



Sustainable Development Goals: Agenda 2030

INDIA

2017

A Civil Society Report

Coordinated by
Wada Na Todo Abhiyan

ABOUT WADA NA TODO ABHIYAN

Wada Na Todo Abhiyan (WNTA) is a national campaign focused on Governance Accountability to hold the government accountable for its promise to end Poverty, Social Exclusion & Discrimination.

WNTA emerged from the consensus among human rights activists and social action groups who were part of the World Social Forum 2004 (Mumbai). The purpose was to create an environment through focused and concerted effort and try to make a difference in India where one-fourth of the world's poor live and experience intense deprivation from opportunities to learn, live and work with dignity.

In this regard, WNTA highlights the aspirations and concerns of the most marginalized sections of the society – Dalits, Adivasis, Nomadic Tribes, Minorities, Women, Sexual Minorities, Children, Youth and the Person with disability to the government through People's Manifestoes before elections. Further, WNTA reviews and monitors the performance of the government on its promises and plans towards the marginalized sections on the framework of Constitutional mandates, National development goals and International commitments set in the UN Millennium Declaration (2000) / The 2030 Agenda for Sustainable Development Goals.

We work to ensure that the concerns and aspirations of the marginalized sections are mainstreamed across programs, policies and development goals of the central and state governments.

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**SUSTAINABLE
DEVELOPMENT** **GOALS**

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Preface

All UN member states are committed to achieve SDGs Agenda 2030 consisting of 17 goals and 169 targets, spanning the three dimensions of economic, social and environmental development. Under this framework, each national government as well as other stakeholders, including local governments, business and the civil society is expected to identify, implement and report on specific actions that lead to their achievement. The national government has to translate these goals and targets into the national policies, to resource and implement these policies and to measure their implementation. On the other hand, civil society organisations are expected to play an important role in popularizing SDGs as well as take on role for monitoring the implementation of the SDGs.

In a diverse country like India, it becomes necessary to first review the systems that are in place for ensuring the participation from all stakeholders- from people in the grassroots up to the highest levels of Government. Since the Government is the biggest entity with the most resources to ensure achievement of the Sustainable Development Goals (SDG) and targets that have been set, the legal and policy framework already in place in the country has to be critically reviewed to see how capable it is of achieving the SDGs and identify the gaps and challenges for rectification. The UN resolution also mentions that the business sector, non-state actors and individuals too must play a significant role in ensuring the achievement of the SDGs. Therefore, the existing efforts by these other sectors and individuals also have to be reviewed for proper planning.

A year has gone by and there has been a lot of progress done on SDGs by Government of India, NITI Aayog and civil society organizations in popularizing SDGs at national and sub national level. NITI Aayog has drafted National Indicators and a compendium of recommendation on the indicator has been submitted by the civil society organization on April 7th, 2017. WNTA as a platform of various civil society organisations in partnership with office of United Nations Resident Coordinator (UNRC) have actively engaged with the Ministry of Statistic and Programme Implementation (MoSPI) and NITI Aayog in advocating the national indicators from the perspective of the most marginalized section of the society. WNTA organized the national multi-stakeholders' consultation on SDGs to strategise a common accountability framework for Civil Society on 8th& 9th November 2016 from the prism of the most marginalized communities to achieve the agenda of **'Leave No one Behind'**.

The Government of India is presenting its Voluntary National Review report on SDGs at High-Level Political Forum (HLPF) on Sustainable Development 2017 in New York. The government has formed a taskforce with different concerned ministries and agencies to prepare the report. NITI Aayog is the nodal agency coordinating this process.

The Civil Society, anchored by WNTA, in partnership with the different members of the Civil Society had a planning meeting to strategize the process of the Civil Society Report on the SDGs and a detailed discussion on the strategy, methodology and time line on 21st March 2017 at Indian Social Institute, New Delhi, followed by meetings on 5th May 2017 and 19th June 2017 at National Foundation for India (NFI), India Habitat Centre.

Different groups consisting of different civil society organizations, campaigns and networks were formed around ten goals of the Agenda 2030. A compendium of ten goals was collected from all the groups and a final report was prepared, which would be further shared with wider civil society groups and different stakeholders at the national level. The Civil Society report on SDGs was prepared by a large number of Civil society organisations and networks through desk research and consultations with local communities, particularly, the marginalized communities. The report has used the lens of **'Leave No one Behind'** and **'A Life of Dignity for All'** as proposed by the SDG framework.

The aim of this Civil Society Report on SDGs would be to highlight the status of SDGs in India with the UN and other International agencies and to create traction on SDGs: Agenda 2030 involving multi-stakeholders and evolve a common civil society Accountability Framework from the prism of social exclusion for monitoring and consensus building on the status of the SDGs in India. The Report also envisages to map the existing government interventions at national, state and local levels as well as to identify the gaps and challenges to achieve the SDGs in order to actively engage with the Indian state and create a platform for dialogue between the Civil Society and the Government on SDGs.

The recommendations and suggestions emerging from the Civil Society Report on SDGs will further be advocated with the Government of India, parliamentarians, thematic experts, government think tanks, other government departments and stakeholders. Moreover, WNTA will be releasing the Civil Society Report on SDGs at a national level event in New Delhi on 6th July 2017 as well as at the side event during HLPF in New York on 11th July 2017.

Amitabh Behar, Annie Namala, Awadh Kishore Singh, Paul Divakar and Thomas Pallithanam

Convenors,

Wada Na Todo Abhiyan

Executive Summary

The 17 Goals of the 2030 Agenda for Sustainable Development – adopted by 193 nations in September 2015 at the UN Summit – officially came into force on 1 January 2016. While ambitious and universal in nature, they have, in principle, charted out a path for nations to achieve development that is fair, equitable, inclusive and environment friendly. Human and environmental rights underpin the foundation of the SDGs that demand robust and integrated actions nationally, recognizing the role of different actors in the process.

The SDGs being interdependent in nature, require actions at all levels to attain the development outcomes. In the Global South context, it is only logical to deduce that much is desired of the emerging economies of the world (BRICSAM nations), which account for highest proportion of poorest communities. And with the rising Gross Domestic Product (GDP), India accounts for the largest number of people living below international poverty line, with 30 per cent (nearly 800 million) of its population living under \$1.90 a day (World Bank, 2013).

Poverty is more than lack of income or resources- it includes social discrimination and exclusion, lack of basic services, such as education, health, water and sanitation, and lack of participation in decision making. These ‘durable inequalities’ perpetuate acute poverty, limiting the life options of historically marginalised communities. The recent Credit Suisse report shows that the richest 1 per cent Indians now own 58.4 per cent of the country’s wealth. In a country where more than half the households are dependent on land (agriculture had 48.9 per cent of employment share in 2011-12), its distribution is highly unequal. The visible fiscal and economic inequalities are undercut by gross social inequalities based on identity and social status, viz. caste, ethnicity, religion, region, age and gender.

National and state-level statistics testify to the trends of exclusion from land ownership and agriculture. Census data reveals that in the 10-year period between Census 2001 and Census 2011, there were nearly 9 million less cultivators in India. The number of landless agricultural workers in the country rose from 106.7 million in 2001 to 144.3 million in 2011. Further, landlessness is highest among Dalits (57.3 per cent), Muslims (52.6 per cent) and women headed (56.8 per cent) households, castigating them to work as agricultural labourers, and to face the specter of depressed and unequal wages or to be expelled altogether to join the massive migration to the cities. Constituting only 8 per cent of the population, the Tribals shouldered 55 per cent of the development induced displacement till 1995, and not much has bucked the trend to date. There is also a growing trend of feminization of agricultural labour, but only 13.6 per cent households are headed by women, owning 7.17 per cent of total productive land. Even where they report ownership of productive land there is the question of who controls the use of such land.

Besides, in India, employment generation is abysmally low even during the periods of high growth rate. The youth population, is therefore, either getting into unskilled /informal labour sector where scope for economic betterment is too narrow.

The decline in agricultural investments that started in the 1980s is continuing till date. A total of 12, 602 farmer suicides were reported officially, with Maharashtra topping the list with 4,291 suicides, followed by Karnataka 1,569, Telangana 1,400, Madhya Pradesh 1,290, Chhattisgarh 954, Andhra Pradesh 916 and Tamil Nadu 606 farmer suicides. Together, these seven states accounted for 87.5% (11,026) of total 12,602 suicides in the farming sector in the country. The per capita availability of land has declined from 0.5 hectares in 1951 to 0.15 hectares in 2011, with shrunken agriculture, and related insecurities due to commercialization, natural disasters and climate vagaries.

India released the first National Disaster Management Plan (NDMP) in June 2016. While the Indian Government has embarked upon building urban infrastructure across the country and develop 100 smart cities over the coming years, it is important for cities and infrastructure being built to consider the topography of the area and its vulnerability to various hazards.

One of the fundamental problems is the lack of appropriate vulnerability assessment mechanism. Most of the state plans are based on the Vulnerability Atlas of India. While this provide macro level analysis, it leaves out the slow onset disasters such as droughts and sea level rise. In 2016, 255,923 villages across 10 states suffered severe drought, which impacted food security and access to water, resulting in acute indebtedness. And despite the known vulnerability of India to various disasters, most of the mitigation programmes so far are designed as responsive/ reactive, and not resilience centric.

Appropriate infrastructure for India Meteorological Department (IMD), rainfall and weather monitoring stations, lack of forecasts providing information down to the village level rather than giving it for regions, and lack of IMD and ISRO information in a user-friendly and understandable manner remains the need of the states. Issues like migration, indebtedness, and livelihood regeneration are yet to be considered as a part of climate change and DRR planning in the government policies; which will make the approach to sustainable cities and communities comprehensive and risk resilience focused (SDG 11).

As far as the local governments are concerned, they have almost no role in managing climate change and disasters. The 73rd and 74th Constitutional Amendment Act, 1992, which aimed at empowering local rural and urban authorities including the right to raise resources, pursue social justice policies and contribute to economic development, largely remains unimplemented. This is ironical as world over these are local governments who are leading the transition of cities.

Lack of jobs in rural areas and low returns on agriculture have only created a pool of seasonal migrants flowing into urban centers, settling down in slums working in casual/unorganized sector or being rendered homeless. The Government is implementing its National Rural Drinking Water Programme through the concerned ministries for ensuring drinking water to people in the rural and urban areas. There are several programmes run by the Government around river development and rejuvenation of Ganga River in India. Despite all this, there are still 76 million people who do not have access to safe drinking water in India today.

Absorption into the un organised sector fueled rather by distress than by choice hides huge underemployment. In a situation where even the formal sector is being in formalised in the form of contract labour, the working conditions range from insecure to precarious to near or total bondage, impacting health and wellbeing of the workers adversely.

As it stands now, government spending on health is around 30 per cent of the total expenditure on health in India, while 62.4 per cent of the total expenditure is borne out of pocket. In such a scenario, wage labourers sometimes prefer private health services to save a day's wage being lost to long waits in the government hospitals. This demonstrates the poor quality of healthcare in India and the disproportionate burden that it imposes on the poor and the marginalised. India does not yet explicitly recognise a national minimum social security cover.

