



**SAARC**  
**Social Charter**  
**India Country Report**  
**2016**

**Central Statistics Office**  
**Ministry of Statistics and Programme Implementation**  
**Government of India**  
**Sardar Patel Bhavan, New Delhi**  
***www.mospi.gov.in***



**Hon'ble Minister**  
***Ministry of Statistics and Programme Implementation***

***Message***

The SAARC was constituted to promote the welfare of the peoples of South Asia, to improve their quality of life, to accelerate economic growth, social progress and cultural development and to provide all individuals the opportunity to live in dignity and to realize their full potential. It is a matter of pride that our country has been according high importance to the imperative of social development and economic growth through the national legislative, executive and administrative frameworks.

The Government has been putting efforts in specific areas such as health, education, participation of women in development, child development and rights, youth mobilization and other social aspects of development.

It is imperative that the planners and policy makers must be aware of the status of progress made and the way to go in achieving social development in the country.

The present report "SAARC Social Charter - India Country Report-2016" presents status of schemes of Government of India for the social development of the country. It highlights important Government programmes addressing social sector.

**(D.V. Sadananda Gowda)**

## Foreword

The SAARC Social Charter reflects the vision of the SAARC countries for improving the quality of life of their citizen by the process of promoting health, education, accelerating economic growth and social progress and in providing the opportunity to live in a dignified way to all individuals and to realize their full potential in the SAARC region.

India has envisaged achieving fast over-all development of the society through launch of social schemes to improve the quality of life of each of its citizen. The schemes/programmes of Government of India support inclusive growth of the country which is sustainable over period of time.

I hope that the 'SAARC Social Charter – India Country Report 2016' would be useful for understanding the policy interventions undertaken by the Government of India so as to achieve growth in the Country.

New Delhi  
26<sup>th</sup> August 2016

(T. C. A. Anant)  
Chief Statistician & Secretary,  
Ministry of Statistics and  
Programme Implementation

## Preface

The Ministry of Statistics and Programme Implementation has been mandated for reporting the implementation of SAARC Social Charter in India. The Ministry has been bringing out the country report on the Social Charter in India. The present report is an attempt to provide a holistic view of policy and programmes of different Ministries for achieving the goals of SAARC Social Charter in the country.

The “SAARC Social Charter – India Country Report 2016” is the sixth country report which represents the status of progress in achieving the objectives of the SAARC Social Charter in India. The report is divided into chapters corresponding to the different Articles of the Social Charter.

I would like to extend my sincere thanks to Ministries of Rural Development, Women & Child Development, Housing & Urban Poverty Alleviation, Environment & Forest, Youth & Sports, Law & Justice, and Social Justice & Empowerment, who have co-operated by providing the requisite material for the report.

I would like to appreciate Shri Panchanan Dash, Deputy Director General, Social Statistics Division of the Central Statistics Office and his team for their valuable efforts in the preparation of this Report.

New Delhi  
26<sup>th</sup> August 2016

(G.C. Manna)  
Director General  
Central Statistics Office  
Ministry of Statistics and  
Programme Implementation

## **Officers associated with the Publication**

**Shri Panchanan Dash**  
*Deputy Director General*

**Smt. Richa Shanker**  
*Director*

**Shri Mool Chand Bhaskar**  
*Deputy Director*

**Shri Jitendra Kumar**  
*Junior Statistical Officer*

# Contents

Title	Page No.
<i>Foreword</i>	<i>i</i>
<i>Preface</i>	<i>ii</i>
<i>Officers associated with the Publication</i>	<i>iii</i>
<i>Background</i>	<i>vi</i>
<b>1. Poverty Alleviation</b>	
<b>2. Health</b>	<b>10</b>
<b>3. Population Stabilisation</b>	<b>26</b>
<b>4. Education and Human Resource Development</b>	<b>34</b>
<b>5. Youth Mobilisation</b>	<b>56</b>
<b>6. Promotion of the Status of Women</b>	<b>67</b>
<b>7. Promotion of Rights and Well-being of the Child</b>	<b>76</b>
<b>8. Drug De-addiction, Rehabilitation and Reintegration</b>	<b>82</b>
<b>9. Environment Management</b>	<b>86</b>
<b>10. Affordable Justice</b>	<b>100</b>
<b>Annexure 1: SAARC Social Charter</b>	<b>106</b>
<b>Annexure 2: SAARC Development Goals</b>	<b>119</b>
<b>Annexure 3 : Some Important Indicators</b>	<b>123</b>
<b>Acronyms</b>	<b>126</b>
<b>Referral Websites</b>	<b>132</b>

## Background

The SAARC Heads of State/ Government signed the SAARC Social Charter at the 12<sup>th</sup> SAARC Summit in Islamabad on 4<sup>th</sup> January 2004. The Charter envisages action in the areas of poverty alleviation, health, education, human resource development, status of women, rights and well-being of children, population stabilization, drug de-addiction, rehabilitation & reintegration.



The objective of the Charter is to place people at the centre of development and to direct the economy to meet the human needs more effectively.

The SAARC countries in 2004 agreed to set up a National Committee to facilitate the implementation of the SAARC Social Charter and monitor performance in achieving its goals and to exchange ideas and information on best practices, apart from promoting collaborative poverty alleviation projects.

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

Ministry of Statistics and Programme Implementation has been bringing out the India Country Report on SAARC Social Charter since 2005.

The current report, Sixth in the series, presents the status of achievement on different social development outcomes under different chapters as enumerated in the various Articles of the Charter. The publication sketches a lucid description of the programmatic interventions of the Government of India aimed at raising the living standards of its citizens and providing equal opportunities to hitherto marginalized sections of the society.

\*\*\*\*\*

# 1 : Poverty Alleviation

## 1.1 Poverty Profile

Economic growth is the most powerful instrument for reducing poverty and improving the quality of life. The extent to which growth reduces poverty depends on the degree to which poor participate in the growth process and the benefits of growth accrue to them.



A certain minimum consumption of food and non-food items is required by each individual for survival. However, the consumption basket may vary over time and across places.

Nevertheless, only proper poverty measure can evaluate the performance of economy in terms of providing a certain minimum standard of living to all its citizens.

The consumption approach is to look at it in terms of minimum consumption expenditure per person or preferably per household. Any household failing to meet this level of consumption expenditure can be treated as a poor household. This minimum level of consumption expenditure can be derived, in turn, in terms of minimum expenditure on food and non-food items. Minimum food consumption theory is related to fulfilling certain nutritional standards. However, quantification of minimum non-food consumption is more dubious.

The methodology as revised by the Tendulkar Expert Group in 2009 is used for estimating poverty line by the then Planning Commission. A firm reliance on the NSSO's results on consumption expenditure by households has been felt as a much better method to adjust for inter-state and inter-region differences in price changes over time, and the use of the better recall period introduced in the NSSO's surveys.

According to earlier official poverty estimates, the population living below the poverty-line declined by 8.5 percentage points between 1993-04 and 2004-05. Since the appropriateness of the poverty line was questioned in some quarters, the Government appointed an Expert Committee under the Chairmanship of late Prof. Suresh Tendulkar.

The Tendulkar Committee recommended a recalibration of the rural poverty line to make it more comparable with the urban poverty line, which it found to be appropriate. The application of the Tendulkar Committee poverty line provides a higher estimate of rural poverty and therefore also of total poverty. Applying this methodology to the earlier years, the decline in population under poverty for the above period came to 0.8 points per year. The Tendulkar Committee poverty line for 2004-05 was updated for 2009-10 based on the methodology which provided the poverty ratio at all India level as 21.9% for 2011-12. Poverty lines are by nature subjective and judgmental and as such the Government has constituted an Expert Committee under the Chairmanship of Dr. C.R. Rangarajan, which has submitted the report for consideration of the Government.

## **1.2 Poverty Alleviation : Rural India**

Agricultural wage earners, small and marginal farmers and casual workers engaged in non-agricultural activities, constitute the bulk of the rural poor. Small land holdings and their low productivity are the cause of poverty among households dependent on land-based activities for their livelihood. Poor educational base and lack of other vocational skills also perpetuate poverty. Due to the poor physical and social capital base, a large proportion of the people are forced to seek employment in vocations with extremely low levels of productivity and wages. The creation of employment opportunities for the unskilled workforce has been a major challenge for development planners and administrators.

Poverty alleviation has been one of the guiding principles of the planning process in India. The role of economic growth in providing more employment avenues to the population has been clearly recognised. The growth-oriented approach has been reinforced by focusing on specific sectors which provide greater opportunities to the people to participate in the growth process. The various dimensions of poverty relating to health, education and other basic services have been progressively internalised in the planning process. Central and state governments have considerably enhanced allocations for the provision of education, health, sanitation and other facilities which promote capacity-building and well-being of the poor.

**1.2.1 Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)**, launched in 2006, a right-based programme, aims at enhancing livelihood security by providing at least one hundred days of guaranteed wage employment in a financial year to every household whose adult members volunteer to do unskilled manual work. MGNREGS resulted in creation of productive assets of prescribed quality and durability. It also ensured social inclusion and strengthening of Panchayat Raj Institutions. During 2015-16, 3.63 crore households were provided employment in 102.32 lakh works and in the process 134.96 crore person-days of employment were generated. There was very high participation from marginalised groups like SC/ST (40%) and women (57%). For disbursement of wages around 11.16 crore Bank and Post Office Accounts of MGNAREGA workers have been reported. During 2015-16, out of total employment generated 37.87(23%) crore person days and 29.14(18%) crore person days were for SCs & STs respectively. Thus, 41% of the total person days of employment generated in the year were for SCs & STs.

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

Pradhan Mantri Gram Sadak Yojana (PMGSY) launched in 2000 as a fully funded Centrally Sponsored Scheme for providing connectivity by way of an all weather roads to the eligible unconnected habitations as per core-network with a population of 500 persons in plan areas, and 250 persons & above in respect of special category states including desert areas, tribal, hilly and backward States/ districts. The programme provides for up gradation of the existing 'Through Routes'. Under PMGSY-II, projects for up gradation of 11,235 km roads have been sanctioned against total target of 50,000 km of roads. Till 31.12.2015, about 4, 58,914 km roads contributed in improved accessibility to facilities like education, health care, markets etc. and created additional employments in rural areas. 'Meri Sadak App' 'OMMAS' was launched for rural people to lodge complaints/feedback related to slow pace, abandoned work, potholes or bad quality of roads.

**1.2.3 Pradhan Mantri Awas Yojana (PMAY)-Gramin** (earlier known as Indira Awaas Yojana), aims at facilities for construction of safe and durable

shelter in Rural Area. Government is committed to provide pucca house with water connection, toilet facilities, 24x7 electricity supply & access to every family by 2022. Pradhan Mantri Awas Yojana, implemented in rural areas, aims housing for all by 2022 by constructing 1 crore pucca (permanent) houses for the rural poor in the next three years (2016-17 to 2018-19) and to boost job creation in rural areas especially in the construction sector which is currently the 2nd largest employers in India.

During 2015-16, out of 15.08 lakh houses have been sanctioned 6.92 lakh houses have been sanctioned exclusively in the name of women beneficiaries and 3.66 lakh in the joint name of both husband and wife.

**1.2.4 National Social Assistance Programmes (NSAP)**, came into effect from 15th August, 1995, represents a significant step towards the fulfilment of the Directive Principles in Article 41 of Indian Constitution, is a social assistance programme for the aged, widow, disabled & in the case of death of the breadwinner, ensures minimum national standards in addition to the benefits the states provide. Payment is made through Direct Benefit Transfer (DBT) in 300 districts in the accounts of beneficiaries. During 2015-16, 275 lakh beneficiaries have been covered till December 2015 covering.

The NSAP comprises of the following five schemes:-

- i) Indira Gandhi National Old Age Pension Scheme (IGNOAPS): Under the scheme, BPL persons aged 60 years or above are entitled to a monthly pension of Rs. 200/- up to 79 years of age and Rs.500/- thereafter.
- ii) Indira Gandhi National Widow Pension Scheme (IGNWPS): BPL widows aged 40-59 years are entitled to a monthly pension of Rs. 200/-.
- iii) Indira Gandhi National Disability Pension Scheme (IGNDPS): BPL persons aged 18-59 years with severe and multiple disabilities are entitled to a monthly pension of Rs. 200/-.
- iv) National Family Benefit Scheme (NFBS): Under the scheme a BPL household is entitled to lump sum amount of money on the death of primary breadwinner aged between 18 and 64 years. The amount of assistance is Rs. 10.000/-.
- v) Annapurna: Under the scheme, 10 kg of food grains per month are provided free of cost to those senior citizens who, though eligible, have remained uncovered under NOAPS.

**1.2.5 Saansad Adarsh Gram Yojana(SAGY)**, launched on 11<sup>th</sup> October 2014, aims at instilling certain values in the villages and their people so that they get transformed into models for others. This was initiated to bring all the member of parliament of all the political parties under the same umbrella while taking the responsibility of developing physical and

institutional infrastructure in villages and turn them into model villages. Under this scheme, each Member of Parliament needs to choose one village each from the constituency that they represent, except their own village or their in-laws village and fix parameters and make it a model village. Thereafter, they can take on two or three more villages and do the same by the time the next general elections come along in 2019, and thereafter, set themselves ten-year-long village or rural improvement projects.

Villages will be offered smart schools, universal access to basic health facilities and Pucca housing to homeless villagers. It has triggered holistic development of identified Gram Panchayats and generates models of Local Land Development & effective Local government for motivation of other Gram Panchayats. A total of 697 Gram Panchayats were adopted till December 2015.

#### **1.2.6 Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)**

Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY) launched in September 2014, refocuses and re-priorities NRLM'S skilling component so as to build the capacity of rural poor youth address the needs of both national and global skill requirements. The scheme is expected to promote 'Make in India' campaign by preparing skilled workforce required for it. Against the target of 1,77,986 candidates total 1,90,330 lakh candidates have been trained and 66,254 candidates have been placed till December 2015. Under this placement linked skill training programme, social inclusion of women is ensured through 33% earmarking for women candidates. During 2015-16, a total of 4,33,020 women candidates have been trained and 3,10,736 of them have been given placement under DDU-GKY programme.

In order to ensure complete social and regional inclusion the following special schemes have been launched:-

**Himayat:** A special scheme for the youth (rural & urban) of Jammu & Kashmir.

**Roshni:** A special initiative for the rural youth of poor families in 27 Left-wing Extremist (LWE) districts across 9 states.

### **1.2.7 Shyama Prasad Mukherji Rurban Mission (SPMRM)**

National Rurban Mission, launched in February 2016, with an objective to stimulate local economic development, enhance basic services, and create well planned Rurban clusters. The vision of SPMRM is "Development of a cluster of villages that preserve and nurture the essence of rural community life with focus on equity and inclusiveness without compromising with the facilities perceived to be essentially urban in nature, thus creating a cluster of "Rurban Villages". SPMRM aimed at developing such rural areas by provisioning of economic, social and physical infrastructure facilities.

A 'Rurban cluster', would be a cluster of geographically contiguous villages with a population of about 25000 to 50000 in plain and coastal areas and with a population of 5000 to 15000 in desert, hilly or tribal areas. As far as practicable, clusters of villages would follow administrative convergence units of Gram Panchayats and shall be within a single block/tehsil for administrative convenience. The aim of SPMRM is to create 300 rural growth clusters across the country. In the first phase, 100 clusters will be taken up, thereafter more clusters will be identified based on the progress of the scheme.

The larger outcomes envisaged under this Mission are:

- i. Bridging the rural-urban divide-viz: economic, technological and those related to facilities and services.
- ii. Stimulating local economic development with emphasis on reduction of poverty and unemployment in rural areas.
- iii. Spreading development in the region.
- iv. Attracting investment in rural areas.

### **1.3 Poverty Alleviation : Urban India**

The Government of India plays an important role and exercise a large influence to shape the policies and programmes of the country as a whole. The National Policy issues are decided by the Government of India which also allocates resources to the State Governments through various Centrally Sponsored schemes, provides finances through national financial institutions and supports various external assistance programmes for housing and urban development in the country as a whole. Policies and programme contents are decided at the time of formulation of Five Year

Plans. The indirect effect of the fiscal, economic and industrial location decisions of the Government of India exercise a far more dominant influence on the pattern of urbanisation and real estate investment in the country.

### **1.3.1 Pradhan Mantri Awas Yojana(Urban)**

In pursuance of the Government's goal on providing houses to all by 2022, the Pradhan Mantri Awas Yojana (Urban) Mission was launched in June 2015. PMAY (Urban) is the flagship programme which extends central assistance through States and UTs and aims at providing housing to urban poor including slum, dwellers. The programme will be implemented through four components namely "In-situ" Slum Redevelopment, Affordable Housing through Credit Linked Subsidy, Affordable Housing in Partnership, Subsidy for beneficiary-led individual house construction or enhancement, in a Mission mode.

The scheme provides for an average grant of Rs. 1 lakh per house for *in-situ* rehabilitation of eligible slum dwellers with participation of private developers using land as a resource, credit linked interest subsidy at 6.5% for weaker sections of society and central assistance of Rs. 1.5 lakh per house in EWS segment under affordable housing in partnership and beneficiary led individual house construction or enhancement.

A Technology Sub-mission under PMAY-HFA (Urban) Mission has been set up for adopting modern, innovative, green technologies and building material for faster and quality construction of houses, which would facilitate preparation and adoption of layout designs and building plans suitable for various geo-climatic zones and to also assist States/Cities in deploying disaster resistant and environment friendly technologies. Through remote sensing technique, geo tagging of houses is being facilitated alongwith analysis for effective monitoring under beneficiary led construction component of PMAY/HFA (Urban) Mission.

33 States/UTs have signed MoAs and 2625 cities/towns have been included under PMAY-HFA (U). 7.26 lakh houses have been sanctioned by States since October 2015.

### **1.3.2 Deendayal Antyodaya Yojana- National Urban Livelihoods Mission (DAY-NULM)**

National Urban Livelihoods Mission (NULM), launched in September, 2013 by replacing the existing Swarna Jayanti Shahari Rozgar Yojana (SJSRY), focuses on organizing urban poor in their strong grassroots level institutions, creating opportunities for skill development leading to market-based employment and helping them to set up self-employment venture by ensuring easy access to credit. The Mission is aimed at providing shelter equipped with essential services to the urban homeless in a phased manner.

In addition, the Mission also addresses livelihood concerns of the urban street vendors. DAY-NULM has been extended to all statutory towns. The Mission has the following major components:

- Social Mobilizations and Institution Development (SM&ID): NULM envisages mobilisation of urban poor households into thrift and credit-based Self-Help Groups (SHGs) and their federations/collectives.
- Capacity Building and Training (CB&T): A multi-pronged approach is planned under NULM for continuous capacity building of SHGs and their federations/collectives, government functionaries at Central, State and City/Town levels, bankers, NGOs, CBOs and other stakeholders. NULM will also create national and state-level mission management units to support the implementation of programme for the poor.
- Employment through Skills Training and Placement (EST&P): NULM will focus on providing assistance for skill development / up-grading of the urban poor to enhance their capacity for self-employment or better salaried employment.
- Self-employment Programme (SEP): This component will focus on financial assistance to individuals/groups of urban poor for setting up gainful self-employment ventures/ micro-enterprises, suited to their skills, training, aptitude and local conditions.
- Support to Urban Street Vendors: This component will cover development of vendors market, credit enablement of vendors, socio-economic survey of street vendors, skill development and micro enterprises development and convergence with social assistance under various schemes of the Government.
- Shelter for Urban Homeless (SUH): Under this component, the construction of permanent shelters for the urban homeless equipped with essential services will be supported.
- Innovative & Special Projects (I&SP): It will focus on the promotion of novel initiatives in the form of innovative projects. These initiatives may be in the

nature of pioneering efforts, aimed at catalysing sustainable approaches to urban livelihoods through Public, Private, Community Partnership (P-P-C-P).

Under DAY-NULM so far, 4.00 lakh urban poor have been imparted skill training as per the skill demand from the market, so that they can set up self-employment ventures or secure salaried employment. 174 proposals for establishment of City Livelihood Centres have been sanctioned, which will act as “one-stop shop” for those seeking services from the informal sector as well as for the urban poor promoting their services and products.

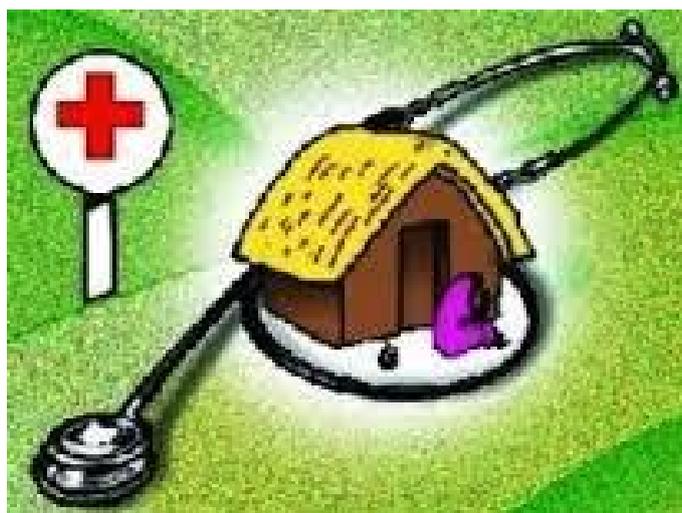
With a view to mobilize urban poor households to form their own institutions, 1,00,431 self-help groups of urban poor women have been formed. Besides generation of income, it will empower the urban poor by making them self-reliant and providing a facilitating atmosphere for pursuing self-employment.

In order to provide a dignified life to the urban homeless, 770 shelters for urban homeless has been sanctioned, out of which 270 have become operational. To make Street vendors an integral part of inclusive urban development process, so far street vendors survey has been completed in 277 cities and 6.02 lakh street vendors have been identified.

\*\*\*\*\*

## 2 : Health

The obligation of the Government to ensure the highest possible health status of India's population and to ensure that all people have access to quality health care has been recognized by a number of key policy documents. The policy



directions of the "Health for All" declaration became the stated policy of Government of India with the adoption of the National Health Policy Statement of 1983. Driven by this declaration there was some expansion of primary health care in the eighties. Further, the National Health Policy of 2002 emphasized the need to strengthen the role of public sector in social protection against the rising costs of health care and the need to provide a comprehensive package of services without reducing the prioritization given to women and children's health.

India's health challenges are diverse. Communicable diseases, notably Tuberculosis and Malaria, continue to constitute a major part of the country's disease burden. At the same time the threat of Non-communicable Disease (NCD) including diabetes, hypertension, cancer and mental illness is clearly perceived. It is also crucially relevant that maternal and infant mortality continue to remain unacceptably high in several parts of the country.

### 2.1 Demographic and Health Status Indicators

The demographic and health status indicators have shown significant improvements over time. The following table captures data on Crude Birth Rate, Crude Death Rate, and Life Expectancy etc.

Parameters	1981	1991	2001	Current Levels
Crude Birth Rate (per 1000 population)	33.9	29.5	25.4	<b>21.4 (2013)</b>
Crude Death Rate (per 1000 population)	12.5	9.8	8.4	<b>7.0 (2013)</b>

Total Fertility Rate	4.5	3.6	3.1	<b>2.3</b> <b>(2013)</b>
<b>Maternal Mortality Ratio</b> (per 1,00,000 live births)	NA	398 SRS (1997-98)	301 (2001-03)	<b>167</b> <b>SRS</b> <b>(2011-13)</b>
Infant Mortality Rate (per 1000 live births)	110	80	66	<b>40</b> <b>(2013)</b>
Rural				<b>44</b>
Urban				<b>27</b>
Child Mortality Rate (0-4 yrs.) per 1000 children	41.2	26.5	19.3	<b>11.0</b> <b>(2013)</b>
Expectation of life at birth (in Years)	(1981-85)	(1989-93)	(1999-03)	<b>(2009-13)</b>
- Male	55.4	59.0	62.3	<b>65.8</b>
- Female	55.7	59.7	64.6	<b>69.3</b>

*Source: Sample Registration System (SRS), Office of Registrar General of India.*

## **2.2 National Health Mission (NHM)**

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health system strengthening in rural and urban areas, Reproductive Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs.

### **2.2.1 National Rural Health Mission (NRHM)**

The National Rural Health Mission, founded in April 2005, is a Government of India initiative to address the health needs of underserved rural areas and rural populations addressing the health needs of 18 States/UTs having weak public health indicators. As per the 12<sup>th</sup> Plan document of the Planning Commission, the flagship programme of NRHM will be strengthened under the umbrella of National Health Mission.

NRHM seeks to provide quality healthcare to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action

Group (EAG) States as well as North Eastern States, Jammu & Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

### **Major initiatives under NRHM/NHM**

**2.2.1.1 ASHA:** More than 9.15 lakh Accredited Social Health Activists (ASHAs) are in place across the country and serve as facilitators, mobilizers and providers of community level care. ASHA is the first port of call in the community especially for marginalized sections of the population, with a focus on women and children.

**2.2.1.2 Rogi Kalyan Samiti/Hospital Management Society** is a simple yet effective management structure. This committee is a registered society whose members act as trustees to manage the affairs of the hospital and is responsible for upkeep of the facilities and ensure provision of better facilities to the patients in the hospital. Financial assistance is provided to these committees through untied fund to undertake activities for patient welfare. 31,763 Rogi Kalyan Samitis (RKS) have been set up involving the community members at various Health Care centres.

**2.2.1.3 Untied Grants to Sub-Centres (SCs)** has given a new confidence to our ANMs in the field. The SCs are far better equipped now with blood pressure measuring equipment, haemoglobin (Hb) measuring equipment, stethoscope, weighing machine etc. This has facilitated provision of quality antenatal care and other healthcare services.

**2.2.1.4 The Village Health Sanitation and Nutrition Committee (VHSNC)** is an important tool of community empowerment and participation at the grassroots level to address issues of environmental and social determinants. VHSNC membership includes Panchayati Raj representatives, ASHA & other frontline workers and also representatives of the marginalized communities. Untied grants of Rs. 10,000 are provided annually to each VHSNC. More than 5 lakh VHSNCs have been set up across the country.

**2.2.1.5 Janani Suraksha Yojana (JSY)** aims to reduce maternal mortality among pregnant women by encouraging them to deliver in government

health facilities. Under the scheme, cash assistance is provided to eligible pregnant women for giving birth in a government health facility. Since the inception of NRHM, 8.55 crore women have benefited under this scheme.

**2.2.1.6 Janani Shishu Suraksha Karyakram (JSSK):** Launched in 2011, JSSK entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. This marks a shift to an entitlement based approach. The free entitlements include free drugs and consumables, free diagnostics, free diet during stay in the health institutions, free provision of blood, free transport from home to health institution, between health institutions in case of referrals and drop back home and exemption from all kinds of user charges. Similar entitlements are available for all sick infants (up to 1 year of age) accessing public health institutions. All States and Union Territories are implementing this scheme.

