Contents

India at a Glance

1	**Total Area (million sq. km)**		**3.287**
2	**Population (in million)**	**Rural** **Urban** **Total**	**741.7** **285.3** **1027**
3	**No. of States**		**28**
4	**No. of Union Territories**		**7**
5	**Total Cropped Area(in million hectare)**		**189.74**

Some Social Development Indicators

Sl. No.	*Indicators*	*Female*	*Male*	*Total*
	Demography and Vital Statistics			
1	***Population (in million) (2001 Census)***	***495.7***	***531.3***	***1027.0***
2	***Decennial Growth Rate (2001 Census)***	***21.79***	***23.93***	***21.34***
3	***Sex Ratio (2001 Census)***	***933***		
4	***Juvenile Sex Ratio (2001 Census)***	***927***		
5	***Life Expectancy at Birth (in years) (2001 Census)***	***65.3***	***62.3***	
6	***Mean Age at Marriage (1991 Census)***	***19.3***	***24.0***	
	Health and Family Welfare			
7	***Birth Rate (per 1000 in 2002)***			***25.0***
8	***Death Rate (per 1000 in 2002)***	***7.7***	***8.4***	***8.1***
9	***Infant Mortality Rate (per 1000 live births in 2002)***	***65***	***62***	***64***
10	***Child Mortality Rate (per 1000 live births under 5 years of age in 2001)***	***71.6***	***70.5***	***71.1***
11	***Maternal Mortality Rate (per 1,00,000 live births in 1998)***	***407***		
Literacy and Education				
12	***Literacy Rate in percentage (2001 Census)***	***53.67***	***75.26***	***64.84***
13	***Gross Enrolment Ratio (2002-03)***			
	Classes I-V	***93.1***	***97.5***	***95.3***
	Classes VI-VIII	***56.2***	***65.3***	***61.0***
14	***Dropout rate (2002-03) in percentage***			
	Classes I-V	***33.7***	***35.8***	***34.9***
	Classes VI-VIII	***52.3***	***53.4***	***52.8***
Employment				
15	***Work Participation Rate (2001) in percentage***	***25.6***	***57.9***	***39.2***

SAARC Development Goals (SDGs)

Livelihood SDGs

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

Health SDGs

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

Education SDGs

Goal 13 Access to primary/community school for all children, boys and girls

Goal 14 Completion of primary education cycle

Goal 15 Universal functional literacy

Goal 16 Quality education at primary – secondary and vocational levels

Environment SDGs

Goal 17 Acceptable level of forest cover

Goal 18 Acceptable level of water and soil quality

Goal 19 Acceptable level of air quality

Goal 20 Conservation of bio-diversity

Goal 21 Wetland conservation

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

SAARC Social Charter

Implementation Status in India

I. Constitution of National Coordination Committee

1.1. The SAARC Social Charter requires a number of actions in the areas of poverty alleviation, health, education, human resource development, status of women, rights and well-being of children, population stabilization, and drug addiction, rehabilitation and reintegration as enumerated in the various Articles of the Charter. These actions will be a set of complement to the national processes of policy making, policy implementation and their evaluation. The principles and objectives of the Charter are to place people at the centre of development and to direct the economy to meet the human needs more effectively.

1.2. The SAARC Social Charter was signed by the SAARC Heads of States at the 12th Summit in Islamabad on 4th January 2004 (Text of Social Charter is Annexure). In the meeting of the SAARC Council of Ministers held during 20-21 July 2004, it was agreed that each of the SAARC countries would set up a National Coordination Committee to monitor and devise programmes to implement the goals of the SAARC Social Charter as well as to consult each other to exchange ideas and information on the best practices apart from promoting collaborative poverty alleviation projects, including new SAARC Poverty Alleviation Fund.

1.3. The Ministry of Statistics and Programme Implementation has been designated as the nodal Ministry to facilitate the implementation of SAARC Social Charter in India. A National Coordination Committee under the Chairmanship of Secretary, Ministry of Statistics and Programme Implementation was constituted on 12th September 2005 with Members from Planning Commission, Ministries of External Affairs, Rural Development, Panchayati Raj, Social Justice and Empowerment, Urban Employment and Poverty Alleviation, Health and Family Welfare, Sports and Youth Affairs, Secondary and Higher Education, Women and Child Development, and Finance (Expenditure). The National Coordination Committee has the following mandate: -

i. The Committee will facilitate and devise means to monitor the implementation of the goals of the SAARC Social Charter,

ii. It will coordinate with the National Coordination Committees of other SAARC member countries and consult with them to promote poverty alleviation projects, and

iii. It will also interact with SAARC Secretariat and bring out annually a country report on SAARC Social Charter.

1.4. The first meeting of the National Coordination Committee held on 14th October 2005 took note of the status, and this report is the outcome. Article-wise details have been presented in chapters that follow.

II. Poverty Alleviation

(Article III of the Social Charter)

2.1. Planning in India has always assigned poverty reduction as an important goal. A number of anti-poverty programmes have been launched to reduce the incidence of poverty in the country. As a result, the incidence of poverty declined from 55 percent in 1973-74 to 26 percent in 1999-2000. The reduction of proportion of people living below poverty line has been particularly sharp in the 1990s, when there has been a 10-percentage points decline between 1993-94 and 1999-2000. Despite a reduction in the proportion of people living in poverty by over 50 per cent between 1973-74 and 1999-2000, the absolute number of poor continued to be in excess of 260 million in 1999-2000 in view of India's large population. Of the 260 million persons, 193 million persons lived in the rural areas.

2.2. In a country as large as India, the aggregates tend to obscure the fact that the proportion of those living below the poverty line is not uniform throughout the country. There are States (Bihar and Orissa) in the eastern parts of the country, where the poverty ratio was estimated in 1999-2000 to be over 40 per cent, while in States like Haryana, Himachal Pradesh and Punjab, the ratio is under 10 per cent. The four States of Uttar Pradesh, Bihar, Madhya Pradesh and Orissa accounted for nearly 39 percent of the total population of the

country, but over 55 percent of the people below poverty line.

2.3. It needs to be highlighted that India is one among very few countries that has identified poverty lines at the sub-national level. The poverty ratios are estimated for different States of the country and have State specific poverty lines for rural and urban areas separately. Such State specific poverty lines essentially reflect the differences in the cost of living in different States of the country. The implicit all India poverty line in the urban areas is nearly 40 percent higher than that in the rural areas for the year 1999-2000. The State with the highest prices has a poverty line, which is 57 per cent higher than that for the State with lowest prices despite the basket of goods and services being the same for all states of the Union. There are variations in the poverty line among the States within the country as well as between the rural and the urban areas, mainly on account of price differentials in the rural and urban areas and across States.

2.4. The Planning Commission in the Tenth Plan (2002-07) has targeted at reducing poverty ratio by 5 percentage points by 2007 and by 15 percentage points by 2012. It aims at achieving poverty ratio of 19.3% for the country as a whole by 2007, 21.1% for the rural and 15.1% for the urban areas. In absolute terms, the number of poor is projected to decline from 260 million in 1999-2000 to 220 million in 2007, with rural poor declining to 170 million and the number of urban poor would decline to approximately 50 million.

2.5. The objective of planning is to improve the lot of the poorest of the poor, and it is more than likely that the most deprived may not rise above the poverty line within the given time frame. Nevertheless, amelioration of their lot must be a focal point of public policy. It is in this context

that indicators like the **Poverty Gap Ratio (PGR)** become important. PGR reflects the degree to which mean consumption of poor falls short of the established poverty line, indicating the depth of poverty. The PGR for the country declined from 8.5 to 5.3 in rural India and from 8.1 to 5.2 in urban India during the period 1993-94 to 1999-2000. The decline in the PGR points towards better and improved economic condition of both rural and urban poor in the country and all anti-poverty programmes have helped in reducing the depth and severity of poverty in the country.

2.6. The share of poorest quintile in National consumption (consumption that is accounted for by the poorest fifth of the population) has increased from 9.2 in 1993-94 to 9.5 in 1999-2000. The phenomenon of increasing share of the poorest quintile in the total national consumption in the decade ending 2000, as compared to 1993-94, is more prominent in rural India whereas for urban India it is almost at the same level. This increase in the consumption share of the poorest quintile also reconfirms the better economic condition of the poor.

