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Towards Women's Agency and Child Rights

INTRODUCTION

6.1 Women are significant contributors to the growing economy and children are assets of the future. Almost 50% of our population today comprises women while 42% is under the age of 18. For growth to be truly inclusive, we have to ensure their protection, well-being, development, empowerment and participation.

6.2 India has committed to meeting the MDGs and is a signatory to many international conventions, including Convention for Elimination of all forms of Discrimination against Women and the Convention on the Rights of the Child. Yet, at the start of the Eleventh Five Year Plan, women and children continue to be victims of violence, neglect, and injustice. The Eleventh Plan will address these problems by looking at gender as a cross-cutting theme. It will recognize women's agency and the need for women's empowerment. At the same time it will ensure the survival, protection, and all-round development of children of all ages, communities and economic groups.

APPROACH TO THE ELEVENTH FIVE YEAR PLAN

6.3 The vision of the Eleventh Five Year Plan is to end the multifaceted exclusions and discriminations faced by women and children; to ensure that every woman and child in the country is able to develop her full potential and share the benefits of economic growth and prosperity. Success will depend on our ability to adopt a participatory approach that empowers women

and children and makes them partners in their own development. The roadmap for this has already been laid in the National Policy on Women 2001 and the National Plan of Action for Children 2005.

6.4 The Eleventh Plan recognizes that women and children are not homogenous categories; they belong to diverse castes, classes, communities, economic groups, and are located within a range of geographic and development zones. Consequently, some groups are more vulnerable than others. Mapping and addressing the specific deprivations that arise from these multiple locations is essential for the success of planned interventions. Thus apart from the general programme interventions, special targeted interventions catering to the differential needs of these groups will be undertaken during the Eleventh Plan.

6.5 The gender perspectives incorporated in the plan are the outcome of extensive consultations with different stakeholders, including a Group of Feminist Economists. In the Eleventh Plan, for the first time, women are recognized not just as equal citizens but as agents of economic and social growth. The approach to gender equity is based on the recognition that interventions in favour of women must be multi-pronged and they must: (i) provide women with basic entitlements, (ii) address the reality of globalization and its impact on women by prioritizing economic empowerment, (iii) ensure an environment free from all forms of violence against women (VAW)—physical,

economic, social, psychological etc., (iv) ensure the participation and adequate representation of women at the highest policy levels, particularly in Parliament and State assemblies, and (v) strengthen existing institutional mechanisms and create new ones for gender main-streaming and effective policy implementation.

6.6 The child development approach in the Eleventh Plan is to ensure that children do not lose their childhood because of work, disease, and despair. It is based on the understanding that the rights of all children, including those who do not face adverse circumstances, must be protected everywhere and at all times so that they do not fall out of the social security net. Successful integration of survival, development, protection, and participation policies are important for the overall well being of the child. The essence of the Eleventh Plan strategy for Women Agency and Child Rights is summarized in Box 6.1.

MONITORABLE TARGETS FOR THE ELEVENTH PLAN

6.7 The Eleventh Plan lays down six monitorable targets

- Raise the sex ratio for age group 0–6 from 927 in 2001 to 935 by 2011–12 and to 950 by 2016–17.
- Ensure that at least 33% of the direct and indirect beneficiaries of all government schemes are women and girl children.
- Reduce IMR from 57 to 28 and MMR from 3.01 to one per 1000 live births.
- Reduce malnutrition among children of age group 0–3 to half its present level.

Box 6.1 Essence of the Approach

- Recognition of the right of every woman and child to develop to her/his full potential
- Recognition of the differential needs of different groups of women and children.
- Need for intersectoral convergence as well as focused women and child specific measures through MoWCD
- Partnership with civil society to create permanent institutional mechanisms that incorporate the experiences, capacities and knowledge of VOs and women's groups in the process of development planning.

- Reduce anaemia among women and girls by 50% by the end of the Eleventh Plan.
- Reduce dropout rate for primary and secondary schooling by 10% for both girls as well as boys.

STATUS OF WOMEN: A BRIEF OVERVIEW

6.8 Due to the untiring efforts of the women's movement, the country amended and enacted women-related legislations during the Tenth Plan. The Married Women's Property Act (1874), the Hindu Succession Act (1956) were amended and the Protection of Women from Domestic Violence Act (PWDVA) (2005) was passed. The Union Budget 2005–06, for the first time, included a separate statement highlighting the gender sensitivities of the budgetary allocation under 10 demands for grants. Gender Budgeting Cells were set up in 52 Central ministries/departments to review public expenditure, collect gender disaggregated data, and conduct gender-based impact analysis. Under Women Component Plan (WCP), efforts were made to ensure that not less than 30% of funds/benefits under various schemes of all ministries/departments were earmarked for women. The performance however has been far from satisfactory. The Mid Term Appraisal of Tenth Plan revealed that while 42.37% of the GBS to the Department of Education flowed to women under WCP, only 5% of the GBS of Ministry of Labour (against 33.5% in the Ninth Plan) went to women in the first three years of the Tenth Plan. Several ministries and/or departments that had

Box 6.2 Schemes (major) for Women during Tenth Plan

- *Swayamsidha*—Implemented in 650 selected blocks. Target: 16000 SHGs. Achievement: 1767.
- Support to Training and Employment Programme for Women (STEP)—Target: provide training to 2.5 lakh. Achievement: 2.31 lakh.
- *Swawlamban Scheme*—Target: 5 lakh. Achievement: 2.32 lakh.
- Hostels for Working Women—Target: construct 125 hostels benefiting 12500 women. Achievement: 111 hostels were constructed during the Plan benefiting 6976 women.
- *Swadhar*—To provide shelter, food, clothing, and care to the women living in difficult circumstances. No specific target. Achievement: 21464 women benefited.

earlier reported on the WCP in their sectoral budgets stopped doing so. Within the Ministry of WCD, the financial allocation for women specific schemes during the Tenth Plan was Rs 1246 crore. As a result of this modest allocation of resources and ineffective implementation of existing schemes, we have fallen far short of our Tenth Plan targets. Selected development indicators relating to women may be seen at Annexure 6.1.

DEMOGRAPHY

6.9 Female population of the country rose marginally from 48.1% of the total population in 1991 to 48.3% of the total population in 2001, an increase of 89.4 million. At 23.08%, the growth rate of female population for the 1991–2001 decade was slightly higher than the male population decennial growth rate of 22.26%. This is because life expectancy at birth for women has been rising steadily from 58.6 years in 1987–91 to 66.91 years in 2001–06; it is higher than the male life expectancy of 63.87 years. Demographic imbalances between men and women, however, continue to exist, even worsen, in certain regions.

6.10 While the overall sex ratio improved slightly from 927 in 1991 to 933 in 2001, the Child Sex Ratio (0–6 years) plummeted from 945 to 927. At 880, the SRB for 2003–05 was even lower.¹

6.11 During the decade 1991–2001, 70 districts in 16 States and union territories recorded more than a 50 points decline in sex ratio. Fatehgarh Sahib district in Punjab² registered the lowest sex ratio at 754. What is truly worrying is the dip in child sex ratio in economically prosperous States like Punjab (793),³ Delhi (865), Haryana (820), and Gujarat (878).⁴ This negates the popular belief that female foeticide stems from illiteracy and poverty and will cease with economic growth (see Box 6.3). The Census of 2001 and Sachar

Committee report (2006) also reveal that the sex ratio varies across communities and social groups. At 950, child sex ratio for Muslims is much higher than Hindus (925).

HEALTH AND FAMILY WELFARE

6.12 Discrimination against women and girls impinges upon their right to health and manifests itself in the form of worsening health and nutrition indices. Thus, India continues to grapple with unacceptably high MMR, IMR, and increasing rates of anaemia, malnutrition, HIV/AIDS among women. According to NFHS-3, incidence of anaemia has risen from 49.7% to 57.9% in pregnant women and from 51.8% to 56.2% in ever-married women within a period of seven years (1998–99 to 2005–06). This has raised anaemia among children by 5 percentage points (to 79.2%) and is also partially responsible for the high MMR. Maternal mortality has a direct correlation with lack of accessibility to health care facilities. Paucity of resources and age old discriminatory practices deny large number of women access to good nutrition and care before, during, and after child birth, thus increasing their mortality. Only 22% of mothers consume Iron Folic Acid (IFA) tablets for 90 days or more, and less than half of them receive three ANC visits. As many as 51.7% births take place without assistance from any health personnel. Practices such as female foeticide also affect women's health, as they are forced to go through multiple pregnancies and abortions. As a result, although MMR has fallen from 398 in 1998 to 301 in 2001–03 (SRS), we are far from meeting the Tenth Plan target of reducing MMR to 200 per 100000 live births. States like UP(707), Uttaranchal (517), Assam (409), and MP (498) have very high MMRs.⁵

6.13 While the mean age of marriage of women has increased from 15.5 years in 1961 to 19.5 in 1997, 44.5% of women are still married off by the age of 18.

¹ Registrar General of India 2003.

² *Missing: Mapping the Adverse Child Sex Ratio in India*, 2003, Booklet compiled by Registrar General of India and Census Commissioner, the M/o Health and Family Welfare and UNFPA.

³ Sansarwal village of Patiala District, Punjab. A health survey showed an alarming figure of 438 girls for 1000 boys (*Hindustan Times*, 11 November 2007).

⁴ *Missing: Mapping the Adverse Child Sex Ratio in India*, 2003.

⁵ India, Registrar General and Census Commissioner (2004). Primary Census Abstract Total Population: Census of India 2001, New Delhi, p. iii.

Box 6.3**Learn More, Earn More, Discriminate More**

A report by Infochange India (CCDS) uses data from Census 2001 to question the popular belief that literacy rates have a direct bearing on population and that literate people are less prone to gender bias. Although this may be true in some cases like high population growth rates, the same logic does not hold true for child sex ratio.

HAVE MONEY, WILL RAISE ONLY BOYS

	Overall Sex ratio*	Child sex ratio*	Proportion in India's total population**	Overall literacy rate**	Female literacy rate**	Female work participation rate**
Hindus	931	925	81.4	65.1	53.2	27.5
Muslims	936	950	12.4	59.1	50.1	14.1
Jains	940	870	0.4	94.1	90.6	9.2
Sikhs	893	786	1.9	69.4	63.1	20.2
Christians	1009	964	2.3	80.3	76.2	28.7
Buddhists	953	942	0.8	72.7	61.7	31.7
Others	992	976	0.7	47	33.2	44.2

Notes: *as number of females per 1000 males; **as %

THE NORTH-SOUTH DIVIDE

Punjab	798	Kerala	960
Haryana	819	Tamil Nadu	942
Delhi	868	Karnataka	946
Chandigarh	845	Andhra Pradesh	961

Child sex ratio (0–6) as number of girls per 1000 boys

Source: The disappearing girl child—Info Change India News and Features Development News India, October 2004.

Certain States such as Jharkhand (61.2%), Bihar (60.3%), and Rajasthan (57.1%) have a much higher percentage of underage marriage among girls. Among other things, this results in early pregnancies and takes its toll on the health of the woman as well as the child.

6.14 Women also disproportionately lack access to health services. Inaccessibility of health centres and poverty prevent them from getting timely medical aid. Absence of toilets and drinking water adversely impacts their health. NFHS-3 data reveals that only 27.9% households in rural areas and 70% in urban areas have access to piped water. Further, only 25.9% households in rural areas have access to toilets.

6.15 Inadequacies of clean cooking fuels adversely impacts women and children's work burden, health, and nutrition. Till date, 92% of rural domestic energy comes from unprocessed biofuels (firewood, crop waste, cattle dung), and 85% of rural cooking fuel is

gathered from forests, village commons, and fields. Women and girls spend a great deal of time gathering fuel, adversely affecting their productivity and education. Use of firewood and inferior fuels such as weeds or crop wastes leads to smoke-related ailments including respiratory diseases, cancer, and cataracts resulting in blindness.

6.16 Then there are sexually transmitted diseases (STDs). NACO estimates that one in three persons living with HIV in India is a woman. The National Council for Applied Economic Research survey shows that women account for more than 70% of the caregivers, 21% of who are themselves HIV positive. Disowned by family and disinherited from property, they are unable to access drugs to prevent mother-to-child-transmission. Nearly 60% of HIV-positive widows are less than 30 years of age and live with their natal families; 91% of them receive no financial support from their marital homes. Thus not only are women more

vulnerable to getting infected, but when they are found positive they face much greater discrimination than their male counterparts.

EDUCATION

6.17 The growth rate for female literacy in the last decade has been 3% higher than the growth rate for male literacy resulting in a decline in the absolute numbers of illiterate women—from 200.7 million in 1991 to 190 million in 2001. Gender differential in education, however, continues to be high at 21.7%. This can be attributed to a number of factors—lack of access to schools, lack of toilets and drinking water, parents feeling insecure about sending girl children, poor quality of education in government schools, and high fees charged by the private ones. Also with increasing feminization of agriculture, the pressure of looking after younger siblings, collecting cooking fuel, water and maintaining the household, all fall upon the girl child, putting a stop to her education and development.

WORK AND EMPLOYMENT

6.18 Entrenched patriarchal norms and customs mean that women's work goes unnoticed and is unpaid for. The double burden of work placed on her (unrecognized household work and low pay in recognized work) coupled with social norms that prevent her from getting the requisite educational and technical skills result in a low female work participation rate, either real or statistical. Female workforce participation rate in India was 28% (2004) as compared to other developing nations like Sri Lanka (30%), Bangladesh (37%), and South Africa (38%).⁶ As per NSSO, however, (Table 6.1) work participation rate for female in rural areas has increased from 28.7% in 2000–01 to 32.7% in 2004–05, whereas in urban areas it has increased from 14% in 2000–01 to 16.6% in 2004–05. The work participation rate remains lower for women than for men both in rural and urban areas.

6.19 A sectoral breakdown of women workers reveals that 32.9% are cultivators, 38.9% agricultural labourers (as against 20.9% men) and 6.5% workers in

the household industry.⁷ Much of the increase in employment among women has been in the form of self-employment; 48% of urban and 64% of rural women workers describe themselves as 'self-employed'.⁸ The Tenth Plan has, however, seen a welcome increase in the share of regular employment among female workers in urban India.

TABLE 6.1
Work Participation Rates by Sex (1972 to 2005)

Year	Rural		Urban	
	Female	Male	Female	Male
1972–73	31.8	54.5	13.4	50.1
1987–88	32.3	53.9	15.2	50.6
1996–97	29.1	55.0	13.1	52.1
2000–01	28.7	54.4	14.0	53.1
2004–05	32.7	54.6	16.6	54.9

Source: NSSO.

