

SAARC SOCIAL CHARTER

INDIA
COUNTRY REPORT
2008-09



Government of India
Ministry of Statistics and Programme
Implementation

SAARC

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Foreword

The principles and objectives of the SAARC Social Charter place people at the centre of development. This means guiding the public and private policies and plans in such a way so as to enable people lead a satisfying life. Given the peculiar historical and geographical background of India and the Indian Sub-continent, enabling public policies have great role in making it possible to achieve the objectives of the SAARC Social Charter.

The national action plan to implement the SAARC Social Charter and achieve the SAARC Development Goals (SDGs) is integrated into the Five Year Plans of the country. India's commitment to planned economic development is a reflection of our society's determination to improve the economic conditions of our people and an affirmation of the role of the government in bringing about this outcome through a variety of social, economic and institutional means. The Eleventh Five Year Plan (2007-2012) provides a comprehensive strategy for inclusive development, building on the growing strength of the economy, while also addressing weaknesses that have surfaced.

Two recent developments have had noticeable impact on the efforts to reduce poverty and hunger. One, the rapid rise and equally rapid fall in global commodity prices during January 2008 to March 2009 fuelled by the crude oil prices. Global food prices also went through a similar cycle, but have not declined to the same extent. Though domestic food prices are partially delinked from global prices, these global developments affected domestic prices to some extent. Two, the global financial meltdown and consequent economic recession in developed economies have clearly been major factor in India's economic slowdown. Given the origin and dimension of the crisis in the advanced countries, which some have called the worst since the Great Depression, every developing country has suffered to a varying degree. No country, including India, remained immune to the global economic shock.

In this background, this regional association of our countries – SAARC – assumes greater importance. Enhanced interdependence among each other will reduce our combined vulnerability to such shocks and help lessen their negative impacts. I hope that this Country Report, while giving the current status of implementation of SAARC Social Charter in India and highlighting the efforts and commitment of our government towards the objectives of the Charter, help SAARC Member Countries learn some lessons from the Indian experience.

Dr. Pronab Sen
Chief Statistician of India

Preface

This is the Third Country Report on the status of implementation of SAARC Social Charter in India. The Report gives a statistical account of the progress made in achieving the objectives of the Charter in the country.

The Third Meeting of SAARC Secretaries on Poverty Alleviation was held in New Delhi during 19-21 March 2009. The Meeting took stock of the progress made by the Member States in implementing regional initiatives on Poverty Alleviation. The Regional Poverty Profiles on different themes brought out by the SAARC Secretariat based on the inputs provided by the Member States have been very useful in understanding the poverty and related phenomena in the region. It is important that the Member States adopt/continue to pursue people-centred growth and development strategies and put in substantial investment for the development of human resource, rural infrastructure, education and health.

This Report is divided into two parts. First part gives the status of implementation of the SAARC Social Charter in India at the policy and plan level. The latest country status on various statistical indicators related to poverty, education, human resource development, health & population, women & children, drug de-addiction and environment are included in this part. As the process goals are pre-cursor to the outcome goals, the physical progress of different process goals have also been included. Second part of the Country Report gives the description of the various Seminars and Workshops organised in the country as part of the commitment made by India in different SAARC forums with a view to sharing knowledge and best practices with other Member States.

I wish to place on record my gratitude to all the government agencies without whose cooperation this Report would not have been possible. Thanks are also due to the able guidance of Mrs. S. Jeyalakshmi, Additional Director General, Social Statistics Division of the Central Statistical Organisation and her team responsible for the preparation of the Report – Mr. Satyabrata Chakrabarti, Deputy Director General and Mr. Dhrijesh Kumar Tiwari, Joint Director in the Social Statistics Division – for their valuable efforts to prepare this Report on SAARC Social Charter.

S. K. Das
Director General
Central Statistical Organisation

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**Implementation of SAARC Social Charter
India Status**

Introduction

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

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

The Ministry of Statistics and Programme Implementation has been designated as the nodal Ministry to facilitate the implementation of SAARC Social Charter in India. A National Coordination Committee under the Chairmanship of Secretary, Ministry of Statistics and Programme Implementation was constituted on 12th September 2005 with Members from Planning Commission, Ministries of External Affairs, Rural Development, Panchayati Raj, Social Justice and

Empowerment, Housing and Urban Poverty Alleviation, Health and Family Welfare, Sports and Youth Affairs, Human Resource Development, Women and Child Development and Finance.

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

Recently, Third Meeting of SAARC Secretaries on Poverty Alleviation was held in New Delhi during 19-21 March 2009. The Indian delegation was headed by the Chief Statistician of India and Secretary, Ministry of Statistics & Programme Implementation. The Meeting reviewed the progress in implementation of the regional initiatives on poverty alleviation and deliberated on observance of the SAARC Decade on Poverty Alleviation (2006-2015) and preparation of the Regional Poverty Profile 2008-09 with the theme "Food Security Challenges for the Poor and Social Inclusion". The Meeting also discussed matters related to the mid-term review on attainment of the SAARC Development Goals and decided to bring out a report on this issue. As per the commitment made in this Meeting, India prepared and submitted a framework for the SDGs Report to the SAARC Secretariat.

Poverty Alleviation

Social welfare aimed at human development or improvement in the well-being of the people is an important objective of development planning. While economic growth is extremely important, it has to be accompanied by improvement in the quality of life of the people for the development process to be sustainable. More importantly, it has to be inclusive in nature so that equality of opportunity to all for a productive and meaningful life with freedom and dignity can be ensured. It is much broader than the objective of poverty alleviation. It encompasses human development and economic and social mobility for all sections of the society, and in particular, for the disadvantaged and the marginalized. These population groups have not only to be brought into the economic and social mainstream but made active participants and legitimate beneficiaries of the development process. Ultimately, a healthy, educated and an empowered population contributes to improved productivity which, in turn sustains economic growth.

Incidence of poverty is estimated by the

Planning Commission on the basis of the large sample surveys on household consumer expenditure conducted by the National Sample Survey Organisation (NSSO) on a quinquennial basis. The Uniform Recall Period (URP) consumption distribution data of NSS 61st Round places the poverty ratio at 28.3 per cent in rural areas, 25.7 per cent in urban areas and 27.5 per cent for the country as a whole in 2004-05. The corresponding poverty ratios from the Mixed Recall Period (MRP) consumption distribution data are 21.8 per cent for rural areas, 21.7 per cent for urban areas and 21.8 per cent for the country as a whole. The percentage of poor in 2004-05 estimated from URP consumption distribution of NSS 61st Round of consumer expenditure data are comparable with the poverty estimates of 1993-94 (50th Round) which was 36 per cent for the country as a whole. The percentage of poor in 2004-05 estimated from MRP consumption distribution of NSS 61st Round of consumer expenditure data are roughly comparable with the poverty estimates

| Table: Incidence of Poverty | | | |
|--|-----------|-----------|---------|
| S. No. | Category | | |
| By Uniform Recall Period (URP) Method | | | |
| | | 1993-94 | 2004-05 |
| 1. | Rural | 37.3 | 28.3 |
| 2. | Urban | 32.4 | 25.7 |
| 3. | All-India | 36.0 | 27.5 |
| By Mixed Recall Period (MRP) Method | | | |
| | | 1999-2000 | 2004-05 |
| 1. | Rural | 27.1 | 21.8 |
| 2. | Urban | 23.6 | 21.7 |
| 3. | All-India | 26.1 | 21.8 |
| Source: Planning Commission | | | |
| The URP consumption data uses 30-day recall/reference period for all items of consumption, whereas the MRP uses 365-day recall/ reference period for five infrequently purchased non-food items, namely, clothing, footwear, durable goods, education and institutional medical expenses and 30-day recall/reference period for remaining items. | | | |

of 1999-2000 (55th Round) which was 26.1 per cent for the country as a whole. Published estimates based on NSSO thin sample data and broadly similar methodology for 2005-06 indicate sizeable reduction in poverty between 2004-05 and 2005-06. This reduction is significantly higher (at 1.4 per cent or 1.6 per cent) than the trend rate of decline of 0.8 per cent observed between 1993-94 and 2004-05 from the estimates made by the Planning Commission [Datta, Economic and Political Weekly (2008)].

In terms of absolute numbers, the size of Below Poverty Line (BPL) population has declined from about 320 million in 1993-94 to about 301 million in 2004-05. Poverty reduction has been an important goal of development policy since the inception of planning in India, both in terms of absolute size of the BPL population and its proportion to the overall population taking into account various national and sub-national segments of the population. Various anti-poverty, employment generation and basic services programmes which are being implemented are as following:

National Rural Employment Guarantee Scheme: NREGS, which was launched on February 2, 2006 in 200 most backward districts in the first phase, was expanded to 330 districts in the second phase during 2007-08. The remaining 266 districts were notified on September 28, 2008 and the scheme has now been extended to all the districts of the country. More than 4.47 crore households were provided employment in 2008-09. This is a significant jump over the 3.39 crore households covered under the scheme during 2007-08. Out of the 215.63 crore person-days created under the scheme during this period, 29 per cent and 25 per cent were in favour of SC and ST population, respectively and 48 per cent of the total person-days created went in favour of women.

Swarnjayanti Gram Swarozgar Yojana: SGSY was launched in April 1999 after restructuring of the erstwhile Integrated Rural Development Programme (IRDP) and allied programmes. It is the only self-employment programme currently being implemented for the rural poor. The objective of the SGSY is to bring the assisted swarozgaris (self-employed) above the poverty line by providing them income generating assets through bank credit and Government subsidy. The scheme is being implemented on cost sharing basis of 75:25 between the Centre and states. Up to March 2009, 34 lakh self-help groups (SHGs) had been formed and 120.89 lakh swarozgaris have been assisted with a total outlay of Rs. 27,183.03 crore.

Swarna Jayanti Shahari Rozgar Yojana: In December 1997, the Urban Self-Employment Programme (USEP) and the Urban Wage Employment Programme (UWEP), which are the two special components of SJSRY, substituted for various programmes operated earlier for urban poverty alleviation. The fund allocation for the scheme was Rs. 515 crore during 2008-09 and Rs. 540.67 crore has been released up to March 31, 2009. With regard to the number of beneficiaries during 2008-09, 9,47,390 urban poor were assisted to set up individual/group micro enterprises and 14,84,209 urban poor were imparted skill training under SJSRY up to the end of March, 2009.

Pradhan Mantri Gram Sadak Yojana: PMGSY was launched on December 25, 2000 as a 100 per cent Centrally sponsored scheme with the primary objective to provide all-weather connectivity to all the eligible unconnected habitations in the rural areas. The programme is funded mainly from the accruals of diesel cess in the Central Road Fund. In addition, support of the multilateral funding agencies and the domestic financial institutions are

Box: Estimates of job losses in the wake of global financial crisis and economic Slowdown

Labour Bureau, Ministry of Labour and Employment

According to the report on “Effect of Economic Slowdown on Employment in India,” which is based on a sample survey of 2,581 units conducted by the Labour Bureau, Ministry of Labour and Employment, during October-December 2008, there was decrease in employment of about half a million workers during the period. The most affected sectors were gems and jewellery, transport and automobiles where employment has declined by 8.58 per cent, 4.03 per cent and 2.42 per cent respectively during the period. In textile sector, 0.91 per cent of workers have lost their jobs. Another thin sample survey conducted to assess the employment situation in January 2009 over December 2008 indicated a loss of about 100,000 jobs in the month of January 2009. However, it may be possible that the unemployment indicated is seasonal in nature since the employment estimated in the reference period of the study is not in comparison with the same period in previous year and the employment in period October to December 2008 is compared to that in September 2008 and later January 2009 against December 2008. The survey conducted by the Labour Bureau for the period January to March 2009 covering 3,192 units in 21 centres, however, indicated improvement in the selected sectors with employment rising by a quarter million. Sectors registering increased employment were gems and jewellery (3.08 per cent), textiles (0.96 per cent), IT-BPO (0.82 per cent), handloom-powerloom (0.56 per cent) and automobile (0.10 per cent).

Department of Commerce, Ministry of Commerce and Industry

A sample survey conducted by the Department of Commerce for 402 exporting units revealed job loss (direct and indirect) to the tune of 1,09,513 persons during August 2008 to mid-January 2009. Another sample study conducted earlier (for the period August-October 2008) by the Department of Commerce for 121 export-related companies belonging to several sectors, primarily employment-oriented sectors like textiles including garments, leather, engineering, gems and jewellery, handicrafts, food and food processing, minerals, marine products has revealed loss in export orders to the tune of Rs. 1,792 crore and loss of jobs of around 65,507. Two other surveys for the period August 2008 to February 09, 2009, and August, 2008 to February 28, 2009 revealed job losses (direct and indirect) of 1,17,602 and 1,19,159 persons respectively.

Source: Economic Survey 2008-09

being obtained to meet the financial requirements of the programme. Up to March 2009, a total length of about 2,14,281.45 kilometres of roadworks has been completed with cumulative

expenditure of Rs. 46,807.21 crore.

Indira Awaas Yojana: The objective of IAY is to provide financial assistance for construction / upgradation of houses to

Figure 2.11 : Incidence of hunger, malnutrition and poverty



Note: Hunger estimates from NSS data, poverty estimates from Planning Commission (interpolated for 1998-99) and malnutrition estimates from NFHS I, II, III. The data for the three variables corresponds to the year closest to the indicated years. Source: Economic Survey 2008-09.

The notion of hunger, malnutrition and poverty though related are distinct in nature, both conceptually and in terms of policies required to address them. While hunger refers to inadequacy of food, malnutrition refers to an imbalance of both macro and micro-nutrients, which could be because of inadequate or inappropriate intake and/or inefficient biological utilization due to physiological or environmental factors. The notion of poverty in India for estimating the incidence of poverty involves the use of a minimum consumption expenditure, anchored in an average (food) energy adequacy norm of 2,400 and 2,100 kilo calories per capita per day for rural and urban areas, respectively. At the all-India level 1.9 per cent of the households suffer from hunger (NSSO data) and it is more prevalent in certain states like West Bengal, Orissa, Assam and Bihar. Malnutrition, as measured by underweight children below three years, is estimated at 45.9 per cent as per National Family Health Survey 2005-06. The comparable estimates for 1998-99 at 47 per cent show a relatively stable incidence of malnutrition.

Below Poverty Line (BPL) rural households belonging to the Scheduled Castes (SC) and Scheduled Tribes (ST), freed bonded labourers, non-SC/ST rural households, widows and physically handicapped persons living in the rural areas. The scheme is funded on a cost-sharing basis of 75:25 between the Centre and the States. However, in the case of North-Eastern States, the funding pattern has recently been

revised to 90:10. During 2008-09, against the total allocation of Rs. 5,645.77 crore earmarked for release to District Rural Development Agencies under IAY for construction of 21.27 lakh houses, Rs. 8,795.79 crore including Rs. 3,050 crore given under stimulus package has been released till March 31, 2009 and 21.05 lakh houses had been constructed during 2008-09.