2.7. The Indian anti-poverty programmes are designed to perform two functions, viz. (a) alleviate immediate deprivation by providing supplementary incomes; and (b) create infrastructure and other assets, which can reduce poverty through their growth effect. Some of the major anti-poverty programmes taken up in the recent years include **Swaranjayanti Gram Swarozgar Yojana (SGSY) and Sampoorna Grameen Rozgar Yojana (SGRY**). While the former is a self-employment programme, the latter is a wage employment programme. The wage employment programme not only has valuable anti-poverty content but is also a way of creating community infrastructure. The Government of India launched the **National Food for Work Programme** in

order to provide additional resources, apart from the resources available under *Sampoorna Gramin Rozgar Yojana* (SGRY) to 150 most backward districts of the country from November 2004 so that generation of supplementary wage employment and providing of food security through creation of need-based economic, social and community assets in these districts is further intensified. The programme is open to all rural poor who are in need of wage employment and desire to do manual and unskilled work.

Employment Guarantee

The Employment Guarantee Act has been recently passed by the Parliament which provides a measure of income and employment insurance for the rural poor. These measures are likely to hasten the reduction of poverty.

2.8. **The Indira Awaas Yojana** is the major scheme for construction of houses to be given to the rural poor. About 1.5 million housing units are constructed every year under this scheme.

2.9. Most of the **anti-poverty programmes in the urban areas** have focused on the slum areas in India, where a large portion of the urban poor are concentrated. The main aim of these programmes has been the improvement of physical infrastructure in slums through provision of basic facilities. These programmes include **National Slum Development Programme**, **Swarna Jayanti Shahari Rozgar Yojana** (a self employment programme) and **Valmiki Ambedkar Awas Yojana** (a housing scheme for the urban poor).

2.10. As a country dependent, significantly on rain-fed agriculture, India has faced periodic droughts. Consequently, food security has occupied a central place in the Indian economic policy. The longest running and most widely spread intervention in this regard has been the **public distribution system,** which seeks to make a minimum quantity of food available to every household even in the remotest parts of the country at an affordable price. This, along with a well-developed calamity relief system, has ensured that famine and starvation deaths have been eradicated from the country since the mid-1960s. However, despite the virtual elimination of starvation deaths, the prevalence of malnutrition, particularly among the women and children is being experienced in the country. Nearly 45 per cent of children in the country continue to be underweight and a very high proportion of women suffer from anemia.

2.11. The 73rd and 74th amendments reinforce that Panchayati Raj Institutions and Urban Local Bodies have a major say with respect to the preparation of plans for economic development and social justice and for the implementation of development schemes including the poverty alleviation schemes and programmes in rural and urban areas respectively. While certain schemes like Sampoorna Grameen Rozgar Yojana, Harriyali, etc are implemented by Panchayati Raj Institutions themselves, the beneficiaries in other schemes for poverty alleviation are selected by these bodies.

2.12. The incidence of malnourishment among women continues to be widespread, the consequence of which is the high rate of morbidity and mortality among them. According to the National Family Health Survey II, in 1998-99, more than 50 percent of the ever-married women and 75 per cent

of children suffered from anaemia. In some areas, women still lack access to the daily per capita requirement of the recommended minimum nutrition. Nearly 60 per cent of the women particularly pregnant and lactating women suffer from anaemia. The District Level Rapid Household Survey (DLHS) (2002-05) has for the first time provided district level estimates on the magnitude of **"hidden hunger**" or micronutrient deficiencies and mal-nutrition. Severe mal-nutrition has decreased significantly in India and severe nutritional deficiencies have considerably declined. However, levels of malnutrition amongst children are high, manifested through moderate and severe under-weight. This is in spite of self-sufficiency of food production, which has not percolated to all households with low per capita income. A programme has been implemented since 1997-98 to treat anaemia among pregnant women, wherein they have been provided with folic acid and iron tablets daily for 100 days.

2.13. In the recent years, a range of strategies has been devised to address these issues. By and large, these strategies have been based primarily on the provision of cheap, and even free, food to the poor and vulnerable classes. There are a host of such interventions, which cover a full range of life-cycle vulnerabilities affecting the poor. The **Targeted Public Distribution System** provides heavily subsidized cereals to the entire below poverty line class; the ***Antyodaya Anna Yojana*** targets the absolute destitute; the **Integrated Child Development Services** covers young children and mothers; the **Mid-day Meal Scheme** covers the school-going children and the various **food-for-work** programmes target the working poor.

2.14. **C**entral assistance under various schemes for economic empowerment of Scheduled Castes, Scheduled Tribes, Other Backward Classes and Minorities constituting a large mass of

poor population in India is released. The Tribal Sub Plan strategy has been evolved for rapid socio-economic development and welfare of the tribals so as to raise them above poverty line and protect them from various forms of exploitation. These Sub Plans identify resources, prepare broad policy frame work for development and define a suitable administrative strategy for its implementation Under the scheme of Special Central Assistance for Scheduled Castes, assistance is extended to supplement the efforts of the States/ UTs for ensuring rapid socio-economic development of the Scheduled Castes. It is an additive to the Special Component Plan of the States/ UTs and augment the efforts of the States/ UTs for the economic development of Scheduled Castes to enable them to cross the poverty line. The objective is to support Scheduled Caste families to enhance their income. It focuses on maximizing the returns from the assets held by them by filling the critical gaps in the developmental need. As a result of sustained efforts taken for composite economic development of Scheduled Castes the literacy rate among them has increased by 17.28% over the last decade while the number below the poverty line have fallen by 12% in recent years.

2.15.With a view to give impetus to the special needs of the identified vulnerable sections of the society, like Scheduled Castes, Safai Karamcharis, Scheduled Tribes, Other Backward Classes, weaker sections among minorities and persons with disabilities, five dedicated Apex Finance and Development Corporations viz. National Scheduled Caste Finance Development Corporation, National Safai Karamcharis Finance Development Corporation, National Schedule Castes/ Tribes Finance and Development Corporation, National Minorities Finance Development Corporation, National Backward Classes Finance Development Corporation and National Handicapped

Finance Development Corporation extend concessional Credit/ loans at low interest rates. The Corporations cater to the special need of persons below the poverty line needing care and protection. The National Handicapped Finance and Development Corporation (NHFDC), however, covers beneficiaries with income levels up to Rs. 80,000 in rural areas and Rs. 1.00 lakh in urban areas. The loans are provided for starting or augmenting income generation activities such as small business/ trade, tiny/ cottage industries, service activity, etc. Further, to ensure gender equality in scheme and programmes of the Corporations, priority is accorded to the women belonging to Scheduled Castes Other Backward Classes and Minorities by providing them concessional credit loan at lower interest rate (4% per annum) under the Micro Credit scheme known as "Mahila Samriddhi Yojana". The Micro Financing Scheme of Corporations aims at empowerment of women by way of meeting their credit needs in formal manner through NGOs/ SHGs. Aids and appliances are provided to needy and poor persons with disabilities to improve their mobility resulting in enhanced earning capacity and quality of life. Tribal Co-operative Marketing Development Federation (TRIFED) has been set up in 1987 to establish proper marketing channels for tribal produce and pay specific attention to the marketing requirements of natural products from tribal areas.

Support to Disadvantaged Families

So far 13,71,480 beneficiaries belonging to Scheduled Caste (4,17,191), Safai Karamcharies (81,468), other backward classes (5,99,531), minorities (2,53,000) living below double the poverty line have been provided loan by the Apex Finance Development Corporations for establishment of self-employment ventures. Further, the Micro Financing Scheme of National Minorities Development Corporation has benefited about 44,804 women in the form of SHG and 57,875 women for establishment of self-employment ventures.

2.16. Basic research in biology and biotechnology in the field of agriculture for development of transgenics of rice, brassica, moongbean, pigeonpea, cotton, potato, tomato and some vegetables like cabbage and cauliflower are going on and they would help for the large scale seed production. Nutritionally enhanced potato and BT cotton, transgenic wheat with more potent content and better quality are expected to be introduced in farmer's field soon.

2.17 Edible vaccines particularly for cholera, rabies and hepatitis B and a number of herbal medicinal products started coming to the markets. These are in the form of new formulations, immunomodulators and drugs. The diseases addressed are septic shock, diabetes, T.B., malaria and cancer.

2.18. To meet the current needs of biological research, a number of facilities for production and supply of biologicals,

reagents, culture collections and experimental animals have been set up. These facilities also conduct regular training programmes for capacity building in areas instrumentation, bio-processing, microbial taxonomy and molecular biology. Some of the biotech facilities in the country are located in Central Drug Research Institute, Lucknow; National Institute of Nutrition, Hyderabad; University of Agricultural Sciences, Bangalore; DNA sequencing facility, University of Delhi, South Campus; Indian Agricultural Research Institute, New Delhi; National Bureau of Plant Genetic Resources, New Delhi; Institute of Microbial Technology, Chandigarh; IIT, Kanpur; etc.