6.20 As in the case of education, women's employment characterization differs across communities. The Sachar Committee Report shows that work participation rate among Muslim women is 25%, and as low as 18% in urban areas. A larger proportion (73%) of Muslim women is self-employed compared to 55% Hindu women. A much smaller proportion of SC/ST women are self-employed; 45% of SC/ST women are casual workers compared to around 20% Muslim and 15% of upper caste Hindu women.

6.21 Another worrying fact is that despite a slight increase in employment, the average earning for rural women has declined between 1999–2000 and 2004–05. This decline is more pronounced among poorer women, that is, illiterate women and women who have dropped out of primary, secondary, or higher secondary (see Table 6.2). The average wage for men has, on the other hand, shown an increase across all categories, leading to a widening of the wage disparity ratio (ratio of female wage/male wage) from 0.89 in 1999–2000 to 0.59 in 2004–05 for rural and 0.83 in 1999–2000 and 0.75 in 2004–05 in urban areas, for all categories.

⁶ Gender Statistics, World Bank 2004.

⁷ Census of India 2001.

⁸ NSSO 2004–05.

TABLE 6.2
Average Wage/Salary Earnings (Rs Per Day) Received by Regular Wage/Salaried
Employees of Age 15–59 Years for Different Education Levels

Category	Rural males		Rural females		Urban males		Urban females	
	1999–2000	2004–05	1999–2000	2004–05	1999–2000	2004–05	1999–2000	2004–05
Not literate	71.2	72.5	40.3	35.7	87.6	98.8	51.8	48.7
Literate upto primary	91.6	98.6	161.5	97.8	105.1	111.4	64.4	64.8
Sec/H.Sec	148.2	158.0	126.1	100.2	168.2	182.6	145.7	150.4
Dip/Cert	–	214.4	–	200.4	–	274.9	–	237.0
Graduate and others	220.9	270.0	159.9	172.7	281.6	366.8	234.7	269.2
All	127.3	144.9	113.3	85.5	169.7	203.3	140.3	153.2

Source: NSSO 55th and 61st Round.

Unorganized Sector

6.22 On an average, unorganized sector workers earn one-fourth the wage of organized sector workers, often doing similar jobs. It is estimated that 118 million workers or 97% of the female workforce are involved in the unorganized sector. Agriculture is the main employer of women informal workers. 75% of the total female workforce and 85% of rural women are employed in agriculture as wage workers or workers on own/contracted household farms.⁹ As men migrate to non-farm jobs, there has been an increasing feminization of agriculture. But even as the face of the farmer becomes increasingly female, few women have direct access to agricultural land affecting their ability to optimize agricultural productivity.

6.23 The non-agriculture segment of the informal sector engages 27 million workers or 23% of the female workforce.¹⁰ It is estimated that more than half of the 31 million construction workers in India (90% of them informal) are women. The seasonality of work and the lack of alternate avenues lead to exploitation and ensure that these women remain the poorest and most vulnerable.

Home-Based Workers

6.24 Due to lack of qualifications and training, absence of childcare support, loss of formal employment, social and cultural constraints and absence of alternatives, around 57% of working women are home-based workers. As home-based work is sometimes the only

alternative for the poorest communities, it inevitably involves children, especially girls.

Services Sector

6.25 The number of women in the services sector has increased. According to NSSO data, in 2000, 12% of the female workforce was employed in the tertiary sector. Women, however, remain underrepresented in higher level and higher paid jobs. The biggest single increase after apparels has been among those employed in private households. More than 3 million women or over 12% of all women workers in urban India work as domestic servants.¹¹ These women are poorly paid and often are forced to work under harsh conditions. It is also important to note that nearly 60% of the women from the organized sector are employed in community, social, and personnel services.

Government Sector

6.26 Women's representation in government sector has improved from 11% in 1981 to 18.5% in 2004 (Table 6.3). At the grass roots level, women are playing a more active role in Panchayati Raj bodies and their representation in Panchayats has gone up from 33.5% in 1995 to 37.8% in 2005. Women's presence in Parliament has, however, only increased slightly; from 6.1% in 1989 to 9.1% in 2004. The issue of reservation of seats for women in Parliament remains unresolved. In 2004, only six Ministers of State and one Cabinet Minister were women.

⁹ Planning Commission: Report of the Sub Group on Gender and Agriculture, 2007.

¹⁰ Jeemol Unni (2003), 'Gender Informality and Poverty', *Seminar*, 531, November 2003.

¹¹ Women Workers in Urban India, *Macroscan*, C.P. Chandrashekhara and Jayati Ghosh (2007).

TABLE 6.3
Women in the Government Sector

Year	Central government			State government			Local bodies			Total (In million)		
	Female	Total	Female %	Female	Total	Female %	Female	Total	Female %	Female	Total	Female%
1981	0.14	3.19	4.3	0.65	5.67	11.4	0.41	2.04	20.4	1.2	10.91	11
2004	0.25	3.03	8.25	1.46	7.22	20.22	0.58	2.13	27.23	2.29	12.38	18.5

Source: Directorate General of Employment and Training, Ministry of Labour, New Delhi.

Violence against Women (VAW)

6.27 Despite improving education levels and consistent economic growth, every form of violence against women including female foeticide, rape, abduction, trafficking, dowry death, domestic violence, and witch-hunting, has been increasing. We have 10 million missing girls in India and this number is rising. Dowry deaths rose from 6822 in 2002 to 7026 in 2004. In 2005, highest number of dowry deaths were registered in UP, followed by Bihar, and MP. NFHS-3 shows that more than half of all Indian women believe that husbands can beat wives if they have an appropriate reason and 37% admit to being victims of spousal violence. Data from NCRB reveals little or no change in crime trends in rape and molestation. In 84–89% of the rape cases in the years 2002–04, the victim knew the offenders. In 9% cases, the offender was the father, family member, or close relative, highlighting the prevalence of incestuous and child sexual abuse. Abduction and trafficking for sexual and other exploitations accounted for 19.4% and 7.2% cases registered in 2005. Campaigns and stricter laws notwithstanding, 8.3% of registered cases in 2005 were dowry deaths, a fall of 0.3% from 2004.

Despite the high incidence of VAW, reporting is rare and conviction rates for reported cases, abysmally low; conviction rate for cruelty by husband was 19.2% and 25.5% each for dowry and rape.¹²

CHALLENGES IN THE ELEVENTH PLAN

6.28 The challenges for gender equity and the roadmap for the Eleventh Five Year Plan can be clubbed under a five-fold agenda.

- (i) Ensuring economic empowerment.
- (ii) Engineering social empowerment.

- (iii) Enabling political empowerment.
- (iv) Effective implementation of women-related legislations.
- (v) Creating institutional mechanisms for gender mainstreaming and strengthening delivery mechanisms.

ENSURING ECONOMIC EMPOWERMENT

Employment

WOMEN IN THE UNORGANIZED SECTOR

6.29 The Eleventh Plan recognizes that women in the unorganized sector need social security covering issues of leave, wages, work conditions, pension, housing, childcare, health benefits, maternity benefits, safety and occupational health, and complaints committee for sexual harassment. While it is difficult to tackle some of these issues immediately due to the nature of unorganized enterprises, steps will be taken to ensure safety, childcare facilities, toilets, etc. for women. The Plan will ensure increased availability of micro-credit to women in the unorganized sector.

WOMEN IN AGRICULTURE

6.30 The challenge in the Eleventh Plan is to improve the availability of agricultural inputs, credit, marketing facilities, technology, and skill training for the increasing number of women farmers. Resource pooling and group investment, financial and infrastructural support will be provided. Women in agriculture will be on the top of the Eleventh Plan agenda and a two-pronged strategy will be adopted: (i) ensuring effective and independent land rights for women, and (ii) strengthening women's agricultural capacities.

6.31 A specific scheme will be devised by MoWCD for identifying and helping women in States where

¹² National Crime Record Bureau, 2005.

TABLE 6.4
Women's Political Participation: Global Picture

Country	Women in Government/ Ministerial Level(2005)	Gender Empowerment measure	Seats in parliament held by women	Female legislator	Female Professional workers	Ratio estimated Female/male earned income
India	3.4	–	9.2	–	–	0.31
Nepal	7.4	–	6.7	–	–	0.50
Pakistan	5.6	0.377	2.04	2	26	0.29
Bangladesh	8.3	0.374	14.8	23	12	0.46
Sri Lanka	10.3	0.372	4.9	21	46	0.42
Malaysia	9.1	0.500	13.1	23	40	0.36
UnitedStates	14.3	0.808	15.0	42	55	0.62
Mexico	9.4	0.597	25	25	42	0.39

Source: Human Development Report 2006, UNDP.

agrarian crisis has ravaged families. Women's vulnerabilities resulting from farmer suicides due to crop failure and inability to pay loans will be addressed.

LAND

6.32 Land rights not only empower women economically but strengthen their ability to challenge social and political inequities. The Eleventh Plan will carry out a range of initiatives to enhance women's land access. It will ensure direct transfers to them through land reforms, anti-poverty programmes, and resettlement schemes. It will include individual or group titles to women in all government land transfers, credit support to poor women to purchase or lease land, records and legal support for women's inheritance rights, incentives and subsidies on women owned land. The group approach to women's ownership of land and productive assets will be explored and appropriate linkages will be made with the SHG movement. In case of displacement, a gender sensitive rehabilitation policy that includes equitable allocation of land to women will be devised. The Eleventh Plan will also ensure the rights of poor, landless, and tribal women over forest land, commons, and other resources.

IMPACT OF GLOBALIZATION AND ELEVENTH PLAN STRATEGY

6.33 Liberalization has led to a paradigm shift in the country's economy. While this has provided many increase in opportunities, it has also posed challenges. We have moved towards technology dominated sectors. Many traditional livelihoods that have high

employment potential like handlooms and other home based non-agro enterprises that are women-dominated have become unviable. Wage differentials, job vulnerability, and unpaid work burden for women has increased, while their social safety nets have been eroded. Unequal access for women to schooling, land, credit facilities, alternate employment, skill training, and technology has led to the crowding of women in the lowly paid jobs of most sectors. The Eleventh Plan will examine the impact of globalization on women, especially poor women including gender differentials in wage rates, exploitation of women in the unorganized sector, lack of skill training, technology, and marketing support, etc. While seeking to provide relief to deprived and women-dominated sectors, such as agriculture and small enterprises, the Plan will also work towards mainstreaming women in new and emerging areas of the economy through necessary skill training, vocational training, and technology education. It will work towards a social security policy that mitigates the negative impact of globalization on women.

WOMEN IN THE SERVICES SECTOR

6.34 The challenge in the Eleventh Plan is to promote women's participation, especially in areas where there is a poor gender ratio. This will entail special tax incentives for women headed enterprises, women employees, firms employing more women, and women entrepreneurial ventures. The Plan will encourage public-private partnerships and corporate social responsibility programmes for women's training, capacity building and empowerment.

6.35 In view of the large number of women employed as domestic workers, the plan will make attempts to organize them and frame regulations with respect to hours of work, holidays, etc. for them. Cases of brutality and abuse will be registered immediately and legal support will be provided to the domestic workers to prevent their exploitation.

SKILL DEVELOPMENT

6.36 Globalization has put a premium on skills and higher levels of education, which are often out of reach of women in the unorganized sector. A key issue in the Eleventh Plan is to enable these women to secure higher level and better paid jobs through vocational training and skill development. Women need technology support, credit facilities, and marketing support to take up entrepreneurial activities in new and emerging trades. At the same time, women's traditional skills such as knowledge of herbal plants, weaving, food processing, or providing 'care' will be recognized and marketed.

MAKING EMPLOYMENT AND NATIONAL RURAL EMPLOYMENT GUARANTEE ACT (NREGA) GENDER RESPONSIVE

6.37 Currently, most of the works included under NREGA require strenuous physical labour and women are sometimes effectively 'disqualified'. The Eleventh Plan will ensure that wage works conducive to women and their skills are also included under NREGA.

6.38 It will guarantee that if they demand, women will be provided employment opportunities under NREGA. It will also ensure that the Minimum Wages Act, 1948 and Equal Remuneration Act, 1976 are implemented by all States and that their implementation is monitored by the Ministry of Labour and Employment. It will encourage higher representation of women among Labour Officers. Besides ensuring equal pay for work, it will also ensure that no work is defined as 'man's' work and hence denied to women.

ACCESS TO RESOURCES AND ECONOMIC ASSETS

6.39 International evidence shows that women's access to land or homestead is positively linked to the family's food security, child survival, health, education, and children's exposure to domestic violence. Women

with land and house are also at lower risk from spousal violence, have greater bargaining power in the labour market, and are better able to protect themselves and their children from destitution if the father dies from ill health, natural disaster, or HIV/AIDS. Indirectly, it also reduces maternal mortality both by enhancing women's nutrition and medical support and reducing the risk of domestic violence during pregnancy. These synergies and interlinkages are what make asset creation in women's hands a critical part of the Eleventh Plan agenda for women's economic empowerment.

Amenities for Urban Poor Women

6.40 The Eleventh Plan recognizes slum dwellers, most of whom are employed in the informal sector, as important contributors to cities' economy. Even though relocation of slums may sometimes be inevitable, appropriate measures need to be taken to ensure that the slum dwellers, especially women, do not lose access to livelihood opportunities and basic amenities. Today, almost 30–40% of India's urban population lives in slums. Over 62% of this population does not have access to sanitation services and 25% does not have access to water.¹³ Since it is generally women who fetch water, they spend much of their time and energy at water pumps, in water queues, or walking to other colonies. The Asian Development Bank (2007) estimates that India's housing shortage is as high as 40 million units, suggesting that more than 200 million people are living in chronically poor housing conditions or on the pavements. In the absence of toilets, poor women are forced to defecate in public places such as railway tracks, parks, open spaces, or even public pavements. Not only do they feel ashamed by this, but it is a serious health and security hazard as they can only use these public spaces in the dark. Thus provision of clean drinking water, toilets, and sanitation in urban slums will be an important challenge for ensuring gender justice in the Eleventh Plan.

Homes and Homesteads for Poor Women

6.41 Home ownership not only provides shelter but also serves as collateral in credit markets and increases social status and security in the event of natural or manmade disasters. As more than half the women workers in the unorganized, non-agricultural sector

¹³ World Bank, 2007.

work from their own homes, a home is a productive and wealth-generating asset for millions of low-income women. There is well-documented evidence to show that in both the urban and rural context, women's ownership of housing offers a vital form of security against poverty and enhances associated economic and social status. There are three main sources of access to land: family, State, and market. The challenge in the Eleventh Plan is to tap all these three sources. With the amendment of the Hindu Succession Act we have already taken the first step towards enhancing women's claims through inheritance. This should be strengthened by enacting gender-equal laws, adopting vigilance in recording women's claims, increasing legal awareness, and providing legal aid. All housing provided by the government during the Eleventh Plan should either be half in the name of the woman in the household or in the single name of the woman. Single women, widows, and women in difficult circumstances will be given priority. Finally, the Eleventh Plan agenda will strive to support women's access via banks by developing a system of reaching housing finance at reasonable rates to poor women. This will require provision of subsidized credit, changes in land tenure policies, and in norms for mortgages and housing loans.