**2.2.1.7 Facility Based Newborn Care:** A continuum of newborn care has been established with the launch of home based and facility based newborn care components ensuring that every newborn receives essential care right from the time of birth and first 48 hours at the health facility and then at home during the first 42 days of life. Newborn Care Corners (NBCCs) are established at delivery points to provide essential newborn care at birth, while Special Newborn Care Units (SNCUs) at District Hospital/Medical College and Newborn Stabilization Units (NBSUs) at FRUs provide care for sick newborns. As on June 2015, a total of 14,441 NBCCs, 2,020 NBSUs and 575 SNCUs have been made operational across the country.

**2.2.1.8 National Mobile Medical Units (NMMUs):** Support has been provided in 333 out of 672 districts for 1107 Mobile Medical Units (MMUs) under NHM in the country. To increase visibility, awareness and accountability, all Mobile Medical Units (MMUs) have been repositioned as “National Mobile Medical Unit Service” with universal colour and design.

**2.2.1.9 National Ambulance Services (NAS):** Most of the States/UTs have the facility where people can dial 108 or 102 telephone number for calling an ambulance. Dial 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services essentially consist of basic patient

transport aimed at the needs of pregnant women and children though other categories are also taking benefit and are not excluded. JSSK entitlements e.g. free transport from home to facility, inter facility transfer in case of referral and drop back for mother and children are the key focus of 102 service. This service can be accessed through a toll free call to a Call Centre. Presently, 7358 Dial-108, 400 Dial-104 and 7836 Dial-102 Emergency Response Service Vehicles are operational under NHM, besides 6290 empanelled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.

**2.2.1.10 Mainstreaming of AYUSH:** Mainstreaming of AYUSH has been taken up by allocating AYUSH facilities in 10042 PHCs, 2732 CHCs, 501 DHs, 5714 health facilities above SC but below block level and 421 health facilities other than CHC at or above block level but below district level.

**2.2.1.11 Launch of Kayakalp** - an initiative for Award to Public Health facilities: Kayakalp initiative has been launched to promote cleanliness, hygiene and infection control practices in public health facilities. Under this initiative public healthcare facilities shall be appraised and such public healthcare facilities that show exemplary performance meeting standards of protocols of cleanliness, hygiene and infection control will receive awards and commendation. Further, Swachhta Guidelines to promote Cleanliness, Hygiene and Infection Control Practices in public health facilities were released during 2015. The Guidelines provide details on the planning, frequency, methods, monitoring etc. with regard to Swachhta in public health facilities.

**2.2.1.12 Free Drugs Service Initiative:** An incentive of up to 5% additional funding (over and above the normal allocation of the state) under the NHM is provided to those States that introduce free medicines scheme. Under the NHM-Free Drug Service Initiative, substantial funding is available to States for provision of free drugs subject to States/UTs meeting certain specified conditions. Detailed Operational Guidelines for NHM- Free Drugs Service Initiative was released to the States on 2nd July 2015 and is available on NHM website.

**2.2.1.13 Comprehensive Primary Healthcare:** Primary healthcare including preventive and promotive healthcare enables early detection and prompt

treatment and serves a gate-keeping function to secondary and tertiary care and also reduces the cost of care. Areas for action to make primary healthcare comprehensive and universal include strengthening Institutional Structures and Organization of Primary Healthcare Services; improve access to technologies, drugs and diagnostics for comprehensive Primary Healthcare; increasing utilization of Information, Communication and Technology (ICT), empowering patients and providers, etc.

**2.2.1.14 Kilkari:** To create proper awareness among pregnant women, parents of children and field workers about the importance of Ante-Natal Care (ANC), Institutional Delivery, Post-Natal Care (PNC) and Immunization, Kilkari and Mobile Academy services is implemented across India in phased manner. Kilkari is an Interactive Voice Response (IVR) based mobile service that delivers time-sensitive audio messages (Voice Call) about pregnancy and child health directly to the mobile phones of pregnant women, mothers of young children and their families. The service covers the critical time period—where the most maternal/infant deaths occur from the 4th month of pregnancy until the child is one year old. Families which subscribe to the service receive one pre-recorded system generated call per week. Each call will be 2 minutes in length and serve as reminders for what the family should be doing that week depending on woman's stage of pregnancy or the child's age.

**2.2.1.15 Launch of Nationwide Anti-TB drug resistance survey:** Drug resistance survey for 13 anti TB drugs was launched to provide a better estimate on the burden of Multi-Drug Resistant Tuberculosis within the community. This is the biggest ever such survey in the world with a sample size of 5214 patients.

**2.2.1.16 Kala-Azar Elimination Plan:** To reduce the annual incidence of Kala-azar to less than one per 10,000 population at block PHC level, Kala-azar elimination Plan was rolled out to include active search, new drug regimen, coordinated Indoor Residual Spray (IRS) etc. and use of new non-invasive diagnostic kit.

## **2.2.2 National Urban Health Mission (NUHM)**

National Urban Health Mission (NUHM) was initiated as a sub-mission under an overarching National Health Mission (NHM), in Centre State

partnership, for providing equitable and quality primary healthcare services to the urban population with special focus on slum and vulnerable sections of the society. NUHM seeks to improve the health status by facilitating their access to quality primary healthcare. Under NUHM, support is provided to the States/ UTs for strengthening and upgradation of existing infrastructure including Urban Family Welfare Centres (UFWCs), Urban Health Posts and Primary Health Centres and HR augmentation for providing comprehensive primary healthcare services. Urban Health programme is being implemented through Urban Local Bodies (ULBs), in seven metropolitan cities of India. For the remaining cities, the State Health department decides whether the Urban Health Programme is to be implemented through health department or any other urban local body. Under the Programme the support is being provided by the Asian Development Bank (ADB) based on progress related to certain indicators.

NUHM covers all cities and towns with more than 50,000 population as well as District headquarters and State headquarters. Under NUHM, provision has been made for creation of service delivery infrastructure which is largely absent in the urban areas i.e. cities/towns, by way of providing Urban Primary Health Centres (U-PHCs) and Urban Community Health Centres (U-CHCs). U-PHCs for approximately 50,000 population, preferably located near slums is envisaged. U-CHCs for providing in-patient care in cities having population above five lakhs have been envisaged. 30-50 bedded U-CHCs are established for providing inpatient care. NUHM also provides for engagement of ANMs for conducting outreach services to target groups particularly slum and the vulnerable population through ASHA and Mahila Arogya Samiti (MAS).

### **2.3 Maternal Health**

Maternal health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and well-being of mothers are not only important in their own right but are also central to solving large broader, economic, social and developmental challenges.

Maternal Mortality Ratio (MMR) is one of the important indicators of the quality of health services in the country. India has made remarkable progress in reducing maternal deaths in the last two decades.

The MMR has declined from 212 in 2007-09 to 167 in 2011-13 per 100,000 live births. The high rate of decline incidentally coincides with the period immediately after the launch of NRHM, and the numerous initiatives taken under this flagship scheme including the Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK).

### **Key strategies contributing to the decline in MMR**

**2.3.1 Janani Suraksha Yojana (JSY)** which is a demand promotion scheme, launched in April 2005 with the objective of reducing Maternal and Infant Mortality by conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch. The number of JSY beneficiaries has also risen from 7.39 lakhs in 2005-06 to 106.48 lakhs in 2013-14. Institutional deliveries in India have risen sharply from 47% in 2008 to over 78.7 % in 2013-14.

**2.3.2 Janani Shishu Suraksha Karyakaram (JSSK)**, launched in 2011 to continue the surge in institutional deliveries brought about by JSY in order to augment efforts to ensure that pregnant women, sick neonates and sick infants receive free care at public health institutions under JSSK with no out of pocket expenditure on drugs, diet, diagnostic, blood and Referral Transport. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Under this scheme, pregnant women are entitled to free drugs and consumables, free diagnostics, free blood wherever required, free diet up to 3 days for normal delivery and 7 days for C-section and also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick new-borns accessing public health institutions for treatment till 30 days after birth. This has now been expanded to cover the complications during Ante-Natal Care(ANC), Post Natal Care(PNC) and also sick infants.

**2.3.3 Mother and Child Tracking System (MCTS)** is a name based web-based service that captures the details of pregnant women and children up to 5 years and aims to ensure that every pregnant woman gets complete and quality ANC and PNC and every child receives a full range of immunization services. More than 9.58 crore pregnant women and 8.12 crore children have been registered under MCTS till Oct, 2015.

### **2.3.4 Essential and Emergency Obstetric Care**

**2.3.4.1 Prevention & Control of Anaemia** : Under the National Iron+ Initiative, iron and folic acid supplementation is being given at health facilities and during outreach activities.

**2.3.4.2 Web Enabled Mother and Child Tracking System (MCTS)** is being implemented to register and track every pregnant woman, neonate, infant and child by name for quality ANC, PNC, INC Family Planning(FP), Immunization services.

**2.3.4.3 A joint Mother and Child Protection Card** is being used by all states as a tool for monitoring and improving the quality of MCH and Nutrition interventions.

**2.3.4.4 Comprehensive Abortion Care (CAC)** is being provided as it is an important element in the reproductive health component of the RMNCH+A strategy as 8% of maternal deaths in India are attributed to unsafe abortions.

**2.3.4.5 Maternal Death Review** process has been institutionalized across the Country with the objective of taking corrective action at appropriate levels and improving the quality of obstetric care both at facilities and in the community to identify not only the medical causes but also some of the socio-economic cultural determinants as well as the gaps in the system which contribute to the delays causing such deaths.

**2.3.4.6 'Delivery Points'**: For placing emergency obstetric care services at the health facilities, more than 17,000 'Delivery Points' fulfilling certain benchmarks of performance, have been identified across the country. These are being strengthened in terms of infrastructure, equipment, trained manpower for provision of comprehensive Reproductive, Maternal, New-born Child health services along-with services for Adolescents and Family Planning etc. These are being monitored for service delivery.

**2.3.4.7 Maternal Health Tool Kit** has been developed as a ready-reckoner/handbook for programme managers to plan, implement and monitor services at health facilities , with a focus on the Delivery Points, which includes setting up adequate physical infrastructure, ensuring logistics and supplies and recording/reporting and monitoring systems with the objective of providing good quality comprehensive RMNCH services.

**2.3.4.8 Capacity Building** : Skill Building through training programmes for all categories of service providers e.g. Training of MBBS doctors in Life Saving Anaesthesia Skills( LSAS), Emergency Obstetric Care including C-sections; Training of Nurses and ANMs in Skilled Birth Attendance(SBA);Training of MOs in Comprehensive Abortion Care(CAC). About 1350 doctors have been trained in Emergency Obstetric Care including C-sections and 1800 doctors in LSAS. Over 70,000 SNs/LHVs/ANMs have been trained as SBAs as per State reports.

**2.3.4.9 Augmenting infrastructure for providing quality Obstetric, Neonatal and Child Health Care:** : Maternal and Child Health (MCH) Wings are being established in District Hospitals/ District Women's Hospitals/Sub-District Hospitals/ CHC-FRUs to overcome the constraints of increasing case loads and institutional deliveries at these facilities. 186 MCH wings have been approved across the country which has in built skills lab. More than 30,000 beds for women & children are being added across 486 health facilities in 21 States.

**2.3.4.10 Supervision and Monitoring:** Regular monitoring and desk review of information on key maternal health indicators is being done through analysis of data from the Central Health Management Information System (HMIS), various national level evaluation surveys e.g. District Level Household surveys (DLHS), National Family Health Surveys (NFHS), and Annual Health Survey (AHS) and field visits by Central level teams. Guidelines and tools have been provided for undertaking supportive supervision and monitoring by the states at different levels.

**2.3.4.11 Quality Assurance Guidelines** are on the anvil with the objective of providing standard guidelines to be uniformly adopted by all states which indicates the steps & processes and defines minimum standards to be followed, to ensure quality of service provision.

**2.3.4.12 Creating comprehensive skill labs**, each with a number of skill stations are in the process of being designed for skill building of service providers to provide good quality RMNCH services.

## **2.4 Child Health & Immunisation Programme**

**Infant Mortality Rate (IMR)** refers to the number of deaths of children in the age 0-1 year per thousand live births. IMR 40 per 100 thousand live births in 2013. There is a constant gender differential of three points in IMR at national level over last five years.

**Under-five Mortality Rate (U5MR)** is defined as the probability of dying before the fifth birthday. As per the Sample Registration System 2013, the under-five-mortality rate is 49 per thousand live births against 126 in 1990.

**Neo-natal Mortality Rate (NMR)** refers to the number of deaths of children during the period of 0-28 days per thousand live births. NMR stands 28 per 1000 live births in India in 2013. Neonatal mortality thus contributes 57% of all deaths in childhood (up to age 5 years).

**The major components of child health programme are:**

**2.4.1 New-born and Child Health Interventions :** Facility Based New-born Care (FBNC) is one of the key components under the NRHM to improve the status of New-born health in the country. A continuum of New-born care has been established with the launch of home-based and facility-based New-born care components ensuring that every New-born receives essential care right from the time of birth and first 48 hours at the health facility and then at home during the first 42 days of life. New-born Care Corners (NBCCs) are established at delivery points to provide essential new-born care, while Special New-born Care Units (SNCUs) located in close proximity to the labour room, and New-born Stabilization Units (NBSUs) provide care for sick new-borns. Till June 2014, a total of 14,099 NBCCs, 1,761 NBSUs and 525 SNCUs have been made operational across the country.

**New Born Care Corners (NBCCs)** are operationalized within the labour rooms and operation theatres in public health facilities designated as delivery points. These units have NSSK (Navjaat Shishu Suraksha Karyakram) personnel who provide essential new born care and

resuscitation, when required, to all New-borns delivered at these health facilities.

**2.4.2 Home Based New-Born Care Scheme :** Under NRHM, Home Based New Born Care is being implemented since 2011 for reduction of neonatal mortality in the first month of life in rural areas. Under this scheme, funds are allocated for training of ASHAs, supportive supervision by ASHA facilitators, incentive to ASHAs for home visits and purchase of HBNC kits. ASHAs are paid an incentive of Rs.250 for visiting each New-born 6 times (in case of hospital delivery)/7 times (in case of home delivery) in the first six weeks of life as per the schedule. Out of 8.9 lakh ASHAs in the country, 5.19 lakhs have been trained in module 6 & 7, which provide necessary skills to conduct home visits. Around 8 lakh babies have been visited by ASHAs (all 6/7 visits).

**2.4.3 Immunization Programme:** Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Under the Universal Immunization Programme, Government of India is providing vaccination to prevent nine vaccine preventable diseases, namely, Diphtheria, Pertussis, Tetanus, Polio, Measles, Childhood Tuberculosis, Hepatitis B. Hib infection, Japanese Encephalitis (JE).

More than 9 million Immunization sessions conducted annually. In order to drive toward 90% full immunization coverage of India by year 2020, Mission Indradhanush has been launched. It aims to ensure high coverage of children with all vaccines in the entire country with a high focus on the 201 identified districts.

**2.4.4 Mission Indradhanush:** Mission Indradhanush has been launched depicting seven colours of the rainbow in December 2014, to fully immunize more than 89 lakh children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons. They will be fully immunized against seven life threatening vaccine preventable diseases which include diphtheria, whooping cough, tetanus, polio, tuberculosis, measles and hepatitis-B.

## **2.5 National Vector Borne Diseases Control Programme (NVBDCP)**

The National Vector Borne Disease Control Programme (NVBDCP) implements programmes for prevention and control of Vector Borne Diseases (VBD) in the country under the aegis of the National Health Mission. The NVBDCP is an umbrella programme for prevention and control of vector borne diseases viz. Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. The strategy recommended under the programme for prevention and control of VBDs is – Specific Preventive Strategy and Early Diagnosis and Complete Treatment (for reducing the load of Morbidity & Mortality) also including strengthening of referral services, epidemic preparedness and rapid response, and preventive measures like vaccination (for JE) and Mass Drug Administration (for LF), Integrated Vector Management (For Transmission Risk Reduction) including Indoor Residual Spraying in selected high risk areas, use of Insecticide Treated bed nets (ITN) Long Lasting Insecticidal Nets (LLINs), use of Larvivorous fish, source reduction and minor environmental engineering and Supportive Interventions (for strengthening technical & social inputs) including Behaviour Change Communication (BCC), Public Private Partnership, Inter-sectorial convergence, Human Resource Development through capacity building, Operational Research including studies on drug resistance and insecticide susceptibility, Monitoring and Evaluation through periodic reviews/field visits and web based Management Information System.

The National Malaria Strategic Plan (2012-17) lays down reform approaches to programme planning and management. It calls for enhanced surveillance, scaling up preventive measures and targeting them at high risk groups, and control of *P. Vivax*. It proposes continued use of Artesunate Combination Therapy (ACT), Rapid Diagnostic Tests (RDTs) at village level, Integrated Vector Management (IVM) and (LLINs).

**2.6 Revised National Tuberculosis Control Programme (RNTCP) :** The Revised National TB Control Programme (RNTCP), based on the internationally recommended Directly Observed Treatment Short-course (DOTS) strategy, was launched in 1997 expanded across the country in a phased manner. The Goal of TB Control Programme is to decrease

mortality and morbidity due to TB and cut transmission of infection until TB ceases to be a major public health problem in India. The Objectives of the programme are to reduce the incidence of and mortality due to TB, to prevent further emergence of drug resistance and effectively manage drug resistant TB cases and to improve outcomes among HIV-infected TB patients. The notification of all cases of Tuberculosis has been made mandatory. The NIKSHAY, case based web based TB case management system is being used by the programme for data management and its various modules are gradually being scaled up.

RNTCP has treated over 7.1 million cases during the last five years. During the last five years 1.3 million additional deaths have been averted.

## **2.7 National AIDS Control Organization (NACO) :**

The National AIDS Control Programme (**NACP**) has been implemented by Government of India since 1992 as 100% centrally sponsored scheme through State AIDS Control Societies in the states for prevention and control of HIV/AIDS. **NACP-IV** (2012-2017) focuses on consolidating the gains made during NACP-III and aims to accelerate the process of reversal of the HIV epidemic. The key strategies include intensifying and consolidating prevention services with a focus on HRG and vulnerable population, increasing access and promoting comprehensive care, support and treatment, expanding IEC services for general population and high risk groups with a focus on behaviour change and demand generation, building capacities at national, state and district levels and strengthening the Strategic Information Management System. Prevention and Care, Support & Treatment (CST) form the two key pillars of all HIV/AIDS control efforts in India.

NACP-IV primarily includes targeted Interventions (TI) for High Risk Groups and Bridge Population, Female Sex Workers (FSW), etc; Needle-Syringe Exchange Programme (NSEP) and Opioid Substitution Therapy (OST) for IDUs; prevention Interventions for Migrant population at source, transit and destinations; Link Worker Scheme (LWS) for High Risk Groups and vulnerable population in rural areas; Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI).

## 2.8 National Programme for Control of Blindness (NPCB)

National Programme for Control of Blindness was launched in the year 1976 as a 100% centrally sponsored scheme with the goal of reducing the prevalence of blindness to 0.3% by 2020. Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07). Estimated National Prevalence of Childhood Blindness /Low Vision is 0.80 per thousand. Major performance indicators are as under-

Year	Cataract operations performed	% surgery with IOL	No. of free spectacles provided to school-age group children with refractive errors	Collection of donated eyes
2012-13	63,02,894	95	7,08,861	53,543
2013-14	62,63,150	95	6,24,942	57,944
2014-15	64,19,933	95	7,35,718	57,668
2015-16(P)	25,11,867*	95	2,31,094*	24,510*

## 2.9 National Leprosy Eradication Programme

Since the inception of National Leprosy Eradication Programme (NLEP) in the year 1983 spectacular success have been made in reducing the burden of Leprosy. The country achieved the goal of leprosy elimination as a public health problem i.e. Prevalence Rate (PR) of less than 1 case/10,000 population at national level by December 2005, as set by National Health Policy 2002. Although prevalence has come down at national and state level, new cases are being continuously detected and these cases will have to be provided quality leprosy services through General Healthcare (GHC) system. 34 States/UTs in India have achieved leprosy elimination status.

## 2.10 Rashtriya Swasthya Bima Yojana (RSBY) Scheme:

The Rashtriya Swasthya Bima Yojana (RSBY), a centrally sponsored (Centre-State Partnership) scheme is aimed to provide health insurance coverage to Below Poverty Line (BPL) families and other 11 categories of Unorganized Workers(UOWs) (MGNREGA Workers, Construction Workers, Domestic workers, Sanitation Workers, Mine Workers, licensed Railway

Porters, Street Vendors, Beedi Workers, Rickshaw Pullers, Rag Pickers and Auto/Taxi drivers).

Each family enrolled in the scheme is entitled to hospitalization benefits of upto INR 30,000 per annum including maternity benefits on a family floater basis ( a unit of five) in government empanelled hospitals (includes both private and public) alongwith provision for Transportation Cost upto Rs 100. Pre-existing conditions are covered from day one. The beneficiary family pays Rs. 30 per annum per family as registration/renewal fee. The scheme covers all pre-existing diseases, hospitalization expenses. Maximum premium payable is Rs. 750 per family, more than 1500 standard packages are included and the scheme provides only for secondary care hospitalization procedures.

A network of more than ten thousand hospitals has been developed by empanelling 6,276 private hospitals and 4390 public hospitals under RSBY scheme. During the year 2015-16, the RSBY scheme is implemented in 19 States/UTs, across 397 Districts with a target of around 7.31 crore families, covering around 4.12 crore families (55% of the total target). More than 110 lakh hospitalization cases have been registered since inception under RSBY.

### **2.11 Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**

The scheme envisaged the establishment of six AIIMS-like institutions and upgradation of the existing 13 medical college institutions in the first phase. The PMSSY up-gradation programme broadly envisages improving health infrastructure through construction of Super Speciality Blocks/Trauma centres etc. and procurement of medical equipments for existing as well as new facilities.

Out of 13 medical college institutions taken up for upgradation in the first phase of PMSSY, upgradation work at 8 medical colleges has been completed. Out of 6 medical college institutions being upgraded in second phase, five institutions involve civil work.

\*\*\*\*\*

### 3. Population Stabilization

India was the first country in the world to have launched a National Programme for Family Planning in 1952. With its historic initiation in 1952, the Family Planning Programme has undergone transformation in terms of policy and actual programme implementation. There occurred a gradual



shift from clinical approach to the reproductive child health approach and further, the National Population Policy (NPP) in 2000 brought a holistic and a target free approach which helped in the reduction of fertility.

Over the years, the programme has been expanded to reach every nook and corner of the country and has penetrated the Primary Health Centres and Sub Centres in rural areas, Urban Family Welfare Centers and Post-partum Centres in the urban areas. Technological advances, improved quality and coverage for healthcare have resulted in a rapid fall in the Crude Birth Rate (CBR), Total Fertility Rate (TFR) and growth rate (2011 Census showed the steepest decline in the decadal growth rate.)

#### 3.1 Some facts on Family Planning and related matters in India

Expected increase of population of 15.7% in 15 years	From 1210 million in 2011 to 1400 million in 2026
Decline in TFR	Helps to stabilize India's population growth which in turn spurs the economic and social progress
Greater investments in family planning	Helps to mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies
	Reduce maternal mortality by 35%
	Reduce infant mortality and abortions significantly
Govt. of India's commitment by 2017	Maternal Mortality Ratio (MMR) to 100/100,000
	Infant Mortality Rate (IMR) to 30/1000 live births
	Total Fertility Rate (TFR) to 2.1

### Progress of key indicators are as follows:

Key Indicator	Progress	Current Status
Total Fertility Rate	Declined by 28% from 3.2 in 2000 to 2.3 in 2013. 24 states (48% of population has already achieved replacement level fertility (i.e. 2.1 or less).	<b>2.3</b> (SRS 2013)
Crude Birth Rate	Declined by 17% from 25.8 in 2000 to 21.4 in 2012	<b>21.4%</b> (SRS 2012)
Decadal Growth Rate	Declined by 4 points from 21.54% in 1990-2000 to 17.64% in 2001-2011.(steepest ever decline)	<b>17.64%</b> (Census 2011)
Unmet Need	Declined by 15.8% from 25.3% DLHS 1 to 21.3% DLHS 3	<b>21.3%</b> (DLHS III)

*Government of India has categorized States as per the TFR level in very high-focus (more than or equal to 3.0), high-focus (more than 2.1 and less than 3.0) and non-high focus (less than or equal to 2.1).*

### Progress in TFR

TFR decline	From 2.9 in 2005 to 2.3 in 2013 Decline more significant in High Focus States
TFR of 2.1 or less	24 States and Union Territories
TFR 2.1-3.0	10 States
TFR above 3.0	2 States

### 3.2 Current Family Planning Scenario in India:

Family planning has undergone a paradigm shift and emerged as one of the interventions to reduce maternal and infant mortalities and morbidities. It is well-established that the states with high contraceptive prevalence rate have lower maternal and infant mortalities. Greater investments in family planning can thus help mitigate the impact of high population growth by helping women achieve the desired family size and avoid unintended and mistimed pregnancies.

Further, contraceptive use can prevent recourse to induced abortion and eliminate most of these deaths. Studies show that if the current unmet need for family planning could be fulfilled over the next 5 years, we can avert 35,000 maternal deaths, 1.2 million infant death, save more than Rs. 4450 crores and save Rs. 6500 crores, if safe abortion services are coupled with increased family planning services. This strategic direction is the

guiding principle in implementation of family planning programme in future.

### **3.3 National Commission on Population**

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

### **3.4 Jansankhya Sthirata Kosh (JSK):**

Jansankhya Sthirata Kosh (JSK) also known as National Population Stabilisation Fund is an autonomous body under the Ministry of Health and Family Welfare (MoHFW), constituted on the recommendations of the National Commission of Population. It was established in 2003 as an autonomous society and was reconstituted in 2005 with the addition of a General Body. Its mandate is to promote and undertake schemes, programmes, projects and initiatives to meet the unmet need for contraception, and reproductive and child health. It is aimed at achieving population stabilisation at a level consistent with the needs of sustainable economic growth, social development and environment protection by 2045. It is a key institution for sustaining and strengthening advocacy efforts towards achieving population stabilisation at the national and state level.

Since the inception of JSK, a series of strategies have been implemented towards improving advocacy for preventing early marriage, involving private sectors for quality services in family planning, creating a conducive environment for changing norms and attitudes and fulfilling the need for information on issues related to reproductive, sexual, infant and child health. Through these strategies JSK has created inroads in the high fertility states, established and maintained close contact with the health and other

related departments at the state and district-level for fulfilling the mandate of population stabilization.

