5	15	15
Tripura	10	7	15	19	17	16	17	14
Andhra Pradesh	11	11	17	20	22	9	18	17
Sikkim	12	10	18	5	6	11	4	4
Bihar	13	13	12	21	21	24	20	20
Nagaland	14	10	19	14	7	17	8	18
Jharkhand	15	11	20	26	28	20	24	26
Himachal Pradesh	16	16	3	6	10	4	6	5
Orissa	17	12	18	23	25	18	21	25
Manipur	18	12	21	4	4	7	2	6
Goa	19	14	17	2	1	3	1	2
Punjab	20	22	1	10	12	10	10	9
Madhya Pradesh	21	15	19	28	24	25	25	27
Gujarat	22	18	6	17	18	13	16	16
Uttar Pradesh	23	17	16	29	27	26	27	28
Delhi	24	20	8	9	14	6	9	7
Uttaranchal	25	18	20	11	11	11	11	13
Rajasthan	26	19	22	24	23	23	22	22
Maharashtra	27	19	23	7	16	2	7	7
Haryana	28	23	2	12	8	15	10	10
Jammu & Kashmir	29	21	24	15	15	12	14	8

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

Declining Sex Ratio & Gender-based Violence

A disastrous fall-out of the declining sex-ratio and the underlying subjugated position of women is their vulnerability to all forms of violence: domestic violence, rape, sexual abuse, dowry harassment, trafficking, etc., with little or no mechanisms for combating these either by way of effective laws and implementation, or civil society action.

According to NCRB Crime against Women in India has continually increased to a staggering 31 per cent from 2005 to 2009.¹⁵ (NCRB. 2006-2010) While it may not be possible to establish a direct co-relation between all kinds of crimes against women and falling sex ratio, over the years, increased trafficking of girls and women for marriage and fall in sex ratio has been clearly established. In some villages, the elimination of the girl child has created such a shortage of girls that families purchase brides from other villages for paltry sums. Poor women from the east of India – West Bengal, Assam¹⁶ (Kant. nd.) and Bangladesh¹⁷ (Srinivasan. 2006) are trafficked to Punjab and Haryana¹⁸ (Jagori, 2009) to provide girls for marriage. A study of Bangladeshi girls showed that – ‘Girls were not purchased to be resold, but to be incorporated into rural households as wives. Most men were widowers; others had a poor caste pedigree or some handicap. In any case, they ranked low on the local marriage market of a society where girls are missing. They could not find a wife locally’.¹⁹ (Blanchet *et al.* 2003)



Conclusion

The census 2011 is yet another eye-opener, if only India wakes up to what is happening. What is more, this sex ratio imbalance is now seen not only in the traditionally rogue states of north India, but also in the most unexpected regions, states and districts. What could the reason for this be? Are all those societies that traditionally did not discriminate against girls now beginning to do so? Nagaland, Manipur, in fact all the north eastern states, including two districts of Mizoram are showing a fall in sex ratio of girls as compared to boys. Jammu & Kashmir too has joined in. There need to be in-depth studies to analyse the causes for this, and corrective measures implemented.

India is fast losing its girls and heading for an imbalance in population and unless we look sharp and act quick, it will be too late. We will have sacrificed our girls yet once again to patriarchy and son preference, and indeed lose out on the benefits of the demographic dividend we are so proud of. After all what good is an imbalanced demographic dividend? At the same time, a balanced demographic dividend where half the population is disempowered is no good. Therefore, simply increasing the number of girls will never be positive unless interventions to check sex imbalance are also accompanied by measures that ensure the improvement of status for girls and women in the family and the society. After all, the sex ratio imbalance that we witness today is a result of years of women's disempowerment...only now there is technology for support.

Endnotes

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Annexure: Table 8: Child Sex Ratio (0-6 yrs)
In order of rank per Census 2011

Rank	State	Districts below State Sex Ratio	2011	2001	Point difference 2001-2011
1	Mizoram	(50.0 per cent)	971	964	7
		Serchhip	926	974	-48
		Saiha	937	950	-13
		Lunglei	965	962	3
		Lawngtlai	965	947	18
2	Meghalaya	(42.9 per cent)	970	973	-3
		Ribhoi	956	972	-16
		East Khasi Hills	961	972	-11
		Jaintia Hills	969	995	-26
3	Andaman & Nicobar Islands	(66.7 per cent)	966	957	9
		Nicobars	961	937	24
		South Andaman	961	949	12
4	Puducherry	(75.0 per cent)	965	967	-2
		Yanam	917	964	-47
		Mahe	959	910	49
		Karaikal	963	979	-16
5	Chhattisgarh	(33.3 per cent)	964	975	-11
		Raigarh	943	964	-21
		Janjgir - Champa	945	966	-21
		Surguja	955	977	-22
		Bilaspur	957	965	-8
		Durg	958	966	-8
		Mahasamund	960	979	-19
6	Arunachal Pradesh	(43.8 per cent)	960	964	-4
		Dibang Valley	831	874	-43
		West Siang	928	950	-22
		Lower Dibang Valley	945	955	-10
		Tirap	950	941	9
		Changlang	954	954	0
		Lohit	954	933	21
		Anjaw	954	932	22
7	Kerala	(35.7 per cent)	959	960	-1
		Alappuzha	947	956	-9
		Thrissur	948	958	-10
		Ernakulam	954	954	0
		Kottayam	957	962	-5
		Idukki	958	969	-11
8	Assam	(37.0 per cent)	957	965	-8
		Karbi Anglong	916	974	-58

Rank	State	Districts below State Sex Ratio	2011	2001	Point difference 2001-2011
		Darrang	941	977	-36
		Dhemaji	945	970	-25
		Hailakandi	948	927	21
		Morigaon	950	966	-16
		Kokrajhar	951	955	-4
		Goalpara	954	974	-20
		Barpeta	955	961	-6
		Cachar	955	961	-6
		Dima Hasao	956	955	1
9	Tripura	(50.0 per cent)	953	966	-13
		West Tripura	942	967	-25
		South Tripura	947	961	-14
10	West Bengal	(68.4 per cent)	950	960	-10
		Kolkata	930	927	3
		Purba Medinipur	938	942	-4
		Darjiling	943	962	-19
		Bankura	943	953	-10
		Maldah	945	964	-19
		Uttar Dinajpur	946	965	-19
		Hugli	946	951	-5
		Puruliya	947	964	-17
		Bardhaman	947	956	-9
		North Twenty Four Parganas	947	958	-11
		Dakshin Dinajpur	948	966	-18
		Koch Bihar	948	964	-16
		Jalpaiguri	949	969	-20
11	Tamil Nadu	(40.6 per cent)	946	942	4
		Ariyalur	892	949	-57
		Cuddalore	895	957	-62
		Dharmapuri	911	826	85
		Namakkal	913	889	24
		Perambalur	913	937	-24
		Salem	917	851	66
		Krishnagiri	924	905	19
		Tiruvannamalai	932	948	-16
		Theni	937	891	46
		Viluppuram	938	961	-23
		Madurai	939	926	13
		Dindigul	942	930	12
		Vellore	944	943	1
12	Nagaland	(45.5 per cent)	944	964	-20
		Longleng	882	964	-82

Rank	State	Districts below State Sex Ratio	2011	2001	Point difference 2001-2011
		Mon	900	973	-73
		Phek	915	926	-11
		Tuensang	935	972	-37
		Peren	940	968	-28
12	Sikkim	(25.0 per cent)	944	963	-19
		North District	897	995	-98
13	Jharkhand	(37.5 per cent)	943	965	-22
		Bokaro	912	950	-38
		Dhanbad	917	951	-34
		Purbi Singhbhum	922	941	-19
		Hazaribagh	924	972	-48
		Ramgarh	926	953	-27
		Giridih	934	978	-44
		Ranchi	937	960	-23
		Saraikela-Kharsawan	937	954	-17
		Deoghar	939	973	-34
13	Andhra Pradesh	(47.8 per cent)	943	961	-18
		Warangal	912	955	-43
		Y.S.R.	919	951	-32
		Nalgonda	921	952	-31
		Anantapur	927	959	-32
		Chittoor	931	955	-24
		Mahbubnagar	932	952	-20
		Prakasam	932	955	-23
		Karimnagar	937	962	-25
		Kurnool	937	958	-21
		Hyderabad	938	943	-5
		Adilabad	942	962	-20
13	Karnataka	(40.0 per cent)	943	946	-3
		Bagalkot	929	940	-11
		Bijapur	930	928	2
		Davanagere	931	946	-15
		Belgaum	931	921	10
		Chitradurga	933	946	-13
		Mandya	934	934	0
		Bidar	935	941	-6
		Gulbarga	935	931	4
		Bangalore	941	943	-2
		Chamarajanagar	942	964	-22
		Dharwad	942	943	-1
		Yadgir	942	952	-10

Rank	State	Districts below State Sex Ratio	2011	2001	Point difference 2001-2011
14	Manipur	(55.6 per cent)	934	957	-23
		Senapati	912	962	-50
		Chandel	919	962	-43
		Bishnupur	919	952	-33
		Ukhrul	921	946	-25
		Imphal East	932	963	-31
14	Orissa	(43.3 per cent)	934	953	-19
		Nayagarh	851	904	-53
		Dhenkanal	870	925	-55
		Anugul	884	937	-53
		Ganjam	899	939	-40
		Khordha	910	926	-16
		Cuttack	913	939	-26
		Debagarh	917	956	-39
		Jajapur	921	937	-16
		Kendrapara	921	940	-19
		Puri	924	931	-7
		Jagatsinghapur	929	926	3
		Sambalpur	931	959	-28
		Bhadrak	931	943	-12
15	Bihar	(60.6 per cent)	933	942	-9
		Vaishali	894	937	-43
		Patna	899	923	-24
		Begusarai	911	946	-35
		Khagaria	912	932	-20
		Bhojpur	915	940	-25
		Lakhisarai	915	951	-36
		Muzaffarpur	917	928	-11
		Jehanabad	918	915	3
		Saran	922	949	-27
		Purba Champaran	923	937	-14
		Madhepura	923	927	-4
		Munger	925	914	11
		Buxar	925	925	0
		Sheohar	925	916	9
		Rohtas	925	951	-26
		Saharsa	928	912	16
		Darbhanga	928	915	13
		Nalanda	929	942	-13
		Madhubani	931	939	-8
		Sitamarhi	932	924	8

Rank	State	Districts below State Sex Ratio	2011	2001	Point difference 2001-2011
16	Dadar & Nagar Haveli*		924	979	-55
17	Goa	(50.0 per cent)	920	938	-18
		North Goa	911	938	-27
18	Madhya Pradesh	(36.0 per cent)	912	932	-20
		Morena	825	837	-12
		Gwalior	832	853	-21
		Bhind	835	832	3
		Datia	852	874	-22
		Rewa	883	926	-43
		Tikamgarh	886	916	-30
		Sheopur	888	929	-41
		Shivpuri	889	907	-18
		Indore	892	908	-16
		Chhatarpur	894	917	-23
		Narsimhapur	900	917	-17
		Guna	901	930	-29
		Sehore	906	927	-21
		Satna	907	931	-24
		Dewas	907	930	-23
		Sidhi	910	952	-42
		Panna	910	932	-22
		Hoshangabad	911	927	-16
19	Daman & Diu	(50.0 per cent)	909	926	-17
		Daman	905	907	-2
20	Lakshadweep*		908	959	-51
21	Himachal Pradesh	(41.7 per cent)	906	896	10
			870	837	33
			873	836	37
		Hamirpur	881	850	31
		Bilaspur	893	882	11
		Solan	899	900	-1
22	Uttar Pradesh	(45.1 per cent)	899	916	-17
		Agra	835	866	-31
		Baghpat	837	850	-13
		Bulandshahr	844	867	-23
		Gautam Buddha Nagar	845	854	-9
		Ghaziabad	850	854	-4
		Meerut	850	857	-7
		Muzaffarnagar	858	859	-1
		Jhansi	859	886	-27
		Mahamaya Nagar	862	886	-24

Rank	State	Districts below State Sex Ratio	2011	2001	Point difference 2001-2011
		Hardoi	863	914	-51
		Kanpur Nagar	870	869	1
		Bijnor	870	905	-35
		Etawah	870	895	-25
		Aligarh	871	885	-14
		Mathura	871	872	-1
		Mainpuri	878	892	-14
		Etah	878	880	-2
		Firozabad	879	887	-8
		Jalaun	880	889	-9
		Saharanpur	883	872	11
		Farrukhabad	884	897	-13
		Hamirpur	885	904	-19
		Kanshiram Nagar	888	905	-17
		Auraiya	895	894	1
		Kanpur Dehat	896	892	4
		Varanasi	896	919	-23
		Mahoba	897	900	-3
		Kannauj	897	912	-15
		Ballia	897	942	-45
		Sant Ravidas Nagar (Bhadohi)	898	916	-18
		Banda	898	917	-19
		Jyotiba Phule Nagar	898	911	-13
23	Uttarakhand	(23.1 per cent)	886	908	-22
		Pithoragarh	812	902	-90
		Hardwar	869	862	7
		Champawat	870	934	-64
23	Gujarat	(34.6 per cent)	886	883	3
		Surat	836	859	-23
		Mahesana	845	801	44
		Gandhinagar	847	816	31
		Rajkot	854	854	0
		Ahmadabad	859	835	24
		Anand	877	849	28
		Amreli	879	892	-13
		Patan	884	865	19
		Bhavnagar	885	881	4
24	Maharashtra	(54.3 per cent)	883	913	-30
		Bid	801	894	-93
		Jalgaon	829	880	-51
		Ahmadnagar	839	884	-45
		Buldana	842	908	-66

Rank	State	Districts below State Sex Ratio	2011	2001	Point difference 2001-2011
		Kolhapur	845	839	6
		Jalna	847	903	-56
		Aurangabad	848	890	-42
		Osmanabad	853	894	-41
		Washim	859	918	-59
		Sangli	862	851	11
		Parbhani	866	923	-57
		Hingoli	868	927	-59
		Solapur	872	895	-23
		Latur	872	918	-46
		Pune	873	902	-29
		Mumbai	874	922	-48
		Dhule	876	907	-31
		Satara	881	878	3
		Nashik	882	920	-38
24	Rajasthan	(39.4 per cent)	883	909	-26
		Jhunjhun	831	863	-32
		Sikar	841	885	-44
		Karauli	844	873	-29
		Dhaulpur	854	860	-6
		Ganganagar	854	850	4
		Jaipur	859	899	-40
		Dausa	859	906	-47
		Alwar	861	887	-26
		Bharatpur	863	879	-16
		Sawai Madhopur	865	902	-37
		Jaisalmer	868	869	-1
		Hanumangarh	869	872	-3
		Tonk	882	927	-45
25	Chandigarh*		867	845	22
26	Delhi	(22.2 per cent)	866	868	-2
		South West	836	846	-10
		North West	863	857	6
27	Jammu & Kashmir	(36.4 per cent)	859	941	-82
	Jammu	Kathua	836	847	-11
		Jammu	795	819	-24
		Samba	787	798	-11
		Rajouri	837	905	-68
	Kashmir	Kupwara	854	1021	-167
		Badgam	832	1004	-172
		Pulwama	836	1046	-210
		Anantnag	831	977	-146

Rank	State	Districts below State Sex Ratio	2011	2001	Point difference 2001-2011
28	Punjab	(45.0 per cent)	846	798	48
		Tarn Taran	819	784	35
		Gurdaspur	824	789	35
		Amritsar	824	792	32
		Muktsar	830	811	19
		Mansa	831	782	49
		Patiala	835	776	59
		Sangrur	835	784	51
		Sahibzada Ajit Singh Nagar	842	785	57
		Fatehgarh Sahib	843	766	77
29	Haryana	(52.4 per cent)	830	819	11
		Jhajjar	774	801	-27
		Mahendragarh	778	818	-40
		Rewari	784	811	-27
		Sonapat	790	788	2
		Ambala	807	782	25
		Rohtak	807	799	8
		Kurukshetra	817	771	46
		Karnal	820	809	11
		Kaithal	821	791	30
		Yamunanagar	825	806	19
		Gurgaon	826	807	19

Source: Census, 2001, 2011

* UTs

Early Childhood Care

SPOTLIGHT ON EARLY CHILDHOOD CARE IN INDIA

- 1** Child population in the age group of 0-6 yrs has seen a decline from 163.8 million in 2001 to 159.8 million in 2011. The decline has disproportionately been in the female population than the male. (*Census of India, 2001, 2011*)
 - 2** India contributes to more than 20 per cent of child deaths in the world (*UNICEF. The Situation of Children in India – A Profile. May 2011. Pg. 4*)
 - 3** In India, more than 1.83 million children die annually before completing their fifth birthday – most of them due to preventable causes (*UNICEF. The Situation of Children in India – A profile. May 2011. Pg. 4*)
 - 4** Only four diseases – respiratory infections, diarrhoeal diseases, other infectious and parasitic diseases and malaria – account for half of under-five deaths in India (*UNICEF. The Situation of Children in India – A profile. May 2011. Pg. 5*)
 - 5** Almost half of children under five years of age (48 per cent) are stunted and 43 per cent are underweight. The proportion of children who are severely undernourished is also notable—24 percent (*NFHS – 3. 2005-060. Pg 269*)
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Introduction

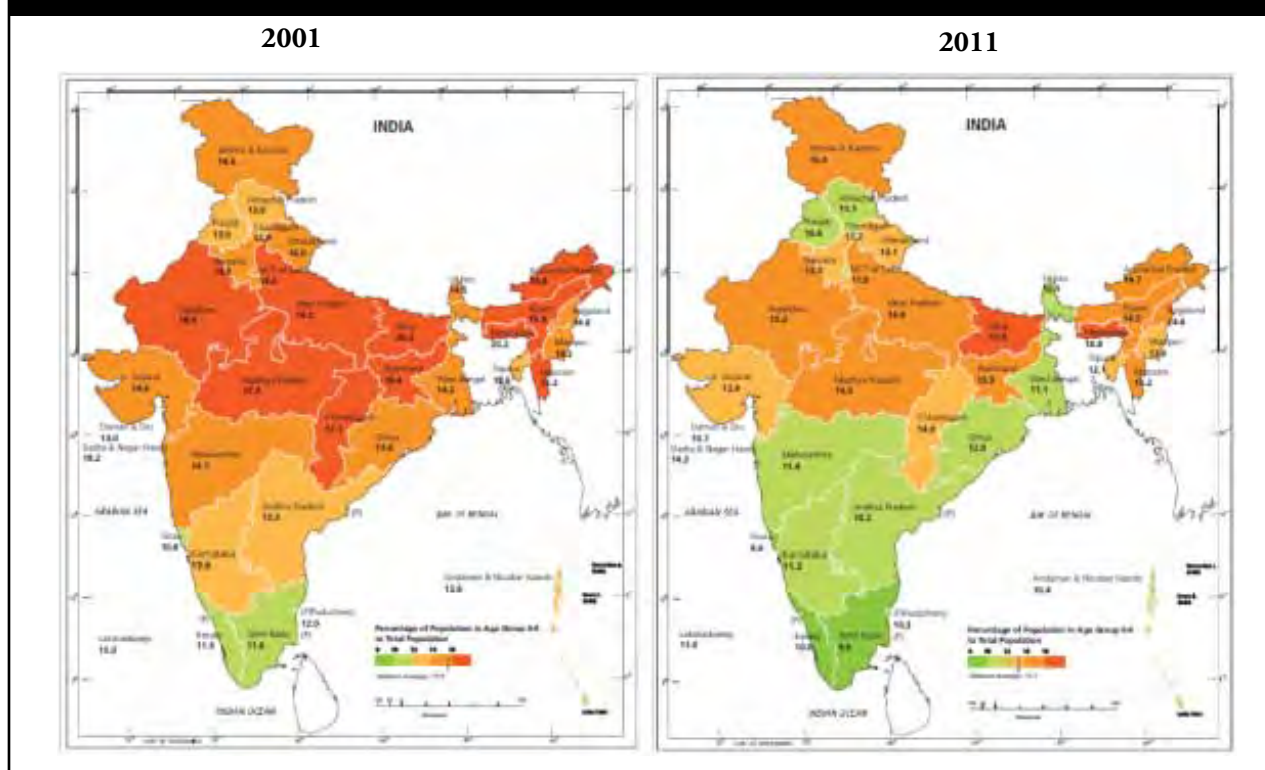
It is now well acknowledged that the first six to eight years of a child's life are critical for her or his overall physical and cognitive growth and development as the pace of development in this early childhood stage is the most rapid. It has been said that the 'experience-based brain development in the early years sets neurological and biological pathways that affect the health, learning and behaviour throughout life'.¹ (Fraser. 2007)

The total number of children in India, as per Census 2011, in the age group of 0-6 years is 159.8 million, about five million less than the 2001 census figures and marks a negative growth of 3.08 per cent. The Office of the Registrar General seems to be of the view that 'a significant fall in proportion of children in the age-group 0-6 years is broadly indicative of fall in fertility during the period'.² (ORGI. 2011. 62) The government has for many years now tried to address the needs of the young children or children in the early child stage through programmes and schemes designed for early childhood care and education, primary among which is the nationwide Integrated Child Development Scheme (ICDS). The Eleventh Five Year Plan document acknowledges the importance of early childhood care and education as critical investment, given its intergenerational benefits for social inclusion and equity.

Despite the recognition of the importance of the need for intervention in the early years of a child's life, and demands made by experts and activists, it was kept out of the 86th Amendment to the Constitution in 2002, which makes right to education a fundamental right for all children between the ages of 6-14 years. It merely says, 'The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.'³

It is in this context that it becomes critical to measure the efforts made by the State towards realisation of rights of young children. This requires development of programmatic interventions, investment of resources – human and financial, and ensuring implementation and reach.

Figure 6.1. Proportion of Child Population 0-6 yrs to Total Population



Source: Census 2011

However, the indicators for the country on child health and access to pre-school education clearly show us that the situation of children in the early stage is still a matter of great concern. The report titled *Focus on Children Under Six*⁴ brings the condition of the young children and their issues into the public debate. As has been so poignantly stated in the report, the repercussions of years of neglect of the young child are staring us in the face today. It is the result of this that we have half the population of India's children undernourished, anaemic and un-immunised against preventable diseases. (CIRCUS. 2006)

Commitments to the 0-6 yr Population

- **Integrated Child Development Services (ICDS):** World's largest early child development programme, ICDS was launched by GoI in 1975 with the aim of improving the health and well-being of new mothers and children under six by providing health and nutrition education, health services, supplementary food, and pre-school education.⁵ Studies have found that despite some unevenness in the quality of services, the ICDS programmes has had a positive impact on the survival, growth and development of young children.⁶ However, its reach has been called into question on numerous occasions and the third National Family Health Survey (NFHS-3), indicates that only 28 per cent of children received any services from an Anganwadi centre (the network of centres through which the scheme is implemented).
- **Rajiv Gandhi National Creche Scheme for Children of working mothers:** Launched with effect in 2006, this scheme was set up to provide services for children of the age group 0-6 yrs which includes supplementary nutrition and emergency medicines. The need for crèches is not merely for ensuring child development, empowerment of the girl child and retention of girls in schools, but is also a child protection issue. This is well recognised in the Eleventh Five Year Plan documents of the Ministry of Women and Child Development as well as the Planning Commission.

The Mid-Term appraisal of the Eleventh Five Year Plan recommends an evaluation and review of the Rajiv Gandhi National Creche Scheme in terms of its relevance and the goal of universalisation of ICDS. In addition, it calls for upgrading Anganwadi Centres (AWCs) to AWCs cum crèches and revision of the user charges and cost norms to bring them at par with ICDS if the scheme is to continue. Clearly, the need for a merger of the two schemes needs to be considered in order to meet the goals of universalisation of ICDS as well as India's commitment to building a protective environment for its children.

A report by FORCES submitted to the CRC Committee for the General Day of Discussion on "Implementing Child Rights in Early Childhood", dated 17 September 2004, projects a requirement of "800,000 creches to cater to approx. 220 million women working in the informal sector and in dire need of child care services". According to the Mid-Term Appraisal of the XIth Plan "so far, 31,737 crèches benefiting 7.92 Lakhs children have been sanctioned to the implementing agencies". Clearly, there is still a shortfall of 7,68,263 creches going by the requirement of 8 lakh crèches, which is well recognised by the Ministry of Women and Child Development in its Working group Report for the XIth Five Year.

- FORCES, *The Status of the young Indian child, Submission by FORCES, India, to the CRC Day of Discussion on "Implementing Child Rights in Early Childhood"*, available on <http://www.crin.org/docs/resources/treaties/crc.37/Discussion.asp>

Often there is a gap between sanctioned projects and actually operational projects, both in the case of Rajiv Gandhi National Creche Scheme and ICDS. In fact, as far as crèches are concerned, there is no information on how many of the sanctioned crèches are actually operational. As of 31 December, 2010, as per the Ministry of Woman and Child Development, there remained a shortfall of around 300 ICDS projects out of the 7015

sanctioned; similarly, the number of operational Anganwadi centres fell short by 1.25 lakh! In order to improve the implementation of both these schemes as also enhance the outreach, such gaps need to be addressed without delay and without compromising on quality of services, including provision of hot cooked food.

Table 6.1: Commitments and Shifting Goals for Early Childhood Care in India

Policy/Law/ Constitution	Goals
Constitution	The State shall regard the raising of the level of nutrition and standard of living of its people and the improvement of public health as among its primary duties.
National Health Policy 1983	“India is committed to attaining the goal of ‘Health for All by the Year 2000 A.D.’ through the universal provision of comprehensive primary health care services”.
National Plan of Action for Children 1992	<ul style="list-style-type: none"> ■ Reduce the infant mortality rate to below 60 and the child mortality rate to below 10 per thousand ■ Maintenance of 100 per cent immunisation coverage, eradication of polio by 2000 A.D. ■ Elimination of neonatal tetanus by 1995 ■ Prevention of 95 per cent of deaths from, and 90 per cent of cases of, measles by 1995 ■ Prevention of 70 per cent of death from, and 25 per cent of cases of, diarrhoea ■ Prevention of 40 per cent of deaths due to acute respiratory infections by 2000 A.D. ■ Reduction of the maternal mortality rate by half between 1990 and 2000
National Health Policy 2002	<ul style="list-style-type: none"> ■ To achieve an acceptable standard of good health among the population by increasing access to de-centralised public health system and by establishing or upgrading the infrastructure in the existing institutions ■ Reduce IMR to 30/1000 and MMR to 100/lakh by 2010 ■ Eradicate polio and yaws and eliminate leprosy by 2005 ■ Improve nutrition and reduce proportion of LBW babies from 30 per cent to 10 per cent by 2010 ■ Reduce mortality by 50 per cent on account of TB, malaria and other vector and water borne diseases by 2010 ■ Reduce prevalence of blindness to 0.5 per cent by 2010 ■ Achieve zero level growth of HIV/AIDS by 2007
National Plan of Action for Children 2005	<ul style="list-style-type: none"> ■ To reduce IMR to below 30 per 1000 live Births by 2010 ■ To reduce CMR to below 31 per 1000 live births by 2010 ■ To reduce Neonatal Mortality Rate to below 18 per 1000 live births by 2010 ■ To explore possibilities of covering all children with plan for health insurance ■ To eliminate child malnutrition as a national priority ■ To reduce under five malnutrition and low birth weight by half by 2010 ■ To ensure adequate neo-natal and infant nutrition ■ To reduce moderate and severe malnutrition among pre-school children by half ■ To reduce chronic under nutrition and stunted growth in children ■ To effectively implement the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as amended in 2003

Ninth Five Year Plan (1997-02)	<ul style="list-style-type: none"> ■ Reduce IMR to less than 60 by 2002 ■ Reduce CMR to below 10 by 2002 ■ 100 per cent coverage of immunisation in respect of all vaccine preventable diseases ■ Universalising nutrition ■ Supplementary Feeding programmes with special focus on girl child and adolescent girls
Tenth Five Year Plan (2002-07)	<ul style="list-style-type: none"> ■ Reduction of Maternal Mortality Ratio (MMR) to 2 per 1000 live births by 2007 and 1 per 1000 live births by 2012 and ■ Reduction of infant mortality rates to 45 per thousand live births by 2007 and to 28 by 2012
Eleventh Five Year Plan (2007-12)	<ul style="list-style-type: none"> ■ Reducing MMR to 1 per 1000 live births ■ Reducing IMR to 28 per 1000 live births ■ Reducing Total Fertility Rate (TFR) to 2.1 ■ Reducing malnutrition among children of age group 0–3 to half its present level ■ Reducing anaemia among women and girls by 50 per cent ■ Raising the sex ratio for age group 0–6 to 935 by 2011–12 and 950 by 2016–17
National Rural Health Mission	<ul style="list-style-type: none"> ■ Improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children
International Conference on Population and Development (ICPD), Cairo 1994	<ul style="list-style-type: none"> ■ Efforts should be made by all the states to reduce the infant mortality rate by one-third by the year 2000
Millennium Development Goals (MDG)	<ul style="list-style-type: none"> ■ Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate (goal 4) ■ Reduce by three-quarters, between 1990 and 2015, the MMR ■ Combat HIV/AIDS, malaria and other diseases

Methodology

The ranking on early childhood is based on a very narrow set of data related to access to ICDS and related services. For this, we chose to use the Ministry of Woman and Child Development, the only source at our disposal.

It is a fact that often there is a gap between sanctioned projects and actual operational projects. While scoring states with regards to ICDS centres and Anganwadi centres, we decided to not look at actual functioning centres but rather to look at what percentage of the sanctioned projects were actually converted to operations centres. This becomes a measure of their commitment to their youngest citizens, children 0–6 years of age.

National Ranking for Early Childhood Care

Table 6.2 enables us to see how states are ranked in their efforts regarding early childhood development of children. The five worst performing states are Uttaranchal, Chhattisgarh, Delhi, Haryana, and Bihar.

Table 6.2: Overall Early Childhood Care Index		(1= Most child friendly)
State	National Ranking for Early Childhood Care	<p>Components used for the overall index:</p> <ul style="list-style-type: none"> a. Beneficiaries of Pre-school education (3-6yrs): Overall (boys and girls) b. Beneficiaries of Pre-school education (3-6yrs): Gender Equality c. Beneficiaries of Supplementary Nutrition Programme (6 months - 6 yrs) d. No of ICDS projects – score based on percentage of operational projects versus the sanctioned amount e. Number of Anganwadi Centres – score based on percentage of operational anganwadis versus the sanctioned amount
Nagaland	1	
Arunachal Pradesh	2	
Manipur	3	
Mizoram	4	
Tripura	5	
Meghalaya	6	
Orissa	7	
Madhya Pradesh	8	
Jharkhand	9	
Uttar Pradesh	10	
Assam	11	
Karnataka	12	
Himachal Pradesh	13	
Maharashtra	14	
Punjab	15	
Gujarat	16	
Sikkim	17	
Tamil Nadu	18	
Goa	19	
Andhra Pradesh	20	
Kerala	21	
Jammu & Kashmir	22	
West Bengal	23	
Rajasthan	24	
Bihar	25	
Haryana	26	
Delhi	27	
Chhattisgarh	28	
Uttaranchal	29	
UT	National Ranking for Early Childhood	
Dadra & Nagar Haveli	1	
Lakshwadeep	2	
Daman & Diu	3	
Chandigarh	4	
Andaman & Nicobar Islands	5	
Puducherry	6	

Data Source: www.nic.in (as of 31 December 2010)

Amongst the worst performing are also the Union Territories of Puducherry and A&N Islands.

The matrix in Table 6.3 read along with Table 6.2 enables us to see exactly where the problem lies and where the interventions are required.

Table 6.3: Early Childhood Care Components						
State	National Ranking for Early Childhood	(Overall) Beneficiaries of Pre-school Education (3-6yr)	(GE) Beneficiaries of Pre-school Education (3-6yr)	Beneficiaries of SNP (6months-6yrs)	ICDS Projects	Anganwadi Centres
Nagaland	1	1	14	2	1	2
Arunachal Pradesh	2	2	15	1	4	8
Manipur	3	3	20	3	1	20
Mizoram	4	4	25	4	1	2
Tripura	5	5	27	7	1	2
Meghalaya	6	7	19	6	1	3
Orissa	7	9	22	5	3	11
Madhya Pradesh	8	11	18	9	1	2
Jharkhand	9	12	2	13	1	1
Uttar Pradesh	10	8	21	8	1	15
Assam	11	6	26	12	1	17
Karnataka	12	14	7	15	1	4
Himachal Pradesh	13	16	8	14	1	7
Maharashtra	14	15	24	19	1	10
Punjab	15	19	3	20	1	2
Gujarat	16	18	6	18	1	9
Sikkim	17	17	9	16	1	13
Tamil Nadu	18	21	12	22	1	2
Goa	19	23	11	21	1	5
Andhra Pradesh	20	20	13	17	1	18
Kerala	21	25	29	27	1	6
Jammu & Kashmir	22	22	28	24	1	16
West Bengal	23	13	23	10	7	12
Rajasthan	24	27	10	26	1	14
Bihar	25	24	17	28	2	19
Haryana	26	28	5	25	5	21
Delhi	27	29	1	23	8	22
Chhattisgarh	28	10	16	11	6	23
Uttaranchal	29	26	4	29	1	24

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking for Early Childhood	(Overall) Beneficiaries of Pre-school Education (3-6yr)	(GE) Beneficiaries of Pre-school Education (3-6yr)	Beneficiaries of SNP (6months-6yrs)	ICDS Projects	Anganwadi Centres
Dadra & Nagar Haveli	1	1	4	2	1	1
Lakshwadeep	2	2	3	1	2	1
Daman & Diu	3	3	2	4	1	3
Chandigarh	4	4	1	5	1	5
Andaman & Nicobar Islands	5	5	6	3	1	2
Puducherry	6	6	5	6	1	4

Ranking ■ 1-2 ■ 3-4 ■ 5-6

*GE = Gender Equality

- **Access:** Clearly, the shortfall of implementation of ICDS stems from the fact that there continue to be children who are un-reached and uncovered. States that performed poorly in the number of operational Anganwadi centres also performed poorly in the number of beneficiaries in the pre-schooling as well as SNP and therefore performed poorly overall.
- **Manipur:** While Manipur seems to be an exception, a closer look at the overall picture shows some discouraging facts. It is performing well in the overall ranking. However the girls seem to be more disadvantaged for pre-school education than the boys. Interestingly, during the past 10 years, the child sex ratio in that state has been dropping as well (from 957 in 2001 to 934 in 2001, per census data). Despite 11,510 anganwadis being sanctioned, only 9883 are operational
- **Delhi:** Our nation's capital has scored very poorly when it comes to looking after its youngest population. With only 6.4 per cent beneficiaries of pre-school education, only 30 per cent of SNP beneficiaries, only 58 percent of sanctioned ICDS projects and 59 percent of sanctioned anganwadi centres operational as of December 2010, Delhi has ranked 27th (See Table 6.7 for detailed data)

The functioning of the Anganwadis is plagued with a number of challenges. Space in urban areas is a major problem given the small rent sanctioned for it. As a result it remains a mere feeding centre than a pre-school. Irregular supply of food, especially where the grains are provided and the helper cooks, is a huge problem. The supplies are irregular and delayed.

The pre-school component of ICDS programme is very weak. The Anganwadi workers devote just one hour of the three hours to engage children in some meaningful activity, if at all, given their other constraints mentioned above. The pre-school education component fails to make any significant impact on children due to the lack of learning materials.⁷ (Dutta. 2009. v8(3))

In a village in Orissa, the Anganwadi worker is expected walk to the Block office to collect her supply, which she either carries on her head herself or has to request someone to carry it for.

In the rains, the stream that she has to cross to get to her village fills up. Most times she cannot make it across in this season. When she does manage she has to request someone to carry her supply across the river for which she has to give the man 3 kilos of rice and one kilo of dal. This is her cost that she cannot recover. It is without saying that this comes out of the supplies for the children!

A nutrition crisis amid prosperity

Pramit Bhattacharya, Hindustan Times
Mumbai, October 12, 2011



As a national debate rages over the Indian poverty line, in the heart of Bandra, one of Mumbai's richest suburbs, in a shanty with barely enough standing space for two adults, three-year-old Priya Doiphode, clad in a red tee shirt, lies listless on a string bed. Priya is one of the

around 80,000 children in Mumbai who are malnourished, according to government data, a statistic

that makes Mumbai the most malnourished city in India.

Priya weighs less than 10 kg, perilously close to being severely underweight. According to classification used by the World Health Organization that India also uses, Priya is malnourished or more specifically under-nourished.

Here in this illegal wood-brick-and-sackcloth settlement of Indira Nagar, or "Pipeline", as the locals call it, a well-nourished child is as hard to find as a toilet. Like many Mumbai slums, "Pipeline" is a breeding ground for infectious diseases, which strike children more than adults.

Houses in "Pipeline" are built on wooden planks placed on a giant pipeline ferrying water to the city. Close by, an open gutter flows. Many children are born at home, and the squalor strikes them hard, says resident and railway coach attendant Dilip Shantaram Satpal, (33), whose nephew Ritesh (8) has not grown in height over the past three years.

Bandra is where the brightest and richest of Mumbaikars live, where expatriates live and party, where many of India's largest corporations have their head offices and where India's

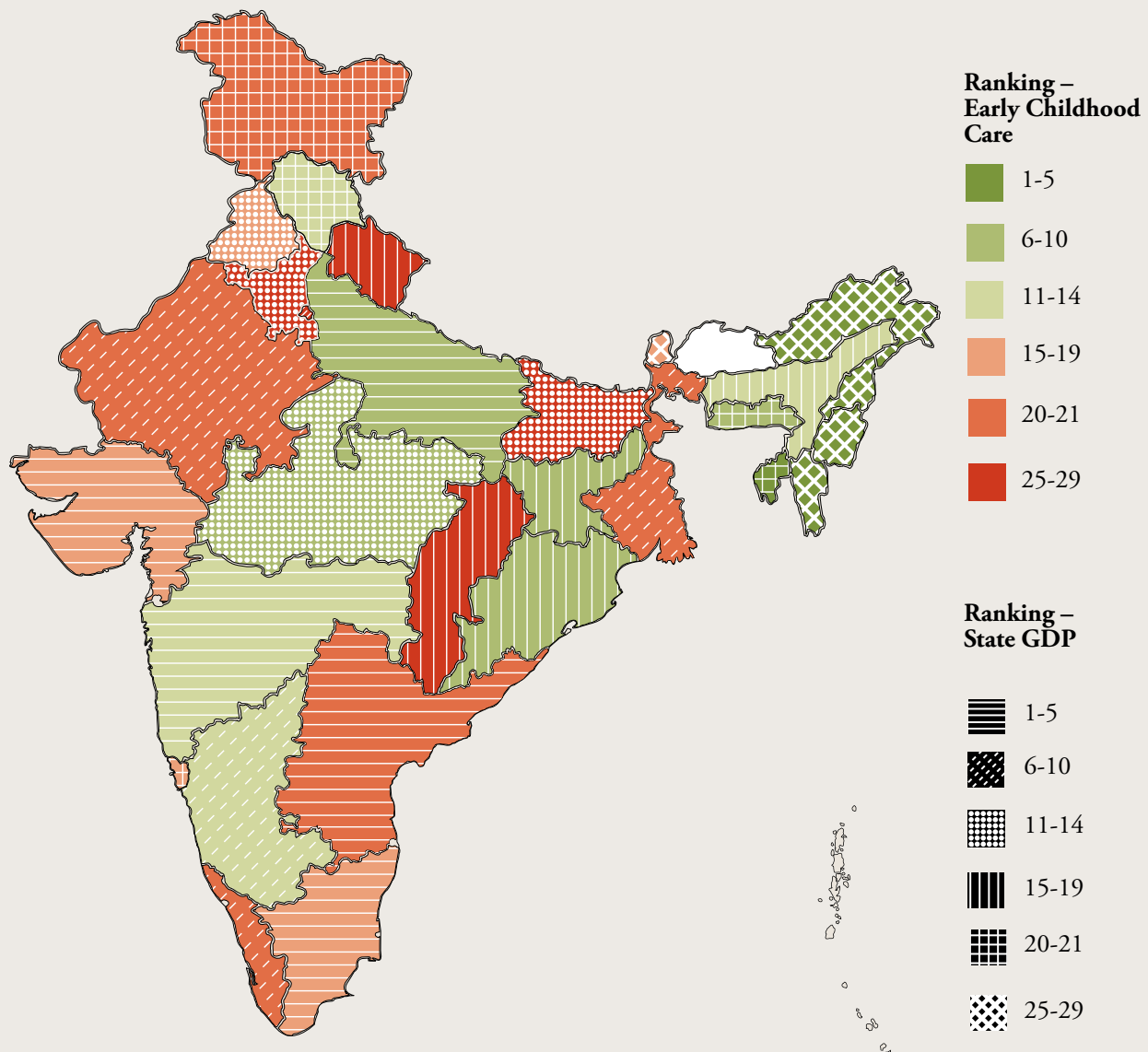
main stock exchange, the National Stock Exchange is based. The heaving, bustling suburb represents to Mumbai what Mumbai represents to India and India to the world: a striking contrast between rising economic prosperity and stagnating rates of malnutrition.

A third of Mumbai's children are under-nourished. Not only is it the third highest in Maharashtra, it is higher than the neighbouring tribal lands of Thane and Nashik, infamous for grinding poverty and malnutrition deaths.

The bad news is that malnourishment in Mumbai could actually be worse than India believes it is.

Official statistics likely underestimate malnutrition, based as they are on data provided by Integrated Child Development Services (ICDS), a government child-care programme that reaches only a quarter of children in the city's slums. Despite three decades of economic growth averaging around 6%, India still has the highest number of malnourished children in the world. Nearly half of the world's underweight children are Indians.

Fig 6.2: State Performance in Early Childhood Care vs. State GDP



Map: Not to Scale

Prepared by: HAQ: Centre for Child Rights

Data Source: www.nic.in (as of 31 December 2010)

- Performance in the Early Childhood Care index seems to be more about commitment to the child rather than availability of resources.
 - Quite alarmingly, the top 5 performing states are actually amongst the poorest in terms of state GDP (Manipur, Nagaland, Andhra Pradesh, Mizoram and Tripura).
 - And unfortunately, the States with the highest GDPs in the country are amongst the poorer performing states when it comes to commitments to the 0-6yr population (Maharashtra, Andhra Pradesh, West Bengal, Rajasthan, Kerala, amongst a few)
 - Jammu & Kashmir, a low GDP state is also a low performer in this index

Early Childhood Care and Sex Ratio

The states performing poorly in this index seem to also not be performing well at all in the sex ratio index. Neglect of children in this age group has perhaps been a reason for a declining sex ratio in the most recent census.

State	National Ranking for Early Childhood Care	National Ranking for Sex Ratio	UT	National Ranking for Early Childhood Care	National Ranking for Sex Ratio
Nagaland	1	14	D & N Havelli	1	5
Arunachal Pradesh	2	4	Lakshwadeep	2	6
Manipur	3	18	Daman & Diu	3	4
Mizoram	4	1	Chandigarh	4	3
Tripura	5	10	A & N Islands	5	1
Meghalaya	6	2	Puducherry	6	2
Orissa	7	17	Ranking 1-2 3-4 5-6		
Madhya Pradesh	8	21			
Jharkhand	9	15			
Uttar Pradesh	10	23			
Assam	11	7			
Karnataka	12	8			
Himachal Pradesh	13	16			
Maharashtra	14	27			
Punjab	15	20			
Gujarat	16	22			
Sikkim	17	12			
Tamil Nadu	18	6			
Goa	19	19			
Andhra Pradesh	20	11			
Kerala	21	3			
Jammu & Kashmir	22	29			
West Bengal	23	9			
Rajasthan	24	26			
Bihar	25	13			
Haryana	26	28			
Delhi	27	24			
Chhattisgarh	28	5			
Uttaranchal	29	25			
Ranking 1-5 6-10 11-14 15-19 20-24 25-29					

Early Childhood Care and Child Mortality

The overall decline in child mortality has been hindered by the subdued progress in the area of neonatal deaths, especially within the first week of birth. This certainly raises concerns on issues around reproductive health of mothers and early childhood care in terms of access, use and quality of the service delivery systems.⁸ (UNICEF, 2011. 4)

Table 6.5: Early Childhood Care and Child Mortality

State	National Ranking for Early Childhood	National Ranking for Mortality	Neo-Natal Mortality	Post-Natal Mortality	IMR	Under 5 Mortality
Nagaland	1	14	7	17	8	18
Arunachal Pradesh	2	22	19	27	19	23
Manipur	3	4	4	7	2	6
Mizoram	4	8	3	14	5	11
Tripura	5	19	17	16	17	14
Meghalaya	6	18	9	22	13	19
Orissa	7	23	25	18	21	25
Madhya Pradesh	8	28	24	25	25	27
Jharkhand	9	26	28	20	24	26
Uttar Pradesh	10	29	27	26	27	28
Assam	11	25	26	21	23	21
Karnataka	12	13	13	11	12	12
Himachal Pradesh	13	6	10	4	6	5
Maharashtra	14	7	16	2	7	7
Punjab	15	10	12	10	10	9
Gujarat	16	17	18	13	16	16
Sikkim	17	5	6	11	4	4
Tamil Nadu	18	3	5	8	3	3
Goa	19	2	1	3	1	2
Andhra Pradesh	20	20	22	9	18	17
Kerala	21	1	2	1	1	1
Jammu & Kashmir	22	15	15	12	14	8
West Bengal	23	16	20	5	15	15
Rajasthan	24	24	23	23	22	22
Bihar	25	21	21	24	20	20
Haryana	26	12	8	15	10	10
Delhi	27	9	14	6	9	7
Chhattisgarh	28	27	29	19	26	24
Uttaranchal	29	11	11	11	11	13

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

Early Childhood Care and Child Morbidity

Only four diseases – respiratory infections, diarrhoeal diseases, other infectious and parasitic diseases and malaria – account for half of under-five deaths in India.⁹ (UNICEF. 2011. 5) The connection between investing in early childhood and reducing morbidity can be seen in some of the states in the matrix in Table 6.6.

Table 6.6: Early Childhood Care and Child Morbidity						
State	National Ranking for Early Childhood	Low Birth Weight	Malnutrition	Anaemia	Diarrhoea	ARI
Mizoram	4	1	5	3	10	3
Sikkim	17	2	6	9	20	24
Nagaland	1	3	8	28	26	22
Manipur	3	4	1	2	22	23
Arunachal Pradesh	2	5	15	6	28	14
Kerala	21	6	5	4	2	1
Tamil Nadu	18	7	9	14	8	12
Chhattisgarh	28	8	25	24	17	20
Meghalaya	6	9	26	15	1	27
Karnataka	12	10	21	22	11	5
Jharkhand	9	11	29	21	27	13
Andhra Pradesh	20	12	11	23	13	6
Assam	11	12	14	19	29	29
Jammu & Kashmir	22	12	7	8	18	21
Orissa	7	13	22	16	15	9
Gujarat	16	14	23	18	23	19
Maharashtra	14	15	17	13	7	10
Goa	19	16	2	1	4	4
West Bengal	23	17	19	10	6	28
Madhya Pradesh	8	18	29	27	16	17
Uttaranchal	29	19	15	11	9	2
Himachal Pradesh	13	20	10	5	3	26
Uttar Pradesh	10	21	24	26	24	18
Delhi	27	22	12	7	12	8
Tripura	5	23	16	12	5	25
Rajasthan	24	24	20	20	25	16
Bihar	25	25	27	28	21	15
Punjab	15	26	4	17	19	11
Haryana	26	27	18	25	14	7

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

Conclusion

The young child is in desperate need of special attention in the country - both in terms of health care as well as interventions for cognitive growth. The ranking of the states clearly highlight those that need to pay more attention. Delhi for example, despite being the capital of the country, and one of the forerunners in most other rankings, is lagging behind in its interventions on early childhood care and education. The north-eastern states, despite their lower economic status are doing better in addressing the needs of the young child. Hence, it is not simply about availability of resources. It is about prioritisation.

Endnotes

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9. Ibid. p. 5

Annexure: Table 6.7: Statewise number of sanctioned, operational ICDS Projects and anganwadi centres (AWCs) and number of beneficiaries (children 6 months 6 years and pregnant & lactating mothers (P & LM) under ICDS Scheme as on 31.12.2010 (uptaded on 02.02.2011)

SI No.	State/UT	No. of ICDS Projects		No. of Anganwadi Centres		Beneficiaries for Supplementary Nutrition					Beneficiaries for Pre-school Education		
		Sanctioned	Operational	Sanctioned	Operational	Children (6 months - 3 years)	Children (3 - 6 years)	Total Children (6 months - 6 years)	Pregnant & lactating Mothers (P & LM)	Total Beneficiaries (Children 6 mo-6 years plus P&LM)	Boys (3-6 years)	Girls (3-6 years)	Total (3-6 years)
1	Andhra Pradesh	387	387	91307	80709	2285984	1771466	4057450	1152160	5209610	848702	853559	1702261
2	Arunachal Pradesh	98	93	6225	6028	114966	109825	224791	29290	254081	54188	54463	108651
3	Assam	231	231	62153	55642	1175670	1232548	2408218	490967	2899195	826834	756794	1583628
4	Bihar	545	544	91968	80211	1786099	1721778	3507877	710378	4218255	981475	955923	1937398
5	Chhattisgarh	220	163	64390	34646	1083933	827143	1911076	459265	2370341	502856	512173	1015029
6	Goa	11	11	1262	1258	30402	18525	49927	13099	62026	9168	9148	18316
7	Gujarat	336	336	50226	48617	1601044	1288810	2889854	682514	3572368	656225	632585	1288810
8	Haryana	148	137	25699	17445	566570	347904	914474	272104	1186578	182948	164956	347904
9	Himachal Pradesh	78	78	18925	18352	254414	161332	415746	99793	545539	77913	75760	153673
10	J & Kashmir	141	141	28577	25793	231116	179921	411037	98911	509948	116548	101805	218353
11	Jharkhand	204	204	38296	38310	1337196	1271426	2608622	734553	3343175	647801	704730	1352531
12	Karnataka	185	185	63377	63306	1892393	1615869	3508262	861430	4369692	822849	841226	1664075
13	Kerala	258	258	3315	32928	526717	413962	940679	192692	1133641	230276	202528	432804
14	Madhya Pradesh	453	453	90999	90999	3511006	3106816	6617822	1485581	8103403	1556243	1499033	3055276
15	Maharashtra	553	553	110486	106231	2358679	2878821	5237500	898244	6135744	1527527	1411208	2938735

SI No.	State/UT	No. of ICDS Projects		No. of Anganwadi Centres		Beneficiaries for Supplementary Nutrition					Beneficiaries for Pre-school Education		
		Sanctioned	Operational	Sanctioned	Operational	Children (6 months - 3 years)	Children (3 - 6 years)	Total Children (6 months - 6 years)	Pregnant & lactating Mothers (P & IM)	Total Beneficiaries (Children 6 mo-6 years plus P&LM)	Boys (3-6 years)	Girls (3-6 years)	Total (3-6 years)
16	Manipur	42	42	11510	9883	158777	156752	315529	54810	370339	79501	77251	156752
17	Meghalaya	41	41	5115	5110	161667	185517	347184	57571	404755	73393	72788	146181
18	Mizoram	27	27	1980	1980	71978	57375	129353	33760	163113	29557	28163	57720
19	Nagaland	59	59	3455	3455	150561	155152	305713	53770	359483	77011	77018	154029
20	Orissa	338	326	72873	69572	2093040	2181887	4274927	823441	5098368	787631	757477	1545108
21	Punjab	154	154	26656	26656	595281	539108	1134389	313625	1448014	283344	255764	539108
22	Rajasthan	304	304	61119	57268	1626438	1113385	2739823	790640	3530463	582231	566441	1148672
23	Sikkim	13	13	1233	1157	19528	13582	33110	6483	39593	6692	6924	13616
24	Tamil Nadu	434	434	54439	54439	1283109	1136778	2419887	523491	2943378	572146	565632	1136778
25	Tripura	56	56	9906	9906	131811	151363	283174	79840	363014	83303	75615	158918
26	Uttar Pradesh	897	897	187517	170230	10860815	9225690	20086505	4553373	25639878	4816144	4422779	9238923
27	Uttarakhand	105	105	23159	11677	0	138701	138701	0	138701	72995	73852	146847
28	West Bengal	576	414	117170	111054	3264866	3210500	6475366	1149867	7625233	1566750	1511177	3077927
31	Delhi	95	55	11150	6606	369552	238405	607957	113784	721741	12252	115853	128105
29	Andaman & Nicobar Islands	5	5	720	697	9564	6176	15740	3534	19274	3158	3018	6176
30	Chandigarh	3	3	500	420	21679	16395	38074	8082	46156	8097	8298	16395
32	Dadra & N Haveli	2	2	267	267	8453	6677	15130	2941	18071	3314	3363	6677
33	Daman & Diu	2	2	107	102	3854	3091	6945	1468	8413	1504	1587	3091
34	Lakshadweep	9	1	107	107	6468	1944	8412	1873	10285	681	892	1373
35	Puducherry	5	5	788	688	22277	2447	24724	8798	33522	1156	1141	2297
	All India	7015	6719	1366776	1241749	39615907	35487071	75102978	16762402	91865380	18101413	17400724	35502137

*Based on State level consolidated report sent by State Government and Information sent in templates by State Government UT Administration.

Health

SPOTLIGHT ON CHILD HEALTH IN INDIA

1

Levels of malnutrition and rates of infant and maternal deaths stagnated during the 1990s.

2

Life expectancy at birth, infant and under-five mortality levels are worse than those of Bangladesh and Sri Lanka.

3

Pakistan eradicated smallpox, guineaworm disease and polio much before India could.

4

Although we account for 16.5 per cent of the global population, we contribute to a fifth of the world's share of diseases: a third of the diarrhoeal diseases, TB, respiratory and other infections and parasitic infestations, and perinatal conditions; a quarter of maternal conditions, a fifth of nutritional deficiencies, diabetes, CVDs, and the second largest number of HIV/AIDS cases after South Africa.

5

Every second Indian child is underweight.

6

Every third malnourished child in the world lives in India and 150 million children are at risk of becoming malnourished.

7

According to the Sachar Committee Report, Muslims suffer from the highest rates of stunting and the second-highest rates of underweight children among all social groups.

8

Infant and child mortality rates remain much higher in rural than urban areas, among landless, scheduled castes and tribes, and females.

9

Children dying before completing five years of age are lower for Muslims than Hindus and also lower than the national average. Of all religious groups, Hindus have the highest infant and child mortality.

10

Most victims of starvation are women and children of the Scheduled Castes and Scheduled Tribes, with their deaths mainly due to discrimination in the food based schemes.

11

Disabled from birth, disabled children and disabled women are the least likely to seek or receive health care.

12

Children suffering from mental health disorders face the worst stigma and social exclusion.

13

Children affected by HIV/AIDS face discrimination. The latest estimate of HIV prevalence is as high as 0.28 per cent (NFHS-3)

Introduction

Survival of children, across the world, and their healthy growth is dependent on their ability to access and realise their right to health. The health of children in India, as is true of anywhere else, is closely and integrally linked to several factors from geographical location, climate, the socio-cultural practices and attitudes, to economic changes that are taking place in the country.