ENSURING FOOD SECURITY

6.42 During the Eleventh Plan attempts will be made to strengthen the PDS system and revise BPL census norms to ensure that women in vulnerable situations, particularly widows, single women, internally displaced women, and women in conflict situations are covered.

6.43 The agrarian crisis is taking a heavy toll on women, with farmer suicides leaving women behind to take care of family and indebtedness. The Eleventh Plan will have a comprehensive package of inputs from various sectors like agriculture, rural development, Khadi and Village Industries Commission (KVIC), MoWCD, along with micro-credit facilities, and capacity building inputs for women from affected families.

Self-help Groups (SHGs)

6.44 While strengthening SHG initiatives, policies and schemes the Eleventh Plan will simultaneously increase women's awareness, bargaining power, literacy, health, vocational, and entrepreneurial skills. It will prioritize training, capacity-building inputs, and the creation of backward-forward linkages, which are essential to generate sustainable livelihood opportunities. Given the scale of the phenomenon, there is a need to review the SHG interventions and ground realities to determine how SHGs may better serve the interests of poor women, and suggest changes required in overall SHG policy frameworks. The Eleventh Plan recognizes the importance of this issue and proposes a HLC to conduct a review of SHG-related policies and programmes.

ENGINEERING SOCIAL EMPOWERMENT

Health

6.45 Health care access remains low for many women, especially the poor and marginalized who suffer from multiple exclusions and stigmatized groups such as sex workers and women with alternative sexualities. The

Box 6.4

Ordinary Women Who Did the Extraordinary

Making women partners in their own health care has proved to be an effective strategy for ensuring good health and well-being of the society in general. This is what the experience from places like Gadchiroli (Nagpur, Maharashtra), Ongna (Udaipur, Rajasthan), Khajrana (Indore, MP), and Ganiyari (Bilaspur, Chattisgarh) demonstrates. In Gadchiroli, ordinary women, most of them class 5 or 6 pass, have managed to reduce the NMR by half. They have also managed to bring about an attitudinal change. Women now get better nutrition during pregnancy. Many unhealthy and unsafe practices traditionally carried out during childbirth have been curtailed. In Ongna, a cadre of *Swasthyakarmis* have spread the message of good health and sanitation. They have led to increased coverage of the Directly Observed Treatment Short (DOTS) course programme. In small forest fringe villages in the Achanakmaar National Park in Chhattisgarh, illiterate and semi-literate Baiga, Gond, and other tribal women proudly flaunt their satchels replete with medicines like chloroquine, amoxicillin, pictorial charts explaining their use, breath counters for pneumonia detection, dressing for wounds, and pregnancy kits. These women have managed to provide much needed medical relief to the local population. In Khajrana, in Indore, slum women have got together under the Rehbar Society to ensure that slum dwellers get access to medical aid and medicines.

Plan recognizes the gender dimension of health problems and seeks to address issues of women's survival and health through a life cycle approach. Making ordinary women partners in their own health care is an underpinning of Women's Health in the Eleventh Plan.

6.46 The Eleventh Plan agenda is to move beyond the traditional focus on family planning and reproductive health, to adopt a holistic perspective on women's health. For this, allocation towards health is being stepped up. Details of the Eleventh Plan roadmap for women are available in Chapter 3.

6.47 The high rates of MMR and IMR, poor prenatal and postnatal care, combined with the low proportion of institutional deliveries is a grave cause of concern. Empowering adolescent girls through information about health, sexuality, and increased awareness to negotiate rights with families, future partners, and in the workplace is equally important. The challenge is to create an enabling environment with information, services, and health programmes for women to exercise their rights and choices. The Eleventh Plan commitment to reduce MMR and IMR is detailed in Chapter 3.

6.48 The effect on women of HIV/AIDS is a critical area. There is an increase of mother to child transmission of HIV and paediatric HIV cases. The Eleventh Plan will commit resources to move towards a multi-sectoral, decentralized, gender-sensitive, community-based health service of which HIV/AIDS prevention and treatment is an integral part. It will prioritize information dissemination on a mass scale for prevention and treatment of HIV/AIDS. Resources will have to be made available to address the socio-economic problems faced by HIV positive women, including access to ARV treatment, medical services, child care, and livelihood security. Enacting legislation that protects HIV-positive women against discrimination in education, livelihood opportunities, workplace, medical treatment, and community will be the gender equity agenda for the Eleventh Plan.

6.49 Many other factors affect the health of women. For instance women's risk of mortality from indoor air pollution resulting from use of unprocessed fuels

is estimated to be 50% higher than of men. While over time, community investment in low cost clean fuel such as biogas will be encouraged, in the interim, firewood needs to be made available. Provision of clean drinking water and sanitation facilities are also important for good health. Intersectoral convergence to ensure the health and well being of women in this regard is a major challenge before the Eleventh Plan.

Curbing Increasing Violence against Women (VAW)

6.50 During the Eleventh plan period, the justice delivery mechanism as well as the legislative environment under the PWDVA 2005 will be strengthened. VAW will be articulated as a Public Health issue and training will be provided to medical personnel at all levels from public health facilities (PHCs) to premier health facilities. It will be included in medical education because the medical and health establishments are often the first point of contact for women in a crisis situation. Training and sensitization of health personnel will include recognizing and dealing with injuries resulting from VAW and providing psychological support. Multiple forms of sexual VAW in conflict zones and in communal or sectarian violence, where they are specifically targeted as embodiments of community honour are cause for great concern. In the Eleventh Plan period, a National Task Force on VAW in Zones of Conflict will be set up under the National Commission for Women (NCW) with adequate budgetary allocations to make it effective in monitoring VAW in conflict zones and facilitating relief and access to justice for affected women.

MENTAL HEALTH

6.51 Mental health has long been a neglected and invisible area. NFHS-3 shows disturbing evidence that women have internalized domestic violence leading to intense mental illness. The chapter on Health details the Eleventh Plan direction in this regard.

Education

6.52 The challenge in the Eleventh Plan is to retain girls in school and to bridge gender disparities in educational access, specifically for SC, ST, and Muslim communities through allocation of greater resources

Box 6.5**Ensuring Equality for Muslim Women: A Big Challenge**

Even today, 59% Muslim women have not attended school and 60% are married by the age of 17. Overall, Muslims have a literacy rate of 59.1%, 5.7 percentage points lower than the national average. While in Haryana, one-fifth of Muslim women are literate, the figure is about one-third in Bihar and UP. In 15 States, the literacy level among Muslim women is less than 50%. Muslims register the lowest work participation rate of 31.3%, and just about 14% of Muslim women are registered as workers. Even in Kerala and Tamil Nadu, which have high literacy rates among all communities, including Muslims, the work participation rate of Muslims is 14 percentage points lower than that of Hindus.

Ensuring that Muslim women get access to education, health, and livelihoods, not just at par with Muslim men but with female and male counterparts from other religions will be a critical challenge for the Eleventh Plan.

and more context-specific programming. This calls for strategies to increase the number of women and girls from these socially disadvantaged communities in professional, technical, and higher education and in posts of teachers.

6.53 The Eleventh Plan will make concerted efforts to examine why young girls, especially those belonging to particular socio-economic and cultural groups, are unable to access education despite the SSA. Through provision of crèches, scholarships, and adequate infrastructure, especially toilets in schools, it will facilitate enrolment and retention of girls in the education system. Details of Education for girl children and women are available in the Education Chapter.

Women and Media

6.54 Much of television programming propagates patriarchal values and portrays women roles in detrimental ways. As the nodal agency for the empowerment of women, one of the important tasks for the MoWCD during the Eleventh Plan will be to curtail the harmful effects of television on women's lives through a gender-informed media policy. It will harness this powerful medium to promote the message of gender equity through positive programming and information dissemination on laws and schemes. For this, the Ministry might engage in a professional PPP with media experts with gender specialization. In order to operationalize an aggressive and professional multi-media strategy, there may be a need to set up a separate media unit within the MoWCD, with the participation of professional media consultants and women's media groups.

Reaching Marginalized and Vulnerable Women

6.55 Intersections between gender and other social and economic variables reinforce vulnerability of more than one type and result in double and triple discrimination amongst women belonging to particular groups. Sectoral planning often fails to capture this. Our ability to recognize these intersections and address the specific deprivations will be the real test of the Eleventh Plan agenda of inclusive growth. For example, women in the NER continue to be excluded from traditional decision-making bodies like Durbars and Village Councils. To attain inclusive growth for them, support services like counselling centres, shelter homes, drug rehabilitation centres, particularly for victims of HIV/AIDs, working women's hostels etc., have to be provided.

Zero Tolerance for Discrimination against SC/ST Women

6.56 It is critical that the Ministries of WCD, Social Justice and Empowerment, and HRD join hands to enforce penalties for blatant violations of the constitution and the Scheduled Caste and Scheduled Tribes (Prevention of Atrocities) Act, 1989. Crimes of caste-based discrimination, untouchability, *devadasi/jogini*, and manual scavenging will be strictly punished according to law. Institutions like NCW, National Human Rights Commission, SC/ST Commission, Safai Karmacharis Commission will be urged to take up SC/ST women's issues as priority. Implementation of the Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) will be maximized by earmarking of the funds in proportion to the SC/ST population under all schemes of the various line Departments. Distinct provisions for SC women will be made in the

planning of programmes, allocation of finances, and in distribution of reservation facilities in education and employment.

6.57 An important agenda for the Eleventh Plan is to ensure that the rights of tribal women over community land and forest produce are recognized and established. The economic base of tribal and other villages will be strengthened to prevent migration. The plan also purports to encourage, document, and popularize tribal women's knowledge of indigenous, traditional healing practices. It will try to include voices of tribal women in both national and State-level planning forums that deal with women's issues. Details of Eleventh Plan commitment to SC/ST women are available in the Social Justice chapter.

MINORITY WOMEN

6.58 Minority women are typically engaged in home-based, subcontracted work with lowest levels of earnings. The Sachar Committee Report has pointed out the absence of adequate social and physical infrastructure and civic amenities in Muslim-dominated habitations and the multiple discriminations faced by Muslim women. To fulfil its agenda for inclusive growth, the Eleventh Plan will ensure that Muslim localities are provided with universal benefits of primary and elementary schools, water, sanitation, electricity, public health facilities (PHCs), anganwadis, ration shops, roads, transport facilities, access to government development schemes and facilities, such as BPL cards and widow pensions. Education will be made accessible for Muslim girls by locating educational institutions near Muslim areas, establishing some girls' schools, and increasing scholarships for Muslim girls. The challenge is to make technical and higher education opportunities available to minority women and to link them to employment. Access to low interest credit, markets, technical training, leadership training, and skill development for Muslim female home-based workers and entrepreneurs will be ensured. Representation of religious minorities in public employment will be increased and minority women will be provided access to institutional and policy level decision-making.

6.59 In view of the double discrimination faced by Muslim women, the Prime Minister's 15-point

Box 6.6

Leadership Development of Minority Women: A Proposed Pilot Scheme

To tackle the double discrimination faced by Muslim women, the MWCD will formulate and implement a pilot scheme for 'Leadership Development for Life, Livelihood, and Civic Empowerment of Minority Women'. This scheme will reach out to minority women and provide them with support, leadership training, and skill development so that they can move out of the confines of home and community and assume leadership roles in accessing services, skills, and opportunities that will improve their lives and livelihoods. The scheme will give them training, inputs, information, and the confidence to interact with the government system, banks, and intermediaries at all levels. Implementation of the scheme through NGOs in the initial phase will also encourage the NGO sector to take up work with this neglected community. Initially the pilot scheme can be launched in five States with large minority populations. It is expected that this scheme will reach 35000 to 50000 women directly and hundreds of thousands indirectly.

programme for the minorities is a critical statement of intent. To further this agenda of inclusive growth, MoWCD will work on a pilot scheme for 'Minority Women' to empower them and place them in the forefront of making the government system at the grassroots responsive to the needs of the minority community. Such a scheme will provide critical learning and benchmarks to launch more ambitious programmes for minority women in subsequent plans. In addition to this, targeted development of SC, ST, and minority women will be made a stated part of implementation strategies of all WCD programmes/schemes and of the SSA. It will be made a mandatory part of their parameters of review and monitoring guidelines.

INTERNALLY DISPLACED WOMEN

6.60 Internal displacement due to social strife and upheaval affects men and women differently. Adult and adolescent males are separated from families and the number of female-headed households increases. Even when families remain together, trauma and stress of displacement may destroy the unit leading to increased incidence of domestic violence and abuse. Internally displaced women are at greater risk of gender-based violence including physical and sexual attacks. They

Box 6.7 Hope for Single Women

Tagore's poem 'Ekla Chalo Re', which exuded confidence in self, truth, and dignity, finds echo in the ideals of the *Ekal Nari Shakti Sangathan*—Association of Strong Single Women established in January 2000 in Rajasthan. This grass roots mass membership organization has widows, separated, abandoned, and abused women as its members. In the last seven years, the Sangathan has sought to address every day issues of these women. It has altered the destiny of many, fighting injustice, red-tapism, and parochial mindsets. By mid-2007, Ekal Nari had 21325 members in 26 of the 32 districts of Rajasthan.

This organization is a mass movement. These Ekal women have achieved the impossible—from closing down liquor shops and revolting against age-old practices to increasing pensions and assistance for widows. The group has also introduced pension for low income, separated women. Using both satyagraha and open defiance as strategy, the Sangathan has ensured employment to women who were facing manipulation and threats. Today the movement has spread to Himachal Pradesh, Jharkhand, and Gujarat.

suffer psychological and physical trauma. The Eleventh Plan is committed to mitigating the negative impact on women of displacement due to natural or manmade calamities, incidents of communal violence, or social upheaval and development projects. It will formulate gender-sensitive relief and rehabilitation policies; women will have joint rights to any land or assets that are part of rehabilitation packages.

WOMEN WITH DISABILITY

6.61 Women with disabilities are considered a financial burden and social liability by their families; denied opportunities of mobility and access to education; viewed as asexual, helpless, and dependant; taken advantage of and abused; denied aspirations for marriage and motherhood; and are isolated and neglected with no hope of a normal life. Although a rights-based approach today defines the disability rights movement, the specific concerns of women with disabilities have to be adequately reflected in the planning process. RCH programmes will pay attention to reproductive health needs of women with disabilities. Violation of their reproductive rights through forced sterilization, contraception and abortion especially in institutions will be dealt with severely. In the Eleventh Plan, women with disabilities will be specifically included in gender equity programmes, both as beneficiaries and as project workers. The Eleventh Plan sensitization programmes of government departments, police, and health care personnel will include sensitization to the needs of women with disabilities. Laws will be strictly enforced in cases of discrimination.