In the 2017-2018 Union Budget, the Finance Minister announced an allocation of Rs. 48,000 crores to the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), which is the highest allocation to the scheme ever. But this is only a 1 per cent increase from the Rs. 47,499 crores (revised estimate or RE) in 2016-17. Furthermore, expenditure for 2016-17 (as on 1 February) is Rs. 53,594 crores which indicates a massive shortfall. The absence or poor quality of social security provisions, both in coverage and quantum, has further intensified the impoverishment of the poor in India. Government records show that under the MGNREGS, Rs. 441 crore worth of compensation was due to the workers against delayed wages in financial year 2016-17.

Health spending by the Central government remains at only 0.3 per cent of the GDP out of a total 1.3 per cent of GDP spent by the states and Centre together. In fact, the total spending is a far cry from the 3 per cent of GDP which is widely accepted to be the minimum level required to achieve reasonable universal health coverage.

As per the data of Rapid Survey on Children (RSOC) of the Ministry of Women and Child Development, about 44 % of the adolescent girls could be classified as severely thin. This prevalence increases further when we look at socially excluded groups like Scheduled Caste (SC) (46.4%) and Scheduled Tribes (ST) (45%); with highest number of severely thin adolescent girls amongst the lowest income quartile (47.9 %). The states with high rates of stunting include Chhat-

tisgarh, Madhya Pradesh, Bihar, Jharkhand, Assam, Gujarat and Meghalaya. Bihar tops the list with 49.4 % of children in age group of 0-59 months stunted.

The number of women in the reproductive age group of 15-49 years with lower than normal Body Mass Index (BMI) reduced from 35 % in 2005-06 to 22.9 % in 2015-16 as recorded in the last two rounds of National Sample Survey Office (NSSO). Almost 52 % of women in rural areas were as anemic as 45.7 % women reported anemic in urban areas.

The National Health Policy 2017 talks of “strategic purchasing”, which indicates a push towards privatisation. Tracking progress towards the SDG 3 targets will require a robust and reliable monitoring system, as well as a strong accountability mechanism, both of which are currently lacking.

Close attention needs to be paid to inequities in health indicators as well as provision of services, especially along lines of caste, class, religion and geographical location, and specific concerns of marginalized groups especially Dalits, Tribals, religious minorities and women must be taken into account in the designing and provisioning of health services.

To attain Goal 4 on the quality education, India will have to increase its spending to 6 % of the GDP on education as compared to the current 3.5% spending. The government, in the previous three years, has made impressive strides with its national campaign of Swachh Bharat, and according to the ASER 2016, there has been improvement in the number of schools with toilets but, even now nearly 200,000 are running without toilets. These conditions push children, especially girls to drop out, besides bringing children at risk of illnesses that can be avoided if provided for Water, Sanitation and Hygiene requirements. The Union Budget has ignored effective implementation of the Right to Education, and a meagre increase in the Sarva Shiksha Abhiyan's budget - by Rs 1,000 crores - is far from helping the meaningful implementation of the Act and achievement of SDG 4.

The progress of the community is measured by the degree of progress which women have achieved. India ranks 88th out of 186 countries in the list on number of women parliamentarians with 18.5 per cent of women appointed in ministerial positions as of January 1, 2017 (United Nations, March 16, 2017). There are only five ministers (18.5 %) in the Cabinet, and only 8 states having more than 10% of women members in the Legislative Assemblies; 12% of parliamentarians constitute only 12%. The Lok Sabha and Rajya Sabha have only 11.8 % and 11 % representation of women, respectively. Reservation of 33% for women in the government has improved representation of women in urban and rural areas, but their voice and participation remain tethered. In the armed forces, women only constitute 5.4 %. However, induction of women fighter pilots is a positive step towards gender equality. The 68th Round of National Sample Survey (2011-12) portrays that the labour force participation rate of women in India, dropped from 42.7 % in 2004-05 to 31.2% in 2011-12. The Global Wage Gap Report (2016) informs that the proportion of women in India represent no more than 10-15 per cent of wage earners. World Economic Forum (2016) reports that only less than 9% of the firms have female representation in the top management. Only 58.75% of females are literate as compared to 62.31% among the males. The figures for SC and ST women are 56.5% and 49.4% respectively. Overall, Muslim women's participation in employment is significantly low. State response to poor outcomes for religious minorities has been one of either complete denial or of lip service.

India recorded 644 incidents of communal violence in 2016, compared to 751 in 2015, and 703 recorded in 2014. The number of larger incidents may have come down, but there are many small incidents as low-intensity violence and polarisation along communal lines is increasing. Similarly, the NCRB lists 45,003 cases of atrocities against SCs and 10,914 against STs with a conviction rate of 27.6 in both the cases in 2015. Although better reporting is a reason for higher numbers in the recent years, the low rate of conviction is a dampener in this struggle to access justice. This will be a major threat to the attainment of peace and justice (SDG 16) for India if not contained through preventive actions.

The National Crime Records Bureau (NCRB) recorded 3, 27, 394 crimes (a slight decrease of 3.1 % from 2014) with a rise in crimes on molestation, the Immoral Traffic (Prevention) Act, abetment of suicide of women, rape and domestic violence in 2015. Specifically, 8000 crimes against Dalit women were reported at the rate of a crime per hour. The conviction rate remained low at 21.7 %, with 10,80,144 cases pending disposal. These trends must be rigorously altered to stay true to the SDG 5.

The LGBT Community remains most discriminated and excluded from public services and society. Section 377 of the Indian Penal Code continues to criminalise sexual minorities. Their basic existence to live a fearless life is under big threat. Government's refusal to vote in the United Nations Human Rights Commission's (UNHRC) resolution to set up the office of an independent expert to end discrimination against LGBTQ people shows their stand on the LGBTQ rights.

Gender inequalities have curbed progress of women in India, while caste has played an important role in exclusion of a community which consist of more than 201 million people in the country. Religious minorities, differently abled and people with different sexual orientation have faced similar discrimination in their socio-economic and political aspects of life. The inter sectionality of these social groups has seen the further exclusion and inequalities to another spectrum.

The elderly population of age 60 and above is another marginalised and silenced group which is fast growing in India. Their population jumped 35.5 per cent – from 7.6 crores in 2001 to 10.3 crores in 2015. The *Elder Abuse* study by HelpAge India (2014) revealed 1 in 3 older people reported abuse within the family ranging from physical abuse to verbal abuse. Moreover, according to the Crime in India 2014 report by the NCRB, there is a significant increase in crime against older people who are considered soft targets.

The SDGs cannot accrue benefits to these communities with a conventional headcount approach to poverty. The indicators, therefore, need to adopt a holistic approach, which evaluates access of marginalised and vulnerable communities to quality basic services, and dis aggregates data to assess progress made regarding all dimensions of poverty. There is a need to ensure that public policies that contribute towards achieving SDGs are governed by the principles of intersectionality that can be measured by predetermined indices. Hence, reducing inequalities within the country and communities (SDG 10), points categorically towards socio-economic and political equity and erasing of any discriminatory mechanisms which propels inequality among the people which the Government of India must work hard upon.

The Government must ensure engagement and influence of people's representatives in planning and implementation for realization of SDGs by instituting oversight function for Parliamentarians in the enactment of legislation and adoption of budgets, as envisioned by the SDG General Assembly Resolution.

SDG 1



End poverty in all its forms everywhere

Goal 1 calls for an end to poverty in all its manifestations by 2030. It also aims to ensure social protection for the poor and vulnerable, increased access to basic services and support people harmed by climate-related extreme events and other economic, social and environmental shocks and disasters.

TARGETS

1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day

The main message of India's Voluntary National Review on implementation of the SDGs submitted by the Government of India says, "(r)apid growth (SDG 8) is the key weapon in any country's arsenal for combating poverty",¹ and goes on to extoll the rapid growth in India, measured at 7.9 in 2015, and 7.1 in 2016.

The fact is that extreme poverty in India is historic continuously worsened by additional processes of impoverishment that build on these historic exclusions of gender, caste ethnicity and religion that the growth orthodoxy either aids or abets or chooses to ignore, resulting in unparalleled inequalities. The recent Credit Suisse report shows that the richest 1 per cent Indians now own 58.4 per cent of the country's wealth.² Resource distribution is highly unequal in all areas and more fundamentally on the question of land.

In a country where more than half the households are dependent on land (agriculture had 48.9 per cent of employment share in 2011-12), its distribution is highly unequal. 41.86 per cent of rural households do not own any productive land and about 7.94 per cent households do not even have their own homestead land according to the NSSO report, 2014. Further, landlessness is highest among Dalits (57.3 per cent), Muslims (52.6 per cent) and women headed (56.8 per cent) households, castigating them to work as agricultural labourers, and to face the specter of depressed and unequal wages or to be expelled altogether to join the massive migration to the cities.³ Swelling their ranks are the tribal for whom dispossession has come with development; constituting only 8 per cent of the population, they have shouldered 55 per cent of the development induced displacement till 1995⁴, and not much has bucked the trend to date.

The shift out of agriculture may have been celebrated in certain quarters, but the absorption into the unorganised sector is fueled by distress rather than choice, and hides huge underemployment. In a situation where even the formal sector is being informalised as contract labour⁵, the working conditions range from insecure to precarious to near or total bondage.

In India, when employment generation is abysmally low even during the periods of high growth rate⁶, Skill India could be one of the answers. Though the annual target of 2 million in 2014-2015 was partially achieved with 1.3 million covered

1 Voluntary National Review on implementation of the SDG goals, 2017

2 Source: Credit Suisse Research Institute, Global Wealth Report 2016

3 Chachra, Sandeep et al, "Exclusion and Expulsion in Agriculture" in India Exclusion Report 2016, Yoda Press, New Delhi

4 Fernandes, W. "Development-Induced Displacement: The Class and Gender Perspective", November, 2007. <http://onlineministries.creighton.edu/CollaborativeMinistry/NESRC/Walter.html>

5 India Labour Market Update ILO Country Office for India | July 2016

6 The National Sample Survey Office (NSSO) data on employment in 2011 shows how from 2004-05 and 2009-10, only 1 million jobs were added per year, in a period when the economy averaged a record 8.43% growth annually. In this period, 55 million people joined the labour force (Live Mint, 2016).

under the PMKVY, it has spent Rs.1500 crores to train 18 lakh persons⁷ but only 12 per cent of those trained have been placed so far.

The larger questions, however, are the investment required for each job created in the industrial sector and the ecological limits to industry led growth. The carrying capacity of the earth has already been crossed in many ways and the Goals, which are named “sustainable”, cannot ignore these.

What then is the answer? It is recommended that revival of agriculture should be prioritized through the restructuring of rural economy with focus on progressive land reforms and on women’s ownership. The decline in agricultural investments, which started in the 1980s and is continuing till date,⁸ must be reversed. Adequate credit and supportive farm prices promoting sustainable farm practices with special emphasis on water conservation and availability must be undertaken on the largest scale possible.

The Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) has been lauded by the NITI-Aayog as the single most important measure that has benefited the women and the vulnerable sections⁹ lifting millions out of poverty since it began, and must be given the place it deserves. Yet years of under-allocation have meant that the scheme has run-up sizable deficits that keep getting rolled forward every year. The result is that a portion of each year’s allocation is eaten up by the previous year’s unpaid expenditure. According to the Centre for Policy Research, a huge deficit of pending payments to the poorest to the tune of a whopping Rs.7,000 crores remains as of 2016-2017.¹⁰ This must be addressed immediately.

And lastly, meaningful measures of universal social protection to provide old age pensions, maternity benefits, health benefits, and death and disability coverage should be put in place. These have been worked out at a very rational and reasonable scale and submitted to the Government by workers’ movements. The Centre for Budget and Governance Accountability (CBGA) has estimated that the total budget requirement to 43.7 crore workers would be Rs. 3.5 lakh crores, which is around 2.3 percent of the GDP in 2016-17. This is much less than the Rs. 5.7 lakh crores tax revenue foregone as exemptions/deductions/incentives by the Union Government in 2013-14, that can be rationally reconsidered.

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

Poverty is more than lack of income or resources- it includes social discrimination and exclusion, lack of basic services, such as education, health, water and sanitation, and lack of participation in decision making.

In India, at least one-third of the average income/probability differences between Hindu and Dalit (formerly ‘untouchable’ castes) / Adivasi (Tribal groups) households were due to the “unequal treatment” that the latter face. Consequently, the economic position of Dalits and Adivasis relative to Hindu households is a major source of concern.¹¹ These ‘durable inequalities’ perpetuate acute poverty, limiting the life options of historically marginalised communities.

The SDGs cannot accrue benefits to these communities if we adopt a conventional headcount approach to poverty. The indicators, therefore, need to adopt a holistic approach, which evaluates access of marginalised and vulnerable communities to quality basic services, and also disaggregates data to assess progress made with regard to all dimensions of poverty. There is a need to ensure that public policies that contribute towards achieving SDGs are governed by the principles of intersectionality that can be measured by predetermined indices.

The progress on health and education should be determined by how the public versus private expenditure in these two sectors gets positively skewed towards the public.¹² As it stands now, government spending on health is around 30 per cent of the total expenditure on health in India, while 62.4 per cent of the total expenditure is borne out of pocket.¹³ In 2013-2014, India spent a total of Rs. 4.5 lakh crore on healthcare at 4 per cent of the GDP, of which Rs. 3.06 lakh crore

7 “How Modi’s Flagship Skill India Project Stumbled Hard in Its First Year”, *The Wire*, 11 May 2017, <https://thewire.in/134440/modi-skill-in-dia-stumbled/>

8 Chachra, Sandeep et al, “Exclusion and Expulsion in Agriculture” in India Exclusion Report 2016, Yoda Press, New Delhi

9 Main Messages for India’s Voluntary National Review of SDG Implementation, 2017. <https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=507&menu=3170>

10 “Budget 2017: Actual MNREGA funds hike is just 1% and here’s why”, *The Hindustan Times*, Feb 02, 2017. <http://www.hindustantimes.com/union-budget/budget-2017-actual-mnrega-funds-hike-is-just-1-and-here-s-why/story-VbQBKBeyvncgViXQNkG7nO.html>

11 Vani K. Barooah, *Caste, Inequality, and Poverty in India* (2005)

12 “Indians spend 8 times more on private hospitals than on govt. ones”, *The Hindu*, Aug 27, 2016, <http://www.thehindu.com/data/Indians-spend-8-times-more-on-private-hospitals-than-on-govt.-ones/article14593186.ece>

13 World Bank Data, 2014. <http://data.worldbank.org/indicator/SH.XPD.PUBL.ZS>

came from households.¹⁴ This denotes the poor quality of healthcare in India and the disproportionate burden that it imposes on the poor and the marginalised.

Similarly, private expenditure on education is steadily rising. Although updated estimates on public and private expenditure on education are not readily available, a study by the Accountability Initiative showed that in 2011-2012, total public expenditure (Centre and State) on elementary education was 1.75 per cent of GDP. In the same period, private expenditure on elementary education constituted almost 0.71 per cent of overall gross state domestic product (GSDP).¹⁵

Free, universal, and common health and education programmes delivering the same quality of services to everyone are a must. However, national studies show that even when education is constant, Dalits, Adivasis and Muslims are more likely to be poor. Therefore, the unique challenges of marginalised communities must inform the plurality and diversity within the universal system, but the associated stigma of such targeted interventions must be avoided.

The 'inclusion by design' format of current public policies is limited to the stage of 'enrolment' of marginalised communities into services. The SDG programmes should focus on quality in public services in health, education, housing, food and other multi-dimensional poverty indicators in a path of sustainable growth of Dalits, Adivasis and Muslims, NT/DNT and other vulnerable communities in India, and the creation and strengthening of public accountability mechanisms for those.

The 73rd and 74th constitutional amendments and Panchayat Extension to Scheduled Areas (PESA) have to be rigorously implemented to dynamise the participation of marginalised communities in political decision making across the country. Even though more than 20 years have passed since the PESA was adopted, the implementation in states has been very poor. Five out of the ten states with notified fifth schedule areas namely, Andhra Pradesh, Telangana, Chhattisgarh, Himachal Pradesh and Maharashtra have notified their State PESA Rules.¹⁶

Thus, policies and programmes must be adopted on a mission-mode to ensure community specific HDI targets that are clearly defined with an annual, independent verification process to make amends and course correction whenever required.

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

A close look at India's record in providing social security shows that while only a fraction of citizens enjoy any "protection" at all, these are being further eroded with the current pattern of economic growth.¹⁷ Every year, in the participatory consultative statutory exercises undertaken by ActionAid and partners to fix ground- priorities, the poorest communities have shown clear preference towards making social security measures more efficient and accountable¹⁸. They reinforce the widely accepted conclusion that provision of mid-day meals, anganwadis, Janani Suraksha Yojana, effective Public Distribution System etc. have added to the quality of life for millions, but such provisions are increasingly facing budget cuts instead of enhancement.

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing Children, unemployed persons, older persons, persons with disabilities, pregnant women, new-borns, work-injury victims and the poor and the vulnerable.

India's growth story of the last two decades has had one recurring theme: that the pattern of economic growth is accentuating insecurities and inequalities.¹⁹ It is not rocket science to understand that unless the fruits of development are shared out and purchasing power of the many pushed up, markets will shrink. It is also understood that only state

14 "Indians spend 8 times more on private hospitals than on govt. ones", *The Hindu*, Aug 27, 2016,

<http://www.thehindu.com/data/Indians-spend-8-times-more-on-private-hospitals-than-on-govt.-ones/article14593186.ece>

15 Dongre, Ambrish, Kapur, Avani, Tewary, Vibhu, "How much does India spend per Student on Elementary Education?", *Accountability Initiative*, CPR. http://accountabilityindia.in/sites/default/files/how_much_does_india_spend_per_student_on_elementary_education.pdf

16 Official government website for PESA, http://pesadarpan.gov.in/hidden/-/asset_publisher/PSDIGLsdo3bO/content/model-pesa-rule/26993?entry_id=32027&show_back=true

17 "How effective are social security and welfare in India?", *The Hindu*, Jan 26, 2015

<http://www.thehindu.com/news/national/how-effective-are-social-security-and-welfare-in-india/article6823320.ece>

18 ActionAid India's annual Plans and Budgets statutory exercise conducted through bottom up process of sharing the available budget with community and deciding on priorities for long term interventions.

19 Ibid.

can try to balance the market forces, which concentrate wealth, by general universal social measures that provide a balance in the society as well.

India does not yet explicitly recognise a national minimum social security cover.²⁰ In recent years, propelled by an intervention by the Supreme Court in the Right to Food case, the Government has moved forward to providing food and nutrition through schemes such as Midday Meal Scheme, Integrated Child Development Services (ICDS), and the Public Distribution System, and employment support with a legal guarantee through the MGNREGS. But it is crucial to note that vast shortages in implementation can be observed. According to the Right to Food Campaign, the most recent estimates provided by the Government of India for 2015-16 showed that out of the 13.1 million children eligible for the programme only 10 million were covered, which means that as many as 3.1 million children are yet to be covered by this food security net. Similarly, data from the National Family Health Survey (NFHS-4) for 2015-16 released by the Union Health Ministry showed that more than half of the children in 10 out of 15 states are still anaemic. It also showed that more than half of women were anaemic in eleven states.

With regard to pension benefits, evidence suggests that the Indira Gandhi Old Age Pension Scheme and Widow Pension Scheme are reaching the intended beneficiaries. A survey in 2013 by researchers at the Indian Institute of Technology, Delhi, recorded that among nearly 900 rural respondents selected at random from the official pension lists in 10 States, 97 per cent were getting their pension and recorded only one case of “duplicate” pension i.e. one elderly person getting two pensions.²¹ The majority of beneficiaries- 76 per cent, however, said they received pensions in their post office and bank accounts after delays of over a month. While the amounts are small, they are crucial in supplementing the elderly’s resources to allow them to afford medicines, food, and other necessities.

The biggest gap, and one which may only widen, is in social protection for the working poor, a large proportion of who are employed in the unorganised sector. Unorganized sector by definition is constituted of workers who are devoid of standard social security cover and therefore, it can be assumed that the largest majority of workers in non-farm employment do not receive any social security benefits from the Government. The exceptions to this norm are the workers covered under various employment-specific welfare funds, such as the construction workers, beedi workers, and cine workers, etc. In addition, there are small sections of destitute populations that are covered under the schemes of National Social Assistance Programmes and various other schemes. These schemes are not meant for workers per se, but the population they cover largely belong to active or retired workers of the unorganized sector only.

According to data from the CBGA, almost 4.79 crore workers in the informal sector are above 55 years, including 3.56 crore men and 1.23 crore women, and thus eligible for pension.²² Also, of the 9.29 crore women between the ages of 19-49 years in the informal sector, 8 per cent i.e. 0.74 crore are eligible for maternity benefits per annum.²³ But the absence or poor quality of social security provisions, both in coverage and quantum, has further intensified the impoverishment of the poor in India.

1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

National and state-level statistics testify to the trends of exclusion from land ownership and agriculture. Census data reveals that in the 10-year period between Census 2001 and Census 2011, there were nearly 9 million less cultivators in India. The number of landless agricultural workers in the country rose from 106.7 million in 2001 to 144.3 million in 2011.²⁴ There is also a growing trend of feminization of agricultural labour, but women in India own and control a very small percentage of land and property compared to men. According to Census 2011, only 13.6 percent households have women as head of households, and they reported an ownership of 7.17 per cent of the total productive land. Even where they report ownership of productive land there is the question of who actually controls the use of such productive land.

²⁰ Ibid.

²¹ “Public Evaluation of Entitlement Programmes”, IIT Delhi, 2013 https://www.unil.ch/international/files/live/sites/international/.../Reetika_Khera.pdf

²² Based on NSSO data (2011-2012), “Social Security for Workers in the Informal Sector”, Draft prepared for Workers Charter, Centre for Budget and Governance Accountability (CBGA)

²³ Ibid.