#### **3.4.1 Prerna Scheme: Promoting responsible parenthood practices:**

One of the most important cultural factors in India that adversely affect the health of the mother and child is the practice of early marriage. It is conducted at a stage when girls are physically under developed and unprepared for pregnancy and childbirth. Unable to negotiate reproductive rights, these young girls give birth to children with poor chances of survival and growth. Prerna, an innovative strategy seeks to reverse this trend to help push up the age of marriage of girls, delay the birth of the first child and promote birth spacing. It identifies and awards Below Poverty Line (BPL) couples in select districts with poor social and economic indicators of the country, who fulfil certain responsible parenthood criteria which includes marriage at least on or after 19 years, first child on or after 21 years, spacing of three years between children and voluntary adoption of sterilization by either of the parent after two children. The couples who have broken the stereotype are felicitated at large public functions and promoted as role models for responsible parenthood.

**3.4.2 Santushti:** Focused on the high population States of the country Santushti scheme invites private sector health facilities to conduct sterilisation in public-private partnership mode.

**3.4.3 JSK,** in collaboration with other partners, organises several awareness and sensitization events round the year. World Population Day (WPD) observed every year on July 11 is one of such event, for which the organization worked with several other Ministries of Government of India, schools and colleges for creating a conducive environment for population stabilization. Events organized on WPD include “Walkathon” & “National level Workshop” at New Delhi and population rallies at state capitals of high focused States.

JSK has conducted State level sensitization workshops including media sensitisation workshops and worked on strengthening its partnerships with various Ministries to promote its strategies and support its work towards mindset change. JSK had also organized series of Population rallies in high fertility States in collaboration with National

Service Scheme (NSS), Ministry of Youth Affairs and Sports on World Population Day.

### **3.5 Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994:**

In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The technique of pre-conception sex selection has been brought within the ambit of this Act so as to pre-empt the use of such technologies, which significantly contribute to the declining Sex Ratio. Use of ultrasound machines has also been brought within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus, lest it should lead to female foeticide. More stringent punishments are prescribed under the Act, so as to serve as a deterrent against violations of the Act. The Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

**3.5.1 The PC & PNDT Act, 1994 protects the pregnant woman but provides for various penalties:** *For doctors/owner of clinics*, provision of imprisonment with fine, suspension of registration with the Medical Council, removal of the name for 5 years/permanent removal from the medical register have been made. *For husband/family member or any other person abetting sex selection*, the Act has provision of imprisonment with fine.

Government of India has recently made the punishments more stringent to include confiscation of unregistered machines, enhancing the Registration fee for bodies to Rs. 25000/- for Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre and to Rs. 35000/- for an institute, hospital, nursing home or any place providing jointly the service of a Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic, Ultrasound Clinic or Imaging Centre.

### 3.6 Key interventions under Family Planning

**3.6.1 Introduction of new device** - Cu IUCD 375 (effective for five years) was introduced in program in 2012-13.

**3.6.2 Introduction of new method**- Post partum IUCD was introduced in the program since 2010 and has provided post partum women an effective spacing option.

**3.6.3 Expansion of current basket of choices under FP** – In a landmark initiative, the current basket of choices has been expanded to include new contraceptives namely:

a. **Injectable Contraceptive DMPA** – ‘Antara’ a three-monthly Injectable contraceptive

b. **Centchroman** – *Chhaya* a once-a week non-hormonal oral contraceptive pill

#### **3.6.4 Scheme of Home Delivery of Contraceptives by ASHAs (Launched in July 2011)**

The scheme aims to improve access to contraceptives by the eligible couples, through distribution of contraceptives at the doorstep of beneficiaries by ASHAs. Presently



**8.9 lakh ASHAs in the country are distributing contraceptives** at the doorstep of beneficiaries.

**3.6.5 Scheme of Ensuring Spacing at Birth (Launched in May 2012)** - Services of ASHAs are being utilized in counselling newly married couples to ensure spacing of 2 years after marriage and to have spacing of 3 years after the birth of 1<sup>st</sup> child.

**3.6.6 Pregnancy Testing Kits (PTK) scheme** - to make available the Pregnancy Testing Kits (PTKs) with ASHAs at the sub-centre level for early detection of pregnancy and availing of other RCH services. The PTKs are distributed free of cost to the clients in field by ASHAs.

**3.6.7 Enhanced Compensation Scheme** - The compensation package has been enhanced in 2014 for 11 high focus high TFR states from Rs. 1000 to Rs. 2000 for tubectomy (interval female sterilization) and Rs. 1000 to Rs. 3000 for post partum sterilization for public facilities and from Rs. 1500 to Rs. 3000 for private facilities. For male sterilization the package has

been increased from existing Rs.1500 to Rs. 2700 in public facilities and from Rs. 1500 to Rs. 3000 in private facilities.

*(To lay special emphasis on post partum sterilization, for the first time, a separate compensation package has been designed for post partum sterilization under enhanced compensation scheme.)*

### **3.6.8 Scheme for ensuring drop back services to sterilization clients:**

The scheme was launched in 2015 whereby the states were asked to provision for the drop back to sterilization clients.

### **3.6.9 National Family Planning**

**Indemnity Scheme:** The clients are indemnified in the unlikely events of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities. The scheme was revised



in 2013 and is now being operated by the state government directly with NHM funding.

**3.6.10 PPIUCD Incentive Scheme:** The service provider as well as ASHA who escorts the clients to the health facility for facilitating the IUCD insertion is paid Rs. 150 each per insertion. The scheme has helped in providing a push to the PPIUCD program.

**3.6.11 Improved counselling through RMNCH Counselors:** RMNCH (Reproductive Maternal Newborn and Child Health) Counselors has been approved for high case load facilities to ensure counseling of the clients visiting the facilities. 1627 counselors have been approved across country in 2014-15 and 938 of them have been appointed.

### **3.6.12 Celebration of World Population Day & fortnight (July 11 – July 24):**

It is being celebrated all over India since 2009 and the event is observed over a month long period, split into: June 27 to July 10: “Dampati Sampark Pakhwada” or “Mobilisation Fortnight” and July 11 to July 24: “Jansankhya Sthirtha Pakhwada” or “Population Stabilisation Fortnight”.

*(Population fortnight has helped to break the seasonal trend of sterilization services in the northern states of India. This year the focus is on improving the spacing services as well as provision of quality sterilization services.)*

**3.6.13 Media campaign :** A new Family Planning logo has been launched. A new 360 degree media campaign (including films, print and outdoor) prioritizing family planning has been launched. The FP logo and campaign films centre on various themes, with Mr. Amitabh Bachchan as the brand ambassador, are highlighted.

### **3.6.14 Other initiatives taken for Population Stabilization**

- Medical Council of India has accepted the proposal to include a chapter on the issue of declining of Child Sex Ratio in the MBBS curriculum for the sensitizations of MBBS doctors.
- Medical Council of India has been directed to cancel registration of doctors convicted under the PNDT Act.
- The Central Government is rendering financial support to strengthen implementation structures under NHM for setting up dedicated PNDT Cells, capacity building, monitoring, advocacy campaign etc.

### **Contraceptive services under the National Family Welfare Programme:**

The methods available currently in India may be broadly divided into two categories, spacing methods and permanent methods. There is another method (emergency contraceptive pill) to be used in cases of emergency.

<b>Family Planning Method</b>	<b>Service Provider</b>	<b>Service Location</b>
<b>Spacing Methods</b>		
IUD 380 A/IUCD 375	Trained & certified ANMs, LHV's, SNs and doctors	Sub-centre & higher levels
Oral Contraceptive Pills (OCPs)	Trained ASHAs, ANMs, LHV's, SNs and doctors	Village level Sub-centre & higher levels
Condoms	Trained ASHAs, ANMs, LHV's, SNs and doctors	Village level Sub-centre & higher levels
<b>Limiting Methods</b>		
Minilap	Trained & certified MBBS doctors & specialist doctors	PHC & higher levels
Laparoscopic Sterilization	Trained & certified MBBS doctors & specialist doctors	Usually CHC & higher levels
No Scalpel Vasectomy(NSV)	Trained & certified MBBS doctors & specialist doctors	PHC & higher levels
Emergency Contraceptive Pills (ECPs)	Trained ASHAs, ANMs, LHV's, SNs and doctors	Village level, Sub-centre & higher levels

*Note: Contraceptives like OCPs, Condoms are also provided through Social Marketing Organizations*

\*\*\*\*\*

## Education and Human Resource Development

The large population of India is an invariable human resource and with necessary skills of quality education, this may be empowered to lead a purposeful life and to contribute to the national economy.



In line with the goal of nation building, India has been committed to providing free and compulsory education to all children. Towards this end, Indian Parliament has enacted a legislation making free and compulsory education a Right of every child in the age group 6-14 years which has come into force from 1st April, 2010. Efforts are being made to create a robust and vast system of higher and technical education.

Building upon the existing capacities and recognizing the immense contribution to nation building that the large network of educational institutions has made in the post independent India; the country has embarked upon a second phase of expansion and establishment of centres of excellence in higher education. It is envisioned that strengthening the two ends of the spectrum, namely, elementary education and higher/technical education would help in meeting the objectives of expansion, inclusion and excellence in education.

The Central Advisory Board of Education (CABE) is the highest advisory body to advise the Central and State Governments in the field of education. National Knowledge Commission (2006) Report on higher education supports a strong reform agenda through public investment. The Yashpal Committee (1993) report on renovation and rejuvenation of higher education has recommended protecting the intellectual autonomy of educational institutions and the creation of an all-encompassing National Commission for Higher Education and Research (NCHER) to replace or subsume the existing regulatory bodies.

The Central Government continues to play a leading role in the formulation and implementation of educational policies and programmes,

the most notable of which is the National Policy on Education (NPE) 1986, as modified in 1992. The modified policy envisages, inter-alia, a National System of Education to bring about uniformity in education, making adult education programmes a mass movement, providing universal access, ensuring retention and improving quality in elementary education, special emphasis on education of girls, etc.

## **4.1 ELEMENTARY EDUCATION**

### **4.1.1 Sarva Shiksha Abhiyan (SSA)**

Article 21-A of the Constitution of India and the Right of Children to Free and Compulsory Education (RTE) Act, 2009 became operational on 1st April, 2010 to make elementary education a fundamental right for all children in the age group of 6 to 14 years. This development has far-reaching implications for the elementary education sub-sector. The SSA programme has been amended as a Centrally Sponsored Scheme in partnership with State Governments/UTs for universalizing elementary education across the country in accordance with the mandate and provisions of RTE Act.

SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, SSA has adopted a zero exclusion policy implying that no child having special needs should be deprived of the right to education and taught in the best suited environment. These include school readiness programmes for CWSN, home-based education for children with severe-profound disabilities. The ultimate aim, however, is to mainstream all CWSN in neighbourhood schools.

The cumulative achievements (completed) under SSA till September, 2015 include:

- Opening of 3.59 lakh new primary and upper primary schools.
- Construction of 1,80,997 new primary school buildings and 1,04,355 new upper primary school buildings.
- Construction of 17,14,076 additional classrooms.
- Provision of 2,26,627 drinking water facilities
- Construction of 9,37,124 toilets
- Appointment of 15.58 lakh teachers

- In-service training imparted to 11.70 lakh teachers at BRC level & 9.87 lakh teachers at CRC level.
- Supply of free textbooks to 7.02 crore children.

#### **4.1.2 National Programme of Mid Day Meal In Schools**

The National Programme of Mid- Day Meal in Schools covers all children studying in Classes I-VIII in Government and Government-aided schools, Special Training Centres (STC) as well as Madarsas and Maqtabas supported under SSA with the objective to enhance enrolment, attendance and retention of these children in the schools and simultaneously to improve their nutritional status. Mid-Day Meal also helps in promoting egalitarian values, as children from various social backgrounds learn to sit together and share a common meal. In particular, Mid- Day Meal can help to break the barriers of caste and class among children in school. The gender gap in school participation can also be narrowed, as the programme helps erode the barriers that prevent girls from going to school.

A comprehensive and elaborate mechanism for monitoring and supervision of the scheme has been evolved, where representatives of Gram Panchayats/ Gram Sabhas, members of Village Education Committees, Parent Teacher Associations as well as Mothers' Committees are required to monitor the regularity and wholesomeness of the Mid-Day meal, cleanliness in cooking and serving, timeliness in procurement of good quality ingredients, fuel, etc, implementation of varied menu and social and gender equity.

Quarterly assessment of the implementation of the scheme including review of the progress, monitoring of the Scheme by Review Missions, Regional Workshops and National Review meetings is held. 38 Institutions of Social Science Research have been assigned the responsibility of monitoring the Mid-Day Meal scheme. Detailed Guidelines on food safety and hygiene for school level kitchens under MDMS have been issued in Feb, 2015.

Mid-Day Meal Rules 2015 under National Food Security Act, 2013 have been notified on 30.09.2015 which envisages that if the Mid-Day Meal is not provided in school on any school day due to no availability of food grains, cooking cost, fuel or absence of cook-cum-helper or any other

reason, the State Government shall pay food security allowance as defined in the rule to every child by 15th of the succeeding month.

During the 2nd quarter of current year 2015-16, 10.19 crore children in 11.54 lakh institutions are benefitting under the Mid-day Meal Scheme. 25.57 lakh cook-cum helpers are working in Mid-Day Meal Scheme, of which, more than 80% are women.

#### **4.1.3 Teacher Education**

For pre-service training, the National Council of Teacher Education (NCTE), a statutory body of the Central Government, is responsible for planned and coordinated development of teacher education in the country. The NCTE lays down norms and standards for various teacher education courses, minimum qualifications for teacher educators, course and content and duration and minimum qualification for entry of student-teachers for the various courses. It also grants recognition to institutions (government, government-aided and self-financing) interested in undertaking such courses and has in-built mechanism to regulate and monitor their standards and quality.

For in-service training, the country has a large network of government-owned teacher training institutions (TTIs), which provide in-service training to the school teachers. The spread of these TTIs is both vertical and horizontal. At the National Level, the National Council of Educational Research and Training (NCERT), along with its six Regional Institutes of Education (REIs) prepares a host of modules for various teacher training courses and also undertakes specific programmes for training of teachers and teacher educators. Institutional support is also provided by the National University on Educational Planning and Administration (NUEPA). Both NCERT and NUEPA are national level autonomous bodies. At the state level, the State Councils of Educational Research and Training (SCERTs), prepares modules for teacher training and conducts specialised courses for teacher educators and school teachers. The Colleges of Teacher Education (CTEs) and Institutes for Advanced Learning in Education (IASEs) provide in-service training to secondary and senior secondary school teachers and teacher educators. At the district level, in-service training is provided by the District Institutes of Education and Training (DIETs). The Block Resource

Centres (BRCs) and Cluster Resource Centres (CRCs) form the lowest rung of institutions in the vertical hierarchy for providing in-service training to school teachers. Apart from these, in-service training is also imparted with active role of the civil society, unaided schools and other establishments.

## **4.2 SECONDARY EDUCATION**

The essence and role of education articulated in the National Policy on Education (NPE), 1986/92 continues to be relevant even 25 years after its formulation. National Policy on Education(NPE) states. The policy at present is to make secondary education of good quality available, accessible and affordable to all young persons in the age group of 14-18. In order to make the dream of secondary education a reality for every deserving student in the country, following needs to be undertaken.

- Increase access to quality school education by expanding the network of schools, through existing as well as new institutions.
- Bring equity to the system of secondary education by including disadvantaged groups as well as weaker sections, who were kept deprived hitherto.
- Ensure quality and improved standards of education by supporting the existing institutions and facilitating setting up of new ones
- Initiate policy-level changes in terms of institutional and systematic reforms, which further create a world-class secondary education curriculum that is able to generate brilliance among the children.

### **4.2.1 Rashtriya Madhyamik Shiksha Abhiyan (RMSA) Integrated**

The scheme was launched in March, 2009 as part of the Central Government's commitment to make secondary education of good quality available, accessible and affordable to all young persons. The objective of the RMSA is to enhance access and improve quality of education at secondary stage, while ensuring equity. The scheme envisages enhancing the enrolment for classes IX-X by providing a secondary school within a reasonable distance of every habitation, improving quality of education imparted at secondary level through making all secondary schools conform to prescribed norms, removal of gender, socio-economic and disability

barriers, universal access to secondary level education by 2017, and universal retention by 2020.

The Centrally Sponsored Schemes viz ICT at schools, Girls' Hostel, Inclusive Education for Disabled at Secondary Stage and Vocational Education were subsumed from 2013-14 under the RMSA for financial savings and administrative rationalization of the provisions under the schemes, extended to aided schools and higher secondary segment.

Important facilities of Additional class rooms, Laboratories, Libraries, Art and crafts room, Toilet blocks, Drinking water provisions and Residential Hostels for Teachers in remote areas are part of the scheme.

Important quality interventions provided under the scheme are appointment of additional teachers to reduce PTR to 30:1, focus on Science, Math and English education, In-service training of teachers, science laboratories, ICT enabled education, curriculum reforms; and teaching learning reforms.

As equity interventions, the scheme provides for special focus in micro planning, preference to Ashram schools for upgradation, preference to areas with concentration of SC/ST/Minority for opening of schools, special enrolment drive for the weaker section, more female teachers in schools and separate toilet blocks for girls.

During 2012-13 to 2015-16 (Dec, 15), totals 2166 new schools have been approved out of which 1088 schools have become functional. 12810 teachers for new secondary schools have been approved.

#### **4.2.3 Scheme of “Vocationalisation of Secondary and Higher Secondary Education”**

The revised scheme of “Vocationalisation of Secondary Higher Secondary Education” was approved by the Cabinet Committee on Skill Development on 12.02.2014. The scheme has been revised to continue during the 12th Plan incorporating the learning emerging out from the Haryana Pilot and convergence with Rashtriya Madhyamik Shiksha Abhiyan (RMSA).

The components of the scheme include introduction of vocational education in Government schools from Class IX, capacity building of teachers through in-service training for existing vocational education

teachers and induction training for new vocational education teachers, development of competency based modules for each individual vocational course, performance linked incentive to Govt. aided and recognized, unaided private schools.

The specific objectives of the scheme are to enhance the employability of youth through demand driven competency based, modular vocational courses; to maintain their competitiveness through provisions of multi-entry multi-exit learning opportunities and vertical mobility/ interchangeability in qualifications; to fill the gap between educated and employable; and to reduce the dropout rate at the secondary level and decrease the pressure on academic higher education.

#### **4.2.4 National Means-Cum-Merit Scholarship Scheme (NMMSS)**

The Centrally Sponsored Scheme “National Means-cum-Merit Scholarship Scheme (NMMSS)” was launched in May, 2008. The objective of the scheme is to award scholarships to meritorious students of economically weaker sections to arrest their drop out at class VIII and encourage them to continue the study at secondary stage. Scholarship of Rs. 6000/- per annum (Rs.500/- per month) per student is awarded to selected students every year for study in classes from IX to XII in State Government, Government aided and local body schools. There is quota of scholarships for different states/UTs. Students whose parental income from all sources is not more than Rs. 1,50,000/- are eligible to avail the scholarships. There is reservation as per State Government norms. The selection of students award of the scholarships is made through an examination conducted by the State Governments. Scholarships are disbursed by the State Bank of India directly into the bank accounts of students on quarterly basis.

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

To promote enrolment of girl child in the age group of 14-18 at secondary stage, especially those who passed Class VIII and to encourage the secondary education of such girls, the Centrally Sponsored Scheme.

National Scheme of Incentives to Girls for Secondary Education was launched in May, 2008. The Scheme covers:

- All SC/ST girls who pass class VIII and
- Girls, who pass class VIII examination from Kasturba Gandhi Balika Vidyalayas (irrespective of whether they belong to Scheduled Castes or Tribes) and enroll for class IX in State/UT Government, Government-aided or local body schools.
- Girls should be below 16 years of age ( as on 31st March) on joining class IX
- Married girls, girls studying in private un-aided schools and enrolled in schools run by Central Government like KVS, NVS and CBS affiliated Schools are excluded.

A sum of Rs. 3,000/- is deposited in the name of eligible girls as fixed deposit. The girls are entitled to withdraw the sum along with interest thereon on reaching 18 years of age and on passing 10th class examination.

#### **4.2.6 Scheme of Financial Assistance for Appointment of Language Teachers**

Under its Three Language Formula, to encourage usage of Hindi, Urdu and one Modern Indian language, other than English among school-going children, the Government of India introduced the scheme of Financial Assistance for Appointment of Language Teachers in various government schools of the country. This scheme aims at fulfilling the requirement of language teachers in the government schools and also encourages propagation of the national language as well as Urdu and other Modern Indian languages, like Kannada, Malayalam, Tamil and Telugu in the country. This Scheme has following three parts.

- Part 1: Scheme of Financial Assistance to States/UTs for appointments to new posts of Hindi teachers in Upper Primary, Middle, High School and Higher Secondary Schools and opening /strengthening of Hindi Teacher's Training Colleges for the training of the untrained Hindi teachers available in the States/UTs.
- Part 2: Scheme of appointment of Urdu Teachers to any locality where more than 25% of the population is from Urdu speaking community, 100% Financial Assistance to the State/UT Governments for salaries of Urdu teachers and Honorarium to the existing Urdu teachers for teaching Urdu in Schools and Training of Urdu teachers conducted by 3 Central Universities i.e. Jamia Milia Islamia (JMI) Aligarh Muslim University (AMI) & Maulana Azad National Urdu University (MANUU) with funding from the UGC.
- Part 3: Scheme of 100% Financial Assistance for Appointment of Modern Indian Language Teachers (Other than Hindi) in Hindi-Speaking States/UTs.

### **4.3 Adolescence Education Programme**

The Government of India recognizes the potential of young people and invests in initiatives and partnerships to create and strengthen opportunities for young people to realize better life options.

The Adolescence Education Programme (AEP) is an important initiative that aims to empower young people with accurate, age appropriate and culturally relevant information, promote healthy attitudes and develop skills to enable them to respond to real life situations in positive and responsible ways. National Council of Educational Research and Training (NCERT) co-ordinates the program and works through both curricular and co-curricular formats to contribute toward holistic development of young people in pursuance of the National Curriculum Framework, 2005. National Popular Education Programme (NPEP) is being implemented in 30 States and Union Territories. It aims to develop awareness and positive attitude toward population and development issues leading to responsible behavior among students and teachers and, indirectly, among parents and the community at large. Imparting authentic knowledge to learners about Adolescent Reproductive and Sexual Health (ARSH) concerns, inculcating positive attitude and developing appropriate life skills for responsible behavior are also the objectives of NPEP.

### **4.4 Higher Education Programme**

Higher Education sector has witnessed a tremendous increase in the number of Universities/University level Institutions & Colleges since Independence. The number of Universities has increased 34 times from 20 in 1950 to 677 in 2014. The sector boasts of 45 Central Universities of which 40 are under the purview of Ministry of Human Resource Development, 318 State Universities, 185 State Private universities, 129 Deemed to be Universities, 51 Institutions of National Importance (established under Acts of Parliament) under MHRD (IITs - 16, NITs – 30 and IISERs – 5) and four Institutions (established under various State legislations). The number of colleges has also registered manifold increase of 74 times with just 500 in 1950 growing to 37,204, as on 31st March, 2013.

The quantum growth in the Higher Education sector is spear-headed by Universities, which are the highest seats of learning. In India, "University" means a University established or incorporated by or under a Central Act, a Provincial Act or a State Act and includes any such institution as may, in consultation with the University concerned, be recognised by the University Grants Commission (UGC) in accordance with the regulations made in this regard under the UGC Act, 1956. Every year, millions of students from within the country and abroad, enter these portals mainly for their graduate, post graduate studies while millions leave these portals for the world outside.

Higher Education is the shared responsibility of both the Centre and the States. The coordination and determination of standards in Universities & Colleges is entrusted to the UGC and other statutory regulatory bodies. The Central Government provides grants to the UGC and establishes Central Universities/Institutions of National Importance in the country. The Central Government is also responsible for declaring an educational institution as "Deemed-to-be University" on the recommendations of the UGC.

#### **4.5 ADULT EDUCATION**

Adult Education aims at extending educational options to those adults, who have lost the opportunity and have crossed the age of formal education, but now feel a need for learning of any type, including literacy, basic education, skill development (Vocational Education) and equivalency. With the objective of promoting adult education, a series of programmes have been introduced since the First Five Year Plan, the most prominent being the National Literacy Mission (NLM), that was launched in 1988 to impart functional literacy to non-literates in the age group of 15-35 years in a time bound manner.

##### **4.5.1 Saakshar Bharat**

Saakshar Bharat has been formulated in 2009 as Centrally Sponsored Scheme of Adult Education & Skill Development with the objective of achieving 80% literacy level by 2012 at national level, by focusing on adult women literacy seeking – to reduce the gap between male and female

literacy to not more than 10 percentage points . The mission has four broader objectives, namely imparting functional literacy and numeracy to non-literates; acquiring equivalency to formal educational system; imparting relevant skill development programme; and promote a learning society by providing opportunities for continuing education. The principal target of the mission is to impart functional literacy to 70 million non-literate adults in the age group of 15 years and beyond. 410 districts belonging to 27 States/UTs of the country have been identified to be covered under Saakshar Bharat.

A district, including a new district carved out of an erstwhile district that had adult female literacy rate of 50 per cent or below, as per 2001 census, is eligible for coverage under the Saakshar Bharat programme. Programme provides for coverage of only rural areas in the eligible districts.

#### **4.5.2 Scheme of Support to Voluntary Agencies for Adult Education and Skill Development**

To promote Adult Education, particularly in 15-35 age group, through voluntary sector, Government of India, has been providing support to Voluntary Agencies (VA) through two separate schemes, namely (i) Assistance to Voluntary Agencies in the field of Adult Education and (ii) Jan Shikshan Sansthan. The former is conceptualised as an overarching programme to encourage innovation and creativity in literacy and continuing education. It includes establishment of State Resource Centers for technical and academic support to adult education. Jan Shikshan Sansthan, on the other hand, provide vocational education skill development training to those having no or rudimentary level of education. The main objective of the scheme is to secure extensive, as well as, intensive involvement of voluntary sector in the endeavours of the Government to promote functional literacy, skill development and continuing education, particularly in 15-35 age group, under the overall umbrella of National Literacy Mission (NLM). The Scheme strives to achieve, through voluntary effort, the overall objectives of NLM, which include achieving self-reliance in literacy and numeracy, becoming aware of the causes of their deprivation and moving towards amelioration of their

condition through organization and participation in the process of development and acquiring skills to improve the economic status and general well being.

Jan Shikshan Sansthan (JSSs) are established to provide vocational training to non-literate, neo-literate, as well as school drop outs by identifying skills as would have a market in the region of their establishment.

## **4.6 AUTONOMOUS BODIES**

### **4.6.1 Navodaya Vidyalaya Samiti (NVS)**

The National Policy on Education, 1986, envisaged setting up of pace setting residential Navodaya schools with an aim of providing excellence coupled with equity and social justice. Consequent to this, Navodaya Vidyalaya Samiti was registered as a Society, under the Society Registration Act XXI of 1860 with the following objectives:

- (a) To provide good quality modern education – including a strong component of inculcation of values, awareness of the environment, adventure activities and physical education – to the talented children predominantly from the rural.
- (b) To provide facilities, at a suitable stage, for instruction through a common medium, viz. Hindi and English, all over the country.
- (c) Offer a common core-curriculum for ensuring comparability in standards and to facilitate and understanding of the common and composite heritage of our people.
- (d) To progressively bring students from one part of the country to another in each school to promote national integration and enrich the social content.
- (e) To serve as a focal point for improvement in quality of school education through training of teachers in live situations and sharing of experience and facilities.