WOMEN AFFECTED BY DISASTERS

6.62 Disasters, both natural and manmade, have the worst impact on women. Their lower social status often results in various kinds of exclusions from rehabilitation and relief benefits. This poses a serious challenge to the Eleventh Plan goal of gender equity and gender justice. To overcome this, disaster management policies in the Eleventh Plan will ensure representation of women in relief committees. Resource allocations will be made for sensitization of government, aid workers, armed forces and all personnel involved in relief work. Social equity audits will be conducted. The Plan will promote the collection and use of gender-disaggregated data to inform relief and rehabilitation policies. It will also examine and review the Relief Code and Disaster Management Bill to ensure gender mainstreaming.

6.63 In addition to the categories of vulnerable and marginalized women discussed above, the Eleventh Plan will also have to pay special attention to other categories including migrant women, urban poor women, and single women to fulfil its commitment of equality and gender justice.

6.64 To tackle the problem of child marriage, the Eleventh Plan will call for compulsory registration of marriages and verification of age at the time of marriage.

ENABLING POLITICAL EMPOWERMENT

A. Panchayati Raj Institutions (PRIs)

6.65 Notable constitutional, legislative, and policy reforms, and continued administrative decentralization

have demonstrated the government's commitment to increase women's grass roots political participation. Although only one-third of seats were reserved for women by the 73rd and 74th constitutional amendments, the actual representation is higher at all levels. Women's increased political participation has yielded a range of positive results, not only for women, but also for their families and communities. Central issues in development such as health, nutrition, family income, and education are finding their way to the top of the agenda for action. Women's participation brings about more inclusive governance and effective community-centred development. Yet in many places, especially in States like UP, Bihar, and Rajasthan, women continue to serve as proxies. The challenge for the Eleventh Plan is to ensure that women panchayat members are empowered to take their own decisions.

6.66 The Eleventh Plan will undertake the following measures to accelerate the process of women's political empowerment and participation in PRIs:

- The no-confidence clause is often used to remove women *sarpanches*. State governments will be advised to ensure that women sarpanches cannot be removed for at least a year and a half by a no-confidence motion. If a no-confidence vote is passed, the replacing incumbent should also be a woman from the same social group as the earlier incumbent;
- States should revisit the two-child norm laws that

prevent those who have more than two children from holding office. This law has been repealed across some States because it was found to be used against women in that it disproportionately impacted poor, SC, ST, Muslim, and tribals. More tragically, the norm led to increasing female foeticide;

- Increase resource allocation for capacity building of all PRI members (male and female) in diverse areas pertaining to gender sensitization and women's rights, as well as in the political skill-building of women members of PRIs;
- Greater effort to include poor and other excluded women on State Planning Boards and Commissions;
- Funds for time-series evaluations of the impact of women on PRIs, and on enabling policy conditions and contextual factors for women's political participation;
- Accelerate the State Governments' process of devolution and decentralization of powers, so that PRIs are not handicapped in carrying out their mandated duties.

EFFECTIVE IMPLEMENTATION OF WOMEN-RELATED LEGISLATIONS

6.67 During the Tenth Plan period, some important legislations have been passed and amended. For example, besides the Hindu Succession (Amendment) Act 2005 and PWDVA 2005 mentioned earlier, the Dowry Prohibition Act was reviewed. A very active civil society has been relentlessly campaigning on these

Box 6.8

Panchayat Women: Ground Realities

Till some time back, Kanjiguzhy village panchayat in Allepey district of Kerala was a backward area of the district. Today it has an annual turnover of over Rs 10 crore, thanks to an active Panchayat Samiti headed by a dynamic woman *pradhan* Jalaja Chandra. Ask her about the number of families in her area, number of SHGs, employment statistics, net profit, amount spent on different development works and she answers confidently. It is not difficult to see why this village has prospered. Kotli village in Fatehgarh Sahib district of Punjab is headed by Paramjeet Kaur who has managed to convince her villagers to let their girl children live. So in a district that made headlines for having the worst child sex ratio in the country, Kotli now boasts of a positive sex ratio. While these and many such women have clearly demonstrated what political empowerment of women can achieve, in many parts of the country woman panchayat members are yet to get their due.

In Bhimra village of Barmer district of Rajasthan, the sarpanch is a woman. She never opens her mouth; it is always the husband who speaks. The fate of her *ghoonghat*-clad counterpart in a Kol village in eastern UP is no different. Here the *Pradhanpati* makes all decisions. In Bihar, power rests with the MPs and SPs—*Mukhiyapatis* and *Sarpanchpatis* i.e. husbands of women *Mukhyas* and *Sarpanches*. In Ongna village of Udaipur district (Rajasthan), the women panchayat members rue the day they were elected. 'We have no powers; we are never allowed to attend meetings. When villagers come and ask us why we haven't done anything, what do we say?' they question.

issues. Their experiences and recommendations will be taken on board to ascertain that the rights of every woman are enshrined in laws.

6.68 Under the Eleventh Plan budgetary allocations will be made for publicity and for creating the required infrastructure for effective implementation of these legislations. MoWCD will appoint Protection Officers and set up district-level cells to be responsible for monitoring and implementation of Protection of Women from Domestic Violence Act (PWDVA) and other Acts under its charge.

6.69 Ministry of WCD will also try and ensure the enactment of other legislations that benefit women. The government is already contemplating the unorganized sector bill to provide social security to unorganized sector workers; besides this the schemes for life and health insurance have already been introduced. These should be implemented with a special emphasis on safeguarding the interests of women. The DPA will be reviewed to clarify existing provisions relating to the definition of the dowry and penalties for guilty parties. Implementation of PWDVA with DPA will be linked to enable PWDVA protection officers to take action under the DPA. The Eleventh Plan will also have provisions for sensitization of medical professionals on recording of evidence in cases of dowry deaths, training and capacity building of law enforcement functionaries and awareness generation about problems of dowry. Efforts will be made to ensure effective monitoring and enforcement of Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) (PC and PNDT) Act, 2002 through Central and State Supervisory Boards and adequate allocation of funds. Public awareness and community mobilization will be generated along with training the authorities to deal with the issue of sex determination and sex selective abortions.

6.70 The MoWCD will ensure the enactment of the bill to prevent sexual harassment at the workplace. The Immoral Traffic (Prevention) Act (ITPA) is already being reviewed to ensure that women in prostitution are not victimized further. In addition to this, the

Eleventh Plan will strengthen inter-regional networks to check forced migration and trafficking. Special police officers will be appointed to promote community level vigilance to reduce trafficking. There will be special training modules on trafficking for police, judiciary, and other government personnel. More rehabilitation homes will be established.

6.71 To tackle the conflict-related VAW, the Eleventh Plan will ensure the inclusion of provisions of sexual violence in the draft law on the prevention of communal violence. It will look into setting up Special Courts to deal with cases of VAW in conflict situations, including those involving security personnel. It will encourage women's involvement in peace keeping, community dialogues, and conflict resolution. There will be special measures for compensation, financial assistance, and support to widows and female headed households in conflict areas.

6.72 The Eleventh Plan will foster women's access to legal services through a range of measures. Women will be exempted from paying fees to fight cases of human rights violations. Funds for legal assistance will be provided to poor women seeking legal redress. Legal awareness programmes will be carried out in all States in collaboration with NGOs working at the grassroots level. Legal Aid Cells consisting of committed and gender-sensitive lawyers will be set up at the Panchayat level to provide information and support to rural women, especially poor women. *Lok Adalats* will be organized to encourage alternate dispute settlement mechanisms for efficacious settlement of cases. The Plan will also work towards increasing the percentage of women in police and judicial services. Training on use of gender specific laws will be provided to all Members and Authorities involved in providing legal services. Concept of *Jan Sunwaiye* will be adopted to listen to people's voices.¹⁴

CREATING INSTITUTIONAL MECHANISMS FOR GENDER MAINSTREAMING AND STRENGTHENING DELIVERY MECHANISMS

6.73 In the Eleventh Plan, institutional mechanisms will carry forward the process of gender mainstreaming

¹⁴ Jan Sunwaiye is a forum of CSO, Government Functionaries and People for hearing and redressal of grievances.

and will be strengthened. National Commission for Women (NCW) and State Commissions for Women will be strengthened to enable them to effectively play their role as the nodal agencies for the protection of rights of women. Towards this end, efforts will be made in the Eleventh Plan to suitably amend the NCW Act to give the Commission more powers. The States likewise, will be urged to review the powers of their Women's Commissions. In addition to this, more functional and financial autonomy and a statutory base will have to be ensured for these organizations to strengthen their legal status. This will not only ensure that these bodies remain non-partisan, it will also increase their credibility. A mechanism will be created to periodically report to the National Development Council the progress on Women's Plans with respect to the National Policy for Empowerment of Women. Action Plans for Women's Empowerment at national and State levels will be drawn up in consultation with all sectoral agencies and civil society including women's groups, lawyers, activists, women's study centres, etc. Cross-cutting issues such as unpaid work, land and asset entitlements, skill development and vocational training, child care, occupational health, wages, VAW will be mainstreamed. *Parivarik Mahila Lok Adalat*¹⁵ will be organized, which will supplement the efforts of District Legal Service Authority. Resource Centres for women will be set up at national and State levels and linked with Women's Study Centres.

6.74 Gender Budgeting and Gender Outcome assessment will be encouraged in all ministries/departments at Central and State levels. Gender Budgeting helps assess the gender differential impact of the budget and takes forward the translation of gender commitments to budgetary allocations. During the Eleventh Plan efforts will continue to create Gender Budgeting cells in all ministries and departments. Data from these cells will be collated on a regular basis and made available in the public domain.

6.75 Gender outcome assessment of fund flows has been made a mandatory part of the outcome budget prepared by every ministry/department as part of their budget documents. In 2005–06, this exercise covered

10 departments and the total magnitude of the Gender Budget (that is, women specific allocations) was recorded at 4.8% of total Union Government expenditure. In 2006–07, 24 departments of the Union Government were included and the magnitude of the Gender Budget was 3.8% of total budget estimates. It was found that schemes, which do not have a 100% women's component, also found a mention as women specific schemes. The Eleventh Plan will therefore ensure that each ministry/department of both Centre and State should put in place a systematic and comprehensive monitoring and auditing mechanism for outcome assessment. In addition, the Ministry of WCD, Ministry of Finance, and Planning Commission will facilitate national level gender outcome assessments through spatial mapping of gender gaps and resource gaps. They will undertake gender audits of public expenditure, programmes, and policies, and ensure the collection of standardized, gender disaggregated data (including data disaggregated for SC/ST and minority women) at national, State, and district levels.

6.76 In the Eleventh Plan period, the existing system of gender-based planning will be extended to other ministries and departments and not confined only to those that have historically been perceived as 'women-related'. Ministries and departments, such as Education, Health and Family Welfare, Agriculture, Rural Development, Labour, Tribal Affairs, Social Justice, and Empowerment, which have the potential to exceed the 30% WCP requirement, will be encouraged to administer more women related programmes. During the Eleventh Plan, efforts will be made to extend the concept of gender based plan component to PRIs and to the 29 subjects transferred to them under the 73rd constitutional amendment. Recognizing that some women suffer greater deprivation and discrimination than others, the Eleventh Plan will refine the norms of WCP to prioritize the most vulnerable as beneficiaries, particularly SC, ST women, Muslim women, single women, differently abled, and HIV-positive women, among others.

6.77 The Eleventh Plan period will seek to make all national policies and programmes gender sensitive

¹⁵ It is a special court, which is mainly concerned with resolving family disputes separately from general criminal cases.

right from their inception and formulation stages. The MoWCD is the nodal Ministry for Gender Budgeting and the coordination mechanism for gender budgeting will ensure that all policies including fiscal and monetary policies, agricultural policies, non-farm sector, information and technology policies, public policy on migration, health insurance schemes, disaster management policies, media policy, and the legal regime among others are relevant from a gender perspective and are thoroughly examined. It will ensure that all legislations before they are presented to Parliament for enactment are cleared by the Parliamentary Committee on Women's Empowerment.

6.78 The Eleventh Plan is committed to ensuring the participation of women in governance through the smooth passage of the much-delayed Women's Reservation Bill. There will be simultaneous training and inputs for women in the PRIs to enable them to influence gender sensitive local planning and implementation. Gender disaggregated data on the participation of women, especially SC/ST and minority women, in Parliament, State legislative assemblies, Council of Ministers, premier services, and in the overall government sector will be collected and made available in the public domain. The Plan will also make proactive efforts to provide competitive exam training and prioritize recruitment of women to All India Services especially IAS, IFS, and IPS.

6.79 The MoWCD will take the lead in creating and maintaining a comprehensive gender-disaggregated data base, for quantitative and qualitative data. The purpose would be: (i) to base new initiatives on facts and figures, (ii) assess the gender impact of programmes, and (iii) assess the level of women's participation in planning and implementing programmes.

ELEVENTH PLAN SCHEMES

6.80 *Swayamsiddha*, an integrated scheme for women's empowerment through SHGs will be the major scheme to be implemented by the Ministry of WCD in the Eleventh Plan. *Swayamsidha* Phase-II will be launched as a countrywide programme with larger coverage in States lagging behind in women development indices. The lessons learnt from *Swayamsiddha* Part 1 and *Swashakti*, especially regarding capacity building of

poor women through SHGs, promoting thrift and credit activities amongst the women themselves, emphasizing on participatory approach towards poverty alleviation, and addressing common problems and issues through the SHGs, will be incorporated in the universalized *Swayamsidha*.

6.81 Support to Training and Employment Programme (STEP), a scheme for skill training of women, will be revamped during the Eleventh Plan based on evaluation results (under way) and will be integrated with *Swayamsidha* to ensure adequate outlay for countrywide implementation as a CSS. The *Rashtriya Mahila Kosh* will also be integrated with STEP and *Swayamsidha* for credit linkages, but will be reviewed in the Eleventh Plan period before considering any further expansion.

6.82 A separate Women Empowerment and Livelihood Project assisted by United Nations' International Fund for Agricultural Development will be implemented during the Eleventh Plan in four districts of UP and two districts of Bihar.

6.83 Various social empowerment schemes for women will be implemented during the Eleventh Plan. Condensed courses of education will be run to facilitate skill-development and vocational training of adult girls and women who could not join mainstream education system or were forced to dropout from formal schools. This will improve their social and economic status by making them employable. The Ministry will use mass media to run an Awareness Generation Project on issues relating to the status, rights, and problems of women. Through this project it will also try to ensure a balanced portrayal of women in newspapers, media channels, serials, films, etc.