²⁴ Written statement in Parliament by the Labour Minister, Mr. BandaruDattatreya on May 11, 2016<Source: http://www.business-standard.com/article/economy-policy/number-of-landless-farm-workers-in-india-rose-to-144-3-mn-in-2011-116051101453_1.html>

The issue of land is also closely linked to ‘commons’. Communal land is an important source of firewood, fodder, and other resources for women’s livelihoods and familial needs, and ownership of commons is therefore, critical to their autonomy and status. But women have countless narratives on how privatization of communal land “has turned them into migrants searching for food and shelter”.²⁵

The growing pool of labour created by such exclusion from land and agriculture has not been matched by absorption in other sectors of the economy. Government documents testify to how the “[d]isplacement of labour force from the rural economy and their absorption in urban sectors have created serious stress in cities and towns”.²⁶ The capacity of the cities and towns to assimilate migrants by providing employment, access to land, basic amenities etc. are limited, leading to the growth of slums.

India has the world’s largest youth population, with 354.4 million people aged between 15 and 29, representing 27 per cent of the global youth population. Providing productive employment to them will be vital in the coming years. But despite an increase in general education levels, youth are far more vulnerable to being unemployed in India, particularly in urban areas. In 2011-12, the youth unemployment rate reached a maximum of 18.8 per cent for urban women aged 20-24 and 12.8 per cent for young urban men aged 15-19. By comparison, the unemployment rate for rural youth peaked at 6.3 per cent for young women aged 20-24 and 8.9 per cent for young men aged 15-19.²⁷

Moreover, there are severe structural challenges related to access to markets, technology, inputs, and institutional credit which further impede their productive capacity, especially for marginalized populations, including women. For example, the World Bank estimated that in 2012, only 26 per cent women held an account at a formal financial institution in India. However, a survey conducted by the Intermedia India Financial Inclusion Insights (FII) found that both individuals and households have shown growth in bank registration since the launch of the Pradhan Mantri Jan Dhan Yojana (PMJDY). The overall individual bank account ownership in India is said to have increased from 52 per cent in mid-2014 to 63 per cent in mid-2015, and the gains have been highest in rural areas, for individuals below the poverty line, and for women.²⁸

Similarly, under the Pradhan Mantri Mudra Yojana (PMMY) 2015, 2.76 crore women have been funded, which amounts to 79 per cent of total borrowers. In addition, nearly 53 per cent of the total borrowers belong to SC/ST/OBC category, while 11.7 per cent belong to religious minorities. But a significant amount of these loans have been extended through micro finance institutions (MFIs), which are known to place additional burden of over-indebtedness that leads to furthering of poverty.

Despite the advances, women and the poor have to reckon with the stark digital divide which restricts their access to technological solutions. In India, only 28 per cent of individual mobile phone owners are women- compared to 43 per cent of men²⁹, and only 29 per cent of internet users are women.

Given this scenario, the national indicators that have been taken up to track progress on this goal are highly inadequate as they are limited to the data regarding Jan Dhan Yojana, housing loans, loans for motor vehicles and other durable goods, and loans to enterprises and insurance related-data. They further need to be expanded to include measures of land redistribution, secure tenure rights, institutional loans disaggregated by small and marginal farmers, tenants, women and poor, access to technology of women, disabled and poor, and employment status of workers in urban areas, including women and informal sector to begin with.

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

With the increased frequency and magnitude of climate change induced disasters, they are now considered one of the major intensifiers of poverty in the world.

25 ActionAid. 2009. Her own piece of earth...

26 “State of Slums in India: A Statistical Compendium”, Ministry of Housing and Urban Poverty Alleviation, GoI, 2013.http://www.nbo.nic.in/Images/PDF/Slums_in_India_Compendium_English_Version.pdf

27 India Labour Market Update ILO Country Office for India | July 2016

28 “Financial Inclusion: Indian Women Have Something to Bank On”, *Hindustan Times*, Oct 01, 2016. <http://www.hindustantimes.com/analysis/financial-inclusion-indian-women-have-something-to-bank-on/story-aaK6iKXLKcAOEXgLon7SII.html>

29 “India’s Digital Divide”, *Wall Street Journal*, Oct 13, 2016.<http://www.wsj.com/video/india-digital-divide/72E928ED-A7A9-4769-BB01-83CD-D815C1B8.html>

In India, out of 29 states and 7 Union Territories, 27 states are disaster prone.³⁰ Different parts of the country have been suffering from recurrent disasters like flood and drought. These recurrences create deep impact on the economy and livelihoods, which directly impact the income and survival of the poor. According to a Ministry of Home Affairs report on Disaster Management, during the last thirty years the country has been hit by 431 major disasters in which 1,43,039 people were killed and about 1500 million were affected; the loss to property and other infrastructures was to the effect of USD 48000 million.³¹

The Disaster Management Act of 2005 and National Disaster Management Policy of 2009³², does regard the economically and socially weaker segments of the population more vulnerable, and elderly persons, women, children and the disabled within them even more so. But there is no social group-segregated data to enable mapping the situation-affected population more distinctively and create specific provisions to address specific needs, which is essential for resilience building and poverty eradication.

India has created three layered institutional structures- district, state, and national to address the issues related to disasters. But unfortunately, the imagination of Disaster Risk Reduction (DRR) has mostly been about floods and other rapid onset disasters like cyclone. Slow onset disasters are never given much attention. Last year 255923 villages suffered from severe drought across 10 states. In a study across 5 states, community after community told ActionAid research teams how deeply impacted food security and access to water was and how many years this one year of severe drought would set them back by³³. Lack of crop loss compensation and loss of livestock further caused distress migration and acute indebtedness. Most of the mitigation programmes so far are designed as responsive, not resilient. Moreover, only some State Disaster Management Authority (SDMA) in states like Odisha, Tamil Nadu, Andhra Pradesh, Assam (flood, cyclone prone, or coastal states) have become more functional and active in their operations lately, but functioning of SDMA in other states, especially the drought prone areas, is yet to be visible.

After India agreed to implement the Sendai framework, there has been movement on the policy front towards building resilience. The National Food Security Act, 2013 (NFSA)³⁴ promises subsidized food grains to 70 per cent of the rural population and 50 per cent of urban population of our country. But despite having a law at the national level, many states still could not make significant progress in implementing it at the ground. Government has also taken a good initiative to provide mid-day meal³⁵ to children in the 228 drought affected districts across 9 states, even during vacations, and has allocated budget (Rs.726 Crore) for that, under the direction of the Supreme Court of India. This programme is expected to impact 25.5 million school children and nearly 25 per cent of them come from poor families. However issues like migration, indebtedness, and livelihood regeneration are yet to be considered as a part of DRR planning in the government policies.³⁶

It has been a long-standing demand to revise the relief codes and to create special provisions in the schemes like MGNREGA or PDS for disaster prone areas, but so far we have not witnessed much other than some compensation packages, which are separate, and not linked with the existing schemes. Also, there is need for inter departmental coordination (agriculture, fisheries, horticulture, rural development, revenue and so on) to work effectively in both pre and post disaster situation.

As far as other economic and social disasters are concerned, we have to contend with growing communal, ethnic violence, and atrocities on SCs and STs, as well as well as farm suicides. 12000 farm suicides a year, although believed a gross underestimation, as per the Government's admission in the Supreme Court of India, represent the rude economic shock delivered to the distressed farmer. Correction in the support prices policy would be far better than the usual knee jerk reaction in terms of loan waivers, and go a long way in building resilience to economic shocks.

India recorded 644 incidents of communal violence in 2016, compared to 751 in 2015, and 703 recorded in 2014. The Ministry of Home Affairs put out these figures in the Lok Sabha. The number of larger incidents may have come down, but there are a large number of small incidents as low-intensity violence and polarisation along communal lines is increasing. Similarly, the National Crime Records Bureau lists 45,003 cases of atrocities against SCs and 10,914 against STs with a conviction rate of 27.6 in both the cases in 2015. Although better reporting is seen as a reason for higher numbers in the recent years, the low rate of conviction is a dampener in this struggle to access justice.

30 National Institute of Disaster Management Website, Ministry of Home Affairs, GoI.<http://nidm.gov.in>

31 "Disaster Management in India, Ministry of Home Affairs, GoI, May 2011. http://ndmindia.nic.in/disaster_management_in_india_09052017.pdf

32 Policies, Legislations, Notifications, NIDM Website,<http://nidm.gov.in/policies.asp>

33 "Drought 2015-16| Lessons from desolation| A citizen's report on impact of drought and learning for future", *ActionAid India*, 2016

34 "National Food Security Act (NFSA), 2013", <http://dfpd.nic.in/nfsa-act.htm>

35 "School children in drought-hit areas to get mid-day meals during summer vacations", *DNA India*, May 10, 2016.<http://www.dnaindia.com/locality/berhampur/school-children-drought-hit-areas-get-mid-day-meals-during-summer-vacations-92955>

36 "Drought 2015-16| Lessons from desolation| A citizen's report on impact of drought and learning for future", *ActionAid India*, 2016

Such violence and atrocities can disrupt economic activity, strain social relations, and further alienate people from the State, thus leaving already marginalized populations even more vulnerable. Strict preventive action and swift and firm delivery of justice are the only way to deal with these shocks and ensure people's resilience through faith in the governance and administration.

1.a Ensure significant mobilization of resources to end poverty in all its dimensions from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies

In order to end poverty in all its dimensions, India seems to have adopted a two-fold strategy. On the one hand, it is attempting to sustain rapid economic growth to ensure that people have the means to access basic services, as well as to increase the state's capacity to finance social spending, on the other, it is making efforts to streamline and strengthen social sector programmes to benefit weaker sections of society.

1.a.1 Proportion of resources allocated by the government directly to poverty reduction programmes

It has been widely estimated that USD 5-7 trillion a year will be required globally to achieve the SDGs by 2030. According to a report prepared by Technology and Action for Rural Advancement, USD 0.96 trillion per year would have to be spent in India alone. But the report also cautions that at the current level of planned public expenditure, the financing gap could be as high as USD 0.56 trillion, which is equivalent to 25 per cent of India's GDP (2014-15).³⁷

Moreover, official development assistance (ODA) to India, which is now classified as a lower-middle income country by the World Bank, is set to decline substantially in the coming years. In 2015, India received USD 3163 million as net ODA which amounted to 0.2 per cent of Gross National Income (GNI).³⁸

At the same time, illicit financial flows from developing countries such as India have increased manifold. A report by Global Financial Integrity (GFI) has pegged the total illicit outflows from India at USD 165 billion for the period 2005-2014.³⁹ This greatly reduces the Government's abilities to mobilise resources and divert them towards developmental interventions.

The Indian Government is also facing an uphill task in increasing its overall tax revenue base. India's tax to GDP ratio is 16.6 per cent, which is much lower than the emerging market economy average of 21 per cent.⁴⁰ It is estimated that only 1.5 per cent of the total population pays income tax due to reasons varying from the number of exempted categories to the small number of persons who are eligible to pay at current income levels.