The opening of a Jawahar Navodaya Vidyalaya (JNV) is based on the proposal from the concerned State/UT Governments offering about 30 acres of suitable land, free of cost. The State Government has also to provide sufficient temporary building and other infrastructures, free of rent, to accommodate 240 students and staff for three to four years or till such time the Samiti constructs its own building at the permanent site.

The Navodaya Vidyalaya Samiti (NVS) manages and runs the Jawahar Navodaya Vidyalayas (JNVs). The JNVs are pace setting fully residential, co-

educational institutions, providing education upto senior secondary stage free of cost including boarding and lodging, text books, uniforms etc. to children predominantly from rural areas. As on date, 598 JNVs have been sanctioned in 576 districts of the country out of which 591 are functional JNVs with over 2.50 lakh students on roll. Admission to JNVs in class VI is done through an entrance examination conducted by CBSE with 75% seats reserved for rural children. 1/3rd of the seats are reserved for girls. The Department intends to open 62 new Navodaya Vidyalayas in as many uncovered districts over the next two years.

#### **4.6.2 Kendriya Vidyalaya Sangathan (KVS)**

The scheme of Kendriya Vidyalaya Sangathan approved in November 1962 to provide educational facilities for the children of transferable Central Government/ Defence employees. In 1965, an autonomous body, namely Kendriya Vidyalaya Sangathan was registered as a Society under Societies Registration Act XXI of 1860, which took over the task of opening and managing the Central Schools, henceforth called Kendriya Vidyalayas. The Sangathan is financed from the non-plan and plan funds of the Government of India.

At present 1103 KVs out of which 1102 are functional in the country including 03 KVs abroad (Kathmandu, Moscow and Tehran). The main objectives of Kendriya Vidyalayas are as under:

- To cater to the educational needs of the children of transferable Central Government employees including Defence and Para-Military Personnel by providing a common programme of education.
- To provide, establish, endow, maintain, control and manage schools, hereinafter called 'the Kendriya Vidyalayas' for the children of transferable employees of the Government of India, floating population and others including those living in remote and undeveloped locations of the country and to do all acts and things necessary for or conducive to the promotion of such schools.
- To pursue excellence and set pace in the field of school education;
- To initiate and promote experimentation and innovativeness in education in collaboration with other bodies like the CBSE, NCERT etc.,
- To develop the spirit of national integration and create a sense of 'Indianness' among children.

### **4.6.3 National Council of Educational Research and Training (NCERT)**

The National Council of Educational Research and Training was established on September 1, 1961 as an apex national body to lead qualitative changes in school education. NCERT has been playing an advisory role guiding Central and State Governments in formulating Policies, Acts and Government Programmes. NCERT has played a crucial role in the development of National Policies on Education (1968 and 1986) and National Curriculum Frameworks. The researches undertaken by the Council have led to building new perspective of schooling and also provided inputs for formulation of policies and programmes. NCERT has been designing and offering innovative and need-based courses for teachers, teacher educators and counsellors. The curricular and other learning materials developed by the Council have helped in bringing about quality schooling. NCERT has recognition both at national and international levels in the area of school education owing to its work done in the last 50 years. It is a unique institution in India, conducting researches, preparing skilled educational professionals and developing curriculum and curricular materials. The major constituent units of the NCERT are:

- a. National Institute of Education (NIE), New Delhi
- b. Central Institute of Educational Technology (CIET ), New Delhi
- c. Pandit Sunder Lal Sharma Central Institute of Vocational Education (PSSCIVE), Bhopal
- d. Five Regional Institutes of Education (RIEs) at Ajmer, Bhopal, Bhubaneswar, Mysore and Shillong.

NCERT has been designated as the academic authority for implementation of the Right of Children to Free and Compulsory Education Act, 2009. NCERT publishes school textbooks, laboratory manual, exemplar materials, teachers' handbooks, supplementary readings, research reports, monographs, educational journals, etc. It published 111 textbooks in Hindi, 119 in Urdu, 102 in English and 9 in Sanskrit.

### **4.6.4 National Institute of Open Schooling (NIOS)**

National Institute of Open Schooling (NIOS) is a premier open distance learning (ODL) institution at school level established in the year 1989 under Ministry of Human Resource Development as an autonomous institution with the authority to conduct examination and certify learners

up to pre-degree level as a national level board equivalent to CBSE. It is governed through the society Registration Act of 1860 (Punjab Amendment Act 1957) as extended to the Union Territory of Delhi with the General Body as the supreme body headed by the Hon'ble Minister HRD, Govt. of India as ex-officio President of the society.

While the vision of the Institute is for the sustainable inclusive learning with universal and flexible access to quality school education and skill development; the mission of the institute is providing relevant, continuing and holistic education up to pre-degree level through Open Distance Learning System, contributing to the Universalisation of School Education and catering to the educational needs of the prioritized target groups for equity and social justice.

It is considered to be the largest open schooling system in the world. It offers courses up to pre-degree level ranging from elementary, secondary and senior secondary levels, including vocational courses in diversified areas for skill development of the target groups. It primarily stands for providing education to those who have missed their first chance education through the formal schooling system.

There has been 10-15% annual increase of enrolment during last five years leading to cumulative enrolment of 2.59 million learners with annual intake of 5.60 lakhs during the year 2013-14. It has certified 2.98 million learners at secondary and senior secondary level and 4.7 lakhs at elementary level through its open basic education (OBE) programme since 1991. During the year 2013-14, it had admitted 37082 learners for the vocational courses and certified 16981. It integrates Life Skills in its courseware through execution of Adolescence Education Programme (AEP) in collaboration with UNFPA. It also offers Diploma in Elementary Education (D.El.Ed.) for training of untrained teachers in states of Jharkhand, Meghalaya, Nagaland & Himachal Pradesh to fulfil mandate of RTE. Mukta Vidya Vani, an internet based live audio interactive programme, has been launched and High Definition studio for production of quality digital learning resources has been established. Assessment of 3.39 corers adult neo-literates under Sakshar Bharat Programme of Govt. of India is also undertaken. NIOS also undertakes skill development of

drop-out Muslim Girls under Programme “Hunar” for their educational empowerment.

NIOS is a self-sustained institution that strives to take education to the un-reached segment of the population in the country. It is engaged to develop a new paradigm in taking education from classroom to anywhere, from teacher centric to learner centric with use of ICT based instructional system and imbibing the principle with ‘you learn what we offer’ in the formal education system to ‘we offer what you want to learn’.

#### **4.6.5 National Council for Teacher Education (NCTE)**

The National Council for Teacher Education started in 1973 was upgraded with statutory status under the National Policy on Education (NPE), 1986 in pursuance of the National Council for Teacher Education Act, 1993 (No. 73 of 1993) on the 17th August, 1995.

The main objective of the NCTE is to achieve planned and coordinated development of the teacher education system throughout the country, the regulation and proper maintenance of Norms and Standards in the teacher education system and for matters connected therewith. The mandate given to the NCTE is very broad and covers the whole gamut of teacher education programmes including research and training of persons for equipping them to teach at pre-primary, primary, secondary and senior secondary stages in schools, and non-formal education, part-time education, adult education and distance (correspondence) education courses.

In order to enable the NCTE to perform the assigned functions including planned and co-ordinated development and initiating innovations in teacher education, the NCTE in Delhi as well as its four Regional Committees have administrative and academic wings to deal respectively with finance, establishment and legal matters and with research, policy planning, monitoring, curriculum, innovations, co-ordination, library and documentation, in-service programmes.

#### **4.6.6 National Bal Bhavan (NBB)**

The National Bal Bhavan is an autonomous organization fully funded by Ministry of Human Resource Development, which was envisioned by the

first Prime Minister of India, late Pt. Jawahar Lal Nehru, dreamt of a place for children where they could come and participate in activities of their choice and learn at their own pace. From its humble beginning in 1956 till the present time the Bal Bhavan movement has spread across the length and breadth of the country and as of now, there are 179 Bal Bhavans and Bal Kendras affiliated to the National Bal Bhavan. These affiliated centres are spreading the Bal Bhavan methodology across the country. In addition, there are 52 Bal Bhavan Kendras at Delhi and also a rural unit at Mandi village at Delhi. They conduct varied creative activities for children specially children from deprived sections of society and also rural children. A Children's Creativity Centre – the first International centre on the pattern of National Bal Bhavan is functioning in Mauritius.

The objectives of National Bal Bhavan are to provide opportunities to children for education and creativity; to provide the children with experiences and activities not otherwise available to them; to offer certain educational services to the local schools in order to enrich their curricular and extracurricular activities; to provide leadership and guidance to teaching towards fostering a creative approach in teaching of art and science; to provide training facilities for recreational workers, and children's Museum personnel; to offer the Nation a prototype comprehensive children's institution, i.e. to establish an ideal Bal Bhavan; to develop personality talents of children through recreation and physical activities; to promote social and cultural contacts amongst the children of all classes and communities; to inculcate such values as would help them to develop modern Indian personality with a scientific temper; to promote the above-mentioned activities as a movement.

Ever since its inception in 1956 Bal Bhavan has been contributing to the creative enhancement of children in the age group 5-16 years. The focal point of the activities is the child and the programmes of National Bal Bhavan are so designed that all round personality development is taken care of. It is the learning by doing experience given to children at Bal Bhavan which makes the centre very popular among them.

At Bal Bhavan children pursue in a joyful and conducive environment a variety of activities such as the visual arts and crafts, performing arts, science education, literary activities, photography, physical education,

home management, publication, Museum techniques etc.. The inner potential of each and every child gets full opportunity of fruition at National Bal Bhavan where irrespective of caste creed / socio economic status they take part in activities and programmes of Bal Bhavan on a common platform.

#### **4.6.7 Central Board of Secondary Education(CBSE)**

CBSE was notified in February, 1962 to conduct Public Examination at secondary level and other such examination as it may consider necessary. Currently, CBSE conducts Secondary, Senior Secondary examination and also entrance examinations for medical and engineering. CBSE is a registered Society under Societies Registration Act 1860

CBSE is a self-financial body, generates its own funds through examination fee, text books, and affiliations fee. Its functions are managed by Governing Body and Finance Committee. These bodies are headed by the Chairman, CBSE. Secretary (SE&L) is the Controlling Authority of CBSE who appoints chairman and senior officers of CBSE. CBSE has 15170 affiliated schools as on 30.4.2014.

#### **4.6.8 Central Tibetan schools Administration (CTSA)**

The Central Tibetan schools Administration was established as an autonomous organization under the Ministry of Education in 1961 and was registered under the Societies Registration Act XXI of 1860 with the objective to run, manage and assist institutions set up for the education of Tibetan Children living in India. In order to provide modern education to these children while preserving and promoting Tibetan Culture and heritage, schools were set up at the places of concentration of Tibetan population in India.

There are 28 functional schools spread all over India, including 09 (nine) senior secondary (six of which were residential), 05 secondary, 05 middle, 02 primary and 07 grant-in-aid schools. 8321 students have been enrolled including 4849 in day-schools and 3472 in boarding-schools. The schools under CTSA achieved a pass percentage of 99.85 in class X and 83.64 in class XII during the year 2012-13 conducted by CBSE.

#### 4.7 Other important initiatives

- **Swachh Vidyalaya:** All Schools fully covered with 4.17 crore additional toilets;
- **e-Pathshala:** Web-site containing 364 ebooks, 137 videos and 100 audios launched;
- **Padhe Bharat Badhe Bharat (PBBB):** Special focus on early learning on reading and arithmetic in Class I & II. All schools targeted;
- **Rashtriva Avishkar Abhivan (RAA):** Launched to motivate and encourage schools & students in science, mathematics and technology;
- **National Achievement Surveys:** 4th round for Class- V and 1st round for Class X completed;
- **GIS Mapping :** 73% schools covered;
- **Digital Gender Atlas:** Launched in order to identify low performing geographic pockets for girls on specific gender related education indicators for programme interventions;
- **Saransh:** Portal and mobile App lunched by CBSE for schools and students performances to be shared with parents and teachers;
- **Shaala Siddhi:** NUEPA has launched school evaluation tools to improve quality of school education;
- **Vocational Education and Skill development:** More than 3600 Schools covered.

#### 4.8 National Policy on Skill Development and Entrepreneurship 2015

Government of India is following the policy of "Sabka Saath, Sabka Vikaas" and is committed to overall human resource development to take advantage of the demographic profile of our country's population in the coming years. The objective of the National Policy on Skill Development and Entrepreneurship, 2015 is aimed to provide an umbrella framework to all skilling activities being carried out within the country, to align them to common standards and link the skilling with demand centres, to meet the challenge of skilling at scale with speed and standard (quality). It includes the efforts to identify the various institutional frameworks which can act as the vehicle to reach the expected outcomes. The national policy provides clarity and coherence on how skill development efforts across the country can be aligned within the existing institutional arrangements. This policy will link skills development to improved employability and productivity.

The National Skill Development Mission has been launched in July 2015 on the occasion of World Youth Skills Day. The Mission has been developed to create convergence across sectors and States in terms of skill

training activities. Further, to achieve the vision of 'Skilled India', the National Skill Development Mission would not only consolidate and coordinate skilling efforts, but also expedite decision making across sectors to achieve skilling at scale with speed and standards. It will be implemented through a streamlined institutional mechanism with three tier mechanisms consisting of a Governing Council for policy guidance at apex level, a Steering Committee and a Mission Directorate (along with an Executive Committee) as the executive arm of the Mission. Mission Directorate will be supported by three other institutions: National Skill Development Agency (NSDA), National Skill Development Corporation (NSDC), and Directorate General of Training (DGT) to facilitate smooth functioning of the national institutional mechanism. Seven sub-missions have been proposed initially to act as building blocks for achieving overall objectives of the Mission. They are:

(i) Institutional Training, (ii) Infrastructure, (iii) Convergence, (iv) Trainers, (v) Overseas Employment, (vi) Sustainable Livelihoods, (vii) Leveraging Public Infrastructure.

#### **4.8.1 Pradhan Mantri Kaushal Vikas Yojana (PMKVY)**

It is a flagship scheme of Skill Certification to enable a large number of Indian youth to take up industry-relevant skill training that will help them in securing a better livelihood. Individuals with prior learning experience or skills will also be assessed and certified under Recognition of Prior Learning (RPL). Under this Scheme, Training and Assessment fees are completely paid by the Government. This scheme has been approved for another four years (2016-2020) to benefit 10 million youth. The scheme has following components.

**Short Term Training** at PMKVY Training Centres (TCs) for school/college dropouts or unemployed according to the National Skills Qualification Framework (NSQF) in Soft Skills, Entrepreneurship, Financial and Digital Literacy. Upon successful completion of their assessment, candidates shall be provided placement assistance by Training Partners (TPs).

Individuals with prior learning experience or skills shall be assessed and certified under the **Recognition of Prior Learning (RPL)** component of the Scheme in order to align the competencies of the unregulated workforce of

the country to the NSQF. Project Implementing Agencies (PIAs) shall be incentivized to implement RPL projects in any of the three Project Types (RPL Camps, RPL at Employers Premises and RPL centres). To address knowledge gaps, PIAs may offer Bridge Courses to RPL candidates.

The **Special Projects** component of PMKVY envisages the creation of a platform that will facilitate trainings in special areas and/or premises of Government bodies, Corporates or Industry bodies, and trainings in special job roles not defined under the available Qualification Packs (QPs)/National Occupational Standards (NOSs).

**Kaushal and Rozgar Mela** for social and community mobilisation. Active participation of the community ensures transparency and accountability, and helps in leveraging the cumulative knowledge of the community for better functioning. Kaushal and Rozgar Melas to be conducted every six months with press/media coverage.

**Placement Guidelines** for linking the aptitude, aspiration, and knowledge of the skilled workforce it creates with employment opportunities and demands in the market. Every effort thereby needs to be made by the PMKVY TCs to provide placement opportunities to candidates, trained and certified under the Scheme. TPs shall also provide support to entrepreneurship development.

**Monitoring Guidelines** to ensure high standards of quality by PMKVY TCs, NSDC and empaneled Inspection Agencies shall use various methodologies, such as self-audit reporting, call validations, surprise visits, and monitoring through the Skills Development Management System (SDMS).

The scheme will be implemented through the National Skill Development Corporation (NSDC).

#### **4.8.2 UDAAN**

Udaan is a Special Industry Initiative for Jammu & Kashmir in the nature of partnership between the corporates of India and Ministry of Home Affairs and implemented by National Skill Development Corporation. The programme aims to provide skills training and enhance the employability of unemployed youth of J&K. The Scheme covers graduates, post graduates and three year engineering diploma holders with the objective to provide an exposure to the unemployed graduates to the best

of Corporate India and to provide Corporate India, an exposure to the rich talent pool available in the State. The Scheme aims to cover 40,000 youth of J&K over a period of five years and Rs. 750 crore has been earmarked for implementation of the scheme over a period of five years to cover other incidental expenses such as travel cost, boarding and lodging, stipend and travel and medical insurance cost for the trainees and administration cost. Further corporates are eligible for partial reimbursement of training expense incurred for the candidates who have been offered jobs.

<b><u>Milestones</u></b>	<b><u>Figures</u></b>
Youth who have joined Udaan training programs till date	10,555
Placement Offers Made	4,984
Cumulative Corporates successfully partnered with Udaan	74
Cumulative commitment for 5 years	94,300
Udaan selection drives conducted till date	585

\*\*\*\*

## 5 Youth Mobilisation

The Youth represent the most dynamic and vibrant segment of the population. India is one of the youngest nations in the World, with about 65% of the population under 35 years of age.



The youth in the age group of 15-29 years comprise 27.5% of the population. It is estimated that by the year 2020, the population of India would have a median age of 28 years and this ‘demographic dividend’ offers a great opportunity. In order to capture this demographic dividend, it is essential that the economy has the ability to support the increase in the labour force and the youth have the appropriate education, skills, health awareness and other enablers to productively contribute to the economy.

### 5.1 National Youth Policy (NYP) 2014

NYP-2014 was introduced after extensive consultations with all the stakeholders over last few years. The Policy defines ‘youth’ as persons in the age-group of 15-29 years.

The NYP-2014 proposes a holistic VISION for the youth of India, which is ***“To empower youth of the country to achieve their full potential, and through them enable India to find its rightful place in the community of nations”***. The objectives and priority areas identified under the NYP-2014 are summarised below:

Objectives	Priority Areas
1. Create a productive workforce that can make a sustainable contribution to India’s economic development	1. Education
	2. Employment and Skill development
	3. Entrepreneurship
2. Develop a strong and healthy generation equipped to take on future challenges	4. Health and healthy lifestyle
	5. Sports
3. Instil social values and promote community service to build national	6. Promotion of social values
	7. Community engagement

ownership	
4. Facilitate participation and civic engagement at levels of governance	8. Participation in politics and governance
	9. Youth engagement
5. Support youth at risk and create equitable opportunity for all disadvantaged and marginalised youth	10. Inclusion
	11. Social justice

The NYP-2014 recommends policy interventions under each of the 11 identified Priority Areas. This is based on careful analysis of the current situation and the future needs. These are summarised below:

Priority Area	Suggested Interventions
1. Education	<ul style="list-style-type: none"> <li>♣ Build system capacity and quality</li> <li>♣ Promote skill development and lifelong learning.</li> </ul>
2. Employment and Skill development	<ul style="list-style-type: none"> <li>♣ Targeted youth outreach and awareness</li> <li>♣ Build linkages across systems and stakeholders</li> <li>♣ Define role of government vis-a-vis other stakeholders</li> </ul>
3. Entrepreneurship Targeted youth outreach programmes	<ul style="list-style-type: none"> <li>♣ Scale-up effective programmes to build capacity</li> <li>♣ Create customised programmes for youth entrepreneurs</li> <li>♣ Implement widespread monitoring and evaluation systems</li> </ul>
4. Health and healthy lifestyle	<ul style="list-style-type: none"> <li>♣ Improve service delivery</li> <li>♣ Awareness about health, nutrition and preventive care</li> <li>♣ Targeted disease control programmes for youth</li> </ul>
5. Sports	<ul style="list-style-type: none"> <li>♣ Increase access to sports facilities and training</li> <li>♣ Promotion of sports culture among youth</li> <li>♣ Support and development for talented sportspersons</li> </ul>
6. Promotion of social values	<ul style="list-style-type: none"> <li>♣ Formalise values education system</li> <li>♣ Strengthen engagement programmes for youth</li> <li>♣ Support NGOs and for-profit organisations working towards spreading values and harmony</li> </ul>
7. Community engagement	<ul style="list-style-type: none"> <li>♣ Leverage existing community development organisations</li> <li>♣ Promote social entrepreneurship</li> </ul>
8. Participation in politics and governance	<ul style="list-style-type: none"> <li>♣ Engage youth that are outside the political system</li> <li>♣ Create governance mechanisms that youth can leverage</li> <li>♣ Promote youth engagement in urban governance</li> </ul>
9. Youth engagement	<ul style="list-style-type: none"> <li>♣ Measure and monitor effectiveness of youth development schemes</li> <li>♣ Create a platform for engagement with youth</li> </ul>

10. Inclusion	<ul style="list-style-type: none"> <li>♣ Enablement and capability building for disadvantaged youth</li> <li>♣ Ensuring economic opportunities for youth in conflict-affected regions</li> <li>♣ Develop a multi-pronged approach to supporting youth with disability</li> <li>♣ Create awareness and opportunities to prevent youth being put at risk</li> </ul>
11. Social Justice	<ul style="list-style-type: none"> <li>♣ Leveraging youth to eliminate unjust social practices</li> <li>♣ Strengthen access to justice at all levels</li> </ul>

## 5.2 Nehru Yuva Kendra Sangathan (NYKS)

Nehru Yuva Kendra Sangathan (NYKS), launched in 1972, is one of the largest youth organisations in the world. NYKS currently has about 8.5 million youth enrolled through 3.01 lakh Youth Clubs/ Mahila Mandals. NYKS has presence in 623 Districts through Nehru Yuva Kendras (NYKs). The Objective of the Programme is to develop the personality and leadership qualities of the youth and to engage them in nation-building activities. The areas of focus of the NYKS activities include literacy and education, health and family welfare, sanitation and cleanliness, environment conservation, awareness on social issues, women empowerment, rural development, skill development and self-employment, entrepreneurship development, civic education, disaster relief and rehabilitation, etc. The youth associated with Nehru Yuva Kendras are not only socially aware and motivated but are also inclined towards social development work through voluntary efforts.

The activities of NYKS are carried out through a District Youth Coordinator in each District (who is in-charge of the Nehru Yuva Kendra in the District) and 2 National Youth Corps (NYC) volunteers in each Block. In addition, NYKS has 29 Zonal Offices at State Level besides its National Headquarter at New Delhi. The total sanctioned staff strength of NYKS is 2,273, against which the actual strength was 1,448 as on 31.12.2015. There are Advisory Committees at District and State levels, comprising of official and non-official members, to advise NYKS in carrying out their activities in a desired manner. The Advisory Committee at the District is headed by the District Collector or the Dy. Commissioner of the District and the Advisory

Committee at the State level is headed by the State Minister in-charge of Youth Affairs.

The **Core Programmes** of NYKS are:

- Youth Club Development Programme (YCDP) to strengthen the existing network of Youth Clubs with representation from all sections of the Society. This is a 5-day programme involving 10 campaigners who cover 50 Youth Clubs. The team members meet and interact with youth leaders, Gram Panchayat Pradhans & Members and other opinion leaders in the villages. Rs. 15,000/- has been allocated for organising each Programme. During 2015-16, 104 Programmes, involving 3,052 youth have been organised upto 31.12.2015.
- Training on Youth Leadership and Community Development (TYLCD) to enhance capacity of young people to take leadership to help others to live a meaningful life and contribute towards nation-building. This is a 3-day programme, involving 40 participants from a cluster of 20-30 Youth Clubs. Rs. 27,500/- has been allotted for organising each Programme. During 2015-16, 1,075 Programmes, involving 53,504 youth have been conducted upto 31.12.2015.
- Theme-based Awareness and Education Programme to create awareness among youth about the importance of health & family welfare, sanitation, environment conservation and other issues of social concern. This is a one day programme, involving 80 youth from a cluster of 20 Youth Clubs. Rs. 8,000/- has been allotted for organising each Programme. During 2015-16, 1,462 Programmes, involving 1,17,333 youth, have been organised upto 31.12.2015.
- Promotion of Sports (Sports Material to Youth Clubs) for development of sports culture among the rural youth. The Programme has two components, namely, (i) providing sports material to youth clubs, valued at about Rs. 2,000 per club and (ii) assistance for organisation of Inter Youth Clubs Sports Meets @Rs. 25,000 for each District level event and @Rs. 15,000 for each Cluster level event. During 2015-16, 14,100 clubs have been provided the sports material, 279 Sports Meets have been organised upto 31.12.2015, involving 24,433 youth.
- Skill Up-gradation Training Programme (SUTP) to develop vocational skills of rural youth and enabling them to increase their incomes;
- Promotion of Folk Art and Culture with special reference to folk theatre, folk songs, folk dances, folklores etc.

- District Youth Convention and Yuva Kriti to provide opportunity and platform to rural youth leaders to display products and express themselves, share experiences and suggest best practices for the youth empowerment.
- Awards to Outstanding Youth Clubs to recognize the voluntary services rendered by the youth clubs and to motivate them to undertake community development & welfare activities. The Award comprises of a Certificate and the Award money (Rs. 25,000/- for District Level Award and Rs. 1,00,000/- for State Level Award). In addition, 3 Awards are conferred at National Level (Rs. 5,00,000/-, Rs. 3,00,000/- and Rs. 2,00,000/-).
- National Integration Camps (NICs) are conducted to promote national integration by bringing together youth from different parts of the country on common platform, giving them opportunity to understand cultural heritage of the country and enabling them to recognize threads of unity in diversity which bind all Indians together.
- Youth Leadership and Personality Development Programme (YLPDP) to train the youth leaders and to equip them with necessary qualities to assume responsibility for the village and the youth clubs and to act as catalysts for socio-economic and political-cultural development of the villages.
- Life Skill Training for Adolescents (Empowerment of Adolescents) to develop among adolescents the behaviour which will empower them to make healthy choices, to strengthen their Life Skills to cope up with the risky situations that they encounter in their lives, to enhance knowledge to protect them from HIV, to manage adolescent reproductive sexual health issues and concerns and to mobilise their collective potential to solve their issues.
- Adventure Camps (Promotion of Adventure) to encourage spirit of adventure and risk-taking amongst youth, building capacity of the youth to tackle situations during national calamities & other emergencies and inculcating spirit of appreciation of nature with emphasis on ecology and conservation of natural resources.
- Tribal Youth Exchange Programme (TYEP), organised every year in collaboration to sensitize tribal youth drawn from areas affected by Left-wing extremist activities to rich cultural heritage of the Country and to enable them to appreciate the concept of unity in diversity, to expose them to development activities and technological/ industrial advancement in other parts of the country, to enable them to develop emotional linkage with the people in other parts of the country and to develop their personality by

enhancing their understanding of the core life skills, identifying their skill development needs and providing them necessary career counselling.