III. Education, Human Resource Development, and Youth Mobilization

(Article V of Social Charter)

3.1 The Government of India has, in accordance with its Constitutional mandate, taken several initiatives in the form of enabling policies, legislations and interventions to spread literacy, promote educational development and bridge gender disparities. An enabling policy framework has been provided in the form of the **National Policy on Education, 1986**, revised in 1992, and the **Programme of Action, 1992.** The Government of India is committed to realising the goal of elementary education for all by 2010. ***Sarva Shiksha Abhiyan*** (SSA), launched in 2000, is the national umbrella programme that is spearheading the universalisation of elementary education for all children, with a particular emphasis on those who are hardest to reach. One of the most significant developments in recent years has been the passage of the **Constitution *86th Amendment* Act, 2002**, which makes free and compulsory education a fundamental right for all children in the age group of 6-14 years. These have given an impetus to universalising elementary education.

3.2 SSA includes several components for special groups of children. The **National Programme for Education of Girls at Elementary Level (NPEGEL)** is a component of SSA that provides region specific strategies to enable girls to come to school, including remedial teaching through bridge courses and residential camps. It targets the most educationally backward blocks in the country, where the female literacy rate is below the national average and the gender gap is above the national average. The component

includes interventions for enhancing girls' education like development of a 'Model Cluster School' with infrastructure and facilities like teaching-learning equipment, library, sports, etc., and gender sensitisation of teachers.

3.3 There are several programmes of **Early Childhood Care and Education** which include the ICDS (Integrated Child Development Services), Crèches, *Balwadis*, ECE centres, Pre-Primary schools run by the State and the private sector, and many experimental and innovative projects like Child to Child programmes, Child Media Lab, Mobile Crèches and *Vikas Kendras.*

3.4 The **National Programme of Nutritional Support to Primary Education (Mid-Day Meal Scheme)** was started in 1995 to give a boost to universalisation of primary education by increasing enrolment, retention and attendance, and simultaneously impacting upon nutritional status of students in primary classes I-V. The programme was expanded to cover the entire country in 1997-98, and to cover children studying in Education Guarantee Scheme (EGS) and Alternative and Innovative Education (AIE) Centres in October 2002. The Mid Day Meal Scheme has been revised with effect from September 2004, to add new components of Central assistance, including assistance for meeting cooking cost, management cost and provision of mid-day meal during summer vacations in drought affected areas, and now covers nearly 120 million children.

3.5. The Gross Enrolment Ratio in primary education (Class I to V) (age 6-11 years) for boys has tended to remain near 100%. In the case of girls, the ratio has increased by 20 percentage points in a decade from 1992-93 to 2002-03. Over the period of ten years between 1990-91 and 2000-01, the all-India dropout rate for primary schools fell by 2.93 percentage points from 41.96% in 1991-92 to 39.03% in

2001-02. However, a reduction of 4.14 percentage points in this rate has been observed in the year 2001-02 and 2002-03, during which period it declined from 39.03% to 34.89%. Thus there has been a significant improvement in the survival rate to Grade 5.

3.6. The literacy rate (age group 7 and above) at all India level according to Census 1991 was 52.2%. The male literacy rate was 64.1% whereas the female literacy rate was much lower at 39.3%. The literacy rate data for the year 2001 as per Census indicates that it increased to 64.8% from 52.2% at the national level. For males, it has increased to 75.3% from 64.1% and for females, to 53.7% from 39.3%.

3.7. The enrolment drives launched during the second year of Tenth Plan to bring all children in the age group of 6-14 years into schools and other efforts taken up under SSA have resulted in a reduction in the number of out-of-school children from 42 million at the beginning of Plan period to 13 million in April 2005. The Education for All decade of the 1990s witnessed a massive countrywide exercise for achieving the commitment of universalisation of basic education.

3.8. These efforts have borne fruit, with the total literacy rate rising to 64.84 per cent in 2001. For the first time, the number of illiterates declined in absolute terms by 25 million, from 329 million in 1991 to 304 million in 2001. According to provisional estimates of the Seventh All India Education Survey, enrolment in the primary stage increased from 114 million in 2001-02 to 122 million in 2002-03. Dropout rates also declined significantly from 39.03% to 34.89% during this period. Due to different awareness programmes for women, rate of improvement for women is faster than that of men.

Kasturba Gandhi Ballika Vidyalaya Scheme

- ***The KGBV scheme envisages setting up to 750 residential schools with boarding facilities at elementary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas.***
- ***The scheme is being coordinated with existing schemes Sarva Shiksha Abhiyan (SSA), National Programme for Education of Girls at Elementary Level (NPEGEL) and Mahila Samakhya (MS).***
- ***The scheme is applicable in those identified Educationally Backward Blocks where, as per 2001census the rural female literacy is below the national average and gender gap in literacy is more than the national average. In these blocks, schools are set up with:***
- ***Concentration of tribal population, with low female literacy and/or a large number of girls out of school; Concentration of SC, OBC and minority populations, with low female literacy and/or a large number of girls out of school; Areas with low female literacy; or Areas with a large number of small, scattered habitations that do not qualify for a school.***
- ***Rs 1202 million have so far been released to the States for setting up these residential schools.***

3.9. India is committed to universalising access to basic quality education with greater emphasis on covering all the un-reached segments and social groups, including minorities. This commitment is reflected in a substantial increase in the allocation of funds for elementary education by 56 per cent

from Rs 57.5 billion in 2003-04 to Rs 89.8 billion during 2004-05, which has been further stepped up by 36 per cent to Rs 122.4 billion in 2005-06. The levy of an education cess @ 2 per cent of major Central taxes with the proceeds being paid into a non-lapsable fund, the **Prarambhik Shiksha Kosh**, is a concrete step towards providing assured funding for primary education. The long-term goal, as spelt out in the National Policy is to raise educational expenditure to 6 per cent of Gross Domestic Product (GDP).

3.10. The Ministry of Social Justice and Empowerment releases central assistance under various schemes for educational empowerment of Scheduled Castes, Other Backward Classes and Minorities constituting a large mass of educationally backward population in India. Due to the schematic interventions, about 24 lakh SC students were provided Post-Matric Scholarships for pursuing studies beyond matriculation in recognized institutions during 2004-05. Similarly, 5.99 lakh children of those engaged in unclean occupations, i.e. scavengers, flayers and tanners were provided with Pre Matric Scholarships for pursuing education up to matriculation level which is highest in last five years. 1,334 Scheduled Caste students were provided special and remedial coaching during the year 2004-05 for equipping them with all required knowledge to compete in the examinations for professional courses like medical and engineering services. Similarly, 4,000 prospective job seekers were provided special Pre-examination coaching for admission into higher institutions as well as for recruitment under Group 'A' and 'B' services in Central and State Government.

3.11. Similarly, the Ministry of Tribal Affairs releases central assistance to the State Governments under various schemes for educational empowerment of Scheduled Tribes.

Government of India has made a provision of about Rs. 3300 million during 2005-06 to promote education among Schedule Tribes.

3.12. Further, in order to ensure the educational empowerment among the educationally backward minorities, the Maulana Azad Education Foundation releases grant-in-aid to NGOs and awards scholarships to meritorious girls. Similarly, under schemes for the educational development of Other Backward Classes, Scholarships as well as hostel facilities are available.

3.13. Under the Deendayal Disabled Rehabilitation Scheme, the Government of India supports 465 special schools for benefiting about 60,000 children with disabilities. Scholarship to students with disabilities for pursuing Post-matric education is provided to 250 boys and 250 girls every year. Under the Sarva Shiksha Abhiyan (SSA), children with disabilities are an important focus group. Special programmes like open learning system, distant education, home-based education, community based rehabilitation and vocational training are being taken up for the persons with disabilities. Rehabilitation professionals' training in various areas of disabilities is provided by the National Institutes and 250 other private institutions. The Rehabilitation Council of India (RCI) provides for regulating the training of rehabilitation professionals and upgrading the quality of professionals.

3.14. The Government is utilizing print, electronic and outdoor media for widespread dissemination of information on the prevention of alcoholism and drug abuse and its serious health consequences on the society as a whole. Besides NGOs supported by the Ministry are also carrying

out awareness generation programmes in varied settings like schools, colleges and workplaces.