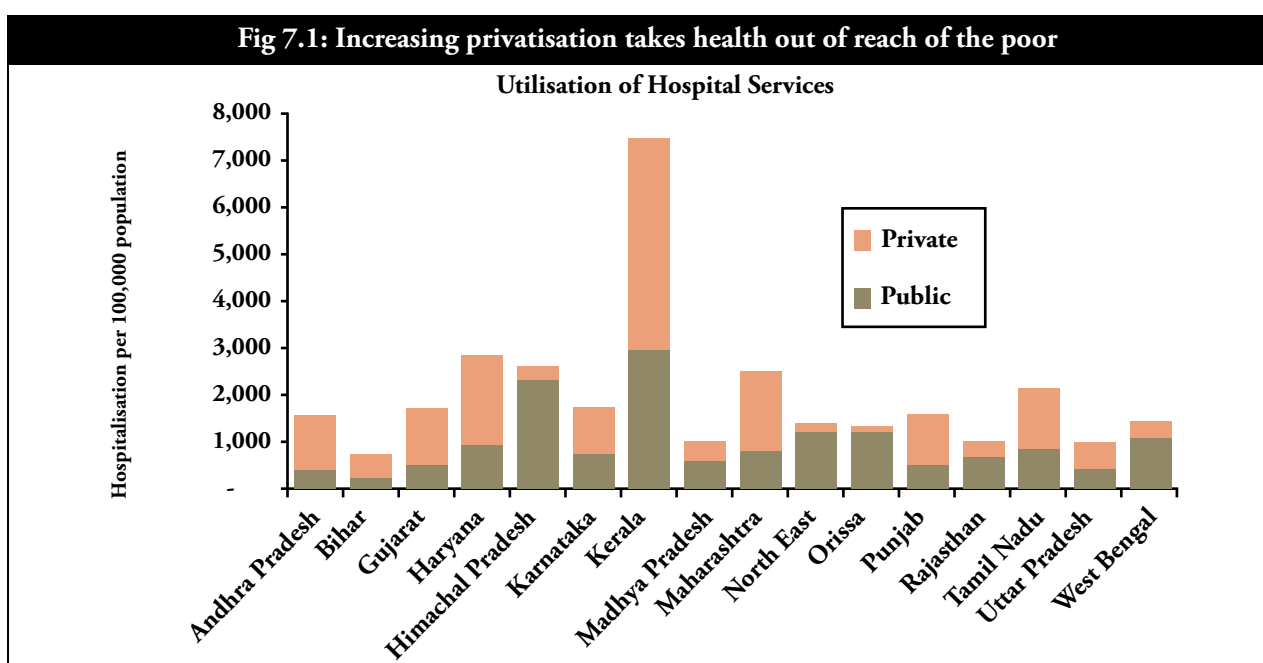
Unfortunately, despite some improvements, the provisions of health care in India have always been uneven and erratic and have received minimal attention from the government.¹ (HAQ, 2008. 87) Despite the horrifying mortality and morbidity statistics commitments, directed children's health initiatives continue to be largely subsumed in the government's population control and family planning efforts, and be an extension of reproductive and child health care programmes under the large mother and child health interventions. For most part, children too have to depend upon the general health care provided by the state.

So, the tragedy is, while India boasts of its economic growth and development, and foreign tourists flock to receive top medical attention, its own children continue to die from malnutrition and other preventable diseases due to lack of proper healthcare.

Unequal Access

While in the globalising world, the rich, the upper middle and even to some extent the middle class, are gaining access to more and more specialised health care, the poor and the marginalised are losing what limited access they had. With the incomes of the poor falling, and with more and more of the health services getting privatised, the poor today are caught in the vicious cycle of poverty, deprivation, infection and disease. Just as they bear the burden of our economic adjustment policies, the poor and their children bear the disease burden of the country.

According to the Report of the Task Force on Medical Education, Ministry of Health and Family Welfare over the years, the private health sector in India has grown markedly. Today the private sector provides 58 per cent of the hospitals, 29 per cent of the beds in the hospitals and 81 per cent of the doctors.² (Planning Commission. nd). According to the 60th round of the National Sample Survey Organisation (NSSO) Report, the private



Source: Person M, *Impact and Expenditure Review, Part II Policy issues*. DFID, 2002

77 and 88 per cent of the *total expenditure* for treatment of rural and urban population respectively was financed by households' own 'income and savings'. This was 17 and 7 per cent in the case of financing by 'borrowing' by the rural and urban households, respectively. As expected, the dependency on own 'income/savings' for financing of expenditure on treatment was more in the case of households with higher levels of living as measured by monthly consumption expenditure. In rural India, 19% of the non hospitalised treatments were financed by "borrowing or sale of assets". This ranges from 14 to 29 percent for different expenditure classes. This is financial burden for medical treatment.

Select Health Parameters : A Comparative Analysis across the National Sample Survey Organization (NSSO) 42, 52 and 60 Rounds Ministry of Health and Family Welfare Government of India In Collaboration with WHO Country Office for India, 2007.pp 20

providers in treatment of illness are 78 per cent in the rural areas and 1 per cent in the urban areas. The use of public health care is lowest in the states of Bihar and Uttar Pradesh. The reliance on the private sector is highest in Bihar. 77 per cent of OPD cases in rural areas and 80 per cent in urban areas are being serviced by the private sector in the country.³ (Planning Commission. nd)

At the same time, the private health sector seems to be the most unregulated sector in India. The quantum of health services the private sector provides is large but is of poor and uneven quality. The services, have shown a trend towards high cost, high tech procedures and regimens. Another relevant aspect borne out by several field studies is that private health services are significantly more expensive than public health services – in a series of studies, outpatient services have been found to be 20-54 per cent higher and inpatient services 107-740 per cent higher.⁴ (Planning Commission. nd)



The government of India admits that there has been decline in public investment in health and the absence of any form of social insurance have heightened insecurities. The unpredictability of illness requiring substantial amounts of money at short notice are impoverishing an estimated 3.3 per cent of India's population every year. According to government, the poorest 10 per cent of the population rely on sales of their assets or on borrowings, entailing inter-generational consequences on the family's ability to access basic goods and affecting their long-term economic prospects.⁵

However, according to a World Health Organization survey, 16 per cent of Indian families have been pushed down below the poverty line by high health costs.⁶ These families have been made more prone to ill-health by their inability to access or afford clean water, sanitation and nutritious food. More than 40 per cent of the low-income families in India had to borrow money from outside the family in order to meet their health care costs and 12 per cent of families had to sell their assets to cover the medical expenses of family members.⁷

Even while the marginalised and poor sections of society continue to suffer the major burden of disease and death, discrimination and exclusion continue – on the basis of geography, class, caste, gender. Some are undoubtedly more marginalised than others: The prevalence of anti-female biases on Indian society and the systematic discrimination against girls is striking in terms of their access to healthcare as well as treatment provided. The National Family Health Survey-3 (NFHS-3) found that even in 2005-06, girls were less likely than boys to be immunised and families were found to seek treatment from a health care provider more often for boys than for girls.⁸ (IIPS and Macro International. 2007. 230-237)

Health Care for the Urban Poor Suffers Neglect

Rapid urbanisation is almost always coupled with rapid migration and hence rapid proliferation of urban settlements to accommodate the growing population. Studies suggest that the number of urban poor has increased four-fold between 1961 and 2001.⁹ (Agarwal and Sangar. 2005) The current estimate of 300 million urban population is expected to double by 2025. Over one fourth of this population lives in slums and unauthorised settlements that are unplanned and in inhumane condition, susceptible to disease and ill-health.¹⁰ (UHRC. 2007. vii) Constant displacement and relocation, and privatisation of health services only worsen the situation.



India's developmental efforts in the past have almost always been rural focussed, while data shows that the urban poor, though living in proximity of health facilities, are often unable to access them. The urban poor suffer from adverse outcomes that are not reflected in the commonly available health statistics. Indeed their situation is often hidden and remains unaddressed in the often better performance seen in urban areas when compared to rural areas because of the large proportion of the affluent and the middle class who also inhabit these towns and cities.

Studies have recorded that children in slums and settlements in the urban areas suffer from poor health and within the slums too there is differential access to health care.¹¹ (Agarwal and Taneja. 2005. 233-244)

Recognising the need for addressing the health of the urban poor, Government of India had designed the National Urban Health Mission (NUHM) on the lines of its flagship National Rural Health Mission programme. The NUHM was to be launched in the Eleventh Five Year Plan to provide accessible, affordable and reliable primary healthcare facilities to the 28 crore people living in urban slums in 429 cities and towns. The project had also received approval in-principle from the Planning Commission and was cleared by the Ministry's Expenditure Finance Committee. Yet for some reasons it was shelved.¹² (Sinha. 2010. 12 February)

Right to Food

Right to adequate food is the most basic of all rights: the right to survival of all children. This is particularly more important in the context of India's children, a large proportion of whom go to bed hungry. According to the 2010 Global Hunger Index (GHI) report, India is among



29 countries with the highest levels of hunger, stunted children, and poorly fed women. Despite the strong economy, it was placed at position 67 among 84 countries; it fairs worse than Sri Lanka (at 39) and Pakistan (at 52) and way behind China. Even Sudan, Zimbabwe and North Korea do better than India on this index!

Table 7.1: India State Hunger Index

State	Prevalence of calorie under-nourishment (%)	Proportion of underweight among children <5 years (%)	Under-five mortality rate (deaths per hundred)	India State Hunger Index Score	India State Hunger Index rank
Punjab	11.1	24.6	5.2	13.63	1
Kerala	28.6	22.7	1.6	17.63	2
Andhra Pradesh	19.6	32.7	6.3	19.53	3
Assam	14.6	36.4	8.5	19.83	4
Haryana	15.1	39.7	5.2	20.00	5
Tamil Nadu	29.1	30.0	3.5	20.87	6
Rajasthan	14.0	40.4	8.5	20.97	7
West Bengal	18.5	38.5	5.9	20.97	8
Uttar Pradesh	14.5	42.3	9.6	22.13	9
Maharashtra	27.0	36.7	4.7	22.80	10
Karnataka	28.1	37.6	5.5	23.73	11
Orissa	21.4	40.9	9.1	23.80	12
Gujarat	23.3	44.7	6.1	24.70	13
Chhattishgarh	23.3	47.6	9.0	26.63	14
Bihar	17.3	56.1	8.5	27.30	15
Jharkhand	19.6	57.1	9.3	28.67	16
Madhya Pradesh	23.4	59.8	9.4	30.87	17
India	20.0	42.5	7.4	22.30	

Note: The India State Hunger Index represents the index calculated using a calorie undernourishment cutoff of 1,632 kcls per person per day to allow for comparison of the India State Hunger Index with the Global Hunger Index 2008. The ISHI score for India using this cutoff is 23.3 and corresponds more closely with the GHI 2008 score for India of 23.7 than any other calorie cutoff.

Sources: Calorie undernourishment: IIPS 2007; child underweight: IIPS 2007 and authors' calculations; under-five mortality rate: NSSO 2007 and authors' calculations.

Fig 7.2: India State Hunger Index Scores

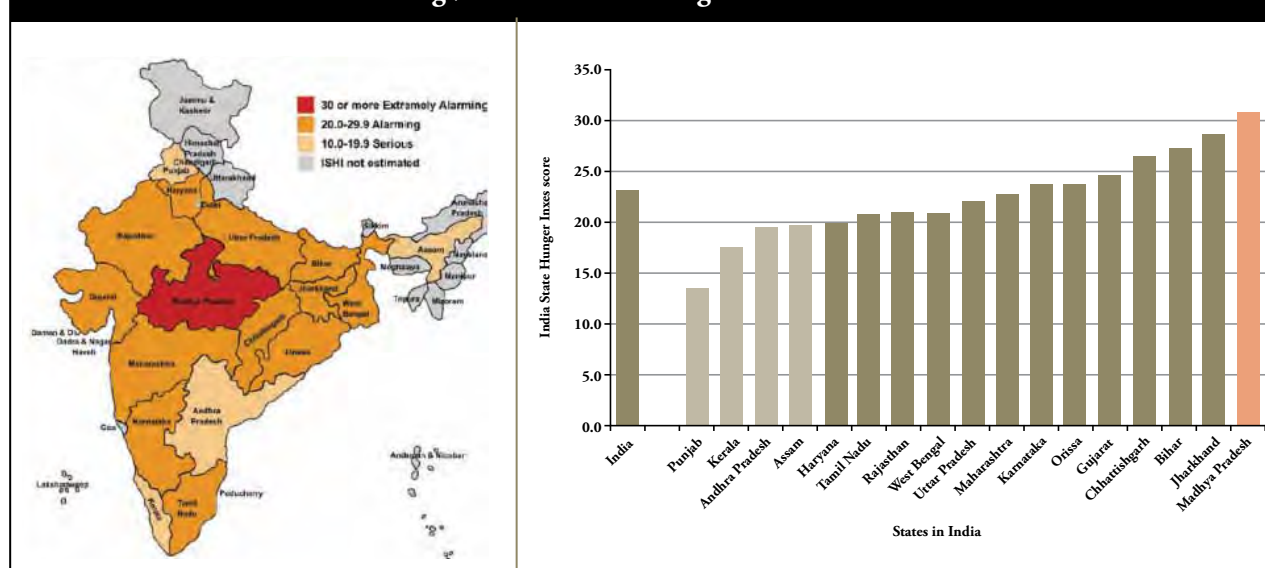
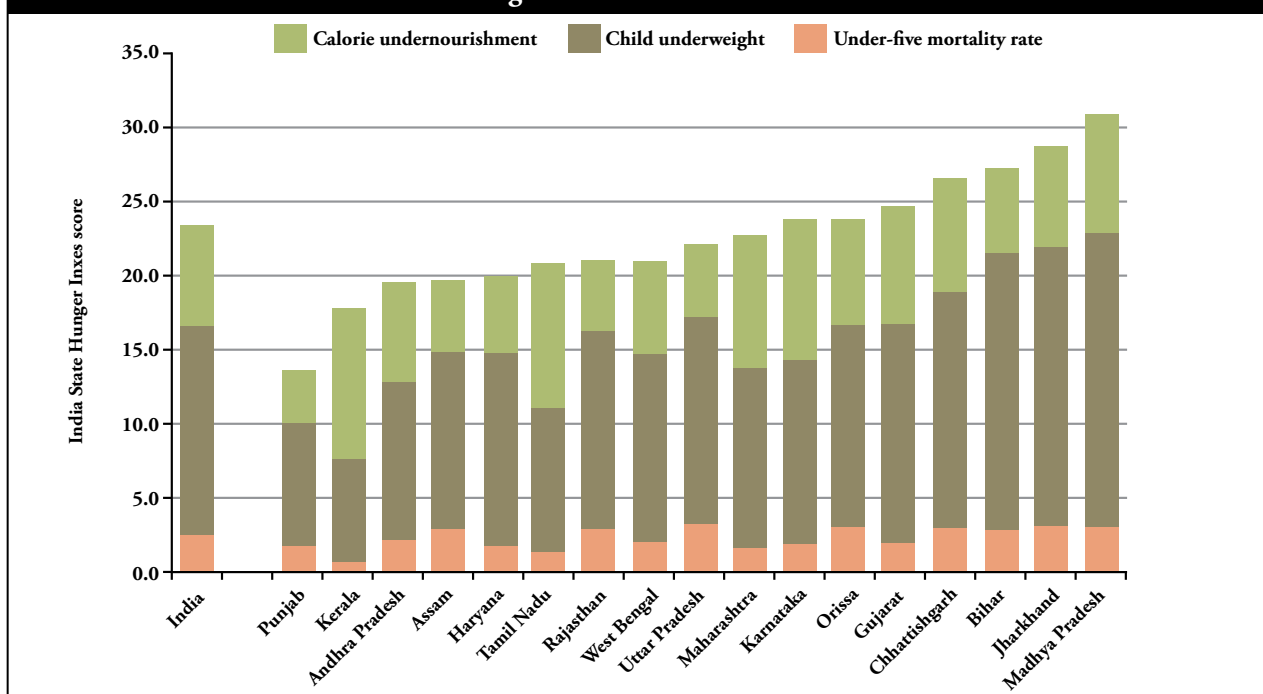


Fig 7.3: Contribution of Underlying Components of the India State Hunger Index to Overall Scores



High food and fuel prices are the most immediate threats to children's well-being, particularly the poorest and the most vulnerable. This is because it is by now well known that the poor families spend the bulk of their income, almost 80 per cent, on food, and that increases or spikes have a strong negative effect on their effective purchasing power.¹³ (UNICEF. 2011. 3–6)

Adequate nutrition is critical for the proper cognitive and physical development of children, which indeed determines how the child will be in the future. Negative shocks could have long term implications. 'Poor nutritional status among pre-school aged children is associated with a loss of stature, schooling and cognitive function, and has been found to result in a potential loss of between 7-12 per cent of life term earnings.'¹⁴ (UNICEF. 2011. 3)



While the national rate of under-five mortality has dropped since 1990 from 118 to 66 per thousand children in 2009, the remaining burden of the under-five deaths of more than 1.7 million children in 2009, is disproportionately concentrated in the poorest economic groups, the more isolated regions, and the most marginalised and excluded economic groups. While Bihar, one of the poorest states, houses two thirds of the children under-five who are stunted, Himachal has only 14 per cent.¹⁵ (UNICEF. 2011. 9)

Commitments on Healthcare

Health is yet to become a fundamental right in India. It is in the Directive Principles of State Policy which states, 'Duty of the State to raise the level of nutrition and the standard of living and to improve public health' (Article 47).

The Government is also bound by the provisions of the UN Convention on the Rights of the Child (Articles 23, 24, 25, 27) that deal with right to health of all children, abled, disabled, all ages, ethnicities, religion etc.¹⁶

Provision of health care is a State Subject (Public health and sanitation; hospitals and dispensaries is in the State List in the Constitution), meaning while there may be some support available through centrally sponsored schemes such as the ones listed below, most other initiatives regarding health of children are that of the state.

The first Health Policy was formulated in 1983. It laid stress on maternal and child health (MCH). The MCH programme of the 80s, renamed as the Child Survival and Safe Motherhood Programme (CSSM), was initiated in 1992, with a distinct child healthcare component, aiming at reduction in infant mortality and child morbidity and mortality through greater focus on child health and nutrition. Since then, there have been marked changes in the determinant factors relating to the health sector.

The second and next National Health Policy (NHP) was formulated in 2002. Although formulated after the ratification of the Convention on the Rights of the Child (CRC), it is interesting to note that there is no separate section addressing children's health. Also, while the 2002 Health Policy found its basis in the need for adequately investing in health infrastructure, it is biased towards an urban centric specialist based health care and ignores the pressing need of primary health care services.

Following are some of the National Programmes launched by the Government of India:

■ National Rural Health Mission (NRHM)

Launched by the Prime Minister on 12 April 2005, the NRHM aims at undertaking architectural correction of the health system to enable it to effectively handle the increase in health spending from 0.9 per cent of GDP to the two per cent of GDP promised under the National Common Minimum Programme.¹⁷ (HAQ. 2008. 87) It proposes to restructure the delivery mechanism for health towards providing universal access to equitable, quality and affordable health care that is accountable and responsive to people's needs.¹⁸ (Satpathy and Venkatesh. 2006) This programme promised a major upgrading of health centres and introduced a new line of health workers known as Accredited Social Health Activists (ASHA).¹⁹ (Satpathy and Venkatesh. 2006) However, the National Rural Health Mission has been criticised for being just a label for selected activities from existing programmes, with the only real 'new' component being the ASHA scheme.²⁰ (Duggal. 2005) There is also a significant issue of weak update of NRHM funds by the states as well as inadequate allocation from the central government. The overall NRHM strategy needs to be reoriented into a universal access framework for which financial resources need to be determined on the basis of the needs and demands of people.²¹ (HAQ. 2008. 87)

■ Reproductive and Child Health Programme (RCH)

The majority of child health services continue to be covered under the RCH programme that was launched in 1997 by the Ministry of Health and Family Welfare. The RCH programme incorporates the components covered under the Child Survival and Safe Motherhood Programme and includes an additional component relating to reproductive tract infections and sexually transmitted diseases.²² (MoHFW. nd) The programme aims to comprehensively integrate interventions to improve child health and was initiated originally to address each of the major factors contributing to high infant mortality rate and under-five mortality.

Evaluations have indicated an improvement as far as infrastructure and access to health care is concerned since the launch of the NHRM.²³ (Duggal. 2005) Reports from several states show an increase in the number of patients visiting Primary Health Centres and Community Health Centres (CHC).²⁴ (Dhar. 2007. 19 March) However, other reports have suggested that there is still a serious need to improve the rural health infrastructure, with only 63 per cent of the CHCs having adequate infrastructure and just 14 per cent having adequate staff.²⁵ (Dhar. 2007. 19 March)

■ Integrated Child Development Services (ICDS)

The ICDS was launched by the government in 1975 with the aim of improving the health and well-being of new mothers and children under six by providing health and nutrition education, health services, supplementary food, and pre-school education.²⁶ The studies have found that despite some unevenness in the quality of services, the ICDS programmes has had a positive impact on the survival, growth and development of young children.²⁷ However, its reach has been called into question on numerous occasions and the third National Family Health Survey (NFHS-3), indicates that only 28 per cent of children received any services from an Anganwadi centre (the network of centres through which the scheme is implemented).

All outcomes here to be seen in the context of commitments made. Over the years India has try to provide access to healthcare services to its children. Unfortunately time and again it seems that the government has fallen short of its commitments and, as Table 7.2 demonstrates, the goal posts seem to keep shifting...

Table 7.2: Commitments and Shifting Goals for Child Health in India	
Policy/Law/Constitution	Goals
Constitution	The State shall regard the raising of the level of nutrition and standard of living of its people and the improvement of public health as among its primary duties
National Health Policy 1983	“India is committed to attaining the goal of ‘Health for All by the Year 2000 A.D.’ through the universal provision of comprehensive primary health care services”
National Plan of Action for Children 1992	<ul style="list-style-type: none"> ■ Reduce the infant mortality rate to below 60 and the child mortality rate to below 10 per thousand ■ Maintenance of 100 per cent immunization coverage, eradication of polio by 2000 A.D. ■ Elimination of neo-natal tetanus by 1995, prevention of 95 per cent of deaths from and 90 per cent of cases of measles by 1995 ■ Prevention of 70 per cent of death from and 25 per cent of cases of diarrhoea ■ Prevention of 40 per cent of deaths due to acute respiratory infections by 2000 A.D. ■ Reduction of the maternal mortality rate by half between 1990 and 2000
National Health Policy 2002	<ul style="list-style-type: none"> ■ To achieve an acceptable standard of good health among the population by increasing access to decentralised public health system and by establishing or upgrading the infrastructure in the existing institutions ■ Reduce IMR to 30/1000 and MMR to 100/lakh by 2010 ■ Eradicate polio and yaws and eliminate leprosy by 2005 ■ Improve nutrition and reduce proportion of LBW babies from 30 per cent to 10 per cent by 2010 ■ Reduce mortality by 50 per cent on account of TB, malaria and other vector and water borne diseases by 2010 ■ Reduce prevalence of blindness to 0.5 per cent by 2010 ■ Achieve zero level growth of HIV/AIDS by 2007

National Plan of Action for Children 2005	<ul style="list-style-type: none"> ■ To reduce IMR to below 30 per 1000 live Births by 2010 ■ To reduce CMR to below 31 per 1000 live births by 2010 ■ To reduce Neo-natal Mortality Rate to below 18 per 1000 live births by 2010 ■ To explore possibilities of covering all children with plan for health insurance ■ To eliminate child malnutrition as a national priority ■ To reduce under five malnutrition and low birth weight by half by 2010 ■ To ensure adequate neo-natal and infant nutrition ■ To reduce moderate and severe malnutrition among pre-school children by half ■ To reduce chronic under nutrition and stunted growth in children ■ To effectively implement the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as amended in 2003
Ninth Five Year Plan (1997-2002)	<ul style="list-style-type: none"> ■ Reduce IMR to less than 60 by 2002 ■ Reduce CMR to below 10 2002 ■ 100 per cent coverage of immunisation in respect of all vaccine preventable diseases ■ Universalising Nutrition ■ Supplementary Feeding programmes with special focus on girls child and adolescent girls ■ Expanding the scheme of adolescent girls in preparation for their productive and reproductive roles
Tenth Five Year Plan (2002-07)	<ul style="list-style-type: none"> ■ Reduction of decadal rate of population growth between 2001 and 2011 to 16.2 per cent ■ Reduction of MMR to 2 per 1000 live births by 2007 and 1 per 1000 live births by 2012 and ■ Reduction of infant mortality rates to 45 per thousand live births by 2007 and to 28 by 2012
Eleventh Five Year Plan (2007-12)	<ul style="list-style-type: none"> ■ Reducing MMR to 1 per 1000 live births. ■ Reducing IMR to 28 per 1000 live births ■ Reducing TFR to 2.1 ■ Providing clean drinking water for all by 2009 and ensuring no slip-backs. ■ Reducing malnutrition among children of age group 0–3 to half its present level. ■ Reducing anaemia among women and girls by 50% ■ Raising the sex ratio for age group 0–6 to 935 by 2011–12 and 950 by 2016–17.
National Rural Health Mission	<ul style="list-style-type: none"> ■ Improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children
International Conference on Population and Development (ICPD), Cairo 1994	<ul style="list-style-type: none"> ■ Efforts should be made by all the states to reduce the infant mortality rate by one-third by the year 2000
Millennium Development Goals (MDG)	<ul style="list-style-type: none"> ■ Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate (goal 4 ■ Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate ■ Combat HIV/AIDS, malaria and other diseases

Other Health Schemes

- Kalawati Saran Children's Hospital, New Delhi
- Manufacture of Sera & Vaccine (BCG Vaccine Laboratory, Guindy, Chennai and grant to Pasteur institute of India, Coonoor)
- Strengthening of Immunisation Prog. & Eradication of Polio (includes routine immunisation and pulse polio)
- Maternity Benefit Scheme
- Conditional Maternity Benefit Scheme

Health Minister admits lack of data on children infected and affected by HIV/AIDS

“While it is estimated that India has 2.5 million persons living with HIV/AIDS, there is no data available regarding the number of infected and affected orphans and vulnerable children. In the absence of such data, there is no defined strategy and interventions under National AIDS Control Programme - Phase II (NACP II, 1999-2006).”

Source: LSSQ 343, 16 April 2008. Response of Dr. Anbumani Ramadoss, the Minister of Health and Family Welfare Question to a Question asked by Adv. Suresh Kurup (CPI (M) and Shri Suravaram Sudhakar Reddy (CPI)

“No nationwide survey has been conducted to estimate the number of children/orphans infected with HIV.”

Source: LSSQ 73, 22 Oct. 2008. Response of Dr. Anbumani Ramadoss, the Minister of Health and Family Welfare Question to a Question asked by Shri Gowdar Mallikarjunappa Siddeswara (BJP) and Dalpat Singh Paraste (BJP)

Reliable Data Remains a Significant Challenge

Obtaining accurate, reliable data has remained the biggest challenge during this whole exercise of developing a child rights index, and healthcare was no different. While some information is available on mortality rates, immunisation, some of the diseases like respiratory diseases, anaemia, diarrhoea, polio etc, there is no data available on the broad range of diseases that children suffer from across the country. For example, we do not know how many children in the India suffer from cancer, diabetes or even thalassaemia, or any other preventable or non-preventable or even life threatening diseases. The government has admitted this, especially when it comes to children infected with HIV/AIDS.

Similarly, although it is by now fairly well established that about 10 per cent of the population across the world is disabled, data on children with disabilities and care facilities that they can have access to, has been the most difficult to find.

In 2004, the CAG report noted, ‘the Ministry did not possess any reliable data on the numbers and categories of disabled in the country, which was essential to estimate the resource requirements and facilitate the preparation of a well-considered action plan’. It also said that adequate measures had not been taken for prevention of disabilities through early detection, awareness campaigns and training of staff of Primary Health Centres.

This chapter must be read in the context of these challenges. Although, there are multiple data sources, we have chosen to largely rely on NFHS-3 as we found it to be the most comprehensive in terms of coverage of indicators. Unfortunately, NFHS does not provide data for the Union Territories and they could not be included in this index.

Since data on children affected or infected by HIV/Aids is not available in the NFHS data, we have relied on National AIDS Control Organization (NACO) to generate the index for HIV/AIDs.

Similarly, we had to use data from Government of India's National Health Profile (NHP) of India – 2010²⁸ (to account for health service infrastructure currently available in the states. (CBHI. 2010).

Methodology

As has already been mentioned, the index has been developed using largely NFHS-3 data. Hence the information on the Union Territories is absent from this chapter, as NFHS does not provide this information.

National Aids Control Organisation's data on HIV/AIDs was used, although the information provided was extremely inadequate, even as far as providing data on number of infected children per state. Hence, although it could well have been part of morbidity, it has been dealt with and treated as a separate indicator.

Based on the available data, five broad mini-indices were developed: Mortality, Immunisation, Nutrition and Anaemia, Morbidity and HIV/AIDs related. Each one of them is made up of several components which are separately ranked.

When studying the health index for the states and the ranking for the states, it is important to study the over-all health index in the context of the ranking of the states vis-a-vis the mini-indices.

National Index for Child Health

- Looking at the national ranking for child health (Table 7.3), the five worst performing states are Assam, Uttar Pradesh, Jharkhand, Nagaland, Arunachal Pradesh. It may be important to point out that all of them have a significant proportion of the population who are tribals or, like Nagaland and Arunachal are essentially tribal states, with tribals constituting 89.2 percent and 64.2 per cent of the population respectively.
- Close behind are the states of Bihar, Madhya Pradesh, Rajasthan, Meghalaya and Chhattisgarh, which have high infant and child mortality rates and are home to children who are malnourished and hungry, suffer from Anaemia and other diseases.
- A point to be noted is that most of these states with higher tribal populations, are also natural resource rich, where there is growing industrialisation and 'development'. But these are also areas which people face significant dislocation from their habitats. Is there a connection between poor health and displacement? There is enough evidence to suggest there is.²⁹ (Thukral. 2009. 190-194)
- Nagaland and Arunachal are poor performers in the over-all health index, but doing rather well in controlling malnutrition and anaemia., on the other hand Goa and Kerala , who are performing well in the overall health index need to look sharp on HIV/Aids interventions.
- While examining the mortality rates, and comparing to the sex-ratio per census 1991, 2001 and 2011, it was very interesting to see that the States that have the largest decline overall in their sex ratio (i.e. Maharashtra, Uttaranchal, Haryana, Delhi and Nagaland) either scored the lowest in the Neo-natal category (Maharashtra, Delhi) or the post-neo-natal category (Haryana, Nagaland). Uttaranchal scored the lowest in the U5MR.

State	National Ranking for Health	Components used for the overall index:
Kerala	1	a. Mortality i. Neo Natal Mortality ii. Post Neo Natal Mortality iii. Infant Mortality iv. Under 5 Mortality b. Immunisation i. BCG Vaccine ii. 3 doses of Diphtheria, whooping cough and Tetanus (DPT) iii. 4 does of Polio iv. Measles v. No vaccinations c. Nutrition and Anaemia: i. Percentage children with low birth weight ii. Percentage children <3 yrs who are under-weight iii. Percentage children <3 yrs who are stunted iv. Percentage children <3 yrs who are wasted v. Percentage children age 6-59 months who are Anaemic d. Morbidity i. For children <5 yrs with Acute Respiratory - Percentage who had symptoms - Percentage for whom treatment was sought - Percentage who received antibiotics ii. For children <5 yrs with Diarrhoea - Percentage taken to a health provider - Any ORT or increased fluids - No treatment sought e. HIV/AIDS i. HIV-infected Children <15yr infected as a percentage of all HIV-infected ii. Percentage children on Antiretroviral therapy (ART) f. Infrastructure Including CHCs i. Average population served per government hospital ii. Average population served per government hospital bed
Goa	2	
Tamil Nadu	3	
Sikkim	4	
Himachal Pradesh	5	
Mizoram	6	
Maharashtra	7	
Jammu & Kashmir	8	
Manipur	9	
Karnataka	10	
Andhra Pradesh	11	
Punjab	12	
Uttaranchal	13	
Delhi	14	
West Bengal	15	
Haryana	16	
Tripura	17	
Orissa	18	
Gujarat	19	
Chhattisgarh	20	
Meghalaya	21	
Rajasthan	22	
Madhya Pradesh	23	
Bihar	24	
Arunachal Pradesh	25	
Nagaland	26	
Jharkhand	27	
Uttar Pradesh	28	
Assam	29	

Data Source: National Family Health Survey (NFHS-3), National AIDS Control Organisation (NACO), National Health Profile (NHP) of India - 2010

- States like Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Jharkhand, Assam, Rajasthan, that ranked very low in the Mortality-related index also have high incidences of teenage pregnancy as per NFHS-3.

The ranking in the main index (Table 7.4) can be examined in the context of the ranks the states have on the smaller mini indices (available in the matrix below). While some states are performing very well overall in their provision for right to health, this matrix helps identify areas that continue to need attention and must be the focus areas for planning in the future.

There are some important pointers to note:

- States that performed poorly in the mortality-related index generally performed poorly in the vaccination as well as morbidity indices as well.

- Assam, the worst in terms of morbidity, scored the lowest for children actually even seeking any sort of treatment for diarrhoea, a preventable disease.
- States that scored the lowest in the HIV/AIDs related index (Chhattisgarh, Delhi, Maharashtra, Himachal Pradesh) incidentally scored lowest in the neo-natal mortality category as well. Manipur, however, performed worst in the U5MR as compared to the other Mortality indicators. NFHS-3 survey stated low awareness about the possibility of transmitting the virus from mother to child.

Table 7.4: Child Health: Mini Indices

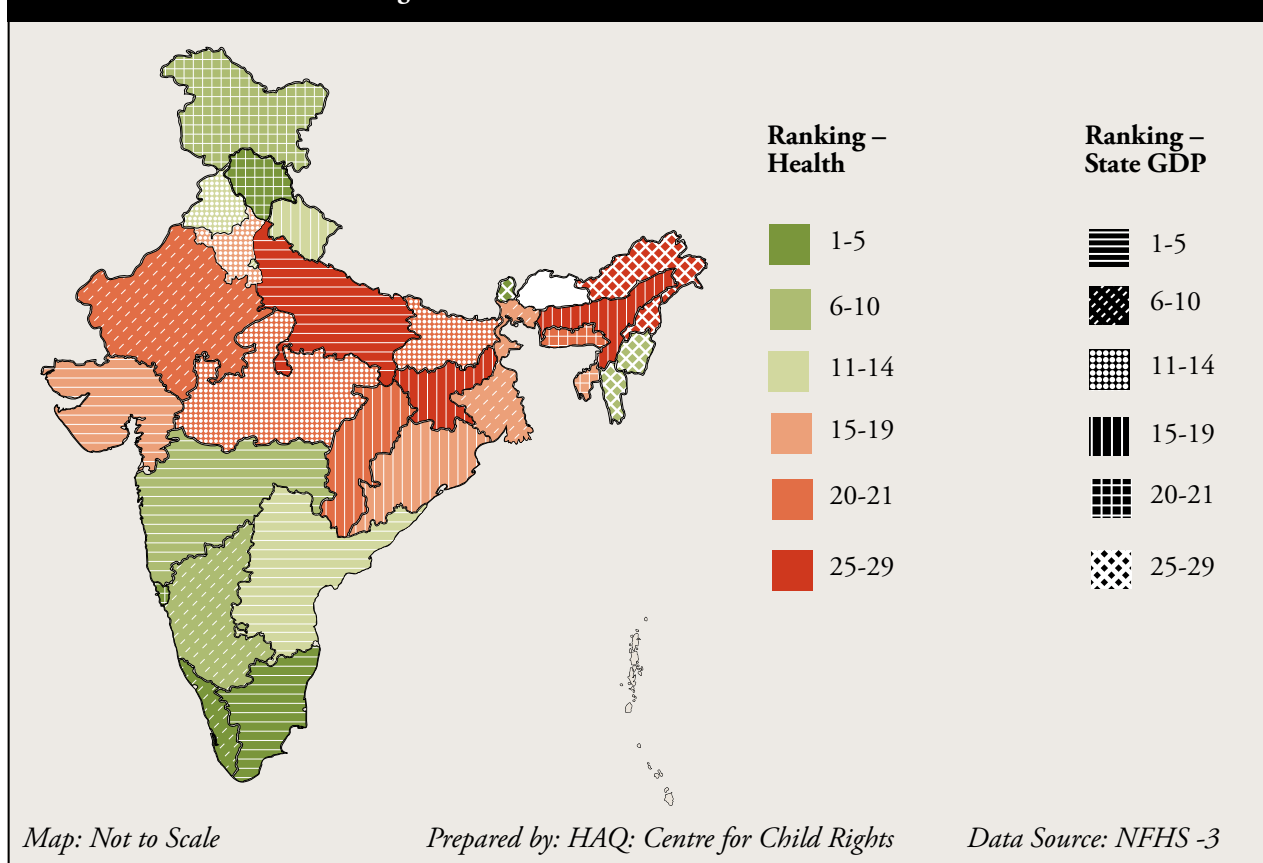
State	National Ranking for Health	Mortality	Immuni-sations	Nutrition & Anaemia	Morbidity	HIV/ AIDS	Infrastrcutre
Kerala	1	1	4	4	1	10	20
Goa	2	2	2	3	2	20	26
Tamil Nadu	3	3	1	10	11	22	1
Sikkim	4	5	5	5	21	5	23
Himachal Pradesh	5	6	3	11	14	25	12
Mizoram	6	8	16	2	4	18	22
Maharashtra	7	7	6	16	5	26	3
Jammu & Kashmir	8	15	7	6	19	12	29
Manipur	9	4	19	1	22	27	2
Karnataka	10	13	10	19	6	16	17
Andhra Pradesh	11	20	8	12	7	11	25
Punjab	12	10	13	7	15	15	11
Uttaranchal	13	11	15	14	3	24	4
Delhi	14	9	14	13	8	28	8
West Bengal	15	16	9	17	16	2	18
Haryana	16	12	11	23	9	19	9
Tripura	17	19	21	18	12	4	15
Orissa	18	23	20	20	13	1	13
Gujarat	19	17	17	22	23	14	14
Chhattisgarh	20	27	12	25	18	29	7
Meghalaya	21	18	26	24	10	8	24
Rajasthan	22	24	25	21	25	6	28
Madhya Pradesh	23	28	18	28	17	23	27
Bihar	24	21	23	29	20	7	19
Arunachal Pradesh	25	22	28	9	28	3	16
Nagaland	26	14	29	8	27	17	21
Jharkhand	27	26	22	27	26	13	6
Uttar Pradesh	28	29	24	26	24	21	5
Assam	29	25	27	15	29	9	10

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

As we have seen with other indicators in previous chapters, commitment to children, and the resulting outcomes, is not necessarily about adequate resources, or lack thereof. (Fig. 7.4)

- Uttar Pradesh has the second highest GDP in the country. Yet, it is shockingly ranked amongst the worst in child health, coming in at 28th.
- Rajasthan also seems to not be dedicating enough resources to providing healthcare services to its children
- Meanwhile, Sikkim, with the lowest state GDP, has come in with a much higher rank, at 4th, demonstrating its commitment
- Mizoram and Manipur also pay attention to child health within their meagre resources.
- However it was disappointing to see how many states actually ranked lower in the national Child health index than their GDP rank in the country

Fig 7.4: State Performance in Health vs. State GDP



Mortality

Infant and Child mortality rates (IMR and CMR)³⁰ are amongst the most important indicators of the health status of any community. These indicators not only reflect the death rates amongst children but also reflect nutrition, morbidity, access to healthcare, environmental sanitation and even the status of women and children in a country.

Without doubt, India has made significant gains with a 56 per cent decline in 1-4 year mortality. The over all decline in child mortality was largely

The Mortality-related index has the following components:

- Neo-Natal Mortality**
- Post Neo-Natal Mortality**
- Infant Mortality**
- Under 5 Mortality**

hindered by the lack of progress in neo-natal mortality, especially within the first week of birth. Neo-natal mortality accounts for more than two-thirds of IMR in India.

Over the last decade, post-neo-natal mortality has declined much faster than neo-natal mortality. This is mainly due to increased programme interventions focussed on post neo-natal such as immunisation, management of diarrhoea. Policies and programmes should emphasise, interventions to pre-natal and neo-natal mortality. Antenatal care, safe delivery and quality of new born care are key requirements for reduction of all types of mortality.

- Each year, 26 million children are born in India.
- IMR has seen a significant decline in India from 129 deaths per 1000 live births to 68 deaths per 1000 live births in the year 2000. It is declining at a rate of 2.11%, and at the current rate, India can expect to see an IMR of 47 deaths per 1000 live births by 2015, but it would still be higher than the target set for this MDG of 28 per 1000 live births.
- They constitute 20 percent of the world's infants. Of them, 1.2 million die within four weeks of being born. This figure comprises a huge 30 per cent of the 3.9 million global neo-natal deaths. According to the report *State of India's Newborns*,¹ The leading causes for neo-natal mortality are asphyxia 23 %, sepsis 26 % preterm 28%. Since more than 50 % (NFHS-3) and deliveries taking place at home (Ref. RSUSQ 70, 17 Oct. 2008)
- India couldn't meet its target of Tenth Five Year Plan (2002 – 2007) to reduce the infant mortality rate to 45/1,000 – and will seriously struggle to meet its plans to reduce the rate to 28/1,000 by 2012.

Overall performance in health is very closely linked to the state's performance in mortality. (Fig 7.5). Some of the states with highest child mortality are Madhya Pradesh (24.3 per 1000 live births), Uttar Pradesh (23.9 per 1000 live births), Rajasthan (22.4 per 1000 live births), Orissa (22.0 per 1000 live births), and Assam (19.7 per 1000 live births).

Fig 7.5: Overall Child Health Ranking vs. Mortality

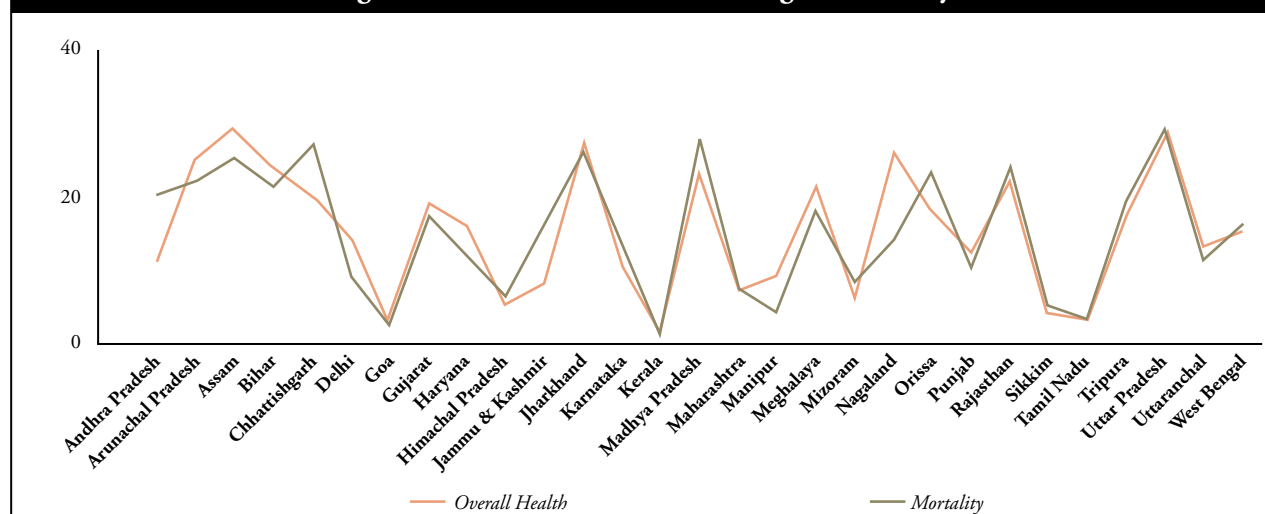
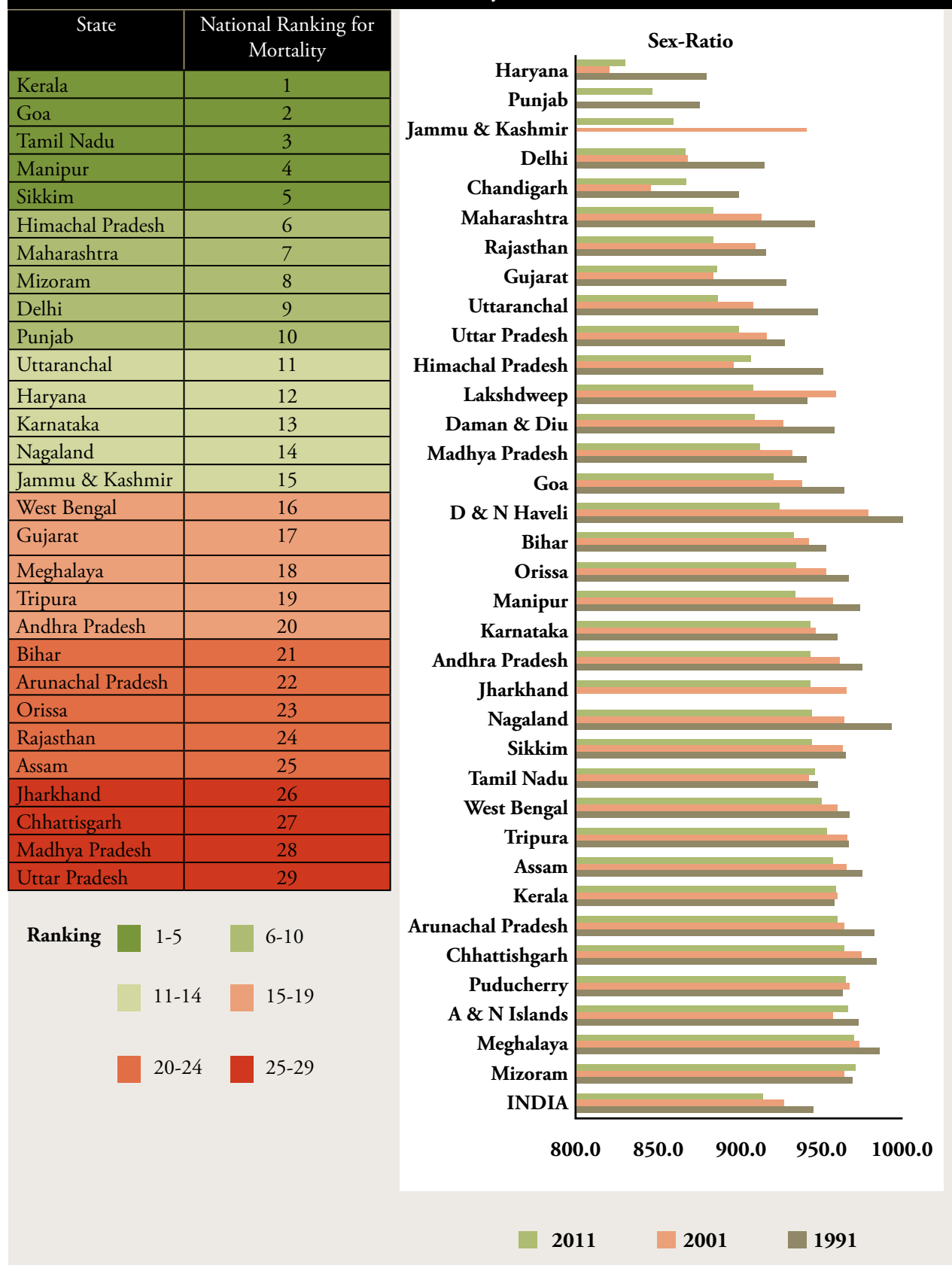


Table 7.5: Components for the Mortality related mini-index

State	National Ranking for Health	National Ranking for Mortality	Neo-Natal Mortality	Post-Natal Mortality	IMR	Under 5 Mortality
Kerala	1	1	2	1	1	1
Goa	2	2	1	3	1	2
Tamil Nadu	3	3	5	8	3	3
Manipur	9	4	4	7	2	6
Sikkim	4	5	6	11	4	4
Himachal Pradesh	5	6	10	4	6	5
Maharashtra	7	7	16	2	7	7
Mizoram	6	8	3	14	5	11
Delhi	14	9	14	6	9	7
Punjab	12	10	12	10	10	9
Uttaranchal	13	11	11	11	11	13
Haryana	16	12	8	15	10	10
Karnataka	10	13	13	11	12	12
Nagaland	26	14	7	17	8	18
Jammu & Kashmir	8	15	15	12	14	8
West Bengal	15	16	20	5	15	15
Gujarat	19	17	18	13	16	16
Meghalaya	21	18	9	22	13	19
Tripura	17	19	17	16	17	14
Andhra Pradesh	11	20	22	9	18	17
Bihar	24	21	21	24	20	20
Arunachal Pradesh	25	22	19	27	19	23
Orissa	18	23	25	18	21	25
Rajasthan	22	24	23	23	22	22
Assam	29	25	26	21	23	21
Jharkhand	27	26	28	20	24	26
Chhattishgarh	20	27	29	19	26	24
Madhya Pradesh	23	28	24	25	25	27
Uttar Pradesh	28	29	27	26	27	28

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Table 7.6: Mortality Rates and Sex Ratio



Infant and Child Mortality is closely linked:

■ Declining Sex Ratio:

- Statistics reveal that 80 per cent of India's districts have recorded a decline in sex ratios of children since 1991.³¹ (Himanshi. 2006. 10 December)
- New data from the Census 2011 shows that there are now 914 girls aged 0-6 years old for every 1,000 boys of the same age, from 927 in Census 2001.³² (Census 2011. Statement 13)
- Examination of the mortality rates, and comparing them to the sex-ratio in Census 1991, 2001 and 2011, it was very interesting to see that the States that have the largest decline overall in their sex ratio (i.e. Maharashtra, Uttaranchal, Haryana, Delhi and Nagaland) either scored the lowest in the neo-natal category (Maharashtra, Delhi) or the post-neo-natal category (Haryana, Nagaland). Uttaranchal scored the lowest in the U5MR.

- **Selective Births:** The NFHS-3 discovered that women who had ultrasounds whilst pregnant were more likely to give birth to boys, indicating that ultrasound testing was carried out for sex selection in many cases. Wealthier, highly educated women and pregnant women with no living sons are much more likely to have an ultrasound test than other women.³³ (IIPS and Macro International. 2007. 207)

- **Early Marriage and Pregnancy** are also contributing factors to high mortality rates in many of the states. States like Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Jharkhand, Assam, Rajasthan, that ranked very low in the Mortality-related index also have high incidences of teenage pregnancy (per NFHS-3).

- **A strong gender bias in care seeking against female newborns** is conspicuous at all levels of the health system. For example, for every two sick male newborns admitted to a facility, only one female infant was admitted. Female mortality rates amongst 0-4 year olds in India are 107 per cent of male mortality rates. This is because in India girls are frequently abandoned, deliberately neglected and underfed simply because they are girls.

- **Discrimination on the basis of class and caste** is also evident. NFHS-3, reveals how ST and SC have a higher than average infant and child

Table 7.7: Teenage pregnancy and motherhood by state

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by state, India 2005-06
Percentage who:

State	Have had a live birth	Are pregnant with first child	Have begun childbearing
India	12.1	3.9	16.0
North			
Delhi	3.8	1.2	5.0
Haryana	7.5	4.6	12.1
Himachal Pradesh	2.1	0.9	3.1
Jammu & Kashmir	3.4	0.8	4.2
Punjab	3.6	1.9	5.5
Rajasthan	12.6	3.4	16.0
Uttaranchal	3.6	2.6	6.2
Central			
Chhattisgarh	11.2	3.4	14.6
Madhya Pradesh	10.6	3.0	13.6
Uttar Pradesh	11.2	3.1	14.3
East			
Bihar	19.3	5.7	25.0
Jharkhand	20.8	6.8	27.5
Orissa	10.4	4.1	14.4
West Bengal	19.3	6.0	25.3
Northeast			
Arunachal Pradesh	12.4	3.0	15.4
Assam	13.1	3.2	16.4
Manipur	5.2	2.1	7.3
Meghalaya	6.7	1.5	8.3
Mizoram	7.7	2.5	10.1
Nagaland	5.5	1.9	7.5
Sikkim	8.7	3.2	12.0
Tripura	14.0	4.5	18.5
West			
Goa	2.6	1.1	3.6
Gujarat	8.9	3.7	12.7
Maharashtra	11.0	2.9	13.8
South			
Andhra Pradesh	12.7	5.4	18.1
Karnataka	12.8	4.3	17.0
Kerala	2.9	2.9	5.8
Tamil Nadu	4.8	2.9	7.7

mortality rates. The USMR is 88.1 for SC children and 95.7 for ST children, as compared to 59.2 for other children, revealing how continued caste and tribal-based discrimination still plays a key role in terms of child survival.

Immunisation

Children in Indian continue to lose their lives to vaccine-preventable disease likes measles, which remains the biggest killer. Also, not all children who actually begin the DPT and polio vaccination series go on to complete them. Moreover, news of children dying due to unsafe vaccines continues to make news as well.

NFHS-3 revealed that only 44 per cent of children aged 12-23 months are fully vaccinated in India. This is only a two per cent increase from the 42 per cent of children that had been fully immunised during data collection for the NFHS-2 in 1998 - 1999 suggesting that urgent efforts must be made to address this issue and promote universal immunisation. NFHS-3 also revealed a continued gender bias in terms of immunisation, with mothers surveyed showing vaccination cards for 39 per cent of boys as against 36 per cent of girls.³⁴ (IIPS and Macro International. 2007. xxxix)

The Immunisation-related index has the following components:

- i. BCG Vaccine
- ii. 3 doses of Diphtheria, whooping cough and Tetanus (DPT)
- iii. 4 does of Polio
- iv. Measles
- v. No vaccinations

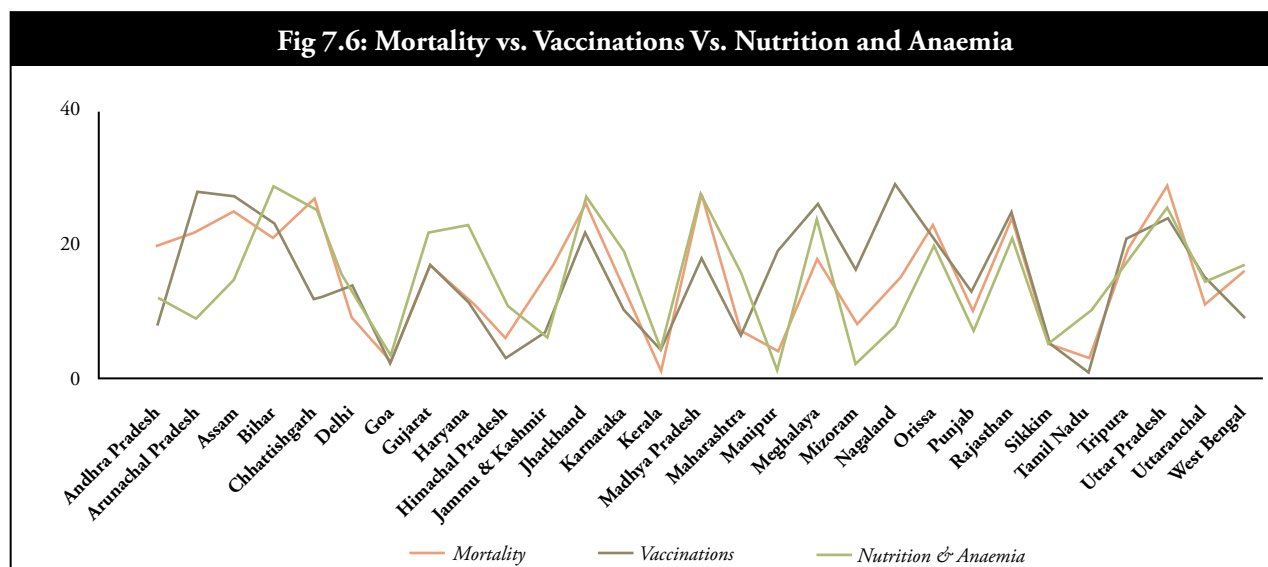
Table 7.8: Components of the Immunisation related Index

State	National Ranking for Health	National Ranking for Immunisations	BCG	DPT	Polio	Measles	No Immunisation
Tamil Nadu	3	1	1	1	1	1	1
Goa	2	2	3	2	2	2	1
Himachal Pradesh	5	3	2	3	3	3	3
Kerala	1	4	4	5	4	6	2
Sikkim	4	5	5	4	6	5	7
Maharashtra	7	6	6	7	7	4	6
Jammu & Kashmir	8	7	8	6	8	7	10
Andhra Pradesh	11	8	7	14	5	15	8
West Bengal	15	9	9	8	13	11	13
Karnataka	10	10	11	9	12	12	16
Haryana	16	11	14	11	11	10	18
Chhattisgarh	20	12	15	16	9	18	4
Punjab	12	13	10	12	15	9	15
Delhi	14	14	12	13	14	8	19
Uttaranchal	13	15	17	17	17	13	19
Mizoram	6	16	13	10	22	14	17
Gujarat	19	17	13	18	21	17	10
Madhya Pradesh	23	18	19	21	16	19	11
Manipur	9	19	20	20	19	21	14
Orissa	18	20	16	15	25	16	20
Tripura	17	21	18	19	24	20	21
Jharkhand	27	22	21	25	20	22	9
Bihar	24	23	24	23	18	25	17
Uttar Pradesh	28	24	26	28	10	27	5
Rajasthan	22	25	22	26	23	24	12
Meghalaya	21	26	23	24	26	23	23
Assam	29	27	25	22	27	28	22
Arunachal Pradesh	25	28	27	27	28	26	25
Nagaland	26	29	28	29	29	29	24

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Although it looked like India was winning the war against polio and the disease might be wiped out by 2007, polio programmes are now in reverse in some parts of the country and the target date for the eradication of the disease has been pushed back to 2010.³⁵ (Economic Times. 2007. 17 October)

There has been an 18 per cent decline in the Union Budget 2011-12 in allocations for immunisation and 93.5 per cent decrease in allocation for Pulse Polio. However, the PIB data on Pulse Polio reported that in 2009, 721 cases were reported. What accounts for this decrease when clearly all children are not covered by immunisation and Polio has not been eradicated?