- Adolescent Health and Development Project (AHDP) to empower out-of-school adolescents with life skills focused experiential learning on reproductive and sexual health issues in a gender-sensitive manner, linkages with education and skills building institutions for better employability; and improved access to youth friendly and gender-sensitive services in public and private sectors.
- NYKS also actively participated in Yoga Day celebrations, International Day of Persons with Disabilities including launch of Accessible India Campaign (Sugamya Bharat Abhiyan), Swachh Bharat Mission, Punarjagaran (Rejuvenation) Programme (to rekindle positivity, passion and leadership amongst the youth in India).

### **5.3 National Youth Corps (NYC) Scheme**

The Scheme of National Youth Corps (NYC) was launched in the country during the year 2010-11 and the same is being implemented through NYKS. The main objectives of the Scheme are as follows:

- To setup a group of disciplined and dedicated youth who have the inclination and spirit to engage in the task of nation building.
- To facilitate the realization of inclusive growth (both social and economic).
- To act as points for dissemination of information, basic knowledge in the community.
- To act as group modulators and peer group educators.
- To act as role models for the younger cohort, especially towards enhancement of public ethics, probity and dignity of labour.

Under the Scheme, youth in the age-group of 18-25 years are engaged as volunteers to serve upto maximum 2 years in nation-building activities. The minimum qualification for NYC volunteers is Class-X passed and they are paid honorarium @ Rs.2,500/- per month. The selection of NYC volunteers is done by a Selection Committee, headed by District Collector/ Deputy Commissioner of the concerned District. The volunteers are given 15-day Induction Training at the time of joining and 7-day Refresher Training in the second year of their tenure. At the end of the 2-year tenure of NYC volunteers, NYKS offers to provide them skill development training so that they can get some employment after their term with NYKS ends. After 2 years, another set of NYC volunteers are recruited. Normally, 2 NYC

volunteers are deployed in every Block. They act as an extended arm of NYKS in the Block and play an active role in implementation of various programmes and initiatives of NYKS. Currently, 9,596 NYC are deployed in various Blocks.

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

NSS was launched in 1969 with the primary objective of developing the personality and character of the student youth through voluntary community service. The ideological orientation of the NSS, 'Education through Service' is inspired by the ideals of Mahatma Gandhi with the motto **"NOT ME, BUT YOU"** placing the 'community' before 'self'. NSS attempts to establish meaningful linkages between 'Campus and Community', 'College and Village' and 'Knowledge and Action'. NSS was launched in 1969 in 37 Universities involving about 40,000 volunteers. As on 31.03.2015, NSS had about 36.42 lakh volunteers on its rolls spread over 351 Universities, 16,056 Colleges/ Technical Institutions and 12,004 Senior Secondary Schools. Since inception, over 4.60 crore students have benefited from NSS.

The design of the NSS envisages that each educational institution covered under the Scheme has at least one NSS unit comprising of 100 student volunteers (normally), led by a teacher designated as Programme Officer (PO). Each NSS unit adopts a village or slum for taking up its activities. An NSS volunteer is required to undertake the following work/ activities:

- The work is undertaken in villages/ slums adopted by NSS unit or in school/ college campuses putting in minimum 120 hours of service per year for two years; and
- To participate in 7 days Special Camp once during the 2-year period.

NSS continues to evolve to the needs of the community through adult literacy, pre-school education, continuing education of school drop-outs, programmes on eradication of social evils, immunisation, blood donation, health education, AIDS awareness, plantation of trees and their preservation/ upkeep, cleaning and maintenance of streets, drains, service in hospitals, institutions for disabled persons, orphanages, old-age homes, women welfare institutions, awareness generation regarding women's rights, imparting skill training to women, educating people about improved

agricultural practices, guidance in animal resource development, working with local authorities in rescue and relief operations. NSS also undertakes :

- Participation in Republic Day Parade Camp.
- Adventure Activities.
- Organisation of NSS Mega Camps, North East Youth Festivals.
- Organisation of 'Suvichar' and 'Youth Convention' events during the National Youth Festival, and
- Self-Defence Training for NSS Volunteers.

NSS is a Centrally Sponsored Scheme and funding is provided for running of NSS activities @Rs.250 per volunteer per annum for regular NSS activities and @Rs.450 per volunteer (once in two years) for special camping activities. For capacity building 7-day Training is being imparted to the Programme Officers under NSS to enable them to discharge their duties effectively.

During 2015-16, 19.45 lakh saplings were planted, 1.13 lakh units of blood donated and pulse-polio drops to 1.41 lakh children were administered. NSS volunteers carried out Voter Awareness Campaigns in association with election authorities, to motivate the voters to enrol their names in the Voter List and to exercise their franchise on polling day.

### **5.5 Rajiv Gandhi National Institute of Youth Development (RGNIYD)**

Rajiv Gandhi National Institute of Youth Development (RGNIYD), Sriperumbudur, Tamil Nadu, by virtue of enactment of RGNIYD Act, 2012 with the vision to globally recognise and acclaim centre of academic excellence in youth development. The RGNIYD was set up in 1993 under the Societies Registration Act, 1975 and was conferred the status of 'Deemed to be University' under 'De-novo' category in 2008.

RGNIYD functions as a vital resource centre with its multi-faceted functions of offering academic programmes at Post Graduate level encompassing various dimensions of youth development, engaging in seminal research in the vital areas of youth development and conducting Training/ Capacity Building Programmes in the area of youth development, besides the extension and outreach initiatives across the country.

The Institute functions as a think-tank of the Ministry and is a premier organization of youth-related activities in the country. As the apex institute at the national level, it works in close cooperation with the NSS,

NYKS and other youth organizations in the implementation of training programmes. The Institute is a nodal agency for training youth as a facilitator of youth development activities in rural, urban as also tribal areas. The RGNIYD serves as a youth observatory and depository in the country thereby embarking on youth surveillance on youth related issues. It has a wide network with various organizations working for the welfare and development of young people and serves as a mentor.

During 2014-15 and 2015-16, 469 Training/Capacity Building Programmes were organised on various important theme, involving 39,776 participants. 132 International, National and Regional Workshops on various themes were held.

## **5.6 National Programme for Youth and Adolescent Development (NPYAD)**

National Programme for Youth and Adolescent Development (NPYAD) is an “Umbrella Scheme” operational since 1<sup>st</sup> April, 2008 under which financial assistance is provided to Government/ non-Government organisations for taking up youth and adolescent activities. The assistance under NPYAD is provided under 5 major components, namely,

- a) Youth Leadership and Personality Development Training
- b) Promotion of National Integration (National Integration Camps, Inter-State Youth Exchange Programmes, Youth Festivals, multi-cultural activities, etc.)
- c) Promotion of Adventure; Tenzing Norgay National Adventure Awards
- d) Development and Empowerment of Adolescents (Life Skills Education, Counselling, Career Guidance, etc.)
- e) Technical and Resource Development (Research and Studies on Youth issues, Documentation, Seminars/ Workshops)

A National Youth Festival is organised during the month of January every year to commemorate the birth anniversary of Swami Vivekanand (12<sup>th</sup> January), which is also celebrated as National Youth Day. The Programmes organised as part of Festival include various cultural programmes (both competitive and non-competitive), youth convention, suvichar, exhibitions, adventure programmes. The 20<sup>th</sup> National Youth Festival was organized at Raipur during 12-16<sup>th</sup> January, 2016 in which 6500 youth participated.

National Youth Awards are conferred every year on young individuals and NGOs for excellent work done for nation-building/ community service with a cash award of Rs. 40,000/- and a certificate of honour is given to each individual awardee. The award to voluntary youth organisations comprises of a certificate and an amount of Rs.2, 00,000/- along with a certificate. This year, National Youth Awards were conferred on 25 youth and 2 Organizations from different States/ UTs.

A North East Youth Festival was organised at Majuli in Jorhat District of Assam during 29- 31 May, 2015. About 2,100 youth participated in the Festival. The Tenzing Norgay National Adventure Award is the highest national recognition for outstanding achievements in the field of adventure on land, sea and air worth cash Award of Rs.5.00 lakh and a certificate of honour is given to each Awardee.

### **5.7 International Cooperation (IC)**

To create an international perspective among youth in collaboration with other countries and international agencies/ organizations on various youth issues, various activities is being undertaken:

- Exchange of Youth Delegations with friendly countries on reciprocal basis for promoting exchange of ideas, values and culture amongst the youth of different countries and also to promote peace and understanding.
- Exchange programmes have been extended to cover Sri Lanka, Nepal, Kuwait, Bahrain and Maldives in addition to China, South Korea and Bangladesh
- Numerous Indian Youth delegation has been visiting Australia, South Korea, China, Japan, Cambodia, Russia, Sri Lanka, and Bahrain.

### **5.8 Commonwealth Youth Programme (CYP)**

The CYP is in existence since 1973 and was earlier being operated from HQ at London and 4 Regional Centres in India, Guyana, Zambia and Soloman Islands. During July, 2015, the first Asia Region Commonwealth Youth Ministers Meeting (AsR-CYMM) was organised at New Delhi.

### **5.9 Youth Hostels**

Youth Hostels are built to promote youth travel and to enable the young people to experience the rich cultural heritage of the country. The construction of the Youth Hostels is a joint venture of the Central and State

Governments. While the Central Government bears the cost of construction, the State Governments provide fully developed land free-of-cost, with water supply, electricity connection and approach roads. Youth Hostels are located in areas of historical and cultural value, in educational centres, in tourist destinations, etc. Youth Hostels provide good accommodation for the youth at reasonable rates.

Out of 83 Youth Hostels, 11 Hostels have been transferred to Nehru Yuva Kendra Sangathan (NYKS), Sports Authority of India (SAI) and the concerned State Governments for optimum use for youth and sports development. Six Youth Hostels have got the ISO 9001:2008 Certification.

### **5.10 Scouting and Guiding Scheme**

The Scheme of Scouting and Guiding, a Central scheme, launched in 1980s, to promote the international Scouts and Guides movement aimed at building character, confidence, idealism and spirit of patriotism and service among young boys and girls. Scouting and Guiding also seeks to promote balanced physical and mental development among the boys and girls.

Under the Scheme, financial assistance is provided for various activities such as organization of training camps, skill development programmes, holding of jamborees, etc., to Scouting and Guiding Organisations. The activities, inter alia, include programmes related to adult literacy, environment conservation, community service, health awareness and promotion of hygiene and sanitation.

\*\*\*\*\*

## 6. : Promotion of the Status of Women

Women constitute 48.5% of the country's total population. Gender equality is guaranteed under the Constitution of India which not only prohibits discrimination on grounds of sex, but also permits positive discrimination in favour of women.



Promoting social and economic empowerment of women through cross-cutting policies and programmes, mainstreaming gender concerns, creating awareness about their rights and facilitating institutional and legislative support for enabling them to realise their human rights and develop to their full potential. Further, India is a signatory to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) under which we have an obligation to work towards ensuring gender equality. Several constitutional provisions reiterate India's commitment towards the socio-economic development of women and uphold their right of participation in political and decision making processes.

### 6.1 Legislations and Policies relating to Women Welfare

Various legislations and policy measures that have been put in place for addressing violence against women in both and public and private sphere are as follows:-

#### 6.1.1 Sexual harassment of women at Workplace (Prevention, Prohibition and Redressed) Act, 2013-

The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 seeks to provide a safe and secure environment to women at the workplace. The Act came into force on 9<sup>th</sup> December 2013. The Act seeks to cover all women, irrespective of their age or employment status and protect them against sexual harassment at all workplaces both in public and private sector, whether organized or

unorganized Section 4 and Section 6 of the Act provide for a redressal mechanism in the form of Internal Complaints Committee (ICC) and Local Complaints Committee (LCC). All workplaces employing 10 or more than 10 workers are mandated under the Act to constitute an ICC. Complaints from workplaces employing less than 10 workers or when the complaint is against the employer will be looked into by the LCC. A District Officer notified under the Act will constitute the LCC at the district level. The Act mandates that the Committee shall complete the inquiry within a time period of ninety days. On completion of the inquiry, the report will be sent to the employer or the District Officer, as the case may be and they are mandated to take action on the report within 60 days.

Section 19 of the Act casts a responsibility on every employer to create an environment which is free from sexual harassment. Under this Act, employers are required to organize workshops and awareness programmes at regular intervals for sensitizing the employees about the provision of this legislation and display notices regarding the constitution of Internal Committees, penal consequences of sexual harassment etc.

All Internal Complaints Committees are required to submit annual reports to the employer who in turn will submit it to the District Officer. All Local Complaints Committees shall submit their annual report to the District Officer. The District Officers will submit the report annually to the State Governments.

### **6.1.2 Protection of Women from Domestic Violence Act, 2005**

Violence against women takes various forms, including physical, economic, social, and psychological. The PWDVA came into force on 26<sup>th</sup> October, 2006 and provides immediate support to women victims of domestic violence in the form of shelter, medical facility and relief in the nature of protection, residence, compensation, maintenance orders as well as orders for temporary custody of children. It entitles victim to support services like shelter, medical relief, legal assistance and counselling. The law also widens the meaning of the word 'aggrieved woman' by including women who face domestic violence in relationships other than matrimonial relationships like daughters, mothers, sisters and those involved in marriage like relationships and provide a woman's right to

reside in the shared household.

### **6.1.3 Indecent Representation of Women (Prohibition) Act, 1986**

The Act was enacted with the specific objective of prohibiting indecent representation of women in advertisement, publication, writing and painting or in any other manner and references that are derogatory to the dignity of women. Contravention of relevant provisions of the Act is punishable with imprisonment, of either description, for a term which may extend upto two years and with fine which may extend to two thousand rupees on first conviction and in the event of a second or subsequent conviction imprisonment for a term not less than six months, which may extend upto five years and with fine not less than ten thousand rupees, which may extend upto one lakh rupees.

### **6.1.4 Dowry Prohibition Act, 1961**

Recognizing the need to address the social evil of dowry, the Dowry Prohibition Act was enacted in 1961. The Act defines “dowry” and penalizes the giving, taking or abetting the giving and taking of dowry with imprisonment for a term which shall not be less than five years, and with the fine which shall not be less than fifteen thousand rupees. It also lays down a built-in implementation mechanism in the form of Dowry Prohibition Officers to ensure effective and efficacious enforcement of the law.

### **6.1.5 National Commission for Women**

The National Commission for Women (NCW) constituted on 31st January, 1992 as a statutory body at the National level under the National Commission for Women Act, 1990, to safeguard and promote the rights and interests of women with mandate covering almost all aspects of women's development. The Commission investigates and examines the legal safeguards provided for women under the Constitution and other laws and recommends to the Government to take measures for their effective implementation. The Commission also reviews the existing provisions of the Constitution and other laws affecting women and recommends amendments to meet any lacunae, inadequacies or shortcomings in such laws. It looks into complaints and takes suo-moto

cognizance on matters relating to deprivation of women's rights, etc. and take up issues with appropriate authorities. The commission is also empowered to participate and advice in the planning process for socio-economic development of women, inspects jails, remand / shelter homes etc. where women are kept under custody and seeks remedial action wherever necessary.

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

National Mission for Empowerment of Women (NMEW) was launched by Government of India on 8th March, 2010 with a view to empowering women holistically. The Mission aims to achieve empowerment of women by securing inter-sectorial convergence of schemes/programmes of different Ministries/Department of Government of India as well as State Governments. It has the mandate to strengthen and facilitate the process of co-ordinating all the women's welfare and socio-economic development programmes. NMEW is currently involved in the implementation and monitoring of new initiatives of MWCD like Beti Bachao Beti Padhao (BBBP Scheme), One Stop Centres, Women Helpline etc. and also facilitates convergence of schemes/ programmes of different Ministries/ Departments with focus on women.

State Mission Authority (SMA) and State Resource Centre for Women (SRCW) have been established under the respective State Government/UT Administration. SRCW has been notified in 32 States/UTs and 24 SRCWs are currently functional with designated staff.

Poorna Shakti Kendra (PSK) project was conceived in a pilot mode in selected districts to demonstrate convergence of programmes and schemes and entails setting up of convergence centres at the district, block and Gram Panchayat (GP) level in order to facilitate greater access for women to government schemes/ programs, create awareness on gender issues and facilitate/ hand holding of women in need/affected by violence. Each kendra at GP level has two Mahila Gram Samanvyaks (Village Coordinators) who act as motivators for the women in the area and are also responsible for providing support/ facilitation on various issues that affect women's empowerment. 16 PSK projects are currently operational. With the learnings from the pilot PSK project, a new component namely

Village Convergence and Facilitation Service (VCFS) has been envisaged for implementation in convergence with Gram Panchayats (GPs) at the village level. VCFS aims to create awareness through Village Coordinators on issues related to women and facilitate convergence & coordination on ground in close coordination with the Gram Panchayats. VCFS is currently being implemented in 100 Beti Bachao and Beti Padhao (BBBP) districts to address issues pertaining to education, health, nutritional needs, legal rights and safety and security of women.

## **6.2 Schemes for Women**

### **6.2.1 Indira Gandhi Matritva Sahyog Yojana(IGMSY) – Conditional Maternity Benefit(CMB) Scheme**

Indira Gandhi Matritva Sahyog Yojana (IGMSY) is a Centrally Sponsored Conditional Cash Transfer Scheme for pregnant and lactating women, introduced in October 2010 in 53 selected districts on pilot basis using the platform of ICDS. In the Scheme, the pregnant and lactating women who are 19 years and above, for first two live births, are paid Rs. 6000/- in two instalments upon fulfilling specific health and nutrition conditions. As per the schematic norms, cash benefit is provided in the bank/post office accounts of the beneficiaries by the State Governments/UT Administrations wherein distributing maternity benefit in cash/cheque is not permissible. IGMSY has promoted financial inclusion, among 6 lakh women annually, thereby promoting economic empowerment process. From 2015-16, the scheme has cost sharing of 60:40 between centre and general category states, 90:10 between centre and special category states (8 northern states and 3 hilly states of Himalayan region) and 100% support for UTs. Since 2013 IGMSY has been included under Direct Benefit Transfer (DBT) scheme.

### **6.2.2 Scheme for Combating Trafficking – UJJAWALA**

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

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

Under the Scheme, assistance is provided to eligible organizations for undertaking the above activities. During 2015-16, 286 Projects including 162 Protective & Rehabilitative Homes have been sanctioned under the scheme.

### **6.2.3 Swadhar- A Scheme for Women in Difficult Circumstances**

Swadhar Scheme was launched in the year 2001-02 for the benefit of women in difficult circumstances with the 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. The scheme provides emotional support and counselling to rehabilitate them socially and economically through education, awareness etc. and to arrange for specific clinical, legal and other support for women/girls in need; and to provide for help line or other facilities to such women in distress. As on date 311 Swadhar homes are functional across the country.

Target Group/Beneficiaries of the scheme include widows deserted by their families and relatives, Women prisoners released from jail and without family support; Women survivors of natural disaster who have been rendered homeless and Trafficked women/girls rescued or runaway from brothels; Women victims of terrorist/extremist violence who are without any family support and without any economic means for survival; Mentally challenged women(except for the psychotic categories who require care in specialized environment in mental hospitals) who are without any support of family or relatives; Women with HIV/AIDS deserted by their family and without social/ economic support.

#### **6.2.4 Support To Training And Employment Programme (STEP)**

'Support to Training and Employment Programme (STEP) for Women', since 1986-87 as a 'Central Sector Scheme' aims to provide skills that give employability to women and to provide competencies and skill that enable women to become self-employed/ entrepreneurs. The Scheme is intended to benefit women who are in the age group of 16 years and above. The assistance under STEP Scheme will be available in any sector for imparting skills related to employability and entrepreneurship, including but not limited to the Agriculture, Horticulture, Food Processing, Handlooms, Tailoring, Stitching, Embroidery, Zari etc, Handicrafts, Computer & IT enable services along with soft skills and skills for the work place such as spoken English, Gems & Jewellery, Travel & Tourism, Hospitality.

#### **6.2.5 Working Women Hostel (WWH)**

Under the Scheme of Working Women Hostel financial assistance is provided for construction/ running of Hostel in rented premises for those working women who may be single, widowed, divorced, separated, married but whose husband or immediate family does not reside in the same area and for those women who are under training for job. Provision of day care centre for children of the inmates of the Hostel is an important aspect of the scheme. The Scheme has been revised in June, 2015. As per revised guidelines, Working Women are entitled to hostel facilities provided their gross income does not exceed Rs. 50,000/-consolidated (gross) per month in metropolitan cities, or Rs. 35,000/- consolidated (gross) per month, in any other place. When the income of any working women already residing in a hostel exceeds the prescribed limits, she will be required to vacate the hostel within a period of six months of crossing the income limit.

Since its inception in 1972-73, 921 hostels have been sanctioned under the scheme all over the country benefitting about 69,051 working women.

#### **6.2.6 Scheme for Setting up One Stop Centre**

The scheme for setting up One Stop Centre to support women-affected by violence, launched in March, 2015 aims to facilitate access to an integrated range of services including medical aid, police assistance, legal aid/case management, psychosocial counselling and temporary support services to women affected by violence.

## **6.2.7 Universalisation of Women Helpline Scheme**

The Scheme for Universalisation of Women Helpline launched in February, 2015 and is being implemented from 1st April, 2015. The Scheme will be implemented by States/UTs.

## **6.2.8 New Initiatives**

### **6.2.8.1 Gender sensitization of police force including 33% reservation to women in police force:**

In continuation of its commitment towards creating a violence free society, the Government of India is building gender responsive police force through training programs, performance appraisal and by providing 33% reservation to women in police force.

### **6.2.8.2 Gender Champions:**

Gender Champions are awards facilitating an enabling environment within their schools/colleges/academic institutions where girls are treated with dignity and respect. They will strengthen the potential of young girls and boys to advocate for gender equality and monitor progress towards gender justice.

### **6.2.8.3 Mahila Police Volunteers (MPVs):**

Mahila Police Volunteers (MPVs) are being engaged in States/UTs who will act as a link between police and community and will facilitate women in distress.

## **6.3 Gender Budgeting Scheme**

Gender Budgeting (GB) is a powerful tool for addressing gender based disparities and achieving women empowerment through mainstreaming gender concerns across sectors. Gender Budgeting enables maintaining a gender perspective at all stages, including formulation of policies and schemes, allocations of resources, implementation, monitoring and review. It leads to translation of gender commitments into budgetary commitments. A Plan Scheme for Gender Budgeting was introduced in the year 2008 for conducting trainings/workshops, capacity building, research, surveys, impact analysis etc. The objective is to orient various stakeholders including officers across different levels of governance to the concepts and tools of Gender Budgeting in order to strengthen their capacities and build

expertise to undertake gender mainstreaming of policies, programmes and schemes. For this, the Ministry of Women and Child D has been engaged in conducting a number of trainings, workshops, one to one orientation/discussions and development of resource material. More than 1800 Central and State Government Officials and other stakeholders have been trained on GB so far. As a result of these capacity building efforts, many Ministries/ States have initiated the process of Gender Budgeting.

\*\*\*\*\*

## 7. : Promotion of Rights and Well-being of Child



India is home to the largest child population in the world. The Constitution of India guarantees Fundamental Rights to all children in the country and empowers the State to make special provisions for children. Considering that childhood is an integral part of life with a value of its own and that children are not a homogenous group and their different needs need different responses, especially the multi-dimensional vulnerabilities experienced by children in different circumstances, a need for long term, sustainable, multi-sectorial, integrated and inclusive approach has been felt necessary for the overall and harmonious development and protection of children.

### 7.1 Legislation and Policies for Children

#### 7.1.1 National Policy for Children (NPC), 2013:

The Government has adapted a National Policy for Children (NPC), 2013 since 26th April, 2013. The Policy reaffirms the Government's commitment to the realisation of the rights of all children in the country. The Policy has identified survival, health, nutrition, education, development, protection and participation as the undeniable rights of every child, and has also declared these as key priority areas; and lays down the guiding principles that must be respected by the national, state and local Governments in their actions and initiatives affecting children. As children's needs are multi-sectorial, interconnected and require collective action, the policy aims at purposeful convergence and strong coordination across different sectors and levels of governance; active engagement and partnerships with all stakeholders; setting up of a comprehensive and reliable knowledge base; provision of adequate resources, and sensitization and capacity development of all those who work for and with children.

### **7.1.2 Early Childhood Care and Education (ECCE) :**

Government of India has formulated the National Early Childhood Care and Education (ECCE) Policy notified in the gazette on 12.10.2013. The Policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation for survival, growth and development of child with focus on care and early learning for every child. It recognizes the synergistic and interdependent relationship between the health, nutrition, psycho-social and emotional needs of the child. This would add impetus to the ECCE activities mentioned in the revised service package of ICDS.

### **7.1.3 The Protection of Children from Sexual Offences (POSCO) Act, 2012:**

The Protection of Children from Sexual Offences (POSCO) Act, 2012 has been enforced with effect from 14th November, 2012 to deal with child abuse cases. The Act defines a child as any person below the age of 18 years and provides protection to all children from the offences of sexual assault, sexual harassment and pornography.

## **7.2 Schemes for Protection of Children**

### **7.2.1 Integrated Child Protection Scheme (ICPS)**

Centrally Sponsored Scheme, Integrated Child Protection Scheme (ICPS) was introduced in 2009 with aims to create a safety net of dedicated structures, services and personnel for protection of children, especially those in difficult circumstances. The objective is to contribute to improvement in the wellbeing of children in difficult circumstances, as well as to the reduction of vulnerabilities to situations and actions that lead to abuse, exploitation, abandonment and separation of children from their families.

The Scheme provides financial support to State Governments/UT Administrations for running children related services like homes of various types for children, Emergency Outreach services through Childline India Foundation, open Shelters for children in need of care and protection in Urban and Semi Urban Areas and Family Based Non-Institutional Care through Sponsorship, Foster Care and Adoptions.

Financial assistance under the Scheme is also provided for setting up of statutory bodies Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs). As reported by State Governments/UT Administrations, 644 CWCs and 647 JJBs have so far been set up across the country. The Scheme provides for dedicated structures to ensure that proper focus is maintained for the protection of children at national, state and district level and quality of services is up to the mark. The service delivery structures are namely; State Child Protection Societies (35), State Adoption Resource Agencies (32) and District Child Protection Units (640).