Educational Support to Minorities

In order to ensure the educational empowerment among the educationally backward minorities, the Maulana Azad Education Foundation released grant-in-aid of Rs. 12.03 crores to 102 NGOs during the year 2005, which is the highest number for any given year. Further, the Foundation has increased the number of scholarships to meritorious girls belonging to educationally backward minorities from 1200 to 3000.

IV. Health and Population stabilization

(Article IV and VIII of Social Charter)

4.1. India is the largest democratic republic with 2.4% of the world's land area and supports 16% of the world's population. India launched a Family Planning Programme as far back as in 1951. With various changes, as per needs, the programme has evolved to its present form - the **Reproductive and Child Health** programme, initiated on 15th October 1997. Stabilization of population, reduction of maternal and child mortality and morbidity and improvement of their nutritional status are the goals of this programme. Emergency and essential obstetric care, 24-hour delivery services are some of the maternal health interventions offered. Universal Immunization Programme, essential newborn care and Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Vitamin A, iron and folic acid supplementation and promotion of breastfeeding are the major child health interventions.

4.2. Under Five Mortality Rate (U5MR) at national level has declined during the last decade. It has come down from 125.1 per thousand (1988-92) to 98.1 per thousand during the period 1998-2002. Perceptible decline in the rate has taken place in rural areas.

4.3. The country has been observing a continuous decline in infant mortality rate (IMR). It stood at 192 during 1971, which came down to 114 in 1980 and further declined in the last decade and reached the level of 60 in 2003. The decline in IMR has been noticed both for male and female during the

period; however, the rate of decline is more pronounced in the case of males as compared to females. It is also observed that there is a continuous decline both in rural as well as in urban areas although urban areas of the country are observing rapid decline in IMR as compared to rural areas attributing this change to health care facilities easily accessible in urban areas.

4.4. The Ministry of Health and Family Welfare is implementing several programmes to address the issue of infant and child mortality in the country. Notable amongst these are:

- Universal Immunization Programme (UIP), where immunization of children is carried out against six vaccine preventable diseases,
- control of deaths due to acute respiratory infections (ARI),
- control of diarrhoeal diseases,
- provision of essential new-born care to address the issue of the neonates, and
- prevention and treatment of two micronutrient deficiencies relating to Vitamin A and Iron.

4.5. Given the high prevalence rates of malnutrition among children, emphasis is also being accorded to promotion of (i) exclusive breastfeeding up to the age of six months and (ii) breast feeding along with appropriate practices related to the introduction of complementary feeding after the age of 6 months up to the age of 2 years or more (weaning).

4.6. Under the New Born Care scheme, 80 districts in phase I and 60 districts in phase II of the Empowered Action Group States were provided newborn care equipment to upgrade neonatal care facilities. In the selected districts, the National Neonatalogy Forum (NNF) has imparted training to

2,544 Medical Officers, Pediatricians and Obstetricians of the facilities where equipment has been supplied.

4.7. Iron Deficiency anaemia is widely prevalent among young children. As per the results of the National Family Health Survey-II (1998-99) 74.3% of children under the age of 3 years were anaemic. There is a marginal difference in the prevalence in the rural and urban areas. While 75.3% of rural children were found to be anaemic, its prevalence in urban children was 70.8%. The prevalence ranges from 43% in Kerala to 85.7% in Arunachal Pradesh.

4.8. Under the National Programme, iron folic tablets containing 20 mg of elemental iron and 0.1 mg of folic acid are provided at the sub-centre level. Current programme guidelines instruct health workers to provide 100 tablets to children clinically found to be anaemic.

4.9. Border District Cluster Strategy aims at providing focused interventions for reducing the infant mortality and maternal mortality rates by at least 50% over the next two to three years in 49 districts in 16 States of the country. This is a UNICEF assisted activity.

4.10. The sex ratio in the age group 0-6 years is 927 females for 1000 males with a similar pattern at the State level, which is lower than the overall sex ratio. However, there are certain States/ districts with an alarmingly low sex ratio. This clearly indicates a strong son preference, widespread prevalence of pre-natal sex determination and selection practices and existence of some socio-cultural practices like dowry and low status accorded to women in decision-making. The legislation mandates the maintenance of records relating to the use of ultrasound machines and other equipments for sex determination.

4.11. Kishori Shakti Yojana for adolescent girls (11-18) years was launched in 2000-01 as part of the ICDS. Immunization of the girl child is given special attention under the RCH programme.

4.12. It is estimated that there were 407 maternal deaths per 1, 00,000 live births at national level during 1998. Maternal Mortality is influenced by a whole range of socio-economic determinants. The status of women with low level of education, cultural mis-conceptions, economic dependency and lack of access to services, influences the maternal mortality and morbidity. Hospital based data reveals that States like Kerala, Karnataka, Tamil Nadu, Maharashtra, Andhra Pradesh, Punjab and Haryana which have relatively better socio-economic and educational status have lower MMR than the other states. Thus, besides improving the maternal health care services, it is necessary to improve the social status of women, including the education standard, to reduce the current level of MMR**.**

4.13. Programmes for reducing Maternal Mortality and Morbidity include **Programme for Prophylaxis and treatment of nutritional Anemia, Essential Obstetric Care, Emergency Obstetric Care, Promotion of safe deliveries at home and Training of Dais** and **Safe Abortion Services/ Medical Termination of Pregnancy (MTP**). New initiatives include **development of Obstetric Management and Emergency Obstetric Skills** and **Setting up of Blood Storage Centers at FRU.**

4.14. **National Population Policy** (NPP) brought out in February 2000, by Government of India, inter-alia, represents the commitment towards (a) voluntary and informed choice

and consent of citizens while availing of reproductive health care services and (b) continuation of the target free approach in administering family planning services. The NPP 2000 provides a policy framework for advancing goals and prioritizing strategies during the current decade to meet Reproductive and Child Health (RCH) needs of the people of India and to bring the TFR to 2.1 by 2010 to achieve the replacement level. It is based upon the need to simultaneously address issues of child survival, maternal health, and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health services by the government, industry and the voluntary and non-government sector. The immediate objective is to address the unmet needs of contraception, health care infrastructure and health personnel and to provide integrated service delivery for basic reproductive and child health care. The long-term objective is to achieve a stable population by 2045 at a level consistent with the requirements of sustainable economic growth, social development and environmental protection.

4.15. **National Rural Health Mission (2005-2012)** The Mission adopts a synergistic approach by relating health to determinants of good health viz., segments of nutrition, sanitation, hygiene and safe drinking water. The Government is to raise public spending on health from 0.9% of GDP to 2-3% of GDP. It also aims at reducing regional imbalances in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each block of the Country. The Mission

seeks to provide effective healthcare to rural population throughout the country with special focus on states, which have weak public health indicators and/ or weak infrastructure. It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health and Sanitation Committee of the Panchayat Raj Institutions (PRI); strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards.

4.16. The National AIDS Control Organization (NACO) conducts **annual round of HIV sentinel surveillance** in identified sentinel sites all over the country. This round is conducted for 12 weeks from 1st August to 31st October every year. Sample size of 400 is collected on consecutive basis with unlinked anonymous basis methodology in 12 weeks' time. The clinics identified as sentinel sites report data to the State AIDS Control Sites (SACS), which further compiles and sends it to NACO after necessary consolidation.

4.17. The National Family Welfare Programme provides the following contraceptive services:

- Sterilization as a terminal method
- Intra Uterine Devices (IUD) for spacing births
- Daily oral contraceptive Pill for spacing births.
- Condoms for spacing births and prevention from HIV/AIDs.

4.18. Malaria is a public health problem in several parts of the country. About 95% population in the country resides in malaria endemic areas and 80% of malaria reported in the country is confined to areas consisting 20% of population residing in tribal, hilly, difficult and inaccessible areas.

Directorate of National Vector Borne Disease Control Programme is responsible for framing technical guidelines and policies as well as to provide most of the resources for the programme, which is implemented by states. In every State/ UT, State Programme Officer under Ministry of Health is responsible for overall implementation and monitoring of the programme. For monitoring of the programme, indicators have been developed at national level and there is uniformity in collection, compilation and onward submission of data. Passive surveillance of malaria is carried out by Primary Health Centres (PHC), Malaria Clinics, Community Health Centres (CHC) and other secondary and tertiary level health institutions, which patients visit for treatment. At present, there are 22,975 PHCs, 2,935 CHCs and 13,758 Malaria Clinics. Active surveillance is carried out by health workers throughout the unit.