6.84 The most important programme for women to be run by the Ministry of WCD during the Eleventh Plan will be the provision of Maternity Benefits. The ICDS scheme will have a component of conditional maternity benefits under which pregnant and lactating mothers will be entitled to cash incentives for three months before birth and three months after the birth of the child. This will encourage and enable mothers to avoid physically stressful activities, meet medical and

nutrition supplementation expenses during the last trimester, and spend time with the child after birth. The benefits under the scheme will be conditional to the mother being registered with the Anganwadi, undergoing regular health check up and immunization.

6.85 Ministry of WCD will continue to run its earlier schemes offering support services. Under a revised Working Women's Hostel scheme, financial assistance will be provided to NGOs, co-operative bodies, and other agencies for construction/renting of buildings for hostels to provide safe and affordable accommodations to working women. The scheme of *Swadhar* homes for destitute women and women in difficult circumstance will continue, albeit with modifications. A women's helpline foundation will also be set up. Under the Short-Stay Home Scheme, suitable accommodation with basic amenities and services like counselling, legal aid, medical facilities, vocational training, and rehabilitation will be provided for women and girls who are victims of marital conflict, crime, or homelessness.

6.86 The Central Social Welfare Board (CSWB) will continue financing NGOs for implementation of various women and child-related schemes. But during the Plan, all the existing schemes of the CSWB will be reviewed and restructured in the light of current requirements. If necessary, some of them will also be merged with schemes of WCD.

NATIONAL AND STATE MACHINERIES

Relief and Rehabilitation of Rape Victims

6.87 The Hon'ble Supreme Court in Delhi Domestic Working Women's Forum vs Union of India and others writ petition (CRL) No. 362/93 had directed the NCW to evolve a 'scheme so as to wipe out the tears of unfortunate victims of rape'. It observed that given the Directive principles contained in the Article 38(1) of the constitution, it was necessary to set up a Criminal Injuries Compensation Board. Besides the mental anguish, rape victims frequently incur substantial financial loss and in some cases are too traumatized to continue in employment. The Court further directed that compensation for victims shall be awarded by the Court on conviction of the offender and by the

Criminal Injuries Compensation Board irrespective of whether or not a conviction has taken place. The Board shall take into account pain, suffering, and shock as well as loss of earnings due to pregnancy and the expenses of child birth if this occurs as a result of rape. Accordingly, NCW has drafted a scheme titled 'Relief and Rehabilitation of Rape Victims'. This scheme will be initiated in the Eleventh Plan as 'Scheme for Relief and Rehabilitation of Victims of Sexual Assault'. For this, the Eleventh Plan will allocate sufficient resources to sensitize law enforcement agencies, medical establishments, etc. It will ensure immediate online filing of FIR and recording of the victim's statement by female police officers. It will set up more forensic labs and DNA testing centres in various districts and provide special care for minor rape victims. It will also ensure the safety of rape victims to testify in courts and appoint a specially designated Judge in the District Court to deal with rape cases.

6.88 These schemes along with the measures suggested above will ensure that when we enter the Twelfth Plan, women are no longer seen as 'Victims', but as agents of socio-economic growth and development for the country.

CHILD RIGHTS

6.89 Development of children is at the centre of the Eleventh Five Year Plan. The Plan strives to create a protective environment, which will ensure every child's right to survival, participation, and development.

STATUS OF CHILDREN: A BRIEF OVERVIEW

PROGRESS DURING THE TENTH PLAN

6.90 Some landmark inter-ministerial and inter-sectoral steps towards child development were taken during the Tenth Plan period. The Sarva Siksha Abhiyan was launched to increase enrolment of children in schools and to ensure that every child has access to quality education. Coverage under the ICDS scheme increased and National Programme for Adolescent Girls was initiated. Schemes like NREGA, TSC, and NRHM were introduced to ensure food security and access to health services for poor households and the children therein.

Box 6.9 Tenth Plan Schemes for Children

Rajiv Gandhi National Crèche Scheme is for children of working mothers. Eight lakh crèches are required to meet the child care needs of an estimated 22 crore women in the informal sector. Till September 2006, 23834 crèches were sanctioned under this scheme.

Integrated Programme for Street Children aims to prevent destitution of children and engineer their withdrawal from streets by providing basic facilities like shelter, nutrition, health care, education, recreation, and protection against abuse and exploitation. During the Tenth Plan, over 2 lakh children benefited from this.

Scheme for Welfare of Working Children in Need of Care and Protection provides non-formal education, vocational training to working children to facilitate their entry/re-entry into mainstream education and prevent their exploitation. The scheme is implemented through NGOs. Between 2005 and 2007, 6996 children benefited from this programme

Scheme of 'Assistance to Homes (Shishu Greh) for Children' provides grant-in-aid through Central Adoption Resource Agency to government institutions and NGOs for increasing and promoting adoptions within the country. During the Tenth Plan period there were 2650 beneficiaries under this scheme.

Nutrition Programme for Adolescent Girls was launched by the Planning Commission, in 51 districts, on a pilot project basis, in 2002–03. The scheme was transferred to MoWCD. It envisages that all adolescent girls (10–19 years) will be weighed four times a year and families of girls weighing less than 35 kg will be given 6 kg of foodgrains/month for three months.

Kishori Shakti Yojana provides self-development, nutrition, health care, literacy, numerical skills, and vocational skills to adolescent girls between 11 and 18 years of age.

Programme for Juvenile Justice provides 50% assistance to State Governments and UT administrations for establishment and maintenance of various levels of institutions for juveniles in conflict with law and children in need of care and protection. Almost 2 lakh children were covered during the Tenth Plan.

ICDS

6.91 In accordance with the NCMP commitment and SC directive for universalization, the coverage under ICDS was expanded from 5652 sanctioned projects at the beginning of the Tenth Plan to 6291 projects and 10.53 lakh anganwadi centres sanctioned up to March 2007. Of this, 5670 projects were operational through 7.81 lakh Anganwadi Centres by the end of Tenth Plan. Until December 2006, 6.62 crore beneficiaries comprising 5.46 crore children and 1.16 crore pregnant and lactating mothers were covered.

6.92 In addition to the above schemes, the Tenth Plan adopted new policies like the National Charter for Children, 2003. In 2005, the National Commission for the Protection of Child Rights Act was passed to provide for the constitution of a National Commission and State Commissions for protection of child rights and for children's courts for speedy trial of offences against children or violation of child rights. The National Plan of Action for Children 2005 was also formulated to address the specific commitments

set out in the MDGs. Further important amendments were carried out in the Juvenile Justice (Care and Protection of Children) Act, 2000 in 2006.

6.93 Despite these measures we have fallen short of the Tenth Plan targets, partly because they were unrealistic and partly because of poor implementation of schemes. For instance it took two decades to reduce the gender gap in literacy from 26.62 % in 1981 to 21.69% in 2001, but the Tenth Plan envisaged a reduction by 50% in five years.

6.94 Lack of adequate budgetary allocations (as seen from Table 6.5 below on Sectoral allocation and expenditure in Budget for Children, BFC as percentage of the Union Budget), has also impacted on the country's ability to meet the MDGs with respect to children.

6.95 Table 6.5 on BFC clearly demonstrates that despite the alarming increase in various forms of crimes against children, child protection remains a largely neglected sector.

Box 6.10
State of ICDS

In Tarana village of MP, the AWC is a *kutchcha* house with slush outside. Foodgrains are stored in the house of the AWW who States that, ‘There are rats at the centre. So I can’t leave food there.’ Meanwhile villagers complain that their children fall ill if they eat at the AWC.

In Gohilaon in Bhadohi District of UP, the AWC runs from an empty room with broken furniture in the primary school premises. The registers are missing, AWW is seldom present and grain is stored in the helper’s house next door.

Gokarnapur ICDS centre in Ganjam district of Orissa has been running from the AWWs’ house for over five years now. A handful of rice and dal provides meal to 30 children. Immunization, weighing scales, growth charts, PSE, etc. are all unheard of here.

In Barmer district of Rajasthan, ICDS workers are illiterate. Some, like the AWW at village Rawatsar can’t even fill growth registers. In Chizami village of Phek district in Nagaland, the centre runs from a dank and cold building. Children receive two glucose biscuits as SNP. And six AWCs with 150 children run from a single verandah in Maalab village of Mewat in Haryana.

In Jehangirpuri, in Delhi, ICDS centres do not have weighing scales and they have not received deworming capsules and IFA tablets for 10 years.

In States like Himachal, Kerala, and Tamil Nadu, the ICDS programme is doing better. In Chamba in Himachal, toilets are being built at AWCs. In Tamil Nadu, there is a proper preschool curriculum followed by the AWW. Children are well fed and stay at the AWC for almost six hours. They have sleeping mats, toys, even mirrors to comb their hair and stay clean. In Chamarkundi village of Ganjam district of Orissa, women’s SHG supplement the Anganwadi food with eggs and vegetables.

TABLE 6.5
Sectoral Allocation and Expenditure in Budget for Children (BfC) as percentage of the Union Budget

Year	Health		Development		Education		Protection		BfC	
	BE	AE	BE	AE	BE	AE	BE	AE	BE	AE
2000–01	0.542	0.38	0.358	0.39	1.466	1.34	0.023	0.02	2.389	2.14
2001–02	0.469	0.37	0.407	0.43	1.414	1.39	0.029	0.03	2.319	2.2
2002–03	0.505	0.35	0.448	0.48	1.452	1.40	0.036	0.03	2.441	2.25
2003–04	0.497	0.40	0.501	0.41	1.468	1.51	0.031	0.02	2.497	2.35
2004–05	0.646	0.52	0.421	0.46	1.644	1.96	0.033	0.03	2.745	2.96
2005–06	0.762	NA	0.659	NA	2.629	NA	0.034	NA	4.084	NA
2006–07	0.837	NA	0.829	NA	3.534	NA	0.035	NA	5.236	NA
Average	0.61	0.41	0.52	0.44	1.94	1.55	0.03	0.03	3.10	2.42

Note: Actual Expenditure is available till 2004–05, so the average for the actual expenditure has been calculated for that period only.

Source: Demand for Grants—All Ministries, HAQ: Centre for Child Rights, New Delhi.

SOCIO-ECONOMIC INDICATORS

Health

6.96 Almost 2.5 million children die in India every year accounting for one in five child deaths in the world. In almost all cases girl children are 50% more likely to die than boys. India also accounts for 35% of the developing world’s LBW babies and 40% of

child malnutrition. According to the report on the *State of India’s Newborns*,¹⁶ India has the highest number of births as well as neonatal deaths in the world. Inherent in the health system is a strong gender bias against the female at all levels. The report also reveals that for every two sick male newborns admitted to a facility; only one female infant was admitted.

¹⁶ *State of India’s New Born*, Report of National Neonatology Forum of India and Save the Children, 2004.

TABLE 6.6
Monitorable Targets for the Tenth Plan and Achievements

S. No.	Indicators	Target Set	Current Status
1.	IMR	45 by 2007 and 28 by 2012	57 (NFHS-3) 58 (SRS 2005)
2.	MMR	2 by 2007 and 1 by 2012	3.01 (SRS 1997–2003)
3.	Gender gaps in literacy	Reduce by at least 50% by 2007	21.70% (Census of India 2001)
4.	Gender differential in wage rates	Reduce by 50% by 2007	Ratio of female wage/male wage reduced to 0.59 for rural and 0.75 for urban areas (NSSO, 2004–05). Therefore indicating increase in gender differential in wage rates
5.	Literacy	All children in school by 2003	0.95 crore out of school children
6.	Five years of schooling	For all children by 2007	Drop out rate for Primary level—29%; Middle Level—50.8% (2004–05)

Source: Selected Educational Statistics, MoHRD, 2004–05.

TABLE 6.7
Health Status of Children in India vis-à-vis in Other E-9 Countries

Country Name	Under-5 mortality rate (per thousand)		Progress towards MDG for reducing under-5 and Infant Mortality Rates by two-thirds	%age of under-5s with stunting (1995–2001)	GDP per capita (PPP US\$, 2001)
	1960	2001			
Bangladesh	248	77	On track	45	1610
Brazil	177	36	On Track	11	7360
China	225	39	Far Behind	17	4020
Egypt	282	41	On Track	19	3520
India	242	93	Lagging	46	2840
Indonesia	216	45	On Track	–	2940
Mexico	134	29	On Track	18	8430
Nigeria	207	183	Far behind	46	850
Pakistan	227	109	Far behind	–	–
E9 Average	218	72		29	3717

Source: The State of the World's Children (2003), UNICEF; Human Development Report (2003), UNDP in ECCE in E-9 Countries: Status and Outlook. Prepared for the Fifth E-9 Ministerial Meeting.

6.97 A study by International Labour Organization (ILO) in 2002,¹⁷ found that children of HIV-infected parents are forced to face significant decline in income and heavy discrimination. Children orphaned by AIDS, especially girls, tend to become vulnerable to prostitution due to their disadvantaged socio-cultural status. In India, of the 70000 children in urgent need of ARV treatment, only 1048 (1.5%) are currently receiving this lifesaving therapy.¹⁸ NACO with support from UNICEF, Indian Academy of Paediatrics, Clinton Foundation, WHO, and the GoI has recently launched

a new initiative that had, till May 2007, reached out to 4100 children needing ARV.

6.98 India also has the largest percentage as well as the largest absolute number of vitamin A deficient children. Water-borne diseases afflict a large number of children leading to numerous child deaths. Only 42% of Indian households have access to piped water (NFHS-3) and in the absence of potable water, children continue to suffer from stomach ailments. Diarrhoea, often caused by unsafe drinking water or

¹⁷ Assessing the Socio-economic Impact of HIV/AIDS on People Living with HIV/AIDS, ILO, 2002.

¹⁸ Stop HIV/AIDS in India Initiative, 2005.

Box 6.11
Socio-Economic Status of Children

- IMR is as high as 57 per 1000 live births (NFHS-3)
- Birth registration in India is just 62% (Registrar General of India, 2004)
- MMR is equally high at 301 per 100000 live births (SRS, 2001–03)
- Only 43.5% children in the age group of 12–23 months are fully immunized
- The number of children orphaned in India is approaching 2 million (World Bank 2005)
- Only 21% children in the age group of 12–35 months receive a dose of vitamin A
- Nearly 60000 newborns are infected every year from 189000 HIV-positive women
- Only 26% children who had diarrhoea got ORS (NFHS-3) as compared to 27% in NFHS-2.

Box 6.12
Child Immunization: South Asia Performance

India has the lowest child immunization rate in South Asia. The proportion of children who have not had a BCG vaccine in India is twice as high as in Nepal, more than five times as high as in Bangladesh, and almost 30 times as high as in Sri Lanka.

Child immunization is virtually universal in Sri Lanka. This success is largely based on public intervention. Sri Lanka has an IMR of only 12 per 1000. The contrast in immunization rates between Bangladesh and India reflecting the proportion of children who have not been vaccinated is two to five times as high in India as in Bangladesh.