In 2015-16, 313 Specialised Adoption Agencies (SAAs) and 1448 Homes of various types have been funded up to 31.12.2015 under the Scheme. These provide comprehensive rehabilitation services to children including food, clothing, day and night shelter, education, medical facilities, etc. to around 78,463 children. For improving the quality of infrastructure in the Homes, assistance has been provided this year for up gradation of 86 Homes. Grants for construction of 08 new Homes have been released for uncovered areas. Further 318 open shelters have also been funded under ICPS which provide; inter alia, bridge education, vocational training, food, etc. to children living on the streets.

### **7.2.2 Track Child:**

Track Child portal has been developed from 2012 to track missing children and to monitor the progress of children residing and availing various services in different Child Care Institutions (CCIs) for children under ICPS and JJ Act. It is a networking and interactive platform for various Stake holders such as Police, Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), Child Care Institutions (CCIs), Department of WCD, National Crimes Records Bureau (NCRB), NGOs and Citizens etc. A revised and user friendly version i.e. 2.0 Track Child was launched for better connectivity and with enhanced features such as Mobile Application during 2015-16.

As on 18.01.2016, out of 17215 Police stations, 10352 have started making entries of missing/ recovered children in Track Child. Out of 617 CWCs, 399 are updating records of children and out of 607 JJBs, 304 are entering data of children on Track Child portal. Out of 5613 CCIs, 4167 are making entries of children in their care. Since January 2012, a total of 1,

07,317 children have been matched through the system. 10,352 Police stations have entered the information of 1, 90,501 missing children.

### **7.2.3 Khoya-Paya:**

Khoya-Paya, an enabling platform using social media was launched in 2015 with the objective of:-

- Speedy reporting of missing and found children.
- Locating missing children through site based interaction.
- Citizens encouraged to provide information of sightings of abandoned, lost children and those accompanied by suspicious persons.
- Citizens can upload information on found children.

### **7.2.4 Rajiv Gandhi National Crèche Scheme for Children of Working Mothers**

Rajiv Gandhi National Crèche Scheme (RGNCS) was launched as a Central Sector Scheme with effect from 1st January, 2006 to provide day care facilities to children of age group (0-6 years) of working mothers & other deserving women belonging to families whose monthly income is not more than Rs. 12,000/-. The Scheme provides supplementary nutrition, health care inputs like immunization, polio drops, basic health monitoring, sleeping facilities, pre-school education (03-06 years), emergency medicine and contingencies. The scheme is being implemented presently through Central Social Welfare Board, an autonomous organization and Indian Council for Child Welfare, a National level non-government organization.

Presently, the crèche facility is provided to the children of age group of 6 months to 6 years of working women who are employed for a minimum period of 15 days in a month or 6 month in a year. The Government assistant is limited to 90% of the schematic pattern or actual expenditure whichever is less and the remaining 10% expenditure is borne by the Institution/Organizations actually running the crèches, The Government grant provided is Rs.1,36,440/- per annum per crèche for 25 children. Honorarium of crèche worker & crèche helper is now Rs. 3000/- per month & Rs.1500/ - per month respectively. Supplementary nutrition has been increased to Rs.12.00 per day per child. Provision of pre-school education (PSE) kit @ Rs. 2000/- per annum has also been made.

### 7.3 Integrated Child Development Services (ICDS) Scheme

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

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

As on 30<sup>th</sup> September 2015, 7072 projects and 13,47,890 AWCs are operational across 36 States/UTs, covering 1015.45 lakh beneficiaries under supplementary nutrition and 358.80 lakh children (3-6 years) under pre-school component.

#### 7.3.1 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)–SABLA

A comprehensive scheme for the holistic development of adolescent girls called 'Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – *Sabla*' is being implemented in 205 selected districts across the country, using the ICDS platform. *Sabla* aims at an all-round development of adolescent girls (AGs) of 11-18 years by making them self-reliant by facilitating access to learning, health and nutrition through various interventions such as health, education, vocational training etc.

The scheme *Sabla* is a centrally sponsored scheme and is being implemented through the State Governments/UTs. Anganwadi Centre is the focal point for the delivery of the services. The scheme has two major

components: (i) Nutrition and (ii) Non Nutrition. Nutrition containing 600 calories, 18-20 grams of protein and micronutrients @ Rs. 5/- per beneficiary per day for 300 days in a year is being given in the form of Take Home Ration or Hot Cooked Meal to 11-14 years out-of-school girls and all girls of 14-18 years age (out of school and in school girls). While the nutrition component aims at improving the health & nutrition status of the adolescent girls the non-nutrition component addresses the developmental needs.

### **7.3.2 Kishori Shakti Yojna (KSY)**

The scheme is being implemented using the infrastructure of Integrated Child Development Services (ICDS). The objectives of the Scheme are to improve the nutritional and health status of girls in the age group of 11-18 years as well as to equip them to improve and upgrade their home-based and vocational skills; and to promote their overall development including awareness about their health, personal hygiene, nutrition, family welfare and management. Two/Three AGs per Anganwadi Centers (AWCs) are targeted under this scheme that is also provided supplementary nutrition by the State Governments/UTs. With the launch of the scheme Sabla, KSY continues to operate (where operational) in the remaining districts.

\*\*\*\*\*

## 8 : Drug De-addiction, Rehabilitation and Reintegration



According to the National Survey conducted during 2000-01 by United Nations Office on Drugs and Crime (UNODC) and Ministry of Social Justice and Empowerment, about 732 lakh persons in India were users of alcohol and drugs. Of these 87 lakh used Cannabis, 20 lakh used opiates and 625 lakh were users of Alcohol. About 26%, 22% and 17% of the users of the three types respectively were found to be dependent on/addicted to them. The survey also indicated that other drugs such as Sedatives/Hypnotics, volatile substances, Hallucinogens, Stimulants and pharmaceutical preparations were also abused. However the sample size being small (40,697 males only) vis-a-vis the country's population, the estimates can at best be taken as indicative only.

The issues relating to control over intoxicating and habit forming drugs are handled in this country by a multiplicity of authorities, including the State / UT Governments. In the Central Government the responsibility is carried out through a number of Ministries, Departments and Organisations, which include:

The Department of Revenue, which has the nodal co-ordination role as administrator of the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 and the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988;

The Narcotics Control Bureau (Ministry of Home Affairs) is the apex coordinating agency for co-ordination of actions by various offices, State Governments and other authorities under the NDPS Act, Customs Act, Drugs and Cosmetics Act and any other law for the time being in force in connection with the enforcement provisions of the NDPS Act, 1985. The Bureau has the powers and functions for taking measures with respect to co-ordination of actions by various offices, State Governments and other authorities, implementation of the obligation in respect of counter

measures against illicit drug traffic under the various international conventions and protocols, providing assistance to concerned authorities in foreign countries and concerned international organisations to facilitate coordination and universal action for prevention and suppression of illicit traffic in these drugs and substances and coordination of actions taken by the other concerned Ministries, Departments and Organizations in respect of matters relating to drug abuse. The Bureau functions as an enforcement agency and also collect and analyze data related to seizures of narcotic drugs and psychotropic substance, study trends, modus operandi, collect and disseminate intelligence and work in close cooperation with the Customs, State Police and other law enforcement agencies.

The Ministry of Social Justice & Empowerment which is the nodal Ministry as per the Government of India (Allocation of Business) Rules, 1961 in respect of “All matters relating to alcoholism and substance (drug) abuse and rehabilitation of addicts/families”. All drug de-addiction measures including setting up of drug de-addiction centres by NGOs come under its purview.

The Department 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 Organizations (CBOs). The strategy for demand reduction is three pronged:

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

Two Regional Workshops were organized during year 2015-16 in collaboration with NSS at various parts of the country. A National Consultation Meeting was also organized in collaboration with Federation of Indian Non-Governmental Organizations for Drug Abuse Prevention (FINGODAP) on drug related issue and to develop possible strategies towards strengthening the treatment mechanisms for victims of drug abuse with special emphasis on youth, women and children.

26<sup>th</sup> June is observed as “International Day against Drug Abuse and Illicit Trafficking”. RRTCs were also directed to organize appropriate awareness generation programmes in their region.

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% (or 95% North-Eastern States, Sikkim and Jammu & Kashmir) of the approved expenditure is given to the voluntary organizations and other eligible agencies for setting up/running Integrated Rehabilitation Centre for Addicts (IRCAs), Regional Resource and Training Centres (RRTCs), for holding Awareness-cum-de-addiction camps (ACDC) and Workplace Prevention Programmes etc. The physical achievements for the last three financial years under the scheme are as under:

<b>Year</b>	<b>No. of Projects assisted</b>	<b>No. of Beneficiaries (approx.)</b>
2013-14	268	98892
2014-15	295	108855
2015-16 (upto 31.12.2015)	203	68896

The Ministry of Health & Family Welfare operates a limited drug de-addiction programme by providing financial assistance for augmenting the medical facilities in some Central/State Government hospitals for post-abuse treatment. A national nodal centre, the “National Drug Dependence Treatment Centre (NDDTC)” has been established at Ghaziabad under the All India Institute of Medical Sciences (AIIMS), New Delhi. The NDDTC receives regular annual recurring grants-in-aid from the Ministry. The NDDTC regularly conducts training programmes and courses for General Duty Medical Officers (GDMOs). Other Central Government hospitals receiving regular annual recurring financial assistance under this programme are PGIMER, Chandigarh and NIMHANS, Bangalore. The purpose of these centres is not only to provide de-addiction and rehabilitation services to the patients but also to conduct research and provide training to medical doctors in the area of drug de-addiction. NDDTC functions as a national resource centre for Ministry of Health and

Family welfare, Ministry of Social Justice and Empowerment, National AIDS Control organization, United Nations Office on Drugs and Crime (UNODC) Regional Office for South Asia, WHO (India) and WHO SEARO. The NDDTC has been declared as the WHO collaborating Centre on substance use disorders (WHO-IND95) and designated as a Regional Training Centre by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 9.

The Centre is 50 bedded and offers clinical care through out-patient and in-patient services for drug dependent persons and runs three Speciality Clinics-Tobacco Use Cessation, Adolescent Durg Use and Dual Diagnosis (patients having problems of Substance Use Disorder and Psychiatric Illness).

During the period from 01.04.2015 to 31.12.2015, a total of 75,297 patients were seen in OPD, of whom 4,945 were new cases and 70,352 were old cases of whom 775 persons admitted in the ward. NDDTC continues to conduct the Drug abuse Monitoring System (DAMS) exercise under which data on pattern and profile of new treatment seekers at 122 De-addiction centres is collected and collated.

**Drug De-addiction and Treatment Centre, PGIMER, Chandigarh:** This centre was established in 1988 and presently having 20 bedded in-patient section, out-patient department and a community clinic.

**Centre for Addiction Medicine, National Institute of Medical Health and Neuro Sciences (NIMHNS), Bengaluru:** This Centre for has a comprehensive clinical service with 3 days of out-patient services per week and 24x7 in-patient and emergency services. This centre provides a comprehensive treatment programme consisting of individual and family assessment, individually tailored treatment which includes pharmacological treatment of withdrawal and craving, long term prevention of relapse, individual & group counselling and intensive aftercare.

\*\*\*\*\*

## 9: Management of Environment

### 9.1 Biosphere Reserves

Biosphere Reserves are areas of terrestrial and coastal ecosystems which are internationally recognized within the framework of the Man and the Biosphere (MAB) programme of the UNESCO. These



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

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

The programme was initiated in 1986. The Government provides financial assistance to the concerned State/UT Governments for conservation and management of the designated Biosphere Reserves. The Indian National Man and Biosphere (MAB) Committee constituted by the Government is the apex body to oversee the programme, provide policy guidelines and review the programme.

India has created a network of protected areas in the form of 96 National Parks, 510 Wildlife Sanctuaries and 28 Tiger Reserves and 25 Elephant Reserves. The area covered under protected area network accounts for around 5% of the total geographical area of the country. The

rich biodiversity in India has given shape to variety of cultural and ethnic diversity which includes over 550 tribal communities of 227 ethnic groups spread over 5,000 forest villages.

## 9.2 Forest Conservation

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

Implementation of the Forest Conservation Act has reduced the average annual rate of diversion of forest land for non-forest purposes from 1.65 lakh hectares per annum during the 25 years period from 1951-52 to 1975-76 prior to enactment of the Act during which 4.135 million hectares of forest land was diverted for non-forest purposes without any mitigative measures. During the year 2015-16 till end of January, approvals for diversion of 21,179 hectares of forest land for non-forest purposes with adequate mitigative measures has been accorded.

### Forest and Tree Cover of India in 2015

Class	Area (km <sup>2</sup> )	Share in Geographical Area (%)
<b>Forest Cover</b>		
Very Dense Forest	85,904	2.61
Moderately Dense Forest	315,374	9.59
Open Forest	300,395	9.14
<b>Total Forest Cover*</b>	<b>701,673</b>	<b>21.34</b>
Scrub	41,362	1.26
<b>Non-forest</b>	<b>2,544,228</b>	<b>77.40</b>
<b>Total Geographical Area</b>	<b>3,287,263</b>	<b>100.00</b>

\* Includes 4740 km<sup>2</sup> area under mangroves.

Source: Indian State of Forest Report 2015

### **9.2.1 Forest Protection Intensification of Forest Management Scheme (IFMS)**

The Centrally Sponsored 'Intensification of Forest Management Scheme' (IFMS) aims at strengthening forest protection machinery of the State/UT Governments and providing support for area-specific forest management interventions. Annual Work Plans (AWP) received from the states and UTs are scrutinized and approved by the Screening Committee and funds are released as per the availability under appropriate budget head. The major components of the scheme include:

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

**9.2.2 Nagar Vana-Udyan Yojana- "Ek Kadam Hariyali Ki Or" : A Programme for Climate Smart Green Cities with objective to create 200 City Forests in the Country, to create awareness on plants and biodiversity, etc.**

**9.2.3 The School Nursery Yojana:** This scheme launched in August, 2015, aims at involving school students in raising plant nurseries to bring them closer to natural environment, help them understand the natural processes of germination and feel the joy of watching saplings grow. The Objective of the scheme is to connect young students with plant, create sense of belonging and oneness with nature, sensitivity towards plants and living environment and to make students learn and appreciate the natural process of growing saplings.

### **9.3 Integrated Development of Wildlife Habitats**

At present, India has a network of 730 Protected Areas (103 National Parks, 535 Wildlife Sanctuaries, 66 Conservation Reserves and 26 Community Reserves). The Government of India provides financial and technical assistance to the State/UT Governments for activities aimed at wildlife conservation through the Centrally Sponsored Scheme viz.

'Integrated Development of Wildlife Habitats'. The scheme has following three components:

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

### **Achievements made during 2015-16**

Sl. No.	Activities	Achievements (up to December 2015)
1	Wildlife Crime Offences detected	26
2.	Wildlife Crime Offences detected and crime complaints filed	15
3.	Joint operations (Special enforcement or preventive drive) with other agencies.	36
4.	Two days training programme conducted for police and forest officials	14
5.	Sensitization programmes conducted for other agencies	41
6.	Sensitization programmes conducted for Panchayati Raj Institutions	26
7.	Wildlife criminals apprehended	67
8.	Wildlife criminals dossiers prepared Panchayati Raj Institutions	191
9.	Wildlife(P) Act 1972/ CITES and Exim Policy violation detected at exit points	126
10.	Alerts/Advisories/Actionable inputs issued	52

It works with Wildlife Crime Control Bureau, Central Zoo Authority, Project Elephant, Project Tiger/ National Tiger Conservation Authority, Animal Welfare Board of India and National Institute of Animal Welfare.

### **9.4 Conservation of Water Bodies**

Conservation of rivers, lakes and wetlands are done under the Centrally Sponsored Schemes “National River Conservation Plan (NRCP)” and National Plan for conservation of Aquatic Eco-Systems (NPCA)”

The river conservation programme in the country was initiated with the launching of the Ganga Action Plan (GAP) in 1985. The Ganga Action Plan was expanded to cover other rivers under National River Conservation Plan (NRCP) in the year 1995.

The objective of the River Action Plans is to improve water quality of rivers through implementation of pollution abatement schemes in identified polluted stretches of rivers. NPCA aims at conserving aquatic ecosystems (lakes and wetlands) through implementation of sustainable conservation plans, and governed with application of uniform policy and guidelines.

**Ramsar Convention on Wetlands**, the ‘Convention on Wetlands’, signed in Ramsar, Iran, in 1971, is an intergovernmental treaty which provides the framework for national action and international cooperation for the conservation and wise use of wetlands and their resources. There are presently 168 Contracting Parties to the Convention, with 2187 wetland sites, totalling 208 million hectares, designated for inclusion in the Ramsar List of Wetlands of International Importance. Ramsar Convention is the only global environment treaty dealing with wetland ecosystems. India is also a party to the Convention and 26 wetlands are identified under the List of Wetlands of International Importance.

**9.4.1 National Mission for Clean Ganga (NMCG)** is aimed to ensure effective abatement of pollution and rejuvenation of the river Ganga by adopting a river basin approach to promote inter-sectoral co-ordination for comprehensive planning and management and to maintain minimum ecological flows in the river Ganga with the aim of ensuring water quality and environmentally sustainable development.

**9.4.2 “Jal Kranti Abhiyan” celebrated during year 2015-16** to consolidate water conservation and management in the country through a holistic and integrated approach involving all stakeholders, making it a mass movement.

**9.4.3** An Integrated Ganga Conservation Mission called “**Namami Gange**” has been for developments of Ghats and beautification of River Fronts at various locations of Ganga. Namami Gange approaches Ganga Rejuvenation by consolidating the existing ongoing efforts and planning for a concrete action plan for future. The interventions at Ghats and River fronts will facilitate better citizen connect and set the tone for river centric urban planning process.

## **9.5 Control of Pollution**

The concern for environmental quality has become the top most issue in the present scenario of rising population, increasing urbanization, industrial pollution, shipping, aviation and vehicular emission as well as

pollution of water courses due to discharge of industrial effluents and sewage without conforming to the environmental norms and standards apart from agriculture run-off. Realising this trend of pollution in various environmental media like air, water, soil, etc., the Government has been adopting Policy for Abatement of Pollution since 1992, which provides multi-pronged strategies in the form of regulations, legislations, agreements, fiscal incentives and other measures to prevent and abate pollution. The National Environment Policy (NEP- 2006) seeks to extend the coverage, and fill in gaps that still exist, in light of present knowledge and accumulated experience. This policy does not displace, but builds on the earlier policies of the Government. It lays emphasis on a number of new issues.

### **9.5.1 Air Pollution**

The air pollution and the resultant air quality can be attributed to emissions from transportation, i.e. road, rail, shipping and airways, industrial and domestic activities. The air quality has been, therefore, an issue of social concern in the backdrop of various developmental activities.

A nation-wide programme of ambient air quality monitoring known as National Air Quality Monitoring Programme (NAMP) consists of three hundred and forty two (342) operating stations covering one hundred and twenty seven (127) cities/towns in twenty six (26) states and four (4) Union Territories of the country.

The objectives of the N.A.M.P. are to determine status and trends of ambient air quality; to ascertain whether the prescribed ambient air quality standards are violated; to Identify Non-attainment Cities; to obtain the knowledge and understanding necessary for developing preventive and corrective measures and to understand the natural cleansing process undergoing in the environment through pollution dilution, dispersion, wind based movement, dry deposition, precipitation and chemical transformation of pollutants generated.

Under N.A.M.P., four air pollutants *viz.*, Sulphur Dioxide (SO<sub>2</sub>), Oxides of Nitrogen as NO<sub>2</sub>, Suspended Particulate Matter (SPM) and Respirable Suspended Particulate Matter (RSPM / PM<sub>10</sub>) have been identified for regular monitoring at all the locations. The monitoring of

meteorological parameters such as wind speed and wind direction, relative humidity (RH) and temperature were also integrated with the monitoring of air quality.

The monitoring of pollutants is carried out for 24 hours (4-hourly sampling for gaseous pollutants and 8-hourly sampling for particulate matter) with a frequency of twice a week, to have one hundred and four (104) observations in a year. The monitoring is being carried out with the help of Central Pollution Control Board; State Pollution Control Boards; Pollution Control Committees; National Environmental Engineering Research Institute (NEERI), Nagpur. CPCB co-ordinates with these agencies to ensure the uniformity, consistency of air quality data and provides technical and financial support to them for operating the monitoring stations. N.A.M.P. is being operated through various monitoring agencies. Large number of personnel and equipments are involved in the sampling, chemical analyses, data reporting etc. It increases the probability of variation and personnel biases reflecting in the data, hence it is pertinent to mention that these data be treated as indicative rather than absolute.

### **9.5.2 Water Pollution**

A nationwide network of water quality monitoring comprising 2500 stations in 28 States and 6 Union Territories had been setup in the Country. The monitoring is done on monthly or quarterly basis in surface waters and on half yearly basis in case of ground water. The monitoring network covers 445 Rivers, 154 Lakes, 12 Tanks, 78 Ponds, 41 Creeks/Seawater, 25 Canals, 45 Drains, 10 Water Treatment Plant (Raw Water) and 807 Wells. Among the 2500 stations, 1275 are on rivers, 190 on lakes, 45 on drains, 41 on canals, 12 on tanks, 41 on creeks/seawater, 79 on ponds, 10 Water Treatment Plant (Raw Water) and 807 groundwater stations. The inland water quality-monitoring network is operated under a three-tier programme i.e. Global Environment Monitoring System (GEMS), Monitoring of Indian National Aquatic Resources System (MINARS) and Yamuna Action Plan (YAP). Water samples are being analysed for 28 parameters consisting of 9 core parameters, 19 other physico-chemical and bacteriological parameters apart from the field observations. Besides this, 9 trace metals and 15 pesticides are also analysed in selected samples. Bio-

monitoring is also carried out on specific locations. In view of limited resources, limited numbers of organic pollution related parameters are monitored i.e. micro pollutants (Toxic Metals & POPs) are analysed once in a year to assess the water quality.

### **9.5.3 Noise Pollution**

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

First phase of National Ambient Noise Monitoring Network was commissioned in accordance with NEP-2006 by establishing 35 stations to monitor ambient noise on 24X7 basis.

## **9.6 Waste Management**

### **9.6.1 Hazardous Wastes Management**

Hazardous Wastes (Management, Handling and Trans boundary Movement) Rules, 2008 were notified under Environment (Protection) Act, 1986 to ensure safe handling, generation, processing, treatment, package, storage, transportation, use, reprocessing, collection, conversion, and offering for sale, destruction and disposal of Hazardous Waste. The Rules lay down corresponding duties of various authorities have been designated with wider responsibilities touching across almost every aspect of Hazardous wastes generation, handing and their disposal.

### **9.6.2 Biomedical Waste**

Bio-medical Waste (Management & Handling) Rules, 2016 under the Environment (Protection) Act, 1986. These rules apply to all persons who

generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories, blood banks, ayush hospitals, clinical establishments, research or educational institutions, health camps, medical or surgical camps, vaccination camps, blood donation camps, first aid rooms of schools, forensic laboratories and research labs. The authority for enforcement of the provisions of these rules in respect of all the health care facilities located in any State/Union Territory is the respective State Pollution Control Board (SPCB)/ Pollution Control Committee (PCC) and in case of health care establishments of the Armed Forces under the Ministry of Defence shall be the Director General, Armed Forces Medical Services (DGAFMS). These rules stipulate duties of the Occupier or Operator of a Common Bio-medical Waste Treatment Facility as well as the identified authorities. According to these rules, every occupier or operator handling bio-medical waste, irrespective of the quantity is required to obtain authorisation from the respective prescribed authority i.e. State Pollution Control Board and Pollution Control Committee.

### **9.6.3 E-waste Management**

E-waste (Management) Rules, 2016 in supersession of the e-waste (Management & Handling) Rules, 2011 had made the norms more stringent and reflect the government's commitment to environmental governance. E-waste rules include Compact Fluorescent Lamp (CFL) and other mercury containing lamps, as well as other such equipment. The Rules bring the producers under Extended Producer Responsibility (EPR), along with targets. The producers have been made responsible for collection of E-waste and for its exchange. The producers have a separate Producer Responsibility Organisation (PRO) and ensure collection of E-waste, as well as its disposal in an environmentally sound manner. The process of dismantling and recycling has been simplified through one system of authorization and that the Central Pollution Control Board will give the single authorization throughout the country. Toxic constituents present in E-waste and their disposal mechanism affect human health and lead to various diseases, the transportation of E-waste has been made more

stringent. 17 lakh tonnes of E-waste is generated every year, with an annual increase of 5 per cent of generation of E-waste.

### **9.7 Environmental Education, Awareness and Training**

The emergence of environmental issues at the top of the global agenda in the context of climate change concerns underline the need for collective endeavour for protection of environment. This warrants informed and voluntary participation of all sections of the people in the movement for conservation and participation of environment. Awareness of people about emerging environmental issues and the interconnections between the life styles and environment is an essential prerequisite for such participation. Population increase, rapid urbanisation and industrialisation, increasing needs of energy etc., have impacted the availability of natural resources besides denting the quality of environment. The environmental damage already inflicted cannot be reversed unless there is collective thinking, will and effort. These call for public awareness and participation for bringing about an attitudinal change and finally restricting further damage to the environment. Effective implementation of environmental management and conservation programmes depends on education, awareness raising and training in the relevant areas. Without an adequate awareness of the impending challenges and their implications, few people would be motivated to participate actively in programmes on environmental conservation. Environment education and awareness thus assumes critical importance.

The 'Environmental Education, Awareness and Training' is a flagship scheme of the Government for enhancing the understanding of people at all levels about the relationship between human beings and the environment and to develop capabilities/skills to improve and protect the environment. This scheme was launched in 1983-84 with the following basic objectives:

- To promote environmental awareness among all sections of the society;
- To spread environment education, especially in the non-formal system among different sections of the society;
- To facilitate development of education/training materials and aids in the formal education sector;

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

### **9.7.1 National Green Corps (NGC) Programme**

It is a well-established and recognised fact that the children can be catalysts in promoting a mass movement about the ensemble of the environmental issues. Being future citizens, inculcation of environment friendly attitudes and behavioural patterns amongst them can make a significant difference to the long term efforts for protection of environment. Children are triggers for a chain reaction, making a difference at the local and community level which in due course lead to awareness at village, city, State, country and global level. The Government of India has embarked upon a major initiative for creating environmental awareness among children by formulating National Green Corps (NGC) in 2001-02.

### **9.7.2 National Environment Awareness Campaign (NEAC)**

The need for a mass movement for protection of environment needs no emphasis. The concerns of the people for environment need to be harnessed into voluntary action. This requires a network of nodal agencies and grass-root level organisations. The NEAC was launched in mid-1986 with the objective of creating environmental awareness at the national level. In this campaign, nominal financial assistance is provided to NGOs, schools, colleges, universities, research institutes, women and youth organisations, army units, government departments etc. from all over the country for conducting awareness raising and action oriented activities. The awareness activities could be seminars, workshops, training

programmes, camps, padyatras, rallies, public meetings, exhibitions, essay/debate/painting/poster competitions, folk dances and songs, street theatre, puppet shows, preparation and distribution of environmental education resource materials etc. Action components could be plantation of trees, management of household waste, cleaning of water bodies, taking up water harvesting structures, use of energy saving devices etc. Diverse target groups encompassing students, youths, teachers, tribals, farmers, other rural population, professionals and the general public are covered under NEAC. The programme is implemented through designated Regional Resource Agencies (RRAs) appointed for specific States/Regions of the country.