4.19. Currently, incidence of TB in the country is based on nation wide annual risk of TB infection (ARTI) survey conducted by National Tuberculosis Institute and Tuberculosis Research Centre between 2001-03. The methodology and validity of the estimates have been universally accepted. It is envisaged to undertake the ARTI surveys every 3-5 years to measure the progress towards MDG goals and impact of DOTS in the country. Prior to 2000, there was no large-scale nation wide survey conducted in the country. Estimates were based on small regional surveys undertaken. Annual risk of Tuberculosis Infection (ARTI) represents the proportion of population that gets newly infected (or reinfected) with tubercle bacilli over the course of one year. Based on Styblo's calculations, it has been estimated that for every one percent annual risk of tuberculosis infection, there are about 50 new pulmonary sputum smear positive cases per 100,000 population per year. Currently the average ARTI in the country as a whole is

estimated to be 1.5% i.e., there will be 75 new smear positive cases per lakh population per year. Prior to 2000, based on the small regional/ local ARTI surveys, the ARTI was estimated to be 1.7% in the country i.e., 85 NSP cases per lakh population per year.

4.20. Tuberculosis is a leading killer of women. It kills women more than all other causes of maternal mortality. To increase access to diagnosis and treatment of TB, under the ***Revised National TB Control Programme,*** microscopy centers for every 100,000 population in general areas and 50,000 in difficult tribal and hilly areas are being established. Treatment facilities have been decentralized by establishing Directly Observed Treatment Short Course centers nearest to the patient's residence and providing pro and anti- TB drugs free of cost.

4.21. As per Census data, 62% of the total households in the country could use safe drinking water in 1991. By 2001, this proportion has increased to 85%. There has been substantial increase in the rural India, the percentage having increased from 55.5% in 1991 to 90% in 2005.

4.22. The 2001 Census indicates that out of total 53.69 million urban households, 36.86 million households are having tap water source, the remaining households have water supply from other sources such as hand pumps, tube wells, etc. Out of 36.86 million households, 26.67 million urban households are having tap water source within the premises, 8.08 million near the premises and 2.09 million away from the premises (i.e., *the source is located at a distance of more than 100 metres from the premises).* In order to provide water supply and sanitation facilities in all the urban towns and cities, the Ministry of Urban Development is introducing Urban Infrastructure

Development Scheme for Small and Medium Towns (UIDSSMT) having population up to one million as per 2001 Census. In 2005-06, due emphasis to infrastructure projects including water supply and sanitation has been accorded to address the problem of drinking water and sanitation in urban areas. A provision is available for Rs. 15,000 million for Viability Gap Funding for infrastructure projects with a mechanism to be used in conjunction with the funding mechanism through the Special Purpose Vehicle. There is also a provision of Rs. 6,000 million in the Budget of Ministry of Urban Development for Viability Gap Fund for SPV of Urban Infrastructure Projects for the year 2005-06.

4.23. As a result of the Rajiv Gandhi National Drinking Water Mission's effort, the rural population's coverage by water supply infrastructure has increased steadily in recent years. In 2001, about 86.77% of the rural population (642 million of the total 740 million) had access to a safe source of drinking water, much higher than the 55.54% (357 million of 642 million) in 1991. As on 1.4.2005, 90% of the habitations have been covered, about 3.5 percent are partially covered, less than 0.5 percent habitations are yet to be covered and 6% habitations with problems of water quality have to be tackled. The State Governments and Mission have sufficient technical and financial capacity to carry forward the programme.

4.24. The practice of open defecation is borne out of a combination of factors, the most prominent of them being (a) the behaviour pattern and (b) lack of awareness of the people about the associated health hazards. 19.23% of total population in the country had access to sewerage and toilet

facilities in 1991. As per the latest Census (2001) data, only 36.4 percent of total population has latrines within/ attached to their houses. However in rural areas, only 21.9 percent of population has latrines within/ attached to their houses. Out of this, only 7.1 percent households have latrines with water closets, which are the most sanitized toilets. Total Sanitation Campaign (TSC) is the main vehicle for promoting rural sanitation in the country. With the intervention of Total Sanitation Campaign (TSC), the coverage is now estimated to be about 35%.

V. Promotion of the Status of Women

(Article VI of Social Charter)

5.1. The Constitution of India guarantees the right to equality (Article 14, 16), right to life (Article 21), right to equality and equal protection before the law (Article 15) and provides for discrimination in favour of women (Article 15(3)). The government invoking these provisions have introduced various special measures.

5.2. The Government has recently adopted the Protection of Women from Domestic Violence Bill 2005. The Commission of Sati Prevention Act, 1987 was enacted to prevent commission of Sati (self immolation) by any one and penalizes person who abets the commission of Sati, either directly or indirectly and glorifies Sati.

5.3. The National Policy for the Empowerment of Women, 2001 commits to bring about the advancement, development and empowerment of women and to eliminate all forms of discrimination against women and to ensure their active participation in all spheres of public life and activities.

5.4. India has empowered women to have the right to vote to elect representative for the Parliament as well as State Assemblies. The women have equal right to contest any election subject to the fulfillment of other eligibility conditions. So far 14 General Elections have been held for Lok Sabha. The percentage of lady parliamentarians fluctuates between 8 to 12 percent in these elections. In the last general elections (2004), there were 45 women members out of 544 in Lok Sabha. There are 28 women members out of 250 in Rajya Sabha.

5.5. Providing an enabling environment for women and men to participate equally in decision-making at all levels of government is essential ingredients of democracy. In India, **73rd and 74th Constitutional amendments** in 1993 have brought forth the landmark provision and set a definite impact on the participation of women in the democratic institutions for developmental activities at the grass-root level. 33 ? % of elected seats are reserved for women, as also one-third of posts of chairpersons of these bodies. One–third of the seats are further reserved for women belonging to SC and ST communities. The *Panchayats (Extension to Schedule Areas)* Act *1996* made this amendment applicable to Schedule V areas. In some States, the number of elected women exceeds the reserved one third. For example, in Karnataka, which was the first state to guarantee participation of women in local governance through reservation, the actual representation of women has gone up to 45%, in Kerala up to 36.4% and West Bengal up to 35.4%. In Uttar Pradesh, 54% of the Zila Parishad presidents are women. In Tamil Nadu, 36% of chairpersons of gram panchayats are women.

5.6. Increased networking and formation of confederations of elected women representatives has helped to strengthen women's leadership. This approach has been especially successful in southern and western India. The formation of these networks has promoted solidarity among the elected women representatives, otherwise divided by caste, religion and geographical boundaries.

5.7. The reservation for women in State Assemblies and the National Parliament has been a matter of public debate. Although increasingly women have stood for elections and have got elected as members of State Legislative Assemblies

and Parliament, the number of women Parliamentarians is not of expected level. The National Policy outlines the commitment of the government to introducing legislation for reservation for women in the State Legislatures and Lok Sabha. Although the number of women in leadership positions at the local administration level has shown an encouraging trend, the proportion of women at higher levels remains low.

5.8. One of the six basic principles of governance laid down in the present government's National Policy is to empower women politically, educationally, economically and legally.

5.9. Recognizing that women can leverage their strength, increase bargaining power and enhance capacities and skills through joint action, the approach of the government has been to encourage the organization of women into Self Help Groups (SHG) and to channel resources to these groups. The SHG movement has been supported through schemes of a large number of departments including Women and Child Development, Rural Development, Urban Development, Handlooms and Handicrafts, Sericulture, Agriculture, etc. at the national and state levels. Women SHGs are now implementing a large number of developmental initiatives including watershed development, social forestry and employment oriented initiatives. They have become the main vehicle for providing women with access to savings and credit mechanism and institutions through micro credit schemes. Various micro finance initiatives have gathered momentum in the recent years. Rashtriya Mahila Kosh (RMK) provides credit for livelihood and related activities to poor women.

5.10. Schemes being implemented for empowerment of women include (i) STEP (Support to Training and Employment Programme) which aims at providing training to poor and assetless women in traditional sectors like agriculture, animal husbandry and handicrafts, and (ii) Swawlamban, to train women for employment in traditional and non-traditional trades.

5.11. The Government provides assistance for construction of new/ expansion of existing building for providing hostel facilities to working women. The objective is to provide a safe and secure shelter for women who have come out of their home looking for job.

5.12. The National Commission for Women (NCW) was established by an Act of Parliament in 1992 to safeguard the rights and interests of women. It acts as a statutory ombudsperson for women. Its annual report containing recommendations are placed in Parliament by the Government of India with a detailed compliance report. Several states have set up State Commissions for Women. The NCW had initiated in 1996, a country wide legal awareness programme for women to impart practical knowledge about basic legal rights and remedies provided under various laws. During the year 2003-04, the Commission modified the programme to make it more participative, and provide an opportunity to the participants to come together to form SHG to avail the advantages of development schemes and to enable them to fight for their legal rights as a group.