During 2008, 472 polio cases have been reported out of which 53 are Wild Polio virus type 1 and 419 are wild polio virus type 3. The number of cases reported statewise are as under:-

State	P1	P3	Total
Bihar	2	221	223
Uttar Pradesh	45	187	232
Delhi	2	1	3
Maharashtra	0	3	3
Haryana	0	2	2
Orissa	1	1	2
Andhra Pradesh	0	1	1
Madhya Pradesh	0	1	1
Rajasthan	0	1	1
Assam	1	0	1
Punjab	1	0	1
West Bengal	1	1	2
Total	53	419	472

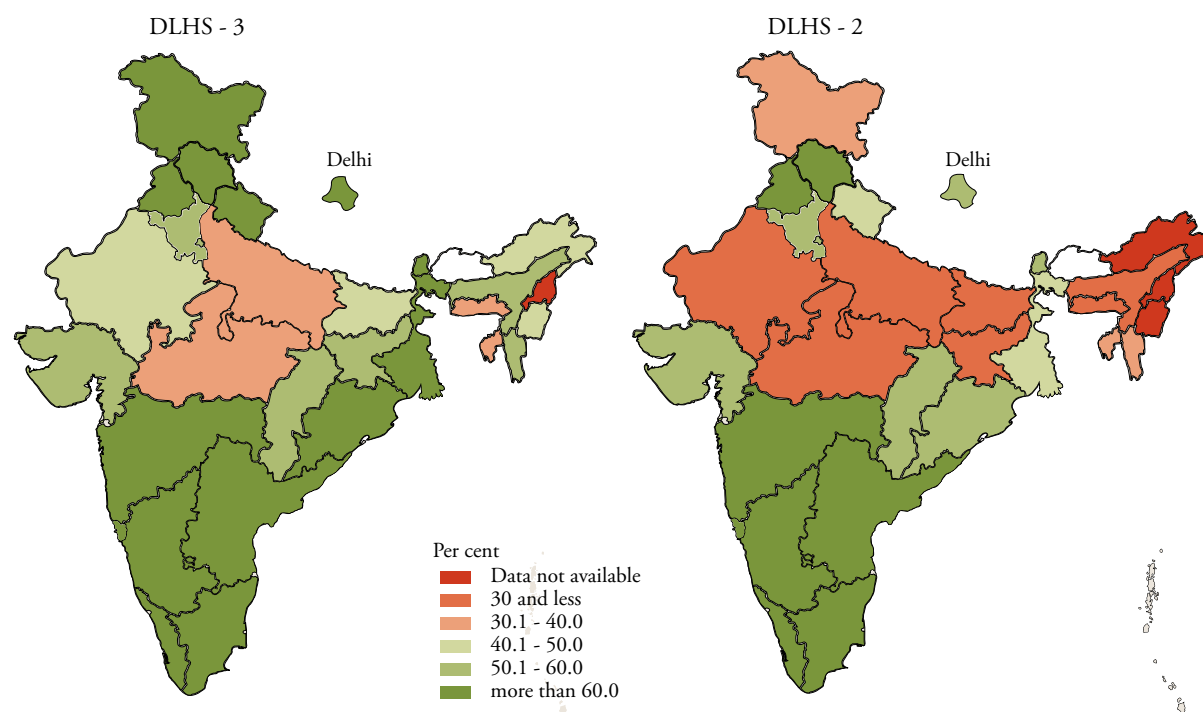
Source: RSSQ 12, 17 October 2008

State-wise details of deaths after vaccination during 2009 are as under:

Table 7.10: State-wise details of deaths after vaccination during 2009	
State	Number of Reported Polio Deaths
Andhra Pradesh	1
Bihar	2
Gujarat	1
Madhya Pradesh	6
Maharashtra	2
Punjab	1
West Bengal	1
Total	14

In year 2009, total 14 deaths have been reported as AEFI (Adverse Event Following Immunisation) out of which 10 PIR (Preliminary Investigation Reports) were received. 6 cases were classified as coincidental death and other 4 cases were classified as unknown.³⁶ (Lok Sabha. 2009. 25 February)

Fig 7.7: Full Vaccination of Children (Age 12-23 months)

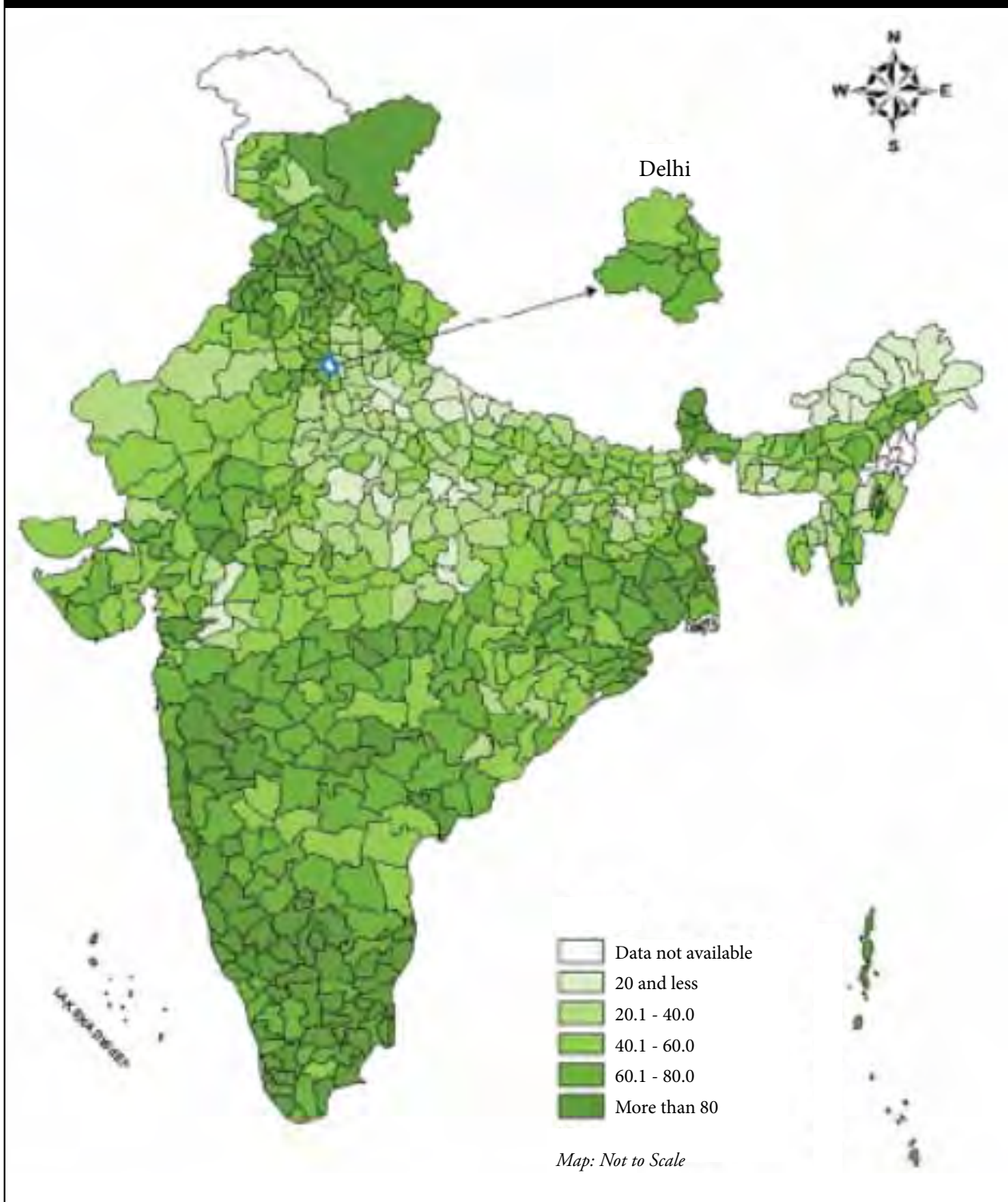


Map: Not to Scale

Source: International Institute for Population Sciences (IIPS), 2010. District Level Household and Facility Survey (DLHS-3), 2007-08: India: Key Indicators: States and Districts, Mumbai: IIPS

Full Immunisation Coverage of Children (aged 12-23 months) by Districts (DLHS 3)

Fig 7.8: Full Immunisation Coverage of Children (aged 12-23 months) by Districts (DLHS 3)



Nutrition and Anaemia

Child malnutrition continues to be a serious problem in India, despite India's booming economy, it is home to one in three malnourished children in the world and it increased by an average of 8.5 per cent over the past four years. Kevin Watkins, who edited the UN's Human Development Report, said that despite growing prosperity brought on by a sustained boom, child malnourishment in India is higher than in Ethiopia and well above the African average of 28 per cent.³⁷

The Nutrition and Anaemia-related index has the following components:

- i. Percentage children with low birth weight
- ii. Percentage children <3 yrs who are under-weight
- iii. Percentage children <3 yrs who are stunted
- iv. Percentage children <3 yrs who are wasted
- v. Percentage children age 6-59 months who are Anaemic

“The commonest diseases occurring among school children are measles, diarrhoea, acute respiratory infections, tuberculosis, chickenpox, worm infestations and sepsis. The steps taken by the government to prevent diseases among school children is to provide support for School Health Programmes in each and every district of the country based on the specific proposals prepared as part of the District Health Action Plans. Currently 21 states have initiated the School Health Programme.”

*Smt. Panabaka Lakshmi, the Minister of State in the Ministry of Health and Family Welfare, Ref. LSUSQ 1763, 12 March 2008
<http://www.guardian.co.uk/world/2008/jul/28/india.internationalaidanddevelopment>, accessed on 5th April 2011.*

The most recent National Family Health Survey reveals how the incidence of underweight children has declined only one percentage point, to 46 per cent, in seven years. While poverty and food insecurity contributes to malnutrition in India, some important causes, most of which are preventable, include improper and unsafe infant feedings and child care practices, gender disparity in distribution of food and general neglect of the girl child.³⁸ (News Dawn. 2009. 18 July)

Table 7.11: Ranking by prevalence of underweight children

Country	Prevalence of underweight children in country (%)	Share of total underweight children in the world (%)
Bangladesh	48	5.7
Nepal	48	1.2
Ethiopia	47	4.2
India	47	39.0
Timor-Leste	46	0.1
Yemen	46	1.1
Burundi	45	0.4
Cambodia	45	0.6
Madagascar	42	0.9
Eritrea	40	0.2
Lao People's Democratic Republic	40	0.2
Niger	40	0.8
Afghanistan	39	1.4

Source: UNICEF, 2006. *State of the World's Children*. Compiled from table 2 and 6

Table 7.12: Nutrition & Anaemia Mini Index	
State	Nutrition & Anaemia
Manipur	1
Mizoram	2
Goa	3
Kerala	4
Sikkim	5
Jammu & Kashmir	6
Punjab	7
Nagaland	8
Arunachal Pradesh	9
Tamil Nadu	10
Himachal Pradesh	11
Andhra Pradesh	12
Delhi	13
Uttaranchal	14
Assam	15
Maharashtra	16
West Bengal	17
Tripura	18
Karnataka	19
Orissa	20
Rajasthan	21
Gujarat	22
Haryana	23
Meghalaya	24
Chhattisgarh	25
Uttar Pradesh	26
Jharkhand	27
Madhya Pradesh	28
Bihar	29

Table 7.13: Statewise prevalence of Anaemia in children (6.59 months)	
State	Percentage
Goa	38.2
Manipur	41.1
Mizoram	44.2
Kerala	44.5
Himachal Pradesh	54.7
Arunachal Pradesh	56.9
Delhi	57.0
Jammu & Kashmir	58.6
Sikkim	59.2
West Bengal	61.0
Uttarakhand	61.4
Tripura	62.9
Maharashtra	63.4
Tamil Nadu	64.2
Meghalaya	64.4
Orissa	65.0
Punjab	66.4
Assam	69.6
Rajasthan	69.7
Gujarat	69.7
Jharkhand	70.3
Karnataka	70.4
Andhra Pradesh	70.8
Chhattisgarh	71.2
Haryana	72.3
Uttar Pradesh	73.9
Madhya Pradesh	74.1
Bihar	78.0
INDIA	69.5

*Indicators include: Percentage children with low birth weight, Percentage children <3 yrs who are under-weight, Percentage children <3 yrs who are stunted, Percentage children <3 yrs who are wasted, Percentage children age 6-59 months who are Anaemic

Morbidity

Morbidity is the presence of illness or disease. Poverty, hunger and continuous environmental degradation is making India's children more and more vulnerable to diseases. Lack of access to health services and governmental apathy also contributes to their situation.

However, developing an index on morbidity is a very big challenge as it is almost impossible to find data on children affected by all kinds of diseases. What is available is diarrhoea, acute, low birth weight/underweight, respiratory infection and malnutrition. And that is what has been used to develop the index and rank the states.

The Morbidity-related index has the following components:

- i. **For children <5 yrs with Acute Respiratory**
 - Percentage who had symptoms
 - Percentage for whom treatment was sought
 - Percentage who received antibiotics
- ii. **For children <5 yrs with Diarrhoea**
 - Percentage taken to a health provider
 - Any ORT or increased fluids
 - No treatment sought

Table 7.14: Morbidity Mini Index

State	National Ranking for Morbidity
Kerala	1
Goa	2
Uttaranchal	3
Mizoram	4
Maharashtra	5
Karnataka	6
Andhra Pradesh	7
Delhi	8
Haryana	9
Meghalaya	10
Tamil Nadu	11
Tripura	12
Orissa	13
Himachal Pradesh	14
Punjab	15
West Bengal	16
Madhya Pradesh	17
Chhattisgarh	18
Jammu & Kashmir	19
Bihar	20
Sikkim	21
Manipur	22
Gujarat	23
Uttar Pradesh	24
Rajasthan	25
Jharkhand	26
Nagaland	27
Arunachal Pradesh	28
Assam	29

- Assam, the worst in terms of morbidity, scored the lowest in terms of children actually even seeking any sort of treatment for diarrhoea as well as respiratory diseases.
- Indeed, of the five worst states Assam, Jharkhand, Arunachal Pradesh, Nagaland also rank lowest in diarrhoea control.
- Economic status of the states does not guarantee child health. The economically high performing state of Haryana ranks 24th in terms of high anaemia amongst children while the other rich state of Punjab is unable to control low birth weight and ranks second.
- Kerala, which has the best rank in terms of over all child health needs to look sharp at what is happening to children with HIV/ AIDS, as do Goa and Tamil Nadu. Maharashtra, which is ranked high in terms of over all health status, is ranked in the lowest five with respect to HIV/ AIDS.
- While Himachal Pradesh has been able to control diarrhoea, it is not doing so well as far as the other indicators are concerned. In fact it is in the red zone for HIV/Aids and respiratory diseases.
- Malnutrition remains an area of concern for Madhya Pradesh, Jharkhand, Bihar, Meghalaya and Chhattisgarh- all of whom have a huge proportion of tribals, large natural resources and also face large scale displacement

The matrix gives us a very interesting picture of distribution of diseases across the states. What is important is that some of the states which rank within the best five with respect to the over all health status is ranked much lower with respect to some of the individual diseases

- Uttarakhand which ranks as the 13th state in terms of overall health status, is generally doing well in terms of morbidity management and is ranked as the second best for Acute Respiratory Infections (ARI).
- Not surprising that Madhya Pradesh ranks the lowest in being able to control hunger and malnutrition. Over the years it has topped the headlines on this. Severe malnutrition has claimed the lives of around 125 children under six years of age in four districts of Madhya Pradesh since May 2008. According to a petition filed recently in the Supreme Court by Right to Food Campaign, 64 Bhil tribal children have died of malnutrition in Satna district within the past four months. Similarly, Spandan, which works among the Korku tribe in Khalwa block of Khandwa district, has reported the deaths of 39 children in the past 45 days. The Saharia Mukti Morcha, which works with the impoverished Saharia tribe in Shivpuri and Sheopur districts, said 16 children had succumbed to malaria in Shivpuri and five in Sheopur over a few days in September 2010, because their immunity was destroyed by severe malnutrition. Most children belong to abysmally poor tribal families whose daily earnings—when they are able to find work as labourers—rarely cross Rs 50-70.³⁹ This is not the first time that children have been starving and dying in Madhya Pradesh. In 2006, UNICEF officials have claimed that the biggest reason for malnutrition is not a lack of food, but instead social aspects such as the low social status of women, early marriage and little gap between the birth of children.³⁹ (Thukral. 2011. 189)
- One out of every five children who die of **diarrhoea** worldwide is Indian.⁴⁰ (Med India 2007. 19 September) The NFHS-3 asked mothers of children born during the five years preceding the survey, a series of questions regarding episodes of diarrhoea suffered by their children in the two weeks prior to being interviewed. The survey found that advice or treatment was sought from a health care provider for six in 10 children who had diarrhoea. Despite the Oral Rehydration Therapy Programme, the use of oral rehydration salts did not increase in urban or rural areas in the seven years between NFHS-2 and NFHS-3. Worryingly, more than half of children (57 per cent) received neither oral rehydration salts nor increased fluids when sick with diarrhoea.⁴¹ (IIPS and Macro International. 2007. 240-243).
- **Acute Respiratory Infection** (ARI), including pneumonia, is one of the leading causes of child mortality throughout the world.⁴² (IIPS and Macro International. 2007. 234). This is caused by the high prevalence of malnutrition, low birth weight, and indoor air pollution in developing countries. UNICEF's 2006 report on pneumonia documents how of the 133 million childhood pneumonia cases around the world, India accounted for 44 million and China accounted for 18 million.⁴³ (UNICEF. 2006. 10).
- With only 21 per cent stunted children, Kerala has the best record in this regard. The worst is Uttar Pradesh, where 46 per cent children are underdeveloped, both physically and mentally. Children, particularly girls, born in poor rural families are likely to have the least access to good, affordable health care. Scheduled caste/tribe communities report consistently lower levels of health indicators than the rest of the country, while tribal areas remain the greatest challenge for public health care delivery. The quality of services offered remains very poor, aimed as they are at peripheral care rather than qualitative care. Public health centres are inadequate. Mental illness accounts for nearly one sixth of all health-related disorders, but India spends less than one per cent of its total health budget on mental health.⁴⁴ (Samata. 2007. 9).

“According to a report of Indira Gandhi Institute for Development Research, it is estimated that 4.1 lakh to 5.7 lakh women and young children die prematurely every year due to indoor air pollution caused by burning of bio-fuels in poorly ventilated homes. However, no conclusive data is available to establish the correlation between the mortality and indoor air pollution.”

Smt. Panabaka Lakshmi, the Minister of State in the Ministry of Health and Family Welfare, LSUSQ 3389, 16 April 2008

Table 7.15: Components of the Morbidity Index

State	National Ranking for Health	Low Birth Weight	Malnutrition	Anaemia	HIV/ AIDS	Diarrhoea	ARI
Kerala	1	6	5	4	10	2	1
Goa	2	16	2	1	20	4	4
Tamil Nadu	3	7	9	14	22	8	12
Sikkim	4	2	6	9	5	20	24
Himachal Pradesh	5	20	10	5	25	3	26
Mizoram	6	1	3	3	18	10	3
Maharashtra	7	15	17	13	26	7	10
Jammu & Kashmir	8	12	7	8	12	18	21
Manipur	9	4	1	2	27	22	23
Karnataka	10	10	21	22	16	11	5
Andhra Pradesh	11	12	11	23	11	13	6
Punjab	12	26	4	17	15	19	11
Uttaranchal	13	19	13	11	24	9	2
Delhi	14	22	12	7	28	12	8
West Bengal	15	17	19	10	2	6	28
Haryana	16	27	18	25	19	14	7
Tripura	17	23	16	12	4	5	25
Orissa	18	13	22	16	1	15	9
Gujarat	19	14	23	18	14	23	19
Chhattisgarh	20	8	25	24	29	17	20
Meghalaya	21	9	26	15	8	1	27
Rajasthan	22	24	20	20	6	25	16
Madhya Pradesh	23	18	29	27	23	16	17
Bihar	24	25	27	28	7	21	15
Arunachal Pradesh	25	5	15	6	3	28	14
Nagaland	26	3	8	28	17	26	22
Jharkhand	27	11	28	21	13	27	13
Uttar Pradesh	28	21	24	26	21	24	18
Assam	29	12	14	19	9	29	29

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- According to the study, children in the North are at a higher risk than in the rest of the country, with an infection prevalence percentage of 10.3 and about 1.9 per cent children at a risk of contracting the disease annually. Kerala has the lowest prevalence of infection at 6.1 to 5.9 per cent and about 1 per cent children at risk. About 1.8 per cent children in the West zone and 1.3 per cent children in the East zone are at a risk annually.⁴⁵ (Rashid. 2004. 27 February)
- **Malaria** continues to ravage nations and rob children of their lives. Annually, malaria affects half a billion people across the world and kills two - three million people. A child is killed by the illness every 30 seconds. In India, 1.8 million people were affected by malaria in 2006 and on average 1,000 die from malaria each year.⁴⁶ (Sinha. 2007. 19 October). Children of one to four years constitute the most vulnerable age group. The NFHS-3 found that of the respondents, only eight per cent of children with fever were given an anti-malarial drug and 13 per cent were given antibiotics. Use of antibiotics and anti-malarial drugs amongst children increased with increasing education of the mother and increasing wealth status of the household.⁴⁷ (IIPS and Macro International. 2007. 238). This reveals how poor rural children continue to be left at the bottom of the pile in terms of access to simple life-saving treatment for malaria.
- Based on the data collected by Population Based Cancer Registry functioning under Indian Council of Medical Research (ICMR) during the year 2007 an estimated 13,600 children below the age of 14 years developed blood cancer. (*Smt. Panabaka Lakshmi, Minister of State in the Ministry of Health Ref. RSUSQ 3461, 25 April 2008*)
- It is estimated that pneumonia and meningitis caused by Haemophilus Influenzae -B (Hib) kill about 73,826 children under the age of five years in India every year. (*Ref. LSUSQ 685, 22 Oct. 2008*)
- Nearly 8.5 million people are suffering from TB in India, every year 1.8 million new cases are found and almost 0.37 million die from TB (MoHRW Annual Report 2006-07)
- According to Juvenile Diabetes Research Foundation of India, there are about 1 million (10 lakh) juvenile diabetics in India. Every year 27 thousand diabetic children (2 to 14 years of age) around the world die of the disease. 45 per cent of them , more than 12 thousand in figure, die in India itself. There is no count of how many die undiagnosed. Among those who are diagnosed with juvenile diabetes, 70 percent come from poor families.

HIV/AIDs infected children continue to be neglected

Discrimination, stigmatisation and exclusion are very prominent in India, faced by all persons living with HIV/AIDs. In fact, per NFHS-3, they were not even able to collect blood for HIV testing in Nagaland because of local opposition.⁴⁸ (IIPS and Macro International. 2007. xlv).

While data in all sectors in India is a challenge, with respect to children with HIV/Aids it is almost impossible, something that the Union Minister for Health and Family Welfare has himself acknowledged in Parliament :

The HIV/AIDS-related index has the following components:

- **HIV-infected Children <15yr infected as a percentage of all HIV-infected**
- **Percentage children on Antiretroviral therapy (ART)**

“While it is estimated that India has 2.5 million persons living with HIV/AIDS, there is no data available regarding the number of infected and affected orphans and vulnerable children. In the absence of such data, there is no defined strategy and interventions...”

Dr. Anbumani Ramadoss, the Minister of Health and Family Welfare, Ref LSSQ 343, 16 April 2008

In light of increased sexual abuse, sex tourism, it is very tragic that children continue to be neglected in analysis of the AIDs epidemic. The Policy Framework for Children and AIDS seeks to broaden the focus to address the needs of overwhelming majority of children affected by HIV and AIDS in recognition of the fact that the virus is seen to have a profound and permanent effect on their lives. However, while the policy is for children up to the age of 18 years, the available age group data is only divided between 15 years of age, 15-49 and above 50 years.⁴⁹ (IIPS and Macro International. 2007. xlv)

Given the above, there was little choice but to use the two available indicators with the NACO as data for our indicators. According to the government, till 2006-07, there was an estimated 1800 children on ART taking adult drugs. With the launch of the paediatric fixed dose combination of ARV drugs, 32,803 children have so far been registered, of whom 9,478 are on ART in the 147 ART Centres in the country.⁵⁰ (Ramadoss. 2008. 16 April)

Table 7.16: HIV/AIDS Mini Index		
State	National Ranking for Health	HIV/AIDS
Kerala	1	10
Goa	2	20
Tamil Nadu	3	22
Sikkim	4	5
Himachal Pradesh	5	25
Mizoram	6	18
Maharashtra	7	26
Jammu & Kashmir	8	12
Manipur	9	27
Karnataka	10	16
Andhra Pradesh	11	11
Punjab	12	15
Uttaranchal	13	24
Delhi	14	28
West Bengal	15	2
Haryana	16	19
Tripura	17	4
Orissa	18	1
Gujarat	19	14
Chhattisgarh	20	29
Meghalaya	21	8
Rajasthan	22	6
Madhya Pradesh	23	23
Bihar	24	7
Arunachal Pradesh	25	3
Nagaland	26	17
Jharkhand	27	13
Uttar Pradesh	28	21
Assam	29	9

Ranking 1-5 6-10 11-14 15-19 20-24 25-29

Data Source: National AIDS Control Organisation (NACO)

- States that scored the lowest in the HIV/AIDs related index (Chhattisgarh, Delhi, Maharashtra, Himachal Pradesh) incidentally scored lowest in the neo-natal mortality category as well. Manipur, however, performed worst in the U5MR as compared to the other Mortality indicators
- It is estimated that 55,000 to 60,000 children are born every year to mothers who are HIV positive. Without treatment, these newborns stand an estimated 30 per cent chance of becoming infected during the mother's pregnancy, labour or through breastfeeding after six months.
- Delhi actually has the highest number of HIV-infected children below 15 yrs as percentage of total population infected with HIV
- Of children on ART as percentage of all persons on ART, Himachal Pradesh had the highest percentage

Disabled children continue to be excluded from the healthcare system

Disabled children face discrimination at many levels in India including health care facilities. Those suffering from mental health disorder face the worst stigma and social exclusion. It accounts for nearly one sixth of all health-related disorders but India spends less than one per cent of its total health budget on mental health.⁵¹ (54th World Health Assembly. 2001)

The Integrated Child Development Services is expected to train Anganwadi workers about disability and the Anganwadi centres are supposed to provide referral services where necessary.⁵² (54th World Health Assembly. 2001). However, a recent audit carried out in UP revealed that only 25 per cent of Anganwadi workers had received training about disability and majority of the children enrolled at the centres with special needs had not received any medical care.⁵³ (Hindustan Times. 2007. 12 February)

Service Infrastructure and Access

Inadequate Infrastructure

- There is a shortage of 21,983 Sub-Centres, 4,436 PHCs, 3,332 CHCs as per 2001 population norm
- Ratio of hospital beds to population in rural areas is fifteen times lower than that for urban areas
- According to World Bank, there is 40 per cent absenteeism amongst health personnel

The Infrastructure-related index has the following components:

- Average population served per government hospital
- Average population served per government hospital bed

Children complain about lack of health infrastructure

Primary health centers in urban areas are between 1-5 kms and in rural areas between 5-45 km. They are also open only during fixed hours and almost never in the late evenings when laborer-parents come home. This makes it very difficult for pregnant mothers, infants and children to get health facilities easily and urgently. So childhood vaccinations are also a problem. Poor children fall easy prey to diseases like measles, chicken-pox, boils, malaria, jaundice, typhoid, ear infections, loose motions and vomiting, anaemia, fits due to various reasons. This leads to most poor people having no option but to go to private clinics that they can ill-afford.

Source: State Consultation of Children in Alternative Report for CRC Gujarat, Organised by Shaishav, 2008

Table 7.17: Infrastructure Mini Indices

State	National Ranking for Health	Infrastrcutre
Kerala	1	20
Goa	2	26
Tamil Nadu	3	1
Sikkim	4	23
Himachal Pradesh	5	12
Mizoram	6	22
Maharashtra	7	3
Jammu & Kashmir	8	29
Manipur	9	2
Karnataka	10	17
Andhra Pradesh	11	25
Punjab	12	11
Uttaranchal	13	4
Delhi	14	8
West Bengal	15	18
Haryana	16	9
Tripura	17	15
Orissa	18	13
Gujarat	19	14
Chhattisgarh	20	7
Meghalaya	21	24
Rajasthan	22	28
Madhya Pradesh	23	27
Bihar	24	19
Arunachal Pradesh	25	16
Nagaland	26	21
Jharkhand	27	6
Uttar Pradesh	28	5
Assam	29	10

Data Source: National Health Profile of India – 2010

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

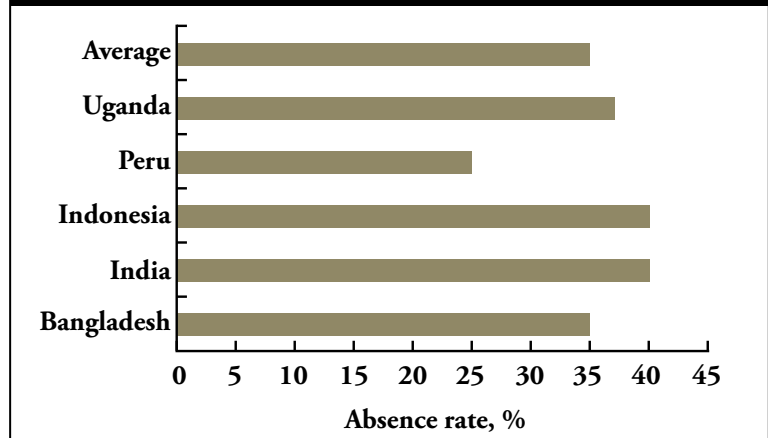
- Jammu & Kashmir, Rajasthan, Madhya Pradesh, Goa and Andhra Pradesh were the worst in providing adequate infrastructure; Rajasthan and Madhya Pradesh are also ranked low overall in health
- How is it that Assam and Uttar Pradesh, performing well in infrastructure, are so poor when it comes to the rest of the health components?
- Punjab's poor performance in most health indicators is clearly an outcome of such poor infrastructure being provided in the State
- While Tamil Nadu might have the best infrastructure relative to the other states, it certainly needs to improve its ranking in morbidity, HIV/AIDS

Absenteeism of Health Workers

One of the findings of the World Bank's Global Monitoring Report 2008 is that the rate of absenteeism among primary healthcare workers in India is the highest in the world, at 40 per cent.⁵⁴ (World Bank. 2008. 69). The report cautions that it is possible that these figures underestimate the severity of the problem because healthcare personnel can be present without actually providing medical care.

The report says such a high rate of absenteeism has an adverse impact on the quality of healthcare services: 'The quality of healthcare services matters because it reflects the extent to which investments in national healthcare systems are able to raise both human capital and individual welfare.'

Fig 7.9: Absenteeism among primary health care workers, 2002-03



Source: Adapted from Chaudhury and others 2006.

Note: Absenteeism was defined as not being found in the facility for any reason at the time of the unannounced random visit.

Increasing Displacement, Forced Evictions and Right to Health

In light of increasing displacement of communities across the country in the name of development and progress leading to their own marginalisation makes it important to examine their health status separately. Experiences of dislocation, urban and rural, have shown that little effort is made to ensure that the rights of the displaced are protected. The financial crisis caused by relocation, further aggravated by overall increase in cost of commodities, forced a large number of women to seek employment or work as wage earners. Thus both adult males in most households and adult women in several households are unable to tend to the needs of their children. The added implication of this is likely that in the absence of alternative child care facilities, older siblings, especially girls, will have to take on domestic responsibilities as well as look after the younger ones. It has been found that children are more vulnerable to acute illness, malnutrition, stunting and wasting because they lack the endurance of adults and also because the negative impact of illness is more pronounced among children.⁵⁵ (Thukral. 2009. 356)

Children in the North East who had gathered together as part of the twenty year review of the UN Convention on the Rights of the Child spoke about forced displacement due to ethnic and armed conflicts and how they affect their health and well being and that of their families.



Poor Financing and Implementation

The status of health of children reveals the ocean-wide gap between the needs on the ground and the average allocation every year. Although it is very difficult to disaggregate the allocations since a large part of the needs are met by the universal government health facilities, a detailed analysis shows that children received an average of only 0.76 per cent of the total Union budget and 17.14 per cent within Budget for Children. What is more, the allocated is not even spent. HAQ's analysis⁵⁶ of the Union Budget shows an average under-spending of up to 10.59 per cent during the period of 2004-05 to 2008-09, second highest under spending within the BfC. (HAQ. 2000-08)

Table 7.18: Allocation for Health Sector in BfC as Percentage of BfC and Union Budget

Year	Allocation for Health (BE) in Rs. in crore	Allocation for Health as percentage of BfC	Allocation for Health as Percentage of total union budget
2004-05	3139.12	23.83	0.66
2005-06	3930.88	18.69	0.76
2006-07	4734.13	16.04	0.84
2007-08	4851.41	14.03	0.71
2008-09	6150.55	18.60	0.82
Average percentage allocation from 2004-05 to 2008-09		17.14	0.76

Source: HAQ: Centre for Child Rights

However, inadequate allocations and spending are not the only hurdles when it comes to providing adequate healthcare. Proper implementation of the various schemes remains a huge challenge.

Growing Dependence on the Private Sector

“It is now clearly established reality that even after gaining high growth rate and increasing per capita income, we have failed to protect our children from hunger and diseases. I feel the question of resources is not the biggest one, a lot of money is being spent but the situation is not improving in accordance with the expenditure because our system delivery systems are worst, un-accountable and non-responsive towards the most marginalised, like children”

Professor Amartya Sen

*At the Bal Adbhikar Samvad convention on 19th December 2006,
Indian Express, Maternal audit project taken up in several districts, Sachin Jain, 18 February 2007.*

Increased privatization is making it harder for the poorest and most marginalized sections of society from accessing affordable healthcare. Health service is the primary responsibility of the state. However, the state, the duly bearer, is completely abdicating its responsibility leaving it in the hands of private sector. This began with National Health Policy 2002 which proposed privatisation of secondary and tertiary level care, ignoring the fact that 45 per cent of the poorest of the country continue to depend on the public sector hospitals for critical

indoor care.⁵⁷ (Alpana and Qadeer. 2001). This means that there is also an increase in out-of-pocket costs for all those who find themselves unable to access government health care. Also, when costs are so high and availability is scarce, discriminatory practices set in. The already marginalised find themselves pushed back even further.

Table 7.19 : Out of Pocket Expenditure by Rural and Urban Health Care Services 2004–05			
Rs. thousands			
Expenditure on Health Care	Rural	Urban	Total
Out-Patient Care	396,715,569	218,058,969	514,774,538
In-Patient Care	123,057,693	95,275,339	218,333,032
Delivery Care	18,020,851	13,904,678	31,925,528
Post-natal Services	3,735,449	1,073,266	5,808,715
Anti-natal Care Services	7,259,680	5,293,854	12,543,534
Abortion and Still births ¹	11,965	28,255	40,220
Immunization	1,746,360	3,104,958	4,851,318
Family Planning Services ²	18,239,724	8,039,650	26,279,373
Medical Attention at Death ³	10,211,560	5,235,358	15,446,918
Total Expenditure on Health	578,988,851	351,014,325	930,003,177

Notes: Details on Methodology in chapter II

1. Estimates based on the total number of pregnant women and number of deliveries

2. Data available from NFHS-3 on family planning and their average expenditure

3. Health expenditure incurred by households on the members who died during the previous year

Source: *Health Care and the Condition of the Aged, NSSO 60th Round, (2006), Ministry of Statistic and Programme Implementation, Government of India*

Conclusion

India is yet to declare health a fundamental right and hence there is no law that guarantees every child and adult right to access quality health care in the country. Health is also a state subject and to a large extent it is about both will and availability of resources that is responsible for the ranking of the states that we see in the index. At the same time, health planning cannot be centralised hence top down in its approach. The ranking of the states in the mini indices are as important, if not more than the national ranking of the states, and tell us exactly where the ‘ailment’ of the health system is, which is where intervention is required.

Of course, the reality also is, as we have seen above, the state’s role in providing health care is shrinking, making way for the private sector providers, and this is leading to a large proportion of the population losing access to health care. Therefore, while a mapping of the disease burden is important, the problem cannot be addressed only with preventive health care, which is where the government is still active. When sick, the child must have an accessible and affordable facility. Clearly the government needs to re-examine its role and make a come back into provision for both preventive as well as curative health care if the children of this country are to be healthy and well.

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Education

SPOTLIGHT ON EDUCATION IN INDIA

- 1 Over half of India's children are either not attending school or dropping out before class eight
- 2 Fewer girls are enrolled into schools, both at the primary stage as well as the upper primary
- 3 The proportion of out-of-school children is reported to be highest in the Muslim community, followed by the Scheduled tribes and Scheduled castes
- 4 One in ten Muslim children is not attending school. In rural areas, the proportion of children out of school is twice that of urban
- 5 Scheduled castes and tribes not only have a low enrolment ratio but also a high dropout rate
- 6 Some 55 per cent of the disabled population is reported by DISE (2005-06) as illiterate and only nine per cent is reported to have completed secondary education
- 7 Children affected by HIV/AIDS face significant barriers to receiving education, including in some cases being denied admission to schools
- 8 The great divide in education is also vis-a-vis violence in the education system itself
- 9 Education of many children continues to be interrupted by emergencies affecting their communities.

Introduction

India had made a commitment to ensuring right to education when it adopted its constitution, but had to wait for 55 years for it to become a fundamental right.

Even though progress has been made, discrimination remains and this chapter focuses on that. Right to education must mean rights for all...but data shows otherwise. In fact it appears that the system is designed to keep some children out. As Tilak (2010) says, 'It is, (thus), crucial to concentrate in India on the problem of low survival rate in primary education. After all, a 90-95 per cent net enrolment ratio will have no meaning, if it is contrasted with 34 per cent dropout rate. Rapid progress in net enrolment ratio is possible, but a more important challenge is to ensure that the children enrolled in schools progress through the system to complete the given cycle of schooling and even beyond'.¹

The history of education in India is one of unfulfilled commitment. When India became free, she hoped to be able to achieve free and compulsory education for all children up to 14 years by 1960. This indeed still remains a distant dream. In 2009, India finally got a law on right to education, the Right to Free and Compulsory Education Act 2009, seven years after the 86th Constitutional Amendment which made education a Fundamental Right, (55 years after independence.)

It is therefore not just enrolment and retention, but also availability of teachers and infrastructure that accounts for overall performance and all of these are therefore components for the development of an education index.

Commitments on Education

Right to education is a fundamental right since 2006 after the 86th Amendment to the Constitution. Till then it was part of the Directive Principles of State policy. In 2009, the government finally formulated a law to implement the right conferred on the children. Unfortunately, although India now has a law on free and compulsory education, several questions remain around it.

All outcomes have to be seen in the context of the commitments made. India has made several commitments but unfortunately, the goal posts have constantly shifted.



Source: The Hindu, 26 July, 2010

Table 1: Shifting Goals	
Constitution	<ul style="list-style-type: none"> ■ Article 45: Free compulsory education for all children up to 14 years by 1960
National Policy for Education (NPE) 1986	<ul style="list-style-type: none"> ■ All children having attained 11 years age by 1990 will complete 5 years of schooling ■ By 1995 all children up to 14 years will be provided free and compulsory education
National Policy for Education (modified in 1992) and the Programme of Action	<ul style="list-style-type: none"> ■ Universal Primary Education by 1995, which was subsequently shifted to 2000
National Plan of Action 1992	<ul style="list-style-type: none"> ■ Universal education 'by the end of the current century'
National Plan of Action 2005	<ul style="list-style-type: none"> ■ To achieve universal elementary education through school system for all children, through provision of free and compulsory services ■ Progressively provide compulsory secondary education to all children ■ All children to be in school by 2005 ■ Universal retention by 2010 ■ Bridging gender and social gaps in primary education by 2007 and elementary education by 2010
Sarva Shiksha Abhiyan (current http://www.education.nic.in/ssa/ssa_1.asp#1.0)	<ul style="list-style-type: none"> ■ All children in school, Education Guarantee Centre, Alternate School, 'Back-to-School' camp by 2003 ■ All children complete five years of primary schooling by 2007 ■ All children complete eight years of elementary schooling by 2010 ■ Focus on elementary education of satisfactory quality with emphasis on education for life ■ Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010 ■ Universal retention by 2010
Ninth Five Year Plan (1997-2002)	<ul style="list-style-type: none"> ■ To fulfill the objectives of Article 45 of the Constitution by charting out a clear course of action to make primary education free and compulsory up to Vth standard, though the ultimate object is to universalise up to VIIIth Standard. This phasing is necessary because of the resource constraint on the one side and enormous complexity of the problem on the other. ■ Since the task of Universalisation of Elementary Education will remain unfulfilled in States like Andhra Pradesh, Assam, Bihar, J&K, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal, particularly at upper primary stage, it is obvious that there is need for a longer time horizon. The Tenth Plan will continue to lay emphasis on a higher allocation for primary education so as to complete
Tenth Five Year Plan (2002-07)	<ul style="list-style-type: none"> ■ All children in school by 2003 ■ All children to complete 5 years of schooling by 2007
Eleventh Five Year Plan (2007-12)	<ul style="list-style-type: none"> ■ Drop out at primary level to be eliminated and the dropout rate at the elementary level to be reduced from over 50 per cent to 20 per cent by 2011-12 ■ Universalised MDMS at elementary level by 2008-09 ■ Universal coverage of ICT at UPS by 2011-12 ■ All gender, social, and regional gaps in enrolment to be eliminated by 2011-12 ■ All EGS centres to be converted into regular primary schools
Right to Free and Compulsory Education Act, 2009	<ul style="list-style-type: none"> ■ The Right to Education Act, which was enforced from April 1, began to be implemented from the academic session beginning March 2011 ■ The Act makes it the responsibility of the states to ensure that every child in the 6-14 age bracket is provided free and compulsory education

Critical Issues Related to the Right of Children to Free and Compulsory Education Act, 2009 (RTE)

- Why is the right to education fundamental only for those children 6-14 years of age when Article 45 of our constitution calls for free education to all children till the age of 14 years?
- The fact that both the 86th Amendment and the RTE addressed children in the age group of 0-6 years has been an issue that educationists and activists have been critical about. The fact that the bill when passed was not accompanied by a Financial Memorandum was yet another cause for skepticism.
- The RTE calls for free and compulsory education for all children 6-14 years of age but remains silent on child labour.
- How does the RTE address inadequate infrastructure, lack of access to education and quality deficit?
- Is the RTE Act truly justiciable if it may not be possible for any person to approach the courts directly but instead resort to local authority and, at best, the State Commissions for Protection of Child Rights?
- How can the National Commission for the Protection of Child Rights (NCPCR) possibly keep a vigilant eye on millions of classrooms across India and protect children from corporal punishment, discrimination, lack of quality education, lack of teachers and so forth with the meagre infrastructure at its disposal?
- Will the Act even be able to address corporal punishment (physical punishment or mental harassment) if it almost prohibits all legal proceedings against anyone in this case when it states, 'No suit or other legal proceedings shall lie against the central government, the state government, the National Commission for Protection of Child Rights, the State Commission for Protection of Child Rights, the local authority or the school management committee, or any person, in respect of anything which is in good faith done or intended to be done, in pursuance of this Act, or any rules or order made there under.'
- Public-Private Partnership: RTE has been criticised for being a law that empowers the government (a) to abdicate its Constitutional obligation to provide mass education of equitable quality; (b) to demolish the vast government school system except the elite schools like Kendriya or Navodaya Vidyalayas, the proposed 6,000 model schools or similar categories in the states; and (c) to expedite the pace of privatisation and commercialisation through public-private partnership.

(Anil Sadgopal. A Bill That Denies Right To Education. 27 July 2007. http://xa.yimg.com/kq/groups/8723444/2082882315/name/Telegraph_RTE_Bill_Anil+Sadgopal_28July09_Final.pdf (accessed 1 April 2010))

Over the years, India has tried to provide access to education to children through a bouquet of programmes – both central and state, as education is a subject of the state list (For central programmes currently being implemented, see Annexure). The most important among the central schemes are the flagship Sarva Shiksha Abhiyaan (SSA) and the Mid-day Meal (MDM) scheme.

The **SSA programme**, the government's flagship programme had aimed to achieve universal primary education (five years of schooling) by 2007 and universal elementary education (eight years of schooling) by 2010. But now it needs to be extended by another five years, to the end of the Eleventh Five Year Plan (2011 - 12). Although promoting education for all, the programme is not designed to provide equal education for all. Much-advertised programmes, such as the Education Guarantee Scheme, promote parallel systems of education in which less qualified, under paid, local para teachers are replacing trained professional teachers. Also the concept of multi-grade teaching, in which one teacher is responsible for teaching many classes, each of them overcrowded, continues.

The **Mid-day Meal** scheme (MDM), or the National Programme of Nutritional Support to Primary Education, was launched as a Centrally Sponsored Scheme on 15th August 1995, initially in 2408 blocks in the country, with a view of enhancing enrolment, retention and attendance and simultaneously improving nutritional levels among children. As well as tackling the serious issue of malnutrition in children, this also serves as an incentive to attract and retain students from the poorest families. In June 2006, the scheme was revised and the calories provided from the meal were increased from 300 to 450.²(Saxena and Mander. 2007. 43) In October 2007, the scheme was further revised to cover children in upper primary (classes VI to VIII) initially in 3479 Educationally Backwards Blocks (EBBs). Around 1.7 crore upper primary children are expected to be included by this expansion of the scheme. It was proposed that the programme be extended to all areas across the country from 2008-09. The calorific value of a mid-day meal at upper primary stage has been fixed at a minimum of 700 calories and 20 grams of protein by providing 150 grams of food grains (rice/wheat) per child/school day.

However, despite its good intentions, reports indicate absence of proper management structure in many states implementing the MDM scheme. The reported average number of school days on which meals are provided varied widely as does the reporting on it. For example, National University of Educational Planning and Administration (NUEPA) reports 209 days per annum of meals provided, while Ministry of Human Resource Development (MHRD) reports 230 days at the national level. This is not surprising because Steering Committees at State/district levels for effective monitoring are yet to be set up in some States. Additionally, there are reports of 'caste bias' in the implementation of the MDM scheme as well as serious concerns regarding the quality of food served to the children.

According to the UNESCO report, there are three main challenges for India if it is to achieve the goal of universal primary education by the 2015 UN Millennium Goal (MDG) target:

1. Providing primary education to socially marginalised minority groups
2. Reducing the dropout rate in primary education
3. Improving the quality of learning.³(UNESCO. 2008. 228)

MDG commits governments to ensure that all boys and girls complete a full course of primary schooling by 2015. Despite skepticism surrounding the MDG⁴ (Saith. 2006), they seem to have been accepted as targets by countries of the world, including ours. In India, this means that all children must be enrolled in school by 2010 in order to meet this target. It is unlikely that India will be able achieve universal primary completion by the 2015 target given its current numbers who continue to be out of school.

Which is the Correct Data?

It is extremely difficult to obtain accurate, reliable data in India which has proven to be the greatest challenge. Even the government itself recognises this. The inconsistency in enrolment data forced the Comptroller and Auditor General to make the following comment:

Table 8.2: Inconsistencies Between the Figures Reported by the Ministry and Those Collected in States					
Sl. No.	Name of State	Years	Enrolment		Difference (+) (-)
			Provided by Ministry	Figures collected in states	
12.	Chandigarh	2002-03	41720	42520	-800
		2003-04	42520	44699	-2179
		2004-05	42366	52604	-10238
		2005-06	56500	55818	682
		2006-07	59993	61014	-1021
13.	Rajasthan	2002-03	7177718	7178000	-282
		2003-04	7678153	7678000	153
		2004-05	7662192	7661000	1192
		2005-06	10215570	7335000	2880570
		2006-07	7696898	6960000	736898
14.	Tamil Nadu	2002-03	5401644	5390000	11644
		2003-04	5529945	4306000	1223945
		2004-05	4305932	3992000	313932
		2005-06	4152167	3817000	335167
		2006-07	4875103	3651000	1224103
15.	Tripura	2002-03	459981	459981	0
		2005-06	525645	520610	5035
16.	Uttar Pradesh	2002-03	14855697	16032000	-1176303
		2003-04	16374892	16995000	-620108
		2004-05	16996916	18143000	-1146084
		2005-06	18644467	18654000	-9533
		2006-07	18719628	18619000	100628
17.	Uttarakhand	2002-03	821507	810722	10785
		2003-04	787193	784911	2282
		2004-05	811204	1136493	-325289
		2005-06	779596	1144478	-364882
		2006-07	779826	1163178	-383352
18.	West Bengal	2002-03	9764181	10262726	-498545
		2003-04	10268683	10876525	-607842
		2004-05	10326600	10722722	-396122
		2005-06	10886311	10569154	317157
		2006-07	9247449	10443354	-1195905
19.	Andaman & Nicobar Islands	2005-06	34517	34107	410
		2006-07	31704	31059	645

Source: Report No. PA 13- Performance Audit of National Programme for Nutritional Support to Primary Education (Midday Meal Scheme)

‘The Ministry, however, did not establish a system of reliable and consistent data capture from the states. Neither was there any system of cross verification of the correctness of enrolment figures reported by the state governments. The data of enrolment collected from the states were inconsistent with the data maintained by the Ministry, which indicates unreliable data capture.’

- Comptroller and Auditor General of India. Report No. PA 13 of 2008. Performance Audit on National programme for Nutritional support to primary education (midday meal scheme)

Accurate data is vital to providing a more realistic foundation for truly assessing the scale of the problem and following it with better prescribed policies and appropriately funded schemes and programmes.

We have chosen to use the data generated by NEUPA as a part of its Elementary Education in India series popularly referred to as the DISE data. Along with the unreliability of data, and perhaps as a cause of the problem itself, there are several sources of data available on education. Hence, the choice of the data source has been a critical part of the methodology.

Methodology

Using the DISE data, NEUPA also develops an Index – the Educational Development Index (EDI). Although we have also used the DISE data for our index, our methodology has been a little different. While both indices have used components to cover the different aspects of access, infrastructure, teachers and outcome indicators, in our index, apart from the implicit weight generated while scaling values, all indicators within a dimension, as well as within an index, are treated equally (as opposed to the EDI’s Principal Component Analysis method). Also, we differed in some of the chosen components for the index on education. For example, we chose to include Net Enrolment Ratio (NER) in our index as it is only the NER that accounts for age-specific enrolment of population and hence is a better indicator for assessing the true level of children’s participation in education. We also included the number of para-teachers as a negative component in our index as the scarcity of qualified teachers in schools is an unfortunate but undeniable fact. (For more information on methodology, please refer to Chapter 2)

National Index for Education

Delhi ranks first in the education index in the country, followed by Kerala. The five worst performing states are Bihar, Jharkhand, Arunachal Pradesh, West Bengal and Assam. Amongst the worst performing is also the Union Territory of Dadra & Nagar Haveli (D&N Haveli).

It may be important note here that all of them have a significant proportion of the population who are tribals or, like Jharkhand and Arunachal, are essentially tribal states, with tribals constituting 26.3 per cent and 64.2 per cent of the population respectively. In D&N Haveli, tribals constitute 62.3 per cent of the total population. In other words, their position in the index is also indicative of the situation of the tribal children in these states.

Table 8.3: Overall Education Index

1= Most child friendly

State	National Ranking for Education
Delhi	1
Kerala	2
Himachal Pradesh	3
Maharashtra	4
Mizoram	5
Tamil Nadu	6
Karnataka	7
Nagaland	8
Gujarat	9
Sikkim	10
Tripura	11
Haryana	12
Uttaranchal	13
Manipur	14
Punjab	15
Chhatisgarh	16
Madhya Pradesh	17
Rajasthan	18
Andhra Pradesh	19
Orissa	20
Jammu & Kashmir	21
Goa	22
Meghalaya	23
Uttar Pradesh	24
Assam	25
West Bengal	26
Arunachal Pradesh	27
Jharkhand	28
Bihar	29
UT	National Ranking for Education
Puducherry	1
Lakshwadeep	2
Chandigarh	3
A & N Islands	4
Daman & Diu	5
D & N Havelli	6

Components used for the overall index:**a. Enrolment and Retention-related:**

- i. Net Enrolment Ratio – Primary Level
- ii. Net Enrolment Ratio – Upper Primary Level
- iii. Enrolment (I-VIII) – Overall
- iv. Enrolment (I-VIII) – Gender Equality
- v. Enrolment of the Disabled – Overall
- vi. Enrolment of the Disabled – Gender Equality
- vii. Out of School – Overall
- viii. Out of School – Gender Equality
 - This was calculated from the Census data (as opposed to DISE). Again, its calculated as percentage of total population 6-14 yrs of age per census 2001
- ix. Note: The Disabled populated age-group used was 10-19 yrs. Also, we could not include SC/ST enrolment as it was difficult to get 6-14 yr census data on SC/ST children

b. Teacher-related:

- i. Percentage of Single-Teacher schools
- ii. Pupil-Teacher ratio
- iii. Schools with Pupil-Teacher ratio > 100
- iv. Percentage of Para Teachers

c. Facilities:

- i. Percentage schools with no building
- ii. Percentage distribution of Single-Classroom schools
- iii. Percentage schools with common toilets
- iv. Percentage schools with girls toilets
- v. Percentage schools with drinking water facilities
- vi. Percentage schools with ramps

d. Access:

- i. Student-Classroom Ratio
- ii. Ratio of Primary/Upper-Primary Schools
- iii. Distance from Cluster Resource Center (CRC): <1km from CRC; 1-5 km from CRC; >5 km from CRC (Note: DISE only uses this measure of distance)

e. Gender Equality:

- i. Enrolment (I-VIII)
- ii. Enrolment of the Disabled
- iii. Out of School
- iv. Percentage schools with Girls Toilets

f. Inclusion (Disabled):

- i. Enrolment of the Disabled – Overall
- ii. Enrolment of the Disabled – Gender Equality
- iii. Percentage schools with ramps

Data Source: District Information System for Education (DISE) 07-08

It should also be pointed out that while Kerala is ranked very high overall for education, over 58 per cent of the schools there are private and in Delhi over 20 per cent schools are private.