The Government has introduced a slew of economic reforms to address these issues including the 2016 banknote demonetization, the Goods and Services Tax (GST), and further liberalization of Foreign Direct Investment (FDI) but with mixed results. The demonetisation move and the two complementary income disclosure schemes have had little impact on the Centre's tax revenue.⁴¹ However, the GST is expected to increase tax revenues as the tax net will increase exponentially.⁴² More promisingly, FDI inflows into India jumped 18 per cent to a record USD 46.4 billion in 2016.⁴³

The government has also mandated corporates to contribute 2 per cent of their net profits to social welfare activities under the Companies Act, 2013. During 2014-2016, a total expenditure of USD 288 million was incurred by 12,431 companies (both private sector entities and public sector companies) on Corporate Social Responsibility (CSR).⁴⁴

37 "Taking the leap: Achieving the Global Goals", *Centre for Responsible Business*, PWC, November 2016

38 World bank Data, available at: <http://data.worldbank.org/indicator/DY.ODA.ODAT.GN.ZS?locations=IN>

39 "\$770-bn black money entered India in 10 yrs, \$101 bn of that in 2014 alone", *Business Standard*, May 3, 2017 http://www.business-standard.com/article/economy-policy/770-bn-black-money-entered-india-in-10-yrs-but-that-s-way-less-than-china-117050300313_1.html

40 "Eco Survey 2016: Raise taxpayers to GDP ratio, not exemption threshold", *Economic Times*, Feb 27, 2016 http://economictimes.indiatimes.com/articleshow/51153610.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

41 "Demonetisation impact on government tax revenue marginal; direct tax personal income grew at above budget estimates", *Financial Express*, Feb 11, 2017 <http://www.financialexpress.com/economy/demonetisation-impact-on-government-tax-revenue-marginal-direct-tax-personal-income-grew-at-above-budget-estimates/546531/>

42 "GST will increase tax revenue: Official", *The Hindu*, Feb 25, 2017 <http://www.thehindu.com/news/cities/Visakhapatnam/GST-will-increase-tax-revenue-Official/article17363677.ece>

43 "FDI inflows into India jump 18% to a record \$46.4 bn in 2016 despite global fall", *Livemint*, Feb 18, 2017 <http://www.livemint.com/Politics/JV5cFZfUieY1Orp5bL8SqM/FDI-inflows-into-India-jumps-18-to-a-record-464-bn-in-201.html>

44 "India Inc's CSR spending crosses Rs 18,600 cr in two years", *Business Standard*, Feb 3, 2017 http://www.business-standard.com/article/companies/india-inc-s-csr-spending-crosses-rs-18-600-cr-in-two-years-117020300436_1.html

In this backdrop, the erstwhile Planning Commission member, N.C. Saxena, observed that India currently has only 5 per cent of funds required to implement the SDGs. It is only by improving its tax to GDP ratio and plugging the erosion of tax revenues at home through international cooperation, that the resource gap could be closed, he suggested.⁴⁵

1.a.2 Proportion of total government spending on essential services (education, health and social protection)

In the 2017-2018 Union Budget, the Finance Minister announced an allocation of Rs. 48,000 crores to the MGNREGS, which is the highest allocation to the scheme ever. But this is only a 1 per cent increase from the Rs. 47,499 crores (revised estimate or RE) in 2016-17. Furthermore, expenditure for 2016-17 (as on 1 February) is Rs. 53,594 crores which indicates a massive shortfall.⁴⁶

The budget has also seen an increase of 24 per cent for health relative to the revised estimates. But health spending by the central government still remains at only 0.3 per cent of the GDP, out of a total 1.3 per cent of GDP spent by the states and centre together. In fact, the total spending is a far cry from the 3 per cent of GDP which is widely accepted to be the minimum level required to achieve reasonable universal health coverage.⁴⁷

With respect to education, the allocations for the main elements of school education i.e. the Sarva Shiksha Abhiyan, the Rashtriya Madhyamik Shiksha Abhiyan, the Teacher Training and Sakshar Bharat initiatives, and the Kendriya and Navodaya Vidyalayas have fallen, not only as share of GDP (from 0.27 per cent of GDP to 0.21 per cent) but also in real terms, counting for inflation.⁴⁸

The allocation for the National Social Assistance Programme remains the same in nominal terms, at only Rs. 9500 crores, whereas it has declined even in nominal terms for other social security schemes such as the National Health Protection Scheme (by Rs. 500 crores), the Aam Aadmi Bima Yojana (by Rs. 100 crores), and the Atal Pension Yojana (by Rs. 45 crores).⁴⁹

Moreover, deep inequities persist in terms of quality and access to these services, adversely affecting the poor and marginalised. It is estimated that nearly 45 per cent of SC children and 55 per cent of ST children drop out from school before completing grade 8th and this proportion increases to 60 per cent for SC children and 70 per cent for ST children before reaching grade 10th.⁵⁰ Similarly, hospitals located in affluent areas have better infrastructure and service provisions compared to those situated in poor localities, as the paying capacity of people has become the main determining factor.⁵¹ This trend has worsened due to the Public Private Partnership (PPP) model, which is being actively promoted by the State in the health sector.

1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

1.b.1 Proportion of government recurrent and capital spending to sectors that disproportionately benefit women, the poor and vulnerable groups

Amid fiscal concerns, the National Democratic Alliance (NDA) Government had slashed plan expenditure by about 20 per cent in the 2015-16 budget. This disproportionately hit spending in social sectors such as education and women's empowerment. The Women and Child Development Ministry got just Rs. 2,000 crores to implement all its programmes (barring the Integrated Child Development Services programme, which has since been restructured).⁵²

It is imperative to flag here that as per the recommendations of the Fourteenth Finance Commission (FFC), much of the expenditure on social programs is now expected to be incurred at the state level, through the untied funds de-

45 Assuming ODA at 0.3 per cent of GNI and an inflow of 15000-20000 crores from CSR, "India in no position to meet SDGs", *The Hindu*, Sept 10, 2015 <http://www.thehindu.com/news/national/india-in-no-position-to-meet-sdgs/article7635948.ece>

46 "Union Budget 2017 was a status quo budget for the social sector", *Hindustan Times*, Feb 2, 2017 <http://www.hindustantimes.com/union-budget/union-budget-2017-was-a-status-quo-budget-for-the-social-sector/story-xn0TEcEvYEmwrb4pYnmbAJ.html>

47 Ghosh, Jayati, "Budget 2017-18: Social spending", *IDEAs blog*, Feb 27, 2017 <http://www.networkideas.org/whats-new/2017/02/budget-2017-18-social-spending/>

48 Ibid.

49 Ibid.

50 "Manual on Inequality in India: Major Dimensions and Policy Concerns", CBGA, January 2015

51 Ibid.

52 "Social spending cut first time in a decade", *Hindustan Times*, March 1, 2015 <http://www.hindustantimes.com/business/social-spending-cut-first-time-in-a-decade/story-Q3TnbTxkx8kAeLBqUYMM2N.html>

volved to states. In the 2016-2017 Budget, states received 13 per cent more than the previous year's Revised Estimate (RE)presumably for enhanced social sector spending. But there are two important issues that have affected the states' capacity to spend- first, the impact of the 7th Pay Commission's recommendations on the fiscal space available to the states and second, the tying up of a significant portion of state expenditure to financing their share of the Centrally Sponsored Schemes (CSS).⁵³

Significantly, both the Centre and States are complicit in neglecting spending on the Tribal sub plan (TSP) and the Scheduled Caste sub plan (SCSP), which are meant to channelize funds from general budgets to STs and SCs. Over the last 35 years, Rs 2.8 lakh crore set aside under the TSP and SCSP were simply not spent.⁵⁴ The unspent amount for states is also generally very high; for example, Telangana's unspent fund was approximately 61 per cent or Rs. 4,643 crores in 2014-2015.⁵⁵

Currently, state governments are working on their action plans for the SDGs, with the government of Assam already having submitted its road map.⁵⁶But much remains to be done to ensure better planning at local level and to enhance states' capacity for utilisation of funds. The Economic Survey (2016-2017) details the mis allocation in welfare spending in India: districts accounting for the poorest 40 per cent receive merely 29 per cent of the total funding.⁵⁷

Also, despite of the fact that the SDG General Assembly Resolution envisions a key oversight function for Parliamentarians in the enactment of legislation and adoption of budgets in order to ensure accountability and effective implementation, such a high-level mechanism has not been initiated in India yet.⁵⁸ This limits the engagement and influence of people's representatives in planning and implementation for realization of SDGs.

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Contributing organizations:	ActionAid India

53 States are now expected to give up to 40% as their share to financing a bulk of the schemes. Aiyar, Yamini, "Social Sector Investments in Budget 2016 No Different Than Previous Year", *The Wire*, Feb 29, 2016 <https://thewire.in/23210/social-sector-investments-in-budget-2016-no-different-than-previous-year/>

54 "Unspent Money For Dalits/Tribals, \$42.6 Billion = 8 Times Agri Budget", *IndiaSpend*, Sept 19, 2016 <http://www.indiaspend.com/cover-story/unspent-money-for-dalitstribals-42-6-billion-8-times-agri-budget-90181>

55 Ibid.

56 Janardhanan, Nanda Kumar, "Starting Strong on the SDGs in Asia: Readiness in India", Edited by IGES, 2016

57 Economic Survey, 2016-2017. Available at: <http://indiabudget.nic.in/es2016-17/echapter.pdf>

58 Mishra, Mona, "One Year Since The SDGs, How Committed Is The Indian Parliament?", *HuffPost*, Sept 19, 2016 http://www.huffingtonpost.in/mona-mishra/one-year-since-the-sdgs-how-committed-is-the-indian-parliament_a_21474664/



SDG 2

End hunger, achieve food security and improved nutrition and promote sustainable agriculture

SDG 2

This section examines the progress made towards achieving the commitments made to address mal-nutrition.

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

UNDER NUTRITION IN KEY POPULATION SEGMENTS

Adolescent Girls: Health and nutritional status of adolescent girls is commonly seen in relation to their future role as mothers. But low nutritional status among adolescent girls reveals the gender discrimination that is widely prevalent in India. As per the data of Rapid Survey on Children (RSOC) of the Ministry of Women and Child Development, about 44 % of the adolescent girls could be classified as severely thin. This prevalence increases further when we look at socially excluded groups like Scheduled Castes (46.4%) and Scheduled Tribes (45%). Predictably the number of severely thin adolescent girls is the highest amongst the lowest income quartile (47.9%). The prevalence of under nutrition was highest in Goa and Rajasthan, with 74 % adolescent girls reportedly underweight (national rate of under nutrition is 62.5 %). Other states that showed higher prevalence of under nutrition in adolescent girls included Andhra Pradesh, Karnataka, Bihar, Madhya Pradesh, Odisha, Maharashtra, Jharkhand, Gujarat and Chhattisgarh and Himachal Pradesh.

Pregnant and Lactating Mothers: The number of women in the reproductive age group of 15-49 years with lower than normal Body Mass Index (BMI) has reduced from 35 % in 2005-06 to 22.9 % in 2015-16 as recorded in the last two rounds of National Sample Survey Office (NSSO). The rate of incidence of anemia amongst pregnant women has not reduced as substantially, and prevalence of anemia increases the risk of maternal death. We see that while in 2005-06, 57.9% of pregnant women were reportedly anemic; in 2015-16 these numbers dwindled to a mere 50.03 %. There is a substantial rural-urban distinction with almost 52% of women in rural areas reporting as anemic as 45.7% women reported anemic in urban areas.