Education, Human Resource Development and Youth Mobilisation

Primary Education

The 86th Constitutional Amendment Act, 2002 led to insertion of a new Article 21-A in Part III of the Constitution that made Free and Compulsory Education to all children of 6 to 14 years of age a Fundamental Right. However, a suitable follow-up legislation is necessary to give effect to the 86th Constitutional Amendment. The progress made in some of the important primary/elementary education schemes is given below.

Sarva Shiksha Abhiyan: SSA is being implemented in partnership with State Governments to address the needs of children in age group of 6-14 years. The achievements of SSA till December 2008 are opening of 2,76,903 new schools, construction of 2,25,383 school buildings, construction of 9,18,981 additional classrooms, 1,82,019 drinking water facilities, construction of 2,51,023 toilets, supply of free textbooks to 8.40 crore children, appointment of 9.66 lakh teachers and in-service training for 23.82 lakh teachers. There has been a significant reduction in the number of out of school children on account of SSA interventions.

National Programme for Education of Girls at Elementary Education: NPEGEL is being implemented in educationally backward blocks where the level of rural female literacy is less than the national average and the gender gap is more than the national average and blocks having at least 5 per cent SC/ST population with SC/ST female literacy below 10 per cent. It is also being implemented in select urban slums. About 3,286 educationally backward blocks are covered under the scheme in 25 States. Under NPEGEL,

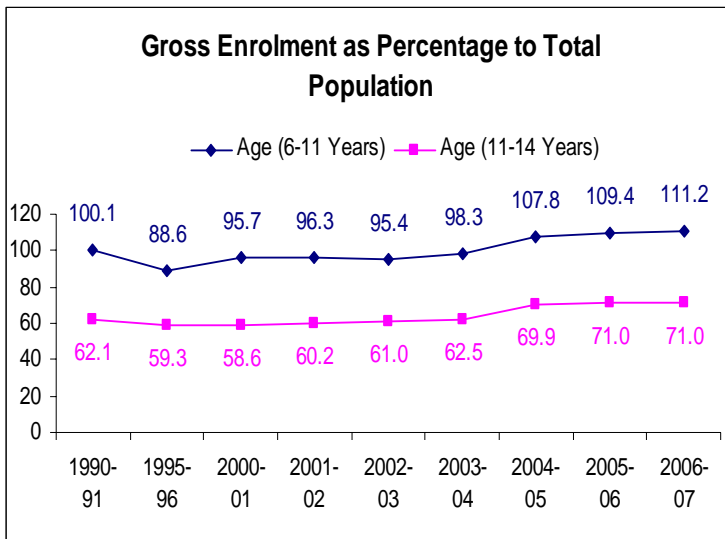
39,852 model schools have been opened in addition to supporting 11,261 Early Childhood Care and Education centres. Besides, 27,282 additional classrooms have been constructed, and 2,11,215 teachers have been given training on gender sensitization. Remedial teaching has also been provided to 11,44,370 girls apart from holding bridge courses covering 89,462 girls and additional incentives like uniforms etc. to about 1,60,73,048 girls up to the end of January, 2009.

National Programme of Mid-Day Meals in Schools: The programme provides a mid-day meal of 450 calories and 12 grams of protein to children at the primary stage. For children at the upper primary stage, the nutritional value is fixed at 700 calories and 20 grams of protein. Adequate quantities of micro-nutrients like iron, folic acid and vitamin-A are also recommended under the programme. Since April 1, 2008, it covers all children studying in government, local body and government-aided primary and upper primary schools and the Education Guarantee Scheme/Alternative & Innovative Education centres of all areas across the country. During 2008-09, 11.74 crore children (8.24 crore of primary stage, i.e. Class I-V and 3.50 crore of upper primary stage i.e. Class VI-VIII) were to be benefitted under the scheme.

Kasturba Gandhi Balika Vidyalaya: KGBV scheme was launched in July 2004 for setting up residential schools at upper primary level for girls belonging predominantly to SC, ST, OBC and minority communities. The KGBV scheme was merged with the Sarva Shiksha Abhiyan (SSA) on April 1, 2007. 2,573 KGBVs were sanctioned by



Mid-Day Meal



Government of India up to March 31, 2009. As on March 31, 2009, 2,460 KGBVs are reported to be functional (i.e. 95.61 per cent) in the States and 2,15,269 girls enrolled in them – 53,503 SC girls (24.85 per cent); 74,487 ST girls (34.60 per cent); 54,201 OBC girls (25.18 per cent); 18,647 BPL girls (8.66 per cent), and 14,431 minority girls (6.7 per cent).

Secondary education

Secondary education serves as a bridge between primary and higher education and prepares young persons between the age group of 14-18 year for entry into higher education and work. The number of secondary and higher secondary schools has increased from 7,416 in 1950-51 to 1,68,900 in 2006-07. Total enrolment in secondary and higher secondary stage has increased correspondingly from 1.5 million in 1950-51 to 39.44 million in 2006-07. Gross Enrolment Ratio (GER), which

shows total enrolment in secondary stage (9th-12th) as a percentage of total population in the relevant age-group has also increased steadily from 19.3 in 1990-91 to 40.62 in 2006-07. GER for Class IX-X (14-16 years) was 52.26 and for Class XI-XII (16-18 years) was 28.54 in 2006-07. Important Government initiatives for providing enhanced access to secondary education during the year were:

A comprehensive Centrally sponsored

scheme called **Rashtriya Madhyamik Shiksha Abhiyan** was launched in 2008-09 with the objective to universalize access to and to improve quality of secondary education.

Government of India has launched a Centrally sponsored scheme called the **National Means-cum-Merit Scholarship Scheme** to award 1,00,000 scholarships each year, under which each student will be given Rs. 6,000 per annum (Rs. 500 per month) for study in Class IX to XII. To fund this scheme, a corpus of Rs. 750 crore has already been created with the State Bank of India in 2008-09 and a like amount would be added to this corpus fund every year over the next three years.

First phase of a new Centrally-sponsored scheme to establish one high quality model school in each block of the country to serve as schools of excellence has been launched from 2008-09.

The Government of India has launched a Centrally-sponsored scheme called **Incentive to Girls for Secondary Education** in June 2008. According to the scheme, a sum of Rs. 3,000 will be deposited in the name of eligible girl as fixed deposit and she would be entitled to withdraw it along with interest thereon on reaching 18 years of age. The scheme will cover (i) All eligible girls belonging to SC/ST communities, who pass Class VIII and (ii) All girls who pass Class VIII examination from Kasturba Gandhi Balika Vidyalayas (irrespective of whether they belong to SC/ST) and enroll in Class IX in Government, Government-aided and local body schools.

A new Centrally-sponsored scheme to set up girls' hostels in about 3,500 educationally backward blocks has been launched in 2008-09. Under this scheme, priority will be given to girls belonging to SC/ ST/ OBC/ minority communities.

The Government and the United Nations

Setting up of 20 Navodaya Vidyalayas which are residential schools meant primarily for meritorious rural children in districts having a large concentration of Scheduled Castes and Scheduled Tribes has been sanctioned. Ten schools will be set up in districts having a large concentration of Scheduled Castes and the remaining 10 in districts having large concentration of Scheduled Tribes.

Youth Mobilisation

India has the largest Youth population in the world. To optimally tap their constructive and creative energies, the Government pursues the twin objectives of personality-building and nation building, that is, developing the personality of youth and involving them in various nation-building activities. The Government has also recognized "Adolescents" as an important segment of the Youth. A National Commission for Youth was set up to recommend to the Government measures to tackle effectively the problems faced by the youth of India, with particular focus on youth unemployment. The recommendations of the Commission have been considered and two new schemes (i) National Programme for Adolescents and Youth Development (NPYAD) and (ii) Panchayat Yuva Krida Aur Khel Abhiyan (PYKKA) have been introduced by the Government during the 11th Plan.

National Programme for Youth and Adolescent Development (NPYAD) has been formulated by merger of four 100% central sector grants-in-aid schemes during 10th Plan namely, Promotion of Youth Activities & Training, Promotion of National Integration, Promotion of Adventure and Development & Empowerment of Adolescents, with a view to reduce the multiplicity of schemes with similar objectives and improve the delivery mechanism.

Youth Day. 14 National Youth Festivals

Population Fund (UNFPA) have been collaborating for the support to Adolescents' Health and Development (AHD) with the overall objective of ensuring a healthy and safe growing up process for out-of-school adolescents. This is in keeping with the focus of the National Youth Policy on "need for youth to be equipped with requisite knowledge, skills and capabilities". The partners that have been involved in implementation of the adolescents' project are the Nehru Yuva Kendra Sangathan (NYKS), the National Service Scheme (NSS) and the Rajiv Gandhi National Institute of Youth Development (RGNIYD) as part of the sixth country programme, CP6 – (2003-2007). UNFPA has provided support for building capacities of NYKS and NSS personnel through RGNIYD and strengthening RGNIYD as a resource and documentation centre; establishing Teen clubs through NYKS; reaching adolescents through conduct of Quiz and establishing an Adolescent Cell for technical guidance. Under the Country Programme CP7 (2008-12), the UNFPA will support select activities, with an estimated annual budget of US\$ 6,00,000. In the calendar year, 2008, an amount of Rs. 1,80,92,000/- was released to NYKS and Rs. 72,92,600/- was released to RGNIYD by the Government.

The Tenzing Norgay National Adventure Award is the highest national recognition for outstanding achievements in the field of adventure on land, sea and air. A cash Award of Rs.3,00,000/-, a statue and a scroll of honour is given to each awardee. This award has been made at par with the Arjuna Award for sporting excellence.

National Youth Festival is organized every year from January 12th to 16th to commemorate the birth anniversary of Swami Vivekananda. January 12 being the birth anniversary of Swami Vivekananda is observed as National

have been held in different states of the country so far. During the five-day festival, the competitive/non-competitive events in individual items as well as group items at various venues are organized.

National Youth Awards are presented every year to motivate young persons to achieve excellence in the field of national service and to encourage them to develop a sense of responsibility to their community and to improve their own potential as good citizens and young leaders. The Award consists of a silver medal, a certificate, a shawl and a cash prize. From 2008-09, the Government has doubled award money for individual awardees from Rs. 20,000 to Rs. 40,000 and for voluntary organizations from Rs. 1 lakh to Rs. 2 lakhs.

The Scheme of Scouting and Guiding, a Central Scheme, was launched in the early 1980s, to promote the Scouts and Guides movement in the country. This is an international movement aimed at building character, confidence, idealism and spirit of patriotism and service among young boys and girls. In the process, Scouting and guiding also seeks to promote balanced physical and mental development among young people. Under the scheme, financial assistance is provided to Bharat Scouts and Guides for various activities such as organization of training camps, skill development programmes, and holding of jamborees, etc. These activities, inter alia, include programmes related to adult literacy, environment conservations, community service, health awareness and promotion of hygiene and sanitation.

The Rashtriya Sadbhavana Yojana was launched in 2005 in place of the erstwhile National Reconstruction Corps Scheme. The scheme aims at encouraging leadership among the rural youth. **The National Service Volunteer Scheme (NSVS)** was launched in 1969.



non-student rural youth enrolled through about 2.58 lakh village based youth Clubs. These Youth Clubs work in the areas like education and training, awareness generation, skill development and self-employment, entrepreneurial development, thrift and cooperation, besides development of the body through sports and adventure and mind through sustained exposure to new ideas and development strategies. For implementation of the programmes, every district Nehru Yuva Kendra (NYK)

has a trained cadre of District Youth Coordinator, National Service Volunteers and Youth leaders.

Rajiv Gandhi National Institute of Youth Development (RGNIYD), a Deemed University, has been playing a vital and catalytic role at the national level as the apex Institute for Training, Research, Action Research, Consultancy, Dissemination and Documentation activities in the field of youth development.



Health and Population Stabilisation

India has made substantial progress in health determinants over the past decades. The critical indicators of health, including Infant Mortality Rate, Maternal Mortality ratio, Disease prevalence, morbidity as well as mortality rates have shown consistent decline over the years. These achievements are the cumulative result of several interconnected initiatives. The improved coverage and efficiency of Public Health Delivery System as well as expanding private health sector have contributed in equal measures to ameliorating the sufferings associated with adverse health events. The over all economic upturn as well as improvement in collateral determinants of health has assisted the country to achieve critical milestones like elimination of Leprosy and reduction in the burden of Tuberculosis. India is in the midst of an epidemiological and demographic transition largely on account of the significant progress in improving life expectancy at birth, in reducing mortality due to Malaria, as well as in reducing infant and maternal mortality over the last few decades. This adds to the already daunting challenge of reaching quality health care to every household in the country.