5.13. Central Social Welfare Board is an umbrella organistion networking the activities of State Social Welfare Boards and voluntary organizations. It implements a number of schemes including Family Counseling Centres, Short Stay

Homes, Rape Crisis Intervention Centres, crèches for children of working mothers, etc. Some of the programmes being run by the Board are as under: -

(i) **Awareness Generation Camps**: The broad aim is to create awareness among rural and poor women on various social issues and provide a platform for them to come together, share their experiences, ideas and in the process, develop an understanding of reality and also the way to tackle their problems and fulfill their needs. The programme also enables women to organize themselves and strengthen their participation in decision making in the family and society.

(ii) **Condensed Course of Education for Adult Women**: The scheme was started in 1958 with the objective of providing basic education and skills to needy women and also to benefit widows, destitute deserted women and those belonging to economically backward classes. Under the Scheme, grant is given to voluntary organizations for conducting courses of two-year duration for preparing candidates for primary, middle and matric level examinations and one-year duration of matric failed candidates. Girls and women above 15 years of age are entitled to avail the benefit of the scheme.

(iii) **Creches for Children of Working and Ailing Mothers**: The Creche Programme provides day care services to children in the age-group 0-5 years from lower income group families. This scheme was formulated to ensure that such children are given proper care even in the absence of their mothers.

(iv) **Family Counseling Centres**: The objective of these centers is to provide preventive and rehabilitative services to

women and even families that are victims of atrocities and family mal-adjustments. They help in mending family relations through crisis intervention and systematic counseling.

(v) **Short Stay Homes**: The scheme is meant to provide temporary accommodation, maintenance and rehabilitative services to women and girls suddenly rendered homeless due to family discord or crime.

5.9. The **Swadhar Shelter Home** scheme designed with flexible and innovative approach to cater to the requirement of various types of women in distress in diverse situations under difficult conditions was introduced in the year 2001-02. The Swadhar Scheme purports to address the specific vulnerability of each group of women in difficult circumstances through a Home-based holistic and integrated approach. As on date, 84 Swadhar Shelter Homes are functional in the different States of the country.

5.14. **Swayamsidha**, a Centrally sponsored scheme is an integrated scheme for women's empowerment. It is based on formation of women into Self-Help Groups {SHGs} and aims at their empowerment through awareness generation, economic empowerment and convergence of various schemes.

VI. Promotion of rights and well-being of the child

(Article VII of Social Charter)

6.1. There are several **CONSTITUTIONAL PROVISIONS** in India for promotion of rights and well-being of children. These include the following:

- **Article 15(3)** states "Nothing in this article prevents the State from making any special provision for women and children".
- **Article 21A** directs the state to provide free and compulsory education to all children of the age 6-14 years in such manner as the State may, by law, determine.
- **Article 23** prohibits trafficking of human beings and forced labour.
- **Article 24** prohibits employment of children below the age of 14 years in factories, mines or any other hazardous occupation.
- **Article 39(e)** directs the State to ensure that the health and strength of workers, men and women
and the tender age of children are not abused and that the citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.

- **Article 39(f)** directs the State to ensure that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that the childhood and youth are protected against exploitation and against moral and material abandonment.
- **Article 45** states that the State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.

6.2. **Some Legislations for promotion of rights and well - being of children are the following**:

1. The Child Marriage (Restraint) Act, 1929.
2. The Child Labour (Prohibition and Regulation) Act, 1986.
3. The Juvenile Justice (Protection and Care of Children) Act, 2000.
4. The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992.
5. The Prenatal Diagnostic Technique (Regulation, Preventive and Misuse) Act, 1994.
6. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.
7. The Immoral Traffic (Prevention) Act, 1956.
8. The Guardian and Wards Act, 1890.
9. The Young Persons (Harmful Publications) Act, 1956.

NATIONAL POLICY FOR CHILDREN

6.3. **The National Policy for Children** was adopted on 22nd August 1974. This Policy lays down that the State shall provide adequate services towards children, both before and after birth and during the growing stages for their full physical, mental and social development. The measures suggested included, amongst others, a comprehensive health programme, supplementary nutrition for mothers and children, free and compulsory education for all children up to the age of 14 years, promotion of physical education and recreational activities, special consideration for children of

weaker sections like SCs and STs, prevention of exploitation of children, etc.

NATIONAL CHARTER FOR CHILDREN

6.4. The National Charter is a statement of intent embodying the Government's agenda for Children and emphasizes Government of India's commitment to children's rights to survival, health and nutrition, standard of living, play and leisure, early childhood care, education, protection of the girl child, equality, life and liberty, name and nationality, freedom of expression, freedom of association and peaceful assembly, the right to a family and right to be protected from economic exploitation. The document also defines commitments to children in difficult circumstances, children with disabilities, children from marginalized and disadvantaged communities and child victims. The document while stipulating the duties of the state and the Community towards children also emphasizes the duties of children towards family, society and the Nation. The National Charter for Children was notified in the Gazette on 9th February 2004.

CONVENTION ON THE RIGHTS OF THE CHILD (CRC)

6.5. India accepted the UN Convention on the Rights of the Child on 11th December 1992 and reiterated its commitment to the cause of children. The objective of the Convention is to give every child the right to survival and development in a healthy and congenial environment.

6.6. The Government of India is implementing various programmes for the benefit of children. Those are: **Integrated Child Development Services, Balika Samridhi Yojana, Reproductive and Child Health Programme,**

Sarva Shiksha Abhiyan, Integrated Programme for Street Children, Integrated Programme for Juvenile Justice, Elimination of Child Labour and **National Child Labour Project.**

NATIONAL PLAN OF ACTION FOR CHILDREN, 2005:

6.7. The Department of Women and Child Development has been implementing a National Plan of Action for Children after harmonizing the goals for children set in the UN General Assembly Special Session on Children held on 2002 and the monitorable targets set in the Tenth Five Year Plan, and goals for children in related Ministries/ Departments. The National Plan of Action includes goals, objectives, strategies and activities for improving nutritional status of children, reducing IMR and MMR, increasing enrolment ratio and reducing drop out rates, universalisation of primary education, increasing coverage for immunization, etc.

6.8. The Department of Women and Child Development is in the process of setting up the **National Commission for Children** for protection of the Child Rights. The Bill has been introduced in the Parliament.

6.9. The Ministry of Social Justice and Empowerment in partnership with the State Governments/ Voluntary Organisations implements various schemes/ programmes for educational, social and economic empowerment of Scheduled Castes, Other Backward Classes, aged persons, persons with disabilities, victims of substance abuse and children in need of care and protection. Scheme for construction of Hostels for scheduled castes Boys and Gilrs studying in Middle Schools, Higher Secondary Schools, Colleges and Universities provides hostel facilities to them. Similar schemes are implemented by the Ministry of Tribal

Affairs and well-being of the children belonging to Scheduled Tribes category.

6.10. Deendayal Disabled Rehabilitation Scheme provides grant in aid to Voluntary Organisations for running rehabilitation centres for leprosy cured persons, for manpower development in the field of mental retardation and cerebral palsy, visual impairment and hearing impairment and special schools for the major areas of orthopaedic, hearing, visual and mental disability. Free aid and appliances are provided to them with income up to Rs. 6,500/- per month. For income level between Rs. 6,501/- to 10,000/- the aids are provided at 50% of the cost. Only those aids/ appliances, which do not cost more than Rs. 6,000/-, are covered under the Scheme. The scheme also includes in its ambit, medical/ surgical correction and intervention, which is essential prior to fitment of aids and appliances. The motorized tri-cycles for persons with locomotor disability and software for visually handicapped persons using computers, which may cost more than Rs. 6,000/-, are proposed to be permitted.

6.11. **Pre-Matric Scholarships For Other Backward Classes** (OBC) - Under this scheme, scholarships are awarded to the students belonging to OBC whose parents/ guardian's income from all sources do not exceed Rs. 44,500/- per annum. The scholarships are given to the students in Class I or any subsequent class of pre-matric stage in the case of day scholars and Class II or any subsequent class of pre-matric stage in the case of hostellers. The duration of scholarship in an academic year is 10 months. The scholarship is tenable in such institutions and for such pre-matriculation courses, which have been duly recognized by the concerned State Government and Union Territory Administration. Under the scheme, 50% Central

Assistance is provided to the State Governments and 100% to UTs.