It is important to note that in spite of such high prevalence of anemia amongst pregnant women, 28.8 % urban women and 21.4 % of rural women were reported to have consumed 100 or more Iron/Folic Acid (IFA) tablets during pregnancy (RSOC). These numbers of women who consumed required number of IFA tablets further declined with the educational levels of the mother. Amongst illiterate women only 13 % consumed 100 or more IFA tablets during pregnancy, reportedly. Amongst the lowest income group again, only 13 % of the women had 100 or more IFA tablets during pregnancy.

Child Nutrition: Children in India are born nutritionally disadvantaged as a result of already undernourished mothers. After birth, the nutritional levels of children are impacted firstly by feeding practices. We see that only 65 % of the children in age groups of 0-5 months are exclusively breast fed. It is, however, important to note that 67 % of children exclusively breastfed are amongst the Scheduled Caste and 70 % amongst the lowest income group.

Only 39 % children in urban areas and 35 % children in rural areas in age group of 6-23 months were reported to have consumed foods rich in Vitamin A in last 24 hours (ROSC). 49.8 % children in rural areas and 39.5 % children in urban areas, were reported to have consumed foods rich in iron within 24 hours. Amongst the children belonging to the Schedule Tribes (36 % reporting consumption of Vitamin A in the age group of 6-23 months) and the Scheduled Castes (34 % reporting consumption of Vitamin A in the age group of 6-23 months) the consumption of these micro-nutrients was the lowest. In the lowest income group, only 32 % children in age group of 6-23 months consumed food rich in Vitamin A with 35.4 % had iron-rich food.

The consumption of micro-nutrients as provided by the government is also quite low. Thus, ROSC shows that only 45 % of the children in the age group of 6-59 months received Vitamin A supplements provided by the government. Out of these, only 28 % children received simultaneous doses of deworming medication. The coverage of IFA supplementation was much lower as only 13 % of the children aged 6-59 months received IFA supplementation in six months preceding the survey.

Manifestation of under nutrition amongst children: Under-nutrition manifests itself in the form of poor growth and development amongst children. Amongst children below 6 months, 17 to 18 % are stunted, as well as wasted and underweight. RSOC data shows that amongst children in age group of 0-59 months, stunting was severe amongst 17 % of the total 39% of stunted children, wasting was severe among 5 % of 15 % of wasted children; 10% were severely underweight of the 29 % of children underweight children.

RSOC data clearly shows that children from rural areas are most likely to be stunted. Predictably, children from higher wealth quartile fare better but here too, 27 % of children are stunted and 19 % are underweight.

Geographically also, significant differences exist across states. States having high incidence of stunting i.e. more than 40 % children reportedly stunted, include Chhattisgarh, Madhya Pradesh, Bihar, Jharkhand, Assam, Gujarat and Meghalaya. Bihar tops the list with 49.4 % of children in age group of 0-59 months stunted. However, Uttar Pradesh (28.4 %) and Meghalaya (29.4) topped the list of states with high presence of severely stunted children.

CHALLENGES IN ADDRESSING UNDER-NUTRITION

Coverage: The Integrated Child Development Scheme (ICDS) of the Government of India is plagued by poor coverage of services for all the six services it provided. As per the findings of RSOC, 70 % of the pregnancies resulting in live births in the last 3 years was registered in Anganwadi Centres (AWCs), but only 22% of these women received Ante Natal Checkups (ANC).⁵⁹ Only 65% of children in the age groups of 12-23 months were fully immunized, of which 49% received vaccines at the AWCs. Only 42% of the lactating mothers with children in age group of 0-5 months had received supplementary nutrition. As per the RSOC, 94% of women with children in age group of 0-71 months knew of at least one service provided by ROSC. Maximum awareness was about supplementary food (89%) with only 13 % knowing of the referral services.

Underreporting: Data which is the key to tracking mal-nutrition like infant deaths and actual instances of underweight children etc. are under reported by front line workers. It is important to have third party survey possibly by non-governmental organizations to measure the gaps between the reported and actual instances. An apt example of the benefits of the having a third-party survey comes from Maharashtra Nutrition Mission, which commissioned an independent survey in 3 blocks of Palghar district of Maharashtra state. The survey showed “staggeringly high malnutrition” in the blocks. VAAGDHARA undertook screening of children in the age group of 6-59 months in 45 villages in Banswara district in Rajasthan state. Out of 3045 children aged 6 month to 59 months screened (Anthropometric measurement), 379 were Severe Acute Malnourished (SAM) and 717 Moderate Acute Malnourished (MAM). Consequently, this screening enabled an in-depth response for these children by organising a 15-day Community Based Nutrition Camp, where the families that participated were educated about after care and home cooked local food. Health of 78% of these children improved and were redeemed out of undernourishment. The village community were also trained on “Linking Agriculture, Nutrition and Natural Resource Management” (LANN), and connected with the Nutrition Sensitive Farming System.

59 Rural mother and child care centres in India

Another initiative that can strengthen report is digitisation of the records of Anganwadis. The Government is working on close monitoring of the nutrition programmes by digitisation of the Anganwadis. This is expected to help in real time monitoring of nutrition status of each child and taking up immediate interventions wherever required.

Leakages: There are huge leakages in nutrition specific programmes, such as the ICDS, where bills (invoices) are generated for a greater number of pregnant women and children than those who actually access the services. The local communities, women or panchayat members are not involved in monitoring of the bills and expenses. Decentralization and democratization is the need of the hour, and can be established by empowering the local governance systems of Gram Panchayats, for instance, to monitor and review bills before they are cleared off at higher levels.

Inter-departmental convergence and coordination: As per a recent policy brief prepared by the NGO, Centre for Budget Governance and Accountability (CBGA), “The delivery of nutrition interventions happens through a host of programmes and schemes implemented by a range of ministries / departments. This leads to a complex delivery structure, resulting in issues of coordination gaps, overlapping efforts, and lack of streamlined response and accountability structure”.⁶⁰

There is a lack of clarity about roles and responsibilities, and budget allocation for nutrition programmes, which affects the coverage and critical mal-nutrition concerns. For instance, there is no clarity amongst the Woman and Child Development departments and the Health and Family Welfare departments about who is responsible for screening children for SAM and which department should make provisions for nutrient rich SAM food.

In the budget of 2016-17, the allocation for child development, increased from 0.51% in 2015-16 to 0.77 % in 2016-17. However, this is way less than the budget outlays in the years before 2015-16 where the outlays ranged from 1.06-1.10 %.

In order to meet the Goals under the National Policy for Early Childhood Care and Education 2013, a relook at budget allocations and rationalisation of the budget is necessary. For instance, Rajiv Gandhi National Crèche Scheme received an allocation of Rs. 150 Crore 2016-17 as against an allocation of Rs. 205.94 in 2015-16. The ICDS faces a shortfall of Rs.20, 118 Crores, which includes shortfall from the year before and the projected requirement for this year. In the budget analysis for 2016-17, HAQ Centre for Child Rights notes, “Allocation for the functioning of ECCE Council at national and state levels and statutory crèches by the labour ministry is still missing from budget 2016-17”.

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

According to the Global Hunger Index released in 2016, globally there has been a decline in the hunger levels across various countries and regions. However, countries like India, Yemen, Haiti and Pakistan will still have moderate to alarming levels of hunger in 2030, missing the SDG to end hunger. In India, there has been a very slow decline in hunger levels (calculated as proportion of population who are undernourished) from 22.2 % in 1993 to 15.2 % (194.6 million people) in 2016.

Challenges to addressing food security and tracking hunger: Combating hunger requires commitment and prioritisation from the governments, transformation of food systems, inclusion and participation of all members of the society, and regional and international monitoring to make country governments accountable.

BUDGET ANALYSIS

“ICDS in its universalisation, and in the third phase of expansion faces many challenges such as inadequate availability of space for Anganwadi Centres (AWCs), vacant posts, low focus on growth monitoring, low focus on early childhood etc. There is a deficit in the budget to meet the requirements under this scheme. Apart from this, the restructuring of ICDS, bringing it in mission mode, needs additional investment with additional provisions in the system for covering children who get left out (e.g. migrants, transients). This will also necessitate revisiting the provisions for reaching underserved and unreached tribal settlements which may require specific budgetary allocations”. -Budget for Children 2016-17: Not even half way through its demographic dividend, Haq Center For Child Rights

⁶⁰ India's Investment in Nutrition States' role and response Challenges in Tracking Nutrition Budget Outlays at the National and State Level in India) Policy Brief 4, 2017, CBGA

National Food Security Act 2013 aimed to provide food and nutritional security to rural as well as urban poor by providing five kilograms of grains per person per month. According to the NITI Aayog⁶¹ report on the strategy to reduce poverty in India, “The PDS (Public Distribution System) has operated far from ideal. There are leakages at various points: in storage, along the distribution chain as grain makes its way down to the PDS shop, and through ghost and multiple ration cards. There are also times when part of the grain sits in storage for two or more years and becomes unfit for human consumption”.

The first requirement of the National Food Security Act (NFSA) was the setting up of a State Food Commissions, keeping in mind the provisions in Sections 4(1), 5(1)(a), 5(1)(b), 5(2), and 6 of NFSA. So far, only five Indian states (Bihar, Uttarakhanda, Haryana, Odisha, and Punjab) have established independent Food Commissions. Other states have entrusted the responsibility of the Food Commission to State Information Commissions or Women’s Commissions. The public interest litigation filed by NGO Swaraj Abhiyan has alleged that parts of 12 states- Uttar Pradesh, Karnataka, Madhya Pradesh, Andhra Pradesh, Telangana, Maharashtra, Gujarat, Odisha, Jharkhand, Bihar, Haryana and Chhattisgarh were hit by drought and the authorities were not providing adequate relief. Supreme Court intervened and asked the states, specially the drought affected nine states to initiate the process of the constitution of the Food Commissions.

PDS was launched as food security measure right after India’s independence. It was streamlined in 1997 and turned into a targeted programme to improve the nutrition standards and attain food security by enabling poor families secure food grains at reasonably low costs”. In this context, greater access to subsidised grains for the poor was expected to reduce malnutrition, leading to a concomitant fall in the number of underweight children. However, most national level surveys conducted during this period including the National Family Health Survey-3, Annual Health Survey and District Level Health Survey did not find any correlation between PDS use and decline in malnutrition. Also with the rise in household incomes in both urban and rural areas, it was expected that dependence on the PDS would decline, contrary to which the number of people accessing the PDS has only increased.

The proportion of households holding Below Poverty Line (BPL) or Antyodaya Anna Yojana (AAY) cards increased from 36 per cent of all households to 42 % between 2004-05 and 2011-12, which is an outcome of the expansion of AAY programme. However, it has been found that procuring subsidized cereals has not allowed diversification of the diets by consumption of dairy products, pulses etc., but only created households’ dependence on cereals for fulfilling their calorific needs.

The *Midday Meal Scheme (MDM)*, a national program of nutritional support to primary education was started with the objective of enabling poor and disadvantaged children to attend school regularly, ensuring retention of children in primary and upper primary classes in school, and thereby positively impact the nutritional levels of children. Under the scheme, freshly cooked meals are to be provided with minimum 300 calories, 8-12 grams of proteins; and adequate quantities of micro nutrients.