National Rural Health Mission: NRHM was launched on April 12, 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. NRHM is being operationalized throughout the country, with special focus on 18 States which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan), 8 North-Eastern States, Himachal Pradesh and Jammu & Kashmir. The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in rural health care services through the creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. NRHM further aims to provide overarching umbrella to the existing programmes of health and family welfare including RCH-II, malaria, blindness, iodine deficiency, filaria, kala-azar, tuberculosis, leprosy and for

| India: Selected Health Indicators | | | |
|---|-----------|------------------|---------------|
| Parameter | 1981 | 1991 | Current Level |
| 1. Crude Birth Rate (CBR) (Per 1000 Population) | 33.9 | 29.5 | 23.1 (2007) |
| 2. Crude Death Rate (CDR) (Per 1000 Population) | 12.5 | 9.8 | 7.4 (2007) |
| 3. Total Fertility Rate (TFR) (Per Woman) | 4.5 | 3.6 | 2.8 (2008) |
| 4. Maternal Mortality Ratio (MMR) (Per 100,000 Live Births) | NA | 437 (1992-93) | 254 (2004-06) |
| 5. Infant Mortality Rate (IMR) (Per 100,000 Live Births) | 110 | 80 | 53 (2008) |
| 6. Child (0-4 years) Mortality Rate (Per 1000 Children) | 41.2 | 26.5 | 17.0 (2006) |
| 7. Life Expectancy at Birth (Years): | (1981-85) | (1989-93) | (2002-06) |
| Male | 55.4 | 59.0 | 62.6 |
| Female | 55.7 | 59.7 | 64.2 |

Box 10.3 : Achievements of the National Rural Health Mission

- 6.49 lakh ASHAs and link workers have been selected up to December 2008 out of which 5.63 lakh have been given orientation training.
- 4.12 ASHAs have drug kits.
- In all the States, ASHAs/link workers have facilitated the households' links with the health facilities.
- 3,42,801 VH&SCs are already functional.
- Operationalization of 3.02 lakh joint bank accounts of ANM and Gram Pradhan at the level of subcentre & VH & SC for untied funds have been reported up to December 2008.
- ANMs are playing an important role in the organization of monthly Village Health and Nutrition Days (VHNDs) and nearly 116.8 lakh such days have been organized in the last three years.
- 33,719 ANMs have been appointed on contract so far and 25,743 sub-centres are reporting 2 ANMs.
- Operationalization of 23,100 Rogi Kalyan Samitis at various levels have been reported up to December 2008
- Strengthening of the PHCs for 24 x 7 services is a priority of the NRHM. Of the 22,370 PHCs in the country, only 1,263 of them were working 24 x 7 on March 31, 2005 (before the NRHM). The number of 24 x 7 PHCs today, as reported by the states is 7,212 signifying a big leap forward in getting patients to the government system.
- 5,622 PHCs have three nurses
- Over 159.92 lakh women have been brought under the Janani Suraksha Yojana for institutional deliveries in the last three years.
- So far, 8,645 other paramedics have been appointed on contract.
- 9,073 doctors, 1,875 specialists, 20,977 staff nurses have been appointed on contract in the states so far, reducing the human resource gaps in many institutions.
- 2,698 CHCs have completed their Facility Surveys and 700 their physical upgradation so far.
- Indian Public Health (IPH) Standards have been finalized and a first grant of Rs. 20 lakh was made available to all the district hospitals of the country to improve their basic services, given the increased patient load due to JSY and other programmes.
- State level societies have merged in 34 states/UTs and 554 districts so far.
- Project Management Units have been set up in 576 district and 3,474 blocks of 34 states.
- IPA Standards developed for eight different level of public institutions in health, provide a basis for all programmes in the health sector.
- Most states have completed the Facility Surveys up to CHCs.
- So far, 243 Mobile Medical Units are operational in the states.

integrated disease surveillance. Further, it addresses the issue of health in the context of sector-wide approach towards sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector departments i.e. AYUSH, Women & Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development. The mission further seeks to build greater ownership of the programme among the community through involvement of Panchayati Raj Institutions, NGOs and other stakeholders at national, state, district and sub-district levels to achieve the goals of National Population Policy 2000 and National Health Policy.

Reproductive and Child Health Programme is a major component of NRHM and aims at reduction of Infant Mortality Rate to 30/1000 live births, Maternal Mortality Ratio to 100/100000 live births and Total Fertility Rate to 2.1. These targets are to be achieved by 2010. Against these goals, IMR of 53/1000 live births, (SRS 2008) MMR of 254/100000 live births (SRS 2006) and Total Fertility Rate of 2.8 (SRS 2006) have been achieved. Rapid urbanization has led to rapid increase in the number of urban poor, majority of whom live in slums. In order to improve the health status of the urban poor particularly the slum dwellers and other disadvantaged sections by facilitating equitable access to quality health care with the active involvement of the Urban Local Bodies

(ULBs) in cities with population of one lakh and above and State Capitals, the **National Urban Health Mission (NUHM)** has been planned. The NUHM would be covering 21.07 crore urban population with a special focus on 6.25 crore urban poor living in slums and beyond, spread over 430 cities. The proposed financial outlay is Rs.6207.84 crore in the 11th Plan.

There has been a steady increase in health care infrastructure available over the plan period as per the Bulletin on Rural Health Statistics in India 2007 as on March 2007. However, there is a shortage of 20,855 sub-centres (SCs), 4,833 primary health centres (PHCs) and 2,525 community health centres (CHCs) as per 2001 population norm. Further, almost 34 per cent of the existing health infrastructure is in rented buildings. Poor upkeep and maintenance, and high absenteeism of manpower in rural areas are the main problems in the health delivery system in public sector. NRHM seeks to strengthen the public health delivery system at all levels. Government has launched a web based Health MIS (HMIS) portal in March 2008 to facilitate data capturing at the District level. The portal captures physical and financial performance under the NRHM from the States.

The **Integrated Disease Surveillance Project (IDSP)** launched in 2004 with

the objective to detect and respond early to warning signals of disease outbreaks, has established an IT network in 317 of the 400 sites with the help of NIC and ISRO connecting all States, District HQ and Government medical colleges and certain national institutions involved in disease surveillance and response. In addition, a 24x7 Call Centre set up in February 2008 receives disease alerts from all over the country on toll free number 1075 and a total of 34,459 calls have been received till March 2009. Prevention and control of **vector borne diseases** such as Malaria, Filariasis, Kala-azar, Japanese Encephalitis, Dengue & Chikunguniya has a direct link with economic & social development of the community. The malaria incidence in the country was brought down from 6.4 million cases in 1976 to 1.86 million cases in 2003. Since then it has been kept below 2 million cases. However, malaria still continues to be a major public health problem in many tribal areas as well as hilly and forested areas which require focused attention for keeping the prevalence of malaria under control. Kala-azar & Lymphatic Filariasis have been targeted for elimination by 2010 & 2015 respectively and the goal of elimination must be achieved to make our country free from these diseases affecting the health of large population.

HIV situation in the country is assessed and monitored through regular annual sentinel surveillance mechanism established since 1992. The third phase of National AIDS Control Programme (NACP) was launched in June 2007. The overall goal of NACP-III is to halt and reverse the epidemic in India over the next 5 years. Considering that more than 99% of the population in the country is free from infection, NACP-III will place the highest priority on preventive efforts while, at the same time, seeking to integrate prevention with care, support

| Table 10.12 : Health care infrastructure | |
|--|-----------|
| 2008 | |
| SC/PHC/CHC*(March 2007) | 1,71,687 |
| Dispensaries and hospitals (all) (April 1, 2008)** | 33,855 |
| Nursing personnel (2008)** | 15,72,363 |
| Doctors (modern system) (2008)** | 84,852 |

* RHS : Rural Health Statistics in India 2007.

** National Health Profile, 2008.

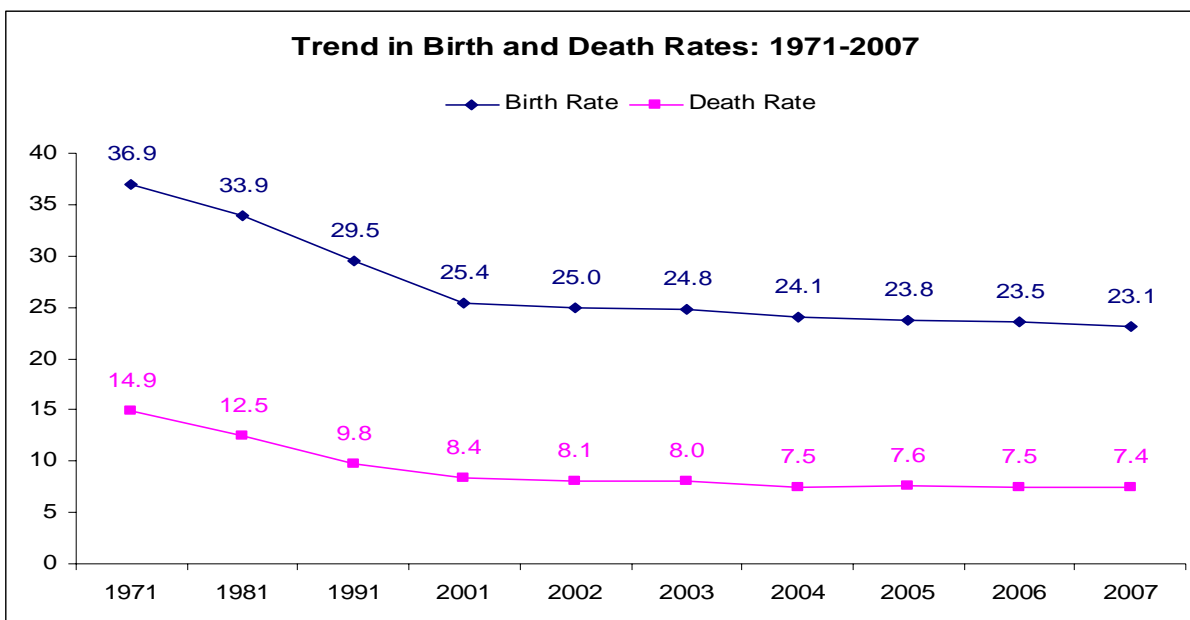
Box: National Population Policy 2000

The National Population Policy, 2000 (NPP 2000) affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services. The NPP 2000 provides a policy framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India, and to achieve net replacement levels (TFR) by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health, and contraception, while increasing outreach and coverage of a comprehensive package of reproductive and child health services by government, industry and the voluntary non-government sector, working in partnership.

The immediate objective of the NPP 2000 is to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The medium-term objective is to bring the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.

In pursuance of these objectives, the following National Socio-Demographic Goals to be achieved in each case by 2010 are formulated:

- Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
- Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary school levels to below 20 percent for both boys and girls.
- Reduce infant mortality rate to below 30 per 1000 live births.
- Reduce maternal mortality ratio to below 100 per 100,000 live births.
- Achieve universal immunization of children against all vaccine preventable diseases.
- Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.
- Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.
- Achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices.
- Achieve 100 per cent registration of births, deaths, marriage and pregnancy.
- Contain the spread of Acquired Immunodeficiency Syndrome (AIDS), and promote greater integration between the management of reproductive tract infections (RTI) and sexually transmitted infections (STI) and the National AIDS Control Organisation.
- Prevent and control communicable diseases.
- Integrate Indian Systems of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to households.
- Promote vigorously the small family norm to achieve replacement levels of TFR.
- Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centred programme.



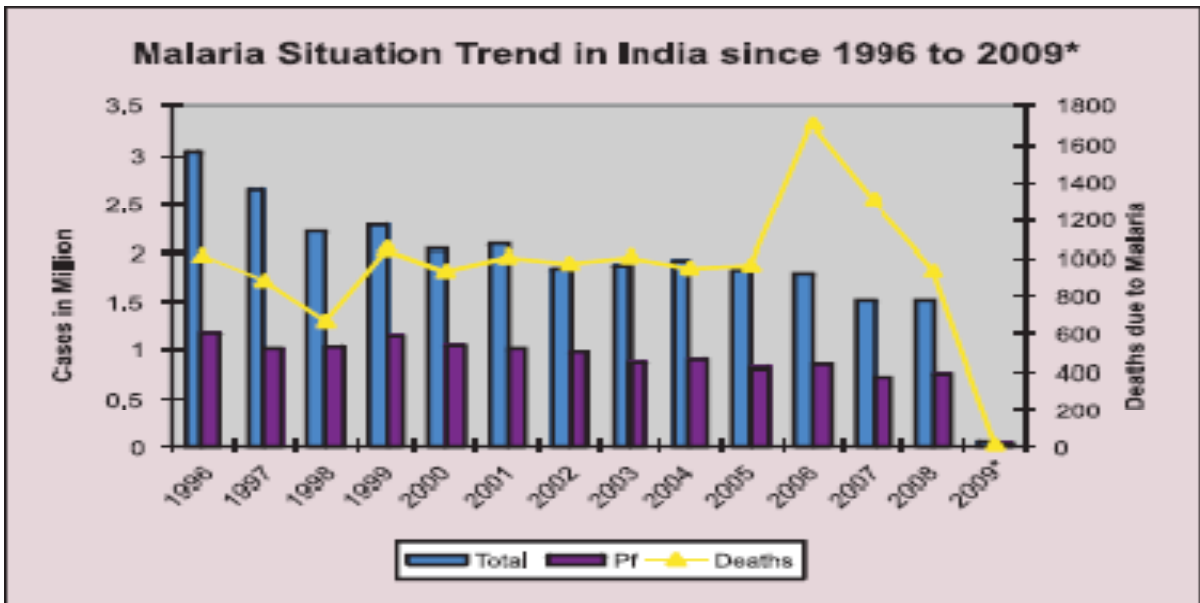
and treatment. Building up of a strong Strategic Information Management System and strengthening the Surveillance and Research components to provide evidence for planning and implementation will be given major thrust during NACP-III. National AIDS Control Programme is currently focusing on upscaling of services to improve coverage and to improve the quality of services provided. According to the recent estimates, there were 1.8 - 2.9 million (2.31 million) people living with HIV/AIDS at the end of 2007. The estimated adult prevalence in the country is 0.34% (0.25% - 0.43%) and it is greater among males (0.44%) than among females (0.23%). The prevalence rate of HIV infection in the country has stabilized over the last few years.

Tuberculosis is a major public health problem in India. About 3.25 lakh persons are estimated to die of TB every year in the country. The Revised National TB Control Programme (RNTCP), using Directly Observed Treatment Shortcourse (DOTS) strategy, with the objective of curing at least 85% of new sputum patients put on treatment and detecting at least 70% of such patients is being implemented in

| People Living with HIV and Prevalence | | |
|---------------------------------------|------------------------------------|------------------------------------|
| Year | Estimated Number of PLHA (Million) | Estimated Adult HIV Prevalence (%) |
| 2002 | 2.73 | 0.45 |
| 2003 | 2.67 | 0.43 |
| 2004 | 2.61 | 0.41 |
| 2005 | 2.54 | 0.39 |
| 2006 | 2.47 | 0.36 |
| 2007 | 2.31 | 0.34 |

PLHA: People Living with HIV/AIDS

the country in a phased manner from 1997 and the entire country has been covered by March 2006. As part of the continued efforts to achieve **leprosy elimination** in six States/UTs viz, Bihar, Chattisgarh, West Bengal, Jharkhand, Chandigarh and D&N Haveli as well as to provide support for Disability Prevention and Medical Rehabilitation for these States, and 29 States/UTs which have achieved leprosy elimination, support is being provided for Reconstruction Surgery (RCS).



* Data for 2009 upto January.

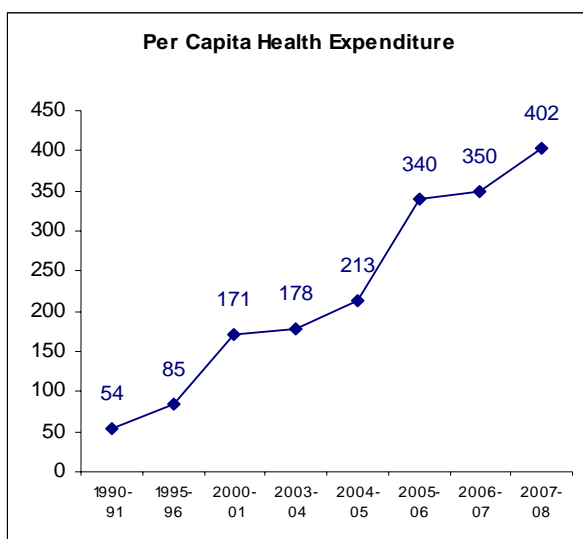
Cancer is a major public health concern in India and has become one of the ten leading causes of death in the country. With a total outlay of Rs. 2400.00 crore, the National Cancer Control Programme (NCCP) is proposed to be modified to meet the gap in available cancer care facilities and trained manpower in the country. The Government has set up the "Health Minister's Cancer Patient Fund" (CPF) to provide financial assistance to Below Poverty Line (BPL) cancer patients for treatment of this chronic disease, which is highly expensive and prolonged.