While the overall ranking of a state may be good, it is only on studying it in the context of the mini indices that one can see where the gaps lie. These must be focus areas for planning in the future (See Table 8.4).

Table 8.4: Education - Mini Indices

State	National Ranking for Education	Enrolment & Retention Related	Teacher-Related	Facilities-related	Access-related	Gender Equality-related	Inclusion-related
Delhi	1	1	22	2	3	1	1
Kerala	2	4	2	1	14	3	3
Himachal Pradesh	3	5	10	9	8	22	15
Maharashtra	4	7	6	8	10	11	6
Mizoram	5	3	11	22	4	19	4
Tamil Nadu	6	2	9	13	18	9	14
Karnataka	7	21	14	15	1	17	21
Nagaland	8	18	3	21	2	7	26
Gujarat	9	20	8	3	12	15	5
Sikkim	10	6	1	23	11	6	29
Tripura	11	14	4	14	6	21	12
Haryana	12	23	15	4	9	5	9
Uttaranchal	13	8	16	12	21	8	16
Manipur	14	9	5	20	24	18	22
Punjab	15	26	17	7	13	4	13
Chhatisgarh	16	10	18	16	17	23	2
Madhya Pradesh	17	16	20	10	19	13	11
Rajasthan	18	24	19	5	23	27	10
Andhra Pradesh	19	17	13	25	7	14	25
Orissa	20	12	23	17	20	26	18
Jammu & Kashmir	21	27	12	18	15	29	28
Goa	22	28	25	11	5	25	27
Meghalaya	23	13	7	29	22	10	20
Uttar Pradesh	24	22	29	6	25	2	7
Assam	25	15	21	28	16	16	19
West Bengal	26	11	24	19	28	12	8
Arunachal Pradesh	27	19	26	24	27	28	23
Jharkhand	28	25	28	27	26	20	24
Bihar	29	29	27	26	29	24	17

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking for Education	Enrolment & Retention Related	Teacher-Related Ranking	Facilities-related Ranking	Access-related Ranking	Gender Equality-related Ranking	Inclusion-related Ranking
Puducherry	1	2	1	1	1	2	3
Lakshwadeep	2	1	4	4	2	4	1
Chandigarh	3	3	3	2	4	1	2
Andaman & Nicobar Islands	4	4	2	3	5	3	4
Daman & Diu	5	5	6	5	3	5	5
Dadra & Nagar Havelli	6	6	5	6	6	6	6

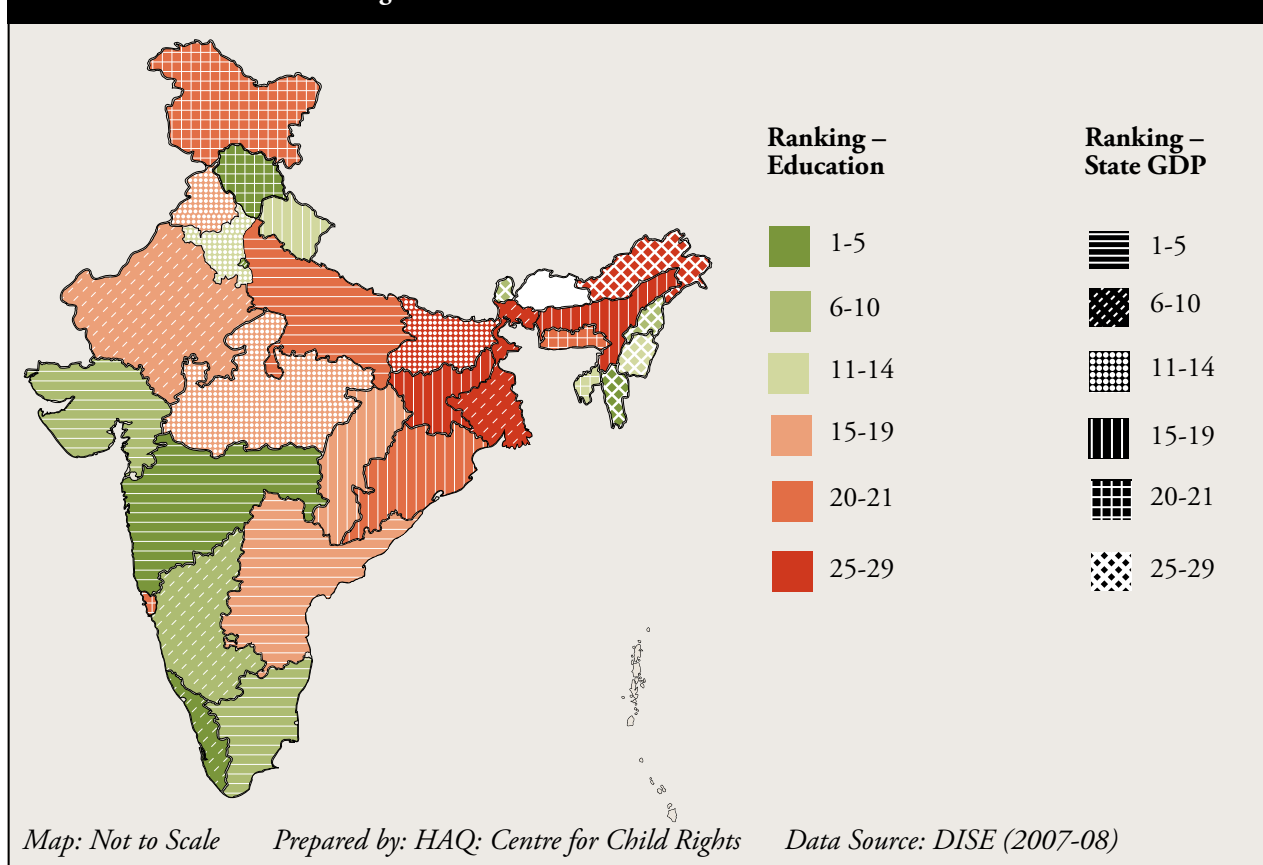
Ranking ■ 1-2 ■ 3-4 ■ 5-6

Here are some important points to note:

- The children in West Bengal against all odds do want to go to school and stay on there, as is evident from its ranking on enrolment (from its position in the enrolment and retention index). But what support are they getting from the government to stay there? Clearly much more inputs are required in provision of infrastructure, teachers and ensuring access.
- Delhi is doing well in making education available to its children. But it clearly needs to do something about ensuring teachers. It ranks as one of the lowest in the pupil teacher ratio of 1:100. How can we hope to give quality education to Delhi's children when a teacher has to teach sometimes as many as 120 children in a class?
- Although it is termed as gender parity, what we essentially get from this index is the fact that despite acknowledgement of the problem, and even affirmative measure to combat it, girls continue to find it difficult to access education and 19 of the 35 States and UTs need to address this issue better. How can we talk of education for all if gender discrimination continues?
- Basic infrastructure and accessible schools are areas that need attention, and this overlaps with the national ranking in overall poor performance, indicating in all these states that are faring badly, access is the most important challenge.
- That it must be ensured that disabled children are included and their right to education must be ensured cannot be over-emphasised. But as the matrix shows most states have a long way to go on this.
- Puducherry is performing well overall, as compared to the other Union Territories, but clearly needs to focus more on inclusion

In the last 60 years, despite increased resources, and several more commitments in policy and law, we have only been able to half the number of children who cannot move on to the next level of education. Should this not be a matter of concern?

Fig 8.1: State Performance in Education vs. State GDP



- It is interesting to note that there is no clear connection between a state's rank on Education and resources available to that state in terms of GDP.
 - Mizoram, with the second lowest GDP in the country is still in the top 5 when it comes to provisions for education for its children.
 - Similar dedication to efforts targeting education seem to be prevalent in Sikkim and Nagaland.
- But what happens when you clearly have the resources but still rank low in Education
 - Uttar Pradesh, with its second-highest GDP, comes in at a disappointing 24th rank!
 - West Bengal follows suit as well
 - If Himachal Pradesh, ranked 20th in terms of GDP, can come in at 3rd, then where are Uttar Pradesh and West Bengal going wrong?

Enrolment and Retention

Success of any education system depends on both enrolment and retention: how many children are enrolled and how many continue to stay on is what gives us a picture of how many children are actually in schools and exercising their right to education. This is what this section attempts to do.

Most of government's documents give Gross Enrolment Ratio (GER). However while GER gives an idea of children currently enrolled in school, it is only the Net Enrolment Ratio (NER) that accounts for age-specific enrolment of population and hence is a better indicator for assessing the true level of children's participation in education. We are using both GER and NER in developing the index.

It is interesting to see (Table 8.5) that Maharashtra which is one of the high performing states in the overall education index is actually performing rather poorly in its enrolment index. Arunachal has the lowest performance in ensuring enrolment and retention of children, followed by Bihar. Among the poorly performing states, it is only West Bengal that is ensuring enrolment and retention.

The lower levels enrolment of girls as against boys and SC and ST and Muslims as against the overall population, shows that some children continue to face discrimination on the basis of gender and social status.

The Enrolment and Retention-related index has the following components:

- i. Net Enrolment Ratio – Primary Level
- ii. Net Enrolment Ratio – Upper Primary Level
- iii. Enrolment (I-VIII) – Overall
- iv. Enrolment (I-VIII) – Gender Equality
- v. Enrolment of the Disabled – Overall
- vi. Enrolment of the Disabled – Gender Equality
- vii. Out of School – Overall
- viii. Out of School – Gender Equality
 - This was calculated from the Census data (as opposed to DISE). Again, its calculated as percentage of total population 6-14 yrs of age per census 2001
- ix. Note: The Disabled populated age-group used was 10-19 yrs. Also, we could not include SC/ST enrolment as it was difficult to get 6-14 yr census data on SC/ST children

State	National Ranking for Education	Enrolment & Retention Related	NER - Primary	NER - Upper Primary	(Overall) Enrolment (Class I - VIII)	(GE) Enrolment (Class I - VIII)	(Overall) Enrolment with Disability	(GE) Enrolment with Disability	(Overall) Out of School	(GE) Out of School
Delhi	1	1	12	8	14	15	23	1	6	4
Tamil Nadu	6	2	1	1	10	18	21	27	4	10
Mizoram	5	3	16	4	1	17	1	22	8	6
Kerala	2	4	13	6	25	11	3	12	1	2
Himachal Pradesh	3	5	4	2	12	25	10	21	2	18
Sikkim	10	6	2	29	6	2	28	23	9	3
Maharashtra	4	7	8	9	17	23	11	6	5	14
Uttaranchal	13	8	5	15	18	6	25	10	7	19
Manipur	14	9	16	5	4	7	8	18	11	11
Chhattisgarh	16	10	16	18	9	21	2	2	17	26
West Bengal	26	11	9	19	20	8	17	15	20	8
Orissa	20	12	3	17	16	19	7	17	22	22
Meghalaya	23	13	16	21	7	3	6	13	27	1
Tripura	11	14	16	3	8	16	16	25	14	12
Assam	25	15	16	10	11	5	9	20	24	7
Madhya Pradesh	17	16	16	13	3	9	14	3	19	27
Andhra Pradesh	19	17	11	16	26	12	19	16	13	25
Nagaland	8	18	16	12	19	4	22	19	18	5
Arunachal Pradesh	27	19	16	7	2	26	4	26	26	15
Gujarat	9	20	6	25	22	22	13	14	16	28
Karnataka	7	21	16	11	24	20	18	24	15	16
Uttar Pradesh	24	22	16	27	21	1	27	4	25	20
Haryana	12	23	14	22	28	14	26	9	12	23
Rajasthan	18	24	7	20	13	28	5	5	21	29
Jharkhand	28	25	16	23	5	10	12	11	28	21
Punjab	15	26	15	24	29	13	29	8	10	9
Jammu & Kashmir	21	27	10	14	27	29	20	28	23	24
Goa	22	28	16	26	23	27	24	29	3	13
Bihar	29	29	16	28	15	24	15	7	29	17

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking for Education	Enrolment & Retention Related	NER - Primary	NER - Upper Primary	(Overall) Enrolment (Class I - VIII)	(GE) Enrolment (Class I - VIII)	(Overall) Enrolment with Disability	(GE) Enrolment with Disability	(Overall) Out of School	(GE) Out of School
Lakshwadeep	2	1	1	2	4	2	1	3	1	5
Puducherry	1	2	2	1	2	1	3	4	2	2
Chandigarh	3	3	4	4	5	4	2	1	5	3
Andaman & Nicobar Islands	4	4	3	3	3	3	5	2	3	1
Daman & Diu	5	5	5	6	6	6	6	5	4	4
Dadra & Nagar Haveli	6	6	5	5	1	5	4	6	6	6

Ranking ■ 1-2 ■ 3-4 ■ 5-6

Discrimination in schools persists affecting not only enrolment but retention rates as well. Children, find themselves squeezed out of the education system, or drop out of school, because of the situation of the schools, as well as because of their own socio-economic status.

Analysis of available data clearly indicates that it is some groups of children who find themselves excluded or pushed-out more than others. Many others are unable to make in-roads into schools because they are poor.

- Though Karnataka is ranked high in the overall education index, it also has the lowest performance when it comes to net enrolment at a primary level
- Despite some efforts made to reduce discrimination by introducing pre-metric and post metric scholarships for children from Scheduled Castes, Scheduled Tribes and Minorities, as well as for girl children, disparities in enrolment and retention remain.
- Children with disabilities and children with HIV/AIDS are thrown out, as are others with communicable diseases such as leprosy.

Tackling child labour is closely related with progress on basic education. There are many children who are not in school and also many who are enrolled but do not attend on a regular basis.

Fig 8.2: Ranking in Education vs. Enrolment & Retention

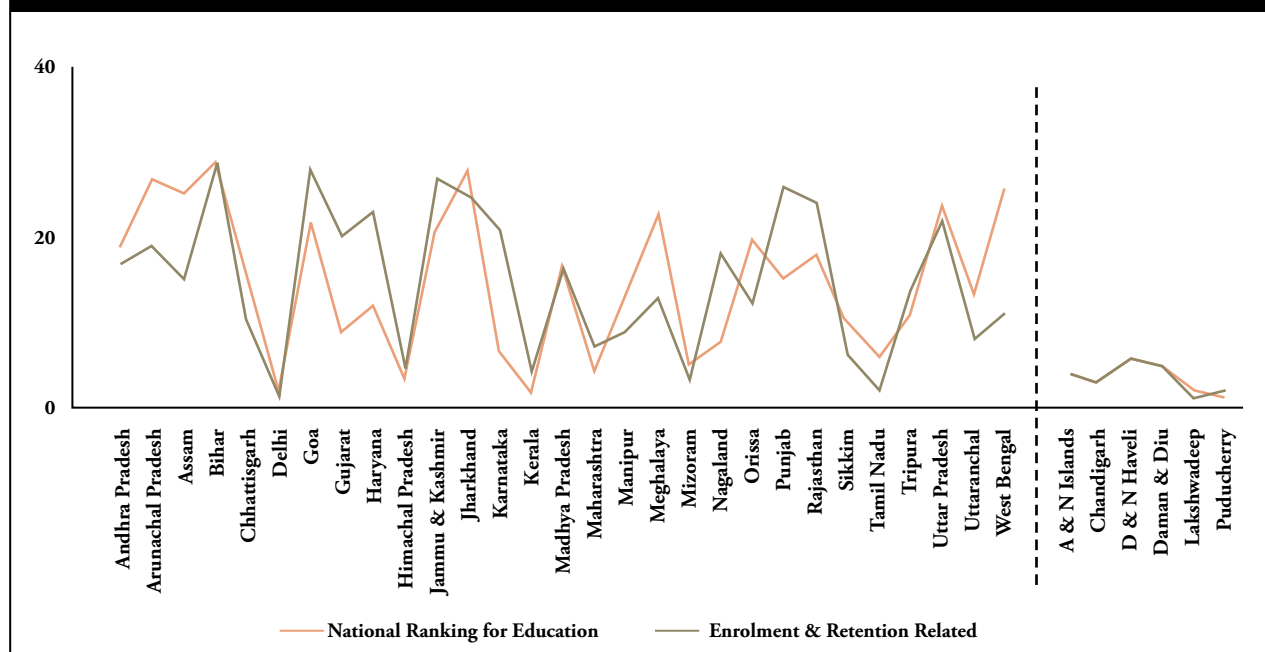
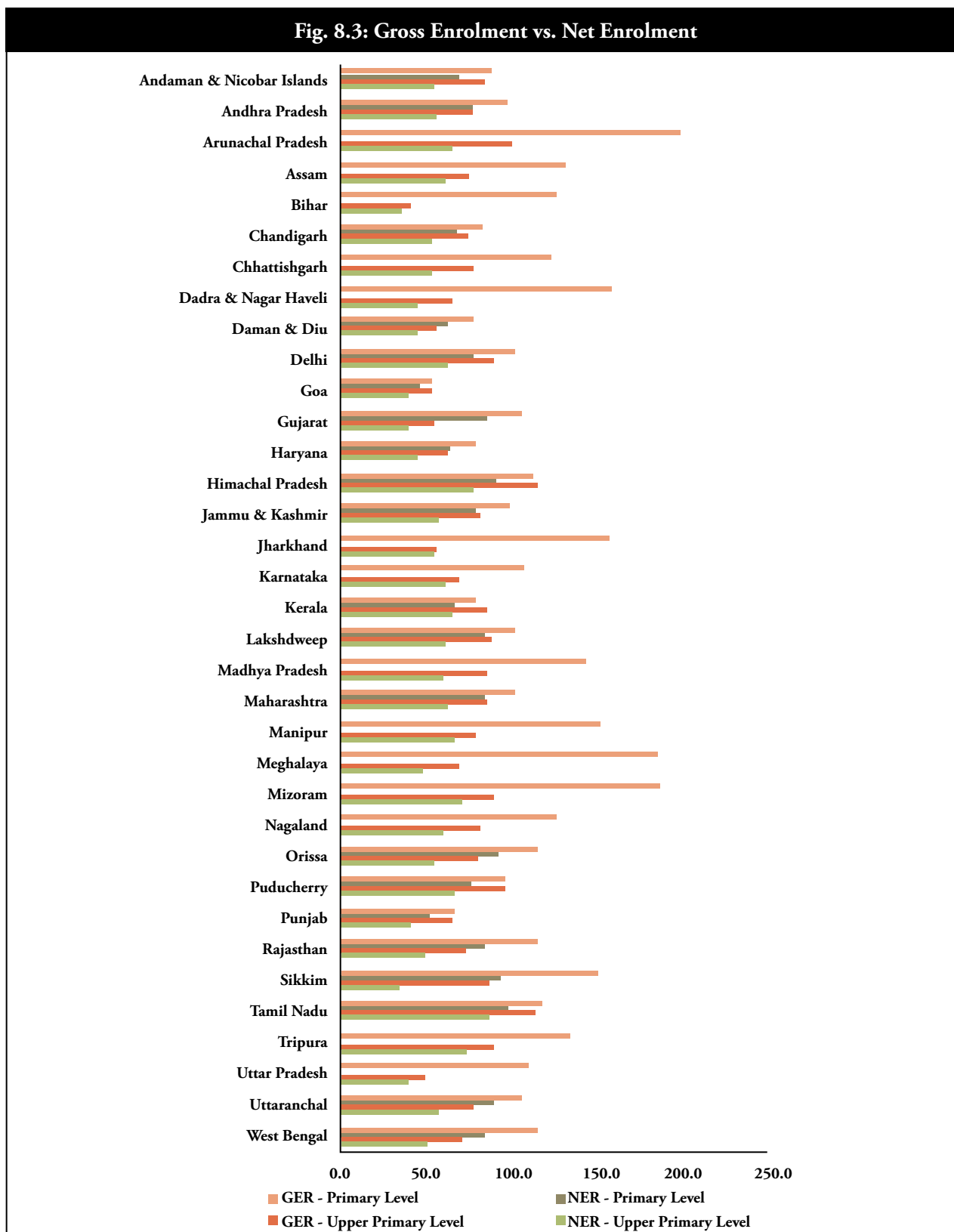


Figure 8.2 shows the ranking on enrolment and retention against the overall ranking on education. What is interesting to note is that 12 states and 1 of the union territories have a lower rank for enrolment in the index as compared to the overall education index.

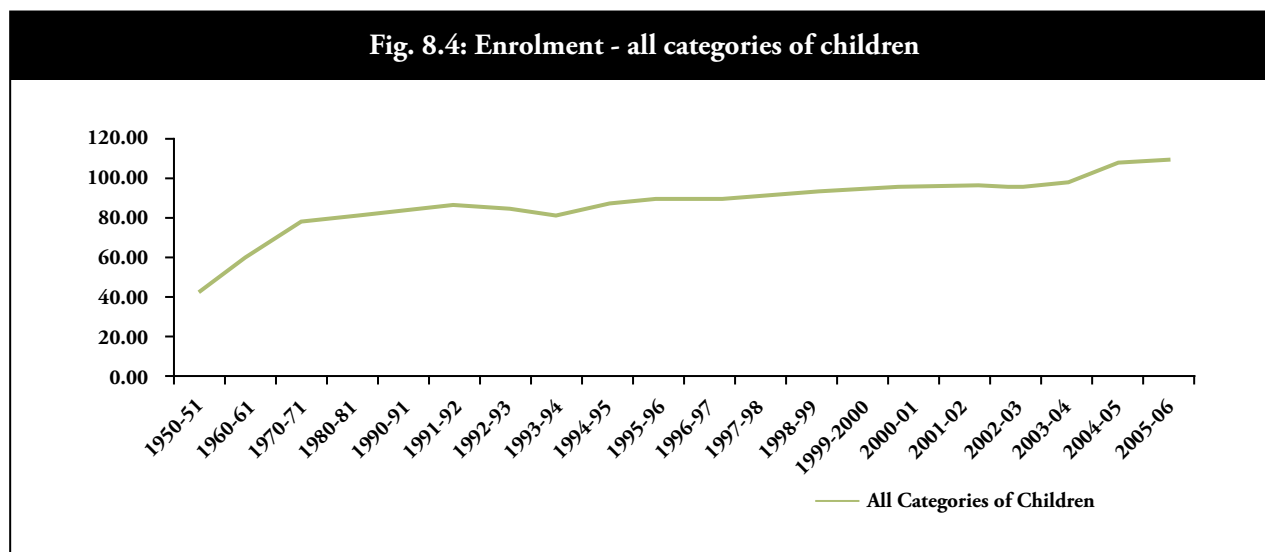
What is amply clear is that states have to pay far more attention to enrolment of children into schools and even more attention to ensuring that they are able to keep them there and that the children are able to move from one level to the next.

As mentioned earlier too, enrolment of children is measured in two ways: Gross Enrolment Ratio (GER) and Net Enrolment Ratio (NER)⁵. The difference between GER and NER can be seen in Figure 8.3. The fact that the NER differs and is lower than the GER goes to show that while children may be enrolled, as in their names registered in schools, we are not able to ensure that they actually attend school and continue. Unfortunately, while most states report GER which is easier to monitor, as many as 11 states and 2 UTs have not made NER data available for the primary level.



There is no doubt that over the years (1950-51 to 2005-06), there has been an improvement in the levels of enrolment and retention, although as Fig 8.4 shows there have been times when there have been dips. The reasons for these dips need to be investigated and understood so that they can be avoided in future.

But even as there has been an overall increase, there are discrepancies between different categories (i.e. with SC/ST children) that need to be corrected.



Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

Retention remains a Huge Challenge.

For retention we are looking at dropout rates from one stage to the other. So while there may be a huge increase in enrolment as we have seen above, children do not always make it to the next stage.

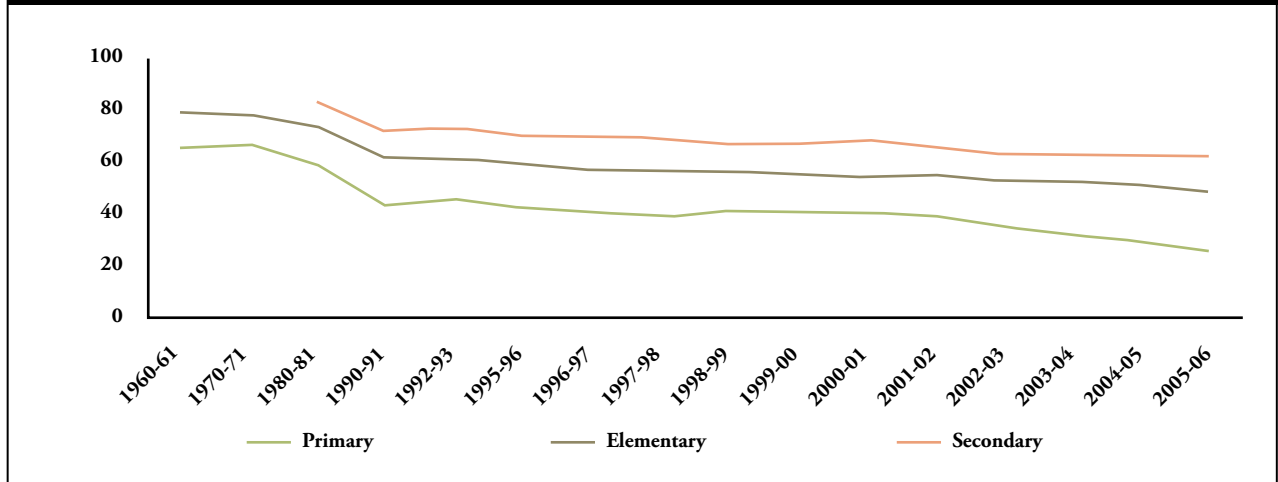
When India first committed to ensuring education for all children, very few actually went on to the upper-primary level (with 70 per cent dropping out between the primary and upper-primary levels). There seemed to be a gradual improvement over the years, till only 20 per cent didn't make it to upper-primary levels in 1990-1991, following which, there again was an increase in the children dropping out from one level to the next. Incidentally, that was also the year India moved into its phase of globalisation and liberalisation. Could this have perhaps had an impact on our children's education?

In the last 60 years, despite increased resources, several more commitments in policy and law, we have only been able to half the number of children who cannot move on to the next level of education. Should this not be a matter of concern?

Despite a decline, the drop-out rates are still too high to “attain the status of universalisation at the primary level of education”. Although the transition rate from primary to upper primary levels shows improvement, about 18 per cent children are still found to drop-out during this transition. While almost every child is found to transit from primary to upper-primary levels in the urban areas, that is not so in the rural areas. Needless to say more boys than girls made this transition.

- Arun Mehta, Elementary Education in India. Progress Towards UEE. Analytical Report 2005-06. Published in 2007

Fig. 8.5: Dropout rates of All Categories of Children



Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

What is more, just as in enrolment, the drop outs rates of girls, SCs and STs is higher than in the case of others, which shows that they are being pushed out of the system by their circumstances - a situation that needs to be corrected.

This is further validated by the government's own data on drop-out rates, where the dropout rates had substantially gone down at all levels till 1990-91 (Fig.8.5 shows 42.6 percent for primary, 60.9 per cent for elementary, 71.3 per cent) but thereafter, continued to decrease at a much slower rate.

Less Girls Enroll, More Drop Out - Less Stay in School

While overall rates of enrolment, both GER and NER have gone up, drop-outs have reduced and retention in schools have increased, the number of girls who are not enrolled or retained remains higher than that of boys. Table 6 gives the ranking based on gender inequality in education. While Delhi ranks first in ensuring gender equality, seeing Goa (taken as a progressive state) ranked amongst the worst in ensuring gender equality comes as a surprise.

The Gender-Equality-related index has the following components

- **Enrolment (I-VIII)**
- **Enrolment of the Disabled**
- **Out of School**
- **Percentage schools with Girls Toilets**

While the Gross enrolment rate has increased gradually over the years, there is a clear discrepancy between the rates of enrolment between primary vs. upper primary levels of education for boys vs. girls

Table 8.6: Gender Equality

State	Gender Equality-related Ranking
Delhi	1
Uttar Pradesh	2
Kerala	3
Punjab	4
Haryana	5
Sikkim	6
Nagaland	7
Uttaranchal	8
Tamil Nadu	9
Meghalaya	10
Maharashtra	11
West Bengal	12
Madhya Pradesh	13
Andhra Pradesh	14
Gujarat	15
Assam	16
Karnataka	17
Manipur	18
Mizoram	19
Jharkhand	20
Tripura	21
Himachal Pradesh	22
Chhatisgarh	23
Bihar	24
Goa	25
Orissa	26
Rajasthan	27
Arunachal Pradesh	28
Jammu & Kashmir	29
UT	Gender Equality-related Ranking
Chandigarh	1
Puducherry	2
Andamans & Nicobar Islands	3
Lakshwadeep	4
Daman & Diu	5
Dadra & Nagar Haveli	6

Fig. 8.6: GER: Boys vs. Girls

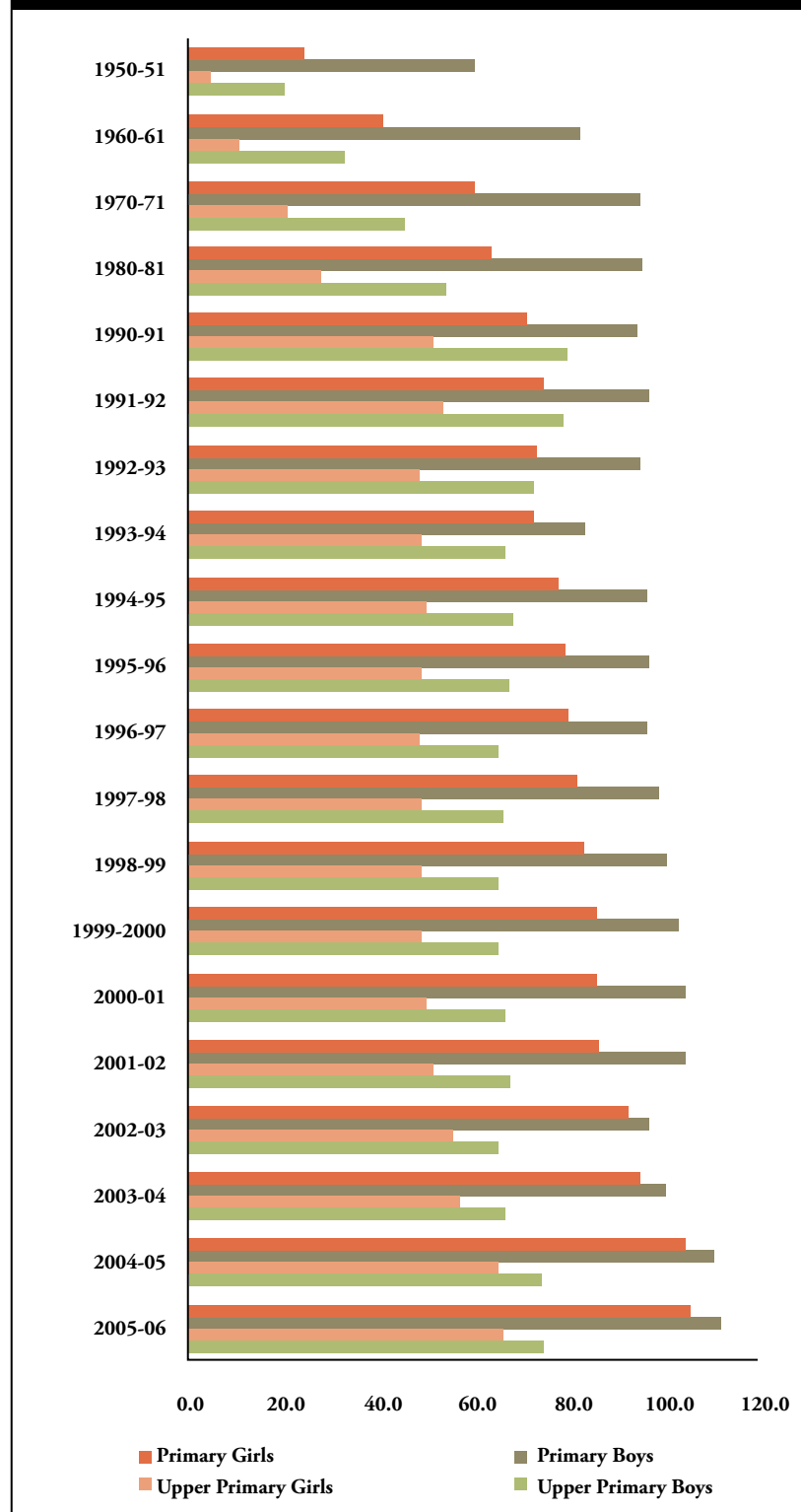


Table 7: Components of the Gender Equality Index

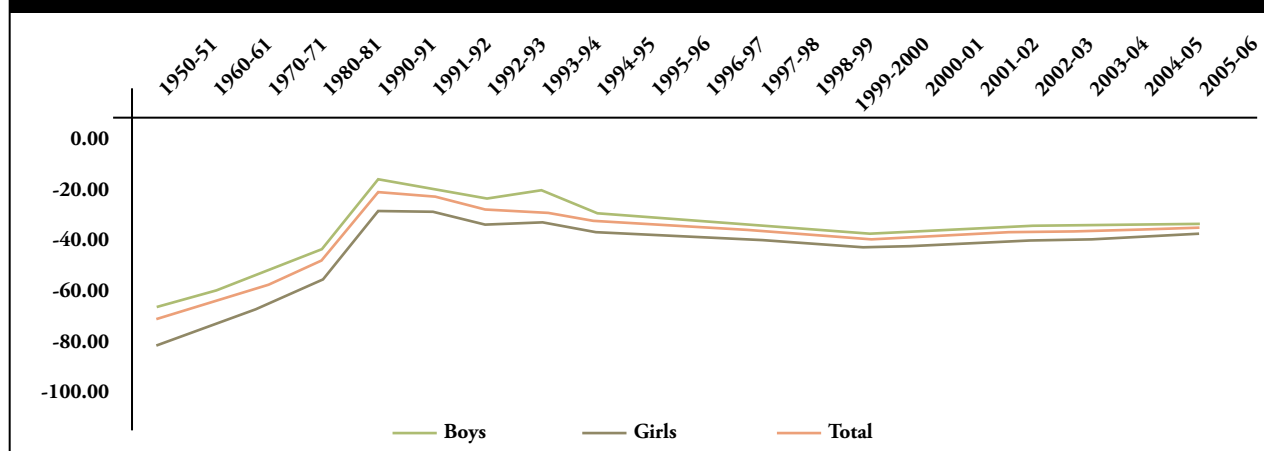
State	National Ranking for Education	Gender Equality-related Ranking	Enrolment (Class I - VIII)	Enrolment with Disability	Children Out of School	% Schools with Girl Toilets
Delhi	1	1	15	1	4	15
Uttar Pradesh	24	2	1	4	20	28
Kerala	2	3	11	12	2	9
Punjab	15	4	13	8	9	7
Haryana	12	5	14	9	23	19
Sikkim	10	6	2	23	3	6
Nagaland	8	7	4	19	5	16
Uttaranchal	13	8	6	10	19	27
Tamil Nadu	6	9	18	27	10	25
Meghalaya	23	10	3	13	1	24
Maharashtra	4	11	23	6	14	5
West Bengal	26	12	8	15	8	13
Madhya Pradesh	17	13	9	3	27	12
Andhra Pradesh	19	14	12	16	25	18
Gujarat	9	15	22	14	28	2
Assam	25	16	5	20	7	3
Karnataka	7	17	20	24	16	26
Manipur	14	18	7	18	11	11
Mizoram	5	19	17	22	6	22
Jharkhand	28	20	10	11	21	29
Tripura	11	21	16	25	12	23
Himachal Pradesh	3	22	25	21	18	17
Chhattisgarh	16	23	21	2	26	8
Bihar	29	24	24	7	17	21
Goa	22	25	27	29	13	4
Orissa	20	26	19	17	22	1
Rajasthan	18	27	28	5	29	14
Arunachal Pradesh	27	28	26	26	15	10
Jammu & Kashmir	21	29	29	28	24	20

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UT	National Ranking for Education	Gender Equality-related Ranking	Enrolment (Class I - VIII)	Enrolment with Disability	Children Out of School	% Schools with Girl Toilets
Chandigarh	3	1	4	1	3	1
Puducherry	1	2	1	4	2	2
Andaman & Nicobar Islands	4	3	3	2	1	3
Lakshwadeep	2	4	2	3	5	4
Daman & Diu	5	5	6	5	4	5
Dadra & Nagar Haveli	6	6	5	6	6	6

Ranking ■ 1-2 ■ 3-4 ■ 5-6

Fig. 8.7: Retention of All Categories of Children between Primary and Upper Primary Levels



Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

Discrimination based on Social Status

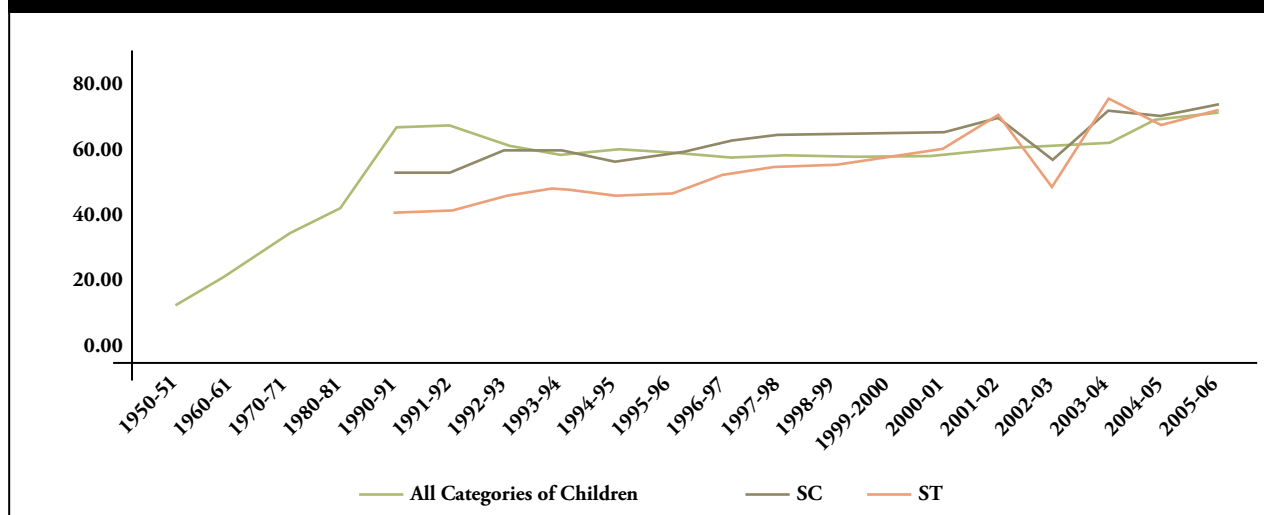
There is exclusion and discrimination faced by children based on gender and socio-economic status both in enrolment as well as in retention in schools. We have already seen that more boys than girls enrol in schools as well as stay in school (Fig.8.7 shows the retention of all categories of children across the schooling level). Clearly, like enrolment, retention rates favour boys to girls. What is more, along with gender, it is the socio-economic status that also determines who enrolls and who stays in. Children from some social groups like scheduled castes and tribes are disadvantaged.

Lower Enrolment Rate among SC and ST

Even as the enrolment rate is witnessing an increase, enrolment among marginalised groups such as the Scheduled Castes and Tribes continue to increase at a much lower than average Indian rate. Clearly discrimination continues despite several affirmative measures.

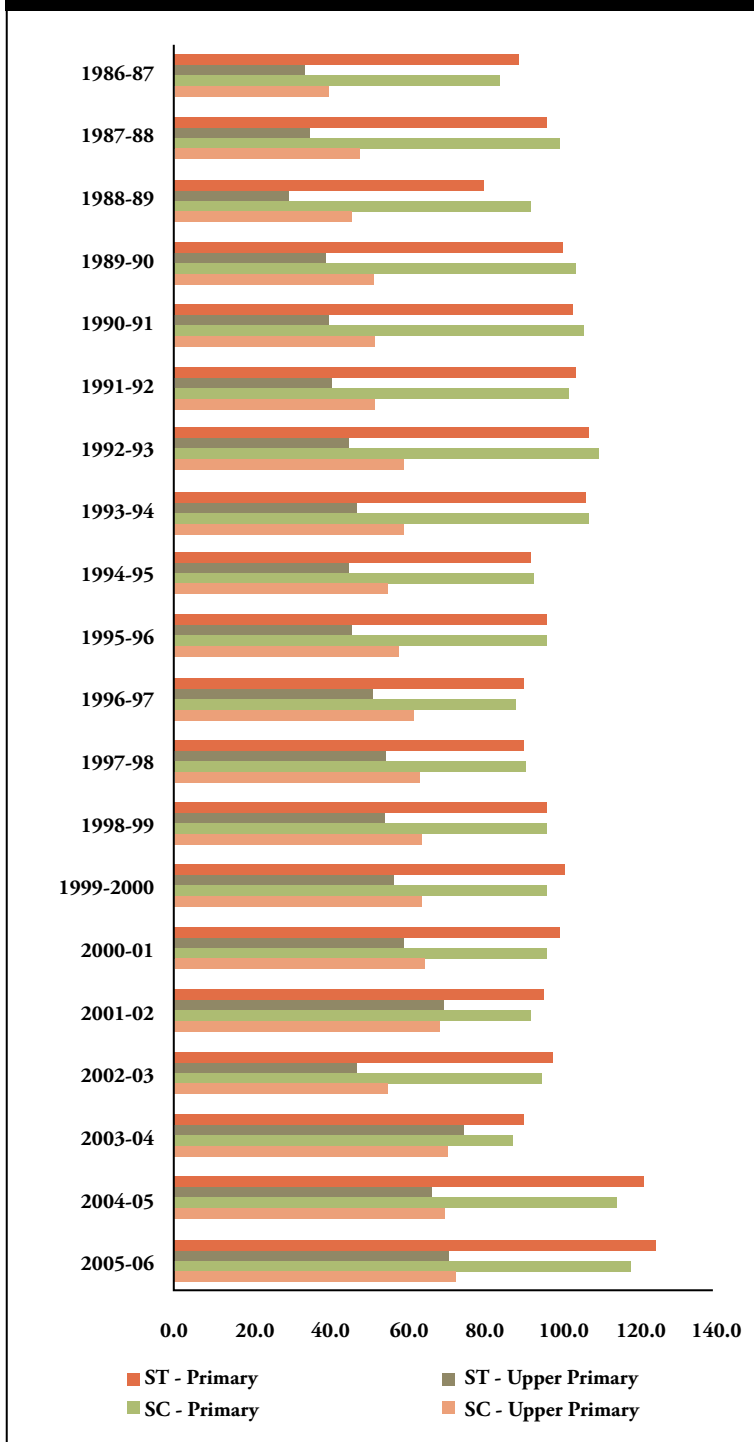
This disparity in enrolment is visible even within the marginalised groups where girls continue to be more marginalised.

Fig. 8.8: GER of All Categories of Children at Upper Primary Level



Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

Figure 8.9 : GER: SC and ST



Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

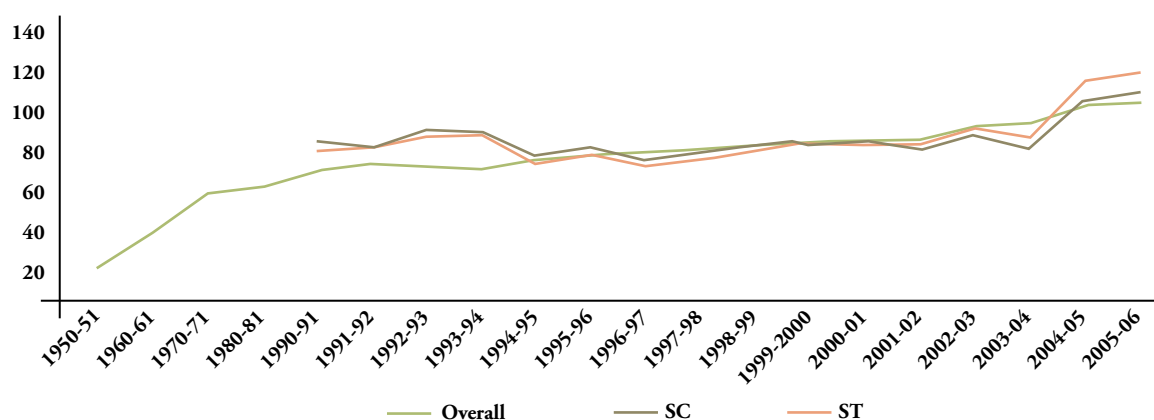
Table 8.8: Percentage change in Gross Enrolment from 1995-96 to 2005-06

	All Categories of Children	Schedule Caste	Schedule Tribe
Primary Level	23.5%	22.1%	29.8%
Upper Primary Level	19.7%	25.6%	53.8%

Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

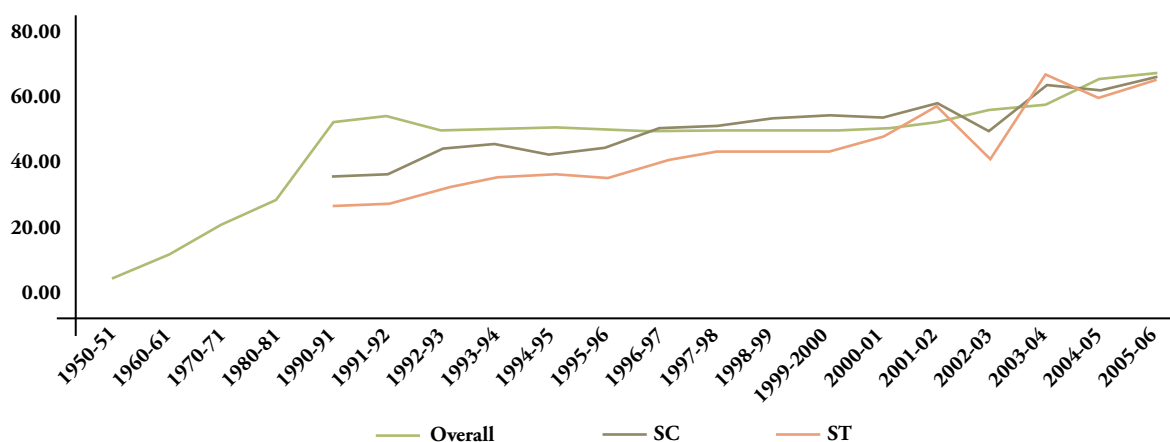
Yet again, be it by gender or socio-economic status, the marginalized continue to suffer even more.

Figure 8.10-A: GER for Girls at Primary Level



Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

Figure 8.10-B: GER of Girls at Upper-Primary Level



Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

THE TIMES OF INDIA

Midday meals cooked by dalits go waste

Akshaya Mukul, TNN Jun 7, 2011, 04.24am IST

NEW DELHI: dalit chief minister Mayawati has not changed the deep-seated caste bias in schools of Uttar Pradesh. In 40% schools of Shahjehanpur, Badaun and Pilibhit districts, teachers do not taste the mid-day meal food and students refuse to eat it since the cooks belong to lower caste.

The rot in MDM in these three districts is not confined to caste bias alone. It has also been found that in schools of urban areas of these three districts, roti and green vegetables are never given, in 80% schools there is difference between the number of actual students present in the class and the number of students who are shown to be availing of MDM. Also, in most of the schools in urban areas there are no utensils.

In rural areas of these districts, MDM supplies of 95% of the schools are kept at the pradhan's house from where they are brought to the school every day for cooking.

Disabled Children Continue to be Outside School

Inclusion of disabled children in education has always been a challenge. The Right to Free and Compulsory Education Act, 2009 Section 3 lays special emphasis on this, clearly stating that 'provided that a child suffering from disability... shall have the right to pursue free and compulsory education in accordance with the provisions of... the Act.' While some data on inclusion of disabled children is available, this pertains largely to children with physical disabilities. According to the eleventh five-year plan, at any given time, 7–15 per cent or 65 million Indian children suffer from significant mental disorder. Yet very little data is available on resources allocated to mentally disabled, in terms of facilities, special education teachers and so forth.

However, what is interesting to see is that many of the states which are performing badly on the general education index are relatively inclusive when it comes to disability, while some others such as Punjab, who are performing well in their overall index, are not paying as much attention to inclusion. Therefore even while looking at the overall index of inclusion in Table 8.9, it is important to match it with the overall performance of the state.

The Inclusion-related index has the following components:

- Enrolment of children with disabilities – Overall
- Enrolment of Children with disabilities – Gender Equality
- Percentage schools with ramps

To ensure inclusion of all children with disabilities in regular schools with special facilities for those with severe disabilities; to establish and recognise existing special schools and admission, testing and examination systems; to recognise learning disabilities and ensure alternative and flexible testing procedures.

National Plan of Action for Children 2005

Table 8.9: Components of the Inclusion-related Index

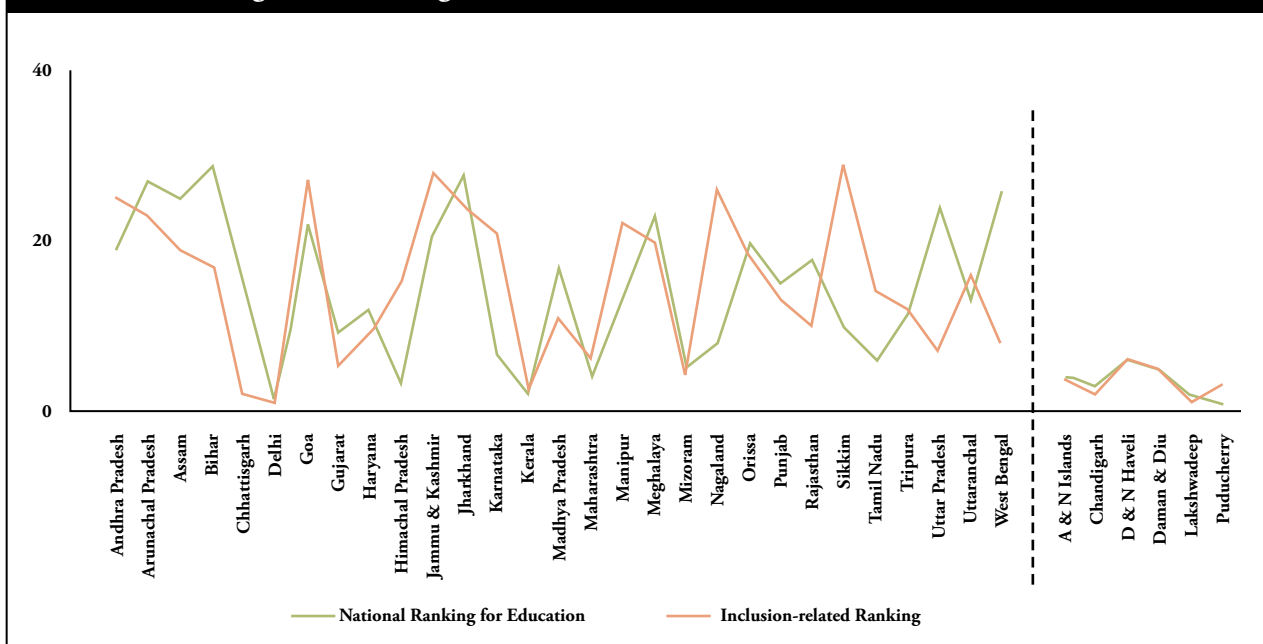
State	National Ranking for Education	In-clusion-related Ranking	(Overall) Enrol-ment with Disability	(GE) Enrol-ment with Disability	% Schools with Ramps
Delhi	1	1	23	1	2
Chhattisgarh	16	2	2	2	12
Kerala	2	3	3	12	4
Mizoram	5	4	1	22	15
Gujarat	9	5	13	14	1
Maharashtra	4	6	11	6	3
Uttar Pradesh	24	7	27	4	7
West Bengal	26	8	17	15	6
Haryana	12	9	26	9	5
Rajasthan	18	10	5	5	16
Madhya Pradesh	17	11	14	3	11
Tripura	11	12	16	25	8
Punjab	15	13	29	8	10
Tamil Nadu	6	14	21	27	9
Himachal Pradesh	3	15	10	21	14
Uttaranchal	13	16	25	10	13
Bihar	29	17	15	7	18
Orissa	20	18	7	17	20
Assam	25	19	9	20	21
Meghalaya	23	20	6	13	28
Karnataka	7	21	18	24	17
Manipur	14	22	8	18	24
Arunachal Pradesh	27	23	4	26	29
Jharkhand	28	24	12	11	27
Andhra Pradesh	19	25	19	16	23
Nagaland	8	26	22	19	25
Goa	22	27	24	29	19
Jammu & Kashmir	21	28	20	28	22
Sikkim	10	29	28	23	26

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking for Education	In-clusion-related Ranking	(Overall) Enrol-ment with Disability	(GE) Enrol-ment with Disability	% Schools with Ramps
Lakshwadeep	2	1	1	3	1
Chandigarh	3	2	2	1	3
Puducherry	1	3	3	4	2
Andaman & Nicobar Islands	4	4	5	2	5
Daman & Diu	5	5	6	5	4
Dadra & Nagar Haveli	6	6	4	6	6

Ranking ■ 1-2 ■ 3-4 ■ 5-6

Fig. 8.12: Ranking in Education Overall vs Inclusion of the Disabled



- The performance of states vis-à-vis their ranking ensuring inclusion of disabled children does not in all cases match their overall ranking. Table 8.9 clearly demonstrates that in fact it cannot at all be said that states that are performing well overall are also performing well in ensuring that right to education is also disabled friendly.
- Indeed West Bengal which is one of the 5 worst performing states in the overall education index, is actually among the better performing in its index on inclusion, while the Union Territory (UT) of Puducherry that performs best overall amongst all the Union Territories, loses its rank when it comes to inclusion.
- What is more, the worst performing state of Bihar in education comes up to 17th when it comes to inclusion. However, it needs to definitely provide better facilities to those enrolled with disabilities. The same can be said for states like Meghalaya and Jharkhand which have higher enrolment of the disabled but are lacking in infrastructure to support these children

Inclusive education has still a long way to go.

Why Children do not Stay in School

The National Plan of Action for Children 2005 had targeted that all children would be in school in the year of its adoption and achieve universal retention by 2010. Clearly we are very far from these targets still. Tilak (2010)⁶ attributes three reasons for this high drop-out rate in the country:

- Schools are not attractive;
- Economic constraints (poverty, direct costs of schooling and child labour) do not allow continuation in schools and
- Other reasons including lack of tradition in going to or continuing in schools.

In this section an attempt has been made to rank the states on the basis of “access” which includes distance, infrastructure and facilities, availability of teachers in the class etc.

From the very beginning, one of the challenges to providing elementary education in India has been the lack of adequate infrastructure and teachers. Single room and single teacher schools have been relied upon to ensure enrolment, education and retention. Schools under the trees still remain a reality.

Apart from lack of teachers, other serious problems remain on the supply side of education in India. Even the minimal infrastructure, such as proper classrooms, desks, toilets and drinking water is missing in a large number of schools. Because some schools have no toilets at all, and others have toilets that are so unpleasant, children either prefer to go outside rather than use them or not come to school at all. This indeed remains a reason for preventing girls from attending school. Safety in schools is also a serious issue across the country, with reports of many children struggling to learn in crowded, unsafe classrooms.

- (Right to Education Taskforce, Hundreds of primary students studying in dangerous classrooms, September 2006)

Access to Schools

It is by now well established that access to facilities is not just social, it is also physical. The preceding sections have addressed discrimination in education on the basis of gender, physical ability and social status. Therefore this section will concentrate only on the aspect of physical access in terms of availability of schools within a certain distance thereby ensuring children can reach it.