In a performance audit of the schemes from 2009-10 and 2013-14, conducted by Comptroller and Auditor General (CAG) of India in 2014, it was found that there was no definite relation between retention in schools and provision of mid-day meals (MDM). Infact, the team found that during the audit period, the enrolment of children in the MDM Scheme covered schools registered a consistent decline over the years from 14.69 crore children in 2009-10 to 13.87 crore children in 2013-14. In contrast, the enrolment of children in private schools witnessed an increase of 38 per cent from 4.02 crore to 5.53 crore during the same period indicating that MDM alone was not a sufficient reason to retain children in schools, but a better-quality education sought by a growing section of society. Most of the states have not formulated any criteria for identifying and targeting these children, which makes it difficult to infer that the poor and disadvantaged children avail the benefit of the MDM scheme.

As seen in the cases of the Targeted Public Distribution Scheme (TPDS) and ICDS, there are major leakages and discrepancies in reporting at various levels of the schemes. The performance audit report states, “The mechanism in place for assimilating data on the number of children availing MDM was seriously compromised. The percentage of actual number of children availing MDM as gathered from various sources was consistently lower than that furnished by the states to the Ministry for claiming cost of food grains and cooking cost. Audit evidenced an institutionalized exaggeration of figures regarding students availing MDMs, irregular diversion or theft of food grains, submission of inflated transportation costs, fudging of data pertaining to supply of food grains, all pointing to widespread leakages and defalcations, leading to losses and misappropriations in the scheme”.

61 Eliminating Poverty: Creating Jobs and Strengthening Social Programs, Occasional Paper No. 2, NITI Aayog, Government of India, 21 March 2016

There has been quality of meals served and prepared in unhygienic conditions. A report of the CAG found that infra-structural facilities like kitchen sheds, proper utensils, and availability of drinking water facility etc., were missing in many cases and food was being prepared in open and unhygienic conditions. Additionally, in most states, children had not been given micro nutrient supplements and de-worming medicines. In many cases, the CAG team found that children were given far less than the 150 gm of the dry ration prescribed under the MDM Scheme.

It was also seen that most of the schools had not conducted health checkups prescribed. The CAG audit report noted that the absence of the prescribed health checks, an important tool to ascertain improvement in nutritional status of children was found nearly abandoned. It was therefore obvious that proper monitoring and inspection of the scheme had not taken place. "Steering and monitoring committees at national, state, district and block levels did not meet regularly. Funds provided for management, monitoring and evaluation remained grossly underutilized", stated the report.

2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment

Agriculture plays a vital role in India's economy, as it contributes 17% to the country's Gross Domestic Product (Current Price 2015-16, 2011-12 series). As per the NITI Aayog⁶², "As a source of livelihood, agriculture (including forestry and fishing) remains the largest sector of Indian Economy. While its output share fell from 28.3% in 1993-94 to 14.4% in 2011-12, employment share declined from 64.8% to 48.9% over the same period. Therefore, almost half of the workforce in India still remains dependent on agriculture".

One of the reasons for this skewed distribution of labour force in agriculture is the paucity of alternative livelihood opportunities either at village level or in the nearby townships and cities. Excess manpower coupled with traditional agricultural practices has resulted in low farm yield and income. To break this cycle of poverty in rural areas, a two-pronged strategy was suggested by the NITI Aayog, which is improving the performance of agriculture, and creating jobs in industry and services in both rural and urban areas"⁶³.

MGNREGA was initiated to provide employment to the poor living in the rural areas. There has been a gross negligence in the implementation of the scheme negating any impact that it could have had in providing employment and reducing hunger. Under MGNREGA, Government records show that Rs. 441 crore worth of compensation was due to the workers against delayed wages in financial year 2016-17. In 2016-17, Rs. 19,455 crore worth of wages (56 % of total wages paid) were paid after the stipulated 15 days, according to a government affidavit presented to the Supreme Court. Of these delayed wages, Rs 3,836 crore was paid after more than three months and Rs. 2,578 crore after two months.

Total food grains production in the country is estimated at 252.22 million tonnes, which is marginally higher by 0.20 million tonnes in the previous year's food grains production of 252.02 million tonnes. To achieve the target of doubling the income of farmers by 2022, as announced during the Budget 2016-17 presentation, a Committee has been constituted under the Chairmanship of Additional Secretary, Department of Agriculture, Cooperation and Farmers Welfare with instituted measures like: 28.5 lakh hectares of land to be brought under irrigation; 5 lakh acres to be brought under organic farming over a three-year period; Rs. 60,000 crore for ground water recharging as an urgent need to focus on drought hit areas; cluster development for water conservation; dedicated irrigation fund in NABARD of Rs. 20,000 crore; and nominal premium and highest ever compensation in case of crop loss under the Pradhan Mantri Fasal Bima Yojna.

However, despite having these measures, a total of 12,602 farmer suicides were reported, with Maharashtra topping the list with 4,291 suicides, followed by Karnataka 1,569, Telangana 1,400, Madhya Pradesh 1,290, Chhattisgarh 954, Andhra Pradesh 916 and Tamil Nadu 606 farmer suicides. Together, these seven states accounted for 87.5% (11,026) of total 12,602 suicides in the farming sector in the country. About 95% of cotton seeds in India are governed by Monsanto, a multinational company engaged in selling GM seeds to farmers. The GM plants are water intensive and the country does not have enough irrigation facilities for the farmers. The major reason for farmer suicides are high inputs cost for high yield seeds, fertilizers and pesticides. The schemes launched by the government like Pradhan Mantri Fasal Bima Yojna and Pradhan Mantri Krishi Yojna have been initiated, but these schemes currently have very low coverage.

62 Raising Agricultural Productivity and Making Farming Remunerative for Farmers, An Occasional Paper, NITI Aayog, Government of India, 16 December 2015

63 "Eliminating Poverty: Creating Jobs and Strengthening Social Programs," NITI Aayog, Government of India in March 2015.

Nonetheless, it is worth recognizing some of these positive measures taken by the government to increase agricultural productivity by focusing on the needs of the farmers. Thus, a comprehensive plan to reach out to farmers to double their income by 2022 has been initiated and this includes tenancy reforms, promoting crop diversification, expanding micro irrigation (in last two years, 1.3 million Ha have been covered). Also, digitisation of agricultural marketing has been initiated and 250 wholesale markets across the country have been digitized so far. Pradhan Mantri Fasal Bima Yojna has been relaunched, and until May 2017, 3.11 crore people were enrolled under the scheme with about 65,083 claims received.⁶⁴

Whilst many initiatives are being taken to ameliorate the agricultural sector, the most important clearance in investments in rural agri-infrastructure, such as cold chains, cold storage and processing facilities which will help in storing the crops, fruits and vegetables during the harvest season, and immensely help the farmers to get their due fair price, is still awaited. In 2017, administrative apathy in the states of Chhattisgarh, Madhya Pradesh, and Uttar Pradesh saw several incidents of farmers' protests demanding waiver of loan interests and minimum support price for their produce when prices for certain vegetables fell to significantly per kilogram in rural areas. The reverse of this trend was witnessed in the urban areas with the same commodities sold for more than Rs. 25-30 per kilogram.

2.4 By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality

There has been a continuous decline in the share of Agriculture and Allied sector in the Gross Value Added from 18.2 % in 2012-13 to 17.0 % in 2015-16 at current prices. The Agriculture and Allied sector witnessed a growth of 1.2 % in 2015-16 in basic prices. As far as the agricultural land is concerned, the per capita availability of land has declined from 0.5 hectares in 1951 to 0.15 hectares in 2011, and is likely to decline further. The area under agriculture is also shrinking continuously from 1243.0 lakh hectares (2014-15) to 1226.50 lakh hectares (2015-16). The yield has improved marginally from 2028 Kg/Hectare to 2056 Kg/hectare. Area under non-agricultural uses is about 26.3 million hectares. Over the years, there has been a gradual increase in the area of land under non-agricultural uses. In many states, especially - Odisha, Chhattisgarh, Jharkhand, Madhya Pradesh, Gujarat, Andhra Pradesh and Tamil Nadu, the agricultural land has been taken over by the state from farmers and Tribals to set up industrial ventures.

Consequently, during the same period, the number of landholdings in the marginal and small categories swelled by about 17 million and 2 million, respectively. Landholding size determines investment in agriculture, productivity, farm mechanisation and the sustainability of farm incomes itself. Landholdings in the marginal category (less than 1 ha) constitute 67 % of the operational holdings in the country (2010-11). In terms of area operated, the share of marginal holdings has increased to 22 % (2010-11) from 19 % (2000-01)⁶⁵.

Ministry of Agriculture and Farmers Welfare through ICAR-Central Research Institute for Dry land Agriculture (CRIDA), Hyderabad, has prepared detailed Crop Contingency Plans for 600 districts. States have been advised for preparing, updating and fine-tuning Contingency Plans for each district in consultation with CRIDA, ICAR and the State Agriculture Universities, along with location specific remedial measures based on the contingency plans in the event of late arrival of monsoon, long dry spells, scanty rainfall or drought conditions, tying up availability of seeds and other inputs for implementing the Contingency Plans. As seen from the experience of last year, these Plans are highly useful in case of a deviant monsoon. The information and awareness about the new initiatives has not reached the marginal farmers who continue to face the climate related difficulties.

Progress under National Mission for Sustainable Agriculture (NMSA) has been quite slow. The land under organic farming stands at 200,000 ha and 62 million soil health cards with crop wise nutrient management advisories have been issued⁶⁶. However, "progress of the NMSA is being accounted predominantly through the achievements of the other ongoing programmes of the Department of Agriculture and Cooperation (DAC)"⁶⁷. After the launch of the mission in 2013, it was only in 2015 that the first standing committee review was held. Recruitment of advisors for supporting the functioning of committee and overseeing project management at central, state and district levels has been a slow process.

⁶⁴ <http://economictimes.indiatimes.com/wealth/insure/all-about-pradhan-mantri-jeewan-jyoti-bima-yojana/articleshow/58907299.cms>

⁶⁵ Department of Agriculture, Cooperation & Farmers Welfare [Agriculture Census 2010-11 (Phase-1)].

⁶⁶ Voluntary National Review on Implementation of Sustainable development Goals, 2017.

⁶⁷ http://www.ifmrlead.org/wp-content/uploads/2015/10/NAPCC/7_NMSA%20Brief_CDF_IFMRLEAD.pdf

2.5 By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed

In 2002, India ratified the International Treaty on Plant Genetic Resources for Food and Agriculture (ITPGRFA), which creates the multilateral system of access and benefit-sharing. As per the National Biodiversity Authority (NBA) and Protection of Plant Varieties and Farmers' Rights Authority, seeking approval of the NBA for obtaining Intellectual Property Rights protection in or outside India for any invention based on any research or information on a biological resource obtained from India, shall not apply to any person making an application for any right under any law relating to protection of plant varieties enacted by Parliament (Protection of Plant Varieties and Farmers' Right Act, 2001). There have been instances of independent civil society organizations who are involved in conserving local and traditional seeds in Jharkhand and Odisha. In Jharkhand (Giridih district) - 200 varieties of traditional varieties of local food crops have been listed and conserved, and similarly in Odisha a list of 200 types of millets, which existed traditionally have been prepared. In Banswara district in Rajasthan, there has been an emphasis on reintroduction of local varieties among the communities. Around 22 crops have been introduced, which were grown earlier. These include crops like Rajan, Dhimra, Jalar, Chibara, Foxtail millet etc.