Tobacco is the single most preventable cause of death in the country. The Government of India is taking steps to ensure effective implementation of the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003. The Ministry of Health & FW has launched the National Tobacco Control Programme in the 11th Five Year Plan to build capacity of the States for the effective implementation of the Tobacco Control Act and the Framework Convention on Tobacco Control (FCTC). As per Tobacco Control Legislation, 2003, the Rules regarding **pictorial**

warnings of Health Hazards of Smoking has come into effect on 31st May, 2009. To address major causes of mortality and morbidity in the country in a focused manner, the Government has launched a number of **new initiatives**. The pilot programme under the **National Programme on Prevention and Control of Diabetes, Cardiovascular diseases and Stroke** last year has been expanded to 10 States and the Programme aims at using health promotion and health education, advocacy, early detection of persons with high risk factors (at the risk of developing disease) through opportunistic screening and strengthening of health systems at all levels to tackle Non-Communicable Diseases and improvement of quality of care.

The **National Programme on Prevention and Control of Deafness (NPPCD)** is addressing the second most cause of disease morbidity - hearing impairment/deafness - in the country and covers nearly 80 districts in 2008-09.

Occurrence of cases of H1N1 infection (Swine flu) in the country Recently, human cases of Swine flu (H1N1 virus infection) have been reported in several countries, including



India. In order to check the entry and spread of this virus in our country, the Government has taken a number of measures on war footing e.g. strengthening of the laboratory facilities and case management facilities, health screening of passengers coming from the affected countries, contact tracing and enhanced surveillance, stockpiling of essential drugs etc.

The Transplantation of Human Organs Act was enacted in 1994 to curb commercial transactions in human organs. In the light of experience gathered over the last decades, it is now proposed to amend the law to facilitate genuine cases of organ donation and to prescribe harsh punishment for illegal transactions. A programme to promote organ donation will also be launched shortly. With the objectives of creating and expanding health manpower in **old age care**, promoting relevant research to provide for evidence based active and healthy ageing and integrated, comprehensive and quality health care to older people at all levels – in institutions and community-the National Programme for Healthcare of Elderly is proposed to be launched in 2009.

In order to reduce the gaps in availability of tertiary healthcare across states, the **Pradhan Mantri Swasthya Suraksha**

Yojana (PMSSY) Phase I has been launched. This programme envisages setting up of 6 new AIIMS like Institutions in the States of Bihar, Chattisgarh, Madhya Pradesh, Orissa, Rajasthan and Uttaranchal and upgradation of 13 existing Government medical colleges. GOI has also approved Phase II of PMSSY project to set up 2 AIIMS like institutions one each in Uttar Pradesh and West Bengal and upgrade 6 existing Medical College Institutions.

Universal Immunization Programme was started in 1985-86 to cover six vaccine preventable diseases in phased manner covering all the districts in the country by 1989-90. Since 2006, two new vaccines viz. Japanese Encephalitis (JE) and Hepatitis B have been introduced in select district and States. There is a plan to introduce a **combination (pentavalent) vaccine** having five antigens DPT-Hepatitis B-Hib to immunize children against five vaccine preventable diseases of Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib disease in some States.

Revival of Vaccine producing units in the Public Sector -Vaccine producing units in the Public Sector will be revived to support the Immunisation programme. The action plan for revival of production of DPT group of vaccines at CRI Kasauli is already being implemented.

Nursing plays an important role in the health care delivery system. In order to strengthen and expand Nursing Services to provide Health Services to the rural people, Government of India has taken Nursing as a priority programme in the 11th Plan. A new scheme namely Human Resource (Health) Services which inter alia include upgradation/ strengthening of Nursing Services at a cost of Rs. 200 crore during the 11th Plan period has been approved. To meet shortage of

doctors and specialists, comprehensive changes in four regulations of Medical Council of India (MCI), relating to undergraduate/postgraduate medical education, starting of new medical colleges and minimum requirement of qualification for teachers have been approved by the Ministry and awaiting notification by MCI. A **new**

centrally sponsored scheme with 75% assistance from the Centre for strengthening and up gradation of state government medical colleges for increasing seats in PG courses and starting new PG courses has been formulated. For this purpose, an amount of Rs. 1350 crores has been earmarked in the 11th five year plan.



Promotion of the Status of Women

As per 2001 census, women constitute 48% of the total population. Women as an important human resource were recognized by the Constitution of India which not only accorded equality to women but also empowered the State to adopt measures of positive discrimination in their favour. Drawing the strength from the constitutional commitments, the Government of India has been engaged in committed and continuous endeavors towards ensuring all round well-being, development and empowerment of women.

From the Sixth Five Year Plan onwards women secured a special niche and space in the national plans and planning process, primarily with thrust on health, education and employment of women. A paradigm shift occurred in the Eighth Plan where 'empowerment' of women was recognized and accepted as a distinct strategy. A further impetus for sectoral contribution to women's programmes was received with the introduction of the concept of Women's Component Plan in the Ninth Plan whereby identified ministries were required to indicate the flow of funds to the women's programmes and schemes. In the Tenth Plan, for the first time, monitorable targets were set for a few key indicators of human development, which include reduction in gender gaps in literacy and wage rates and reduction in maternal mortality ratio. The Ninth Plan Document (1997- 2002) laid emphasis on the participation of people in the planning process, and the promotion of Self-Help Groups (SHG). The approach was to access women living in poverty and to guide them to help themselves. The Tenth Five Year Plan called for three pronged strategy of social empowerment, economic empowerment and providing gender justice to create an enabling environment of positive economic and social policies for women and

eliminating all forms of discrimination against them and thus advance gender equality goals. During the Tenth Plan also, emphasis continued on empowerment of women through SHG movement. The Eleventh Plan seeks to reduce disparities across regions and communities by ensuring access to basic physical infrastructure as well as health and education services to all, recognises gender as a crosscutting theme across all sectors and commits to respect and promote the rights of the common person. The Approach Paper to the Eleventh Plan specifically states that 'gender equity requires adequate provisions to be made in policies and schemes across Ministries and Departments. It also entails strict adherence to gender budgeting across the board'.

The important provisions/ programmes aiming at empowerment and overall development of women are:

- **Political Empowerment**
 - Participation in Panchayats
 - Participation in Parliament
- **Economic Empowerment Programmes**
 - Swayamsidha (ended on 31.03.2008)
 - Priyadarshini
 - Support to Training and Employment Program (STEP)
- **Social Empowerment Programmes**
 - Swadhar Shelter Homes, Short Stay Homes and Women Helplines
 - Mahila Mandals, Awareness Generation Programmes,
 - Condensed Course of Education and Family Counseling Centres
 - Ujjawala

- **Support Services**
 - Working Women Hostels
 - Rajiv Gandhi National Creche Scheme
- **Micro Credit for Women**
 - Rashtriya Mahila Kosh

Participation of women in the Panchayats was facilitated by the 73rd Constitutional Amendment which mandated one-third reservation of seats for women at all three tiers of Panchayats. The last 15 years of Panchayati Raj in India have seen women go from strength to strength in terms of their political participation. While many faced resistance initially to their presence in offices of responsibility, over time, acceptance of women within the Panchayati Raj framework has been increasing. Out of the total 28 lakh elected Panchayat representatives, around 10 lakh are estimated to be women.

programme is holistic empowerment of women through a sustained process of mobilization and convergence of all the on-going sectoral programmes by improving access of women to micro credit, economic resources etc. The programme was implemented in 650 blocks in the country covering 335 districts. The programme was implemented in many States through Integrated Child Development Services infrastructure; while in some States, the scheme was implemented through State Women's Development Corporations.

Priyadarshini or Women's Empowerment and Livelihood Programme in the Mid Gangetic Plains of Uttar Pradesh and Bihar aims at empowering in holistic and sustainable manner vulnerable groups of women and adolescent youth in the project area through promotion of improved livelihood opportunities through formation of women's Self help Groups. Although focus of the project is on livelihood enhancement, the women beneficiaries

Table: Seats held by women in the national Parliament

| Reference Year | Number | | | Share in Total (%) |
|----------------|-------------------------|---------------------------|-----------|--------------------|
| | Lok Sabha (Lower House) | Rajya Sabha (Upper House) | Total | |
| 2004 | 45 of 544 | 28 of 250 | 73 of 794 | 9.2 |
| 2007 | 47 of 544 | 25 of 250 | 72 of 794 | 9.1 |
| 2009 | 59 of 545 | 21 of 234 | 80 of 779 | 10.3 |

Swayamsidha is an integrated scheme for women's empowerment through formation of women into Self-Help Groups (SHGs). The scheme was launched in February 2001 across the States and Union Territories of the country with a total budget outlay of Rs. 116.30 Crore. 69,803 SHGs have been formed against the target of 65,000 self-help groups (SHGs) under Swayamsidha till March 31, 2008. The scheme ended on March 31, 2008.

are empowered to address their social, political, legal, health and economic problems through rigorous capacity building. The project covers the Districts of Madhubani and Sitamarhi in Bihar and Shravasti, Bahraich, Rae Bareli and Sultanpur in Uttar Pradesh. The project is of 8 years duration.

The women and adolescent girls in the project area are mobilized to form Self Help Groups. Other SHGs existing in the project area have the option to join the project. Training is given to the SHG

The long-term objective of the

members on SHG related topics, income generation and allied activities, marketing of products, social issues etc. Community Based Service Centers (CBSCs) are established in the project blocks to reach out to the SHGs and provide all support and guidance. NGOs have been engaged for providing various inputs. Specialised agencies have been engaged to implement various components of the project such as financial institutions to address the credit needs of the SHG members, agricultural / dairy / fishery agencies etc. to assist women beneficiaries in livelihood enhancement, marketing agencies for marketing of products, etc. Women are provided all support required for setting up small and medium enterprises to enhance their income. The project aims to develop appropriate marketing strategy for marketing SHG products. The total cost of the project would be US\$ 32.73million out of which IFAD share would be US \$ 30 million and GOI share would be US \$ 2.73 million.

The **Support to Training & Employment Programme** for Women (STEP) seeks to provide updated skills and new knowledge to poor and asset less women in ten traditional sectors i.e. Agriculture, Animal Husbandry, Dairying, Fisheries, Handlooms, Handicrafts, Khadi & Village Industries, Sericulture, Social Forestry and Wasteland Development for enhancing their productivity and income generation. This would further enhance and broaden their employment opportunities, including self-employment and entrepreneurial skills. A comprehensive package of services such as health care, elementary education, crèche facility, market linkages etc. are provided besides access to credit. Twenty new

projects have been sanctioned during 2008-09 benefitting 31,865 women.

Swadhar scheme was launched by the Ministry during the year 2001-02 for the benefit of women in difficult circumstances with the following objectives:

- To provide primary need of shelter, food, clothing and care to the marginalized women / girls living in difficult circumstances who are without any social and economic support;
- To provide emotional support and counseling to such women;
- To rehabilitate them socially and economically through education, awareness, skill upgradation and personality development through behavioral training etc.
- To arrange specific clinical, legal and other support for women / girls in need of interventions by linking and networking with other organizations in both government and Non-Government Sectors on case basis;
- To provide **Help-line** (24 hour telephone facility) or other facilities to such women in distress; and
- To provide such other services as will be required for support and rehabilitation of such women in distress.

Till March 31, 2009, 287 Swadhar homes and **210 helplines** were functional under the Swadhar Scheme.

Short Stay Homes scheme launched in 1969, is meant to provide temporary accommodation maintenance and rehabilitative services to women and girls suddenly rendered homeless due

to family discord or crime. Temporary shelter is provided to these women and girls from six months to three years. The Short Stay Homes extend case work, counselling services, medical care and psychiatric treatment, skill development training, education, vocational and rehabilitative services for development and well being of the inmates.

The Scheme of **Awareness Generation Programme** aims at creating awareness amongst women and community at large on rights, status and problems of women in particular and other social concerns. Under the scheme camps are organized, which provide a platform for women to come together to exchange their experiences and ideas and in the process develop an understanding of reality and also the way to tackle the problems and their needs.

The scheme of **Condensed Courses of Education** was initiated to cater to the needs of adult girls/women who could not join mainstream education system or who were dropouts from formal schools. The scheme aims to provide educational opportunities to girls/women above the age of 15 years along with additional inputs of skill development/vocational training. The main focus of the scheme is to ensure that contents of the courses are need based and modified according to local requirement and simultaneously targeting towards various stages of educational levels of primary / middle / high school and matric / secondary level courses.

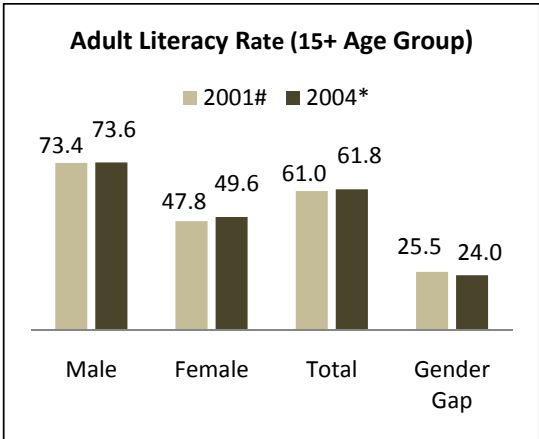
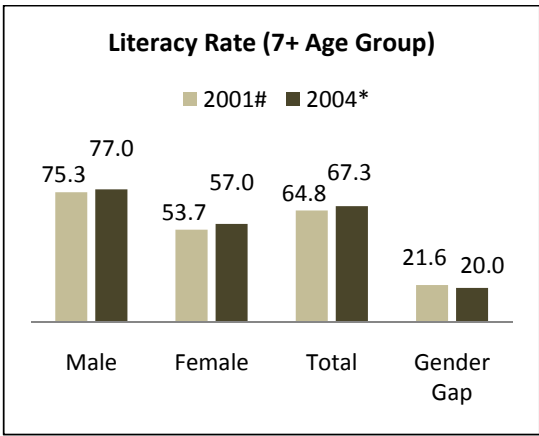
The scheme of **Family Counselling Centres (FCCs)** was introduced by CSWB in 1983. The centres provide counselling, referral and rehabilitative services to women and children who are victims of atrocities, family maladjustment and social ostracism and also provide crisis intervention and trauma counselling in case of natural

disasters. The centres also create awareness and mobilize public opinion on social issues affecting status of women. The FCCs work in close collaboration with the local administration, police, courts, free legal aid cells, medical and psychiatric institutions, vocational training centres, short stay homes.