6.12. **Post-Matric Scholarships to the OBC Students for studies in India**- The objective of the scheme is to provide financial assistance to the OBC students studying at post-matriculation or post-secondary stage to enable them to complete their education. These scholarships are available for studies in India only. Under the Scheme, 100% central assistance is provided to State Government/ UT Administrations. These scholarships are given for study in recognized institutions. Unemployed students whose parents/ guardians income from all sources does not exceed Rs. 44,500/- per annum are entitled for scholarship under the Scheme.

6.13. **Hostel for OBC Students**- The scheme aims at providing better educational opportunities to students belonging to socially and educationally backward classes notified as such in the Central/ State/ UT lists of OBC, generally referred to as Other Backward Classes (OBC). It would, however, not cover students belonging to the Creamy Layer i.e. whose parents/ guardians' income exceed Rs. 2.50 lakh per annum. Hostels under the scheme are constructed in the areas having a large OBC population but inadequate hostel facilities and 50% central assistance is provided to the States. These hostels are setup for middle, secondary, college and university level students.

6.14. **Support of Voluntary Organisations for Welfare of OBC** - The Government assist the voluntary sector to improve educational and socioeconomic conditions of Other Backward Classes with a view to upgrade their skill and enable them to start income generating activities either through self-employment or wage employment. Under the

scheme, grant-in-aid up to 90% of the approved cost is given for running of vocational training courses, such as carpentry, computer, craft, electrician, motor winding and fitting, photography, printing, composing and book binding, type and shorthand and welding and fitter training, etc.

6.15. For the rehabilitation and re-integration of children in conflict with law, the Ministry of Social Justice and Empowerment administers the Juvenile Justice (Care and Protection of Children) Act, 2000 which recognizes the legal necessity of care and protection of children below 18 years. It is an "Act to consolidate and amend the law relating to juveniles in conflict with law and children in need of care and protection by providing them proper care, protection and treatment by catering to their developmental needs and by adopting a child friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions. The Act inter-alia lays down the setting up of Juvenile Justice Boards consisting of a Metropolitan Magistrate/Judicial magistrate and two social workers one of which shall be female social worker in every district or a group of districts based on the need assessed.

6.16. Further, "A Programme for Juvenile Justice" is implemented for (a) extending help to State Governments to bear the cost of infrastructure and services development under the Juvenile Justice Act to ensure the at under no circumstances the child in conflict with law is lodged in regular prison, (b) to ensure minimum quality standards in the juvenile justice services, (c) providing adequate services for prevention of social maladjustment and rehabilitation of socially maladjusted juveniles and (d) ensuring participation of community and other organizations into the care and protection of children in conflict with law

who are perhaps more vulnerable than other groups of children.

6.17. The Government is releasing central assistance under the scheme of 'An Integrated Programme for Street Children' for preventing destitution of children and facilitating their withdrawal from life on the streets. The programme provides for shelter, nutrition, health care, education and recreation facilities to street children and seeks to protect them against abuse and exploitation. The strategy is to develop awareness and provide support to build the capacity of the Governments, NGOs and the community at large to prevent children from abuse and to ensure for them proper care, protection and treatment by catering to their developmental needs. 90% of the cost of the project is provided by the Government of India. The project includes components like City level surveys, preparation of city level plan of action, establishment of 24 hours drop-in shelters, non-formal education programmes, programmes for reintegration of children with their families and placement of destitute in foster care homes/hostels and residential schools, programmes for vocational training and placement, programmes aimed at health care and reducing the incidence of drug and substance abuse, HIV/ AIDS, etc, programmes for capacity building and for advocacy and awareness.

6.18. Central Adoption Resource Agency (CARA) regulates and monitors the working of recognised social/child welfare agencies engaged in inter-country adoptions through State Governments/ UT Administrations so that many children who are free for adoptions are placed in families within the country.

VII. Drug de-addiction, Rehabilitation and Reintegration

(Article IX of Social charter)

7.1. The issues relating to drugs are tackled by the Government of India through its two-pronged strategy, viz. (1) supply reduction and (2) demand reduction. Whereas supply reduction is under the purview of enforcement agencies, the area of demand reduction is with the Ministry of Social Justice and Empowerment. The major components of our demand reduction strategy are preventive awareness, motivational counseling, curative treatment and post-treatment rehabilitation. In India drug demand reduction programmes are designed to cover three categories of persons, namely, (i) young population-those who are not taking drugs, (ii) persons who are addicted to drugs/ alcohol and (iii) persons who have given up the habit through support from Counselling and De-addiction Centres.

7.2. Currently the Government of India is supporting 340 voluntary organizations for running 379 Treatment -cum-Rehabilitation Centres and 54 Counselling Centres. Recognizing the established nexus between substance abuse and HIV/ AIDS and emergent need to prevent the spread of HIV/ AIDS amongst the substance abusing population, the Government is one of the stakeholders in implementing the projects, namely, Regional Initiative for Mainstreaming HIV/ AIDS concerns in ongoing drug demand reduction programme in South Asia, Networking for reducing risk taking behaviour related to drug abuse and HIV/ AIDS and Prevention of Transmission of HIV among drug abusers in SAARC countries.

VIII. Management of Environment

8.1. As per 2003 assessment, the total land area covered under different forests in the country was 0.68 million sq. km., (20.64% of the total land area). The forest cover includes 4461 sq. km. of mangroves, which is 0.14% of country's geographic area. Out of 678, 333 sq. km. forest cover, 51,285 sq. km. is very dense forest (1.56%), 339, 279 sq. km. is moderately dense forest (10.32%) while 287,769 sq. km. (8.76%) is open forest cover. As per the assessment made in 2003, the reserved and protected forests together accounts for 638,353 sq. km., (19% of the total land area).

8.2. The Tenth Plan, while emphasasing the need for balanced and sustainable economic development along with sustainability of the environment for healthy living, has also set the target for increasing forest and tree cover to 25% by 2007 and 33% by 2012. About 1.1 million hectares are being covered under afforestation programmes annually. To achieve the target of 33% coverage by 2012, greening of 28.87 million hectares area outside Government forest, public lands and farmlands are targeted. It has been proposed to take up afforestation of 50 hectares in each of the 2,34,676 village panchayats in 31 States and Union Territories through social forestry wing of the States.

8.3. Land is a critical national resource. Its efficient management is vital for economic growth and development of rural areas. Concerted efforts are being made through Area Development Programmes to regenerate and rejuvenate wasteland and degraded land. Watershed Development Projects have been taken up for holistic development of areas

with community participation under different programmes launched by the Government of India. The Draught Prone Area Programme (DPAP) and the Desert Development Programme (DDP) adopted the watershed approach in 1987. The Integrated Wasteland Development Projects Scheme (IWDP) taken up by the National Wasteland Development Board in 1989 also aimed at developing wasteland on a watershed basis. These programmes have now been brought under the administrative jurisdiction of Department of Land Resources in the Ministry of Rural Development. The fourth major programme based on the watershed concept is the National Watershed Development Project in Rainfed Areas (NWDPRA) under the Ministry of Agriculture.

8.4. So far, theses programmes have laid down their own separate guidelines, norms, funding patterns and technical components based on their respective coverage and specific aims. While the Desert Development Programme focused on reforestation to arrest the growth of hot and cold deserts, the Draught Prone Areas Programme concentrated on non-arable lands and drainage lines for in-situ soil and moisture conservation, agro-forestry, pasture development, horticulture and alternate land uses. The Integrated Wasteland Development Programme, on the other hand, made silvipasture, soil and moisture conservation on wastelands under Government or community or private control as their predominant activity. These three programmes are now different components of one common programme called `Hariyali' which is being implemented through Panchayati Raj Institutions. The NWDPRA combines the features of all these three programmes with the additional dimension of improving arable lands through better crop management technologies. While the focus of these programmes may have differed, the common theme amongst these programmes has been there basic objective of

land and water resource management for sustainable production. Total area taken up for treatment under these programmes is approximately 8.7 million hectares at a total cost of Rs. 52.17 billions.

8.5. India's per capita consumption of Ozone Depleting Substances (ODS) is at present less than 3g and was within 20g between 1995-97 as against per capita consumption of 300g permitted under the Montreal Protocol on Substances that Deplete the Ozone Layer. India has also taken effective action for phasing out various Ozone Depleting Substances both in the production and consumption sectors in accordance with the provisions of the Montreal Protocol.