National averages often hide major disparities between regions and socio-economic groups. For a child born in Tamil Nadu, the chance of being fully immunized by age one is around 90%. Chances of being fully immunized are only 42% for the average Indian child, dropping further to 26% for the average 'ST' child, and a shocking 11% for the average Bihari child. When different sources of disadvantage (relating, for instance, to class, caste, and gender) are combined, immunization rates dip to abysmally low levels. For instance, among 'ST' children in Bihar only 4% are fully immunized and 38% have not been immunized at all.¹⁹

poor sanitation, is the second leading cause of death among children. Yet only 58% of children with diarrhoea were taken to a health facility, down from 65% seven years earlier (NFHS-3).

Child Diabetes

6.99 A cause for alarm is that diabetes is now being detected in very small children. According to hospital statistics, in 2002, Delhi alone had about 4000 to 5000 diabetic children and it is estimated that there might be an equal number of undiagnosed cases.

Nutrition

6.100 One of every three malnourished children in the world lives in India; every second child is under-weight. NFHS-3 data shows that despite various interventions, incidence of under-nutrition, stunting, and wasting among children continues to be very

high with an increase in the number of under-weight children in States of Bihar, Haryana, and Gujarat. As children grow up, poor nutrition and ill health affects their learning abilities and preparedness for schooling. An assessment of diet and nutritional status carried out by the NNMB in 2006 revealed that the proportion of adolescent girls who could be considered 'at risk' due to stunting was 35.5% and those under weight was 38.5%.

6.101 Childhood anaemia below 3 years has gone up from 74.2% in NFHS-2 to 79.2% in NFHS-3 while Bihar has seen an increase of 7% in rates of anaemia in this age group. This is partly because of food insecurity at the household level. Poor breastfeeding practices together with lack of complementary feeding also aggravates child malnutrition.

¹⁹ Infochangeagenda-June 2007.

Education

6.102 The education strategy in primary and secondary schooling is the most important intervention for giving children their due rights. The Eleventh Plan strategy in this respect is discussed in the chapter on Education. The Plan envisions to reach out to all categories of children, including children with disabilities, who are discriminated against in the education system. According to the 2001 Census Report, 1.67% of the total population in the 0–19 age group is differently abled. The SRI-IMRB report (2005) estimates that 38% of CWSN are out of school. The percentage of children with disability, both in primary and upper primary classes, is below 1% of the total enrolment in classes. Yet only 4.50% primary schools and 8.15% integrated higher secondary schools have the provision for ramps.

Exploitation, Violence, and Abuse

6.103 India has the highest number of child labourers. The Census report clearly points to the increase in the number of child labourers in the country from 11.28 million in 1991 to 12.59 million in 2001.²⁰ Although the number of children employed in the agricultural sector, in domestic work, roadside restaurants and sweet meat shop, automobile mechanic units, rice mills, Indian-made foreign liquor outlets and most such sectors considered as 'non-hazardous', there is ample evidence to suggest that more and more children are entering the labour force and are also

exploited by their employers. In many cases such children are forced to work for long durations, without food and for very low wages. Many of the live-in domestic workers are in a situation of near slavery with constant violation of their human rights. There is a need to address the rehabilitation of these children including shelter, education, food, health and other needs and return to families based on review of their situations.

6.104 Crimes against children continue to spiral with rising figures for kidnapping and abduction (3518 in 2005), infanticide (187 in 2005), and foeticide (86 in 2005). Children's vulnerability to physical abuse is exposed in the grim statistics of child rapes that have increased from 2532 cases in 2002 to 4026 cases in 2005.²¹ Porous borders and increasing poverty has increased procuring, buying, and selling of girls for prostitution. Falling sex ratios and annihilation of the girl child has led to an increase in child marriages.

6.105 Over 44000 children go missing every year, of which more than 11000 children remain untraced. Traditional forms of violence and abuse against children such as child marriage, economic exploitation, *Devadasi* tradition continues in many parts of the country. Further physical and psychological punishment in the name of discipline is rampant and even culturally acceptable in schools and homes across the country.

6.106 Violent situations, circumstances like forced evictions, displacement due to development projects, war and conflict, communal riots and natural disasters, all take their toll on children and affect their physiological and social development.

Voicelessness

6.107 In spite of legislations in the past, children have no right to be heard in either administrative or judicial processes. This limits their access to information and to choice, and often to the possibility of seeking help outside their immediate circle.

Box 6.13 Nutrition Status of Children

- Three out of four children in India are anaemic
- Every second new born has reduced learning capacity due to iodine deficiency
- Children (0–3 years) underweight are 46% in NFHS-3, a marginal decrease from 47% in NFHS-2
- Children under 3 with anaemia are 79% (NFHS-3), an increase from 74.2% in NFHS-2
- Only 23.4% children are breastfed within the first hour of birth and 46.3% are exclusively breastfed for 6 months (NFHS-3)

²⁰ RGI, Census of India 1991, 2001.

²¹ NCRB, 2005.

CHALLENGES, STRATEGIES, AND THE ROAD AHEAD

6.108 All strategies for Child Rights and Development in the Eleventh Plan must be cognizant of the slowing decline in poverty, and an unsettling of traditional, 'pre-modern' livelihoods and local economies. This has constrained the caring capacity of millions of families and impacted children. Cosmetic measures targeting only children and not their milieu are therefore not enough to correct this situation.

6.109 Successful integration of survival, development, protection, and participation is closely linked to all aspects of a child's well being. Often, the same child is prone to malnutrition and illness, deprived of early stimulation, is out-of-school, and more likely to be abused and exploited. An immunized child who is constantly beaten will not be healthy; a school-going child taunted and abused for his or her ethnicity won't enjoy a good learning environment; and an adolescent sold into prostitution will not be empowered to participate in and contribute to society. Sexual abuse and violence in schools can be a hidden factor behind low retention rates. Violence can be behind many of the unexplained injuries that are treated at health centres, or even the cause of long-term disability. These links have to be recognized to ensure a holistic approach to child rights, particularly children's right to protection.

6.110 At the same time it is important to remember that while children have equal rights, their situations are not uniform. Their needs and entitlements are area-specific, group-specific, culture-specific, setting-specific, and age-specific and demand different sets of interventions. They live and struggle for growth and well-being in the contextual frame of who they are and where they are located, and how that identity includes or excludes them from social and State provisions and benefits. While some children are in difficult circumstances and have suffered violence, abuse, and exploitation, there are others who are not in any of these adverse situations and yet need to be protected in order to ensure that they remain within the social security net. It is critical that interventions destined for children do not 'exclude' anyone.

6.111 In the light of the above, the following strategies

will be adopted during the Eleventh Plan to ensure that every child enjoys her childhood and all her rights without any fear and without the need to work:

- Developing specific interventions to address malnutrition, neonatal, and infant mortality.
- Creating child-friendly protective services.
- Identifying the most vulnerable and marginalized children and ensuring age and situation-specific interventions.
- Reviewing all legal provisions for children and undertaking necessary amendments based on international commitments.
- Ensuring effective implementation of laws and policies by personnel trained to work with children.
- Establishing child impact as a core indicator of Eleventh Plan interventions, with special emphasis on the status of the girl child.
- Creating a protective environment for children through implementation of schemes and programmes based on *the best interest of the child*. Some of the current initiatives only address the needs of children once they have fallen through the protective net. While these initiatives to identify such children and rehabilitate them are critical, there is an equal need for legislative changes and programmatic interventions, so that prevention is foregrounded and children grow up in a protective environment.
- Undertaking a child rights review of all existing developmental policies and plans to assess their impact on children and to ensure that children are not further marginalized.
- Recognizing that crèches and day care are important for child development, empowerment of women, and retention of girls in schools.
- Ensuring survival of the girl child and her right to be born. Shift to 'lifecycle and capability approach' where the girl child's contribution in economic and social terms is recognized.
- Ensuring multi-pronged programme, focusing on preventing children from falling out of the protective net, ameliorative initiatives for children who are already out of the protective net, and ensuring long-term and sustainable rehabilitation by upgrading quality of services and addressing regional imbalances.

- Recognizing that children are best cared for in their own families, strengthening family capabilities to care and protect the child.
- Ensuring institutional care to those children who need the same.
- Involving PRIs, VO, and urban local bodies in implementation, monitoring, and evaluation by devolving powers and resources to the Panchayat level, and providing them with technical and administrative support.
- Recognizing 'Child Budgeting' as an important policy analysis tool to take stock of development investments for children and identify gaps in resource investment and utilization.
- Strengthening capacity of families and communities, police, judiciary, teachers, PRI representatives, bureaucrats, and other implementation personnel who deal directly with children.

ELEVENTH PLAN INITIATIVES

DEFINING AGE OF THE CHILD

6.112 Recognizing everyone below the age of 18 as children and respecting their rights will be an important Eleventh Plan initiative. The challenge will be to amend all legislations and laws to ensure a uniform definition of children, as stipulated under UNCRC and JJ Act. The Child Labour Act and related legislations like The Factories Act, 1948, The Mines Act, 1952, The Plantation Labour Act, 1951, The Merchant Shipping Act, 1958, The Motor Transport Workers Act, 1961, The Beedi and Cigar Workers (Conditions of Employment) Act, 1966, The Bonded Labour System (Abolition) Act, 1976 continue to *prohibit employment of children under 14 years only*. The ITPA, 1956 draws heavily from the Indian Penal Code 1860, which define a child as someone who is less than 16 years of age under ITPA as well.

ENSURING EARLY CHILDHOOD DEVELOPMENT AND CARE

6.113 As per Census 2001, the country has approximately 60 million children in the age group of 3–6 years. The 86th amendment to the constitution, making education for children in the 6–14 age group a fundamental right, leaves out under six years of age. It is for this age group that early childhood care in the form of

childcare programmes, crèche programmes, and pre-school interventions are critical. Current figures suggest that preschooling under ICDS and other private initiatives covers about 34 million children; approximately 26 million children are left out of preschool activities. Thus, the gap between the number of pre-school children and available preschool services is large. Moreover, there are disparities in provision of ECCE in rural and urban areas. As per findings of a study conducted by the National Institute of Urban Affairs (year), though the share of urban population in the country is approximately 27.78% (expected to go up by 33%), corresponding provision of ECCE facilities in these areas is insufficient. Urban slums are under-represented in ICDS.

6.114 Early childhood care and rights of working mothers are interconnected. Exclusive breastfeeding, recommended for the first six months of life, before complementary feeding is introduced, requires constant proximity of mother and child. The Eleventh Plan will, hence ensure Maternity Entitlements to support exclusive breastfeeding.

ICDS

6.115 Currently ICDS is the only programme that reaches out to millions of women and children living in remote villages, *dhanis* (small settlements), and *saporis* (river islands) in our country. It is and will continue to be the flagship programme of the MoWCD. However, during the Eleventh Plan, ICDS needs to be restructured in a manner that addresses some of the weaknesses that have emerged and is suitable for universalization. The programme must effectively integrate the different elements that affect nutrition and reflect the different needs of children in different age groups. For the purpose the programme needs to be restructured in a Mission Mode with a Mission Structure at the central level and a similar structure at the State level. The MoWCD will prepare proposal for restructuring along these lines so that the restructured programme can become effective on 1 April 2008.

6.116 Universalization with quality entails that the existing ICDS scheme is thoroughly examined and evaluated to identify gaps. Various surveys show that

high expectations from the ICDS scheme along with lack of proper training, implementation, monitoring, and financial resources are the reasons why our anganwadis have been unable to deliver. At present, the AWW is expected to perform 21 tasks. In addition to this, given her proximity to the people in the villages, she is often used for non-ICDS duties. So, in the Eleventh Plan targets for child nutrition, health care, immunization, early childhood education, etc. will be set for AWWs. Since the condition of children and their problems vary from region to region and even within districts in the country, these targets and objectives will be district or block specific. At the district-level a committee comprising the District Collector, District Health Officer, women Panchayat members, and mothers groups will be set up to decide the targets for ICDS. Performance of the ICDS centres will be evaluated against these targets and well-performing centres will be rewarded. Besides, streamlining the work and expectations from the AWW, the new ICDS will also tackle issues of programme design, implementation, and financial allocations.

6.117 In the Eleventh Plan, community involvement will be the strategy for ensuring better functioning of ICDS centres. Communitization of education has proved to be a success in Nagaland. Involving the local community not only creates a sense of ownership and facilitates monitoring, it also ensures that the programme is tailored according to local needs. A Village Committee comprising mothers or representatives 'of mothers' groups, AWW, ANM, ASHA, women Panchayat members will be constituted to look at issues like appointment of AWWs and helpers (which should take place through an open *Gram Sabha* with at least 60% attendance), content of SNP, procurement and preparation, meeting the targets set for the ICDS, and organization of monthly Mother and Child Health Days. The AWW will be answerable to this committee and the committee should have the power to recommend to the district-level committee (which will have the power to remove non-performing workers) removal of the AWW, ANM, ASHA, or helper by a simple majority. It is this committee that would be entrusted with the proper use of flexi-funds being suggested for AWCs. Since many of

the issues are interlinked, the Eleventh Plan proposes the merging of this committee with the VHSC.

6.118 The modalities for the feeding component present some choices. One approach is to rely on hot cooked meals according to local taste and provided at the anganwadi centres. Preparation of meals will be entrusted to SHGs or mothers' groups, as per decision of the Village Committee. An alternative approach is to rely upon RTE micronutrient fortified hygienically prepared food. The decision between these two options needs to be based on a careful evaluation of pros and cons and will be an important part of the proposed restructuring. The choice between the two could also be left to decentralized decision making.

6.119 Since malnutrition sets in before the age of two, it is very difficult to reverse the process. It is this age group (the under threes') that is often left out of the ambit of ICDS. Most centres only provide some form of nutrition to children in the 3–6 years age group. It is therefore, important to recognize the different target groups under ICDS and to understand their varying needs. Malnutrition and the cycle of ill-health often start with the mother. The first task of the ICDS will be to ensure the health nutritional status, ANC, and immunization of pregnant women. It will also address the need of proper counselling, iron, folic acid supplements, vital for the health of both the mother and the child. The AWW and ASHA will promote exclusive breastfeeding for children up to six months of age. For this purpose some form of Conditional Maternity Benefits could be introduced in the Eleventh Plan. Lactating women will also be counselled and provided with adequate nutrition.

6.120 The second important target group for checking malnutrition is children in the six months to three years age group. They need proper care and growth monitoring. Currently, the ICDS programme only provides Take Home Rations (THRs) and in some cases, weaning foods for these children. To tackle malnutrition the Eleventh Plan will introduce an intensive malnutrition control programme within the ICDS scheme. Under this, 6–8 hour crèches for children under three will be provided in the most nutritionally backward

Box 6.14
Balwadis and Phoolwaris:
Focussing on Under Threes

Sewa Mandir in Udaipur has been running *Balwadis* for young children under three. For a meagre monthly fee, often Rs 5, poor tribal women leave their children at the *Balwadis*. The centres run from 6–8 hours; timings are decided by the community. Often other women from the community chip in to help the worker take care of the children.