Trafficking in human beings is an organized crime violating basic human rights. India has emerged as a source, transit and destination country. It is estimated that there are 3 million sex workers in India, of which 40 percent constitute children, as young as 10 years old. Most often these victims are trafficked through means like duping, luring, fake marriages, abducting, kidnapping and manipulating social and economic vulnerabilities and sold to brothels where they are continuously subjected to abuse, violence and exploitation by perpetrators of crime.

Article 23 of the Constitution of India prohibits trafficking in human beings. The principal legislation "Immoral Traffic (Prevention) Act, 1956" provides for stringent punishment to the perpetrators of crime. In addition, the Indian Penal Code also provides provisions for crimes related to trafficking. India is also signatory to various International and regional Conventions such as UN convention against Transnational Organized Crime with its protocol to prevent, suppress and punish trafficking in persons especially women and children, SAARC convention on Preventing and Combating Trafficking of Women and Children in Prostitution, Convention on the Elimination of All Forms of Discrimination against Women and Convention on the Rights of the Child.

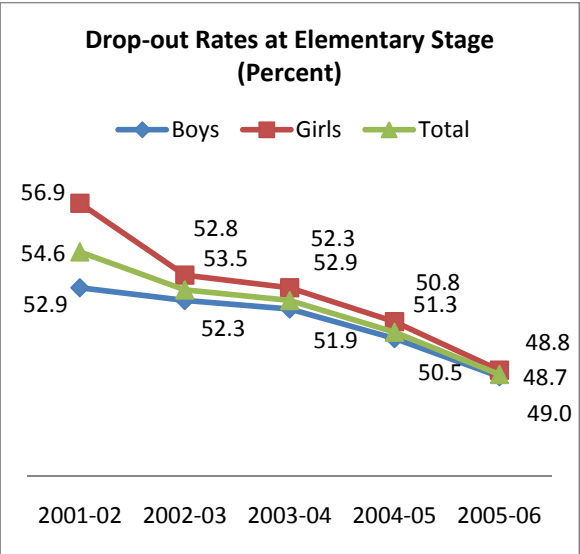
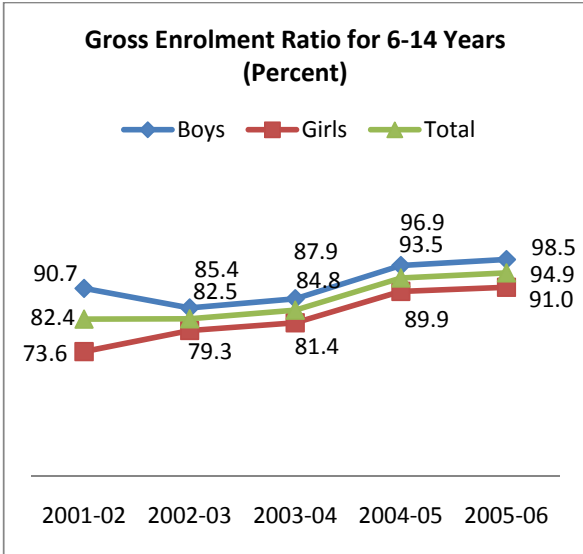
The Ministry of Women and Child Development is implementing the Scheme "**Ujjawala**" launched on 4 December, 2007. This is a



Census 2001 * NSS 61st Round
Literacy Rate is the number of literates expressed as percentage of the total population aged, 7 years of age or older.
Adult Literacy Rate is the number of literates expressed as percentage of the total population aged, 15 years of age or older.

Comprehensive Scheme for Prevention of Trafficking and Rescue, rehabilitation and Re-Integration of Victims of Trafficking and Commercial Sexual Exploitation". The scheme comprises five components:

1. Prevention, which consists of formation of community vigilance groups/adolescents groups, awareness and sensitization of important functionaries like police, community leaders and preparation of IEC material, holding workshops, etc.
2. Rescue, safe withdrawal of the victim from the place of exploitation.
3. Rehabilitation, which includes providing safe shelter for victims with basic inputs of food, clothing, counseling medical care, legal aid, vocational training and income generation activities etc.
4. Reintegration, which includes restoring the victim into the family/community (if she so desires) and the accompanying costs.
5. Repatriation, to provide support to cross-border victims for their safe repatriation to their country of origin.





Handlooms are a popular economic activity under SHGs

The Scheme of assistance for construction or expansion of hostel buildings for working women with day care center for children is in implementation since 1972-73. Under this scheme, financial assistance is provided to non-governmental organizations engaged in the field of women's welfare or women's education, women's development corporations, local bodies, universities etc. for construction of building for working women's hostel. This scheme envisages provision of safe and affordable hostel accommodation to working women (single working women, women working at places away from their home-towns, working but husband out of town, widows, divorcees, separated women etc.), women being trained for employment and girl students studying in post-school professional courses. Trainees are permitted to stay for a period of one year and girl students for a period of five years, but with the condition that first preference would be

given to working women who are being trained for employment and girl students should not exceed 30% of the capacity of the hostel. So far 876 hostels have been sanctioned throughout the country. Since the demand for working women hostels is on the increase due to increasing number of women in employment, the scheme is proposed to be revamped in the 11th Five year plan to achieve a higher satisfaction rate for the demand for such hostel accommodation. During the year 2008-09 (as on 31.03.2009), 11 new hostels have been sanctioned to benefit 933 working women.

The Rajiv Gandhi National Creche Scheme for Children of Working Mothers provides services to the children of age group 0-6 years which includes supplementary nutrition, emergency medicines and contingencies. As of now 31,718 creches have been sanctioned to the implementing agencies up to March 31,

2009. The number of beneficiaries is around 7,92,950.

The **Rashtriya Mahila Kosh (RMK)**, an autonomous organisation under the Ministry of Women and Child Development implements a unique credit delivery model 'RMK-NGOSHG-Beneficiaries' and has flexible credit norms, hassle free loans, no collateral and reasonable rate of interest to help women start livelihood activities.

The Ministry of Women and Child Development is the nodal agency for **SAARC Gender Info Base in India** and is actively participating in its development. SAARC Gender Info Base is a unique web site containing

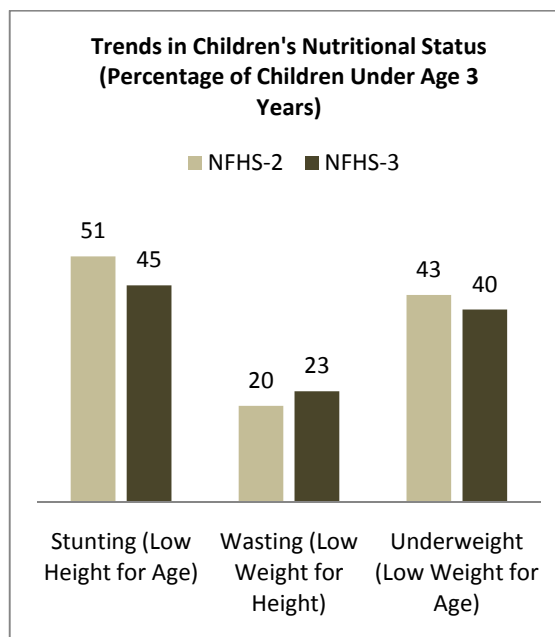
statistical data as well as important information related to gender issues which was launched during 6th South Asia Ministerial Conference commemorating 'Beijing Declaration' held in New Delhi on 17.01.2008 by His Excellency the SAARC Secretary General. The three themes for SAARC Gender Info Base are Feminization of Poverty, Violence against women (especially trafficking) and Health Issues (including HIV). Under the three themes, there are components and under each component prioritized indicators are identified. The indicators are quantitative and qualitative in nature and the process of collecting data/ information is currently going on.



Promotion of Rights and Well-Being of the Child

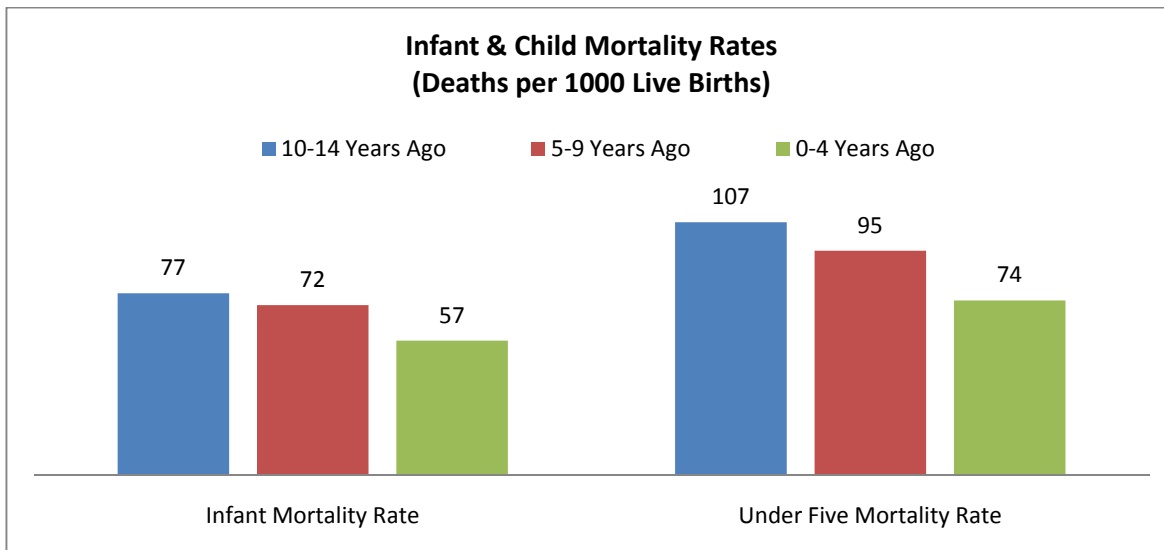
Children in age group 0 – 18 years constitute 44% of the population of India. Children are the future human resource of the country and the Government is implementing various schemes for welfare, development and protection of children.

The Integrated Child Development Services (ICDS) Scheme was launched in 1975 with the objective of enhancing the nutritional health of infants and children (6 months - 6 years) and pregnant women and lactating mothers. A package of six services are provided under the scheme viz supplementary nutrition, immunization, health checkup, referral services, preschool non formal education and nutrition and health education. The ICDS scheme was expanded twice in 2005-06 and 2006-07. To cover the hitherto uncovered habitations across the country towards universalization, a proposal for third phase of expansion of the ICDS scheme for 792 additional projects, 2.13 lakh additional Anganwadi Centres (AWCs) and 77,102 mini-AWCs and a proposal for 20,000 AWCs on demand has also been approved in October 2008 and administrative sanctions have been issued to all States/UTs. This would take the total number of Anganwadi Centres to 14 lakh across the country with special focus on coverage of SC/ST and minority population. The financial norms for supplementary nutrition have been revised from Rs. 2.06 to Rs. 4.21 per beneficiary. Honorarium has also been enhanced by Rs. 500 above the last honorarium drawn by anganwadi workers and by Rs. 250 of the last honorarium drawn by helpers of AWCs



and workers of mini-AWCs. Alongside gradual expansion of the scheme, its budgetary allocation has increased from Rs. 10,391.75 crore in the Tenth Five Year Plan to Rs. 44,400 crore in the Eleventh Five Year Plan.

Two schemes are being implemented for the development of adolescent girls viz. **Kishori Shakti Yojana (KSY)** and **Nutrition Programme for Adolescent Girls (NPAG)**. KSY is an intervention for adolescent girls and aims at addressing the needs of self-development, nutrition and health status, literacy and numerical skills, vocational skills of adolescent girls in the age group of 11-18 years. The scheme is currently operational in 6,118 ICDS projects. NPAG is being implemented in 51 identified districts across the country to provide free foodgrains at Rs. 6 a kilogram per beneficiary per month to undernourished adolescent girls (11-19 years) irrespective of financial status



Pre-school education session in Anganwadi Centre

of the family to which they belong. Both the schemes are being implemented through the infrastructure of ICDS.

The Rajiv Gandhi National Creche Scheme for Children of Working Mothers provides services to the children of age group 0-6 years which includes supplementary nutrition, emergency medicines and

contingencies. As of now 31,718 creches have been sanctioned to the implementing agencies up to March 31, 2009. The number of beneficiaries is around 7,92,950.

The bias against the girl child is reflected in the fall in **child sex ratio** (0-6 years) which has declined drastically from 945 in 1991 to 927 per 1,000 males

in 2001. **Female foeticide** is found more in the urban educated prosperous classes, and in the States of Punjab, Haryana and Gujarat with low sex ratios. Efforts are being made to ensure the survival of the girl child and her right to be born, and nurture her so that she grows up to be an informed, secure and productive participating member of the community and society. A multidimensional strategy has been adopted with legislative, preventive, advocacy and programmatic inputs.

Dhanalakshmi, a conditional cash

transfer scheme for girl child with insurance cover, was launched as a Pilot project in March 2008. The scheme is aimed at providing a set of staggered financial incentives for families to encourage them to retain the girl child and educate her. The scheme provides cash transfers to the family of girl child on fulfilling certain specific conditions such as birth and registration, immunization, enrolment and retention and remains unmarried at the age of 18 years. The scheme is being implemented in 11 blocks across seven States.

Box: National Commission for Protection of Child Rights

The National Commission for Protection of Child Rights (NCPCR) was set up in March 2007 under the Commission for Protection of Child Rights Act, 2005, an Act of Parliament (December 2005). The Commission's Mandate is to ensure that all Laws, Policies, Programmes, and Administrative Mechanisms are in consonance with the Child Rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child. The Child is defined as a person in the 0 to 18 years age group.

The Commission visualises a rights-based perspective flowing into National Policies and Programmes, along with nuanced responses at the State, District and Block levels, taking care of specificities and strengths of each region. In order to touch every child, it seeks a deeper penetration to communities and households and expects that the ground experiences inform the support the field receives from all the authorities at the higher level. Thus the Commission sees an indispensable role for the State, sound institution-building processes, respect for decentralization at the level of the local bodies at the community level and larger societal concern for children and their well-being.