**9.7.3 National Nature Camping Programme** is an initiative to create greater awareness, understanding and empathy of children with and for the environment. Through this initiative it is hoped that every child who goes through middle school (Class VI to VIII) will get at least one opportunity for a 2-3 day camping experience during these years.

**9.7.4 Global learning and Observations to Benefit the Environment (GLOBE)** is a hand on international environmental science and education programme that brings students, teachers and scientists together to study the global environment. Indian Environmental Society is an implementing agency for GLOBE in India. The goals of GLOBE are to enhance the environmental awareness of individuals throughout the world, to contribute to scientific understanding of the Earth and to help all students reach higher levels of achievement in science and mathematics.

## **9.8 Climate Change**

Climate change is a global phenomenon but adversely affects developing countries particularly as their capacity and resources to deal with the challenge is limited. India is already vulnerable to a large degree of climate variability. Studies indicate that climate change may exacerbate the problem of existing climate variability in India. It is projected that, by the end of 21<sup>st</sup> century, rainfall in India may increase by 15-40% with high regional variability. Warming may be more pronounced over land areas

with northern India experiencing maximum increase. The warming could be relatively greater in winter and post-monsoon seasons. The annual mean temperature could increase by 3°C to 6°C over the century. The likely impacts of climate change on different regions and sectors have been studied and assessed from time to time. The United Nations Framework Convention on Climate Change (UNFCCC) and release of the Biennial Update Reports (BUR). Under the Prime Minister's Council on Climate Change (PMCCC) all National Missions under the National Action Plan on Climate Change (NAPCC) were revisited and new missions on wind energy, health, waste to energy and coastal areas were also taken up. The National Water Mission and National Mission on Sustainable Agriculture were also redesigned. The National Adaptation Fund for Climate Change (NAFCC) was made operational in 2015-16 to develop institutional capacities and implement state level activities to address climate change the State Action Plan on Climate Change (SAPCCC) is being prepared and to create and strengthen the scientific and analytical capacity for assessment of climate change in the country different studies under Climate Change Action Programme (CCAP) has been initiated. India submitted its Intended Nationally Determined Contribution (INDC) to the UNFCCC. The National Designated Entity (NDE) for Reducing Emissions from Deforestation and Forest Degradation (REDD+) has been established in the climate change division along with the National Designated Entity for Climate Technology Centre and Network (CTCN) and Technology Executive Committee (TEC).

**9.8.1 Climate Change Action Programme (CCAP), a scheme titled 'Climate Change Action Programme'** since January 2014, with an objective to create and strengthen the scientific and analytical capacity for assessment of climate change in the country, putting in place appropriate institutional framework for scientific and policy initiatives and implementation of climate change related actions in the context of sustainable development. In order to enhance understanding of climate change the CCAP includes National Carbonaceous Aerosols Programme (NCAP), Long Term Ecological Observations (LTEO), and Coordinated Studies on Climate Change for North East Region (CSCCNER).

**9.9** The **National Green Tribunal (NGT)** has been established on 18<sup>th</sup> October, 2010 under the NGT Act, 2010 for the effective and expeditious disposal of cases relating to environmental protection and conservation of forests and other natural resources. It also hears cases relating to enforcement of any legal rights relating to environment and providing relief and compensation for damages to persons and property and for matters connected therewith or incidental thereto.

\*\*\*\*\*

## 10. Affordable Justice



Article 39A of the Constitution of India provides for free legal aid to the poor and weaker sections of the society and ensures justice for all. Articles 14 and 22(1) of the Constitution also make it obligatory for the State to ensure equality before law and a legal system which promotes justice on the basis of equal opportunity to all. In the year 1987, the Legal Services Authorities Act was enacted by the Parliament which came into force on 9<sup>th</sup> November, 1995 to establish a nationwide uniform network for providing free and competent legal services to the weaker sections of the society on the basis of equal opportunity.

### 10.1 National Mission for Justice Delivery and Legal Reforms

National Mission for Justice Delivery and Legal Reforms has been set up with the twin objectives of increasing access by reducing delays and arrears in the system and enhancing accountability through structural changes and by setting performance standards and capacities. The Advisory Council has made a number of recommendations in the area of judicial and legal reforms so as to improve justice delivery system and reduce pendency of cases in courts. These recommendations are at various stages of implementation.

A number of steps have been taken by National Mission for judicial reforms which *inter-alia* include better judicial infrastructure facilities including computerisation of courts, reforms in the court processes, legislative changes in the areas prone to excessive litigation, policy initiatives for reducing Government litigation, emphasis on better training and manpower planning for judicial officers and bar reforms for proper professional conduct by the advocates. On account of concerted efforts made by all stakeholders, the increasing trend of pendency of cases in various courts across the country has been checked.

Shortage of judicial officers / judges in district and subordinate courts is one of the main causes for backlog and pendency of cases in courts. The

National Mission has regularly pursued this matter with the State Governments and the High Courts. As a result of the concerted efforts of all the stakeholders, the sanctioned strength of judicial officers/ judges in district and subordinate courts has increased from 17,715 at the end of 2012 to 20,358 in June, 2015. The mission is now pursuing the matter with the High Courts for filling up the existing vacancies. The Schemes/ programmes mentioned below support the objectives of the National Mission.

### **10.1.1 E-Courts Mission Mode Project Phase-I : Computerisation of District & Subordinate Courts**

E-Courts Mission Mode Project is a national e-Governance project for ICT enablement of district/subordinate courts of the country. The objective of the project is to provide designated services to litigants, lawyers and the judiciary through ICT enablement of courts.

This is Phase-I of the e-Courts Mission Mode Project. As on 31st December, 2015, of the total target of 14,249 District and Subordinate courts to be computerized, sites for all 14,249 courts (100%) have been made ready for computerization, out of which LAN has been installed at 13,643 courts (95.75%), hardware at 13,436 courts (94.3%) and software at 13,672 courts (95%). ICT infrastructure of the Supreme Court and High Court has been upgraded and 14,309 judicial officers have been provided Laptops.

### **10.1.2 E-Courts Mission Mode Project Phase-II (New Scheme)**

The project has been approved for the duration of four years or until the project is completed. The objectives of the project are to:

- Computerisation of around 5751 new courts and Enhanced ICT enablement of existing 14,249 computerised courts with additional hardware.
- Connecting all courts in the country to the NJDG through WAN and additional redundant connectivity, equipped for eventual integration with the proposed interoperable criminal justice system (ICJS).
- Citizen centric facilities such as Centralised Filing Centres and touch screen based Kiosks in each Court Complex.
- Installation of Video Conferencing facility at 2500 remaining Court Complexes and 800 remaining jails.
- Computerisation of SJAs, DLSAs and TLSCs.

- Creating a robust Court Management System through digitisation, document management, Judicial Knowledge Management and learning tools management.
- Installation of Cloud network and solar energy resource at Court Complexes.
- Facilitating improved performance of courts through change management and process reengineering as well as improvement process servicing through hand-held devices.
- Enhanced ICT enablement through e-filing, e-Payment and use of mobile applications.
- Citizen centric service delivery.

## **10.2 Centrally Sponsored Scheme (CSS) for Development of Infrastructure Facilities for Judiciary**

The Centrally Sponsored Scheme (CSS) relating to development of infrastructural facilities for the judiciary is being implemented by the Department of Justice since 1993-1994. The scheme was revised in 2011 and includes construction of court buildings and residential accommodation for Judges/ Judicial Officers covering Subordinate Courts. Fund sharing pattern of the Scheme is 60:40 (Centre: State) (90:10 for the 8 North- Eastern and 3 Himalayan States) with effect from 2015-16.

15,558 Court Halls are available for Subordinate Judiciary as on 31.03.2015 against the working strength of 15,360 judicial officers. 2,679 Court Halls are under construction as on 31.03.2015. 10,843 Residential Units are available for Subordinate Judiciary and 1,712 under construction as on 31.03.2015.

## **10.3 National Legal Services Authority (NALSA)**

The National Legal Services Authority (NALSA) has been constituted in 1995 under the Legal Services Authorities Act, 1987 to monitor and evaluate implementation of legal aid programmes and to lay down policies and principles for making legal services available under the Act.

In every State, a State Legal Services Authority and in every High Court, a High Court Legal Services Committee has been constituted under the policies, principles, guidelines and effective & economical schemes framed by NALSA. District Legal Services Authorities, Taluk Legal Services Committees have been constituted in the Districts and most of the Taluks to give effect to the policies and directions of the NALSA and to –

- a. provide free legal services to the people,
- b. conduct Lok Adalats in the State and
- c. organize legal awareness camps in the rural areas.

Supreme Court Legal Services Committee has been constituted to administer and implement the legal services programme in so far as it relates to the Supreme Court of India. The Free Legal Services include:-

- a. Payment of court fee, process fees and all other charges payable or incurred in connection with any legal proceedings;
- b. Providing service of lawyers in legal proceedings;
- c. Obtaining and supply of certified copies of orders and other documents in legal proceedings.
- d. Preparation of appeal, paper book including printing and translation of documents in legal proceedings.

Persons eligible for getting free legal services include:-

- a. Women and children;
- b. Members of SC/ST
- c. Industrial workmen
- d. Victims of mass disaster, violence, flood, drought, earthquake, industrial disaster.
- e. Disabled persons.
- f. Persons in custody
- g. Persons whose annual income does not exceed Rs. 1 lakh (in the case of Supreme Court Legal Services Committee the limit is Rs. 1, 25,000/-).
- h. Victims of Trafficking in Human beings or beggar.

Since inception till 31.12.2014, total no. of 1, 77, 85,875 eligible persons including women, children, persons in custody, persons belonging to SC/ST and backward categories have been benefitted through various free legal services authorities, viz. SLSAs/DLSAs/TLSc/Legal Aid Clinics/Village Legal Care and Support Centres.

Some of the States have by notification increased the annual income limit up to Rs. 1.5 lacs for the purposes of eligibility for free legal services . The amendment to the Central Act itself has been proposed by NALSA to increase the limit of Rs. 2 lacs all over the country.

As a part of the preventive and strategic legal aid, NALSA conducts periodic legal literacy programmes through the State Legal Services Authorities. Legal Aid Clinics and Legal Aid Camps are being set up in villages and law colleges/law universities.

NALSA launched a Programme for setting up of Village Care and Support Centres in one village in each Taluk/Sub-division throughout the country on

24th January, 2014 to encourage and strengthen the setting up of and functioning of Legal Services Clinic with the main aim to provide easily accessible legal services to the large population living in villages. Around 10,000 village legal care and support centres have been set up throughout the country up to July 2015.

#### **10.4 Lok Adalat**

Lok Adalat is one of the Alternative Disputes Resolution Mechanisms to settle disputes/cases pending in the court of law or at pre-litigation stage amicably. The Lok Adalat has been given statutory status under the Legal Services Authorities Act, 1987. Under this Act, an award made by a Lok Adalat is deemed to be a decree of a civil court and is final and binding on all parties and no appeal lies against thereto before any court.

As on 30.09.2015, more than 15.14 lacs Lok Adalats have been organised in the country since inception. More than 8.25 crore cases including cases pending in the courts as well as those at the pre-litigation stage have been settled in the Lok Adalats. Since there is no appeal against the award of the Lok Adalat, therefore, these many cases have been permanently removed from the formal court system.

Mobile Lok Adalats have been formed for taking a team of judicial officers, lawyers and other legal services personnel to the distant villages through mobile vans funded by NALSA to organize Lok Adalat, for exhibiting publicity films, public address system for creating legal awareness.

#### **10.5 Access to Justice – NE and J&K**

The Project “Access to Justice – NE and J&K” is being implemented in the eight States of North-East (including Sikkim) and in Jammu & Kashmir for five years for 2012-2017. The objectives of the project are to:

- Address the legal needs of the marginalized and vulnerable sections of the society, *particularly* women, children, Scheduled Castes, Tribal communities who do not have the requisite means to ensure that their rights are guaranteed.
- Support justice delivery systems in improving their capacities to serve the people and in empowering the ordinary people to demand improved services and to access their rights and entitlements.

- Support innovative activities to enhance legal awareness of the vulnerable populations and their ability to seek redress.
- Support Legal Services Authorities in providing legal aid and legal empowerment of the marginalized in the nine project States.

### **10.6 Access to Justice for Marginalized in India” - UNDP assisted externally aided project (EAP) SAJI (Phase – II)**

Government of India has been implementing a project on ‘Access to Justice for Marginalized People’ with UNDP support. The Project is working with other institutions including National Literacy Mission Authority (NLMA), State Institute of Rural Development (SIRD), Law Schools and NGOs with a view to forge synergies avoid duplication of efforts and maximize impact. The Project is also providing embedded technical support to the National Mission with a view to assist the Department of Justice in achieving the goals of the Mission.

### **10.7 Gram Nyayalayas**

Gram Nyayalayas Act, 2008 was enacted to establish Gram Nyayalayas at the grass root level for the purposes of providing access to justice to the citizens at their doorsteps. The Act came into force on 2nd October, 2009. To encourage the States, the financial assistance is provided for non-recurring expenses for setting up of Gram Nyayalayas, and for meeting the cost of recurring expenditure towards running these Gram Nyayalayas for the first three years. The recurring and non-recurring assistance is subject to financial ceilings as provided in the guidelines of the scheme.

### **10.8 Family Courts**

The Family Courts Act, 1984 provides for establishment of Family Courts by the State Governments in consultation with the High Courts with a view to promote conciliation and secure speedy settlement of disputes relating to marriage and family affairs as well as the matters connected therewith. The States have been asked to consider setting-up at least one Family Court in each district. As per the information available 438 Family Courts are functional in the country.

\*\*\*\*\*

## SAARC SOCIAL CHARTER

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

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

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

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

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

urgency to adopting regional programmes to fully and effectively realize social goals.

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

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

Noting, in particular, that Heads of State or Government of SAARC Countries, at their Tenth Summit in Colombo in July 1998, re-affirmed the need to develop, beyond national plans of action, a regional dimension of cooperation in the social sector and that the Eleventh SAARC Summit in Kathmandu in January 2002 directed that a SAARC Social Charter be concluded as early as possible.

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

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

### **Article I : General Provisions**

1. States Parties shall maintain a social policy and strategy in order to ensure an overall and balanced social development of their peoples. The salient features of individual social policy and programme shall be

determined, taking into account the broader national development goals and specific historic and political contexts of each State Party.

2. States Parties agree that the obligations under the Social Charter shall be respected, protected and fulfilled without reservation and that the enforcement thereof at the national level shall be continuously reviewed through agreed regional arrangements and mechanisms.

3. States Parties shall establish a people-centered framework for social development to guide their work and in the future, to build a culture of cooperation and partnership and to respond to the immediate needs of those who are most affected by human distress. States Parties are determined to meet this challenge and promote social development throughout the region.

### **Article II : Principles, Goals and Objectives**

1. The provisions made herein shall complement the national processes of policy-making, policy-implementation and policy-evaluation, while providing broad parameters and principles for addressing common social issues and developing and implementing result-oriented programmes in specific social areas.

2. In the light of the commitments made in this Charter, States Parties agree to:

- i. Place people at the center of development and direct their economies to meet human needs more effectively;
- ii. Fulfill the responsibility towards present and future generations by ensuring equity among generations, and protecting the integrity and sustainable use of the environment;
- iii. Recognize that, while social development is a national responsibility, its successful achievement requires the collective commitment and cooperation of the international community;
- iv. Integrate economic, cultural and social policies so that they become mutually supportive, and acknowledge the interdependence of public and private spheres of activity;

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

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

### **Article III : Poverty Alleviation**

1. States Parties affirm that highest priority shall be accorded to the alleviation of poverty in all South Asian countries. Recognising that South Asia's poor could constitute a huge and potential resource, provided their

basic needs are met and they are mobilized to create economic growth, States Parties reaffirm that the poor should be empowered and irreversibly linked to the mainstream of development. They also agree to take appropriate measures to create income-generating activities for the poor.

2. Noting that a large number of the people remain below the poverty line, States Parties re-affirm their commitment to implement an assured nutritional standards approach towards the satisfaction of basic needs of the South Asian poor.

3. Noting the vital importance of biotechnology for the long-term food security of developing countries as well as for medicinal purposes, States Parties resolve that cooperation should be extended to the exchange of expertise in genetic conservation and maintenance of germplasm banks. They stress the importance of the role of training facilities in this area and agree that cooperation in the cataloguing of genetic resources in different SAARC countries would be mutually beneficial.

4. States Parties agree that access to basic education, adequate housing, safe drinking water and sanitation, and primary health care should be guaranteed in legislation, executive and administrative provisions, in addition to ensuring of adequate standard of living, including adequate shelter, food and clothing.

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

#### **Article IV : Health**

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

2. Conscious that considerable expertise has been built up within the SAARC countries on disease prevention, management and treatment,

States Parties affirm their willingness to share knowledge and expertise with other countries in the region.

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

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

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

### **Article V : Education, Human Resource Development and Youth Mobilization**

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

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

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

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

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

6. States Parties stress the idealism of youth must be harnessed for regional cooperative programmes. They further stress the imperative of the resurgence of South Asian consciousness in the youth of each country

through participation in the development programmes and through greater understanding and appreciation of each other's country. The Organized Volunteers Programme under which volunteers from one country would be able to work in other countries in the social fields shall be revitalized.

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

### **Article VI : Promotion of the status of women**

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

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

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

4. States Parties also affirm the need to empower women through literacy and education recognizing the fact that such empowerment paves the way for faster economic and social development. They particularly stress the need to reduce, and eventually eliminate, the gender gap in

literacy that currently exists in the SAARC nations, within a time-bound period.

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

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

### **Article VII : Promotion of the Rights and Well-being of the Child**

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

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

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

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

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

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

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

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

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

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

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

### **Article VIII : Population Stabilisation**

1. States Parties underscore the vital importance of enhanced cooperation in the social development and well-being of the people of South Asia. They agree that national programmes evolved through stakeholder partnership, with enhancement of allocation of requisite resources and well-coordinated regional programmes will contribute to a positive atmosphere for the development of a socially content, healthy and sustainable population in the region.
2. States Parties are of the view that population policies should provide for human-centered approach to population and development and aim towards human survival and well-being. In this regard, they affirm that national, local or provincial policies and strategies should aim to bring stabilization in the growth of population in each country, through voluntary sustainable family planning and contraceptive methods, which do not affect the health of women.
3. States Parties shall endeavour to inculcate a culture of self-contentment and regulation where unsustainable consumption and production patterns would have no place in the society and unsustainable population changes, internal migration resulting in excessive population concentration, homelessness, increasing poverty, unemployment, growing insecurity and violence, environmental degradation and increased vulnerability to disasters would be carefully, diligently and effectively managed.
4. States Parties shall take action to ensure reproductive health, reduction of maternal and infant mortality rates as also provision of adequate facilities to enable an infant to enjoy the warmth of love and support of his/her parents.
5. States Parties also agree to set up a SAARC Network of Focal Institutions on population activities for facilitating the sharing of information, experiences and resources within the region.

### **Article IX : Drug de-addiction, Rehabilitation and Reintegration**

1. States Parties agree that regional cooperation should be enhanced through exchange of information, sharing of national experiences and

common programmes in the specific areas, which should receive the priority consideration of the appropriate mechanisms both at the national and regional levels.

2. States Parties identify for intensive cooperation, the strengthening of legal systems to enhance collaboration in terms of financial investigation; asset forfeiture; money laundering; countering criminal conspiracies and organized crime; mutual legal assistance; controlled deliveries; extradition; the updating of laws and other relevant structures to meet the obligations of the SAARC Convention and other related international obligations, and developing of measures to counter drug trafficking through exchange of information; inter-country cooperation; controlled deliveries; strengthened SDOMD; regional training; frequent meetings at both policy and operational levels; strengthening the enforcement capabilities in the SAARC countries; enhanced control of production and use of licit drugs, and precursors and their essential chemicals.

3. Keeping in view the complementarities between demand reduction activities and supply control programmes, States Parties agree that all aspects of demand reduction, supply control, de-addiction and rehabilitation should be addressed by regional mechanisms.

### **Article X : Implementation**

1. The implementation of the Social Charter shall be facilitated by a National Coordination Committee or any appropriate national mechanism as may be decided in each country. Information on such mechanism will be exchanged between States Parties through the SAARC Secretariat. Appropriate SAARC bodies shall review the implementation of the Social Charter at the regional level.

2. Member States shall formulate a national plan of action or modify the existing one, if any, in order to operationalise the provisions of the Social Charter. This shall be done through a transparent and broad-based participatory process. Stakeholder approach shall also be followed in respect of implementation and evaluation of the programmes under National Plans of Action.

**Article XI : Entry into force**

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

**Article XII : Amendment**

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

**IN FAITH WHEREOF** We Have Set Our Hands And Seals Hereunto **DONE** In **ISLAMABAD, PAKISTAN**, On This The Sixth Day Of January Of The Year Two Thousand Four, In Nine Originals, In The English Language, All Texts Being Equally Authentic.

**Begum Khaleda Zia**

PRIME MINISTER OF THE PEOPLE'S  
REPUBLIC OF BANGLADESH

**Maumoon Abdul Gayoom**

PRESIDENT OF THE  
REPUBLIC OF MALDIVES

**Jigmi Yoezer Thinley**

*PRIME MINISTER OF THE  
KINGDOM OF BHUTAN*

**Surya Bahadur Thapa**

*PRIME MINISTER OF THE  
KINGDOM OF NEPAL*

**Atal Behari Vajpayee**

*PRIME MINISTER OF THE  
REPUBLIC OF INDIA*

**Mir Zafarullah Khan Jamali**

*PRIME MINISTER OF THE  
ISLAMIC REPUBLIC OF PAKISTAN*

**Chandrika Bandaranaike Kumaratunga**

*PRESIDENT OF THE DEMOCRATIC SOCIALIST  
REPUBLIC OF SRI LANKA*

## SAARC DEVELOPMENT GOALS

<b><u>Livelihood</u></b>	
<b>Goal 1</b>	<b>Eradication of Hunger Poverty</b>
<i>Indicator 1</i>	<i>Malnutrition in children under five years</i>
<i>Indicator 2</i>	<i>Malnutrition for overall population (in average intake)</i>
<b>Goal 2</b>	<b>Halve proportion of people in poverty by 2012</b>
<i>Indicator 3</i>	<i>Percentage of people living on less than 1\$ per day (PPP terms)</i>
<i>Indicator 4</i>	<i>Head count poverty ratio based on nationally determined poverty line(s)</i>
<b>Goal 3</b>	<b>Ensure adequate nutrition and dietary improvement for the poor</b>
<i>Indicator 5</i>	<i>Percentage of the poor covered by various food support programmes</i>
<i>Indicator 6</i>	<i>Micro-nutrient supplements e.g. % of people having access to Vitamin A, iodized salt, etc.</i>
<b>Goal 4</b>	<b>Ensure a robust pro-poor growth process</b>
<i>Indicator 7</i>	<i>Budgetary/ fiscal expenditure for pro-poor growth sectors as % of GDP, and as % of total government expenditures</i>
<i>Indicator 8</i>	<i>% of poor covered by micro-credit and similar programmes</i>
<i>Indicator 9</i>	<i>Reduction of income/consumption inequality (Gini Coefficient)</i>
<i>Indicator 10</i>	<i>Rate of growth of employment (disaggregated)</i>
<i>Indicator 11</i>	<i>Assets ownership by poor (quantifiable indicators to be developed)</i>
<i>Additional indicators</i>	<i>Rate of increase of income/consumption of bottom 20% of the population compared to top 20% of the population</i>
<b>Goal 5</b>	<b>Strengthen connectivity of poorer regions and of poor as social group</b>
<i>Indicator 12</i>	<i>Transport connectivity for the poor in rural areas (e.g., length of rural roads, availability of boats per 1000 population, average time/distance to reach nearest road/major population centre)</i>
<i>Indicator 13</i>	<i>Communications connectivity : % of people using telephone/cell Phone</i>
<i>Indicator 14</i>	<i>% of rural population having access to electricity</i>

- Indicator 15 Representation of the excluded groups (dalits/tribals/indigenous groups) in local government*
- Indicator 16 Mass media connectivity : percentage of people using TV and radio*

**Goal 6 Reduce social and institutional vulnerability of the poor, women and children**

- Indicator 17 % of children who are working*
- Indicator 18 Share of women in employment (wage/self/organized/unorganized)*
- Indicator 19 Coverage or amount of public expenditure as % of GDP on Social Protection for the Vulnerable Groups*
- Indicator 20 Early marriage (average age at marriage, % of girls married before legal age)*
- Indicator 21 Birth registration (% of children registered)*
- Indicator 22 Sex ratio at birth*

**Goal 7 Ensure access to affordable justice**

- Indicator 23 Average time required in disposal of legal disputes*
- Indicator 24 Access to alternate disputes resolution*
- Indicator 25 Access to free legal aid for the poor (marginalized group)*

**Goal 8 Ensure effective participation of poor and of women in anti-poverty policies and programmes**

- Indicator 26 Percentage of women in local governments/ parliament/ civil services, etc.*
- Indicator 27 Gender Budgeting : Budgetary expenditures for women/ poor as % of total budgetary amount*

**Health**

**Goal 9 Maternal health**

- Indicator 28 Maternal Mortality Ratio (MMR)*
- Indicator 29 Percentage of births covered by the skilled birth attendants*
- Indicator 30 Life expectancy of women as a ratio of life expectancy of men*
- Indicator 31 Age specific fertility rate of 15 to 24 years girls*

**Goal 10 Child health**

- Indicator 32 Immunisation coverage (measles can be a proxy)*
- Indicator 33 Under 5 mortality rate (CMR)*
- Indicator 34 IMR*

*Indicator 35 Neo-natal mortality rate*

### **Goal 11 Affordable health care**

*Indicator 36 Out of pocket expenditure on health as % of total household expenditure*

*Indicator 37 Total government expenditure on health as a % of GDP*

*Indicator 38 % of budget allocated to primary health care vis-à-vis total health budget*

*Indicator 39 Number of doctors per 1000 population*

### **Goal 12 Improved hygiene and public health**

*Indicator 40 % of population with access to safe drinking water*

*Indicator 41 % of population having access to sanitation*

*Indicator 42 Policies on health education (number of programmes, preventing and health promoting, on communicable diseases e.g. HIV/AIDS, TB and malaria*