Access-related index has the following components:

- Student-Classroom Ratio
- Ratio of Primary/Upper-Primary Schools
- Distance from Cluster Resource Center (CRC): <1km from CRC; 1-5 km from CRC; >5 km from CRC (Note: DISE only uses this measure of distance)

Figure 8.13: Ranking for Education (Overall) vs. Access

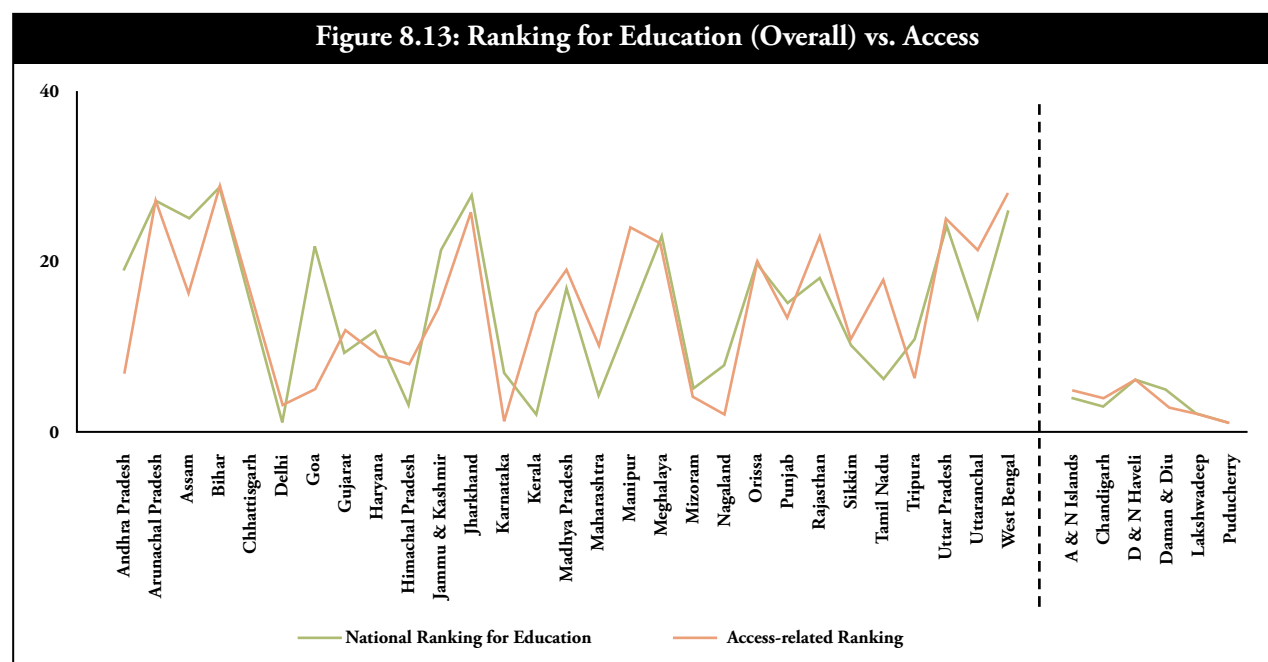


Table 9: Components of the Access-related Index

State	National Ranking for Education	Access-related Ranking	Student-Classroom Ratio	Ratio of Primary/Upper Primary Schools	<1km from CRC	1-5km from CRC	>5km from CRC
Karnataka	7	1	11	7	1	1	1
Nagaland	8	2	7	12	2	2	5
Delhi	1	3	10	5	3	3	2
Mizoram	5	4	4	2	4	4	24
Goa	22	5	7	15	5	13	3
Tripura	11	6	11	9	6	8	14
Andhra Pradesh	19	7	9	13	8	10	11
Himachal Pradesh	3	8	2	11	10	22	13
Haryana	12	9	12	4	11	15	15
Maharashtra	4	10	13	3	12	9	22
Sikkim	10	11	1	21	9	24	7
Gujarat	9	12	15	1	15	12	20
Punjab	15	13	9	9	14	25	9
Kerala	2	14	8	6	20	23	17
Jammu & Kashmir	21	15	3	11	24	28	8
Assam	25	16	16	20	7	16	6
Chhattisgarh	16	17	12	10	21	21	21
Tamil Nadu	6	18	11	15	19	20	18
Madhya Pradesh	17	19	14	15	16	18	19
Orissa	20	20	12	14	22	26	12
Uttaranchal	13	21	5	17	27	11	26
Meghalaya	23	22	4	19	23	17	23
Rajasthan	18	23	9	8	28	7	27
Manipur	14	24	6	16	29	19	25
Uttar Pradesh	24	25	17	15	25	27	10
Jharkhand	28	26	19	18	13	14	16
Arunachal Pradesh	27	27	6	23	18	5	29
West Bengal	26	28	18	24	17	6	28
Bihar	29	29	20	22	26	29	4

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking for Education	Access-related Ranking	Student-Classroom Ratio	Ratio of Primary/Upper Primary Schools	<1km from CRC	1-5km from CRC	>5km from CRC
Puducherry	1	1	2	3	1	1	2
Lakshwadeep	2	2	3	2	2	5	1
Daman & Diu	5	3	5	4	3	4	3
Chandigarh	3	4	4	1	4	6	4
Andaman & Nico-bar Islands	4	5	1	5	5	2	5
Dadra & Nagar Haveli	6	6	6	6	6	3	6

Ranking ■ 1-2 ■ 3-4 ■ 5-6

The National Plan of Action 1992 had envisaged:

an upper primary school/ section for every two primary schools.

The National Plan of Action for Children, 2005, states:

“All children in the 6-14 age group to have access to primary schools, upper primary schools or their alternatives within a distance of 1 km. and 3 kms respectively and all schools to have buildings, toilets, drinking water, electricity, playgrounds, blackboards and other basic facilities, with special attention to disadvantaged children.”

The distance of the school is usually measured from the habitation/locality or village. However, since we have used DISE data for this chapter, and it only provides data on distance from the Cluster Resource Centre (CRC), we have also used the same data for our analysis.

The distance and population norms for opening primary and upper primary schools vary from state to state.

Despite the government's effort to increase the number of children attending school, proper access to schools for all children remains a challenge. Children drop out of school, or find themselves squeezed out of the education system because of the situation of the schools, as well as because of their own socio-economic status. Analysis of available data clearly indicates that it is some groups of children who find themselves excluded or pushed-out more than others. Many others are unable to make in-roads into schools because they are poor. Figure 8.13 provides the ranking of the states on access against the overall ranking in education enabling a comparison of the two. It is interesting to see while some states such as Andhra Pradesh and Assam perform badly in the overall education index despite higher scores in access, Rajasthan, Uttaranchal and Tamil Nadu are the opposite.

- Several mountainous regions and tribal areas lack access to primary schools even within the distance of 2 to 3 kms . *Personal observation of Researcher while conducting field surveys in Uttar Pradesh, Jharkhand, Bihar, Himachal Pradesh.*
- While 95 per cent of the population in rural areas have gained access to schooling, nearly 10–15 per cent of the Scheduled Tribe (STs) and Scheduled Caste (SCs) groups in rural areas are still deprived of schools (given that in many states they continue to live in segregated hamlets).
- More than 50 per cent of population from backward caste groups are not served within the habitation in States such as Madhya Pradesh and Uttar Pradesh (*Status of Elementary Education in India (Draft), EDWATCH Survey 2010. National Coalition for Education.*)
- One fourth to one half of the ST habitations lack upper primary schools. (*Govinda, R. 2005, Elementary Education in India Promise, Performance and Critical Issues, Securing Rights, Citizen's Report on MDG, Wada Na Todo Abhiyan*).
- Overcrowding in existing schools: While the student-classroom ratio has seen a decline over the years, many states like Bihar and Jharkhand continue to see overcrowding

Improper Facilities – Ramps, Drinking Water, Toilets

As far back as 1987, India had initiated the Operation Blackboard Scheme under which each school was to be provided with **two classrooms and a verandah**. Over the years other programmes, such as District Primary Education Programme (DPEP) and SSA, were also meant to provide additional classrooms.

It has already been mentioned that children either do not come to the schools or drop out because of lack of facilities, even the most basic infrastructure such as all weather building, toilets or drinking water. Classrooms are over-crowded and many are single classroom schools in which children from different classes sit together as the teacher attempts ‘multi-grade teaching’.

The Facilities-related index has the following components:

- **Percentage schools with no building**
- **Percentage distribution of Single-Classroom schools**
- **Percentage schools with common toilets**
- **Percentage schools with girls toilets**
- **Percentage schools with drinking water facilities**
- **Percentage schools with ramps**

As with the other mini-indices, the ranking for provision of facilities does not necessarily match the overall ranking.

- Kerala performs best when it comes to providing facilities followed by Delhi.
- Meghalaya is by far the worst, ranking low in almost all the components.
- While further analyzing the scores, it was interesting to see the clear discrepancy in the ranking for schools with common toilets and those with girls’ toilets. Looking at the raw data provided by DISE, it seems that there is a significant amount of double-counting in those two categories, which is perhaps hindering a true assessment of how inclusive the schools are for the girl-child. We are however, limited by the data that is being made available to us.

DISE data clearly shows that drinking water facility is not available in cent percent in any category of school and 13.25 per cent schools are yet to provide drinking water to their students.⁷ (Mehta. 2010. 71) Barring Chandigarh and Tamil Nadu, not a single state has provided drinking water to all its schools. In fact, in states like Arunachal Pradesh, Assam, and Meghalaya, less than 70 percent schools have drinking water. What is more, the data on type of drinking water reveals that majority of schools do not have tap water, and there is an urban – rural divide. Majority (49.90) schools provide children with hand-pump water.

While 63 per cent of all schools across 624 districts had common toilets, only a little over 50 per cent schools had separate toilet for girls, and this is even lower in primary schools (42 per cent). There are more schools with common toilets in urban areas than in rural areas. Some states are particularly bad in ensuring girls toilets: Arunachal Pradesh, Assam, Meghalaya, Jammu Kashmir than 10 per cent schools have girls toilets.

The provision of ramps is still a low 34.19 per cent in primary schools and 40 in independent elementary schools (primary and upper primary).⁸ (Mehta. 2010. 83) In all categories of schools only 34.43 per cent have schools. Jharkhand, Dadra Nagar Haveli, Andhra Pradesh and Jammu & Kashmir have less than 10 per cent schools with ramps, with Dadra & Nagar Haveli with as low as 1.69 per cent schools with ramps.

Table 8.11: Components of the Facilities-related Index

State	National Ranking for Education	Facilities-related Ranking	% Schools with No Buildings	% Schools with Single Classroom Schools	% Schools with Common Toilets	% Schools with Girls Toilets	% Schools with Drinking Facilities	% Schools with Ramps
Kerala	2	1	7	3	23	5	5	4
Delhi	1	2	13	1	27	6	2	2
Gujarat	9	3	10	12	18	7	13	1
Haryana	12	4	6	9	29	1	6	5
Rajasthan	18	5	20	15	5	4	11	16
Uttar Pradesh	24	6	14	4	28	3	3	7
Punjab	15	7	15	13	25	2	4	10
Maharashtra	4	8	9	18	20	9	12	3
Himachal Pradesh	3	9	4	20	8	16	8	14
Madhya Pradesh	17	10	17	14	19	12	9	11
Goa	22	11	11	24	12	14	7	19
Uttaranchal	13	12	16	10	24	10	14	13
Tamil Nadu	6	13	2	28	14	8	1	9
Tripura	11	14	3	5	16	21	22	8
Karnataka	7	15	5	22	17	11	19	17
Chhattisgarh	16	16	25	16	6	25	15	12
Orissa	20	17	21	17	10	19	16	20
Jammu & Kashmir	21	18	19	23	7	22	24	22
West Bengal	26	19	27	21	15	18	21	6
Manipur	14	20	18	7	11	26	23	24
Nagaland	8	21	8	2	21	17	25	25
Mizoram	5	22	23	6	22	20	20	15
Sikkim	10	23	22	8	26	15	18	26
Arunachal Pradesh	27	24	1	27	1	27	27	29
Andhra Pradesh	19	25	26	26	13	13	10	23
Bihar	29	26	28	19	9	23	17	18
Jharkhand	28	27	29	11	4	24	26	27
Assam	25	28	12	28	2	28	28	21
Meghalaya	23	29	24	25	3	29	29	28

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking for Education	Facilities-related Ranking	% Schools with No Buildings	% Schools with Single Classroom Schools	% Schools with Common Toilets	% Schools with Girls Toilets	% Schools with Drinking Facilities	% Schools with Ramps
Puducherry	1	1	2	3	1	1	2	2
Lakshwadeep	2	2	3	2	2	5	1	1
Daman & Diu	5	3	5	4	3	4	3	3
Chandigarh	3	4	4	1	4	6	4	4
Andaman & Nicobar Islands	4	5	1	5	5	2	5	5
Dadra & Nagar Haveli	6	6	6	6	6	3	6	6

Ranking ■ 1-2 ■ 3-4 ■ 5-6

Table 11: Components of the Teacher-related Index

State	National Ranking for Education	Teacher-Related Ranking	% Schools with Single Teachers	% Schools with Para Teachers	Pupil-Teacher Ratio	Pupil-Teacher Ratio >100
Sikkim	10	1	2	2	1	4
Kerala	2	2	1	12	7	2
Nagaland	8	3	5	4	4	13
Tripura	11	4	3	13	7	10
Manipur	14	5	20	9	4	11
Maharashtra	4	6	10	6	10	7
Meghalaya	23	7	21	14	3	6
Gujarat	9	8	4	5	16	7
Tamil Nadu	6	9	7	3	14	12
Himachal Pradesh	3	10	14	23	3	3
Mizoram	5	11	6	26	1	7
Jammu & Kashmir	21	12	11	25	2	1
Andhra Pradesh	19	13	15	22	6	5
Karnataka	7	14	18	1	13	17
Haryana	12	15	9	20	11	14
Uttaranchal	13	16	22	15	9	16
Punjab	15	17	16	10	15	21
Chhattisgarh	16	18	23	19	11	18
Rajasthan	18	19	25	17	12	19
Madhya Pradesh	17	20	24	8	17	23
Assam	25	21	27	18	8	22
Delhi	1	22	28	11	8	8
Orissa	20	23	19	28	12	15
West Bengal	26	24	8	21	19	20
Goa	22	25	26	7	4	25
Arunachal Pradesh	27	26	28	24	5	9
Bihar	29	27	13	16	21	25
Jharkhand	28	28	17	29	18	24
Uttar Pradesh	24	29	12	27	20	25

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking for Education	Teacher-Related Ranking	% Schools with Single Teachers	% Schools with Para Teachers	Pupil-Teacher Ratio	Pupil-Teacher Ratio >100
Puducherry	1	1	2	5	2	1
A & N Islands	4	2	1	3	1	3
Chandigarh	3	3	3	4	4	2
Lakshwadeep	2	4	3	2	3	3
D & N Haveli	6	5	3	1	6	3
Daman & Diu	5	6	3	6	5	3

Ranking ■ 1-2 ■ 3-4 ■ 5-6

Teachers - No Teachers, Para-teachers or Absent Teachers

One cannot deny that there clearly is a scarcity of qualified teachers in schools. Delhi is currently performing very well overall in most of the indicators; however the issue of teachers is an area of concern.

The DISE report has found that although there has been improvement in the pupil teacher ratio, there continue to be 151 districts in the country that have a teacher-pupil ratio of over 40:1. Match this with a high student classroom ratio of 40:1 in 133 districts with some states having those high ratios in all category of schools. In Bihar it as high as 92 children and has Jharkhand, 70 children in a classroom in primary schools.⁹ (Mehta. 2010. 54)

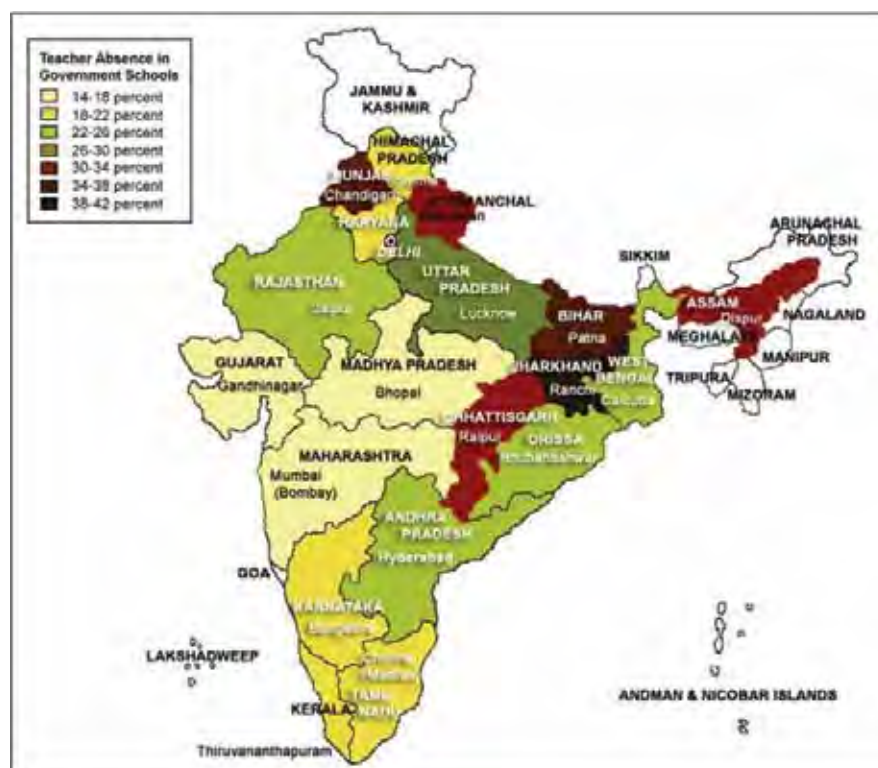
There are other problems as well. For example, according to DISE, the number of para-teachers in schools is an area of concern that needs to be accorded top priority. About 68,186 schools are left to para-teachers to manage them.¹⁰ (Mehta. 2010. xxxi) This is very high in the case of Rajasthan, Jharkhand, Assam. Puducherry, though performing well overall, loses rank when it comes to providing adequate teachers.

What is more, HAQ's status report on children 2002, (Children in Globalising India) referred to 'pay teachers' – persons paid to teach by regular teachers who do not report for duty and send in their substitute¹¹ (HAQ. 2002. 92). How are such schools functioning and what is the quality of education we are offering our children? As part of a World Bank Survey, the results showed that in India, one quarter of government primary school teachers were absent from school, but only about half of the teachers were actually teaching when enumerators arrived at the schools.¹² (Chaudhary *et al.* 2005. 1)

A World Bank survey found that 25 per cent of government primary school teachers in India are absent from work. Only 50 per cent of teachers are actually engaged in the act of teaching while at work, according to researchers. These statistics represent average numbers taken across many states. The numbers are not so harsh across all of India and several Indian states fare much better.¹³ It is often argued that teachers are badly paid and hence unwilling to work. Breaking this myth, the research found that better pay lowers absenteeism. Older teachers, more educated teachers, and head teachers have better salaries but are also absent more frequently, according to a related research paper on absence among Indian teachers. Also contract teachers are paid much less than regular teachers but have similar absence rates.

The Teacher-related index has the following components:

- Percentage of Single-Teacher schools
- Pupil-Teacher ratio
- Schools with Pupil-Teacher ratio > 100
- Percentage of Para Teachers



District Level Differences in Right to Education

The aim of the Child Rights Index was to concentrate on states; district level data was not analysed for all indicators. However, while analysing the performance of the states, and ranking them, some very stark district level differences emerged that validate and intensify the need to undertake much better district level planning. In not doing so, the country will fail to reach out to ALL CHILDREN in realising their right to education. Let us look at some of the components:

Net Enrolment Ration (NER)

There are some states that are ranked low in overall index and are not doing well in NER either. But it is important to identify the districts within these state that need special attention. Here are some examples:

- Both **Arunachal Pradesh** and **Uttar Pradesh** are ranked low in the overall education index, both are ranked 16 in NER. However, here are some districts that are crying out for help and need urgent attention:
 - Dibang Valley district of Arunachal Pradesh has the lowest NER at both the primary level (only 15) and at the upper primary Level (8.35).
 - Looking at the greatest drop of NER at primary level to Upper primary level, the TEN worst districts in India are all from Uttar Pradesh. For example, Chitrakoot district of Uttar Pradesh, claims to have a 100 NER at Primary level but only 13.6 at upper primary level, (a drop of 86.4 points.). Ghazipur shows a drop of 74.2 points, from a claimed 100 NER at primary level to 25.6 in upper primary level
- **Goa** has the lowest NER at the primary level, at 47.9. But one of its two districts, South Goa, has an even lower NER of 42.5
- **Sikkim** is the worst performing state for NER at the upper Primary level (with an NER of only 35.7.) However, what is even more discouraging is that 3 out of its four districts actually have an even lower NER: 25.1 in South Sikkim, 25.3 in West Sikkim, 25.6 in North Sikkim
- **Jammu & Kashmir** is performing not only low in the overall education index (ranking 21) and in Enrolment & Retention, Gender Equality and Inclusion indicators, it is ranked in the top ten states in terms of its NER, with a NER of 79.9 at the primary level. However, further analysis shows:
 - Of the 22 districts, **8 did not even report data**
 - Jammu: Kishtwar, Ramban, Reasi, Samba
 - Kashmir: Shopian, Bandipora, Ganderbal, Kulgam
 - Of the 14 districts that did report, 50 had a NER of below 50 at the upper primary level (3 had an NER of below 50 at the primary level).
 - NER at the **primary level** is as low as 39.7 in Srinagar (Jammu), 42.6 in Doda (Jammu), 50.2 in Anantnag (Kashmir)
 - NER at the **upper primary level** for the state is low (58.7). However, it is even lower in some of its districts:
 - NER at the upper primary level is as low as 30 in Doda (Jammu), 31.3 in Srinagar (Jammu), 38.5 in Anantnag (Kashmir), 39.3 in Udhampur (Jammu), 40.2 in Pulwama (Kashmir)
 - Kargil reported 100 NER and is the best performing district at the primary level, but this which drops to 71.5 in the upper primary level.

Many states and UTs that ranked high overall, have districts that are not performing well on many counts

- **Tamil Nadu** is ranked 6 in the overall education index and is ranked 1 overall in NER, both on the

primary (97.8) as well as upper primary level (88.1). However a breakdown by district level shows

- 14 of the 30 districts had an NER at the primary level below that of the state level; 12 reported at upper primary NER below the overall state level
- many of its districts have NERs as low as 46.8 for primary enrolment (Dharmapuri) as well as upper primary ratios as low as 45.4 in Karur, 47.3 in Cuddalore, 48.9 in Kanniyakumari and 53.6 in Dharmapuri
- **Kerala** is one of the best performing in education and ranked 4 in Enrolment and Retention. However, some of its districts are performing very poorly in terms of NER at the primary level:
 - The NER at the primary level is 45.6 in Pathanamthitta, 52.9 in Alappuzha.
 - In the upper primary NER, there are districts with ratios as low as 50.3 in Thiruvananthapuram, 50.6 in Pathanamthitta, 56.9 in Allappuzha.
- **Puducherry**, with 68.4 as the state NER in the upper primary level is the best performing state in this indicator. Yanam, is the highest performing in this category of all UT districts, with an upper primary level NER of 96.1 per cent
 - However, its district Mahe has an NER of only 57.1 at the upper primary level
- **Andman & Nicobar Islands** claim a state primary level NER of 69.8 and an upper primary NER of 55.7. However, looking at the district level data, one of its three districts did not report. The other two districts are both below the state level
 - South Andamans – 47.5 primary NER and 38.6 upper primary
 - Nicobar – 47.8 primary NER and 39.6 upper primary NER

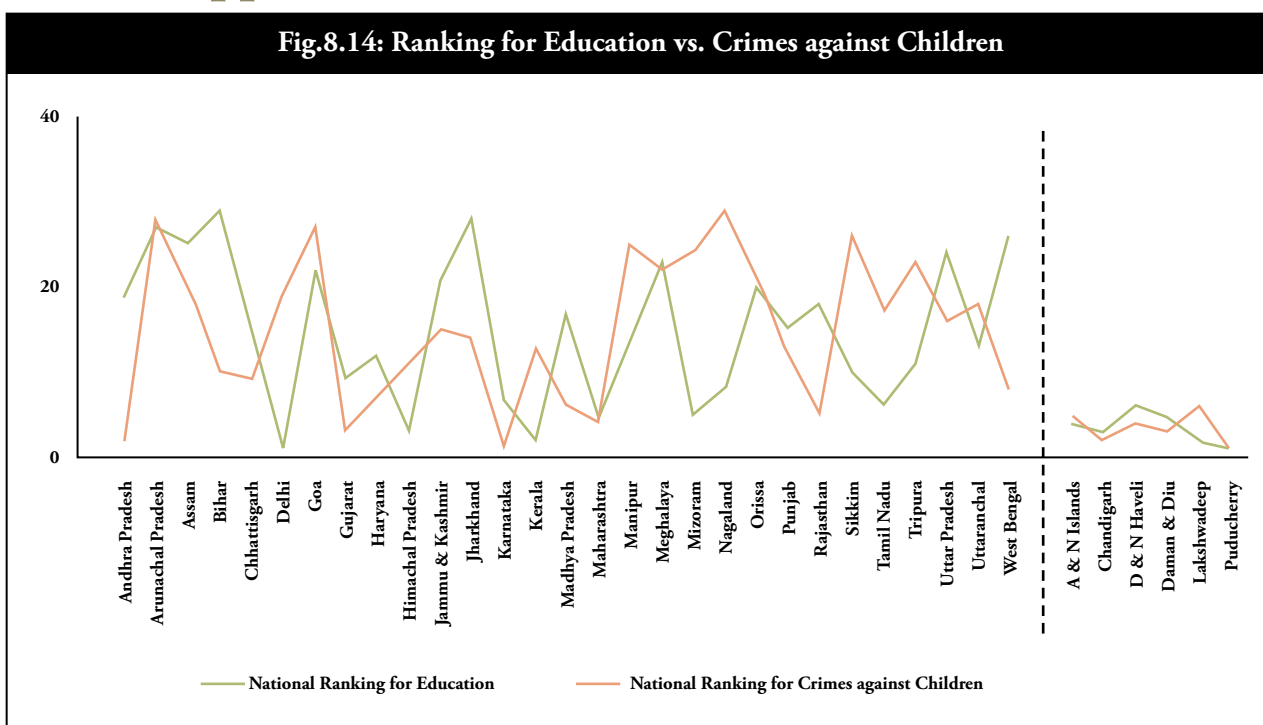
No building schools

- **Arunachal Pradesh** - at the state level claims that only 0.02 per cent of its schools have no buildings. A look at the district level data shows that **only 1 district actually seems to have reported at all!**
- **Andhra Pradesh** is one of the worst states in terms of school facilities.
 - Also, 92 per cent of schools in District Krishna do not have a school building, which is the highest percentage of any district in India.
- **West Bengal** is one of the poorest performing when it comes specifically to provision of school buildings with 16.2 per cent of schools with no buildings.
 - But some of its districts are worse performing than the state level: Silgiri district with over 50 per cent schools with no buildings is the worst. Other badly performing districts are Maldah (33.2 per cent), Howrah (32.8 per cent) and North twenty four Pargana (31.5 per cent)
- **Karnataka**, a high-performing state over all in education as well as schools with buildings, has only 0.66 per cent of schools with no buildings overall.
 - However, that percentage goes up to 4.9 per cent in Gadag and 4.1 per cent in Dharwad
- **Delhi** – While overall Delhi claims to have 1.5 per cent schools with no buildings, Northwest district is performing especially poorly, with 5.5 per cent schools with no building
- **Puducherry**, with 1.9 per cent schools with no buildings only, is ranked 2 in this category.
 - However, district Yanam which has the distinction of being the best performing district among all UTs for NER, performs lower than the state average 9.4 percent schools without toilets for girls.
 - Mahe is also much higher at 6.7 per cent schools with no buildings

Percentage of Schools with Girls Toilets

- **Arunachal Pradesh** has the worst performing of all districts when it comes to percentage of schools with girls toilets: 1.53 percent in Kurung Kumey.
 - **Other worst performing** districts are
 - Dhemaji in Assam (2.7 percent)
 - Ukhrul in Manipur (3.0 per cent)
 - South Garo Hills in Meghalaya (3.4 per cent)
 - Giridih in Jharkhand (3.96 per cent)
- **Haryana**, one of the best performing in overall education, as well as the best performing in this category, with 87.3 per cent of the state's schools having girl's toilets has one district that is drastically low: Mewat (58.8 per cent)
- 82.4 per cent of **Uttar Pradesh's** schools have separate girls toilets, making it also one of the top five performers in that category. However, many of its districts are below 50 per cent!
 - Hamirpur (46.8 per cent), Azamgarh (48.1 per cent), Jalaun (49 per cent), Sunatanpur (49.1 per cent)
- **Punjab**, another high performer in this category (86.1 per cent), has one particular district with a much lower percentage of schools with girl's toilets than the rest: Kapurthala (69.6 per cent)
- **Rajasthan**, with 79.3 per cent of its schools having separate girl's toilets, is one of the top 5 in this indicator. However, some of its districts are not performing as well: 60.8 per cent in Barmer, 63.9 per cent in Jodhpur, 65.5 per cent in Udaipur
- **Puducherry** is ranked very high, with 86.2 per cent of its schools having separate girls toilets. However, District Yanam is performing very badly, at 59.4 per cent
- A&N islands claim 73.8 per cent of its schools have girls toilets. However, Nicobar has only 51 per cent

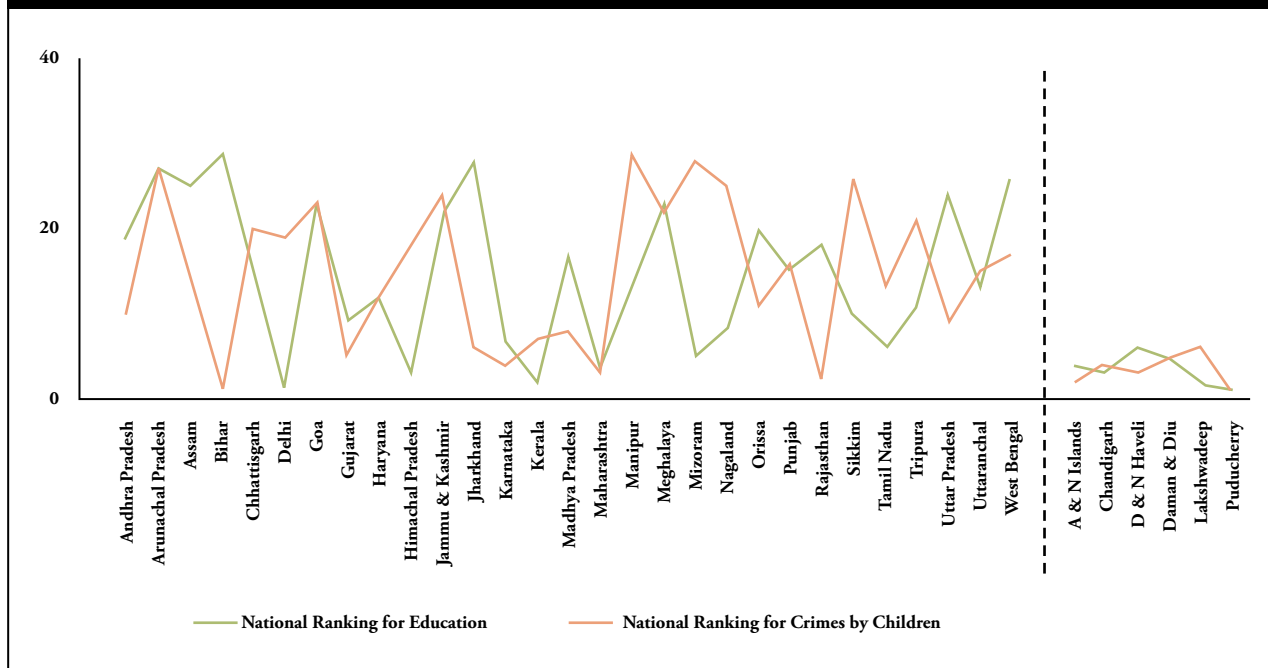
What Happens When Children are Denied Education?



Ensuring that every child is in school and is provided a quality education in a safe environment is a solution for a lot of vulnerabilities children in India are subjected to. It also ensures that they are not in a vicious cycle of poverty and deprivation. This section attempts to show how and why this premise is true by making the connection between the education index and the ranking in protection related indicators. Figure 14 enables us to see how when children are out of school they are susceptible to crimes against them.

A similar connection can be seen with respect to crimes by children themselves. **23 per cent of the total juveniles arrested during the year 2009 are illiterate and only 34.6 per cent have primary level education. These two categories have accounted for over 57 per cent of the total juveniles arrested in 2009**

Fig 8.15: Ranking for Education vs. Crimes by Children

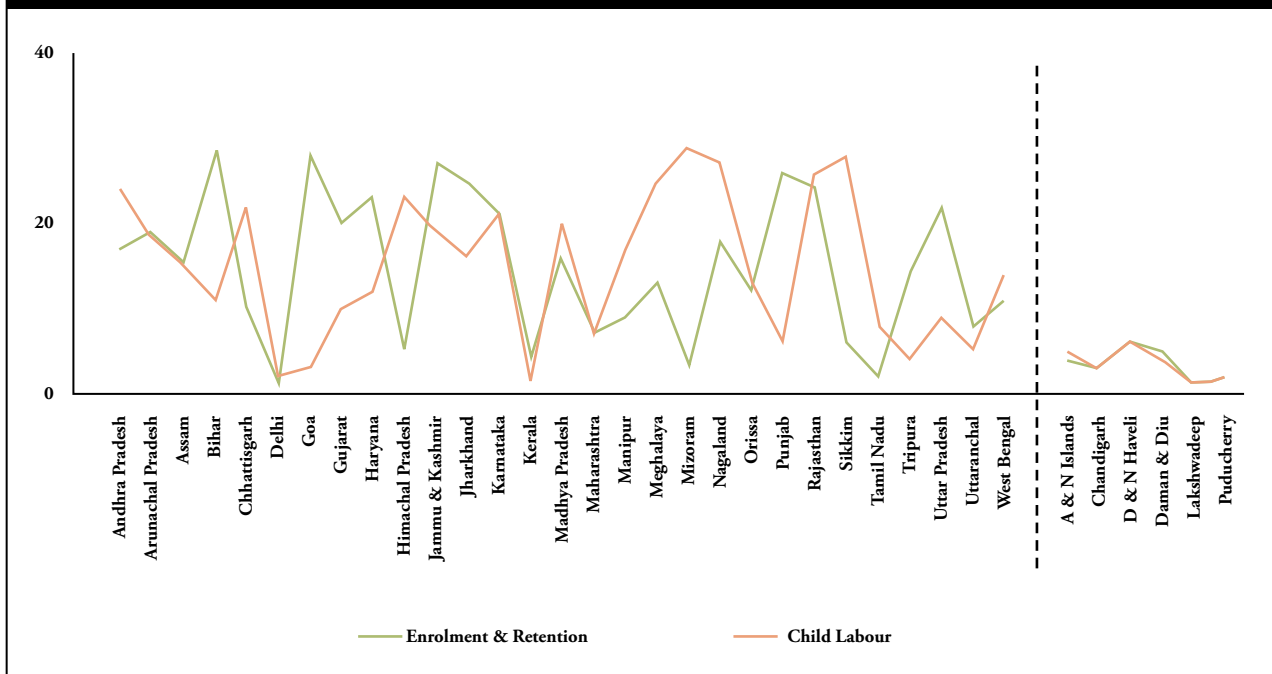


Child Labour and the Right to Education – A Contradiction

The strong correlation between lack of access to basic formal and quality education and the prevalence of child labour has been well established. Children who are out of school are at greater risk of being employed than children who are enrolled in school. As our index reveals as well, states that are better at enrolment and retention also rank higher in curtailing child labour.

India continues to have the highest number of child labourers in the world. The RTE unfortunately remains silent on child labour: While the RTE guarantees the right to free and compulsory elementary education to every child 6-14 years of age, the Child Labour (Prohibition and Regulation) Act 1986 (Child Labour Act) regulates child labour, making a distinction between hazardous and non-hazardous categories of work for children who haven't completed 14 years of age. The very nature of the Child Labour Act, which allows children to work in non-hazardous occupations and processes, becomes a vehicle for excluding children from realising their right to education. It stands as a direct contradiction to the fundamental right to free and compulsory education, as mandated by our Constitution as well as the RTE. Which only means that any attempt to give them access to education will be second rate, parallel non-formal education. More disappointing is the apathy with which these contradictions are accepted by the society at large.

Fig. 8.16: Index for Enrolment & Retention Vs. Child Labour



High level child labourism in Arunachal Pradesh

Thursday, August 11, 2011

Itanagar, Aug 11: There are over 100 child labourers in different establishments in Lower Dibang Valley district in Arunachal Pradesh, but parents and employers managed to foil efforts to identify them as such.

"There are more than 100 children working as labourers in the district who couldn't be established as child labourers," according to a report prepared by the district administration after an inspection under the Child Labour (Prohibition).

Inspection under the Minimum Wages Act 1948 and Payment of Wages Act 1936 was also taken up by the inspection team to pinpoint irregularities.

According to the survey conducted under CL(P&R) Act 1986, six were identified as child labourers while 45 others were suspected to be child labourers in 21 establishments during the inspection.

Show cause notices were issued to six employers, who

were directed to send the identified child labourers to government schools.

But the inspection programme has been halted after it was revealed that temporary children's shelters, rehabilitation centres and special schools for identified children did not exist in the district.

According to the survey conducted under MW Act, 1948 and PW Act, 1936, out of 21 establishments inspected, 14 were making payments below that prescribed by the state government and did not maintain records or registers of payments. Show cause notices were issued to them as well. The report said that as per the CL (P&R) Act 1986, no child below 14 years of age shall be employed or permitted to work in any factory or mine or engaged in other hazardous work.

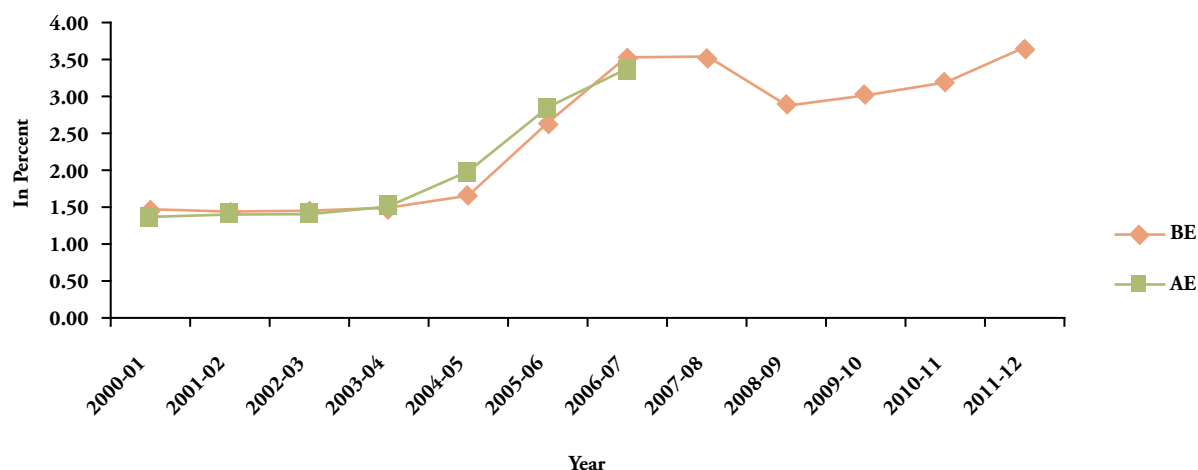
It has also to be seen that all children were given education till the age of 14 years and that they did not enter avocations unsuited to their age because of economic necessity, it added.

- PTI

Financing and Implementation of Education

In the Union Budget 2011-2012, the allocation for education (elementary and secondary) has seen an almost 30 per cent increase. However, the difference between the allocation and expenditure has been fluctuating in the period of 2000-07, as per the graph below. Despite contributing to creating the resources for education, large number of children still remains out of school. Since the last two subsequent annual Union budget (2009-10 and 2010-11) have failed to live up to the expectations of the promised Eleventh Five Year Plan allocations, this raises serious questions regarding the that government's seriousness to implement the Right to Elementary Education.

Fig. 8.17: Share of Allocation and Expenditure on Education in Union Budget 2000-01 to 2011-12



Source: Budget 2000 to 2007, Ministry of Finance, Government of India

Table 8.13: Cost Implication for Shortfall in RTE

Facility	Schools			Cost	
	% Shortfall	# Total	\$ Shortfall	Per Unit* (in Rs)	Total (in Rs lakhs)
Boundary Wall	48	817841	391092	NA	341102
Drinking Water	17	817841	137724	NA	50051
HM Office / Store Room	26	817841	208958	NA	519288
Kitchen Shed	19	817841	152854	NA	87621
Library in Primary School	44	659051	289851	NA	7058
Library in UPS	27	158790	42286	NA	4637
Separate Boys' / Common Toilet	9	817841	74832	NA	32515
Separate Girls' Toilet	29	817841	240002	NA	104262
Teachers for Classes 1-5			25769 4	NA	298486
Teachers for Classes 6-8			22824	NA	70813
Total					1515833

* Per Unit Costs vary by state. Total Shortfall for each item is aggregated from state level estimates.

Source: Paise Report 2010, Do Schools Get Their Money?, Accountability Initiative, at p.37 available at: <http://www.accountabilityindia.in/article/state-report-cards/899-do-schools-get-their-money-paise-report-2010>

The proposals do not indicate any special significance being attached to educat.

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The PAISA report has calculated the cost implication of implementing RTE Act:

Table 8.14: Estimated Costs for Implementation of RTE

	Number of Out of School Children	Number of Teachers	Number of Schools	Teacher Cost (Rs. Crore)	Classroom cost (Rs. Crore)	Other Infrastructure Cost (Rs. Crore)	Total Cost (Rs. Crore)
STATES							
Bihar	4,422,846	139,144	21,777	1,754.5	4,290.9	1,196.6	7,242.0
Uttar Pradesh	5,485,061	167,741	50,004	654.1	2,930.8	2,479.2	6,064.0
Andhra	1,117,126	32,615	26,430	75.5	1,210.9	1,440.7	2,727.0
Rajasthan	1,713,849	51,894	26,535	335.5	786.3	1,566.0	2,687.7
West Bengal	1,732,930	51,069	13,219	361.9	1,221.7	658.4	2,241.9
Gujrat	1,000,726	29,205	10,569	146.7	1,241.2	617.7	2,005.5
Orissa	951,038	28,204	14,543	120.4	929.9	863.0	1,913.3
Maharashtra	886,362	26,264	8,855	135.6	744.4	667.0	1,547.0
Karnataka	610,969	18,019	9,285	297.2	615.0	549.4	1,461.6
Madhya Pradesh	1,190,250	35,871	10,521	267.0	777.9	NA	1,044.9
Jharkhand	759,452	23,596	6,419	54.0	559.8	336.5	950.3
Chhattisgarh	434,780	12,924	4,574	117.1	362.5	269.0	748.6
Assam	400,978	11,983	6,131	162.8	249.6	294.4	706.8
Punjab	335,495	9,890	4,386	176.6	255.6	234.5	666.7
Haryana	303,588	9,227	2,576	217.0	239.1	111.3	567.4
Tamil Nadu	150,655	4,358	1,729	81.6	121.4	114.9	317.9
Uttaranchal	118,361	3,590	1,828	70.3	35.1	81.9	187.2
Tripura	62,447	1,874	786	14.5	35.9	99.8	150.2
Arunachal	28,834	915	464	10.1	18.8	42.3	71.3
Meghalaya	28,775	862	658	5.6	15.9	28.7	50.2
Himachal Pradesh	20,197	580	309	7.0	14.5	17.4	38.8
Kerala	24,121	778	93	13.1	19.3	4.8	37.2
Manipur	19,404	579	311	8.2	NA	12.9	21.1
Nagaland	4,850	142	77	2.3	5.2	3.0	10.5
Sikkim	3,272	96	51	2.7	1.7	1.7	6.1
Goa	5,578	186	93	1.4	NA	4.5	5.9
Jammu & Kashmir	82,143	2,527	566	5.3	NA	-	5.3
Mizoram	2,629	78	35	0.9	2.2	1.8	4.8
UNION TERRITORY							
Dadra & Nagar Haveli	4,558	139	22	NA	NA	1.3	1.3
Daman & Diu	632	19	15	NA	NA	0.9	0.9
Puducherry	2,395	71	3	NA	NA	0.2	0.2
Chandigarh	2,307	65	37	NA	NA	NA	-
Delhi	8,054	243	122	NA	NA	NA	-
Andaman & Nicobar Islands	1,398	41	22	NA	NA	NA	-
Total	21,916,059	664,288	211,776	5,099	16,685	11,700	33,484

Number of teachers calculated using PTR 30 for standard I-V

Sample was not available for shaded cells, Enrolment of 30 for Primary and 40 for Upper primary has been applied to calculate number of schools.

Table 8.15: Percentage of Private Schools	
State	Percentage of Private Schools
A & N Islands	11.70
Andhra Pradesh	21.03
Arunachal Pradesh	4.75
Assam	19.15
Bihar	1.82
Chandigarh	37.50
Chhatisgarh	7.95
D & N Havelli	6.25
Daman & Diu	10.20
Delhi	37.12
Goa	27.21
Gujarat	15.18
Haryana	16.95
Himachal Pradesh	12.93
Jammu & Kashmir	20.62
Jharkhand	5.06
Karnataka	19.17
Kerala	58.84
Lakshwadeep	0.00
Madhya Pradesh	17.51
Maharashtra	29.27
Manipur	34.68
Meghalaya	62.15
Mizoram	17.28
Nagaland	26.48
Orissa	9.70
Puducherry	36.98
Punjab	7.58
Rajasthan	22.00
Sikkim	24.17
Tamil Nadu	33.71
Tripura	4.15
Uttar Pradesh	24.71
Uttaranchal	17.66
West Bengal	17.89
All States	19.50

Mehta, Arun. 2010. Elementary Education in India, Progress Towards UEE. Analytical Report 2007-2008. National University of Educational Planning and Administration 2010.

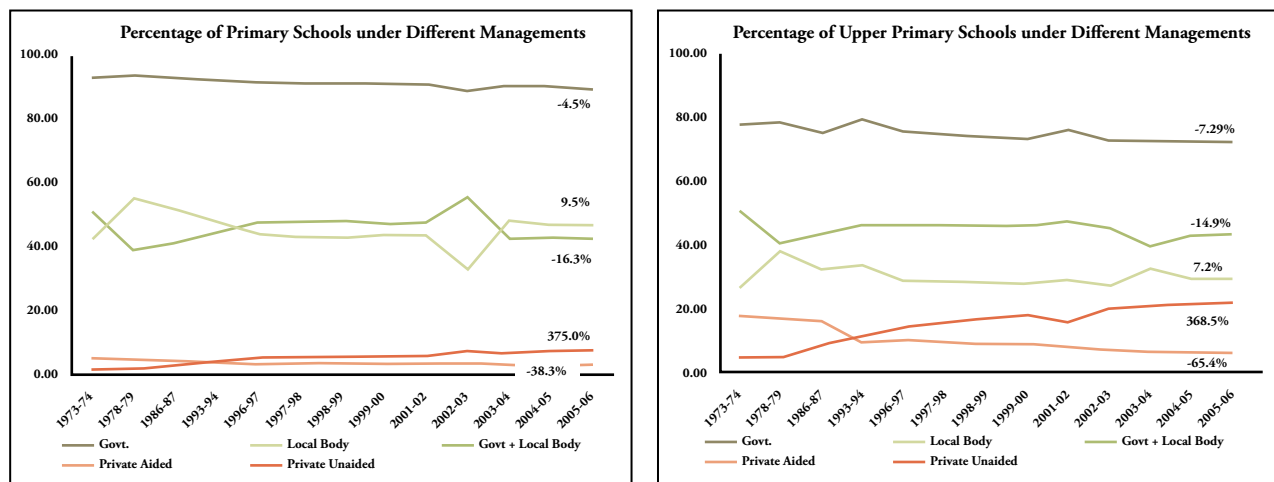
Growing Dependence on the Private Sector

With the poor standard of many government schools, there is an increasing dependence on market forces to fill the educational deficit.¹⁴ (Nigam. 2005) This is leading to a situation, described by P. Sainath, the acclaimed journalist, as one where “your educational attainment has very little to do with your quality as a student and everything to do with your ability to pay”.¹⁵ (Nigam.2005) The ASER 2007 report shows how enrolment in private schools increased from 18.7 per cent in 2006 to 19.3 per cent in 2007.¹⁶ (Pratham. 2007. 44) This rise in private school enrolment is particularly noticeable in the older 11 – 14 age group.¹⁸ (Pratham. 2007. 44)

DISE report 2007-08 shows that almost 20 per cent of the schools surveyed were privately managed.

Looking at recent educational statistics, there has been a 375 per cent increase in private (un-aided) primary schools and a 368.5 per cent increase in private (un-aided) upper-primary schools, (referred to as public schools in India)

Fig. 8.18: Percentage of Schools under Different Managements



Source: Education Statistics available at <http://www.education.nic.in/stats/Timeseries0506.pdf> accessed on 01/04/2011

The DISE survey has found that in a few states, led by Meghalaya (62.15 per cent) followed by Kerala (58.84 per cent), the percentage of schools by private managements (aided and unaided together) is higher than the national average (19.50 per cent)¹⁶ (Mehta. 2010. 40), although it does not make it the best in the overall index on education. The other states with higher private management schools include Delhi (37.12 per cent) Jammu and Kashmir (20.62 per cent), Karnataka (19.17 per cent), Maharashtra (29.27 per cent)¹⁹ (Mehta. 2010. 41). Even the poor performing states of Rajasthan and Uttar Pradesh show a higher than national average dependence on the private sector.

Conclusion

Education is the one issue of all child rights issues that has received the maximum attention so far, including the maximum share of the allocations. But it is clearly not enough if the aim of universal education for all is to be achieved. The state level rankings help us to identify not only those states that need more attention, but also the ranking of the different indicators help identify the areas that need it. Further, disaggregation is required to identify those districts that are poor performing and the groups of children that remain unreached.

We are indeed a long ways away from securing our children's fundamental right to education.

Endnotes

1. Tilak, Jandhyala B G. 2010. India ranked at 105 in the Education for All Development Index. Norrag. NN43 February, 2010. <http://www.norrag.org/issues/article/1302/en/india-ranked-at-105-in-the-education-for-all-development-index.html?PHPSESSID=a02be85225d91552f39b23b1370009ee>. (accessed on 2 June 2011)
2. Saxena, Dr. N.C. and Mander, Harsh. 2007. Seventh Report of the Commissioners of the Supreme Court. In the case: PUCL v. UOI & Ors. Writ Petition (Civil) No. 196 of 2001. November 2007, p. 43
3. UNESCO. 2008. Education for All by 2015 Will we make it? Education for All (EFA) Global Monitoring Report 2008. UNESCO. Paris. p. 228
4. Saith, Ashwani. 2006. From Universal Values to Millennium Development Goals: Lost in Translation. *Development and Change*. 37(6). pp. 1167–1199. http://www.impactalliance.org/ev_en.php?ID=29640_201&ID2=DO_TOPIC (accessed on 30 October 2011)
5. Gross Enrolment Ratio (GER) is defined as the percentage of enrolment in classes I-V and VI-VIII and/or I-VIII to the estimated child population in the age groups 6-11 years and 11-14 and/or 6-14 years respectively. The Government admits that in computing GERs both under-age (6 years) and over-age (11-14 years) children get included and therefore the total percentage is more than 100 per cent in some cases. It must be pointed out here that the under-aged and over-aged children account for almost 20 per cent of the GERs. Also, the GER's do not take into account the low school attendance rates, which range between 50-70 per cent. In such a situation, the Net Enrolment Ratios would certainly be a better measure and would also reveal a more accurate picture.
6. Tilak, Jandhyala B G. 2010. India ranked at 105 in the Education for All Development Index. Norrag. NN43 February, 2010. <http://www.norrag.org/issues/article/1302/en/india-ranked-at-105-in-the-education-for-all-development-index.html?PHPSESSID=a02be85225d91552f39b23b1370009ee>. (accessed on 2 June 2011)
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8. Ibid. p. 83
9. Ibid. p. 56
10. Ibid. p. xxxi
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Annexure

Education

Elementary Education

For General children

1. District Primary Education Programme
2. Kasturba Gandhi Swantantra/ Balika Vidyalaya
3. Mahila Samakhya
4. National Bal Bhavan, New Delhi
5. Mid Day Meal Scheme (Nutritional Support to Primary Education)
6. Sarva Shiksha Abhiyan
7. Strengthening of Teacher Training Institutions

For Muslim children

8. Scheme for Providing Quality Education in Madrassas (SPQEM)
9. Scheme for Infrastructure in Development in Minority Institutions (IDMI)

Secondary Education

For General Children

10. Access and Equity
11. Central Tibetan Schools Society Administration
12. Information Communication. Technologies
13. Integrated Education for Disabled Children
14. Kendriya Vidyalaya Sangathan
15. National Scholarship Scheme
16. Navodaya Vidyalaya Samiti
17. Other Programmes
18. Quality Improvement in Schools
19. Scheme for Universal Access and quality at the secondary school (SUCCESS)
20. National scheme for incentive to Girls for secondary education (SUCCESS)
21. Special Jawahar Navodaya Vidyalaya
22. New Model Schools
23. Rashtriya Madhyamik Shiksha Abhiyan (RMSA)
24. Scheme for Setting up of 6000 Model School at Block Level as Benchmark of Excellence
25. Inclusive Education for the Disabled at Secondary Education (IEDSS)
26. Vocationalisation of Education
27. Scheme for construction & running of girls Hostel for students of Secondary & Higher Secondary Schools
28. Appointment of Language Teachers
29. National Means Cum Merit Scholarship Scheme for studying in Classes XI-XII less amount met from

Social Infrastructure Development Fund

30. Grant to Rural School for Development of Playfield
31. Incentives for Promotion of Sports Activities
32. National Merit scholarships
33. National Programme for Youth & Adolescent Development
34. Physical Education Grants to NCC/Public Residential Schools
35. Common Programme - SC, ST & Backward classes

For SC & OBC Children

36. Pre-matric Scholarship Scheme for SC
37. Pre-matric Scholarship Scheme for Back ward classes
38. Girls Hostels for SC
39. Boys Hostels for SC
40. Boys and Girls Hostel from Backward classes
41. Other Programmes for welfare of SC
42. Other Programmes for Backward Classes
43. Post matric scholarship schemes for SC
44. Post Matric scholarship schemes for Backward Class

For ST Children

45. Ashram Schools in Tribal Sub-Plan Area
46. Schemes--PMS, Book Bank, etc. (ST)
47. Schemes of Hostel for ST Girls & Boys
48. Additional Central Assistance (ACA) for Educational Development of Tribal Children in Schedule V areas & Naxal affected areas
49. Pre-matric Scholarship Scheme for ST students

For Minority Children

50. Pre-Matric Scholarship for Minorities
51. Free Coaching and Allied Scheme for Minorities
52. Post Matric Scholarship for Minorities

Crime and Justice

SPOTLIGHT ON CRIME AGAINST CHILDREN

1

There has been a 120 per cent increase in crimes against children between 1999 and 2009; 60.5 per cent in the last five years alone. This when there is no data available for some of the crimes in 1999 and 2009. *(National Crime Records Bureau, 1999-2009)*

2

India has the highest incidence of child sexual abuse in the world. Child rape has increased by 70.25 per cent between 1999 and 2009.