In order to attain the Commission's Mandate of ensuring that each and every child has an access to all entitlements and enjoys all her rights, the Commission's focus is on the following tasks:

- To build public awareness and create a moral force in the country to stand by children and protect their rights. A National Conscience has to be generated that captures the imagination of each citizen to take pride in the nation because it takes care of all its children.
- To look at the gaps in the policy framework and the legal framework and make recommendations to see that rights-based perspective is adhered to by the Government, while it makes its policies.
- To take up specific complaints that come up before it for redressal of grievances and also take up *suo moto* cases, summon the violators of child rights, get them presented before the Commission and recommend to the Government or the Judiciary, action based on an inquiry.
- To arm itself with proper research and documentation. The legitimacy and credibility to what the Commission says and does is based on solid research and data.

Box: National Plan of Action for Children 2005

The National Plan of Action for Children, 2005 commits itself to ensure all rights to all children upto the age of 18 years. The Government shall ensure all measures and an enabling environment for survival, growth, development and protection of all children, so that each child can realize his or her inherent potential and grow up to be a healthy and productive citizen.

The National Plan of Action for Children, 2005 is divided into following four sections; and all categories of rights apply to all age groups, including before birth.

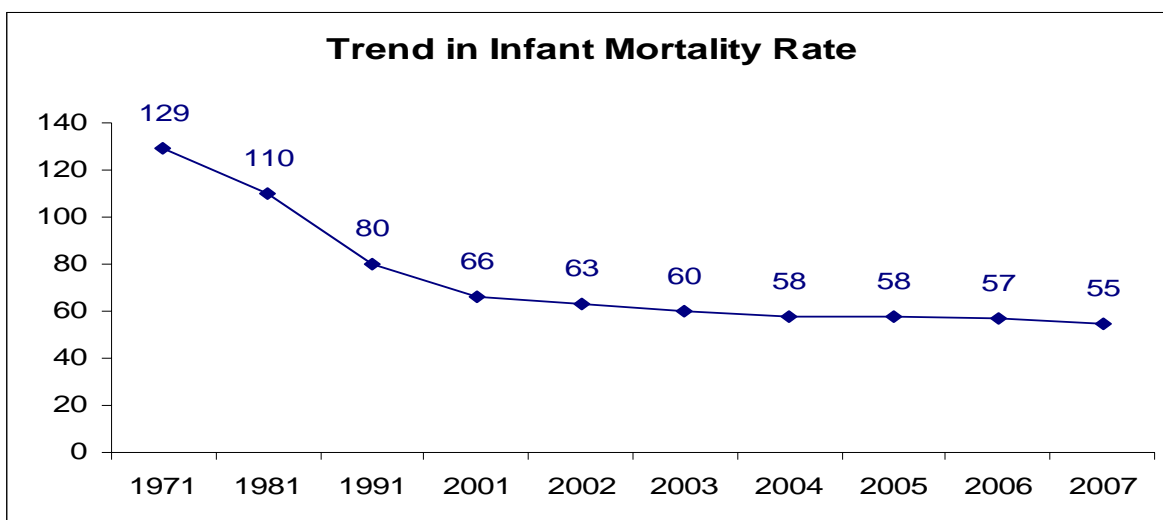
- Child Survival
- Child Development
- Child Protection
- Child Participation

The guiding principles of the National Plan of Action for Children, 2005 are:

- To regard the child as an asset and a person with human rights.
- To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality.
- To accord utmost priority to the most disadvantaged, poorest of the poor and least served child in all policy and programmatic interventions.
- To recognize the diverse stages and settings of childhood, and address the needs of each, providing to all children the entitlements that fulfill their rights and meet their needs in each situation.

The Plan has identified **twelve** key areas keeping in mind priorities and the intensity of the challenges 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 of children at each stage of childhood. These are:

- Reducing **Infant Mortality Rate**.
- Reducing **Maternal Mortality Rate**.
- Reducing **Malnutrition** among children.
- Achieving 100% civil **registration of births**.
- **Universalization of early childhood care and development and quality education for all children** achieving 100% access and retention in schools, including pre-schools.
- Complete **abolition of female foeticide, female infanticide and child marriage** and ensuring the survival, development and protection of the **girl child**.
- Improving **Water** and **Sanitation** coverage both in rural and urban areas
- Addressing and upholding the rights of **Children in Difficult Circumstances**.
- Securing for all children all legal and social protection from all kinds of abuse, exploitation and neglect.
- Complete abolition of **child labour** with the aim of progressively eliminating all forms of economic exploitation of children.
- **Monitoring, Review and Reform** of policies, programmes and laws to ensure protection of children's interests and rights.
- Ensuring **child participation** and choice in matters and decisions affecting their lives.



The Integrated Child Protection Scheme (ICPS) has been formulated for implementation during the Eleventh Five Year Plan period to provide a safe and secure environment for comprehensive development of children in the country who are in need of care and protection as well as children in conflict with law.

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

The ICPS will focus its activities on children in need of care and protection and children in conflict and contact with the law. The ICPS will also provide

preventive, statutory and care and rehabilitation services to **any other vulnerable child including, but not limited to**, children of potentially vulnerable families and families at risk, children of socially excluded groups like migrant families, families living in extreme poverty, lower caste families, families subjected to or affected by discrimination, minorities, children infected and/or affected by HIV/AIDS, orphans, child drug abusers, children of substance abusers, child beggars, trafficked or sexually exploited children, children of prisoners, and street and working children.

ICPS brings several existing child protection programmes namely (i) A Programme for Juvenile Justice; (ii) An Integrated Programme for Street Children; and (iii) Scheme for Assistance to Homes [Shishu Greh] to Promote In-country Adoption, under one umbrella and initiates new interventions.

To manage the widespread prevalence of anaemia in the country, the policy has recently been revised. Infant from the age of 6 months onwards up to the age of five years shall receive iron supplements in liquid formulation in doses of 20mg elemental iron and 100mcg folic acid per day for 100 days in a year. Children 6-10 years of age shall receive iron in the dosage of 30 mg

elemental iron and 250mcg folic acid for 100 days in a year and adolescents 11-18 years shall receive supplements at the same dosage and duration as adults.

Immunization programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Immunization Programme in India was introduced in 1978 as Expanded Programme of Immunization. This gained momentum in 1985 as Universal Immunization Programme (UIP) and implemented in phased manner to cover all districts in the country by 1989-90. UIP become a part of Child Survival and Safe Motherhood Programme in 1992. Since 1997, immunization activities have been an important component of National Reproductive and Child Health Programme. Immunization is one of the key areas under National Rural Health Mission (NRHM). Under the Immunization Programme Government of India is providing vaccination to prevent

six vaccine preventable diseases i.e. Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio, and Measles. The vaccination schedule is as under:

- BCG (Bacillus Calmetter-Guèrin)- Birth
- DPT (Diphtheria, Pertussis and Tetanus Toxoid) - 6,10,14 weeks and at 16-24 months of age
- PV (Polio)- 6,10,14 weeks & 16-24 months of age and birth dose for institutional delivery
- Measles - 9-12 months of age
- DT (Diphtheria and Tetanus Toxoid) - 5 years of age
- TT (Tetanus Toxoid) - 10 years and 16 years of age
- TT - for pregnant woman two doses or one dose if previously vaccinated within 3 years



Drug De-Addiction, Rehabilitation and Reintegration

Drug and Alcohol abuse has emerged as a serious concern, adversely affecting the physical and socio-economic well being of the country. The stress and strain of the modern day life has rendered the individual more vulnerable to the problem of substance abuse. Addiction to drugs not only affects the individual involved but also affects the family and society at large.

In a national survey conducted in 2001-2002 by the United Nations Office on Drugs and Crime (UNODC) and the Ministry of Social Justice and Empowerment, it was estimated that about 732 lakh persons were users of alcohol and drugs. Of these 87 lakh were users of Cannabis, 20 lakh of opiates and 625 lakh were users of alcohol. About 26%, 22% and 17% of the users of the three types respectively were found to be dependent on/addicted to them. As the sample size was small (40,697 males only) compared to the country's population, the estimates can at best be taken as indicative only. The survey also indicated that other drugs such as Sedatives/Hypnotics, volatile substances, Hallucinogens, Stimulants and pharmaceutical preparations were also abused.

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

narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity." Accordingly the Ministry has been supporting Integrated Rehabilitation Centres for Addicts (IRCA's) run by voluntary organizations with assistance under the Ministry's Scheme of Prevention of Alcoholism and Substance (Drugs) Abuse.

India is a signatory to three United Nations Conventions, namely:

- i. Convention on Narcotic Drugs, 1961;
- ii. Convention on Psychotropic Substances, 1971; and
- iii. Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

Thus India also has an international obligation to, inter alia, curb drug abuse. The United Nations General Assembly, in its 20th Special Session in 1998, has accepted demand reduction as an indispensable pillar of drug control strategies. The demand reduction strategy consists of education, treatment, rehabilitation and social integration of drug addicts for the prevention of drug abuse.

The Ministry of Social Justice and Empowerment recognizes drug abuse as a psycho-socio-medical problem, which can be best handled by adoption of a family/community-based approach by active involvement of NGOs/Community Based Organisations (CBOs). The strategy for demand reduction is three pronged:

- (a) **Awareness building and educating** people about the ill effects of drug abuse.
- (b) **Community based intervention** for

motivational counselling, identification, treatment and rehabilitation of drug addicts, and

(c) **Training of volunteers/service providers** and other stakeholders with a view to build up a committed and skilled cadre.

A National Consultative Committee on De-addiction and Rehabilitation Services (NCCDR) under the chairpersonship of Minister for Social Justice & Empowerment has been constituted in July, 2008. The Committee has representation of various stakeholders including agencies dealing with supply and demand reduction. It is meant to advise the Government on issues connected with drug demand reduction, education/awareness building, de-addiction and rehabilitation of drug-addicts.

A sub-committee of the NCCDR has been constituted to make recommendations in regard to:

(i) Bring about further necessary changes in the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse, and

(ii) Formulate a national policy for Prevention of Alcoholism and Substance Abuse and rehabilitation of its victims.

Two earlier Central Sector Schemes, viz. 'Scheme for the Prevention of Alcoholism & Substance (Drugs) Abuse' and 'General Grant in Aid Programme for Financial Assistance in the Field of Social Defence', have been merged in 2008 and renamed as 'Scheme of Assistance for the Prevention of Alcoholism & Substance (Drugs) Abuse and for Social Defence Services'. The new Scheme has two parts viz. (i) 'Assistance for the Prevention of

Alcoholism & Substance (Drugs) Abuse' and (ii) 'Financial Assistance in the Field of Social Defence'. The revised scheme has come into effect from 1.10.2008.

The Scheme of Assistance for the Prevention of Alcoholism and Substance (Drugs) Abuse is being implemented for identification, counseling, treatment and rehabilitation of addicts through voluntary and other eligible organizations. Under this scheme, financial assistance up to 90% of the approved expenditure is given to the voluntary organizations and other eligible agencies for setting up/running Integrated Rehabilitation Centre for Addicts (IRCA), Regional Resource and Training Centres (RRTC), for holding Awareness-cum-deaddiction camps (ACDC) and Workplace Prevention Programmes, etc. In case of North-Eastern States, Sikkim and Jammu & Kashmir, the quantum of assistance is 95% of the total admissible expenditure. The balance has to be borne by the implementing agency. The Scheme has been revised w.e.f. 1.10.2008. Some of the important features of the revised scheme are:

(i) the honorarium rates for service providers of the Integrated Rehabilitation Centres for Addicts (IRCA) projects have been enhanced,

(ii) provision for food for inmates who are below poverty line (BPL) has been introduced @ Rs. 900/- per month per inmate,

(iii) Panchayati Raj Institutions/Urban Local Bodies have been included under the organizations/ institutions eligible for receiving assistance under the scheme, and

(iv) the 15 bed and 30 bed IRCA's can be upgraded to 20 and 40 beds respectively, in the urban areas and the North-East.

Box: National Institute of Social Defence (NISD)

The National Institute of Social Defence was originally set up as the Central Bureau of Correctional Services in 1961, under the Ministry of Home Affair, in pursuance of the recommendation emerging at various national forums. The Bureau was transferred to the Department of Social Security in 1964 and since 1975 it was a subordinate office under the Ministry of Social Justice & Empowerment. National Institute of Social Defence became an Autonomous Body in July 2002.

NISD functions as a central advisory body for Ministry of Social Justice & Empowerment, Government of India. It is a centre of excellence on research and training in the field of social defence. It coordinates and liaisons between the Government and the Non-Government Organizations at State, National and International level. The Institute develops preventive, rehabilitative and curative tools, programmes and policies in the field of social defence, which interalia includes demand reduction for drug abuse and undertakes research, capacity building & training, consultancy, networking, documentation and publication.

The Mandate of the Institute is to provide input for formulation of the Social Defence Policies and programmes of the Government of India and give technical support for strengthening programme interventions. This is ensured through collection of relevant statistics, maintenance of database and documentation of research findings, best practices, success stories etc.

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

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

Financial assistance is given upto 90% of the approved expenditure to voluntary and other eligible organizations. In case of an organization working in a relatively new areas, where both voluntary and Government effort is very limited but the need for the service is very great, the Government may bear upto 100% of the cost. This scheme has been merged with the central sector scheme for 'Prevention of Alcoholism and Substance (Drugs) Abuse' with effect from 1.10.2008.



Environment Management

The role of India's forests in the national economy and ecology has been reemphasized in the 1988 National Forest Policy, which focuses on ensuring environmental stability, restoring the ecological balance and preserving the forests. The policy aims at increasing the forest and tree cover to thirty three percent of the country's land area.

It is important that the changes in forest cover and growing stock be regularly assessed and monitored for effective planning. Forest Survey of India (FSI) is a premier national organization for forest resource assessment. Besides carrying out forest and tree cover assessment, FSI estimates the growing stock of wood/forest biomass through national forest inventory and is also engaged in providing training, research and extension. FSI assesses forest cover of the country by interpretation of remote sensing satellite data and publishes the results in a biennial report called 'State of Forest Report' (SFR). Beginning in 1987, eleven SFRs have been brought out so far.

Growing stock (wood volume) constitutes the most important parameter of the forest resources of the country. Historically and to a great extent even now forests have been managed to produce wood (timber) as a major product. Forest inventories are primarily aimed at assessing the growing stock of timber from forests. In the present scenario its role has become even more important in the context of biomass and carbon estimation in the forests. Besides wood volume, the information on annual increment, species composition, biomass, regeneration status, biodiversity, non-timber forest products etc. are required by forest managers, planners and policy makers. Forest inventory is a regular activity of the Forest Survey of India.