In the tribal hinterlands of Bilaspur in Chattisgarh, the *JSS* has started *Phoolwaris*. Two to three women from the community volunteer to take care of children below age three. The community provides them with premises. Sarees are made into slings, where the little ones are lulled to sleep by the workers. They have neat little kerchiefs pinned to their front and are fed by the volunteers with love and affection. The doctors who run the programme are confident that this is the way to fight malnutrition. The programme also enables the poor tribal women to carry on with their work so that the family does not lose income.

districts of the country. The Village Health Sanitation and Nutrition Committee will be funded for providing at least three meals per child per day at these crèches. It will also be provided money for crèche workers. From appointment of crèche workers, to crèche timings and constitution of meals, everything will be left to the Village Committee. They will even be allowed to collect a small user fee, if the village Panchayat agrees. The Committee will be responsible for ensuring that the health workers visit the crèche on a monthly basis for immunization and health check-ups of children. Continuation of the scheme in the village will depend on the performance of the village crèches. In areas where the new programme is not introduced, children under three will continue to get THRs and will be provided home-based care through the ASHA.

6.121 PSE for children in the 3–6 years age group is another important issue. The approach paper to the Eleventh Plan had suggested that this component be taken up under SSA to streamline the functioning of ICDS centres. There are varying opinions on this but the basic proposal that children will get preschool education must be implemented.

6.122 The final target group under the ICDS is adolescent girls. It is extremely important to reach out to this segment of the population to break the cycle of ill-health. As of now, however, this group is most neglected. In addition to SNP, and IFA tablets, these girls require proper counselling. The ANM and AWW will conduct a monthly meeting to educate and counsel this group.

Training, Monitoring, and Surveillance

6.123 Recruiting a second AWW or converging the ASHA and ANM alone will not make the AWCs effective. During the Eleventh Plan, the AWW and helper, along with the ASHA, will receive on-going training in child care, health, nutrition, and hygiene.

6.124 The ICDS centres will collect a host of data that can provide valuable insights into the State of health and nutrition in the villages. If collected properly and checked regularly (through random sampling) this data can also indicate the performance of the AWCs. DLHS will be used to gauge the impact of ICDS and other interventions. Based on this information, a performance appraisal system for AWCs will be worked out. Well-performing AWCs will be incentivized. Efficient AWWs and helpers will be encouraged by providing monetary incentives and by getting promotions to senior posts of supervisors, etc. Social audits by NGOs and by Village Level Committees will be encouraged. At the same time, a system of concurrent third party evaluation through professional bodies will be established.

Financial Allocation

6.125 In the Eleventh Plan, allocation of resources under ICDS has been increased substantially to not just expand coverage but to ensure availability of adequate infrastructure. For the proper functioning of an ICDS centre, it should be housed in a building with a kitchen, have baby-friendly toilet, drinking water facilities, and with adequate space for children to play. Availability of toys, utensils, weighing machine, mats, and IFA tablets might be ensured in the Eleventh Plan. Every AWC will be provided with a flexi-fund administered by the Village Committee.

6.126 Finally, NGOs and even corporate houses will be encouraged to adopt local anganwadi centres and

to augment their resources. For instance, they could provide buildings, toys, additional SNP (like a glass of milk or eggs), impart training, sponsor severely malnourished children, offer the services of a teacher to strengthen the preschool component, etc. They could also help with the management of AWCs.

6.127 No amount of restructuring will however be able to bring about a change in the health status of children unless it is supported by parallel measures outside the ICDS system. Diarrhoea caused due to unavailability of clean drinking water is the leading cause of childhood morbidity and consequently malnutrition and death. Providing clean drinking water at Anganwadis is essential but we must remember that the child primarily drinks water at home. Unless clean drinking water is available all day, diarrhoea diseases will continue. Similarly, toilets at ICDS centres are important to inculcate the habit among children, but unless the homes have toilets, children will continue to defecate in the open and be susceptible to worms and diseases. Detection of diseases and referral services at ICDS centre will be effective if and only if there is a functioning PHC where the child can get treatment. Thus ICDS will provide results only in a conducive environment. Currently, there are many schemes to tackle the multifarious problems which assail our villages, towns and cities. Convergence is the key.

RAJIV GANDHI CRÈCHE SCHEME

6.128 The scheme in its present form is neither widespread nor able to provide meaningful day care

services to children below 6. The Eleventh Plan will therefore review and restructure the scheme. Some changes proposed are:

- Eligibility criteria will be widened to allow diverse agencies/organizations to participate, for example, SHGs, *Mahila Mandals*, women's organizations, labour unions, cooperatives, schools, panchayats, and tribal associations.
- Programme standards that are measurable through input and process indicators will be laid down.
- Results will be monitored through output and outcome indicators.
- Pattern of funding will be revised.
- Upgrading infrastructure and materials, regular training of crèche workers, lateral linkages with the local PHC or sub-PHC in the area and tie up with the Anganwadi centres for inputs like immunization, polio-drops, and basic health monitoring will be carried out.

PROVIDING CHILD PROTECTION

6.129 Provision of Child Protection will be a key intervention in the Eleventh Plan. 'Child Protection' refers to protection from violence, exploitation, abuse, and neglect. India has recognized the right to protection for its children through its constitutional commitments and the laws, policies, and programmes it has put in place over the years. It has also recognized that some children are in 'especially difficult circumstances', such as child labour, street children and children under the juvenile justice system, and has made specific programme interventions for them. This

Box 6.15 Child Protection

- Initiation of a new Centrally Sponsored Integrated Child Protection Scheme (ICPS) with adequate allocation
- Review of existing legal provisions and necessary amendments
- Strengthening and implementation of law
- Intersectoral and inter-ministerial convergence for protection of children (such as integration of protection with Creche and Day Care Programme)
- Review and reorganization of Adoption System in India
- Human resource development for strengthening counselling services
- Data systems, research, advocacy, and communication
- Child impact audit to ensure that government interventions do not decrease protection for children making them more vulnerable to abuse and exploitation
- Strengthening the National and State Commissions for the Protection of Child Rights.

recognition is underpinned by the fact that every child has a right to protection, even if he/she is not in difficult circumstances. Thus the Eleventh Plan intervention for Child Protection takes both a preventive and a protective approach.

THE INTEGRATED CHILD PROTECTION SCHEME

6.130 During the Eleventh Plan, the Ministry of WCD will launch an Integrated Child Protection Scheme. The existing schemes of: (i) An Integrated Programme for Street Children, (ii) A programme for Juvenile Justice, (iii) Shishu Greha scheme, etc. will be merged with Integrated Child Protection Scheme (ICPS). The proposed scheme is planned to be implemented in the States/UTs. ICPS will be principled on child protection, which is a shared responsibility of government, family, community, professionals, and civil society.

6.131 Its several facets will be the following:

- Reducing child vulnerability by focusing on systematic preventive measures to address protection failures at various levels. Provisions and services of various sectors will be converged—like health, child day care, education to strengthen families and reduce the likelihood of child neglect, abuse, and vulnerability.
- Promoting non-institutional care: Institutionalization will be used as a measure of last resort. Constant review of cases to encourage release from institutions will be carried out.
- Creating a network of services at community level
- Establishing standards for care and protection: All protection services will have prescribed standards, protocols for key actions, and will be monitored regularly.
- Building capacities: Capacities of all those in contact with children will be strengthened on a continuing basis. Thrust will be on strengthening the family's capabilities to care for and protect the child by capacity building, family counselling, and support services and linking it to development and community support services.
- Providing professional child protection services at all levels: Special services for the many situations of child neglect, exploitation, and abuse, including

shelter, care, psychological recovery, social reintegration, legal services, etc. will be provided.

- Strengthening crisis management system at all levels: First response and coordinated intersectoral actions for responding to crisis will be established and institutionalized.
- Addressing protection of children in urban poverty: Developing a strong social support and service system.
- Child impact monitoring and social audit: Programmes and services will be undertaken in order to promote transparency.
- Protecting children in conflict situations: Children in conflict-prone areas like Jammu and Kashmir (J&K), NER, and Naxal-affected regions, where they are often victims, must be provided care and protection under the Juvenile Justice Act.

Components of ICPS

6.132 Towards integrating child protection

- 24-hour emergency helpline Childline to be extended to all districts/cities and setting up of drop-in shelters in urban areas.
- Steps to streamline adoption process by addressing identified bottlenecks; reaching out to children whose parents are unable to care for them.
- Setting up of Cradle Baby Reception Centres in each district linked to PHCs, hospitals, *Swadhar* units, short stay homes, and in the office of District Child Protection Unit (DCPU) to receive abandoned babies, those in crisis and vulnerable to trafficking.
- ICPS will support the creation of new institutional facilities and maintenance of existing facilities for children. It will also provide additional components to institutions that cater to CWSN. Further it will support need-based innovative programmes in districts/cities by grant-in-fund to State Child Protection Units, for example, for children of sex workers or for post-disaster rescue and relief.
- Providing financial and human resource support to the States/UTs for setting up statutory bodies under the Juvenile Justice (Care & Protection of Children) Amendment Act, 2006, i.e., Juvenile Justice Boards (JJBs), Child Welfare Committees (CWCs), Special Juvenile Police Units (SJPU) in

each district and strengthen their service delivery. It will also take up training and capacity building of all personnel involved in child protection sectors throughout the country.

- Facilitating comprehensive research to assess the cause, nature, and extent of specific child protection issues and documentation of best practices.
- Initiating web-enabled child protection data management system and a national website for missing children
- Developing comprehensive advocacy and communication strategy for child rights and protection.

CHILD LINE

6.133 In the Eleventh Plan Childline-1098, will be extended to rural areas and to all districts of the country. Expansion of Childline will require stronger partnership with VO and higher investment of resources and capacity building of the allied systems to reach out to every child in distress.

NATIONAL AND STATE COMMISSIONS FOR THE PROTECTION OF CHILD RIGHTS

6.134 The National Commission for Protection of Child Rights has been notified. The process for setting up the full Commission is underway. One of the major responsibilities of the Commission is to monitor and report on implementation of child rights in India. The Eleventh Plan will ensure that similar Commissions for protection of child rights are constituted in all States and UTs at the earliest.

ENDING DISCRIMINATION AGAINST GIRL CHILD

6.135 The Eleventh Plan will set out proactive, affirmative approaches and actions necessary for realizing the rights of the girl child and providing equality of opportunity. The situation of the girl child in this country is a result of deep-rooted biases that can only improve with a change in attitudes. This will be the overarching philosophy cutting across many schemes of the Eleventh Plan that will entail coordination with other sectors plus monitoring and documentation of the impact of measures undertaken by the State. The status of the girl child and recommendations for the Eleventh Plan have been discussed in the Women's Agency's part of this chapter. Her status will be used

to gauge the effectiveness of development measures in reaching out to all children and in removing inequalities. Panchayats, Gram Sabhas, community-based organizations and local self-government bodies will be brought into this surveillance. At district level, the District Magistrate, District Collector will take responsibility for monitoring the overall progress of the girl children. The Eleventh Plan will also examine sectoral communication strategies and how they reflect the rights of the girl child. Ministry of WCD will pilot special measures for this as well as initiate actions for assessing the impact of such measures on the actual condition and status of girls. The following measures will be taken:

Ensuring a Balanced Sex Ratio

6.136 Sex selection/female foeticide will be treated as a crime and not just a social evil. Preventive, corrective/regulatory, and punitive actions to address foeticide and sex selection will be strengthened by ensuring coordination with the MoHFW. It will seek the review of the PC & PNDDT Act with law enforcement authorities to ensure its implementation. It will also review the current Appropriate Authorities under the PC & PNDDT Act for granting, suspending or cancelling registration of Genetic Counselling Centres and investigating complaints. It will ensure stringent penalties and punitive action against erring persons. Capacity building for State and WCD officials and their participation in Appropriate Authorities for monitoring implementation of the Act will be ensured. The nationwide sensitization and advocacy campaign with specific focus on the girl child will continue.

Education

6.137 Community Vigilance Committees formed at village level under the SSA will ensure that every girl child in the village is enrolled and attends school regularly. The Ministry of WCD will work in close collaboration with Department of Elementary Education and Literacy and ancillary bodies to ensure that curricula and syllabi are gender sensitive. The department will start bridge schools with quality education packages for girl children and street children, child labourers, seasonal migrants and all those who are out of the formal education system.

Pilot Scheme on Conditional Cash Transfer for Girl Child with Insurance Cover

6.138 The Eleventh Plan will introduce a pilot scheme in selected backward districts of the country wherein conditional cash will be provided to the family of the girl child (preferably the mother) on fulfilling certain conditionalities for the girl child, such as birth registration; immunization; enrolment retention in school; and delaying the marriage age beyond 18 years. The scheme will also include a sub-component for providing insurance cover to the girl child. This will be in addition to the various existing incentives provided by the Centre and State. This scheme will be monitored closely to support desirable behaviour and practices and study its impact on community attitudes and practices.

Prevention of Girl Child Abuse, Exploitation and Violence

6.139 The ICPS of the MoWCD along with enabling legislations like Offences Against Children Bill is expected to prevent girl child abuse and violence by strict enforcement of laws for rape, sexual harassment, trafficking, domestic violence, dowry, and other related crimes. Community Vigilance Groups along with Self-Help and Youth Groups will be created to ensure that girl children are protected. These groups will work closely with Panchayats and DCPUs being proposed under ICPS. Public discourse on abuse, exploitation, and violence against the girl child will be promoted to break the silence around these issues. At the same time, well thought out 'rehabilitation packages' for specific types of abuse/violence perpetuated will be prepared with the assistance of VOs.

Trafficking for Commercial Sexual Exploitation

6.140 In the Eleventh Plan, MoWCD will focus on a multi-pronged approach to combat trafficking. This will include reform in the laws, preventive measures, rescue and rehabilitation measures, awareness generation, and sensitization. The Eleventh Plan will address trafficking in women and children through a 'Comprehensive Scheme for Prevention of Trafficking, Rescue, Rehabilitation and Re-integration of Victims of Trafficking for Commercial Sexual Exploitation' that will be based on the results of small pilot projects initiated during the Tenth Plan. Three pilot projects

have already been initiated; two in source areas (rural area, where it is a traditional practice) and one in destination area. All projects under the scheme are one-year pilots. The lessons learnt will be replicated and up-scaled for wider outreach during the Eleventh Plan period.