3

The crimes related to trafficking of girls has seen a 31 per cent increase. *(National Crime Records Bureau, 1999-2009)*

4

Although infanticide is on the decrease, it still occurs.

5

India is the main destination of “alarming flows” of cross border trafficking in South Asia, says the study by global child rights group ECPAT International (<http://www.d-sector.org/article-det.asp?id=428>)

Introduction

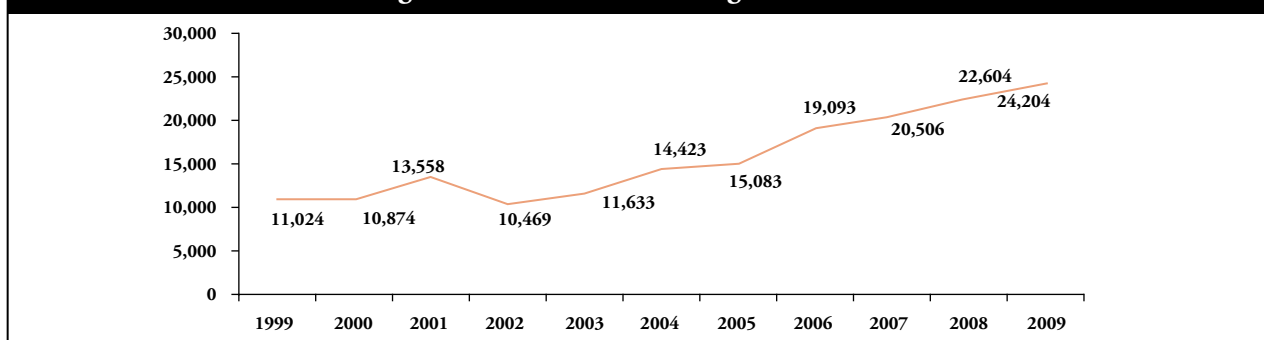
Violence against children occurs across all social groups and classes, and is indeed seeing an increase over the years. This could be both because of increase in incidence and also increase in reporting of crimes. Factors such as growing industrialisation, liberalisation, urban bias, interstate and rural-urban migration, economic poverty, breakdown of family and community values and support systems etc., have resulted in children being the most marginalised and vulnerable victims.¹ (MWCD. 2007a) However, the fact remains that many more cases still go unreported and hence unrecorded because of fear of stigmatisation. Twenty years after the Convention on the Rights of the Child, some crimes against children are still not covered under existing legislations in India.

“No violence against children is justifiable; all violence against children is preventable.”

—*Paulo Sérgio Pinheiro, U.N. Secretary-General Kofi Annan, Report on the Global Study on Violence Against Children in 2003.*

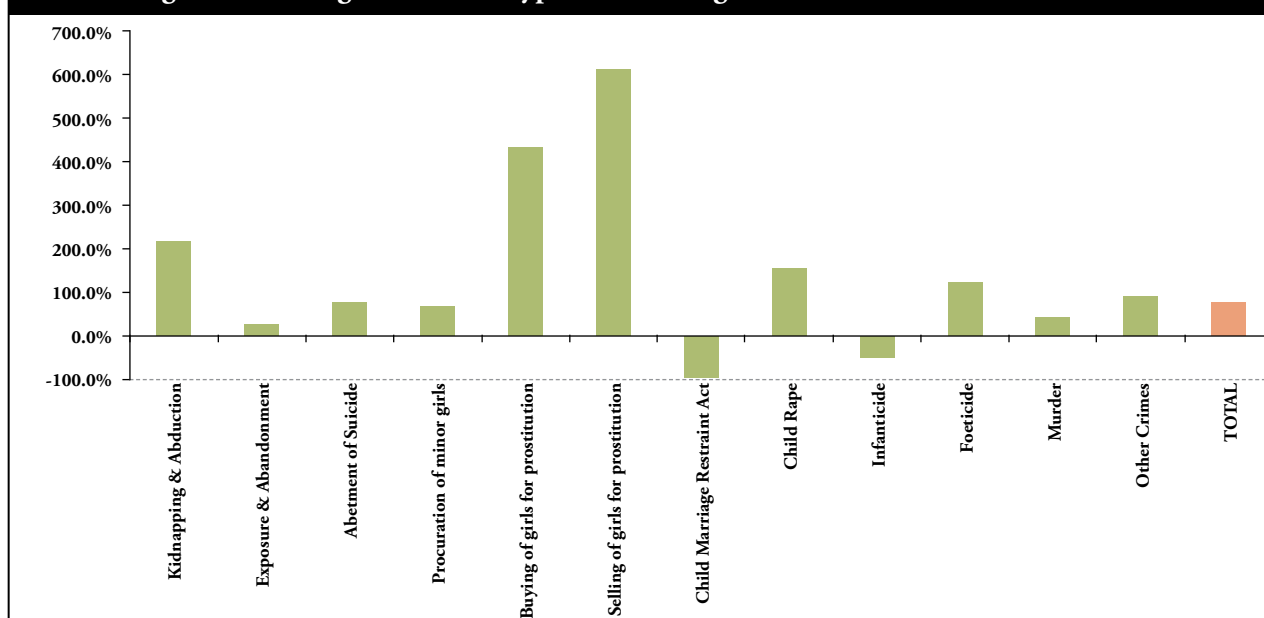
The main source of data on crimes in India is “Crime in India”, an annual publication, brought out by the National Crime Records Bureau (NCRB), Ministry of Home Affairs. However, the data reflected in this report is cases that have actually been reported and hence do not represent a true picture of the number of crimes occurring in India. Yet, despite all the under-reporting, there has been a 60.5 per cent increase in crimes against children in the last five years!² (NCRB. 2006-10)

Fig 9.1: Incidence of Crime Against Children



Source: NCRB

Fig 9.2: Percentage Increase in Type of Crimes Against Children from 2001 to 2009

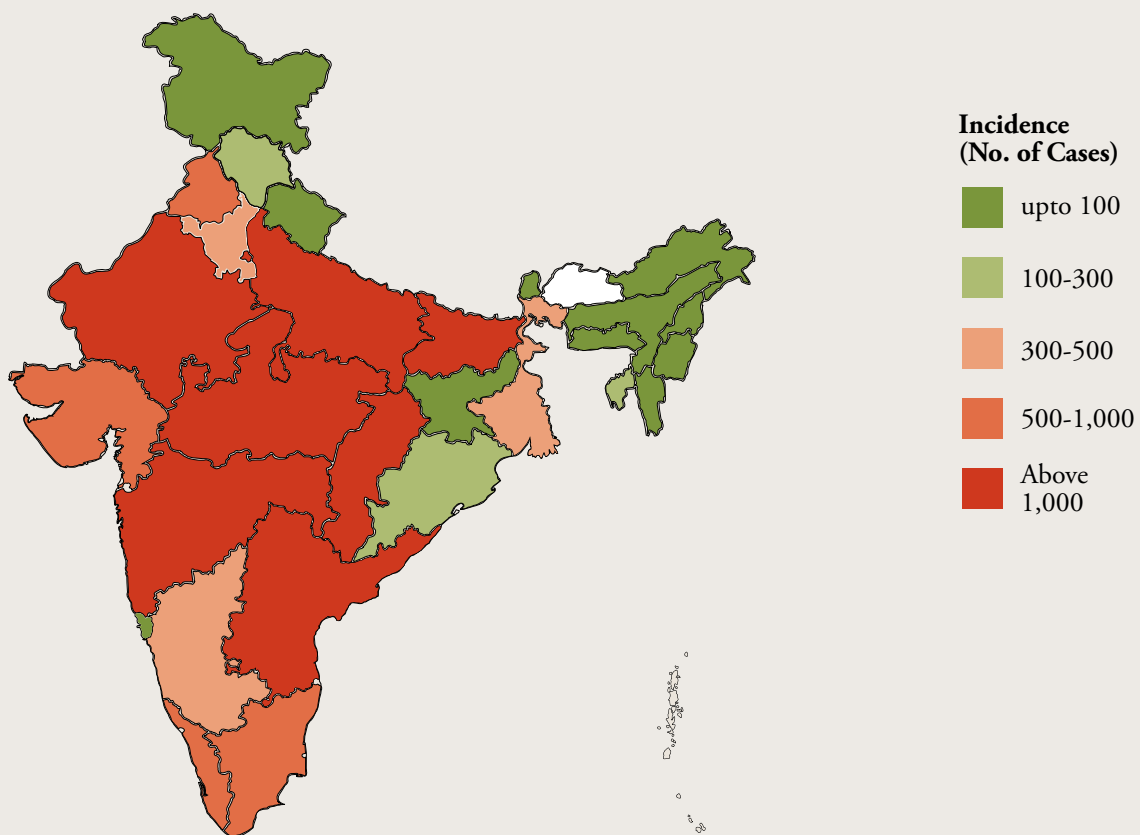


Sources: NCRB

While most crimes against children have increased since 2001, buying and selling of girls for prostitution have by far seen the largest increase: there has been an almost 615 per cent increase in the incidences of selling of girls for prostitution and an over 430 per cent increase in the incidence of buying of girls for prostitution. Of the two that have actually seen a fall in incidences of crimes, a decrease in incidences of child marriage does come as a surprise. The data presented by Crime in India³ (NCRB. 2010. 409) on child marriage shows a very low reporting (only three cases of child marriage were reported in 2009 in the state of Karnataka). The Census 2001 data shows that 34.5 per cent of children aged 1-17 were married before the prescribed age. Perhaps the child marriage law is not being used very effectively by the states in prosecuting this crime. Also, as mentioned earlier the data source is based only on reported cases, so perhaps not all cases are reported to the police.

The Eleventh Five year Plan brought about a paradigm shift in India for addressing protection issues related to children. Efforts by the government till then used to be limited to interventions designed to address children who had already fallen through the security net – such as interventions/schemes for children in hazardous occupations, street children, juvenile maladjustment etc. Abuse so far had always been defined as active acts of violence and exploitation. However denial of basic services leading to children falling out of the protective security net making them vulnerable to violence, is also abuse. Following close interactions with the Ministry of Women and Child Development⁴ (MWCD. 2006) and the Planning Commission,⁵ (Planning Commission. 2008. 212-214) the Eleventh Five year plan focused on the creation of a protective environment for children so that they do not fall through that proverbial security net in the first place. This was done through the designing of the **Integrated Child Protection Scheme (ICPS)**. Unfortunately the implementation of this scheme is yet to take off despite the fact that we are at the end of the Eleventh Five Year Plan. (This scheme is discussed in detail later in this chapter).

Fig 9.3: Incidence of Crime against Children in India - 2009



Source: NCRB, *Crime in India*, 2009. Page 90.

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

Amended in 2006, the JJAct is designed to address two categories of children:

1. Children in Conflict with Law, and
2. Children in Need of Care and Protection:
 - Children in situations of Emergency
 - Unaccompanied, Asylum-Seeking and Refugee Children
 - Children affected by Natural Disasters
 - Children in Armed Conflict
 - Children in situations of abuse and/or exploitation
 - Economic Exploitation (Child Labour)
 - Sexual Exploitation and Sexual Abuse
 - Sale, trafficking and abduction
 - Child Marriage
 - Street Children
 - Children and Substance Abuse
 - Children belonging to a Minority or Indigenous Group
 - Children with disabilities, physical and/or mental
 - Other marginalized children including those infected with HIV/AIDs
 - Children of prisoners

Commitments on Child Protection

Table 9.1: Commitments and Goals for Protection of Children

Policy/Law/ Constitution	Goals
Constitution	<ul style="list-style-type: none"> ■ Article 15: ...Not discriminate against any citizen...(3) Nothing in this article shall prevent the state from making any special provision for women and children ■ Article 23: Traffic in human beings and beggar and other similar forms of forced labour are prohibited ■ Article 24: No child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment ■ Article 39: ...that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment
Ministry of Labour Citizen's Charter	<ul style="list-style-type: none"> ■ Commitment to the concerns of children and elimination of child labour from hazardous sectors ■ All-out efforts for mainstreaming children from National Child Labour Project (NCLP) schools to the formal schools ■ Children in the age group 5-8 years to be directly linked to the formal education and vocational training for children in the age group of 9-14 years
National Plan of Action for Children 1992	<ul style="list-style-type: none"> ■ Improve protection of children in especially difficult circumstances ■ To assist children affected by one or more disabilities, having no access to proper rehabilitative services...to lift up the status of those more marginalised

National Plan of Action for the SAARC decade of the Girl Child 1991-2000	<ul style="list-style-type: none"> ■ To extend special protection for girls in difficult situations/circumstances arising out of natural calamities and manmade disasters and to those economically and socially deprived like SC/ST and physically and mentally disabled
National Plan of Action for Children 2005	<ul style="list-style-type: none"> ■ Has a whole chapter dedicated to child protection: Children in difficult circumstances with the goals to <ul style="list-style-type: none"> • Ensure that best interest of the child is upheld in all policies, plans, programmes, interventions and in strategies for children in difficult circumstances • To create and uphold a safe, supportive and protective environment for all children within and outside the home. ■ ‘Children in difficult circumstances’: such as, orphans, street children, beggar children, migrant children, children affected by manmade and natural disasters, drug addicts, children of nomads, refugee children, slum and migrant children, children of commercial sex workers, children of prisoners, children affected by/in armed conflict, displaced children, evicted children, young children in charge of siblings, children born as eunuchs or brought up by eunuchs and all other children in need of care and protection. ■ A wide range of objectives to explicitly deal with all areas of child protection <ul style="list-style-type: none"> • To eliminate child labour from hazardous occupations by 2007, and progressively move towards complete eradication of all forms of child labour. • Link the child labour elimination efforts with education measures with an attempt to ensure that all children in the age group of 5-8 years get directly linked to school and the older children are mainstreamed to the formal education system through the rehabilitation centers by 2012 • Adolescents Goals: “to eliminate child marriage by 2010” • To eliminate all forms of discrimination against the girl child which results in harmful and unethical practices like pre-natal sex selection, female foeticide and infanticide • To prevent children from getting into conflict with law. • To recognize, promote and protect the rights of children in conflict with law through preventive, protective, reformative and rehabilitative policies, laws, plans, strategies, programmes and interventions • To protect all children, both girls and boys, from all forms of sexual abuse and exploitation. • To prevent use of children for all forms of sexual exploitation, including child pornography. • To develop new and strengthen existing legal instruments to prevent sexual abuse and exploitation of children. • To stop sale of children and all forms of child trafficking, including for sexual purposes, marriage, labour, adoption, sports and entertainment and illegal activities, like organ trade, begging and drug peddling.
Ninth Five Year Plan (1997-2002)	<ul style="list-style-type: none"> ■ Describes children in ‘difficult circumstances’ as working children, child sex workers street children; Special efforts will be made to ensure that no street/destitute/orphaned child or any other child in difficult situations will be left uncovered for ■ Action will be initiated to make the Immoral Traffic (Prevention) Act, 1956 (as amended in 1986) more specific, through amendments, to the problem of child prostitution and also make the punishment more stringent. ■ Commits to enforce the on-going legal as well remedial/ rehabilitative measures to eliminate child labour not only by strengthening various instruments that prevent/combat the problem of child labour but also by ensuring their effective implementation ■ Keeping in view the increasing problems of social mal- adjustment viz. juvenile delinquency/vagrancy, abuse, crime, and exploitation, the scope of the Juvenile Justice Act (JJ Act), 1986 will be widened with requisite infrastructural support of various statutory institutions in rehabilitating children, who come in conflict with law ■ Every effort will be made to protect children from all forms of exploitation through strict enforcement of the existing legislations

Tenth Five Year Plan (2002-07)	<ul style="list-style-type: none"> ■ To ensure 'protection' for all children and in particular those with special needs and problems and those in difficult circumstances through effective implementation of the existing child-related legislations ■ Describes Children in Difficult Circumstances' as street children, working children, child sex workers, child drug-addicts; children in conflict with law; children with disabilities; children with HIV/AIDS; children whose parents are in custody and suffering from HIV/AIDS, Tuberculosis, Leprosy; children affected by various disasters (natural and man-made); children affected by national and international conflicts, viz. political refugees, war victims, internally displaced and children whose families are in crisis, including those belonging to broken families ■ A National Policy and Charter for Children as well as a National Commission for Children will be set up to protect and safeguard the rights of children
Eleventh Five Year Plan (2007-12)	<ul style="list-style-type: none"> ■ This plan was a huge step forward in the realm of child protection and saw a paradigm shift in the approach to child protection, moving toward creation of a protective environment for children so that children do not fall through the security net in the first place ■ Ensuring survival of the girl child and her right to be born ■ The Eleventh Plan to ensure that Commissions for protection of child rights are constituted in all States and UTs at the earliest. ■ Ministry of WCD will launch an Integrated Child Protection Scheme.(ICPS) ■ Ensuring a balanced sex ratio...review of the PC & PNDT Act with law enforcement authorities to ensure its implementation. ■ Creating child-friendly protective services. ■ Childline-1098, will be extended to rural areas and to all districts of the country ■ Focus on Prevention of Girl Child Abuse, Exploitation and Violence, Prohibition of Child Marriage, reaching out to the marginalized and most vulnerable (Child workers, Eliminating Child Trafficking, Commercial Sexual Exploitation of Children, Child Pornography, Child Sex Tourism, HIV/AIDS-Infected/Affected Children, social integration of Children in Conflict with Law, Special provisions for children in distress/difficult circumstances (including children of prisoners), the need to see disability as a child protection issue, and simplifying adoption issues and preventing unscrupulous practices

- **Integrated Child Protection Scheme (ICPS):** An outcome of the unprecedented shift in the Eleventh Five year plan in the approach toward addressing child protection, ICPS aims at creating a protective environment for children so that they do not fall out of the protective net and become 'children in difficult circumstances'. Up until now, all government's initiatives had been directed to children who were already in distress. Unfortunately this scheme had lofty goals with very limited budget. The scheme has yet to kick off (33 MOU's were signed only this year).

Child scheme yet to take starting steps

By Kavita Chowdhury
in New Delhi

A centrally-funded scheme to protect children is still to get off the ground despite Finance Minister P Chidambaram allocating a total of Rs 285 crore in two consecutive Budgets for the scheme. Sources say the scheme is pending with the finance ministry who want the states to bear a bigger part of the expenses for the scheme.

The Integrated Child Protection Scheme was announced last year and Rs 85 crore allocated for it in the Budget. But with no scheme in place, the allocation was scaled down to Rs 36 crore in the revised estimates. Sources in the women and child development (WCD) ministry, which the scheme is under, say even that amount was returned unutilised.

This year, the allocation for ICPS was raised to Rs 140 crore, with an additional Rs 20 crore for implementing the scheme in the northeastern states. But the scheme has not been cleared.

The National Study on Child Abuse, 2007, revealed that 33 per cent of the children in the country are victims of some form of abuse.

"The Centre was to bear the lion's share of the ICPS's expenses. This scheme would address the issue of child protection and build a protective environment for children through government and civil society partnership.

Bharti Ali, of Campaign Against Child Trafficking said: "The ICPS was one of the kind. It had provisions for strengthening the child helpline, setting up a track-

and stipulating standards of care. Instead of the usual piece-meal approach, it had an interministerial approach."

A senior WCD official said: "The finance ministry is not pleased that the bulk of the expenditure is being shouldered by the Centre. Apparently, child protection is not high on the government's spending priority. While the WCD ministry had asked for Rs 3,000 crore over five years to implement the scheme, it was scaled down to Rs 1,000 crore on insistence of the Planning Commission.

Kid you not

National Study on Child Abuse, 2007 has these facts

- Largest study of its kind covering 13 states
- 53% of children faced some kind of abuse
- Younger children (3-12 years) faced higher levels of abuse than 13-16 year olds
- 70% of the children never reported the abuse

LITTLE HOPE: The Integrated Child Protection Scheme hasn't reached this labourer.



To be an effective scheme, action was envisioned on the following:

- *Establishment of a District Child Protection Society in every district* with adequate and trained personnel.
- *Reconciliation of the roles and responsibilities of the three nodal protection officers viz. the District Child Protection Officer, the Child Marriage Prohibition Officer, the Protection Officer under the Protection of Women from Domestic Violence Act, 2005.*
- *Establishment of CWCs and JJBs in all districts* with qualified and trained personnel, required equipment and infrastructure and resources.
- *Setting up of a functional Juvenile Justice Fund in all districts and using it for rehabilitation of children as required by law.*
- *Review and evaluation of the current functioning of Childline, its role, ability to reach the child and provide quality service*
- *Prevention, protection and rehabilitation of children by creating a network of services at community level.*
- *Initiating a National Sponsorship Programme through pilot projects* (Experiments in Karnataka have shown that sponsorship can help children continue to stay in their families and be looked after)
- *Initiating a National Foster Care Programme through pilot projects in the XIIth Plan*
- *Building a cadre of competent counsellors and social workers for successful implementation of ICPS and a comprehensive child protection mechanism.*

ICPS scheme has been a great initiative of the GoI. However, much effort and commitment on the part of the government is still required to ensure the success of this scheme. There is a definite need to include steps to monitor violations, identify children and families at risk, children needing rescue and rehabilitation, and also address their needs. The states will require necessary training and handholding in the initial years to ensure proper implementation and monitoring of the scheme.

Some other Schemes by the GoI (that are now under ICPS) include:

- Integrated Scheme for Street Children
- Scheme for welfare of working children in need of care and protection
- Prevention and control of Juvenile maladjustments

Several states have also taken up initiatives on various aspects of child protection at the state level.

Which is the correct data?

To reiterate, what is available by way of data on violence against children in India is largely estimates that cannot be relied upon completely and these too leave out many categories of affected children. This is largely due to the fact that crimes against children continue to go unreported.



The National Study on Child Abuse: 2007,⁶ (Kacker *et al.* 2007. 3) the only study of this kind conducted and produced by the Ministry of Women and Child Development in partnership with UNICEF, Save the Children and Prayas, declared that in India, as in many other countries, there has been no understanding of the extent, magnitude and trends of the problem of child abuse.⁵ The ground realities that have come out to the surface as a result of this study regarding the widespread incidence of child abuse in India are truly sobering.

Although the above study gives us an insight into the magnitude of the problem, it is a sample study restricted to 13 states undertaken one time and is also fraught with methodological problems. This data is not completely reliable because of the criticism it has received on methodology and the process of data collection.

Major findings from the Study on Child Abuse: India 2007

Physical Abuse

- Two out of three children were physically abused.
- Over 50 per cent of children in all 13 sample states were being subjected to one or the other form of physical abuse.
- Out of those children physically abused in family situations, 88.6 per cent were physically abused by parents.
- 65 per cent of school going children reported facing corporal punishment.
- 62 per cent of the corporal punishment was in government and municipal schools.
- Andhra Pradesh, Assam, Bihar and Delhi consistently reported higher rates of abuse in all forms as compared to other states.
- Most children did not report the abuse to anyone.

Sexual Abuse

- 53.22 per cent children reported having faced one or more forms of sexual abuse.
- Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls.
- 21.90 per cent child respondents reported facing severe forms of sexual abuse and 50.76 per cent other forms of sexual abuse.
- Out of the child respondents, 5.69 per cent reported being sexually assaulted.
- Children on the street, children at work and children in institutional care reported the highest incidence of sexual assault.
- 50 per cent abuses are by persons known to the child or in a position of trust and responsibility.
- Most children did not report the matter to anyone.

Emotional abuse and girl child neglect

- Every second child reported facing emotional abuse.
- Equal percentage of both boys and girls reported facing emotional abuse.
- In 83 per cent of cases parents were the abusers.
- 48.4 per cent of girls wished they were boys.

Source: Kacker *et al.* 2007. *Study on Child Abuse: India 2007*. Ministry of Women and Child Development. Govt. of India, New Delhi.

The **National Crime Records Bureau (NCRB)**, in its yearly publication *Crimes in India*, dedicates a chapter to crimes against children as well as one to ‘juvenile delinquency’.

However, NCRB remains inadequate for several reasons. Some of the weaknesses of NCRB data include:

1. According to the NCRB, there is no separate classification of offences against children. Generally, the offences committed against children or the crimes in which children are victims are considered as crime against children. The Indian Penal Code (IPC) and the various protective and preventive ‘Special and Local Laws’ (SLL) specifically mention the offences wherein children are victims.
2. This data is, however, limited to the crimes reported to the police. So given the fact that very often crimes against children are not even reported, nor cognisance taken, India does not really have an exact enumeration of children in need of care and protection.
3. Age: Despite Juvenile Justice Act, 2000 defining a child as a person up to 18 years of age, the age of the child victim recorded in crime reports varies as per the definition given in the concerned Acts and Sections.⁶
4. Not all crimes against children are covered by NCRB:
 - a. While the NCRB does give a break up of child marriage, it does not give a data break-up for child labour and trafficking under the Immoral Traffic Prevention Act and the Indecent Representation of Women (Prohibition) Act (ITPA). In fact offences under the Child Labour (Prohibition and Regulation) Act, 2006 (CLPRA) and Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 amended in 2003 (PC&PNDT Act) have never been enumerated. Registration of crimes under these laws is also poor. Since 2001, the crime data for children has been including murder and a category called “other crimes”.
 - b. Data on importation of girls (*Sec. 366-B IPC*), molestation (*Sec. 354 IPC*), dowry deaths (*Sec. 304 B*), eve teasing or sexual harassment (*Sec. 509 IPC*), torture and cruelty (*Sec. 498-A IPC*), crimes registered under the ITPA is only available in the chapter on crimes against women and that too without age segregation.
5. No disaggregated data: Many States maintain their own local laws and some of them simply get reflected as “other crimes” in the NCRB data. For instance, the Karnataka and Andhra Pradesh data on victims of the *Devadasi* tradition. To get a true picture of crimes against children, NCRB needs to present disaggregated data on all offences enumerated by it in terms of gender, caste and age
6. All data is at the national or state level only. The Ministry of Women and Child Development did inform us that NCRB was going to start collecting data at district levels as well, but that remains to be seen.

Methodology

For more of a consistent database, we have to rely on the National Crime Record Bureau’s reports. While we chose to use NCRB data, we were well aware of its limitations, especially the fact that many crimes go unreported. We have strongly held throughout that accurate data is vital to the process of good governance. While scoring each state, those that reported a zero incidence of crime or zero victims of crime were actually penalised for their lack of efforts to get a better idea of the ground realities and to measure how much crime/abuse is taking place. Hence they were given a score of zero. For example, Nagaland actually did not report even one incidence of crimes against children. However, crimes against children in the State have been rising and Additional Director of Social Welfare Department Khevito Shohe has even admitted that not much importance was being given to issues relating to children.

Lack of data adversely affects planning of appropriate access and nature of services required for children.

*Ministry of Women and Child Development,
Study on Child Abuse: India 2007.*

The Assam Tribune

Crimes against children rising in Nagaland

Correspondent

DIMAPUR, Oct 24 – Despite the rise of crimes against children very little has been done to ensure child protection in Nagaland. Lack of services and non-availability of statistics on children has further intensified the gaps in this area.

While loopholes have been identified in the implementing process, affected children are at the receiving end with no adequate facilities to give them the required protection. This has also highlighted the absence of full time NGOs dedicated to the cause of children's welfare in the State.

Speaking on child abuse, Director of Community Education Centre, Sobu pointed out that these children should be kept in a government recognised institution for protection. He expressed concern that there is no strong NGOs in Kohima dealing with child welfare or no full time NGO in the whole of Nagaland apart from NCRC which was only recently formed. He specifically expressed concern over the lack of rescue homes as these children need care and protection and cannot be kept in a juvenile home or orphanages since they are not criminals but victims. He lamented that no one has been speaking on child abuse. He stressed that the Department of Social Welfare should take initiative in advocating awareness and look into the welfare of children.

Meanwhile, Additional Director of Social Welfare department Khevito Shohe while admitting that not much importance was given to issues on children said that the recent case of child abuse wherein a 10 year old was physically abused by his employer in Bayavü Colony, Kohima has served as an eye-opener. He said that concerns were perhaps lacking in this connection because cases of abuse was not known in the State earlier owing to the social stratum of Naga culture and tradition. However, admitting negligence also on the part of the department, he said that efforts are lately being made to give adequate protection to the victimised children.

He informed that a society under the Child Protection Act has newly been established in the department which would be mainly focussing on child counselling. The government is working in collaboration with some orphan homes and schools and pointed out that the children in need of protection would be sheltered in the orphanages for the time being.

Crimes Against Children

National Index for Incidences of Crimes against Children

Table 9.2: Overall Index – Incidences of Crimes against Children		1 = Most child friendly
State	National Ranking	<p>Components used for the overall index:</p> <p>INCIDENCES:</p> <p>a. Incidences</p> <ul style="list-style-type: none"> i. Infanticide ii. Murder iii. Rape iv. Kidnapping & Abduction v. Foeticide vi. Abetment of Suicide vii. Exposure & Abandonment viii. Procurement of Minor Girls ix. Buying of Girls for Prostitution x. Selling of Girls for Prostitution xi. Child Marriage Restraint Act, 1978 xii. Other Crimes xiii. Disposal of cases by Police in 2009 xiv. Disposal of cases by Courts in 2009
Karnataka	1	
Andhra Pradesh	2	
Gujarat	3	
Maharashtra	4	
Rajasthan	5	
Madhya Pradesh	6	
Haryana	7	
Chhatisgarh	8	
Himachal Pradesh	9	
Punjab	10	
Jharkhand	11	
West Bengal	12	
Bihar	13	
Kerala	14	
Uttaranchal	15	
Uttar Pradesh	16	
Tamil Nadu	17	
Jammu & Kashmir	18	
Delhi	19	
Assam	20	
Orissa	21	
Mizoram	22	
Meghalaya	23	
Tripura	24	
Sikkim	25	
Goa	26	
Arunachal Pradesh	27	
Manipur	28	
Nagaland	29	
UT	National Ranking	
Puducherry	1	
Chandigarh	2	
Daman & Diu	3	
Andaman & Nicobar Islands	4	
Dadra & Nagar Haveli	5	
Lakshwadeep	6	

Data Source: National Crime Records Bureau (NCRB) – Crime in India 2009

The five worst performing states are: Sikkim, Goa, Arunachal Pradesh, Manipur and Nagaland. Most of these are essentially tribal states. In other words, their position in this index, as in other indices, is also indicative of the situation of the tribal children in these states. To be noted here is that Nagaland did not report even one incidence of crime in its State, despite data suggesting otherwise.

Amongst the worst performing are also the Union Territories of Dadra & Nagar Haveli (D&N Haveli) and Lakshwadeep. In D&N Haveli, tribals constitute 62.3 per cent of the total population.

Table 9.3: Components for Incidences of Crimes against Children
(Crimes where at least half the states reported)

State	National Ranking	Infant-icide	Murder	Rape	Kid-napping & Abduction	Pro-curation of Minor Girls	Other Crimes	Disposal of Cases by Police	Disposal of Cases by Courts
Karnataka	1	7	9	8	7	5	4	10	16
Andhra Pradesh	2	8	8	14	19	8	17	15	6
Gujarat	3	2	11	7	20	3	16	7	24
Maharashtra	4	1	18	16	13	9	21	13	26
Rajasthan	5	3	13	15	22	2	2	4	21
Madhya Pradesh	6	11	15	22	15	1	26	2	10
Haryana	7	15	7	12	16	15	13	8	5
Chhattisgarh	8	9	19	23	12	7	25	1	14
Himachal Pradesh	9	15	14	21	23	13	18	9	17
Punjab	10	13	22	17	25	6	11	17	9
Jharkhand	11	4	5	1	2	15	8	12	4
West Bengal	12	15	4	6	8	10	5	26	19
Bihar	13	15	10	4	17	12	3	22	25
Kerala	14	15	16	18	10	11	19	20	20
Uttaranchal	15	15	6	5	6	15	9	3	13
Uttar Pradesh	16	5	17	10	18	15	15	5	15
Tamil Nadu	17	10	12	11	14	15	10	16	11
Jammu & Kashmir	18	12	1	3	4	15	1	21	27
Delhi	19	6	26	25	28	4	22	18	18
Assam	20	15	2	2	1	15	6	25	8
Orissa	21	15	3	9	3	15	12	14	23
Mizoram	22	15	26	19	5	15	14	6	1
Meghalaya	23	15	20	24	9	14	7	27	22
Tripura	24	14	24	27	11	15	20	19	12
Sikkim	25	15	25	26	21	15	23	24	2
Goa	26	15	21	28	26	15	24	23	7
Arunachal Pradesh	27	15	26	20	24	15	26	11	28
Manipur	28	15	23	13	27	15	26	29	28
Nagaland	29	15	26	28	28	15	26	28	3

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking	Infant-icide	Murder	Rape	Kid-napping & Abduction	Pro-curation of Minor Girls	Other Crimes	Disposal of Cases by Police	Disposal of Cases by Courts
Puducherry	1	6	1	1	1	6	1	1	3
Chandigarh	2	6	2	4	3	6	3	3	1
Daman & Diu	3	6	4	2	4	6	2	5	5
A & N Islands	4	6	3	5	2	6	4	2	2
D & N Haveli	5	6	4	3	4	6	4	4	4
Lakshwadeep	6	6	4	5	4	6	4	5	5

Note: For UTS: NO UT reported for Infanticide or Procuration of Minor girls and hence, per our methodology, we gave them the lowest score

Ranking ■ 1-2 ■ 3-4 ■ 5-6

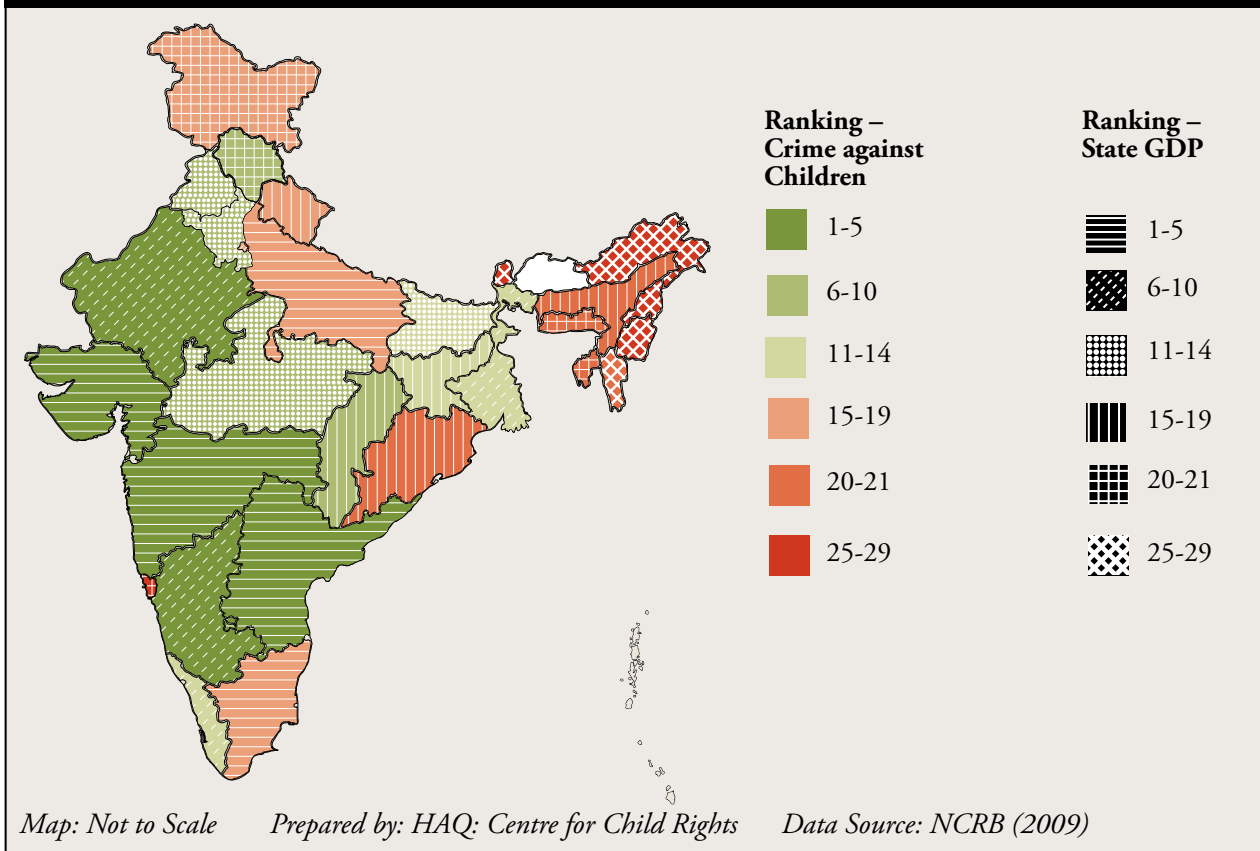
- While many of the states are performing well overall, clearly a lot more attention needs to be paid to certain crimes
 - Andhra Pradesh performing well overall, but poorly on sexual crimes like rape, also performs poorly when it comes to gender biases related to child marriage
 - Both Gujarat and Rajasthan have very high incidences of kidnappings and abductions. They also are poor performers when it comes to disposal of cases by the courts
 - Clearly Madhya Pradesh is not as bad as it is thought to be. In fact its overall performance is good compared to other states. However, when it comes to infanticide it is performing relatively poorly.



To be noted here is the fact that because states that did not report cases of infanticide were penalised, our index shows them to be performing worse than Madhya Pradesh.

- It comes as no surprise that the states that are performing relatively well overall but very poorly in an indicator such as infanticide are all states struggling with low/declining sex ratio. i.e. Haryana, Punjab, Madhya Pradesh, Himachal Pradesh
- Goa's low ranking when it comes to crimes against children has been a surprise. Clearly, the Goa Children's Act has yet to protect its children. It has performed consistently bad in all the indicators, except for disposal of cases.
- Manipur is performing especially poorly when it comes to justice for the victim, with low ranks in disposal of cases by both the police as well as the state.
- However, commitment to protecting its children is not necessarily about resources. (See map in Fig.9.4).
 - Himachal Pradesh, ranked 20th in state GDP ranks in the top 10 when it comes to incidences of prevention of crimes against children.
 - Even Chattisgarh is ranked higher in prevention of incidences than its GDP.
 - Similar is the case for Punjab and Haryana.
- Maharashtra, a high performer overall, on the other hand, is amongst the worst in terms of disposal of cases by the courts. Also performing poorly are Jammu & Kashmir (clearly the unrest in that state is taking a toll on its children) and Bihar.
 - With Maharashtra's rich GDP, clearly it has the resources needed to invest in its children.. Then why the poor performance of the courts?
- Amongst the five worst performing states, Sikkim, Arunachal Pradesh, Mizoram and Nagaland also have the lowest State GDPs in the country. Goa too has a low GDP.

Fig 9.4: State Performance in Crime against Children vs. State GDP



Sexual exploitation of minor girls up by 186%

Himaushi Dhawan / TNN

New Delhi: An increasing number of children, particularly minor girls, are being trafficked for sexual exploitation, shows National Crime Records Bureau data. Cases of sexual exploitation of minor girls jumped from 237 in 2009 to 679 in 2010, a 186.5% increase. West Bengal reported 200 cases, followed by Bihar (152).

While crime against children went up by 10%, the corresponding figure for women stood at 4.8%. A total of 26,694 cases of crimes against kids were reported in 2010, up from 24,201 cases in 2009. While MP (4,912) ac-



counted for 18.4% of the cases, Delhi recorded 3,630 incidents (13.8%).

Only 100 cases of infanticide and 111 cases of foeticide were reported last year, indicating social suppression of the problem.

NCRB data found that Delhi accounted for 16% of the crime reported against women, followed by Hyderabad among 35 cities with over

10 lakh population.

Of the 2.13 lakh crimes against women in 2010, Andhra topped with 27,244 cases, or 12.8%, while Tripura had the highest rate of crime against women at 46.5%. The rate of crime is calculated according to per lakh of population. Women were troubled most by domestic violence: as many as 94,041 cases were reported, an increase of 5%. But it was kidnapping and abduction that has seen the highest increase, registering a 15.7% increase with 29,795 cases. The highest number of kidnapping and abduction (5,468) and dowry deaths (2,217) were reported from UP.

Children's courts: 450 cases filed since July

New Delhi: Over 450 cases have been registered in capital's 11 children's courts since July when they became functional. Delhi is the first state to open such facilities for speedy trials in cases of crime against children.

The initiative to open children's courts was taken by the Delhi Commission for Protection of Child Rights (DCPCR), which approached the Delhi high court citing law that guarantees the setting up of children's courts.

"The main objective of having such courts is to provide speedy justice, relief and care to the children who are victims of criminal offence and expeditious disposal of such cases," DCPCR secretary X K Mahto said (PTI)

National Index for Victims of Crimes against Children

Although in absolute numbers, most child victims of select crimes are in Delhi, Uttar Pradesh and Maharashtra, the largest proportion of child victims to overall child population are in the states of Nagaland, Mizoram, Tripura, Arunachal Pradesh and Sikkim. A very high proportion of victims of crimes are in the UTs of Daman and Diu and Lakshwadeep.

Table 9.4: National Ranking for Victims of Violent Crimes

1= Most child friendly

State	(Overall) Victims of Violent Crimes	Components used for the overall index: VICTIMS:
Jharkhand	1	
Andhra Pradesh	2	i. Murder – Overall
Madhya Pradesh	3	ii. Murder – Gender Equality
Chhattisgarh	4	iii. Kidnapping & Abduction – Overall
Rajasthan	5	iv. Kidnapping & Abduction – Gender Equality
Karnataka	6	v. Culpable Homicide not amounting to murder – overall
West Bengal	7	vi. Culpable Homicide not amounting to murder – Gender Equality
Haryana	8	
Tamil Nadu	9	
Uttar Pradesh	10	
Maharashtra	11	
Jammu & Kashmir	12	
Punjab	13	
Manipur	14	
Kerala	15	
Gujarat	16	
Delhi	17	
Uttaranchal	18	
Bihar	19	
Orissa	20	
Meghalaya	21	
Assam	22	
Goa	23	
Himachal Pradesh	24	
Sikkim	25	
Arunachal Pradesh	26	
Tripura	27	
Mizoram	28	
Nagaland	29	
UT	(Overall) Victims of Violent Crimes	
Puducherry	1	
Dadra & Nagar Haveli	2	
Chandigarh	3	
Andaman & Nicobar Islands	4	
Daman & Diu	5	
Lakshwadeep	5	

Data Source: National Crime Records Bureau (NCRB) – Crime in India 2009

- Incidentally Nagaland, Sikkim and Mizoram are also ranked the worst when it comes to prevalence of child labour in their respective states. Child labourers are out of school, vulnerable children in need of care and protection.
- Similar case applies for the union territories of Daman & Diu and Lakshwadeep
- Also, as we see below, of the poorest performing states, there seems to be a larger number of female victims to males.
 - Jammu & Kashmir and Gujarat are doing relatively better when it comes to number of victims of crime. However, a gender bias is definitely prevalent in the crimes

Table 9.5: Components of the Index on Victims of Crimes against Children

State	National Ranking – Victims of Violent Crimes	(GI) Victims of Violent Crimes
Jharkhand	1	5
Andhra Pradesh	2	7
Madhya Pradesh	3	3
Chhattisgarh	4	2
Rajasthan	5	6
Karnataka	6	9
West Bengal	7	8
Haryana	8	14
Tamil Nadu	9	13
Uttar Pradesh	10	11
Maharashtra	11	12
Jammu & Kashmir	12	16
Punjab	13	10
Manipur	14	4
Kerala	15	15
Gujarat	16	22
Delhi	17	1
Uttaranchal	18	19
Bihar	19	17
Orissa	20	21
Meghalaya	21	20
Assam	22	23
Goa	23	18
Himachal Pradesh	24	26
Sikkim	25	25
Arunachal Pradesh	26	24
Tripura	27	27
Mizoram	28	28
Nagaland	29	28

Ranking ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

UT	National Ranking	Infanti-cide
Puducherry	1	1
Dadra & Nagar Havelli	2	2
Chandigarh	3	3
Andaman & Nicobar Islands	4	4
Daman & Diu	5	5
Lakshwadeep	5	5

Ranking ■ 1-2 ■ 3-4 ■ 5-6

When Protectors Turn Abusers

Our experience at HAQ: Centre for Child Rights shows us every day that protectors have turned abusers themselves. Children face violence in families, in schools and in the institutions set up to give refuge to street children. Children with disabilities, girl children and orphans are often exposed as perpetrating violence against their wards.

Besides incest, some of the most unfortunate manifestations of child abuse that one finds in the country today are the ones where children suffer at the hands their own protectors. This includes:

- Female foeticide and infanticide
- Child marriage
- Domestic violence
- Custodial rape
- Institutional Violence

As we know, many of these do not get recorded and enumerated as the perpetrators are invariably those meant to protect children. Traditionally, the Indian society is a fairly conservative society, where children continue to be treated as extensions of their parents. Thus, what the parents or caregivers do for them or to them is often perceived as beyond any questioning. Only in recent times, studies have thrown light on the need to protect children from abuse even at home, breaking the myth of home as the safest haven. As professor Savitri Goonesekere states, “the child’s right to family privacy and the focus on parental responsibility in the Convention [UNCRC] means that in some senses the family is beyond scrutiny. The child’s right to survival, development, protection and participation are identified with the family’s interest in the child on the assumption that the family will fulfill its responsibilities to the children. Nevertheless, the Convention’s concept of ‘protection’ permits state intervention to safeguard a child in circumstances where the family is dysfunctional or is not fulfilling its responsibilities... This concept of state intervention is the very source of the child’s protection rights.”⁸ (Goonesekere. 1998. 252)

Child Sexual Abuse

Sexual abuse in the NCRB can be found under rape and incest, but it is only in the context of girls. The NCRB unfortunately does not provide data on sexual abuse of boys. It is frequently assumed that sexual abuse occurs



While all forms of child abuse cut across caste and class barriers, discrimination on grounds of gender and caste undoubtedly rule the crime and abuse roster.

predominantly amongst girls and this is a huge gap in data that needs to be corrected in view of the number of cases of sexual abuse of boys that one gets to hear of or deal with in practice by those dealing with violence against children. It is not just street boys who are victims of sexual abuse. With several newspaper reports of incidences of boys being abused in children's homes over the past few years, clearly even those under state care are not safe. In May 2007, five minor boys were allegedly sodomised in a children's home in Delhi. All of the boys were under 10 years of age.⁹ (Delhi Crime Watch. 2007. 4 May) News reports of sexual abuse of boys in some of the orphanages in Goa run by foreigners or frequented by foreign tourists are also available for public scrutiny.

A Trial Court judgement in December 2006 branded sodomy and rape equal under the law, with Delhi's Chief Metropolitan Magistrate stating: 'There is no reason why sexual assault on a male child should be treated differently from a similar act committed on a female child.'¹⁰ (Mahapatra. 2008. 25 December) However, sexual abuse of boys is perhaps an even greater social taboo than abuses against girls, so frequently goes unreported.

Introduction of the Protection of Children against Sexual Offences Bill, 2011

The much anticipated Protection of Children against Sexual Offences Bill was tabled in Rajya Sabha on 23 March 2011 and is presently with the concerned Parliamentary Standing Committee. Ideally, instead of a separate law, special chapters on offences against children should have become part of the main criminal legislations of the country viz. the Indian Penal Code, the Criminal Procedure Code and the Indian Evidence Act, in order to ensure children due attention from law enforcement agencies, medical practitioners examining victims of sexual abuse, counselors, lawyers and the judiciary. However, given that amendments to the criminal legislations take longer, absence of such protection to child victims of sexual offences must not wait.

The Asian Age, Bill on abuse against kids tabled in RS, 24 March 2011, Available at: <http://www.asianage.com/india/bill-abuse-against-kids-tabled-rs-869>, accessed on 30 March 2011

Child Marriage

Reports of child marriage continue to flood all media outlets. NFHS, DLHS, Census of India – all report high instances of child marriage. Yet according to NCRB, there were only 3 incidents of child marriage in the country in 2009. How is that possible? With the widely accepted fact that Rajasthan conducts group child marriages, especially around Akha Teej, social norms continue to turn a blind eye to this blatant rights violation that even the chief minister and other influential leaders are reportedly involved in. Social biases have similarly plagued reporting of incidences of foeticide, infanticide, and so forth.

All children have a right to care and protection; to develop and grow into a complete and full individual, regardless of their social and economic situation. Child marriage is a blatant violation of all these rights.

Child marriage denies children their basic rights to good health, nutrition, education, and freedom from violence, abuse and exploitation.

Handbook on The Prohibition of Child Marriage Act, 2006. Developed by HAQ: Centre for Child Rights for the Ministry of Women and Child Development Government of India.

Child marriage is a violation of the rights of the child and connection between child marriage, maternal mortality, infant mortality, low-birth weight babies, withdrawal of girls from school and denial of any life skills education, domestic violence and abuse etc. is well documented. That all this is bound to impact the progress of a nation is undisputable. (Child Marriage is covered in detail in Chapter 10)

Need for an Amendment to the Prohibition of Child Marriages Act, 2006

Even though the Prohibition of Child Marriages Act, 2006 (PCMA) bans child marriages by talking about complete prohibition than mere restraint, it fails to declare all child marriages illegal. Most child marriages are in fact voidable at the option of either party. This anomaly must be removed in keeping with India's commitments to all rights for all children.

Child Labour

Simply put, child labour is a child protection issue and not a labour welfare concern and all children in the workforce are children in need of care and protection under the Juvenile Justice (Care and Protection of Children) Act, 2000. Besides, the current child labour law implemented by the Ministry of Labour and Employment (MoLE) is rendered constitutionally invalid in the wake of the Right to Free and Compulsory Education guaranteed to all children in the 6-14 year age group.

While newspapers continue to cover stories about 'successful' rescue operations of children trapped in labour, there still is no concrete mapping and identification of child labourers, very poor rates of rehabilitation and even poorer rates of prosecution of the accused employers. The fact that child labour isn't even a cognizable crime under the child labour act makes it difficult to prosecute the offenders. The absence of a law to deal with trafficking and ensure prosecution and conviction of traffickers further adds to the woes.

Poorly functioning CWCs, bad coordination between Departments, poor implementation of welfare schemes related to child labour and even the exploitative nature of families themselves sometimes brings many of the rescued children back into labour.

The failure to see and take into account the link between political, economic, social and cultural factors that combine to create phenomena such as child labour points to the non-seriousness of both government and civil society toward tackling the problem in a sustainable manner. (Child Labour is covered in detail in Chapter 11)



A new law on elimination of child labour in harmony with the Right of Children to Free and Compulsory Education Act, 2009

With education becoming a fundamental right for all children aged 6-14 years, the present Child Labour (Prohibition and Regulation) Act, 1986 (CLPRA), holds no meaning. There is a contradiction in the Right of Children to Free and Compulsory Education Act, 2009 (RCE) and the CLPRA as children cannot be expected to work if they are meant to be in school, neither can the working conditions for children be regulated. Moreover, a rights based approach cannot allow some children to be deprived of their childhood and right to education, while some others continue to be allowed to work. Clearly there is an urgent need for *new law banning child labour to bring it in harmony with the Right of Children to Free and Compulsory Education Act, 2009. Moreover, it is high time for India to decide on whether child labour ought to be treated as a crime against humanity or not?*

Child Trafficking

As there is no law defining human trafficking or child trafficking, most cases of trafficking get registered under different provisions contained in the IPC or special laws, as the case may be. It is expected that the police will be creative in using the law to book the traffickers, which seldom happens. At HAQ, we have been analysing the different purposes for which children are kidnapped to arrive at some assessment on child trafficking as a crime. Unfortunately, only national level data is made available by the NCRB on the various purposes of kidnapping.



A law on child trafficking

India has expressed its commitment to deal with trafficking in women and children with seriousness through the ratification of the Optional Protocols to the CRC as well as the Convention on Transnational Organised Crime. Undeniably, children are more vulnerable to various forms of trafficking. In fact in most cases, the first encounter with trafficking takes place when a person is a minor and therefore vulnerable and easy to manipulate. There must be a separate legislation on trafficking of children or a law that contains a separate chapter on child trafficking in the definition of offences, in laying down the punishment and penalties, in procedural and evidentiary aspects, and in rescue and rehabilitation measures that may be part of the law.

Trafficking and Adoption

There is no comprehensive secular law for Adoption in India today. Despite the Juvenile Justice Act providing for adoption as a form of alternative care, India still struggles with the existence of other adoption and guardianship legislations, leaving many adoptions made under the Juvenile Justice Act questionable. Moreover, the Juvenile Justice Act fails to lay down the adoption process and rests on the CARA guidelines, which are not binding, leaving scope for malpractices that cannot be sanctioned under any adoption law or any other civil/criminal law.

Adoption is not merely a form of rehabilitation of children in need of care and protection, but addresses the larger issue of finding a child a family and a protective environment, giving a child an identity, a cultural milieu conducive for their overall development, and protecting the rights of both children and adoptive parents as guaranteed to every citizen of the country by the Constitution of India. Yet, children continue to be trafficked in the name of adoption and illegal adoptions plague the system today.

Corporal Punishment

The RTE claims that ‘No child shall be subject to physical punishment or mental harassment’. Yet, incidents of corporal punishment are making headlines in the media every day. This is because corporal punishment remains deeply ingrained in the Indian school system, more so in the rural areas, as a means of discipline and its allegiance to the adage of ‘spare the rod and spoil the child’. Though India is a signatory to the UNCRC, it still has not passed or drafted a law to address corporal punishment and violence against children in schools, a task that needs to be immediately taken up. The new law mentions that whoever contravenes the provision laid out in the Act ‘shall be liable to disciplinary action under the services rule applicable to such person’. However, the NCPCR is of the view that Sections 88 and 89 of the Indian Penal Code (IPC) give a cover to teachers and elders to resort to corporal punishment against children ‘in good faith.’ The two IPC sections say that nothing should be considered as an offence if it is ‘done in good faith for benefit of a person under 12 years of age.’ Though NCPCR did issue guidelines in 2007, a strong effort needs to be made by the State to examine ways to take penal action against such schools, award compensation to affected students, and draft a legislation that also takes care of all the ambiguities.



Children in Conflict Areas

No one can deny that the Naxalite militants (fighting against the state of India), the Salwa Judum (state sponsored militia used in anti-insurgency operations) and the government security forces are all recruiting children (both boys and girls) to training camps where they are taught to use weapons and explosives.¹¹ (Human Rights Watch. 2008) According to a recent report by Human Rights Watch, there are no clear estimates of the number of children used by these different parties, nor the number of children who have been killed while participating in the conflict in Chhattisgarh.¹² (Human Rights Watch. 2008) Children, some as young as 14, are sent as frontline combatants by Naxalites and allegedly used as shields during operations against security personnel.¹³ (ACHR. 2006. 17 March) Reports of children soldiers have come out from Chhattisgarh, Orissa, Kashmir.



Other Critical Areas of Concern

Lack of a definition and comprehensive legal protection

Let alone the fact that there is no one single comprehensive definition of a 'child' in this country (various laws refer to various ages), there is also no legal definition for 'child abuse' in any of the national legislations, which makes it difficult to gather information on the subject and also to book the perpetrators. Goa is the only state that has dared to define child abuse in the Goa Children's Act, 2003, but that is a state law and does not apply across the country. In 2005, the government did attempt to draft a national law on offences against children, which was later dropped to focus on a law dealing with sexual offences against children. The latter was tabled in the Parliament in 2011 and is being discussed by the concerned Parliamentary Standing Committee.



Still no tracking system in place

One of the Expected Outcomes spelt out by the Ministry in the 2005 National Plan of Action for Children and subsequently in its Working Group Report submitted to the Planning Commission of India for the Eleventh Five Year Plan (2007-2012) was to put in place a comprehensive system of disaggregated data collection and analysis and a child tracking system by the mid-term of the Eleventh Plan for **missing children**, child labour, children in institutions and alternate care systems. This has yet to happen. Meanwhile children continue to slip through the cracks.