FSI is implementing a nation-wide project on mapping of forest types of India under the National Natural Resources Management System (NNRMS) project. In this exercise in addition to the remote sensing data, layers of temperature, rainfall, altitude, aspect, soil and other collateral and legacy data have been analyzed in GIS frame work. The exercise also involves extensive ground truthing for collection of training sets and field validation.

FSI is monitoring forest fires of the country since 2004 using remote sensing based system developed and maintained by the University of Maryland (USA) and NASA viz., MODIS Rapid Response System. The detection of forest fires is made on daily basis through the website <http://maps.geog.umd.edu>. After collecting coordinates of the fire spots, FSI maps the forest fires through GIS analysis. The coordinates of all the forest fires are put on the official FSI website (www.fsi.nic.in), and also sent to the respective State Forest Departments through fax and email for control during fire season. From the feedback received from SFDs, it has been found that the detected forest fires are correct on more than 95% points.

Sustainable Forest Management (SFM)

Sustainable Management of Forests is of immense significance due to its contribution towards sustainable development. Sustainable Management of Forest is not a new concept in India.

India remains committed to the goals of Sustainable Forest Management. Main activities undertaken under Sustainable Forest Management (SFM) are:

- Co-ordinate developing Criteria & Indicators (C&I) action plans with the State / UT forest departments.
- Enable political and administrative environment toward C&I approach for SFM.
- Institutionalise C&I approach through incorporation in the National Working Plan Code and its application in the States.
- Apply C&I approach in the country in light of the Objective 2000 – certification of forest products
- Create awareness and sensitize various stakeholders and enhance their capacities towards C&I approach.

Forest & Tree Cover of India in 2007

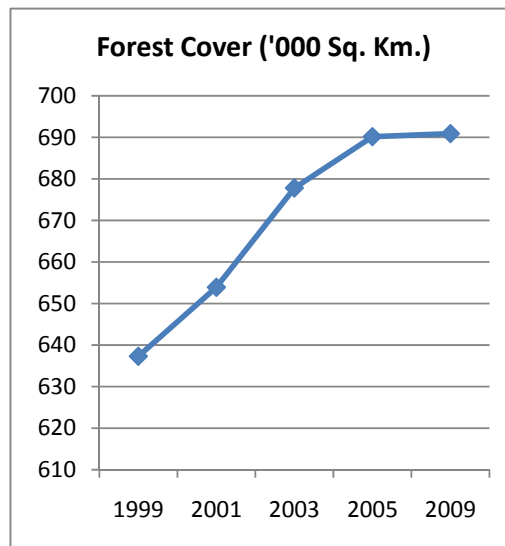
| Class | Area (Million Ha) | Percentage of Geographical Area |
|------------------------------------|-------------------|---------------------------------|
| Forest Cover | | |
| Very Dense Forest | 8.35 | 2.54 |
| Moderately Dense Forest | 31.9 | 9.71 |
| Open Forest | 28.84 | 8.77 |
| Total Forest Cover | 69.09 | 21.02 |
| Tree Cover* | 9.28 | 2.82 |
| Total Forest and Tree Cover | 78.37 | 23.84 |
| Non-Forest | | |
| Scrub | 4.15 | 1.26 |
| Non-Forest | 255.49 | 77.72 |
| Total Geographical Area | 328.73 | 100 |

* Tree cover is defined as tree patches less than 1 ha with canopy density > 10%

Environmental Conservation

The National Environment Policy, 2006 recognizes that Mangroves and coral reefs are an important coastal environmental resource. They provide habitats for marine species; protection from extreme weather events; and a resource base for sustainable tourism.

The National Environment Policy underlines the need to mainstream the sustainable management of mangroves into the forestry sector regulatory regime and adopt a comprehensive approach to Integrated Coastal Zone Management.



Biosphere Reserves

Biosphere Reserves are areas of terrestrial and coastal ecosystems which are internationally recognized within the framework of UNESCO's Man and Biosphere (MAB) programme. These Reserves are required to meet a minimal set of criteria and adhere to a minimal set of conditions before being admitted to the World Network of Biosphere Reserves designated by UNESCO. The world's major ecosystem types and landscapes are represented in this network, which is devoted to conserving biological diversity, promoting research and monitoring as well as seeking to provide models of sustainable development in the service of human kind with special reference to the local communities which mostly consist of traditional societies. These Reserves are rich in biological and cultural diversity and encompass unique features of exceptionally pristine nature. The goal is to facilitate conservation of representative



landscapes and their immense biological diversity and cultural heritage, foster economic and human development which is culturally and ecologically sustainable and to provide support for research, monitoring, education and information exchange. The scheme is a pioneering effort at pursuing the increasingly difficult yet urgent task of conserving ecological diversity under mounting pressures. India has been divided into ten Biogeographic Zones and these zones together consist of twenty five Bio-geographic provinces. The aim is to designate one representative site as Biosphere Reserve in each Bio-geographic province for long term conservation. The programme was initiated in 1986 and till date, 15 sites have been designated as Biosphere Reserve (BR) in different parts of the country. Apart from 15 sites already designated, a number of potential sites are under consideration.

Biodiversity is the variability among living organisms and ecological complexes of which they are part, including diversity within and between species and

ecosystems. Biodiversity has direct consumptive value in food, agriculture, medicine and in industry.

A scheme on biodiversity conservation was initiated earlier to ensure coordination among various agencies dealing with the issues related to conservation of biodiversity and to review, monitor and evolve adequate policy instruments for the same.

As a signatory to the Convention on Biological Diversity (CBD) held in Rio de Janeiro in 1992, India had committed itself to capacity building in taxonomy and taken up exploration and preparation of an inventory of living organisms. The Ministry has set up an All India Coordinated Project (AICOPTAX) on Taxonomy. The Project has organized specialist groups drawn from Universities, Botanical and Zoological Surveys of India (BSI & ZSI) to take up taxonomic work on animal viruses, bacteria and archaea, algae, fungi, lichens, bryophytes, pteridophytes, gymnosperms, palms, grasses,

bamboos, orchids, helminthes and nematodes, microlepidoptera and mollusca. Training in plant and animal biosystematics has also been recognized as an important component. The Scheme has been continued during the year and financial assistance has been provided to various units for undertaking taxonomic research work. Several new records of wild flora and fauna and several discovered new species are being documented and verified with voucher specimens for authenticity before publication during the 11th Plan Period. Discovery of species new to science will be the major impact of the AICOPTAX Scheme. The significant achievement of the entire AICOPTAX Scheme since its inception till 2007 is being brought out in a book form with the help of BSI and ZSI.

The mandate of the Forest Conservation Division is to implement the Forest (Conservation) Act, 1980, which was enacted on 25th October, 1980. This Act deals with grant of forestry clearances for diversion of forest lands for non-forestry purposes in respect of development projects like power, roads, railways, irrigation, mining, schools, defence, drinking water, resettlement & rehabilitation of people etc. This Act is regulatory in nature, not prohibitory. Integrated Forest Protection Scheme (IFPS) now renamed as "Intensification of Forest Management" was being implemented during the X Five Year Plan and is being continued during XI Plan also. It has been proposed to broad-base the scheme by including four new components in addition to the existing two components of IFPS. Components of IFSP are:

- Infrastructure Development
- Working plan preparation/Survey and Demarcation.
- Strengthening of Infrastructure for Forest Protection.

- Forest Fire Control and Management of New Components
- Conservation and Restoration of Unique Vegetation and Ecosystems.
- Protection and Conservation of Sacred Groves
- Preparedness for Meeting Challenges of Bamboo Flowering and Improving Management of Bamboo Forests.

The Central Sector Component of the Scheme is to be implemented by the Forest Protection Division of the Ministry in association with Forest Survey of India, Dehradun and other Central Institutions like Indian Council of Forestry Research and Education, Dehradun, Indian Institute of Forest Management, Bhopal etc. The State Sector Component of the Scheme is being implemented by the Forest Departments of the concerned State Governments and UTs. The Central Assistance is provided for various activities which will help to protect and improve the existing forests.

Wildlife Conservation

The Indian Constitution entails the subject of forests & wildlife in the Concurrent list. The Federal Ministry acts as a guiding torch dealing with policies and planning on wildlife conservation while the State/ UT Governments have been vested with the responsibility of implementing national policies and plans. Realizing the huge task of conserving India's wildlife resources, the National Wildlife Action Plan (2002-2016) was adopted, emphasizing the need for peoples' participation and support for wildlife conservation. In tune with the 2006 amendment to the Wildlife (Protection) Act, 1972, a Wildlife Crime control Bureau has been established to combat wildlife related crimes. The



Wildlife Crime Control Bureau has 5 Regional Offices located at Delhi, Mumbai, Kolkata, Chennai and Jabalpur and 3 Sub-regional offices at Amritsar, Guwahati and Cochin. Government of India provides technical and financial support to the State/ UT Governments for wildlife conservation under the various Centrally Sponsored Schemes - *Integrated Development of Wildlife Habitats, Project Tiger, and Project Elephant*, and also through Central Sector Scheme - *Strengthening of Wildlife Division and Consultancies for Special Tasks*, and through Grants in Aid to the Central Zoo Authority and Wildlife Institute of India, Dehra dun.

Environment Impact Assessment

The Environment Impact Assessment has been used as a management tool to minimize adverse impacts of the developmental projects on the environment and to achieve sustainable development. In the reengineered Environmental Impact Assessment (EIA) Notification of September 2006, projects have been categorized into category 'A' and category 'B' depending on their likely pollution generation potential and are appraised for prior environmental

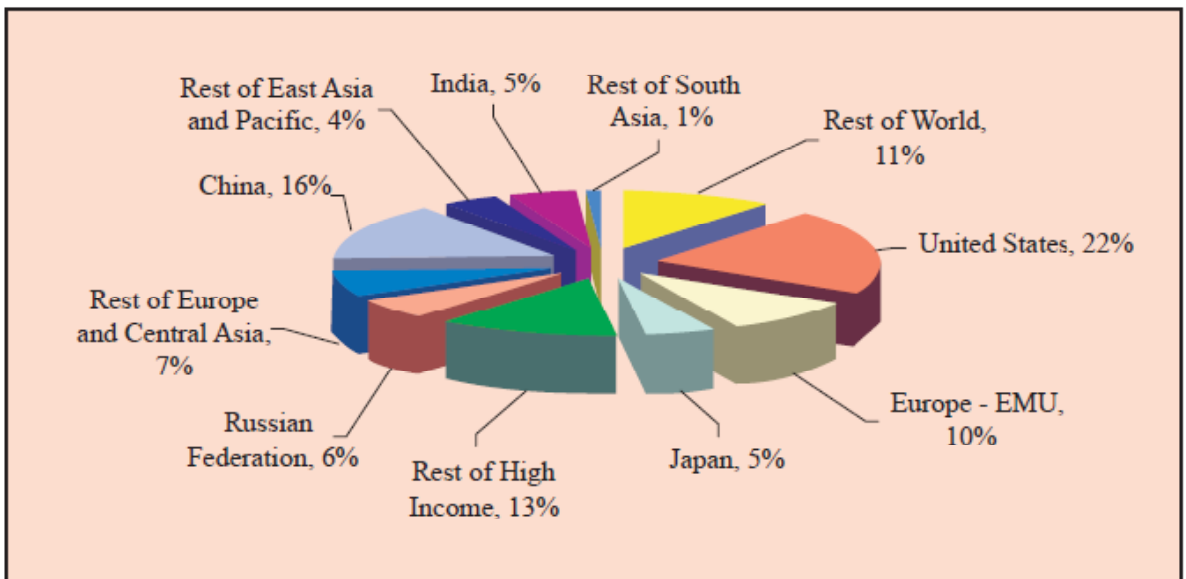
clearance at the Central and the State level respectively.

Control of Pollution

The concern for environmental quality has become the top most issue in the present scenario of increasing urbanization, industrial and vehicular pollution as well as pollution of water courses due to discharge of effluents without treatment and conforming to the environmental norms and standards. Realizing this trend of pollution in various environmental media like air, water, soil etc., the Ministry adopted a policy for abatement of pollution in 1992, which provides multi-pronged strategies in the form of regulations, legislations, agreements, fiscal incentives and other measures to prevent and abate pollution. To give effect to various measures and policies for pollution control, various steps have been initiated which include stringent regulations, development of environmental standards, control of vehicular pollution, control of air & water pollution, spatial environmental planning etc. The Government further adopted the National Environment Policy (NEP- 2006) which seeks to extend the coverage, and fill in the



More vehicles means more pollution



India's share in global CO₂ emission. Source: World Development Indicators 2007

gaps that still exists, in the light of present knowledge and accumulated experience. This policy does not displace, but builds on the earlier policies of the Government.

The air pollution and the resultant air quality can be attributed to emissions from vehicular, industrial, construction, agricultural and domestic activities. The air quality has been, therefore, an issue of social concern in the backdrop of

various developmental activities. The norms for ambient air quality have been notified and various industry specific emissions standards are evolved and notified from time to time. For control of air pollution, with a view to initiate policy measures and to prepare ambient air quality management plans, with addition of twenty three stations during the year, three hundred forty two ambient air quality monitoring stations are operational covering one hundred

twenty eight cities/towns in twenty six States and four Union Territories. Presently, only the criteria pollutants namely; sulphur dioxide, oxides of nitrogen and Respirable Suspended Particulate Matter (RSPM) are monitored by the Pollution Control Boards (PCBs), Pollution Control Committees (PCCs), Universities and Research Institutes including National Environmental Engineering Research Institute (NEERI), Nagpur. Besides, additional parameters for other toxic trace matters and polycyclic aromatic hydrocarbons are also being monitored in selected cities of the country. Installation of Continuous Ambient Air Quality Monitoring Stations (CAAQMS) is proposed for sixteen cities for air quality monitoring on 24x7 basis. A total of thirty three CAAQMS have been installed across the country. The continuous ambient air monitoring has been introduced in six cities namely; Mumbai, Bengaluru, Kolkata, Pune, Solapur and Hyderabad, so far apart from Delhi.

Environmental Standards refer both to the acceptable levels of specified environmental quality parameters at different categories of locations i.e. 'ambient standards' as well as permissible levels of discharge of specified waste streams by different classes of activities i.e. 'effluent standards' and discharges of gaseous pollutants i.e. emission standards.

Environmental standards cannot be universal, and each country should set standards in terms of its national priorities, policy objectives, and resources, as stated in the National Environmental Policy, 2006. These standards, may, of course, vary (in general, become more stringent) as a country develops, and has greater access to technologies and financial resources for environmental management. Within the country, different States, UTs and local bodies may adopt stricter standards based on local considerations.