8.6. According to India's Initial National Communication to the United Nations Framework Convention on Climate Change, in 1994, 1,228,540Gg of CO_2 equivalent to anthropogenic Green House Gases (GHGs) were emitted from India resulting in a per capita emission of about 1.3 tonnes, which is about $1/4^{th}$ of the global average. Even according to the World Energy Statistics Report released by the International Energy Agency (IEA), the per capita CO_2 emission from India is 0.97 tonnes as against the world average of 3.89 tonnes in the year 2004.

8.7. In India, quite a substantial number of households use coke, coal, firewood, cow-dung cake and charcoal as primary source of energy for cooking – 87.6% in rural and 28.6% in urban as revealed through the survey on consumption expenditure conducted in 1999-2000. In a subsequent survey carried out in 2002, the proportion has slightly reduced to 85% in rural and 26.3% in urban areas.

8.8. To bring about revolutionary changes in the rural economy, it is imperative that all the lighting needs of the

rural India are met through affordable electricity supply and all the cooking needs are met through LPG gas connections. It is being targeted to complete the rural electrification work by 2010. The Rajiv Gandhi Grameen Vidyutikaran Yojana has been launched in April 2005 for achieving the objective of providing access to electricity to all rural households in 5 years. Under the scheme, the Central Government is providing 90% capital grant for extending the grid to electrifying all villages and habitations where it is feasible and cost effective to do so with the States accepting the commitment to provide electricity with revenue sustainability. In remote villages where grid connectivity is neither feasible nor cost effective, Ministry of Non Conventional Energy Sources (MNES) has been identified as the designated agency for covering them under remote villages electrification programme.

8.9. Programmes and policies that recognize the link between women's well-being and environmental health, cut across various sectors and include initiatives in forestry, water conservation, rainwater harvesting, sanitation, natural resource management, etc. Gender sensitive resource management is encouraged in schemes such as the Joint Forest Management Scheme, in which 50 percent of the members are generally women. Women's participation is encouraged in community resource management and watershed development programmes. Rural women living below the poverty line are provided with financial assistance to raise nurseries in forestlands. Several programmes are implemented to reduce drudgery and provides systems for cooking and lighting. Environmental education programmes in creating awareness and seeking location specific solutions to the environmental problems. Customary practices followed by the forest dwellers promote to maintain and preserve forests. Many women groups (Mahila Mangal Dals)

have emerged over the last ten years, which protect and use of civil forests based on consensual decision.

Annexure

Social Charter

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

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

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

the principles of equity, affirmative action and public interest.

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

Noting that high level meetings convened since the inception of SAARC on the subjects of children, women, human resettlements. Sustainable developments, agriculture and food, poverty alleviation etc. have contributed immensely to the enrichment of the social

agenda in the region and that several directives of the Heads of State or Government of SAARC Countries at their Summit meetings have imparted dynamism and urgency to adopting regional programmes to fully and effectively realize social goals.

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

concerted and coordinated actions and strategies for the effective realization of their objectives.

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

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

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

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

ArticleI

General Provisions

1. States Parties shall maintain a social policy and strategy in order to ensure an overall and balanced social development of their peoples. The salient features of individual social policy and programme shall be determined, taking into account the broader national development goals and specific historic and political contexts of each State Party.

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

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

ArticleII

Principles, Goals and Objectives

1. The provisions made herein shall complement the national processes of policymaking, policy-implementation and policy-evaluation, while providing broad parameters and principles for addressing common

social issues and developing and implementing resultoriented programmes in specific social areas.

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

i. Place people at the center of development and direct their economies to meet human needs more effectively;

ii. Fulfill the responsibility towards present and future generations by ensuring equity among generations, and protecting the integrity and sustainable use of the environment;

iii. Recognize that, while social development is a national responsibility, its successful achievement requires the collective commitment and cooperation of the international community;

iv. Integrate economic, cultural and social policies so that they become mutually supportive, and acknowledge the interdependence of public and private spheres of activity;

v. Recognize that the achievement of sustained social development requires sound. equitable and broad-based economic policies;

vi. Promote participatory governance, human dignity, social justice and solidarity at the national, regional and international levels;

vii. Ensure tolerance, non-violence, pluralism and non-discrimination in respect of diversity within and among societies;

viii. Promote the equitable distribution of income and greater access to resources through equity and equality of opportunity for all;

ix. Recognize the family as the basic unit of society, and acknowledge that it plays a key role in social development and as such should be strengthened, with attention to the rights, capabilities and responsibilities of its members including children, youth and the elderly;

x. Affirm that while State, society, community and family have obligations towards children, these must be viewed in the context of inculcating in children intrinsic and attendant sense of duty and set of values directed towards preserving and strengthening the family, community, society and nation;

xi. Ensure that disadvantaged. marginalized and vulnerable persons and groups are included in social development, and that society acknowledges and responds to the consequences of disability by securing the legal rights of the individual and by making the physical and social environment accessible;

xii. Promote universal respect for and observance and protection of human rights and fundamental freedoms for all, in particular the right to development; promote the effective exercise of rights and the discharge of responsibilities in a balanced manner at all

levels of society; promote gender equity; promote the welfare and interest of children and youth; promote social integration and strengthen civil society;

xiii. Recognize the promotion of health as a regional objective and strive to enhance it by responding to urgent health issues and outbreak of any communicable disease in the region through sharing information with each other, imparting public health and curative skills to professionals in the region; and adopting a coordinated approach to health related issues in international fora;

xiv. Support progress and protect people and communities whereby every member of society is enabled to satisfy basic human needs and to realize his or her personal dignity, safety and creativity;

xv. Recognize and support people with diverse cultures, beliefs and traditions in their pursuit of economic and social development with full respect for their identity, traditions, forms of social organization and cultural values;

xvi. Underline the importance of transparent and accountable conduct of administration in public and private, national and international institutions;

xvii. Recognize that empowering people, particularly women, to strengthen their own capacities is an important objective of development and its principal resource. Empowerment requires the full participation of people in the formulation, implementation and evaluation of decisions and sharing the results equitably;

xviii. Accept the universality of social development, and outline an effective approach to it, with a renewed call for international cooperation and partnership;

xix. Ensure that the elderly persons lead meaningful and fulfilling lives while enjoying all rights without. discrimination and facilitate the creation of an environment in which they continue to utilize their knowledge, experience and skills;

xx. Recognize that information communication technology can help in fulfilling social development goals and emphasize the need to facilitate easy access to this technology;

xxi. Strengthen policies and programmes that improve, broaden and ensure the participation of women in all spheres of political, economic, social and cultural life, as equal partners, and improve their access to all resources needed for the full enjoyment of their fundamental freedoms and other entitlements.

Article III
Poverty Alleviation

1. States Parties affirm that highest priority shall be accorded to the alleviation of poverty in all South Asian Countries. Recognising that South Asia's poor could constitute a huge and potential resource, provided their basic needs are met and they are mobilized to create economic growth, States Parties reaffirm that the poor should be empowered and irreversibly linked to the mainstream of development. They also agree to take appropriate measures to create income-generating activities for the poor.

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

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

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

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

Article IV

Health

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

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

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

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

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

Article V

Education, Human Resource Development and Youth Mobilization

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

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

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

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

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

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

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

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

ArticleVI
Promotion of the status of women

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

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

must be prohibited through legislative, administrative and judicial actions.

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

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

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

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

Article VII

Promotion of the Rights and Well-being of the Child

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

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

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

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

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

interests and welfare of the child shall be the paramount consideration and the guiding principle in all matters involving his or her life.

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

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

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

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

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

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

Article VIII

Population Stabilisation

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

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

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

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

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

Article IX

Drug de-addiction, Rehabilitation and Reintegration

1. States Parties agree that regional cooperation should be enhanced through exchange of information, sharing of national experiences and common programmes in the specific areas, which should receive the priority consideration of the appropriate mechanisms both at the national and regional levels.

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

3. Keeping in view the complementarities between demand reduction activities and supply control programmes, States Parties agree that all aspects of

demand reduction, supply control, de-addiction and rehabilitation should be addressed by regional mechanisms.

Article X

Implementation

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

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

Article XI
Entry into force

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

Article XII

Amendment

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

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

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

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

Maumoon Abdul Gayoom
PRESIDENT OF THE
REPUBLIC OF MALDIVES

Jigmi Yoezer Thinley
PRIME MINISTER OF THE

KINGDOM OF BHUTAN

Surya Bahadur Thapa
PRIME MINISTER OF THE
HIS MAJESTY'S
GOVERNEMNT OF NEPAL

Atal Behari Vajpayee
PRIME MINISTER OF THE
REPUBLIC OF INDIA

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

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