Where are the Commissions?

The Tenth Five Year Plan called for a national commission for the protection for children and while the National Commission for the Protection of Child Rights (NCPCR) has been established, only 12 State Commissions have come into being. Also some of the state commissions that have actually been set up are not functional yet. This is largely due to lack of infrastructure, human and financial resources.

Poor implementation of existing laws – Disposal and Pendency of Cases

Poor law enforcement frequently makes a mockery of existing laws aimed at protecting children from abuse. Case in point: In spite of the amended Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT Act) 2003, recent studies show that medical practitioners continue to disclose the sex of the foetus to parents, thereby facilitating the elimination of unwanted children through abortions. The number of ultrasound clinics is also found to have multiplied over the years, and the higher the number of clinics in the districts, the higher the decline in child sex ratio.¹⁴ (Charndran. 2006) Yet how many violations have taken place under this act are not even reported as a crime with NCRB!

Per NCRB 2009, the charge-sheeting rate for all crimes against children (IPC and SLL) marginally decreased to 83.9 per cent in 2009 from 84.4 per cent in 2008. The highest charge-sheeting rate was observed in cases under 'Rape' (96.3 per cent) followed by 'Buying of Girls for Prostitution' (94.4 per cent) in comparison to the prevailing national level charge-sheeting rate of 78.4 per cent for IPC crimes and 94.6 per cent for SLL. Also, the conviction rate at the national level for these crimes stood at 33 per cent. The conviction rate of 33.6 per cent of persons arrested, is marginally lower than conviction rate (case-wise) for crimes committed against children (33.9 per cent). The fact that many cases fail to result in a conviction – and that high numbers of cases are reported as 'pending' – continues to act as a deterrent for children and their families to report cases of crimes and undermines their faith in the Indian justice system.

Crimes by Children

National Index – Crimes by Children

The five worst performing states are: Nagaland, Sikkim, Arunachal Pradesh, Mizoram and Manipur and. Most of these are again essentially tribal states. Amongst the worst performing are also the Union Territories of Daman & Diu and Lakshwadeep.

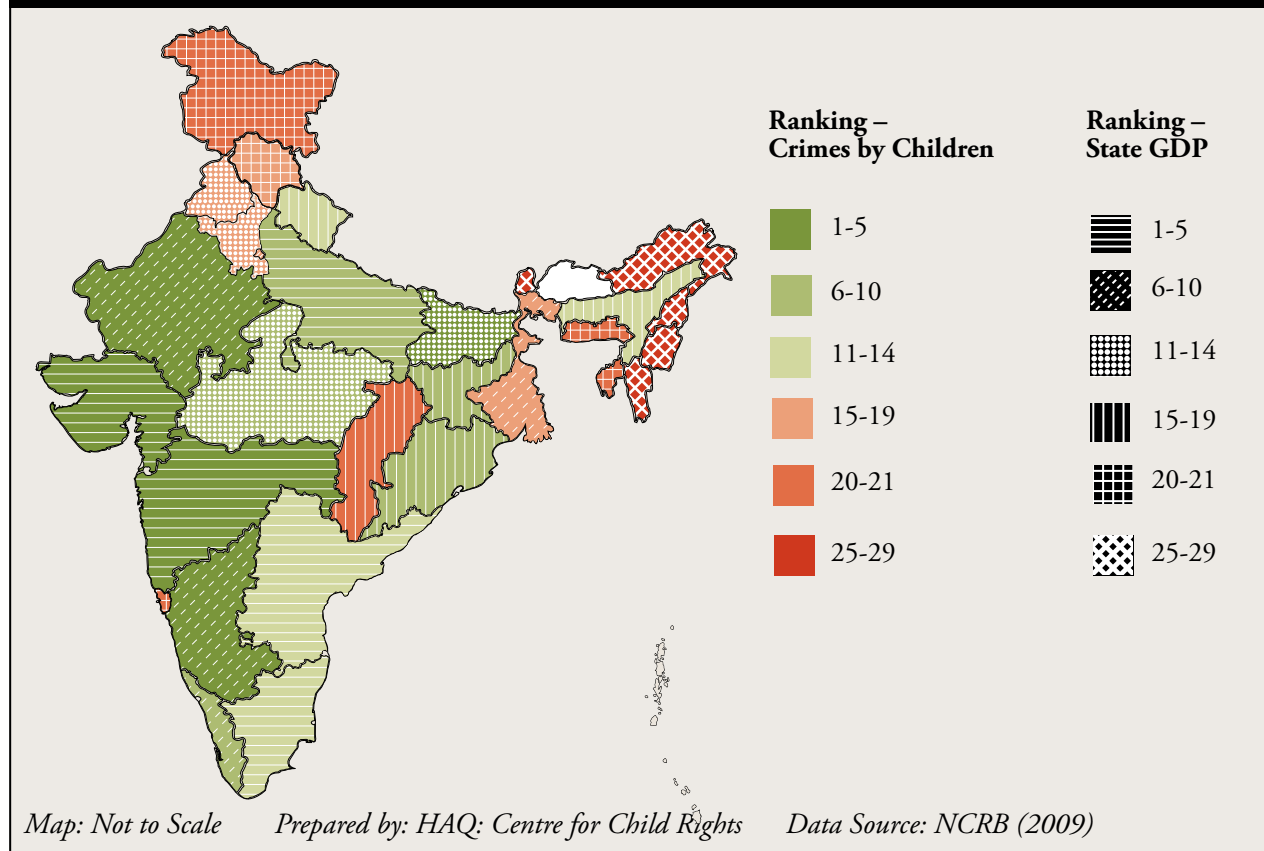
- Chhattisgarh might be performing relatively better when it comes to crimes against children but clearly a lot of its children are committing crimes. Like Jammu and Kashmir, Chhattisgarh too is a conflict area state. It has performed poorly in most child rights indicators.

- Looking at performance, when it comes to disposal of cases, Manipur is not only inefficient in delivering justice to the victims (i.e crimes against children), the courts/Juvenile Justice Boards seem to fail children who are in conflict with law as well.
 - Similar situation prevails in Bihar and Jammu & Kashmir.

Table 5: Overall Index Crimes by Children		1= Most child friendly	
State	National Ranking for Crimes by Children	Components used for the overall index:	
Bihar	1	a. Indian Penal Code (IPC)	iii. Gambling Act
Rajasthan	2	i. Murder	iv. Excise Act
Maharashtra	3	ii. Attempt to Commit Murder	v. Prohibition Act
Karnataka	4	iii. Culpable Homicide Not Amounting to Murder	vi. Explosives and Explosive Substances Act
Gujarat	5	iv. Rape	vii. Immoral Traffic (Prevention) Act
Jharkhand	6	v. Kidnapping & Abduction	viii. Railways Act
Kerala	7	vi. Dacoity	ix. Registration of Foreigners Act
Madhya Pradesh	8	vii. Preparation & Assembly for Dacoity	x. Protection of Civil Rights Act
Uttar Pradesh	9	viii. Robbery	xi. Indian Passport Act
Orissa	10	ix. Burglary	xii. Essential Commodities Act
Andhra Pradesh	11	x. Theft	xiii. Terrorist & Disruptive Activities Act
Assam	12	xi. Riots	xiv. Antiquities & Art Treasures Act
Tamil Nadu	13	xii. Criminal Breach of Trust	xv. Dowry Prohibition Act
Uttaranchal	14	xiii. Cheating	xvi. Child Marriage Restraint Act
Haryana	15	xiv. Counterfeiting	xvii. Indecent representation of Women Act
Punjab	16	xv. Arson	xviii. Copyright Act
West Bengal	17	xvi. Hurt	xix. Sati Prevention Act
Himachal Pradesh	18	xvii. Dowry Deaths	xx. SC/ST (Prevention of Atrocities) Act
Delhi	19	xviii. Molestation	xxi. Forest Act
Chhatisgarh	20	xix. Sexual Harassment	xxii. Other SLL Crimes
Tripura	21	xx. Cruelty by Husband of Relative	
Meghalaya	22	xxi. Importation of Girls	
Goa	23	xxii. Causing Death by Negligence	
Jammu & Kashmir	24	xxiii. Other IPC Crimes	
Nagaland	25	b. Special Local Laws (SLLs)	
Sikkim	26	i. Arms Act	
Arunachal Pradesh	27	ii. Narcotic Drugs and Psychotropic Substances Act (NDPS)	
Mizoram	28		c. Disposal of juveniles arrested and sent to court
Manipur	29		
UT	National Ranking for Crimes by Children		
Puducherry	1		
A & N Islands	2		
Chandigarh	3		
D & N Havelli	4		
Daman & Diu	5		
Lakshwadeep	6		

Data Source: National Crime Records Bureau (NCRB) – Crime in India 2009

Fig. 9.5: State Performance in Crimes by Children vs. Overall State GDP



- Incidentally, Sikkim is a state that performs very poorly when it comes to ratio of primary to upper primary schools. With not enough avenues to pursue education and stay in school, perhaps children fall into the cycle of crime.
- Similarly, Arunachal Pradesh is one of the three worst performing states for education, and specifically access to education
- States that have higher incidences of crimes being committed by children also are amongst the worst performing when it comes to child labour. ((Mizoram, Sikkim, Meghalaya , Nagaland – all have very high percentages of the child population in labour)
- The five worst performing states - Nagaland, Sikkim, Arunachal Pradesh, Mizoram, and Manipur (All in the north east) also have the lowest state GDPs in the country.
 - They are also, incidentally amongst the worst performing overall in the child rights index

Critical Areas of Concern

Juvenile Justice

Being the only law in the world based on a preventive approach to juvenile justice, the JJ Act is indeed a legislation that India needs to be proud of. While making a move towards restorative justice and providing for diversionary measures to deal with children in conflict with law, it also provides safeguards and care for children in need of care and protection, thereby making an attempt to reduce possibilities of children coming in conflict with the law.

However, the law needs to be strengthened in order to realise the principles and goals of restorative justice. This requires spelling out clear procedures for dealing with children and reducing the areas of ambiguity, establishing standards of care and protection and measures for implementing them, laying down other measures that can strengthen the child protection system in the country.

For example, amending the law to ensure that every child care institution in the country is registered under the juvenile justice law will make it mandatory on such institutions to adhere to the standards of care and protection set out in the law and will also provide a data-base on children in need of care and protection, which is lacking even after almost 25 years of implementation of a juvenile justice law in India.



Alternate Care

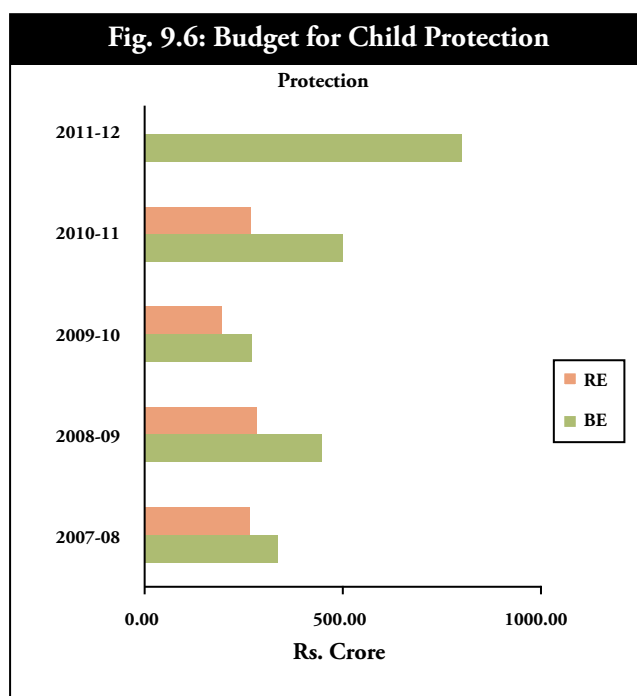
The fact remains that today in India, alternate care is not thought of when it comes to children in conflict with the law. The juvenile justice law provides for foster care, sponsorship and after care along with adoption. However, the emphasis has been on adoption on grounds of ensuring permanency in the life of a child. While this may work for the very young children, for the older ones other forms of alternate care must be relied upon as the spirit of the juvenile justice law is to use institutionalisation as the last resort. The after-care programme is also very weak. Delhi has one after care home, which is again reduced to a form of institutional care, whereas the idea is to set up group after care organisations and not another institution where children are housed after they complete the age of 18 and until they turn 21. India still does not have a national foster care or sponsorship programme. In fact lack of investment in sponsorship programmes is both a cause and result of allowing people to surrender their children for adoption.

Financial Commitments

Budget for Children (BfC) in the Protection sector for children in the Union Budget 2011-12 has increased from 0.05 per cent in 2010-11 to 0.06 per cent in the current budget. The Eleventh Five Year Plan document spoke of hefty allocations for protection but the budget allocations of Rs. 243 crores (down from Rs. 270 crores in 2010-2011) for the financial year leaves children wanting. The analysis has shown that: The Finance

Minister has allocated only Rs. 240 crores for the entire financial year. How does he justify a fall in allocation of ICPS in the face of a 19 per cent increase in violence against children since 2007

- Considering that all protection schemes were subsumed under this umbrella, it is leaving children unprotected and diluting the commitment set by the 11th Five year plan.
- A day's cost to run one JJB and one CWC, as required by the Juvenile Justice Care and Protection Act, 2000 for the 602 districts in the country amounts to almost Rs. 21,00,000/day. And this is only one small component of the ICPS.
- How can one expect outcomes when 33 MOUs have just been signed. Surely they would need resources to start implementing the programme now.



Conclusion: Children still Crying for More Protection

Children in any society constitute the most vulnerable group that needs 'protection' and is a responsibility of the state as well as the members of the society. Despite some commendable efforts and achievements of the Indian state, it is an explicit fact that the majority of children in India are suffering, deprived of basic resources and needs for an average human existence. Due to their own incapacity to fight for their rights, the 'unprotected child' in India is a collective failure of the Indian. Unfortunately, shortcomings remain, including poor implementation of the JJAct, inadequate infrastructure, inadequate human response training. Timely disposal of cases remains a challenge, leading to pendency, which means delay in justice. Monitoring progress remains the greatest challenge. State Commissions have either been set up but are not functioning or have yet to be set up in most states. There is a need for greater impetus and investment of requisite human and financial resources and necessary infrastructure by the Government. Better inter-departmental linkages would benefit children as well, especially those being rescued from child labour. Otherwise, its children will continue to fall prey to brutal violations of their rights.

ICPS is falling short of expectations and several components of ICPS remain untouched. Strengthening of families and communities to ensure prevention of children falling out of the protective net has received no attention. Similarly alternative care provisions such as sponsorship and foster care have not been explored adequately. The focus has remained limited to strengthening the juvenile justice system and on putting JJ structures in place. While this is important, it cannot be the only focus and must integrate with other services required for protecting children's rights.

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Child Marriage

SPOTLIGHT ON CHILD MARRIAGE IN INDIA

1

More than half of all the world's women 20–24 years old who were married or in union by age 18 live in South Asia, and more than one in three women in the world who were married as children are from India (*UNICEF, Progress for Children, A Report Card on Child Protection, Number 8, September 2009, New York*)

2

More than half the women in India were married before the legal age of 18 years. In contrast, only 16 per cent of the men were married by the age of 18 years and 23 per cent by the age of 20. (*NFHS 3 – 05-06, Pg. xxxi*)

3

Teenage pregnancies and childbirth complications are among the leading causes of death on females between 15 and 19 years of age (http://www.wikigender.org/index.php/Too_young_to_be_mother)

Introduction

Child marriage is one of the worst forms of violence, a social evil still very prevalent in India. Despite a law that dates back to 1929, The Child Marriage Restraint Act (CMRA), popularly known as the Sharda Act, child marriage has continued. Both underage girls and boys are married off, but the case of little girls being married is many more.

In 2007, the Government of India passed the Prohibition of Child Marriage Act- 2006 (PCMA), enacted by the Parliament on 10 January 2007, prohibiting marriage of girls below the age of 18 and boys below the age of 21 years. As the title itself suggests, the amended law makes a clear commitment towards ending the practice of child marriage by moving away from mere restraint of a practice to complete prohibition.

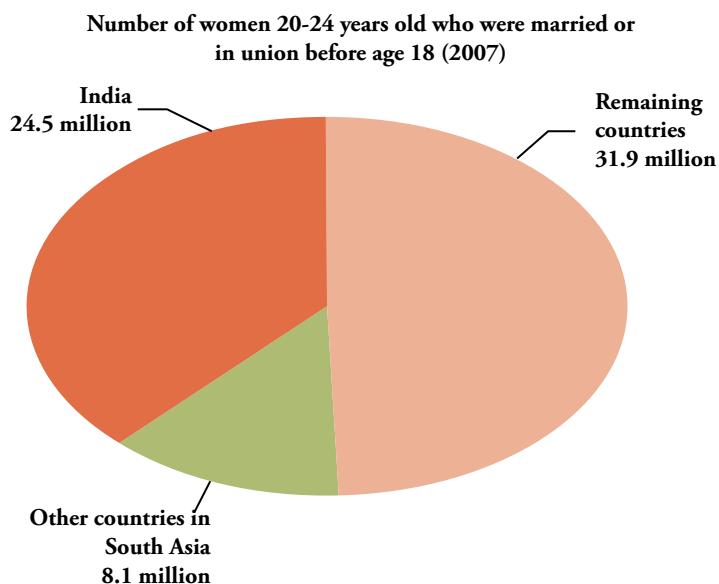
However, the PCMA is its self a problem. Even though the PMCA bans child marriages by talking about complete prohibition instead of mere restraint, it fails to declare all child marriages illegal. Most child marriages are in fact voidable at the option of either party on reaching majority (18 for girls and 21 for boys). Till then the marriage is legal and continues.

Wide variations remain amongst the states as well as rural vs. urban areas. National Family Health Survey of 2005-2006 (NFHS-3) carried out in twenty-nine states confirmed that 45.6 per cent of women currently aged 18-29 years were married before the age of 18 years, with 53.4 per cent in rural areas and 29.7 per cent in urban areas and exceeded 50 per cent in eight states.¹ (IIPS and Macro International. 2007. 167)

Only five states of Himachal Pradesh, Manipur, Kerala, Goa and Jammu and Kashmir report less than 20 per cent of women married before 18.

Early marriage marks the beginning of a long journey of violation of rights, the most basic being the right to childhood, and is closely connected to the realisation of all their other rights. It has serious health impact and is closely related to the high maternal mortality rate, premature delivery and high mother/infant mortality and morbidity rates, high susceptibility to gender based violence and sexual abuse and trafficking, increased number of miscarriages and low birth weight babies. Indeed, there is little doubt that child marriage results in inter-generational health implications. To complicate matters further, 'if and when young women suffer from illness or die as a result of pregnancy and childbirth, this is rarely attributed to young age.'² (ICRW. 2011. 3)

Fig 10.1: Half the World's Child Brides Live in South Asia; One-third Live in India

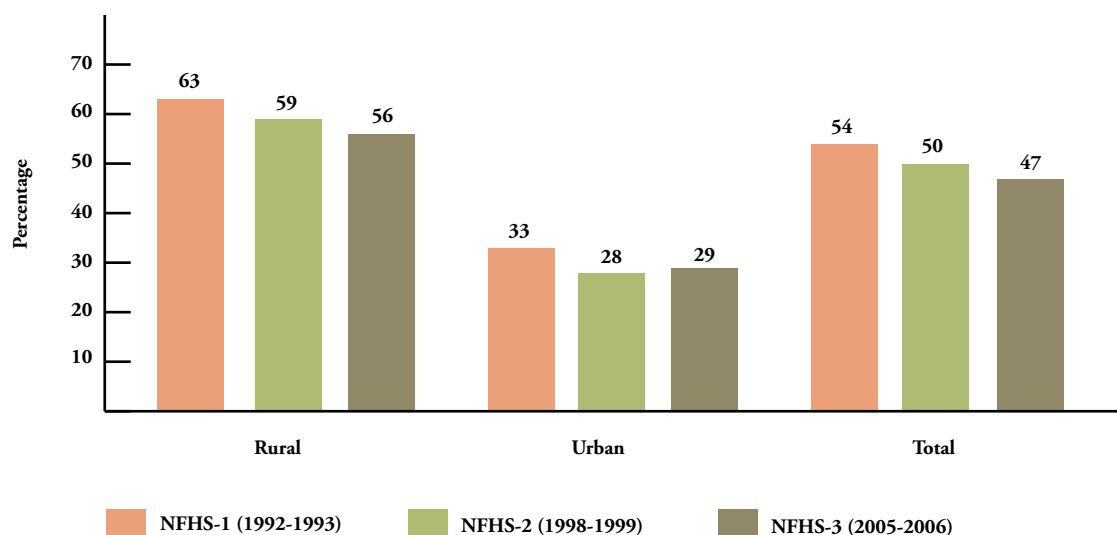


Note: Estimates are based on 96 countries representing 61% of the world population. The estimates were calculated using 2007 figures for the number of women 20-24 years old and 2000-2007 figures on the prevalence of child marriage. They do not include China and its population because data on child marriage for China are not available in UNICEF databases.

Sources: MICS, DHS and other national surveys, 2000-2007.

The right to childhood, survival, healthy development, education, protection and participation of all children must be protected and the child marriage law be amended accordingly.

Fig 10.2: Changes in the Proportion of Women, 20-24, Marrying below 18 – by Rural or Urban Residence, in India 1992/93 – 2005/06



Child Marriage is both a symptom of and a contributor to gender inequality.³ (ICRW. 2011) Girls are vulnerable to early marriages because of patriarchy and the perceived lack of alternatives and constructive opportunities for them by a society which believes that girls are meant for marriage and hence “*paraya dhan*” or someone else’s property.

“Studies demonstrate the clear link between incidence of child marriage and poor health indicators, often due to high levels of maternal mortality and morbidity (ICRW 2008b) In addition, girls who marry at a young age often do so with limited experience and information, no autonomy, and negligible power in negotiating sexual relations. Child marriage is also directly associated with lower educational attainment for girls, limiting their employment opportunities, economic security and productive capacity to society.”

- International Center for Research on Women (ICRW) Report to Unicef. Delaying Marriage for Girls in India – A Formative Research to Design Interventions for Changing Norms. Unicef. March 2011. Pg. 2

Early marriage has long term social as well as economic impacts. ‘Educational opportunities, which could support daughters’ autonomy or employment skills, are frequently denied to girls. In addition, (inadequate) access to schools (especially) in rural areas, (makes parents) fearful of their daughters’ commute and the potential for sexual assault or involvement with men’.⁴ (ICRW. 2011. 3) Also, ‘there are marked pressures toward marriage at an early age among girls to minimize the risk of, and dishonour associated with improper female sexual conduct...In most communities of India, a girl’s parents are required to provide dowry to the bridegroom and his family, a practice that lends an economic dimension to marriage. The dowry amount may increase as the girl gets older and she requires an older bridegroom, who is likely to be more educated...’⁵ (ICRW. 2011. 3)

With early marriage and additional family responsibilities, even those children who had been attending it, drop out of education. By taking away their right of choice and imposing family responsibilities beyond their age and capacity they are deprived of any scope for skill development.

Early marriage of boys is as much a violation of their rights as it is for girls, although girls are more vulnerable because of the additional role as young mothers. The health of boys too is impacted. Becoming engaged in early sexual activity also means early responsibility of fatherhood and having to take on economic responsibilities at an early age. Indeed, they are left with a life of very little choice for the future.

Commitments on Elimination of Child Marriage

Over the last decade, the Government of India has made several attempts to either directly address child marriage or deal with it indirectly, through commitments related to maternal mortality, infant mortality, education, trafficking, and so forth. However, “strong national policies that limit child marriage as well as strong laws to prevent it, are undermined by lack of awareness, weak implementation and lax enforcement...In addition, gaps and loopholes in policies, administrative challenges, and lack of awareness of these policies and programs among both implementers and intended beneficiaries are limiting their effectiveness”⁶ (Das Gupta *et al.* 2008. ii)

Some programmes the government put into place to not only delay age at marriage but also to generate awareness and protect the girl child:

- **Balika Samridhi Yojana (BSY):** Initiated on 2 October 1997, BSY was a centrally sponsored investment scheme with national coverage, the objective of which was raising the overall status of the girl child i.e. addressing the problem of declining sex-ratio and gender discrimination, and ensuring that girl children are able to complete their education and their marriage is delayed
 - Shortcomings included constraints in the processes and implementation, one of them being the time lag between the deposit of funds in the name of the girl at birth and the receipt of the same by the beneficiary after a period of 18 years. Multiplicity of agencies implementing the scheme also proved to be a bottleneck. Many states already had similar schemes operational and successful, hence this created confusion and duplication of efforts.
 - There is no budget allocation under the Balika Samridhi Yojana since 2007-08. In other words the Central Scheme has closed down, but the States are implementing a similar scheme in different names.
- **Dhanalakshmi:** Launched in March, 2008, this is a conditional cash transfer scheme for the girl child when certain obligations by the family are met, such as registration of the birth of the girl child, immunisations, enrolment and retention in school, remaining unmarried at age 18. Also included is an insurance cover of Rs. 1 lakh (to cover parents) for every girl born after 19 November 2008.
 - This scheme has been affected by several operational issues, including problems in identifying eligible beneficiaries and delays in opening bank accounts⁷ (UNICEF. 2011.15)
- **Kishori Shakti Yojana (KSY):** Launched in 2000-01 as part of the ICDS scheme, KSY is an intervention for adolescent girls (11-18 years). Its aim is to break the intergenerational life-cycle of nutritional and gender disadvantage and provide a supportive environment to adolescent girls for self-development. It thus seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The basic services being provided under the scheme therefore are:
 - Supplementary Nutrition at Rs. 2.50 per girl per day.
 - To train and equip the adolescent girls to improve/upgrade home based and vocational skills and creating awareness on different subjects like health, hygiene, nutrition, female foeticide, family welfare, home management and child care etc.

A key factor is that most of the schemes intend development of the girl child and address the problem of child marriage only as an indirect benefit.

Table 10.1: Goals and Commitments to Eliminating Child Marriage

National Policy for Empowerment of Women, 2001	<ul style="list-style-type: none"> ■ Interventions such as spread of marriage and special programmes like BSY should impact on delaying the age of marriage so that by 2010 child marriage is eliminated
National Youth Policy, 2002	<ul style="list-style-type: none"> ■ Indirectly addressed: action should be pursued to eliminate all forms of discrimination in respect to the girl child, negative cultural attitudes and practices against women, discrimination against women in education, skill development and training, and the socio-economic exploitation of women, particularly young women ■ Also provides for the sensitisation of youth on the 'correct age at marriage'
National Plan of Action, 1992	<ul style="list-style-type: none"> ■ to promote awareness of health, hygiene, nutrition and family welfare, home management and child care, to take all other measures as would facilitate their marrying only after attaining the age of 18 and, if possible, even later
National Plan of Action, 2005	<ul style="list-style-type: none"> ■ Amongst the 12 key areas, the plan calls for complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child ■ To prevent and progressively eliminate child marriage and under age child bearing by enforcing Child Marriage (Restraint) Act ■ Rights of the Girl Child Goals: to eliminate child marriages ■ Adolescents Goals: to eliminate child marriage by 2010
Tenth Five Year Plan (2002-07)	<ul style="list-style-type: none"> ■ Concentrate efforts to eliminate all forms of discrimination and violation of the rights of the adolescent/girl child by undertaking strong legal measures, including punitive ones. These include strict enforcement of relevant legislations along with eradication of the harmful practices of female foeticide/ female infanticide, child marriage, child abuse, child labour, child prostitution etc.
Eleventh Five Year Plan (2007-12)	<ul style="list-style-type: none"> ■ Recognising children as 'everyone below the age of 18, the Plan calls for compulsory registration of marriages and verification of age at the time of marriage ■ Also, enforcement mechanisms for implementation of the Prohibition of Child Marriage Act, 2006 are to be strengthened ■ Introduce a pilot scheme (Dhanalakshmi) in selected backward districts of the country

Other schemes indirectly targeting child marriage include:

- **Integrated Child Protection scheme (ICPS):** Launched in 2009-10, its focused on comprehensively addressing the needs to children in need of care and protection (i.e. a victim of child marriage) as well as children in conflict with law. Currently MOUs have been signed in 33 states. So it is yet to be seen how ICPS can directly support the implementation of PCMA as well as the rehabilitation of victims of child marriage
- **Ujjawala:** “Comprehensive scheme for the prevention of trafficking and rescue, rehabilitation and re-integration of victims of commercial sexual exploitation” (currently in 10 states)
- **Swadhar:** Targeted at women in difficult circumstances (including victims of trafficking)

Reliable Data Remains a Significant Challenge

As with all data, child marriage is also a challenge as the methodology for data collection varies between the different data sources available – District Level Household and Facility Survey (DLHS), the National Family Health Survey (NFHS) and the Census.

While the DLHS gives data for 2007-08, this is based on information collected from people who were between 15-49 years at the time of the survey who were married below the age of 18 years (NFHS - 3) also uses the same method. Both are based on sample surveys.

On the other hand the census data is based on information from all persons currently or ever married at the time of census, painting a much bigger picture. Unfortunately the Census 2011 data is not yet computed for child marriage. Hence for the purpose of our index, we have chosen to use Census 2001 as our source. However, for purposes of information and to show the variation between the various data sources available we have given the ranking as per DLHS as well as Census 2001 (Table 10.2 and 10.3).

Officials crack the whip on child marriages

Roli Srivastava, TNN Jun 19, 2011, 10.16pm IST

HYDERABAD: Kiran Kumar Reddy may have made for a pretty picture helping a girl child write at a government school in Ameerpet, but it is in the distant revenue division of Adoni in Kurnool district that a real revolution is actually unfolding. **Revenue officials here have stopped a whopping 400 child marriages in less than two months.**

In a crackdown unseen earlier, officials spearheaded an anti-child marriage campaign along with other government departments and Unicef across the 17 mandals of Adoni. The result: this wedding season at Adoni saw fewer child marriages than the previous years. Local officials have even managed to put a system in placepeople performing marriages of their children in Adoni now mandatorily need to carry the bride and the grooms age certificates. It has also been made mandatory for presses printing wedding cards to ask for age proofs of brides and grooms.

The age group of the bride and groom at the marriages we stopped was 12 to 18, says N Prabhakara Reddy, the revenue divisional officer, who played a key role in the drive, visiting wedding venues, plonking himself at the kalyana mandapam next to the priest or the groom and preventing marriages. Awareness drives over the last many years have not exactly yielded results, he says and so the tool he used was fear. **Two years**

in jail and Rs 2 lakh fine is what was announced at each of these weddings. We had to raise our voices when we asked them to stop the marriage. And it had the desired effect, given that most of these people are poor, Reddy says, who **even introduced a cash prize of Rs 100 for tip offs on child marriages.** At each of the marriages stopped, an undertaking on a white bond paper was taken from the parents saying that they would not perform the child's marriage before the legally permissible age of 18 for girls and 21 for boys. Adoni, which is on Karnataka border is known for its textile units and **high girl child drop out rate, almost 50 per cent. Around 80 per cent of these drop out girls get married soon after they leave school.**

As per official estimate, their age at marriage hovered between 12 and 14.

Officials here say that child marriages in Adoni had ensured that very few or no girls made it to colleges, with a chunk of them dropping out at school level. The maternal and infant mortality rates are also high here. We are working with Unicef on all these issues, said Kurnool district collector Ram Shankar Naik. The crackdown team admits that there were a few failures too with parents managing to procure age certificates showing that their child was not a minor. But even in these cases, we ensured that the marriage was allowed only after the age proof was shown, says Prabhakara Reddy.

The drive has had a ripple effect. If the local police was initially hesitant in pitching in with its help, it is stopping marriages on its own. We have stopped three marriages in the month of May, says circle inspector Somanna, adding that he is aware of the revenue departments successful drive.

Ending child marriage in India

The Guardian

Despite new provisions having been made under the Prohibition of Child Marriage Act 2006, under which a child marriage prohibition officer must be in place at the local level, implementation is weak. The officer must ensure no child marriages takes place in their jurisdiction by approaching the courts for an injunction, collecting evidence against people, creating awareness about the negative effects of child marriage, and collecting data concerning child marriages, among other functions.

However, the elected village head in Sugandha's village said: "I have heard that child marriage is an offence but I have not read the law yet. Even now child marriage is taking place, because people say that a girl is someone else's property, therefore she should be married as soon as possible so she goes to her "own" home. I'm faced with a situation where if I take any action against them, the villagers will be up against me. So even if I know, I think it's best that I keep quiet."

Table 10.2: Percentage of Women Age 20-24 getting Married before Age 18 years

State	Ranking	Percentage
Nagaland	NA	NA
Himachal Pradesh	1	9.1
Kerala	2	15.5
Punjab	3	15.5
Goa	4	19.1
Uttaranchal	5	19.7
Mizoram	6	23.7
Tamil Nadu	7	24.0
Delhi	8	24.2
Jammu & Kashmir	9	24.6
Manipur	10	24.7
Arunachal Pradesh	11	26.2
Haryana	12	28.0
Sikkim	13	30.6
Meghalaya	14	34.3
Gujarat	15	35.4
Orissa	16	37.5
Assam	17	40.0
Maharashtra	18	40.4
Tripura	19	43.6
Chhattisgarh	20	45.2
Karnataka	21	50.2
Andhra Pradesh	22	51.9
Madhya Pradesh	23	53.8
West Bengal	24	54.7
Uttar Pradesh	25	54.9
Jharkhand	26	55.7
Rajasthan	27	57.6
Bihar	28	68.2

Source: District Level Household & Facility Survey (DLHS) III, 2007-2008

Table 10.3: Child Marriage (0-17 yrs) as Percentage of Child Population in Respective State

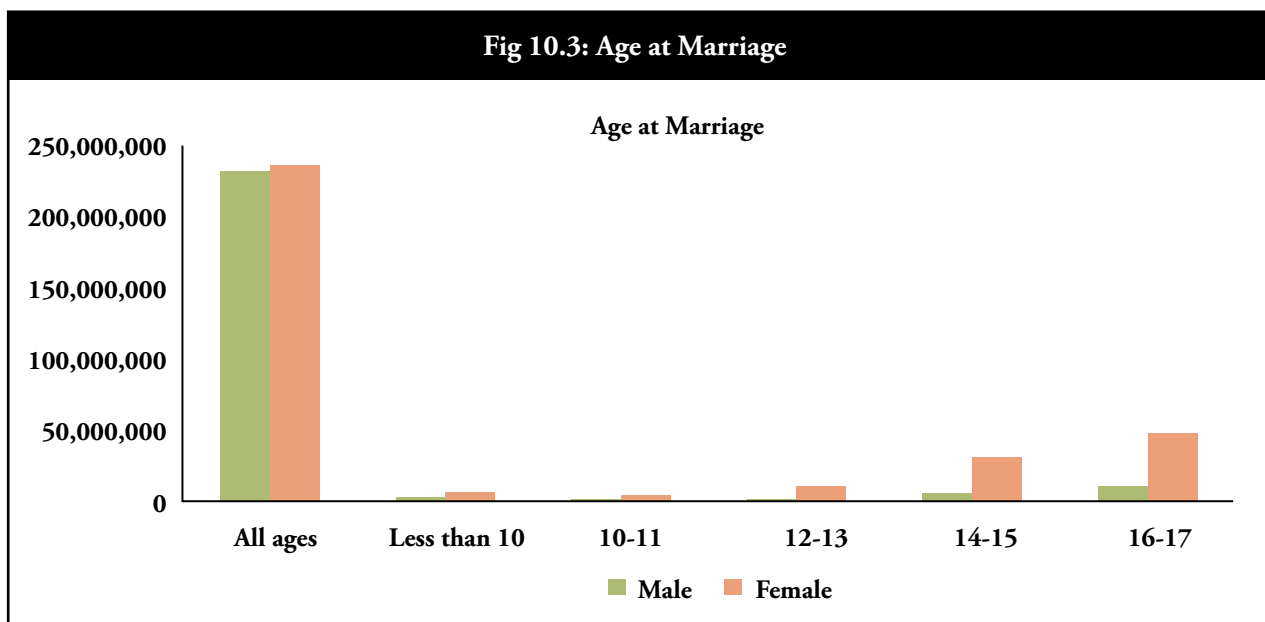
State	Ranking (Per Girl Child Early marriage)	Gird Child	Overall (Boys + Girls)
Nagaland	1	11.35	6.54
Mizoram	2	11.66	6.69
Meghalaya	3	16.47	9.64
Manipur	4	21.47	12.08
Punjab	5	25.38	14.23
Jammu & Kashmir	6	26.17	15.27
Arunachal Pradesh	7	26.27	15.66
Goa	8	28.44	15.38
Sikkim	9	31.37	19.38
Assam	10	33.66	17.73
Gujarat	11	39.69	23.52
Kerala	12	47.04	23.92
Tripura	13	48.85	25.45
Delhi	14	48.90	28.37
Tamil Nadu	15	50.65	26.15
Uttaranchal	16	52.06	28.43
Himachal Pradesh	17	52.58	28.49
Orissa	18	53.53	28.53
Uttar Pradesh	19	53.94	35.35
Karnataka	20	55.28	28.52
Maharashtra	21	59.29	31.34
Jharkhand	22	60.62	35.33
Haryana	23	63.49	37.23
Bihar	24	65.04	39.51
Chhattisgarh	25	66.00	41.71
West Bengal	26	71.89	37.53
Rajasthan	27	72.25	47.79
Madhya Pradesh	28	72.42	46.24
Andhra Pradesh	29	85.55	46.61

Source: Census 2001 (C-6: Ever Married and Currently Married)

Methodology

As mentioned above, Census 2001 gives child marriage information from all persons in the census and hence computes data of all persons married before the age of 17 years at the time of census, while DLHS and NFHS are both sample surveys based on information collected from persons in a certain age group.

For the purpose of creating a child marriage index, we chose to use Census 2001 data as it gives a more comprehensive picture of the ground reality when it comes to early marriage in India.



Source: Census 2001

National Ranking for Child Marriage

Table 10.4 enables us to see how states are ranked in child marriage. While Nagaland ranks first with the least number of children who are married, it is interesting to find Kerala, which ranks well in almost all other indicators to be placed the lowest which relates to its lowest ranking in gender equality with more girls being married before the age of 18 years than boys. Indeed, despite popular belief to the contrary, this raises serious questions about the status of girls in the state.

The five worst performing states are Tamil Nadu, Karnataka, West Bengal, Andhra Pradesh and Kerala. Amongst the worst performing are also the Union Territories of Daman & Diu and Puducherry.

Table 10.4: Overall Child Marriage Index
(1= Most child friendly)

State	National Ranking for Sex Ratio
Nagaland	1
Mizoram	2
Meghalaya	3
Punjab	4
Arunachal Pradesh	5
Manipur	6
Jammu & Kashmir	7
Sikkim	8
Goa	9
Gujarat	10
Delhi	11
Assam	12
Uttar Pradesh	13
Uttaranchal	14
Himachal Pradesh	15
Jharkhand	16
Haryana	17
Bihar	18
Maharashtra	19
Chhattisgarh	20
Orissa	21
Tripura	22
Madhya Pradesh	23
Rajasthan	24
Tamil Nadu	25
Karnataka	26
West Bengal	27
Andhra Pradesh	28
Kerala	29
UT	National Ranking for Sex Ratio
D & N Haveli	1
Chandigarh	2
Lakshwadeep	3
A & N Islands	4
Daman & Diu	5
Puducherry	6

Components used for the overall index:

- Child Marriage: Overall (boys and girls)
- Child Marriage: Gender Inequality

Note: Age: 0-17 years

Data Source: Census 2001

Table 10.5: Child Marriage Components			
State	National Ranking for Child Marriage	Overall (Boys + Girls)	Gender Equality
Nagaland	1	1	15
Mizoram	2	2	16
Meghalaya	3	3	14
Punjab	4	5	11
Arunachal Pradesh	5	8	10
Manipur	6	4	17
Jammu & Kashmir	7	6	13
Sikkim	8	10	6
Goa	9	7	21
Gujarat	10	11	8
Delhi	11	15	9
Assam	12	9	24
Uttar Pradesh	13	22	2
Uttaranchal	14	16	18
Himachal Pradesh	15	17	19
Jharkhand	16	21	12
Haryana	17	23	7
Bihar	18	25	5
Maharashtra	19	20	22
Chhattisgarh	20	26	4
Orissa	21	19	23
Tripura	22	13	26
Madhya Pradesh	23	27	3
Rajasthan	24	29	1
Tamil Nadu	25	14	28
Karnataka	26	18	27
West Bengal	27	24	25
Andhra Pradesh	28	28	20
Kerala	29	12	29

Ranking 1-5 6-10 11-14 15-19 20-24 25-29

UT	National Ranking for Child Marriage	Overall (Boys + Girls)	Gender Equality
Andaman & Nicobar Islands	4	6	4
Chandigarh	2	1	1
Dadra & Nagar Haveli	1	5	2
Daman & Diu	5	3	3
Lakshwadeep	3	4	5
Puducherry	6	2	6

Ranking 1-2 3-4 5-6

The matrix in Table 10.5 enables us to see exactly where the problem lies and interventions are required. Child Marriage is both a symptom of and a contributor to gender inequality.⁸ (ICIRW. 2011. 1) The ranking of gender inequality in child marriage in the matrix highlights the states that need to be targeted for programming.

- While Bihar, Chhattisgarh, Madhya Pradesh, Rajasthan and Andhra Pradesh marry off both girls and boys, other states rank badly because it is the girls who are being married off early.
- Rajasthan, known for conducting group child marriages, especially around Akha Teej, is clearly performing very poorly, with almost 48 per cent of its children, of whom 72 per cent are girls being married before the legal age. Yet, in terms of gender equality, it is ranking 1 as the number of girls and boys that are married is less than in other states.

According to the latest results from 2007-08 District Level Household & Facility Survey (DLHS-3) survey, the mean age of marriage for women varies across states from a low of 17.6 and 17.7 years in Bihar and Rajasthan, respectively, to the highest of 25.1 years in Goa. In the case of men, the mean age is lowest in Bihar and Uttar Pradesh at 21.6 years. Across India, 43 per cent of women in the age group 20-24 had been married before the age of 18.

The practice is the worst in eight states, where this percentage exceeds 50 — these are Bihar, Rajasthan, Jharkhand, Uttar Pradesh, West Bengal, Madhya Pradesh, Andhra Pradesh and Karnataka.

Though Himachal Pradesh is ranked the best, the practice is prevalent here too, with less than 10 per cent of the women in the age group 20-24 reporting being married by 18.

Other states where this share is less than 20 per cent are Uttarakhand, Goa, Puducherry, Kerala, Punjab and Lakshadweep.

Child marriages high in Kerala

R Gopakumar, THIRUVANANTHAPURAM, June 19, Deccan Herald:

Over 45,000 child marriages, bulk of them from the Muslim community, have occurred in Kerala since 2001.

The data made available to an RTI applicant has raised serious questions about the status of women in 'God's own country'. According to the data, 18,033 marriages were performed during 2001-2002, out of which 352 involved girls aged 13 and 14 years while 918 were those aged 14 to 15 years. In all, 2,450 marriages involved girls aged 15-16 years and 7,450 were in the age group of 16-17. The bulk of the marriages happened in 17-18 year age group that year – 15,282.

Similar figures have been recorded for 2002-2003 also when 18,033 child marriages took place. The information was given to Punarjani Charitable Trust, a forum of women lawyers based in Kozhikode.

Advocate Sapna, representing the trust, said: "Despite the strong provisions of the Child Marriage Restraint Act, this social evil is quite common in our state. We are to file a writ petition," she said.

However, in recent years there has been a downslide. During 2007-2009, Malappuram district recorded 5,829 child marriages.

Interestingly, while bulk of the marriages involved

Muslim girls, others have also not eschewed the social evil. For instance, in 2008, while 4,249 of the 4,955 brides in the child marriages were Muslims, 339 were Scheduled Castes, 55 were Scheduled Tribe girls and 312 from other communities.

Filmmaker Aryadan Shoukath whose film Paadam Onnu Oru Vilaapam on the topic had received national acclaim, said: "Over 80 per cent of marriages happening in the Nilambur panchayat are child marriages." The reasons were not complex to seek. "Boys marry early and use the dowry to either to fly to the Gulf for a job or start a business," he pointed out.

Progressive Muslim thinker Prof M N Karassery told Deccan Herald that the figures were stunning. "Right from the beginning, a section of Muslim were against fixing an age limit for marriage of girls saying that the religion did not permit such a condition. However, the Muslim community in the State was believed to have been on the path of self-realisation that early marriage for girls would affect their employment, social life and future," he said.

Causes Attributed for Existence of Child Marriage

- It has always been believed that lack of education/literacy is one of the factors that contribute to existence to child marriage in a society. When the main index is read in the context of the mini indices, we find that sometimes the performance of states defies this. In fact what is true of one state is not true of another:
 - Despite its high literacy rate, Kerala is ranked last in gender equality in prevention of child marriages and is 12 in its overall rank, as well as ranks high in the percentage of girls that are married (47.04 per cent).
 - On the other hand, West Bengal, which is one of the worst performing states in education, is also performing badly in gender equality (ranked 25). It is also ranked badly in actual performance when it comes to prevention of girl child marriages (ranks 26 with almost 72 per cent of girl child marriages)
- Most states that may not be ranking very badly in the overall, rank badly when comes to gender equality in preventing child marriage, and this seems to cut across religion. And this has nothing to do with religion.
 - Goa and Assam are cases in point, as is Jammu and Kashmir, which is predominantly muslim.
 - Dadra & Nagar Haveli (predominantly Hindu), amongst the worst UTs overall and holds the lowest rank on gender equality.

FACTORS COMMONLY BELIEVED TO BE RESPONSIBLE FOR CHILD MARRIAGE

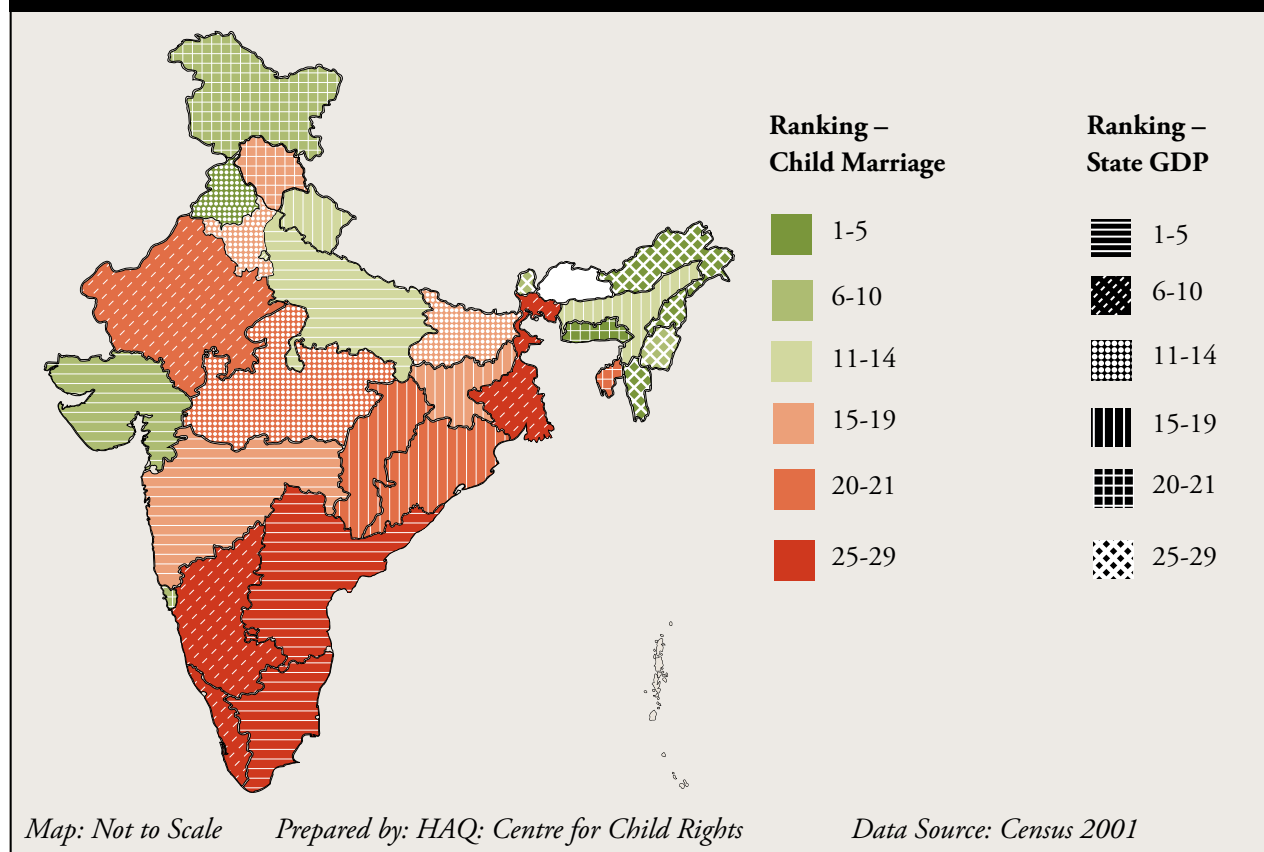
- **Illiteracy and lack of education**
- **Patriarchy**
- **Gender discrimination and unequal status of women**
- **Traditions and customs, eg. the season of Akha Teej is considered auspicious for marriages**
- **Economic reasons, eg., Higher dowry needs to be given to daughters when they are married at later age**
- **Lacunae and shortcomings in the existing Child Marriage Restraint Act: for example the law does not declare the child marriage null and void**
- **Lack of protective environment for a young girl. Marriage is defended as a security strategy in a situation where there are very few options open for the development of women and children**
- **Lack of administrative will and action**
- **Gender imbalance in some states has led to trafficking of girls in the name of marriage**

Source: Ministry of Women and Child Development, 2006. India: Building A Protective Environment for Children. Government of India. p. 38.

- Poverty is one of the other reasons cited for the continuance of child marriage. However, as the map in Figure 4 shows, this is not entirely true
The top five states with the highest GDPs – all rank low on child marriage.
 - Andhra Pradesh and Tamil Nadu are in fact amongst the worst ranked for child marriage.
 - Maharashtra, one of the highest in economic growth and yet so poorly ranked in prevention of child marriage also contradicts the assumption of poverty as a cause.

- In fact, some of the poorest states are actually ranked high on the child marriage index.
 - The best performing states in child marriage: Nagaland, Arunachal Pradesh and Manipur, are amongst the lowest GDP states of India.
- Punjab, ranked 13 in the state GDPs, is actually amongst the top performers in eliminating child marriage.
 - It is worth pointing out that as per Census 2011, Punjab has improved its sex ratio from the previous census as well.

Fig 10.4: Overall Child Marriage Index vs State GDP



Early Marriage and Sex Ratios

Is there a link between falling sex ratio and early girl marriage? After all both are significant indicators of the status of the girl child in society. However, there seems to be no clear pattern.

- Puducherry, though ranked 4th highest in terms of sex ratio in census 2001, has seen a slight decline from the previous census and is the worst performing among the UTs in terms of preference to have the girl children married early.
- Haryana, one of the worst performing sex ratio states, ranked 29 in census 2001, is ranked 17 in child marriage and is 7 in gender equality in child marriage.
- Punjab which has one of the lowest sex ratios is among the top five states in prevention of child marriage. And as mentioned earlier, it has seen an improvement in Census 2011 sex ratio.
- Jammu & Kashmir, ranked seventh in prevention of child marriage overall, is doing worse when it comes to girls being married off, and had a sex ratio of 941 which has gone down by 82 points in Census 2011 (with only 859 girls per 1000 boys).

- West Bengal, which has a very low rank in child marriage, has also gone down 10 points in child sex ratio from 960 in 2001 to 950 in 2011.

Long Term Impacts of Child Marriage

What are the risks of early marriages? First, the opportunity to educate girls is aborted, as they get either pulled out of school or never sent to it. Second, early pregnancy endangers their health and that of the unborn child. Anaemic and underdeveloped girl/mothers tend to produce underweight, malnourished children with poor chances of survival and growth. Infants born to 15 - 19-year-olds are nearly 80 per cent more likely to die during the first year of life than infants born to mothers who are older. Delaying a woman's first birth can reduce infant mortality of first born children by up to 30 per cent. It has a devastating effects in terms of their reproductive health and more often than not leaves them vulnerable to domestic violence.⁹ (UNICEF. 2011. 64)

Early Pregnancy

Teenage pregnancies and childbirth complications are among the leading causes of death in females between 15 and 19 years of age.¹⁰ The social context of child marriage reduces women's control of their reproduction in adulthood, possibly because of less contraception knowledge, poor access to family-planning services, reduced control of family-planning decisions in marriages to older men, and heightened control by in-laws.¹¹ (Raj. 2009. 9)

India Teenage Pregnancies

Teenage pregnancies and childbirth complications are among the leading causes of death on females between 15 and 19 years of age. The same age group also contributes 19 percent of the total rural fertility in India. This phenomenon is at its peak in Jharkhand (28 per cent), West Bengal (25 per cent) and Bihar (25 per cent), all in the eastern region. The level of teenage mothering is lowest (less than five per cent) in Himachal Pradesh, Goa and Jammu & Kashmir.

In several States like Bihar, Rajasthan, West Bengal, Jharkhand and Madhya Pradesh, almost half the girls are married before 18, foregoing educational and employment opportunities. A high percentage of teenage mothers begin child bearing immediately after marriage and contribute to higher fertility levels long thereafter. Young mothers being physically immature, often experience obstructed labour, pre-eclampsia (hypertension), eclampsia, leading to death or disability. They are also prone to deliver premature or low birth weight babies. The conclusion that women aged 15 to 19 years have higher maternal death rates compared to those aged between 20 and 24 is stating the obvious.

No wonder children born to minus 20 mothers have a 50 per cent higher risk of dying by the first birthday than those born to older mothers. Child mortality is as high as 25 per cent in Uttar Pradesh and Madhya Pradesh. In the worst league stand three States – Madhya Pradesh, Jharkhand and Bihar – which jointly account for producing more than 58 per cent of India's scrawny offspring, contributing to India's shameful record of supplying 40 per cent of the world's underweight children. That 38 per cent of the less than three-year-old children are stunted, is just another sad statistic (Too much to take in and hence best disregarded).

http://www.wikigender.org/index.php/Too_young_to_be_mother

Our analysis clearly shows states with higher percentage of child marriage also have high incidences of teenage pregnancy (per NFHS-3). ‘Young brides face pressure to prove their fertility and produce children soon after marriage and also have little ability to negotiate sexual activity.’¹² (ICRW. 2011. 3)

Increased prevalence of sterilisation in young women married as children could be attributable to these women having their desired number of children at an earlier age, as indicated by their high fertility. However, our findings suggest that sterilisation might also be the consequence of inadequate fertility control, which is evident from the increased risk of unwanted pregnancies in women married as children.¹³ (Raj. 2009. 9)

...marriage at a very young age has grave health consequences for both the young women and their children. These women are more likely than those who are married as adults to report early, frequent, and unplanned pregnancies, typically from lack of contraceptive use. Such pregnancies have been consistently linked to increased risk of maternal and infant morbidity and mortality... Adolescent mothers are also more likely to experience fistula, pregnancy complications, and death during childbirth than are older mothers.

- Dr. Raj Anita et al. Prevalence of child marriage and its effect on fertility and fertility-control outcomes of young women in India: a cross-sectional, observational study. The Lancet, Volume 373, Issue 9678, Pages 1883 - 1889, 30 May 2009

High Maternal Mortality

Maternal Mortality (MMR) measures the number of women aged 15-49 years dying due to maternal causes per 1,00,000 live births.