Prohibition of Child Marriage

6.141 Enforcement mechanisms for implementation of the Prohibition of Child Marriage Act, 2006 will be strengthened. MoWCD will partner with Civil Society groups, PRIs, community-based organizations, SHGs, *maulvis/pandits/priests/* other religious leaders to mobilize, develop, and promote community initiatives to support delayed marriage. Compulsory Registration of Marriages will be ensured.

CONSUMERISM AND THE GIRL CHILD

6.142 The Eleventh Plan will fund initiatives that raise awareness to ensure that the market economy, increasing consumerism, and resultant family planning practices do not enhance gender inequality and lead to 'male child planning'.

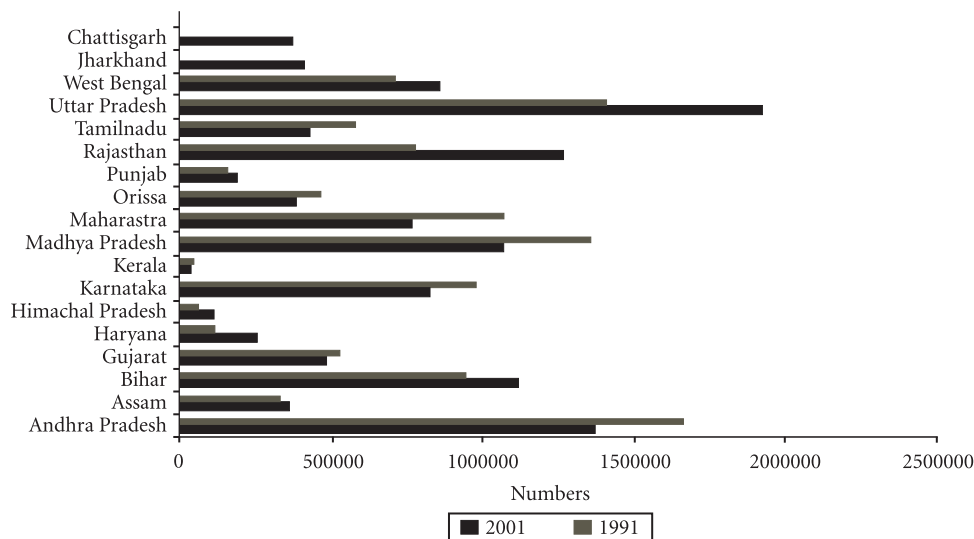
REACHING OUT TO THE MARGINALIZED AND MOST VULNERABLE

Child Workers

6.143 Statistics show that the number of child workers has gone up from 11.28 million in 1991 to 12.66 million in 2001. This increase is primarily attributed to States like Uttar Pradesh, Bihar, Rajasthan, and West Bengal (Figure 6.1).

Eliminating Child Labour

6.144 Child labour as such is not illegal in India except in specific hazardous occupations. With effect from October 2006, the Ministry of Labour has included domestic work and employment in *dhabas*, tea stalls, and restaurants in the schedule of prohibited occupations under the Act. As a result a large number of children may be laid off, especially in metropolitan cities and big towns. It will be necessary to take adequate measures for the protection, rehabilitation, and education of these children.



Source: Census of India

FIGURE 6.1: Child Workers

Eliminating Child Trafficking, Commercial Sexual Exploitation of Children, Child Pornography, Child Sex Tourism

6.145 NHRC reports²² that about 44000 children in India go missing every year. They are being trafficked for prostitution, marriage or illegal adoption, child labour, begging, recruitment to armed groups, and for entertainment (circus or sports). With the opening up of the markets and increase in tourism, children have fallen prey to operating paedophiles and sex abusers. With more women being forced into prostitution, the condition of children of sex workers is also a matter of concern. It is necessary to take affirmative action to ensure that these children have access to basic services and rights that will protect them from becoming victims of sexual exploitation. Efforts must also be made towards rehabilitation and reintegration of trafficked children.

HIV/AIDS-Infected/Affected Children

6.146 Among the estimated 5.7 million people in India living with HIV/AIDS, 220000 (15%) are children under 15 years of age.²³ There are many affected children whose parents are infected and alive. Stigma and discrimination, often associated with HIV infection, can lead to exclusion and isolation along with

emotional and psychological distress. It ruins a child's chances to receive an education or a normal childhood. Economic hardship resulting from their parents' inability to work may cause children to drop out of school or become child labourers. Children orphaned by HIV/AIDS are exposed to exploitation, abuse, and violence. The challenge in the Eleventh Plan is to end the discrimination and reach out to children affected/infected by HIV/AIDS to ensure that they are protected, treated, and get an opportunity to develop according to their full potential. The chapter on Health details Eleventh Plan commitment in this regard.

Children in Conflict with Law— Social Integration

6.147 The Eleventh Plan will review the conditions of State-run homes and fund their development through the new ICPS scheme. The basic mandate of rehabilitating and reintegrating children in conflict with law will be upheld, by urging training for law enforcement and child welfare officers. The Plan will stress on the protection of children from violence, abuse, and exploitation inside institutions, and will adopt a paradigm that recognizes that children in conflict with law also need care and protection. The challenge for the Eleventh Plan is to condense the long judicial process

²² NHRC Action Research on Trafficking, Orient Longman, 2005, New Delhi.

²³ UNAIDS 2004.

for children, appoint more child-friendly officers, and ensure the proper implementation of the JJ Act.

Special Provisions for Children in Distress/ Difficult Circumstances

6.148 Migration to cities by families forces children to drop out of schools who then find themselves on the streets. Most are unable to continue their education and end up becoming child labourers or beggars. Away from the secure environment of the villages, many are exposed to substance, drug, and sexual abuse.

6.149 Street children or children living and working on the streets are a common phenomenon in urban India. Yet despite their relatively high visibility, very little information is available on their exact numbers. Given the limited number of shelters in the cities, these children are often exploited and harassed by the police. They are vulnerable to hunger, malnutrition, lack of health care and education, physical and sexual abuse, substance abuse, and STD/HIV/AIDS. There is neither ICDS nor school for them. Many are forced into begging. The Eleventh Plan proposes setting up of walk-in ICDS centres at railway stations and bus stands (where most migrant children arrive and where many street children and beggars are found). These centres will offer food to any child who walks in after a proper health check-up and distribution of appropriate medicines and identity cards.

6.150 Another set of children who are often neglected are the children of prisoners. The fact that a large number of women prisoners are with children (or have children in prisons), means that this category of deprived children suffer from social isolation and absence of healthy interaction. Those separated from their imprisoned mothers and fathers have different problems. Their problems are largely the hidden and uncalculated costs of imprisonment. The National Plan of Action 2005 as well as the Juvenile Justice (Care and Protection) Act has now finally recognized their need for care and protection.

Providing for Special Needs of Differently Abled Children

6.151 Ministries of Social Justice and Empowerment and Health and Family Welfare deal with the subject of disability. Yet it is critical to see disability as a child protection issue as well. Even today, data related to disability among children varies with source. It is estimated that hardly 50% disabled children reach adulthood, and no more than 20% survive till the fourth decade of life.²⁴ Although there is very little information regarding the nutritional status of children with disabilities, it is recognized that disabled children living in poverty are among the most deprived in the world. Discrimination and often abandonment is a reality for them. Data of disabled children in school reveals that integration of the disabled into the education system is a distant reality. Ensuring access to education, health, and nutrition for children with disabilities is a formidable challenge for the Eleventh Plan. The Plan will ensure among other things, provision of ramps in schools, development of disabled friendly curricula, and training and sensitization of teachers.

Rehabilitating Children Affected by Substance Abuse

6.152 A survey reveals that out of all the children who came for treatment to various NGOs, 63.6% were introduced to drugs before the age of 15 years. According to recent data, among those involved in drugs and substance abuse in India, 13.1% are below 20 years of age.²⁵ This problem is especially widespread in the NER and Punjab. In the Eleventh Plan, children of this group will get special attention. Measures for rehabilitation backed by proper counselling and sensitive de-addiction camps will be undertaken.

Ensuring Child Mental Health

6.153 At any given time, 7–15% or 65 million Indian children suffer from significant mental disorder.²⁶ This is in addition to the stress-related suicides and deaths that are a leading cause of mortality among young adults. There is currently no budgetary allocation for

²⁴ M.L. Kataria, 'War against disability-fighting for the right of the child', 29.5.2002, www.tribuneindia.com

²⁵ UNDOC, Rapid Assessment Survey: The Extent, Pattern and Trend of Drug Abuse in India.

²⁶ ICMR, 2001; Malhotra, 2005.

child and adolescent mental health. Mental health of children is an issue that the Eleventh Plan will fund and take up on priority basis. Counsellors will be appointed in all schools and helplines will be set up especially during exams.

Simplifying Adoption Procedures and Preventing Unscrupulous Practices

6.154 Despite recognition of adoption as the most important mechanism for provision of alternative care and family to a child, procedures and laws were, till recently, cumbersome and inadequate. Adoptions took place under the Hindu Adoption and Maintenance Act (HAMA) 1956 and Guardians and Wards Act 1890. HAMA's applicability is restricted to Hindus (including Buddhists, Jains, and Sikhs). Since the enactment of the Juvenile Justice (Care and Protection of Children) Act 2000 adoption, both domestic as well as inter-country, is now also possible under it and this amendment allows everyone without any bias of caste, creed, religion, or gender to adopt. The Eleventh Plan will promote adoption under the JJ Act 2000 that ensures adopted child the same status as that of a biological child.

Promoting Inter-Sectoral and Inter-Ministerial Action

6.155 In the Eleventh Plan every ministry/department will review its own policies, programmes, services, laws, budgets, and procedures to examine how it can incorporate and integrate better development and protection of children. Some of the general principles of such a review will include monitoring exclusion/disparity in access by groups and communities, availability of gender disaggregated child data, enforcement of law and guidelines for protection and development of children, integration of children's participation in policies and programmes, and specific provision for the girl child. Further, each sector will be advised to take up child budget analysis and publish reports on the progress of child indicators.

6.156 In order to ensure adequate coordination and convergence for achieving the goals for children, M/oWCD will ensure wider representation and invigorated participation in the National Coordinating Group at the central level; establishment of similar groups at State level will be encouraged. The effective functioning of this mechanism is most important for ensuring better outcomes for children and safeguarding their rights.

CHILD BUDGETING

6.157 The MoWCD has been analysing allocations and expenditures on children since 2002–03. In the Eleventh Plan this exercise in child budgeting will be carried out regularly to monitor the 'outlays to outcome' and examine the adequacy of investments in relation to the situation of children in India.

CONCLUSION

6.158 The Eleventh Plan marks a big step forward in the area of women agency and child rights. It is entrenched in a rights framework that views women and children as agents, not recipients. It recognizes heterogeneity within groups, acknowledges multiple discriminations, and suggests pilots to tackle them. Some of these pilots, it is hoped will develop into full-fledged schemes after the mid-term appraisal of the Plan. The aim of these schemes, pilots and the Plan in general is not just to meet the monitorable targets set out; rather to develop a new paradigm wherein women and children find place within all sectors, ministries, departments, and schemes. This alone can ensure that the status of women and children grows exponentially at the beginning of the Twelfth Plan. This alone can carry forward the momentum for justice and equality set by the government through several Eleventh Plan initiatives.

6.159 The total projected GBS for the Eleventh Five Year Plan for the MoWCD is Rs 48420 crore (at 2006–07 prices) and Rs 54765 crore (at current prices). Details are given in Appendix to Volume III.

ANNEXURE 6.1
Selected Development Indicators Relating to Women

Sl. No.	Indicators	Women	Men	Total	Women	Men	Total
Demography							
1.	Population (in million in 1991 & 2001)	407.07	439.23	846.30	496.4	532.1	1028.6
2.	Decennial Growth (1971 & 2001)	24.03	25.52	24.80	23.08	22.26	22.67
Vital Statistics							
3.	Sex Ratio (1991 & 2001)	927	—	—	933	—	—
4.	Expectation of Life at Birth (1991–96 to 2001–05)	61.7	60.6	—	66.1	63.8	—
5.	Mean Age at Marriage (1991 & 1997)	19.5	23.9	—	19.5	NA	—
Health							
6.	Birth Rate (1991 & 2005)	—	—	29.5	—	—	23.8
7.	Death Rate (1991 & 2005)	—	—	9.8	7.1	8.0	7.6
8.	IMR (1991 & 2005)	—	—	80	61	56	58
9.	Child Mortality rate (1991 & 2005)	—	—	26.5	18.2	16.4	17.3
10.	MMR (1997–98 & 2001–03)	398	—	—	301	—	—
Literacy and Education							
11.	Literacy Rates (1991 & 2004–05)	39.3	64.1	52.2	57.00	77.00	67.30
	Literacy Rates, SCs	23.8	49.9	37.4	41.9	66.6	54.7
	Literacy Rates, STs	18.1	40.7	29.6	34.8	59.2	47.1
12.	Gross Enrolment Ratio (1990–91 & 2004–05)						
	Classes I–V	85.5	114.0	100.1	104.67	110.70	107.80
	Classes I–VIII	70.8	100.0	86.0	89.87	96.91	93.54
	Classes VI–VIII	47.0	76.6	62.1	65.13	74.30	69.93
13.	Dropout Rate (1990–91 & 2004–05 [Provisional])						
	Classes I–V	46.0	40.1	42.6	25.42	31.81	29.00
	Classes I–VIII	65.1	59.1	60.9	51.28	50.49	50.84
	Classes I–X	76.9	67.5	71.3	63.88	60.41	61.92
	SC Classes I–X	83.4	74.3	77.7	74.17	69.11	71.25
	ST Classes I–X	87.7	83.3	85.0	80.66	77.75	78.97
Work and Employment							
14.	Work Participation Rate (1991 & 2001)	22.3	51.6	—	25.7	51.9	—
15.	Organized Sector (No. in lakh in 1991 & 1999)	3.8	23.0	26.7	4.8	23.3	28.1
16.	Government (No. in lakh in 1997)	1.6	9.1	10.7	—	—	—
Decision Making (Administrative & Political)							
17.	Administrative (IAS in 1997 & 2000)	512	4479	4991	535	4624	5159
		(10.2%)			(10.4%)		
18.	PRIs (Figures in thousand for 2006)				916.61	1225	2141.61
					(42.8% of total)		
19.	Parliament (No. in 2001 & 2005)	70	750	820	73	717	790
		(8.5%)			(9.24%)		
20.	Central Council of Ministers (1985 & 2001)	4	36	40	8	66	74
		(10.0%)			(10.8%)		
Crime against women							
21.	2001 & 2005	143795	—	—	155553	—	—

Source: 1 to 4—Census of India; 5—SRS, Registrar General of India; 6 to 10—Family Welfare Statistics in India, 2006; 11 to 13—Selected Educational Statistics, 2004–05; 14 to 16—Census of India, Registrar General of India; 17, 19, 20—NRCW Website; 18—Statistics on Women, National Institute of Public Cooperation and Child Development 2007; 21—NCRB Website.