In order to abate pollution from various sources, Ministry notifies general as well as industry specific emission and effluent standards for various categories of industries under the Environment (Protection) Rules, 1986 as per procedure specified in the Environmental (Protection) Act, 1986. Based on development of new pollution control technologies and their feasibility, these standards are reviewed from time to time and new ones are notified.

Noise levels have been a matter of concern due to various activities, religious functions, festivals and related celebrations. The main sources of noise pollution include industrial activities, use of public address system, construction activities, use of generator sets, pressure horns, fire crackers etc. Keeping in view the increasing trend in noise levels, Ministry has issued various regulations from time to time to control noise pollution in ambient air, at source and at manufacturing stage. To control community noise, Noise Pollution (Regulation and Control) Rules, 2000 were notified in February, 2000.

Industrial Pollution Abatement through Preventive Strategies

Four important activities are going on under this sub-scheme:

- Waste Minimization for small & medium scale industries;
- Environmental Statement;
- Environmental Management;
- Environmental Statistics & Mapping.

National River Conservation Plan

The objective of National River Conservation Plan (NRCP) is to improve the water quality of the rivers, which are the major water sources in

the country, through the implementation of pollution abatement works, to the level of designated best use. So far, a total of thirty six rivers have been covered under the programme. The important works being taken up under the NRCP include:

- Interception and diversion works to capture the raw sewage flowing into the river through open drains and divert them for treatment.
- Setting up Sewage Treatment Plants for treating the diverted sewage.
- Construction of Low Cost Sanitation toilets to prevent open defecation on river banks.
- Construction of Electric Crematoria and Improved Wood Crematoria to conserve the use of wood.
- River Front Development works such as improvement of bathing ghats.
- Afforestation on the river banks, Public Participation & Awareness and other activities.

In order to promote afforestation, tree planting, ecological restoration and ecodevelopment activities in the

country, the National Afforestation and Eco-Development Board (NAEB) was set up in August 1992. Special attention is also being given by NAEB to the regeneration of degraded forest areas and lands adjoining forest areas, national parks, sanctuaries and other protected areas as well as the ecologically fragile areas like the Western Himalayas, Aravallis, Western Ghats etc. NAEB operates the following three major schemes:

(a) National Afforestation Programme (NAP) Scheme

(b) NAEB Scheme: The major components of the Scheme are:

i. Grants in Aid for Greening India (GIA for GI) Scheme

ii. Monitoring and Evaluation (M&E)

iii. Communication

iv. Support to Regional Centres (RCs)

(c) Eco Development Forces (EDF)



**Implementation of SAARC Social Charter
Activities Performed in coordination with
Ministry of Statistics and Programme Implementation**

Training Programme in New Dimensions in Agricultural Extension Management

Agriculture has been the backbone of development in the south Asian region. All the Member Countries in the South Asian Association for Regional Cooperation (SAARC) face similar agricultural challenges and strive to overcome these challenges through innovative agricultural extension approaches. India has gained invaluable experiences in managing agricultural extension systems through initiatives like Community Development Programme, Intensive Agricultural Area Programme, Training and Visit (T&V) of Extension apart from the recent experiences under the World Bank Funded National Agricultural Technology Project (NATP). Considering these experiences, India has ushered in a package of Reforms in Extension with focus on participatory decentralized decision making systems, Farmer-led Extension and Public-Private Partnership leading to multi-agency extension. These lessons and experiences have greater implications for all the developing countries in general and SAARC Countries in particular.

In order to exchange the experiences in the field of agricultural extension systems and to improve the capacity of the extension personnel in the South Asian Region, India offered to conduct two-week training programme on **New Dimensions in Agricultural Extension Management for SAARC Countries**. The programme was organized at the **National Institute of Agricultural Extension Management (MANAGE)**, an apex organization with a mandate of improving agricultural extension systems, during 09-23 December 2008.

The programme covered all the important current themes that have made significant impact on the



agricultural extension systems. Lectures, case studies and sharing of experiences through discussions were used in the training programme. Field visits which help understand the operationalisation of the concepts at the field level were organized. During the field visit, opportunity was provided to have interactions in focus groups. Study material in the form of compiled articles, papers and policy documents; publications on private extension, agricultural research systems in India; CD-ROMs containing films on topics like Rythu Bazar, Innovations in National Agricultural Technology Project (NATP); SRI cultivation practices in paddy; and all presentations by the resources persons were provided to the participants.

The list of themes covered is as follows:

- Agricultural Extension Systems in the world
- Public Extension System
- Private Extension Systems
- Agricultural Extension Systems under Cooperative Sector
- Research System Based Extension
- National Agricultural Research



System

- National Agricultural Policy
- Globalization of Agriculture-WTO and its implication on agriculture
- Public-Private Partnership in Agricultural Extension Management
- Strategic Planning for Agricultural Development.
- Agri-entrepreneurship and enterprises
- Reforms in Agricultural Marketing to Support Farmers
- ICT in Agricultural Extension
- Farmer to Farmer Extension
- Farmers' Field School – Concept, Operationalization and Experiences
- Social Resource Management
- Agri-business Education: Opportunities for SAARC Member Countries



Training Programme in Participatory/ Joint Forest Management for Sustainable Livelihood Development

The forests in South Asia constitute a vital renewable natural resource and make a significant contribution to the socio-economic development of the region. Forests, the primary resources play a crucial role in the lives of all people in the SAARC Member States and provide employment to millions of people. About one-third of global biodiversity can be found within the SAARC region for which forests provide habitat to the diverse endemic and endangered species of flora and fauna. The region is also a centre of origin for many of the important domesticated crops and has representation of all the biomes of the world. However, intense population pressure on the forest resources and rapid economic development makes sustainable forest

management difficult. Overexploitation and unscientific natural resources management have direct bearing on the degradation and declining of the forest resource base both in quantitative and qualitative terms. The total forest area in the region declined by 0.9 million hectares during the 1990s with an annual rate of decrease of 1.2 percent, which is one of the highest rates of loss of forest area in the world. The most significant contributors to deforestation are forest fires and clearance of forest land for agricultural purposes.

Thus protection and preservation of environment and natural resources continues to be accorded the highest priority in the development policies of most of the SAARC member countries.





One major challenge is how to integrate the ecological, economic, and social needs of the society while considering the interactions and processes within and between the different ecosystems. Several South Asian countries are leaders in participatory forest management and are committed to the principles of sustainable forest management. India has pioneered in adopting Participatory Forest Management by involving large number of forest dependant communities and achieved considerable progress in Joint Forest. The new strategy, called Joint Forest Management or JFM, was adopted to protect and regenerate degraded forests. It arose out of a realisation that active and willing participation of the forest fringe communities is necessary for any forest regeneration programme to succeed. There was also awareness that village communities would have little incentive to participate unless they benefit directly and have sufficient authority to be effective. In this backdrop, a training programme on **'Participatory/ Joint Forest Management for Sustainable**

Livelihood Development' was organized at the National Institute of Rural Development, North-Eastern Regional Centre, Guwahati, Assam during 01-10 September 2008 for the participants from the SAARC countries. The training programme was undertaken with the following objectives:

- To promote awareness, education and extension in Participatory Forest Management (PFM) and conservation of natural resources in the SAARC region
- To enhance the management capacity for sustaining degraded forest ecosystems and its environmental services
- To promote participatory forestry for improvement of rural livelihoods and local forest management
- To appraise the strategies of integrated forest management for sustainable livelihood development

The main topics covered in this training programme are:

- Joint Forest Management (JFM)/ Participatory Forest Management (PFM) & Sustainable Livelihood Development
- Institutional Mechanism in Forest Management
- Strengthening of the JFM/ Community Forest Management (CFM)/ PFM functionaries
- Forest, People Interface: Conflicting Issues and resolution mechanism
- Empowerment of Women in JFM and livelihood development Activities
- Integrated Water Resource

Management for Sustainable Livelihood Development

- Peoples Participation in Natural Resources Management (PRA Tools & Techniques)
- Application of GIS and Remote Sensing Tools and Techniques in NRM
- Participatory Micro Planning – Key for sustainable forest management
- Field Visit to JFMC/Forest Area at Maoplang, RRTC and Cherrapunji (Meghalaya)
- Hydropower and Biodiversity Conservation, Environmental Impact Assessment (EIA) and its imperatives to Society



Training Programme in Geriatric Care Giving



The National Institute of Social Defence, New Delhi organized a Five-Day Training on Geriatric Care Giving for the SAARC Member Countries in New Delhi during July 21-25, 2008.

The most common feature in the SAARC Countries has been the traditional joint family system which was responsible for the care and respect of elderly. However, due to urbanization, modernization and migration, the traditional family system is almost withering away in the present scenario. In these circumstances, the most challenging job is to meet the psychological, social and physical needs of the elderly. There is need for generating awareness and the challenge has to be overcome together and not in isolation.

The major objectives of the training were:

- To have an overview of the ageing scenario in the SAARC Member Countries.

- To acquaint the participants about the basic issues related to elderly.
- To equip the participants with basic tools and techniques in care giving.
- To discuss the problems being faced by the elderly in other SAARC Regions.
- To disseminate the information about the best practices adopted in the field of geriatric care and related issues.
- To assess training needs in the field of geriatric care.
- To explore the areas for Research and Documentation.
- To appraise the participants about the response of Indian Government to meet the challenges.

The main themes covered are situational analysis, issues on elderly, Institutional and Non-institutional care and

rehabilitation of elderly, stress and crisis management among elderly and challenges for caregivers, geriatric counseling, productive ageing, International obligations on ageing and the Indian response to the challenges and networking and partnership for the

elderly. There was a film show on Home for Destitute Elderly in Nepal which depicts the care giving mechanisms for elderly. Participants also had a field visit to Respect Age International, Agra – an institute working for the welfare of elderly.



Training Programme in Drug Abuse Prevention



A five-day training programme on Drug Abuse Prevention for officials of SAARC Member Countries was organized by National Institute of Social Defence, Ministry of Social Justice & Empowerment at New Delhi from 25 to 29 February, 2008.

The training course was attended by 21 participants which included senior and middle level officials of Departments/ Ministries concerned with Drug Abuse Prevention Programmes.

The basic objectives of this training were:

- i) To provide a platform for sharing the drug scenario of Member Countries and their experience in implementation of drug abuse programmes.
- ii) To provide inputs on various issues relating to drug abuse and available approaches/interventions

to deal with menace of drug abuse in view of the social cultural similarities of the region.

- iii) To explore possibilities for mobilizing and sharing of resources and technical support among all SAARC Member Countries for better implementation of Drug Abuse Prevention Programmes in the region.

Participatory methods, exposure visits, movie shows, games & energizers were woven into the training sessions to ensure the use of experiential adult learning model and to ensure the interest of the participants.

The issues covered in the training programme included Basics of Drug Abuse, Manifestations of Drug Abuse and Dependence, Drug Demand Reduction – Treatment Protocols, Preventing Drug Abuse among Vulnerable Youth Groups, Family Therapy, Minimum Standards of Care,



Psycho-Social Perspectives of Drug Abuse, Role of Narcotics Control Bureau (national nodal agency for all drug related matters), Preventing drug abuse in prison settings, IT Initiatives for Service Providers (Working on Drug Demand Reduction) in India, Field Visit to the National Drug Dependence Treatment Centre (All India Institute of Medical Sciences, Ghaziabad), Networking & Partnership for the Prevention of Drug Use in SAARC Countries and Drug Abuse SAARC Countries Regional Profile – Interventions by UNODC.



Workshop on Formation of SAARC Regional Forum for Drug Abuse Prevention



A two-day workshop on the formation of SAARC Regional Forum on Drug Abuse Prevention was organized by the National Institute of Social Defence (NISD) at New Delhi during June 12-13, 2008.

Participants of this workshop held wide-ranging discussions on the seriousness of substance abuse in the South Asian Region and the importance of bringing together various stakeholders. Civil society and NGOs have played a major role in the field of reducing drug abuse and trafficking. It was highlighted that sharing information among member states, promotion and use of scientific technology, situation assessment and documentation, effective forum for advocacy, strengthening capacity building of various groups, availability of

treatment and rehabilitation, early treatment and harm minimization were some of the essential steps in this direction.

Country presentations were made on "Vulnerability and Resource Mapping" in which participants discussed about the resources available to the drug users and the need for harm reduction. It was emphasized that civil society is a people's movement and NGOs are the bridge between people and government. NGOs, therefore, should give their best and quality services.

The participants had a brain-storming session on (i) purpose of SAARC Forum, (ii) relevant structure and the need of SAARC Forum, (iii) evaluation and monitoring the processes of the SAARC



Forum, and (iv) areas of capacity building and advocacy of the SAARC Forum.

It was suggested that the forum may be named as 'SAARC Regional NGO Forum'. The main points of recommendations are as follows:

- Strengthening the networking of the NGOs
- Sharing of the best programs between the member states
- Sharing of the appropriate and updated information
- Advocacy
- Capacity building of the various Groups
- Exchange Programs
- Program Convergence



Training Programme in Performance Based Design and Retrofitting of Buildings against Earthquakes

India, Nepal, Pakistan, Bhutan, Afghanistan and Sri Lanka are highly vulnerable to earthquakes. Bhuj earthquake in India, Muzaffarabad earthquake in Pakistan and other past earthquakes in the region have established that most of the casualties were due to collapse of the buildings. These earthquakes have clearly brought out that we need to have a comprehensive strategy for disaster mitigation which includes planning, design and construction of earthquake resistant buildings through strict compliance of Codal provisions for earthquake counter-measures.

Performance based design is an emerging philosophy for earthquake resistant design. This philosophy ensures desired performance of the structure during earthquakes. This is particularly useful for structures of post-earthquake importance such as hospitals, bridges, control rooms, etc. Practising engineers and architects are required to upgrade their knowledge about latest development in earthquake engineering and good practices of construction for bringing safety in structures against earthquakes.

Keeping this in view, Building Materials and Technology Promotion Council (BMTPC) on behalf of Ministry of Housing and Urban Poverty Alleviation, as per the commitment made in the 2nd Meeting of the Heads of National Coordination Committees held on 6-7 September 2007, organised a five-day

training programme on this subject during 20-24 October 2008 in New Delhi.

Following topics were covered in this training programme:

- Guidelines for earthquake resistant design of buildings
- Building regulations/ byelaws for structural safety in Natural Hazard Prone Area
- Building culture of safety on the bed rock of multi-hazard, vulnerability and risk assessment
- Free vibration and response analysis of multi degree of freedom systems
- Advance materials in seismic retrofitting of RCC structures
- Retrofitting of masonry buildings
- Performance of foundations during earthquakes
- Modelling of soil-foundation systems
- Nonlinear modelling and push over analysis of buildings
- Capacity based design of RCC buildings, and
- Retrofitting of RCC buildings



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