*Indicator 43 Prevalence rate of HIV/AIDS, TB, Malaria*

## **Education**

### **Goal 13 Access to primary/community schools for all children, boys and girls**

*Indicator 44 % of children having access to primary schools by distance*

*Indicator 45 Gross Enrolment Rate/Net Enrolment Rate*

*Indicator 46 Public expenditure on education in terms of GDP*

*Indicator 47 Gender parity at primary and secondary level*

### **Goal 14 Completion of primary education cycle**

*Indicator 48 Survival rates (along with drop-out)*

### **Goal 15 Universal functional literacy**

*Indicator 49 Adult literacy rate*

### **Goal 16 Quality education at primary, secondary and vocational levels**

*Indicator 50 Percentage of trained teachers*

*Indicator 51 Students teacher ratio*

*Indicator 52 Percentage of schools with toilets for girls*

## **Environment**

### **Goal 17 Acceptable level of forest cover**

*Indicator 53 Percentage of forest cover*

*Indicator 54 Percentage or extent of community/social forest*

**Goal 18 Acceptable level of water and soil quality**

*Indicator 55 Chemical fertilizers/ pesticides consumption per ha of arable land*

*Indicator 56 Percentage of contaminated wells/water sources*

**Goal 19 Acceptable level of air quality**

*Indicator 57 Carbon dioxide emissions (metric tons per capita)*

*Indicator 58 Particulate matter (PM 2.5/10) in the major metropolitan centres*

*Indicator 59 Percentage of firewood in total energy mix*

**Goal 20 Conservation of bio-diversity**

*Indicator 60 % and number of protected areas out of the total land area (with management plan)*

*Indicator 61 Number of protected species*

**Goal 21 Wetland conservation**

*Indicator 62 Number and % of protected wetland/Ramsar sites*

**Goal 22 Ban on dumping of hazardous waste, including radio-active waste**

*Indicator 63 Solid waste generation per capita (kg p.a.)*

*Indicator 64 % of waste treated*

*Indicator 65 Regulatory framework for hazardous waste treatment in place*

## Some Important Indicators

Population	Value	Reference Year	
Population ('000)	1210569	2011	
Population growth rate (%) (Average annual exponential growth rate)	1.8	2011	
Population density (per sq. KM)	382	2011	
Sex ratio (Number of males per 100 females)	106	2011	
Crude Birth Rate (CBR) per 1000 population	21.4	2013	
Crude Death Rate (CDR) per 1000 population	7.0	2013	
Total Fertility Rate (TFR) per Woman	2.3	2013	
Life expectancy at birth, Males (Years)	65.8	2009-13	
Life expectancy at birth, Females (Years)	69.3	2009-13	
<b>Urbanization and International Migration</b>			
Urban population (% of total population)	31.2	2011	
<b>Child and Maternal Health</b>			
Infant mortality (per 1000 live births)	40.0	2013	
Under five mortality (per 1000 live births)	49.0	2013	
Underweight children under five year (%)	40	2005-06	
Children under 1 immunized against measles (%)	87.3	2014-15	
DPT3 immunisation (%)	68.8	2014-15	
Maternal Mortality ratio (per 100000 live births )	167	2013	
Antenatal care coverage at least three visits	49.8	2013	
Birth attended by skilled health personnel	74.4	2013	
<b>Contraceptive and HIV/AIDS</b>			
Contraceptive prevalence rate 15-49 years female @	54.80	2012-13	
HIV prevalence rate &	0.26	2015	
Comprehensive correct knowledge of HIV/AIDS	female	17.3	2005-06
	male	33	2005-06
<b>Prevalence of Malaria and Tuberculosis</b>			
Malaria per 100000 population	112	2015 (P)	
Tuberculosis prevalence rate per 100000 population	195	2013	
Tuberculosis incidence rate per 100000 population	167	2013	
Tuberculosis detection rate under DOTS %	68	2013	
<b>Health care and Resources</b>			
Doctors (Physicians) per 10000 population *	6.79	2015	
Hospital beds per 10000 population **	5.46	2015	
Total health expenditure as % of GDP	1.30	2015-16	

<b>Education and Literacy</b>		
Net enrolment ratio in primary education (%)	87.4	2014-15
Survival rate to last grade of primary education (%)	83.7	2014-15
Literacy rate (6 years and over)( %)#	74.0	2011
Adult literacy rate (15 years and over) (%)	69.3	2011
Public expenditure on education as % of GDP	3.0	2015-16
<b>Employment and Labour Force</b>		
Labour force participation rate \$\$	55.9	2011-12
Unemployment rate	2.3	2011-12
Employment in agriculture(%)	48.9	2011-12
<b>Poverty and Inequality</b>		
Population living below the national poverty line	21.9	2011-12
Human development index	0.609	2014
HDI rank	130	2014
<b>Women and Empowerment</b>		
Female headed household (%)	10.90%	2011
Women in national Parliament (%)	11.86%	2016
<b>National Accounts</b>		
GNI per capita (USD)	1310	
Growth rate of real GDP	7.6	
Private consumption expenditure (% of GDP)	59.5	
Gross domestic capital formation (% of GDP) <sup>(1)</sup>	32.5	
Export of goods and services (% of GDP)	19.9	
Imports of goods and services (% of GDP)	22.5	
Gross domestic saving (% of GDP) <sup>(1)</sup>	33	
<b>Money, Finance and Prices</b>		
Growth rate of CPI	5.76	May 2016
Growth rate of food CPI	7.47	May 2016
Government expenditure as percent of GDP	27.47	2014-15
Fiscal balance as % of GDP (Gross)	6.19	2014-15
Official exchange rate (per USD, annual average)	61.03	2014
<b>Globalization</b>		
Current account balance (% of GDP)	-1.1	2015-16
Workers' remittances received (USD, million)	35476.66	2015-16(P)
FDI net inflows (USD, billion)	36.00	2015-16
Total Foreign Exchange Reserves (USD, Million)	3,65,495.70	July 2016
Total external debt (USD, billion)	485.6	Mar 2016
Total external debt (% of GDP)	23.7	Mar 2016
<b>Tourism</b>		
International tourists ('000) @@	8027	2015
Income from tourists (Rs.crore) @@@	135193	2015

<b>Transport</b>		
Total road networks (KM, '000)	5263	2013
Total number of vehicles ('000)	182445	2013
Total rail networks (Route KM)	66030	2014-15
<b>Electricity</b>		
Total electricity generation (billion kWh)	1107.82	2015-16
Total electricity used (per capita kWh)	957	2013-14
Household with electrification (%)	85.58	2012
<b>Communications</b>		
Fixed telephone lines per 100 population	2.01	2015
Mobile cellular subscriptions per 100 population	79.82	2015
Internet user per 100 population	26.19	2015
<b>Water and Sanitation</b>		
Access to improved water source percent of population	90.62	2012
Access to improved sanitation percent of population	54.65	2012
<b>Environment</b>		
Co <sub>2</sub> emissions (million tons)	2136.84	2010
Forest area as % of total land area	21.34	2015

& : National Adults (15-49 Yrs.) HIV Prevalence

#: Literacy Rate (7 years and over)

\$\$ : age 15+, US(PS+SS)

(1) Revised Estimate of 2014-15 at current prices

(1) Revised Estimate of 2014-15 at current prices

\*\* : Government hospitals only

\* : National Council Registered doctor(Allopathic+ AYUSH)

@ : Currently married

@@ : Foreign Tourist Arrival in lieu of International Tourists

@@@ : Foreign Exchange Earnings (Rs.) in lieu of Income from Tourists

€ Provisional Estimates of 2015-16 at current prices

Central Government & States Government Combined

Combined Expenditure of the Central Government and States Government  
(Revenue & Capital)

\*\*\*\*\*

## ACRONYMS

<b>AEP</b>	<i>Adolescence Education Programme</i>
<b>AHDP</b>	<i>Adolescent Health and Development Project</i>
<b>ARSH</b>	<i>Adolescent Reproductive and Sexual Health</i>
<b>AMI</b>	<i>Aligarh Muslim University</i>
<b>AIIMS</b>	<i>All India Institute of Medical Sciences</i>
<b>AWC</b>	<i>Anganwadi Centers</i>
<b>AHS</b>	<i>Annual Health Survey</i>
<b>AWP</b>	<i>Annual Work Plans</i>
<b>ANC</b>	<i>Ante Natal Care</i>
<b>ACT</b>	<i>Artesunate Combination Therapy</i>
<b>ASHA</b>	<i>Accredited Social Health Activists</i>
<b>AsR-CYMM</b>	<i>Asia Region Commonwealth Youth Ministers Meeting</i>
<b>ADB</b>	<i>Asian Development Bank</i>
<b>ACDC</b>	<i>Awareness-cum-de-addiction camps</i>
<b>BCC</b>	<i>Behaviour Change Communication</i>
<b>BPL</b>	<i>Below Poverty Line</i>
<b>BBBP</b>	<i>Beti Bachao Beti Padhao</i>
<b>BUR</b>	<i>Biennial Update Reports</i>
<b>BRC</b>	<i>Block Resource Centres</i>
<b>CB&amp;T</b>	<i>Capacity Building and Training</i>
<b>CST</b>	<i>Care, Support &amp; Treatment</i>
<b>CABE</b>	<i>Central Advisory Board of Education</i>
<b>CIET</b>	<i>Central Institute of Educational Technology</i>
<b>CPCB</b>	<i>Central Pollution Control Board</i>
<b>CTSA</b>	<i>Central Tibetan schools Administration</i>
<b>CSS</b>	<i>Centrally Sponsored Scheme</i>
<b>CWC</b>	<i>Child Welfare Committees</i>
<b>CCAP</b>	<i>Climate Change Action Programme</i>
<b>CTCN</b>	<i>Climate Technology Centre and Network</i>
<b>CRC</b>	<i>Cluster Resource Centres</i>
<b>CTE</b>	<i>Colleges of Teacher Education</i>
<b>CYP</b>	<i>Commonwealth Youth Programme</i>
<b>CBO</b>	<i>Community Based Organizations</i>
<b>CFL</b>	<i>Compact Fluorescent Lamp</i>
<b>CAC</b>	<i>Comprehensive Abortion Care</i>
<b>CMB</b>	<i>Conditional Maternity Benefit</i>
<b>CEDAW</b>	<i>Convention on the Elimination of all Forms of Discrimination against Women</i>
<b>CSCCNER</b>	<i>Coordinated Studies on Climate Change for North East Region</i>
<b>CBR</b>	<i>Crude Birth Rate</i>
<b>DDU-GKY</b>	<i>Deen Dayal Upadhyaya Grameen Kaushalya Yojana</i>
<b>DAY-NULM</b>	<i>Deendayal Antyodaya Yojana-National Urban Livelihoods Mission</i>
<b>D.El.Ed.</b>	<i>Diploma in Elementary Education</i>

<b>DBT</b>	<i>Direct Benefit Transfer</i>
<b>DOTS</b>	<i>Directly Observed Treatment Short</i>
<b>DGAFMS</b>	<i>Director General, Armed Forces Medical Services</i>
<b>DGT</b>	<i>Directorate General of Training</i>
<b>DIET</b>	<i>District Institutes of Education and Training</i>
<b>DLHS</b>	<i>District Level Household surveys</i>
<b>DAMS</b>	<i>Drug abuse Monitoring System</i>
<b>ECCE</b>	<i>Early Childhood Care and Education</i>
<b>EST&amp;P</b>	<i>Employment through Skills Training and Placement</i>
<b>EAG</b>	<i>Empowered Action Group</i>
<b>EPR</b>	<i>Extended Producer Responsibility</i>
<b>FBNC</b>	<i>Facility Based New-born Care</i>
<b>FINGODAP</b>	<i>Federation of Indian Non-Governmental Organizations for Drug Abuse Prevention</i>
<b>FSW</b>	<i>Female Sex Workers</i>
<b>GAP</b>	<i>Ganga Action Plan</i>
<b>GB</b>	<i>Gender Budgeting</i>
<b>GDMO</b>	<i>General Duty Medical Officers</i>
<b>GHC</b>	<i>General Healthcare</i>
<b>GEMS</b>	<i>Global Environment Monitoring System</i>
<b>GLOBE</b>	<i>Global learning and Observations to Benefit the Environment</i>
<b>GP</b>	<i>Gram Panchayat</i>
<b>Hb</b>	<i>Haemoglobin</i>
<b>HMIS</b>	<i>Health Management Information System</i>
<b>INARS</b>	<i>Indian National Aquatic Resources System</i>
<b>IGMSY</b>	<i>Indira Gandhi Matritva Sahyog Yojana</i>
<b>IGNDPS</b>	<i>Indira Gandhi National Disability Pension Scheme</i>
<b>IGNOAPS</b>	<i>Indira Gandhi National Old Age Pension Scheme</i>
<b>IGNWPS</b>	<i>Indira Gandhi National Widow Pension Scheme</i>
<b>IRS</b>	<i>Indoor Residual Spray</i>
<b>IMR</b>	<i>Infant Mortality Rate</i>
<b>ICT</b>	<i>Information, Communication and Technology</i>
<b>I&amp;SP</b>	<i>Innovative &amp; Special Projects</i>
<b>ITN</b>	<i>Insecticide Treated bed nets</i>
<b>ICDS</b>	<i>Integrated Child Development Services</i>
<b>ICPS</b>	<i>Integrated Child Protection Scheme</i>
<b>IRCA</b>	<i>Integrated Rehabilitation Centre for Addicts</i>
<b>IVM</b>	<i>Integrated Vector Management</i>
<b>INDC</b>	<i>Intended Nationally Determined Contribution</i>
<b>IFMS</b>	<i>Intensification of Forest Management Scheme</i>
<b>IVR</b>	<i>Interactive Voice Response</i>
<b>ICC</b>	<i>Internal Complaints Committee</i>
<b>IC</b>	<i>International Cooperation</i>
<b>JMI</b>	<i>Jamia Milia Islamia</i>
<b>JSS</b>	<i>Jan Shikshan Sansthans</i>
<b>JSSK</b>	<i>Janani Shishu Suraksha Karyakram</i>

<b>JSY</b>	<i>Janani Suraksha Yojana</i>
<b>JSK</b>	<i>Jansankhya Sthirata Kosh</i>
<b>JE</b>	<i>Japanese Encephalitis</i>
<b>JNV</b>	<i>Jawahar Navodaya Vidyalaya</i>
<b>JJB</b>	<i>Juvenile Justice Boards</i>
<b>KVS</b>	<i>Kendriya Vidyalaya Sangathan</i>
<b>KSY</b>	<i>Kishori Shakti Yojna</i>
<b>LWE</b>	<i>Left-wing Extremist</i>
<b>LSAS</b>	<i>Life Saving Anaesthesia Skills</i>
<b>LWS</b>	<i>Link Worker Scheme</i>
<b>LCC</b>	<i>Local Complaints Committee</i>
<b>LLIN</b>	<i>Long Lasting Insecticidal Nets</i>
<b>LTEO</b>	<i>Long Term Ecological Observations</i>
<b>LTEO</b>	<i>Long Term Ecological Observations</i>
<b>MGNREGS</b>	<i>Mahatma Gandhi National Rural Employment Guarantee Scheme</i>
<b>MAS</b>	<i>Mahila Arogya Samiti</i>
<b>MPV</b>	<i>Mahila Police Volunteers</i>
<b>MAB</b>	<i>Man and the Biosphere</i>
<b>MMR</b>	<i>Maternal Mortality Ratio</i>
<b>MANUU</b>	<i>Maulana Azad National Urdu University</i>
<b>MMU</b>	<i>Mobile Medical Units</i>
<b>MCTS</b>	<i>Mother and Child Tracking System</i>
<b>NAFCC</b>	<i>National Adaptation Fund for Climate Change</i>
<b>NACO</b>	<i>National AIDS Control Organization</i>
<b>NACP</b>	<i>National AIDS Control Programme</i>
<b>NAMP</b>	<i>National Air Quality Monitoring Programme</i>
<b>NAS</b>	<i>National Ambulance Services</i>
<b>NBB</b>	<i>National Bal Bhavan</i>
<b>NCAP</b>	<i>National Carbonaceous Aerosols Programme</i>
<b>NCHER</b>	<i>National Commission for Higher Education and Research</i>
<b>NCW</b>	<i>National Commission for Women</i>
<b>NCTE</b>	<i>National Council for Teacher Education</i>
<b>NCERT</b>	<i>National Council of Educational Research and Training</i>
<b>NCTE</b>	<i>National Council of Teacher Education</i>
<b>NCRB</b>	<i>National Crimes Records Bureau</i>
<b>NDE</b>	<i>National Designated Entity</i>
<b>NDDTC</b>	<i>National Drug Dependence Treatment Centre</i>
<b>NEAC</b>	<i>National Environment Awareness Campaign</i>
<b>NEERI</b>	<i>National Environmental Engineering Research Institute</i>
<b>NFBS</b>	<i>National Family Benefit Scheme</i>
<b>NFHS</b>	<i>National Family Health Surveys</i>
<b>NGC</b>	<i>National Green Corps</i>
<b>NGT</b>	<i>National Green Tribunal</i>
<b>NHM</b>	<i>National Health Mission</i>
<b>NIE</b>	<i>National Institute of Education</i>
<b>NIMHNS</b>	<i>National Institute of Medical Health and Neuro Sciences</i>

<b>NIOS</b>	<i>National Institute of Open Schooling</i>
<b>NIC</b>	<i>National Integration Camps</i>
<b>NALSA</b>	<i>National Legal Services Authority)</i>
<b>NLEP</b>	<i>National Leprosy Eradication Programme</i>
<b>NLM</b>	<i>National Literacy Mission</i>
<b>NMMSS</b>	<i>National Means-cum-Merit Scholarship Scheme</i>
<b>NMCG</b>	<i>National Mission for Clean Ganga</i>
<b>NMEW</b>	<i>National Mission for Empowerment of Women</i>
<b>NAPCC</b>	<i>National Missions under the National Action Plan on Climate Change</i>
<b>NMMU</b>	<i>National Mobile Medical Units</i>
<b>NOS</b>	<i>National Occupational Standards</i>
<b>NPCA</b>	<i>National Plan for conservation of Aquatic Eco-Systems</i>
<b>NPC</b>	<i>National Policy for Children</i>
<b>NPE</b>	<i>National Policy on Education</i>
<b>NPEP</b>	<i>National Popular Education Programme</i>
<b>NPP</b>	<i>National Population Policy</i>
<b>NPCB</b>	<i>National Programme for Control of Blindness</i>
<b>NPYAD</b>	<i>National Programme for Youth and Adolescent Development</i>
<b>NRCP</b>	<i>National River Conservation Plan</i>
<b>NRHM</b>	<i>National Rural Health Mission</i>
<b>NSIGSE</b>	<i>National Scheme of Incentive to Girls for Secondary Education</i>
<b>NSS</b>	<i>National Service Scheme</i>
<b>NSDA</b>	<i>National Skill Development Agency</i>
<b>NSDC</b>	<i>National Skill Development Corporation</i>
<b>NSQF</b>	<i>National Skills Qualification Framework</i>
<b>NSAP</b>	<i>National Social Assistance Programmes</i>
<b>NUEPA</b>	<i>National University on Education al Planning and Administration</i>
<b>NUHM</b>	<i>National Urban Health Mission</i>
<b>NULM</b>	<i>National Urban Livelihoods Mission</i>
<b>NVBDCP</b>	<i>National Vector Borne Diseases Control Programme</i>
<b>NYC</b>	<i>National Youth Corps</i>
<b>NYP</b>	<i>National Youth Policy)</i>
<b>NVS</b>	<i>Navodaya Vidyalaya Samiti</i>
<b>NSEP</b>	<i>Needle-Syringe Exchange Programme</i>
<b>NYKS</b>	<i>Nehru Yuva Kendra Sangathan</i>
<b>NMR</b>	<i>Neo-natal Mortality Rate</i>
<b>NBCC</b>	<i>Newborn Care Corners</i>
<b>NBSU</b>	<i>Newborn Stabilization Units</i>
<b>NCD</b>	<i>Non-communicable Disease</i>
<b>NSSK</b>	<i>Navjaat Shishu Suraksha Karyakram</i>
<b>OBE</b>	<i>open basic education</i>
<b>ODL</b>	<i>open distance learning</i>
<b>OST</b>	<i>Opioid Substitution Therapy</i>
<b>PBBB</b>	<i>Padhe Bharat Badhe Bharat</i>
<b>PSSCIVE</b>	<i>Pandit Sunder Lal Sharma Central Institute of Vocational Education</i>

<b>PCC</b>	<i>Pollution Control Committee</i>
<b>PSK</b>	<i>Poorna Shakti Kendra</i>
<b>PNC</b>	<i>Post-Natal Care</i>
<b>PMAY</b>	<i>Pradhan Mantri Awas Yojana</i>
<b>PMGSY</b>	<i>Pradhan Mantri Gram Sadak Yojana</i>
<b>PMKVY</b>	<i>Pradhan Mantri Kaushal Vikas Yojana</i>
<b>PMSSY</b>	<i>Pradhan Mantri Swasthya Suraksha Yojana</i>
<b>PTK</b>	<i>Pregnancy Testing Kits</i>
<b>PR</b>	<i>Prevalence Rate</i>
<b>PMCCC</b>	<i>Prime Minister's Council on Climate Change</i>
<b>PRO</b>	<i>Producer Responsibility Organisation</i>
<b>PA</b>	<i>Protected Areas</i>
<b>POSCO</b>	<i>Protection of Children from Sexual Offences</i>
<b>QP</b>	<i>Qualification Packs</i>
<b>RGNCs</b>	<i>Rajiv Gandhi National Crèche Scheme</i>
<b>RGNIYD</b>	<i>Rajiv Gandhi National Institute of Youth Development</i>
<b>RGSEAG</b>	<i>Rajiv Gandhi Scheme for Empowerment of Adolescent Girls</i>
<b>RDT</b>	<i>Rapid Diagnostic Tests</i>
<b>RAA</b>	<i>Rashtriva Avishkar Abhivan</i>
<b>RMSA</b>	<i>Rashtriya Madhyamik Shiksha Abhiyan</i>
<b>RSBY</b>	<i>Rashtriya Swasthya Bima Yojana</i>
<b>RPL</b>	<i>Recognition of Prior Learning</i>
<b>REDD</b>	<i>Reducing Emissions from Deforestation and Forest Degradation</i>
<b>REI</b>	<i>Regional Institutes of Education</i>
<b>RRA</b>	<i>Regional Resource Agencies</i>
<b>RRTC</b>	<i>Regional Resource and Training Centres</i>
<b>RMNCH+A</b>	<i>Reproductive Maternal-Neonatal Child and Adolescent Health</i>
<b>RTI</b>	<i>Reproductive Tract Infections</i>
<b>RNTCP</b>	<i>Revised National Tuberculosis Control Programme</i>
<b>RMNCH</b>	<i>Reproductive Maternal Newborn and Child Health</i>
<b>RKS</b>	<i>Rogi Kalyan Samitis</i>
<b>SAGY</b>	<i>Saansad Adarsh Gram Yojana</i>
<b>SRS</b>	<i>Sample Registration System</i>
<b>SSA</b>	<i>Sarva Shiksha Abhiyan</i>
<b>SEP</b>	<i>Self-employment Programme</i>
<b>SHG</b>	<i>Self-Help Groups</i>
<b>STI</b>	<i>Sexually Transmitted Infections</i>
<b>SUH</b>	<i>Shelter for Urban Homeless</i>
<b>SPMRM</b>	<i>Shyama Prasad Mukherji Rurban Mission</i>
<b>SUTP</b>	<i>Skill Up-gradation Training Programme</i>
<b>SBA</b>	<i>Skilled Birth Attendance</i>
<b>SM&amp;ID</b>	<i>Social Mobilizations and Institution Development</i>
<b>SNCU</b>	<i>Special Newborn Care Units</i>
<b>SAA</b>	<i>Specialised Adoption Agencies</i>
<b>SAI</b>	<i>Sports Authority of India</i>
<b>SAPCCC</b>	<i>State Action Plan on Climate Change</i>

<b>SCERT</b>	<i>State Councils of Educational Research and Training</i>
<b>SMA</b>	<i>State Mission Authority</i>
<b>SRCW</b>	<i>State Resource Centre for Women</i>
<b>STEP</b>	<i>Support to Training And Employment Programme</i>
<b>SJSRY</b>	<i>Swarna Jayanti Shahari Rozgar Yojana</i>
<b>TI</b>	<i>Targeted Interventions</i>
<b>TTI</b>	<i>Teacher Training Institutions</i>
<b>TEC</b>	<i>Technology Executive Committee</i>
<b>TFR</b>	<i>Total Fertility Rate</i>
<b>TC</b>	<i>Training Centres</i>
<b>TYLCD</b>	<i>Training on Youth Leadership and Community Development</i>
<b>TP</b>	<i>Training Partners</i>
<b>TYEP</b>	<i>Tribal Youth Exchange Programme</i>
<b>U5MR</b>	<i>Under-five Mortality Rate</i>
<b>UNFCC</b>	<i>United Nations Framework Convention on Climate Change</i>
<b>UNODC</b>	<i>United Nations Office on Drugs and Crime</i>
<b>UGC</b>	<i>University Grants Commission</i>
<b>UOW</b>	<i>Unorganized Workers</i>
<b>U-CHC</b>	<i>Urban Community Health Centres</i>
<b>UFWC</b>	<i>Urban Family Welfare Centres</i>
<b>U-PHC</b>	<i>Urban Primary Health Centres</i>
<b>VBD</b>	<i>Vector Borne Diseases</i>
<b>VCFS</b>	<i>Village Convergence and Facilitation Service</i>
<b>VHSNC</b>	<i>Village Health Sanitation and Nutrition Committee</i>
<b>VA</b>	<i>Voluntary Agencies</i>
<b>WWH</b>	<i>Working Women Hostel</i>
<b>WPD</b>	<i>World Population Day</i>
<b>YAP</b>	<i>Yamuna Action Plan</i>
<b>YCDP</b>	<i>Youth Club Development Programme</i>
<b>YLPDP</b>	<i>Youth Leadership and Personality Development Programme</i>

## Referral Websites

The current publication has been compiled based on the inputs from the concerned Ministries/Organisations. For details, the readers may visit the respective websites –

Ministry of Rural Development	<a href="http://www.rural.nic.in">www.rural.nic.in</a>
Ministry of Housing & Urban Poverty Alleviation	<a href="http://www.mhupa.gov.in">www.mhupa.gov.in</a>
Ministry of Health & Family Welfare	<a href="http://www.mohfw.nic.in">www.mohfw.nic.in</a>
Ministry of Human Resource Development	<a href="http://www.mhrd.gov.in">www.mhrd.gov.in</a>
Ministry of Women & Child Development	<a href="http://www.wcd.nic.in">www.wcd.nic.in</a>
Ministry of Social Justice & Empowerment	<a href="http://www.socialjustice.nic.in">www.socialjustice.nic.in</a>
Ministry of Youth Affairs & Sports	<a href="http://www.yas.nic.in">www.yas.nic.in</a>
Ministry of Environment, Forests and Climate Change	<a href="http://www.moef.gov.in">www.moef.gov.in</a>
Ministry of Law & Justice	<a href="http://www.lawmin.nic.in">www.lawmin.nic.in</a>