States performing poorly in maternal mortality are also poor performers in either one or both indicators of the child marriage index

Table 10.6: Maternal Mortality in Select States 2007-2009

State	Ranking	Percentage
Kerala	1	81
Tamil Nadu	2	97
Maharashtra	3	104
Andhra Pradesh	4	134
West Bengal	5	145
Gujarat	6	148
Haryana	7	153
Punjab	8	172
Karnataka	9	178
Orissa	10	258
Rajasthan	11	318
Assam	12	390
Andhra Pradesh	29	85.55

Source: ORGI, Sample Registration System (SRS) July 2011

Table 10.7: Teenage Pregnancy and Motherhood by State

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing by state, India 2005-06

State	Percentage who		
	Have had a livebirth	Are pregnant with first child	Percentage who have begun childbearing
India	12.1	3.9	16.0
North			
Delhi	3.8	1.2	5.0
Haryana	7.5	4.6	12.1
Himanchal Pradesh	2.1	0.9	3.1
Jammu & Kashmir	3.4	0.8	4.2
Punjab	3.6	1.9	5.5
Rajasthan	12.6	3.4	16.0
Uttaranchal	3.6	2.6	6.2
Central			
Chhatisgarh	11.2	3.4	14.6
Madhya Pradesh	10.6	3.0	13.6
Uttar Pradesh	11.2	3.1	14.3
East			
Bihar	19.3	5.7	25.0
Jharkhand	20.8	6.8	27.5
Orissa	10.4	4.1	14.4
West Bengal	19.3	6.0	25.3
Northeast			
Arunachal Pradesh	12.4	3.0	15.4
Assam	13.1	3.2	16.4
Manipur	5.2	2.1	7.3
Meghalaya	6.7	1.5	8.3
Mizoram	7.7	2.5	10.1
Nagaland	5.5	1.9	7.5
Sikkim	8.7	3.2	12.0
Tripura	14.0	4.5	18.5
West			
Goa	2.6	1.1	3.6
Gujarat	8.9	3.7	12.7
Maharashtra	11.0	2.9	13.8
South			
Andhra Pradesh	12.7	5.4	18.1
Karnataka	12.8	4.3	17.0
Kerala	2.9	2.9	5.8
Tamil Nadu	4.8	2.9	7.7

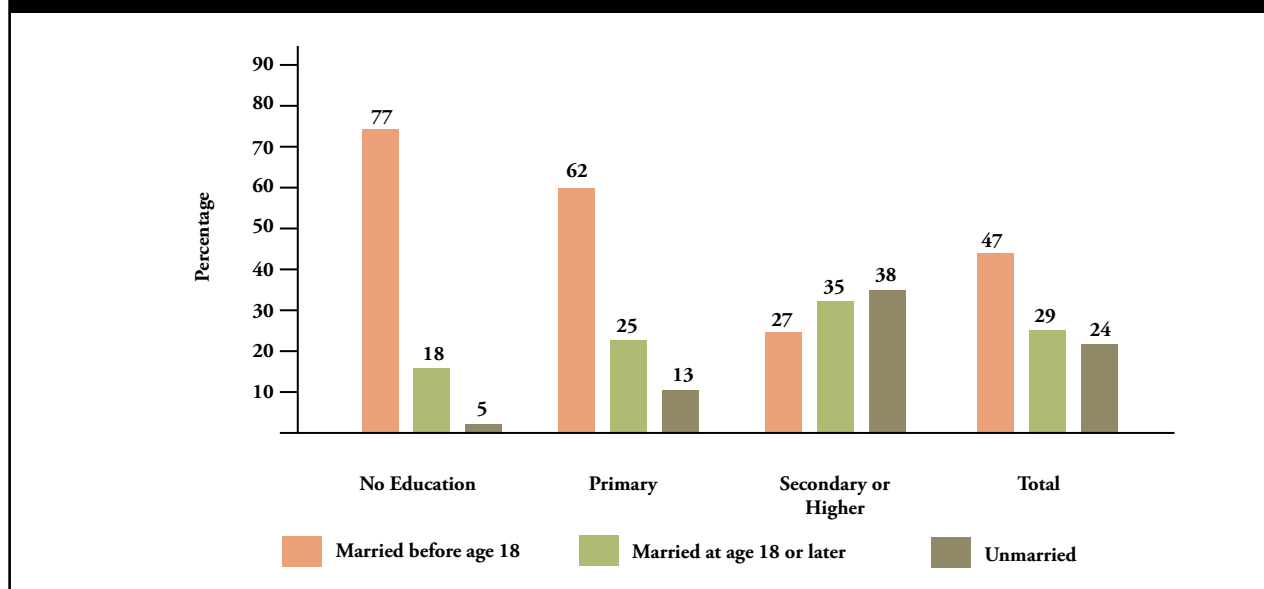
Source: NFHS-3

Loss of Education

There is an undeniable connection between education, awareness and decline in child marriages. If girls are encouraged to continue their education, child marriage would decrease.

Incidentally, Jammu and Kashmir, a poor performer in gender equality for child marriage is also the worst state when it comes to gender equality in education as well.

Fig 10.5: Age of Marriage and Marital Status of young women 20-24 by education in India 2005-2006



Source: Das Gupta, Sreela et al. *Knot Ready – Lessons from India on Delaying Marriage for Girls*. International Center for Research on Women (ICRW). Washington, DC. 2008. Pg 8

Increase in Crimes against Children

Early marriages, along with all opportunities for further development, leave young girls vulnerable to domestic violence, sexual violence especially marital rape, desertion and other forms of violence. Falling sex ratio in many

Child Marriages, Trafficking on the Rise in West Bengal

A survey conducted across several districts in West Bengal has indicated that a rising awareness against dowry is fuelling the incidence of child marriage and trafficking. The survey was conducted by Women's Studies Research Centre (WSRC); the Department of Sociology, Burdwan University; and Centre for Women's Studies, University of North Bengal, supported by the West Bengal Government's Department of Women and Child Development and Social Welfare and United Nations Children's Fund (UNICEF).

It was found that traffickers approach villagers in the guise of grooms without any dowry demand and lure them into marrying off minor girls. The girls are then sold and sent to other places like Mumbai, Dubai or Kashmir. Villagers mentioned that child marriages were not so prevalent earlier. However, the data quoted in the report (sourced from the 2001 Census and the National Family Health Survey) shows a high incidence of child marriage in the State – 39.16 per cent compared to the national average of 32.10 per cent.

Antara Das, *The Hindu*, <http://www.hindu.com/2007/07/19/stories/2007071956291300.htm>

states such as Haryana and Punjab, some districts of Uttar Pradesh, Gujarat and even Jammu & Kashmir has resulted in the trafficking of young girls from West Bengal, Orissa, Assam and Bihar into marriages.

In spite of frequent reports in the media of incidences of child marriage all over the country, reporting of child marriages remains poor. For crimes against children, under the Child Marriage Restraint Act, the National Crime Records Bureau reported 96 cases in 2007, 104 cases in 2008 and only 3 cases in 2009.¹⁴ (NCRB. 2010. 409)

Conclusion

That child marriage is a social evil and a violation of all rights of children has been recognised for decades now. This very recognition led to the formation of a law as far back as 1929, but India has not been able to tackle this problem. Protesting child marriage has led to Bhanwari Bai in Rajasthan being raped and Shakuntala Verma, an anganwadi worker's arms being chopped off in Madhya Pradesh for resisting rape. Child marriages continue to be attended and blessed by political leaders who do not wish to challenge the system.

Even the law that is passed in 'modern' India – The Prohibition of Child Marriage Act, 2006 is not daring enough to deal with the problem head on. Despite several schemes to encourage girls to continue with education, and it being a fundamental right, patriarchy prevails in a number of states. Even in progressive states there are pockets of child marriage that defy the overall rank of the state.

The child marriage index should enable us to focus on the states that need more intervention and the district profiles enable the taking of this planning down to district levels.

Delaying marriage for girls can contribute towards reducing maternal mortality, preventing HIV infection, improving women's educational and economic status, and ensuring women's rights and gender equality.

*- International Center for Research on Women (ICRW)
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Child Labour

SPOTLIGHT ON CHILD LABOUR IN INDIA

- 1 India has the largest number of child labourers under the age of 14 in the world (http://www.unicef.org/infobycountry/india_background.html)
- 2 The Census reports clearly point to the increase in the number of child labourers in the country from 11.28 million in 1991 to 12.59 million in 2001 (Census of India 1991 and 2001)
- 3 Per census 2001, the data shows that majority of 'main' workers are boys, whereas the majority of 'marginal' workers are girls.
- 4 The Ministry of Labour reports that between the years 1996 to 2006 there have been nearly 2.86 lakh bonded labourers across various states (*National Commission for Enterprises in the Unorganised Sector, Report on the Conditions of Work and Promotion of Livelihoods in the Unorganised Sector, August 2007, pg 105*)
- 5 A large number of child workers remain unaccounted for
- 6 Migration has been a sporadic process that has occurred over the past decade, which has decidedly given rise to child labour (*Still out of Focus, HAQ: Centre for Child Rights, New Delhi, 2008 pg. 191*)

Introduction

The Indian economy is booming. Unfortunately, this economic boom is also on the backs of thousands of children who work, at the cost of their childhood. India is the country with the largest number of child labourers in the world. ‘Child labour is a concrete manifestation of violations of a range of rights of children and is recognised as a serious and enormously complex social problem in India. Working children are denied their right to survival and development, education, leisure and play, and adequate standard of living, opportunity for developing personality, talents, mental and physical abilities, and protection from abuse and neglect.’¹ (NCPCR. n.d. 1). According to the Ministry of Women and Child Development (MWCD), the factors that generate child labour, and hazardous child labour in particular, include parental poverty and illiteracy; social and economic circumstances; lack of awareness; lack of access to basic and meaningful quality education and skills; high rates of adult unemployment and underemployment, and cultural values of the family and society.² (MWCD. n.d. v(ii))

It is a shame that after 65 years of independence, when we stand today as the 10 highest GDP nation in the world, aspiring to become a super-power, we continue to justify the existence of child labour with the excuse of poverty.

While poverty is the most identified cause for child labour, it must be remembered that child labour and poverty are a viscous cycle, because the existence of child labour is as much a cause for poverty as it is a result. It is a shame that after 65 years of independence, when we stand today as the 10th highest GDP nation in the world, aspiring to become a super-power, we continue to justify the existence of child labour with the excuse of poverty.

The reality is that child labour exists as there is no political will to eliminate it. The law, The Child Labour (Regulation and Prohibition) Act that was passed in 1986, continues to distinguish between hazardous and non-hazardous child labour, thus prohibiting some occupations while regulating others. (Presently the law in India prohibits employment of children in 18 occupations and 65 processes.)³ (Ministry of Labour. n.d).

How Many Child Labourers does India Have?

While India remains a nation with the highest number of child labourers in the world, getting accurate figures on the actual number of child labourers in the country still remains a challenge. There are varying estimates of the number of working children in the country due to differing definitions and methods of estimation. Two main sources of official information, the National Sample Survey Organisation (NSSO) and the Census of India provide different estimates. Neither has a specific definition of child labour. Indeed the biggest tragedy is that many child labourers still remain unaccounted for.

The National Commission for Enterprises in the Unorganised Sector (NCEUS) in its *Report on the Conditions of Work and Promotion of Livelihoods in the Unorganised Sector* has expanded the definition when examining the issue of child labour. According to their report ‘The Commission does not consider it appropriate to view child labour purely from a definitional point of view of who is a worker

Table 11.1: Estimates of Working Children in India

Source	Number of Working Children
2001 National Census	12.6 million (5.2%)
Ministry of Labour and Employment	2 million in hazardous industries *
National Sample Survey	2000 16.4 million (6.5%)
2006 UNICEF report**	35 million (14%)
Various NGOs***	60-115 million

Sources: 2001 Census, NSSO 2000, UNICEF, Ministry of Labour

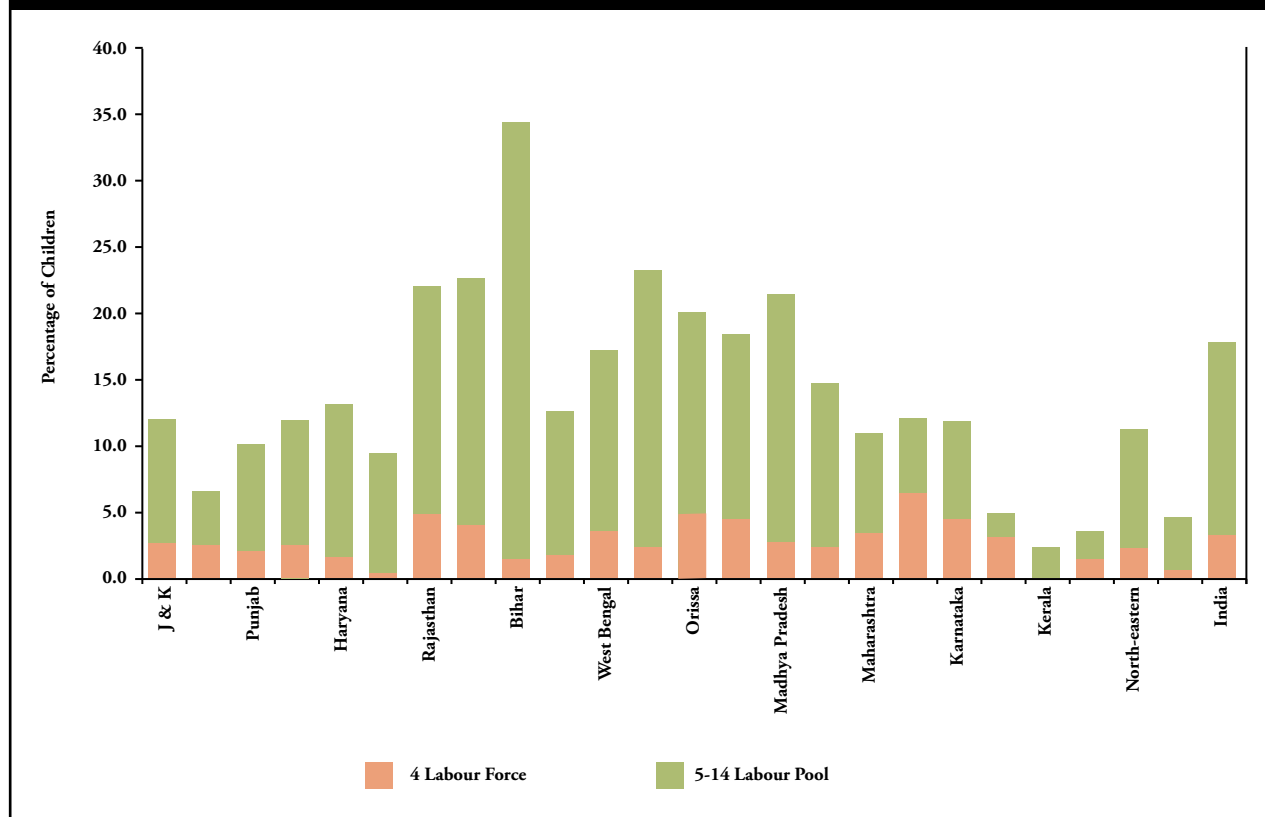
* Figure provided by the Ministry of Labour and Employment, Government of India.

** “Excluded and invisible: The State of the World’s Children,” UNICEF, 2006.

*** “The Small Hands of Slavery: Bonded Child Labour in India,” Human Rights Watch, 1996.

and who is not. This is because there is a significant proportion of children who are out of school and are not reported as child labour...²⁴ (NCEUS. 2007. 101). The report recognises that even if they are not reported as workers, chances are that they are engaged in some activity by way of helping their parents or in activities that are not perceived as income-earning by the reporting parents.

Figure 11.1. Per cent of Children (5 – 14 years) in Labour Force and Labour Pool by Age, 2004-2005



Source: National Commission for Enterprises in the Unorganised Sector. Report on the Conditions of Work and Promotion of Livelihoods in the Unorganised Sector

Note: Labour Force includes all those already employed and Labour Pool includes child labourers and non-workers

In the years since the Census, the number of listed hazardous processes in the schedule to the child labour law has gone up from 18 to 65, and occupations have gone up from 7 to 18, and the figures fail to take into account all these changes. A large number of child workers therefore remain unaccounted for.

Also, in the wake of globalisation and growing consumerism, children find their way into newer and newer occupations everyday.⁵ (HAQ. 2008. 191) There are so many new home-based occupations that are emerging that it is often difficult to keep track.

Commitments on Elimination of Child Labour

Legal Commitments

The main law for child labour is the Child Labour (Prohibition and Regulation) Act 1986 herein and after also called the Child Labour Act. This law itself makes the fallacious distinction between hazardous and non-hazardous child labour with different set of rights for the two categories.

The principle of every right for every child calls for elimination of all forms of child labour, so that no child is discriminated against and deprived of childhood and corresponding rights. While more and more sectors are being added to the list of hazardous occupations and processes where employment of children under 14 years of age is banned, children continue to work in non-hazardous sectors and are thus denied their basic human rights, which other children enjoy.

Further, by its very nature the Child Labour Act, which allows children to work in non-hazardous occupations and processes, becomes a vehicle for excluding children from realising their right to education. It thus stands as a direct contradiction to the fundamental right to free and compulsory education, as mandated by our Constitution as well as the Right of Children to Free and Compulsory Education Act, 2009 (RTE). Any fundamental right has to be based on right to equal opportunity and hence must be based on the principle of access to the same education for all children. Concomitantly, how can a child be in school and at work at the same time?

There are other problems as well. By not making the employment of children a cognizable offence and imposing a small fine on the employers, it is a law that has no teeth. As a result, the rate of prosecution itself is very low. Clearly, child labour is not perceived as a crime against children and humanity.

That this law is not accorded any seriousness can be seen from the fact that the National Crime Records Bureau (NCRB), while providing data on crimes against children under special and local laws, leaves out any information pertaining to cases registered under the Child Labour Act and the Bonded Labour Act. The other major drawback is that this law fails to address trafficking of children for labour. Thus many of the middlemen/traffickers involved in the process of procuring children for labour are beyond the reach of the child labour legislation

The other laws that deal with child labour are:

- 1933 Children (Pledging of Labour) Act
- 1948 Factories Act (Amended in 1949, 1950 and 1954)
- 1951 The Plantation Labour Act
- 1952 The Mines Act
- 1970 The Contract Labour Act
- 1976 Bonded Labour System (Abolition) Act
- 1961 The Apprentices Act
- 1961 The Motor Transport Workers Act
- 1966 The Beedi and Cigar Workers (Conditions of Employment) Act
- 1958 The Merchant Shipping Act
- 2000 Juvenile Justice (Care and Protection of Children) Act

Government's Programmes on Child Labour

- **National Child Labour Project (NCLP):** The NCLP scheme of the Ministry of Labour and Employment (MoLE) dates back to 1988 and aims to withdraw the children engaged in hazardous occupations and processes by rehabilitating them in special schools so as to finally mainstream them into the formal schooling system. In order to provide rehabilitation to larger number of working children, Government decided to expand the coverage of the Scheme from 100 to 250 districts in the Tenth Five Year Plan.

With the amalgamation of the schools under the INDUS Project (a joint project of Government of India and US Department of Labour) in 2009, 271 districts in 21 States are now covered under the NCLP programme. However, of the 12,19,470 children under 14 years of age in hazardous sectors (as per Census 2001), till date, after 22 years of NCLP's existence, only 6.07 lakh children from NCLP schools have been mainstreamed into the formal education system (as per Mid-Term Appraisal Eleventh Five Year Plan).

NCLP is the only child labour elimination programme of MoLE and in the wake of right to education for all children in the 6-14 year age group, **children labourers rescued should be in the bridge schools that link up to formal schooling under SSA, instead of the special schools of NCLP**, and the health component of NCLP can be addressed through a sponsorship programme of MWCD

- **Sarva Shiksha Abhiyan (SSA): Education for All:** In an effort to universalise elementary education, this programme aimed to achieve the goal of universal elementary education of satisfactory quality by 2010
- **Integrated Programme for Street Children** aims to prevent the destitution of children and engineer their withdrawal from streets by providing facilities like shelter, nutrition, health care, education, recreation and protection against abuse and exploitation. According to the Government, during the Tenth Five Year Plan, over 200,000 children benefitted from this.
- **Scheme for Working Children in Need of Care and Protection** provides non-formal education, vocational training to working children to facilitate their entry into mainstream education. This scheme has been implemented through NGOs. According to the Government, 6996 children benefitted from this programme from 2005 - 2007.
- **The Central Advisory Board on Child Labour** was constituted on 4 March 1981 to: (i) Review the implementation of the existing legislation administered by the Central Government; (ii) Suggest legislative measures as well as welfare measures for the welfare of working children; (iii) Review the progress of welfare measures for working children; and (iv) Recommend the industries and areas where there must be a progressive elimination of child labour. The Board was reconstituted last on 2 November 1994. The Union Labour Minister is the Chairman of the Board. The other Members of the Board include representatives from the various sister ministries, Members of Parliament, non-governmental organisations, representatives of major trade unions and employers' organisations.
- **Child Labour Technical Advisory Committee:** Under Section 5 of the Child Labour Act, the Government of India is empowered to constitute a Child Labour Technical Advisory Committee for the purpose of addition of occupation and processes in the Schedule to the Act. The Committee consists of a Chairman and members not exceeding ten. The Committee was reconstituted on 5 February 1996 under the chairmanship of Director General of Indian Council of Medical Research.

Table 11.2: List of Districts Covered under NCLP Scheme⁶

S. No.	Name of States	No. of Districts
1	Andhra Pradesh	23
2	Assam	3
3	Bihar	24
4	Chhattisgarh	8
5	Goa	1
6	Gujarat	9
7	Haryana	3
8	Jammu & Kashmir	3
9	Jharkhand	9
10	Karnataka	17
11	Madhya Pradesh	17
12	Maharashtra	13
13	Mizoram	1
14	Nagaland	1
15	Orissa	18
16	Punjab	3
17	Rajasthan	23
18	Tamil Nadu	13
19	Uttar Pradesh	42
20	Uttarakhand	1
21	West Bengal	19
	Total	250

Table 11.3: Goals and Commitments	
National Plan of Action, 1992	<ul style="list-style-type: none"> ■ To strengthen prevention of Child Labour, emphasis will be on compulsory education for all children and on strengthening anti-poverty and development programmes and focussing them on at risk families ■ National Child Labour Policy 1987 will be taken up more vigorously for implementation
National Plan of Action, 2005	<ul style="list-style-type: none"> ■ To eliminate child labour from hazardous occupations by 2007, and progressively move towards complete eradication of all forms of child labour ■ To intensify and implement strategies to protect children from economic exploitation ■ Institute a rights-based uniform definition of child labour and bonded child labour in existing labour laws ■ To rescue and remove children below ten years of age from the workforce by 2010 ■ To expand the list of hazardous occupations to facilitate progressive elimination of all forms of child labour ■ To recover and rehabilitate children from socially stigmatised occupations like manual scavenging, rag picking ■ To universalise and accelerate school enrolment, attendance and retention so that children are prevented from being employed as labour ■ To take immediate and effective measures to prohibit and eliminate the worst forms of child labour and to provide for the rehabilitation and social integration of the rescued children ■ To prevent and prohibit trafficking of children for the purpose of labour including domestic service and other informal sectors ■ To create programmes and preventive interventions specially targeted towards the high supply areas, linking these with anti-poverty and developmental measures ■ Enforce laws that protect the equal rights of the girl child, like Child Marriage Restraint Act, PNDT Act, ITPA, Juvenile Justice (Care and Protection of Child) Act, Child Labour (Prohibition and Regulation) Act etc. by generating social support and through other necessary action ■ Link the child labour elimination efforts with education measures with an attempt to ensure that all children in the age group of 5-8 years get directly linked to school and the older children are mainstreamed to the formal education system through the rehabilitation centers by 2012 ■ Country-wide survey to ascertain the existence, prevalence and nature of child labour below ten years of age in both the organised and un-organised sectors ■ Request the Census of India 2011 to enumerate the number, gender, caste, religion, occupation and ages of children engaged in all kinds of child labour
Ninth Five Year Plan (1997-2002)	<ul style="list-style-type: none"> ■ To enforce the ongoing legal (The Child Labour (Prohibition and Regulation) Act, 1986) and other remedial cum rehabilitative measures to eliminate Child Labour not only by strengthening various instruments that prevent / combat the problem of Child Labour but also ensuring their effective implementation

	<ul style="list-style-type: none"> ■ To this effect, strong regulatory and administrative measures to prevent exploitation of child labour will also be taken up. In the areas where child labour exists on a large scale, special preventive-cum- developmental measures will be put into action with the strength and support of legal/punitive measures ■ The enforcement of the National Policy on Child Labour (1987) will be given a fresh look to make it more effective. To organize suitable functional literacy/vocational training programmes and recreational facilities after working hours for the overall development of the working children ■ Public opinion against the social evil like child labour will also be mobilised through the print and electronic media and the support of the pressure/activist groups
Tenth Five Year Plan (2002-07)	<ul style="list-style-type: none"> ■ To protect children from all types of exploitation through strict enforcement of the Immoral Traffic (Prevention) Act, 1956; the Juvenile Justice (Care and Protection) Act, 2000; the Child Labour (Prohibition and Regulation) Act, 1986; the Hindu Succession Act, 1956; Indian Penal Code, 1860 and the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 ■ Concentrate efforts to eliminate all forms of discrimination and violation of the rights of the Adolescent/Girl Child by undertaking strong legal measures, including punitive ones. These include strict enforcement of relevant legislations along with eradication of the harmful practices of female foeticide/female infanticide, child marriage, child abuse, child labour, child prostitution etc.
Eleventh Five Year Plan (2007-12)	<ul style="list-style-type: none"> ■ Start bridge schools with quality education packages for girl children and street children, child labourers, seasonal migrants and all those who are out of the formal education system ■ necessary to take adequate measures for the protection, rehabilitation, and education of (child labourers) ■ Efforts must also be made towards rehabilitation and reintegration of trafficked children ■ A suitable form of penalization should be imposed in such local and State Governments that seem to be paying only 'lip service' to curb the problem of the use of 'cheap cost child labour'

Methodology

In creating a ranking for states based on what percentage of its child population is part of the work force, we decided to use Census 2001 data (as Census 2011 data still remains unavailable for this category). Adhering to the current Child Labour Act of our country, we defined a child labourer as one between the ages of 5-14 years. We decided to include 'main' workers, 'marginal' workers, as well as those defined as 'seeking/available to work'. Clearly these are children who are not in school, are available for work and therefore part of the larger child labour pool.

Since child labour is also largely a protection issue and while the category of children 'seeking/available to work' might not have had a job at the time, they were seeking one, hence were out of school, unprotected and being denied their right to education, amongst other rights.

National Index for Child Labour

Table 11.4: Overall Child Labour Index		(1= Most child friendly)
State	National Ranking for Child Labour	<p>Component used for the overall index:</p> <p>a. Number of child labourers, in the following categories:</p> <ul style="list-style-type: none"> - Main Workers - Marginal Workers - Seeking/Available to work <p><i>Note: This data is for children 5-14 years of age</i></p>
Kerala	1	
Delhi	2	
Goa	3	
Tripura	4	
Uttaranchal	5	
Punjab	6	
Maharashtra	7	
Tamil Nadu	8	
Uttar Pradesh	9	
Gujarat	10	
Bihar	11	
Haryana	12	
Orissa	13	
West Bengal	14	
Assam	15	
Jharkhand	16	
Manipur	17	
Arunachal Pradesh	18	
Jammu & Kashmir	19	
Madhya Pradesh	20	
Karnataka	21	
Chhattisgarh	22	
Himachal Pradesh	23	
Andhra Pradesh	24	
Meghalaya	25	
Rajasthan	26	
Nagaland	27	
Sikkim	28	
Mizoram	29	
UT	National Ranking for Child Labour	
Lakshwadeep	1	
Puducherry	2	
Chandigarh	3	
Daman & Diu	4	
Andaman & Nicobar Islands	5	
Dadra & Nagar Haveli	6	

Data Source: Census 2001

Since the ranking of the states in the Child Rights Index in Table 11.4 is based on proportionate calculations, i.e proportion of child labour to the total number of children in the state, rather than absolute figures, it throws up some surprises and does not match the national ranking on child labour as in Table 11.5 which is based on absolute figures.

- As per this method, Mizoram, which is doing so well as per the actual figures (ranked 6 in Table 11.5) is ranked lowest because in proportionate terms it has the highest incidence of child labour of all states and it needs to worry about what it should do.

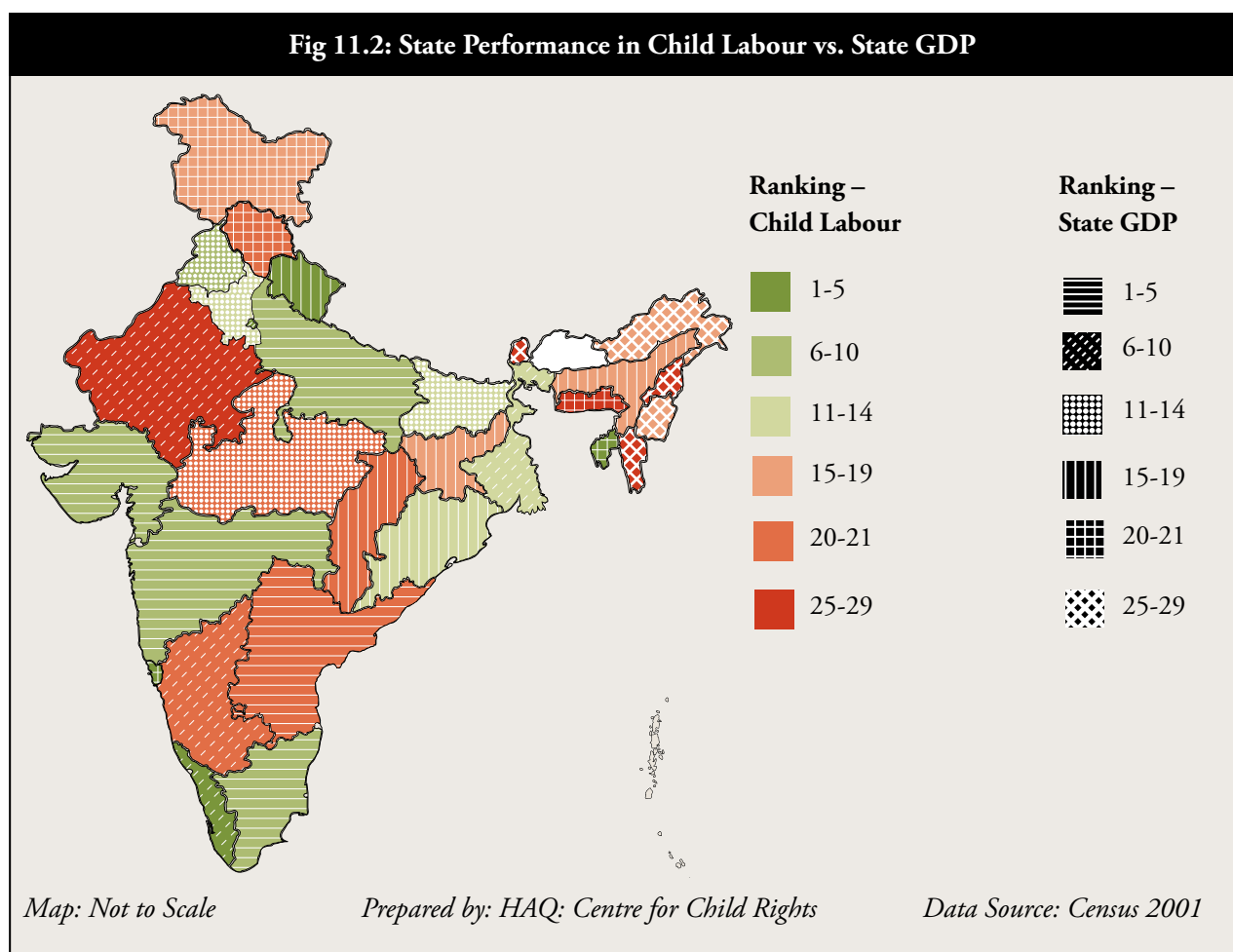
Table 11.5: State wise Distribution of Working Children (5-14 years)

Rank based on 2001 Census, total numbers	Name of the state	1971	1981	1991	2001
1	Goa			4656	4138
2	Sikkim	15661	8561	5598	16457
3	Arunachal Pradesh	17925	17950	12395	18482
4	Tripura	17490	24204	16478	21756
5	Kerala	111801	92854	34800	26156
6	Mizoram	***	6314	16411	26265
7	Manipur	16380	20217	16493	28836
8	Delhi	17120	25717	27351	41899
9	Nagaland	13726	16235	16467	45874
10	Meghalaya	30440	44916	34633	53940
11	Uttaranchal				70183
12	Himachal Pradesh	71384	99624	56438	107774
13	Jammu & Kashmir	70489	258437		175630
14	Punjab	232774	216939	142868	177268
15	Haryana	137826	194189	109691	253491
16	Assam	239349		327598	351416
17	Orissa	492477	702293	452394	377594
18	Jharkhand				407200
19	Tamil Nadu	713305	975055	578889	418801
20	Gujarat	518061	616913	523585	485530
21	Maharashtra	988357	1557756	1068427	764075
22	Karnataka	808719	1131530	976247	822615
23	West Bengal	511443	605263	711691	857087
24	Madhya Pradesh	1112319	1698597	1352563	1065259
25	Bihar	1059359	1101764	942245	1117500
26	Rajasthan	587389	819605	774199	1262570
27	Andhra Pradesh	1627492	1951312	1661940	1363339
28	Uttar Pradesh	1326726	1434675	1410086	1927997
	Total	10738012	13620920	11274143	12653704
Union Territory					
1	Lakshadweep	97	56	34	27
2	Daman and Diu	7391	9378	941	729
3	Pondicherry	3725	3606	2680	1904
4	Andaman & Nicobar Island	572	1309	1265	1960
5	Chandigarh	1086	1986	1870	3779
6	Dadra & Nagar Haveli	3102	3615	4416	4274
	Total	15973	19950	11206	12673

Source: Census 1971, 1981, 1991, 2001

- Similarly, Sikkim, Nagaland, Rajasthan and Meghalaya too find themselves in the last five in rank because they have a high proportion of working children as per the total population of children in the state, although they may not have a huge number in actual terms.
- Amongst the worst performing are also the UTs of Dadra & Nagar Haveli and Andaman & Nicobar Islands

Table 11.5 also shows how the child labour has increased in the states over the years. The state with the highest incidence of child labour is Uttar Pradesh, followed by Andhra Pradesh. Other states with more than one million child labour include Rajasthan, Madhya Pradesh and West Bengal. While some states have witnessed a fall in incidence of child labour, Bihar, Haryana, Rajasthan, Uttar Pradesh and West Bengal has seen an increase since 1991.



- Poverty is usually the most commonly cited reason for child labour. However, what we find here (Fig 11.2) is that while that case may hold true for some states, overall, there seems to be no clearly defined pattern linking the two. Some of the poorer states, for different reasons, have a lower child labour count, and some of the richer states have a higher count.
 - Nagaland, Sikkim and Mizoram have the most child labourers (as percentage of child population) in their states. They also are amongst the 5 poorest states in terms of GDP as well
 - Similar case holds true for Meghalaya and Himachal Pradesh
 - Maharashtra, Uttar Pradesh, Tamil Nadu, Gujarat – all states with high GDPs – are also ranked top 10 in the labour index (as they have low percentages of their children in the work force)

- On the other hand, Andhra Pradesh, with the 3rd highest GDP in the country is performing very poorly in terms of percentage of its children in the workforce
- Karnataka also is a rich state and yet so many of its children are labourers
- Both Goa and Tripura are relatively very poor states. However, they are ranked in the top 5 in the Child labour Index.

Child Labour in the Districts

Table 11.6 gives us the 11 worst districts as per the actual number of child labour in Census 2001. These districts are spread across Andhra Pradesh (3), Rajasthan (2), West Bengal (3), and one each in Madhya Pradesh, Karnataka and Uttar Pradesh.

- While West Bengal has about 5.1 per cent of its child population in the workforce, almost 28 per cent of its main and marginal workers alone come from just 3 of its districts

**Table 11.6: Magnitude of Child Labour (Main and Marginal) in India
2001 – Top 11 Districts having more than 75,000 Child Labourers**

State	District	No. of CL
Rajasthan	Alwar	140318
Andhra Pradesh	Mahbubnagar	138475
Andhra Pradesh	Kurnool	138326
Karnataka	Gulbarga	99914
Rajasthan	Jalor	99109
Madhya Pradesh	Jhabua	96643
West Bengal	Medinapur	95739
Andhra Pradesh	Guntur	92075
West Bengal	Maldah	88556
West Bengal	Murshidabad	87968
Uttar Pradesh	Bulandshahr	85296

Source: Combiiled from 2001 Census data

THE HINDU

NEWSPAPER - KOLKATA

Law fails to end Bengal's child labour menace

ANANTA PUTTA

Nine-year-old Sona Gupta wakes up before the rest of the household at 6-30 in the morning to prepare tea. She then scrubs the floors; washes clothes and utensils; and tends to the needs of the elderly couple who have been entrusted to her care. Sona does not remember when her parents, migrants from Nawada district of Bihar, left her in the plush home in the southern parts of the city as a domestic help.

Five years after the Centre issued a notification in October 2006 to list domestic help as a hazardous occupation under the Child Labour (Prohibition and Regulation) Act, the Government is unaware of the number of children in West Bengal employed in domestic service, but estimates suggest that there are thousands.

"There is no separate survey. According to the 2001 Census, over 8.5 million children aged between 5 and 14 years are employed in the hazardous occupations and process covered under the Act. This number is expected to sharply rise since children employed in

domestic service and tea stalls have now been included in the list," says Sumita Mukherjee, Director of the National Child Labour Project (NCLP) in the State.

The only government intervention in child labour is the NCLP schools which have been able to provide education for fewer than 50,000 children as against the estimated 8.5 million. At present 46,807 children are enrolled in the special schools run by the NCLP.

The problem of child labour is endemic and rooted in poverty. But preventing it is also a social responsibility. Children are employed as domestic help for economic benefit. They work hard for less money and do not raise their voices in protest, says Chittapriyo Sadhu, an activist of Save the Children, an NGO that provides children like Sona informal education and vocational training in the afternoon hours, when they are usually free.

Lakshmi Sarkar, who was orphaned and forced into domestic service, was trained by them to become a beautician. Once she began earning an additional income, her employers refused to let her out of the house. Often abused and tortured, she got in touch with activists to secure her release. Nineteen-year-old Lakshmi was eventually rescued from her forced confinement, but she is among the lucky few who got away.

Mr. Sadhu rues the lack of prosecution in cases of child labour as the main reason that children continue to be employed in hazardous occupations. Since 2007, only 15 cases of child labour have been initiated (with about 51 cases pending in the courts) by the Labour Directorate, the main agency of the State Government for the implementation of Labour laws including the Child Labour Act.

The State's Labour Minister, Purnendu Bose, assures that the issues concerning child labour will be taken up with a renewed vigour and cited a personal connection to the subject.

"When I was young, I lived in the house of a person who employed children to create zardosi fabrics. I have seen their hands growing coarser and their eyesight dwindling in the abysmal working conditions," Mr. Bose says.

However, he claims paucity of funds as a constraint. A grant of Rs.750 per child per month (a State Government scheme for upgrading one NCLP school in each district to a residential facility) is hardly enough to look after the needs of a child, he adds.

Table 11.7 below shows us that while child labour might have declined over all from 1991 to 2001, 'the magnitude of child labour has been increasing in over 70 per cent of the districts in India.'⁷ (NCPCR. n.d. 24)

Table 11.7: Growth of Child Labour across Districts in India					
States	Districts where the magnitude has increased		Districts where the magnitude has declined		Total number of districts
	Number of districts	% to total districts in the state	Number of districts	% to total districts in the state	
Uttarakhand	8	61.5	5	38.5	13
Uttar Pradesh	61	88.4	8	11.6	69
West Bengal	17	94.4	1	5.6	18
Orissa	20	66.7	10	33.3	30
Madhya Pradesh	37	82.2	8	17.8	45
Chhattisgarh	10	62.5	6	37.5	16
Gujarat	17	68.0	8	32.0	25
Maharashtra	18	51.4	17	48.6	35
Andhra Pradesh	4	17.4	19	82.6	23
Karnataka	12	44.4	15	55.6	27
Kerala	7	50.0	7	50.0	14
Tamil Nadu	11	36.7	19	63.3	30
Jharkhand	18	100.0	0	0.0	18
Assam	17	73.9	6	26.1	23
Haryana	18	94.7	1	5.3	19
Himachal Pradesh	12	100.0	0	0.0	12
Punjab	15	88.2	2	11.8	17
Rajasthan	30	93.8	2	6.3	32
Bihar	35	94.6	2	5.4	37
India	367	72.96	136	27.04	503

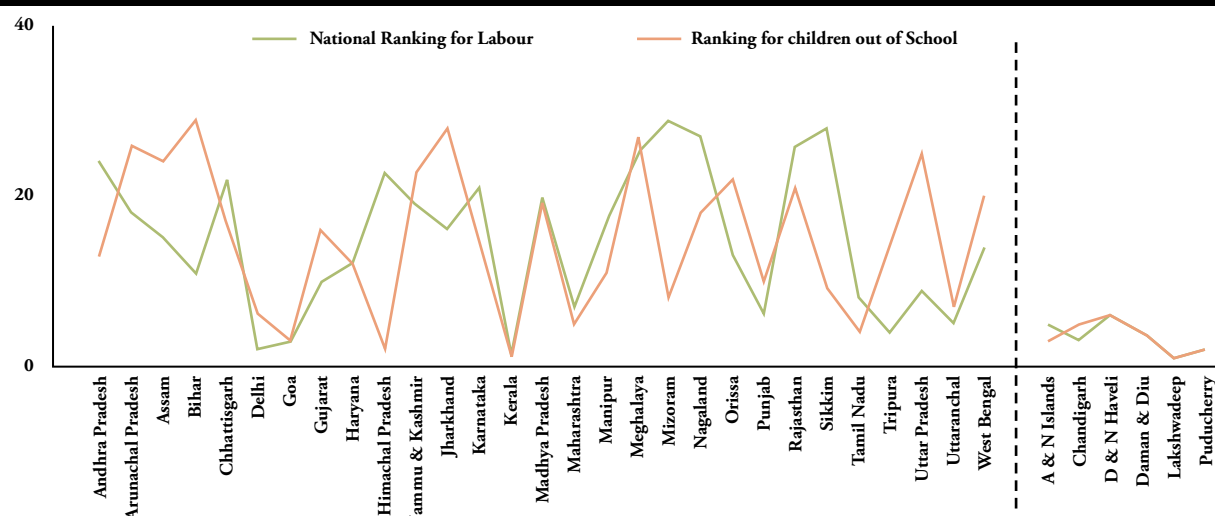
Child Labour and Out of School Children

There is a strong correlation between lack of access to basic formal and quality education and the prevalence of child labour, and this has been well established. Children who are out of school are at greater risk of being employed than children who are enrolled in school. Hence, many find it sensible to define child labour as any child who is out of school.

However, according to NCEUS: the states with higher incidence of child labour are not necessarily the ones with high incidence of out- of-school children, although there are some states that find a place in both such as Uttar Pradesh, Rajasthan, Bihar, Chhattisgarh and Orissa.⁸ (NCEUS. 2007.101)

What becomes clear is that while education is the key to ensuring all children are in school and not at work, and even the poor states can have low incidence of child labour; education and economic empowerment are not enough to ensure children are not forced to work. It also requires something more - and that would be change in attitude brought about by the recognition that putting children to work at an early age is a violation of their rights and results in great opportunity cost for their future.

Figure 11.3 Ranking for Child Labour vs. Out of School Children



**Table 11.8: Incidence of Child Labour and Out-of School Children (Labour Pool)
(5-14 years) across the States (Percentage) 2004-05**

State	Out of school children	Child labour	Out of school children	Child labour	Out of school children	Child labour
	Males		Females		Total	
Bihar	29.9	2.2	40.1	0.6	34.4	1.5
Jharkhand	20.0	2.4	27.4	2.7	23.4	2.5
Uttar Pradesh	20.3	4.7	25.7	3.4	22.8	4.1
Rajasthan	15.6	3.8	29.2	5.9	22.2	4.8
Madhya Pradesh	17.3	2.4	26.4	3.3	21.5	2.8
Orissa	17.3	5.3	23.7	4.6	20.4	5.0
Chhattisgarh	14.0	3.6	23.0	5.5	18.6	4.5
All India	15.4	3.5	20.8	3.3	17.9	3.4
West Bengal	16.7	4.3	18.1	3.2	17.4	3.7
Gujarat	12.0	2.7	18.1	2.3	14.8	2.5
Haryana	9.7	1.4	17.7	2.1	13.3	1.7
Assam	11.9	2.6	13.5	1.1	12.6	1.9
Andhra Pradesh	9.6	6.1	15.1	7.1	12.2	6.6
Uttaranchal	10.4	3.3	14.0	1.8	12.1	2.6
Jammu & Kashmir	7.6	1.6	16.8	4.1	12.1	2.8
Karnataka	10.4	4.3	13.7	4.8	12.0	4.6
Maharashtra	10.7	3.7	11.5	3.7	11.1	3.5
Punjab	9.4	2.8	11.3	1.3	10.2	2.1
Himachal Pradesh	5.2	2.0	8.2	3.5	6.6	2.7
Tamil Nadu	2.3	1.3	5.3	1.9	3.7	1.6
Kerala	2.9	0.4	2.0	0.1	2.5	0.3

Note: State arranged in descending order of total 'out of school' children. This table is based on NSS 61st rounds 2004-2005, Employment-Underemployment Survey. Computed.

Source: Report on Conditions of Work and Promotion of Livelihoods in the Unorganised Sector. National Commission for enterprises in the unorganised sector. August 2007 Appendix table A6-1 pg 269

Migrant Child Labour and Trafficking

Till the early 2000s, it was believed that children were trafficked only for commercial sexual exploitation. Since then, increasingly children rescued from labour were found to be trafficked - for domestic work, shrimp cultivation, zari industry, diamond cutting, precious stone industry, jewellery, making sweets etc.

Migration has been a sporadic process that has occurred over the past decade, which has decidedly given rise to child labour.⁹ (HAQ. 2008. 191) Forced migration has been a phenomenon that has been occurring over the past years, and has had a spill over effect, causing poverty, internally displaced people, and large-scale migration to large cities, which are unable to handle the influx. On the other hand, migration is forced due to socio-economic reasons.¹⁰ Migrant casual workers belong to the poorest sections of the population, characterised by meagre human capabilities and capital assets.¹¹ (NCEUS. 2007). Migrant labourers primarily belong to socially deprived groups such as scheduled castes and scheduled tribes and other weaker sections of the society.¹² (NCEUS. 2007). Most migrant workers are temporary settlers, and move from place to place in search of livelihood. According to the Census 2001, nearly 13 per cent of the migrant population, moved with their entire household, which included children. The Working Group on Child Labour for the Eleventh Five Year Plan has recommended that there is an immediate need to develop a special strategy to deal with the unique circumstances of migrant child workers. 'Strong rehabilitative measures in the states, to which these children belong, would help to keep them from migrating from their homes. Those children, who have migrated to metropolitan cities without their parents, also need to be appropriately rehabilitated through a provision of residential schools so that they get food, shelter along with education and skill training in these cities'. This has led the Government of India to draft a Protocol on Prevention, Rescue, Repatriation and Rehabilitation of Trafficked and Migrant Child Labour.

Protocol on Prevention, Rescue, Repatriation and Rehabilitation of Trafficked and Migrant Child Labour

As it is reads now, the Protocol on Prevention, Rescue, Repatriation and Rehabilitation of Trafficked and Migrant Child Labour is merely a set of guidelines to be followed, with ambiguity at various points vis-à-vis the procedures and responsibilities of different actors and nothing contained therein to make it binding. What is most worrying is that it is not legally binding. It is neither a statute nor part of any statue or rules. That the protocol is a mere statement of intent and not an action agenda is implicit from the fact that it does not have a Financial Memorandum attached to it. Indeed, the very premise of the Protocol appears faulty as it assumes that children have no right to migrate and that India already has a law to check child trafficking. There are several other problems with it, as has been pointed out by activists and researchers working on this issue.

Voices from a Citizen's Collective – Comments On The Draft Protocol On Prevention, Rescue, Repatriation And Rehabilitation Of Trafficked & Migrant Child Labour

Girl Children and Their Vulnerabilities

Census 2001, the data shows that majority of 'main' workers are boys, whereas the majority of 'marginal' workers are girls. Table 11.9 gives us an idea of distribution of work amongst children across gender.

Girls below the minimum age of employment can be found working in a wide range of occupational sectors and services and often in the worst forms of child labour. Large numbers of young girls labour in agriculture,

particularly in some farms such as cotton seed farming where it is believed that girls are better for cross-pollination. Domestic work is another sector where girls are to be found in large numbers, many of whom are victims of trafficking. They are also employed in manufacturing units, often many that are hazardous. Oftentimes this work is hidden from the public eye, leading to particular dangers and risks. The extreme exploitation of girls in the worst forms of child labour includes slavery, bonded labour, prostitution and pornography.¹³ (ILO. n.d.)

Table 11.9: Per cent of Children (5 – 14 years) across Employment Status (UPSS)¹⁴ and Industry, 2004-2005

Sex	Self-employed	Wage workers	All Workers
Agriculture			
Boys	69.9	30.1	100.0
Girls	65.9	34.3	100.0
Children	67.8	32.2	100.0
Non-Agriculture			
Boys	44.5	55.5	100.0
Girls	73.1	26.9	100.0
Children	56.0	44.0	100.0

Source: National Commission for Enterprises in the Unorganised Sector. Report on the Conditions of Work and Promotion of Livelihoods in the Unorganised Sector

11-year-old girl tortured to death

ALUVA: Dhanalakshmi, 11, of Tamil Nadu, became the latest victim of child labour and torture when the girl succumbed to her injuries at Kolenchery Medical Mission Hospital early on Thursday. Dhanalakshmi was admitted to the hospital on Wednesday when she was referred from Good Samaritan Hospital, Pazhanganad, on Wednesday, with complaints of multiple burns, loose stool, left-eye haemorrhage and frontal bone fracture. She was in a coma. However, in spite of the efforts of the doctors to save her life, she died in the wee hours on Thursday. The Good Samaritan Hospital authorities said the girl was brought to the hospital at 10 a.m. on Wednesday in a serious condition. Paediatricians and physicians who attended to her found several burns on her body. After informing the police, the hospital authorities referred the patient to Kolenchery Hospital. Dhanalakshmi was reportedly brought to the hospital by Jose Kurien, who claimed to be an advocate residing in Asokapurma near here. However, his whereabouts could not be traced yet. The hospital authorities said they were told that she was doing domestic work in Jose's house and attending to his sick wife. It was suspected that Dhanalakshmi was severely tortured in his house. Dhanalakshmi's parents, who were reportedly working in his house, had gone to Tamil Nadu about two weeks ago, leaving Dhanalakshmi alone in the house. Childline Kochi volunteers told Express that the injuries on the girl's body were clear indication that she was tortured. The volunteers said that doctors who attended to the girl had told them that the girl had suffered severe injuries. The doctors suspect that she was bed-ridden for around two weeks without food. The volunteers also complained that though the police were notified immediately after the death, they reached the hospital in the evening. The postmortem examination will be held at the Ernakulam District Hospital mortuary on Friday.

<http://expressbuzz.com/states/kerala/11-year-old-girl-tortured-to-death/251230.html> accessed on 25/02/2011

Conclusion

The existence of child labour is a clear violation of child rights. But it is not just a child rights problem. It is a manifestation of faulty development planning and implementation, as well as continuing socio-economic exclusion and discrimination.

Though policies are in place that could potentially reduce the incidence of child labour, enforcement is a problem. If child labour is to be eradicated in India, the government and those responsible for enforcement need to develop a strong mechanism for effective implementation of the law. A strong political will and a change in attitude is what will ensure the elimination of child labour.

Endnotes

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2. MWCD (Ministry of Women and Child Development). Child Labour, Situation Assessment, Working Group on Development of Children for the Eleventh Five Year Plan (2007-2012) – Vol. II – Sub Group Report. Government of India. New Delhi.
3. Ministry of Labour. n.d. Initiatives towards Elimination of Child Labour – Action Plan and Present Strategy. Government of India. <http://labour.nic.in/cwl/ChildLabour.htm> (accessed on 29 October 2011)
4. NCEUS (The National Commission for Enterprises in the Unorganised Sector). 2007. Report on the Conditions of Work and Promotion of Livelihoods in the Unorganised Sector. Academic Foundation
5. HAQ (HAQ: Centre for Child Rights). 2008. Still out of Focus. New Delhi. p. 195
6. State-wise list of NCLP Districts, Ministry of Labour & Employment, <http://labour.nic.in/cwl/NclpDistricts.htm> (accessed on 14 August, 2011)
7. NCPCR (National Commission for Protection of children). n.d. Magnitude of Child Labour in India – An Analysis of Official Sources of Data (draft).p. 24 http://ncpcr.gov.in/Reports/Magnitude_of_Child_Labour_in_India_An_Analysis_of_Official_Sources_of_Data_Draft.pdf. (accessed on 16 August, 2011)
8. NCEUS (The National Commission for Enterprises in the Unorganised Sector). 2007. Report on the Conditions of Work and Promotion of Livelihoods in the Unorganised Sector. Academic Foundation. p. 101
9. HAQ (HAQ: Centre for Child Rights). 2008. Still out of Focus. New Delhi. p. 191
10. In Asia, ILO research shows this close link between the pressure to migrate from rural areas and vulnerability to trafficking. While some victims – male and female – are actually sold to traffickers by relatives or “friends”, most human trafficking occurs during the course of voluntary but ill-prepared and uninformed migration. Often naive and under-educated, many children and young women are tempted to leave their rural villages in search of work. While some are simply searching for adventure in the big city and a new start in life, many are seeking to escape poverty. www.ilo.org/public/english/standards/relm/ilc/ilc95/pdf/rep-i-b.pdf (accessed on 16 August 2011)
11. NCEUS (The National Commission for Enterprises in the Unorganised Sector). 2007. Report on the Conditions of Work and Promotion of Livelihoods in the Unorganised Sector. Academic Foundation.
12. Ibid.
13. ILO (International labour Organisation). n.d. World Day 2009: Give girls a chance: End child labour. <http://www.ilo.org/ipecc/Campaignandadvocacy/WDACL/WorldDay2009/lang--en/index.htm> (accessed on 17 August 2011)
14. UPSS: Usual Principal and Subsidiary Status (Subsidiary only for non-workers in principal status)

HAQ: Centre for Child Rights, formed in 1998, works towards the recognition, promotion and protection of rights of all children. It aims at contributing to the building of an environment where every child's rights are recognised and promoted without discrimination and in an integrated manner. HAQ believes that child rights and children's concerns have to be mainstreamed into all developmental planning and action and must also become a core development indicator.

To carry forward this mandate, HAQ undertakes research and documentation and is actively engaged in public education and advocacy. In India, HAQ pioneered the Budget for Children analysis in 2001. Over the years, it has developed skills for quick and incisive scanning of law and policy documents and commenting on them. It works with existing networks, builds alliances and partnerships with other actors/stakeholders such as the bureaucrats, parliamentarians, judges and lawyers, police and media.

HAQ seeks to serve as a resource and support base for individuals and groups dealing with children at every level. It not only provides information and referral services but also undertakes training and capacity building for all those working with children or on issues concerning them, and for the children themselves.

HAQ works on children and governance, violence and abuse of children, child trafficking and juvenile justice. It provides legal support to children in need, particularly those who are victims of abuse and exploitation or are in conflict with the law.



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