2.b Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round

India has rejected claims by rich countries that there is a broad consensus for a deal during the WTO's Nairobi Meet on getting rid of farm export subsidies. It also expressed serious concern over the issue of a significant reduction in subsidies given by the developed nations to their farm sector, not even being discussed at the moment. Although India has been accused of being overly protectionist about agricultural and food products, it is China, Japan and the US which are the top farm subsidisers. According to the Organization of Economic Cooperation and Development (OECD), China spent over \$165 billion in direct and indirect farm subsidies, followed by Japan at \$65 billion (50 per cent of its agriculture GDP compared to less than 10 per cent in India) and the US at \$30 billion.

India's export of agriculture and processed food products, which accounts for 12-14 per cent of the country's total merchandise exports, had been enjoying strong growth for the last five fiscals. However, it declined by 9.8 per cent to \$38.6 billion in Financial Year 2015, from \$42.8 billion in Financial Year 2014, with export to the US declining to \$2 billion. Over the last few quarters, export price of basmati rice has declined from \$1,295/tonne to as low as \$1,050/tonne, leading to low realization from its exports. Export data compiled by Agricultural Products Exports Development Authority shows that export of basmati rice declined in both volume (1.6 per cent) and value terms (7.15 per cent) in FY 2015 mainly because of reduced demand from Iran and the US. Relative appreciation of the rupee against the dollar vis-à-vis Brazilian real has eroded India's price competitiveness in soya-bean, sugar and buffalo meat exports.

India's farm exports also face prohibitive import duties in overseas markets. For example, dairy products attract peak import duties of 511 per cent in the EU, 93 per cent in the US, and 692 per cent in Japan. Fruit and vegetables, and oil-seeds attract equally high import duties in the EU, Japan and the US. India's farm exports also have to face a series of non-tariff barriers in top consuming markets - for example, a ban on import of mangoes by the European Union (EU) that was lifted in January 2015. Other examples of market denials are ban on rice imports by Iran and green pepper by Saudi Arabia. Besides, Vietnam refuses to allow Indian peanuts.

Our efforts to ensure fair and equitable opportunities for agricultural products in the global markets need consistent vigilance coupled with effective strategies.

2.c Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility.

The annual rate of inflation, based on monthly Wholesale Price Index, stood at 5.70% (provisional) for the month of March 2017 (over March 2016) as compared to 6.55% (provisional) for the previous month and -0.45% during the corresponding month of the previous year. Build up inflation rate in the financial year so far was 5.70% compared to a buildup rate of -0.45% in the corresponding period of the previous year. The index for 'Food Articles' group marginally increased to 267.6 (provisional) from 267.5 (provisional). The index for 'Non-Food Articles' group declined by 1.8 % to 230.6 (provisional) from 234.8 (provisional). The consumer food price inflation, at 7.55 per cent year-on-year in May 2016 hit a 21-month-high. The prices of pulses rose very high as compared to the previous year. Most of the pulses were sold above Rs. 100/ Kg. There were sudden price surges in the common food items like salt during the year. The salt was sold in many towns for a very short period above Rs. 100/Kg while normally the price remains below Rs. 20/Kg, owing to rumors of scarcity of salt in the country. The petrol /diesel prices, which mostly govern the prices of all commodities increased in the year resulting in the corresponding effect on all commodities sold.

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SDG 3

Ensure healthy lives and promote well-being for all at all ages

The SDG Goal 3 on health and well-being, builds on the Millennium Development Goals (MDGs) in various ways. Four of the MDGs - MDG 1 (Eradicate Extreme Hunger and Poverty), MDG 4 (Reduce Child Mortality), MDG 5 (Reduce Maternal Mortality) and MDG 6 (Combat HIV/AIDS, Malaria and other diseases) directly addressed health concerns. However, the MDGs were rightly criticised for being too narrow and limiting. In contrast, the SDGs include only one goal on health (Goal 3), but its framing is far more holistic, covering a range of critical issues, including those from the MDGs as well as problems such as non-communicable diseases, road traffic accidents, substance abuse, pollution and more fundamental issues of universal health coverage, health system financing and strengthening the health workforce.

The Government of India (GoI), which adopted the SDGs has committed to align its policies with the sustainable development goals and targets. NITI Aayog, the GoI's policy think-tank headed by the Prime Minister, has been assigned to coordinate this alignment and monitor progress towards the SDGs. Towards this goal, in March 2017, the Ministry of Statistics Planning and Implementation (MOSPI), evolved national indicators for the SDGs, in accordance with the global indicators. The National Health Policy 2017 also explicitly states its purpose of alignment with the SDGs, and addresses several of the Goal 3 targets including communicable and non-communicable diseases, health workforce and universal health coverage. Since the commencement of the SDGs, the government has also passed legislation specifically around Mental Health (Mental Health Care Act, 2017), Disabilities (Rights of Persons with Disabilities Act 2017), HIV /AIDS (Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome Prevention and Control Bill, 2017) and maternity benefits (Maternity Benefits Amendment Act 2017). Despite the passage of these legislations and policies, however, concerns related to implementation and health system strengthening persist. Further, although there is a clear commitment to align policy priorities with achieving the SDGs, the indicators to monitor progress are inadequate.

This chapter provides an overview of the current status vis-a-vis Goal 3, flagging key concerns and critiquing the GoI's approach to achieving and monitoring the targets. The first half of the chapter discusses some of the universal concerns, which are likely to impede the fulfillment of Goal 3, especially in light of recent developments in health policy; and the second half's a brief review of each of the 12 targets under Goal 3 including the indicators proposed by MOSPI. It is important to acknowledge that Goal 3 is deeply influenced by several social determinants especially poverty, hunger, gender equality, livelihoods, and these have a strong bearing on the targets under Goal 3. However, these are not explicitly discussed in this chapter, as they have been analysed in detail in other parts of this report.

I. Over-Arching Concerns

Financial commitments: If the SDGs as envisaged are to be achieved, India will have to increase its budgetary allocations towards health. Currently, health financing in India is characterised by over dependence on household out-of-pocket payments (OOPs) and consequent lack of financial protection. It is worth noting that annually 55 million people in India are pushed into poverty just to cover health expenses (2011).⁶⁸ Global experiences suggest that India's quest for universal health coverage (UHC) cannot be realised unless public spending is expanded significantly, at least to the level of comparable developing countries. For instance, every other BRICS country government spends more than

68 Source: Author's calculation, based on NSSO CES Unit records (68th round), cited in: Indranil Mukhopadhyay (2016): "Bitter bill of health care"; Pulse, Business Line, July 8 2016; <http://www.thehindubusinessline.com/specials/pulse/the-bitter-bill-of-healthcare/article8824855.ece>

three percent of GDP on health, while India is hovering around 1.15%.⁶⁹ Unfortunately, neither global nor national SDG indicators talk about increasing public spending on health to a certain desirable level. Increase in health spending has been a demand of the health rights movement in the country as well as India's commitment in forums such as the Universal Periodic Review of the Human Rights Council, where it had committed to increase spending to 3 percent of the GDP. The National Health Policy 2017 envisages an increase in spending to 2.5% of the GDP by 2025, which is far too little and too delayed. Meanwhile, instead of showing commitment to increase public investment, the Union government is continuously cutting back the health budget; what has been allocated for 2017-18 is even lesser than the expenditure for the year 2011-12, when adjusted for inflation.⁷⁰

Health system strengthening: Robust and well-equipped public health services, are the backbone of a health system, if it is expected to achieve the ambitious targets that the SDGs set out. As of 2015, Rural Health Statistics (2014-15) indicate that there is still a shortfall in the required number of Sub-Centers, Primary Health Centers and Community Health Centers, despite the investments in National Rural Health Mission (NRHM) over the last decade. Similarly, there is a shortfall of human resources, particularly specialists in rural areas. The achievement of many of the SDG targets is contingent on the availability and quality of services at primary, secondary and tertiary care levels. For instance, in order to reduce maternal mortality and child health, it is imperative that health facilities be equipped to handle deliveries and neonatal complications. However, this is not the case at present, which is why even an increase in institutional child births has not had the expected impact on maternal mortality. The failure to provide much needed emergency obstetric care has been a significant barrier in this regard. Similarly, the diagnosis and treatment of communicable and non-communicable diseases, and ensuring psychosocial health and well-being, requires well-equipped, comprehensive and appropriate care at all levels of the health system, which is grossly inadequate today. The National Health Policy 2017 does call for strengthening of primary care in the form of developing "health and wellness centers". However, the poor financial outlays for health in the last budget seem inconsistent with this ambitious vision. Further, although several indicators in the SDGs address outcomes, there are few that actually reflect health system strengthening. For instance, with respect to maternal mortality (target 3.1), none of the indicators monitors the proportion of facilities that are equipped to provide safe and respectful delivery services.

Access to essential medicines: The National Health Policy 2017 has reinforced the idea of free medicines and diagnostics for all in Public Health facilities, which is in keeping with target 3.8 (Universal Health Coverage) and means of implementation target 3B. This is a good development - as medicines continue to form almost half of total treatment costs and around 70% of household expenditure in India⁷¹, and experiences from Tamil Nadu and Rajasthan show that if free generic medicines are dispensed from public facilities, it can effectively contain OOPs on account of medicines. However, this is achievable if central Government funding is available instead of this being left entirely to the states. Another positive development has been price control of essential medicines which is being done through the Drug Price Control Order 2013. However, this covers only 12% of the total domestic market of more than 1 lakh crores.⁷² Cardiac stents have been brought under price control and other medical devices are to be brought under price control. However, a ceiling price on related medical procedures needs to be in place for medical device price control to have any meaning. Meanwhile, the NITI Aayog has advocated restricting price control and delinking it from the list of essential drugs, whereas the need of the hour is to extend the coverage of price control to more essential and life-saving drugs.⁷³ The NITI Aayog has also recommended disinvestment of government owned pharma companies, a move that will rob the Government of a vital tool to promote affordable access to medicines.⁷⁴

Reining in the Private Health Sector: India's large and unregulated private sector continues to operate without proper strictures, but policy developments indicate an unwillingness to take effective measures in this regard. Even as the Clinical Establishments Act remains unimplemented, the National Health Policy 2017 talks of "strategic purchasing", which indicates a push towards privatisation. Government sponsored insurance schemes continue to remain popular among policy makers and politicians even though evidence suggests that the impact on financial protection has been minimal if not detrimental. People are being driven to private facilities with the lure of 'free and quality' care and in the process incurring heavy expenses. Only three out of 100 people covered under government sponsored insurance

69 National Health System Resource Centre. (2016). National Health Accounts Estimates for India (2013-14). New Delhi: Ministry of Health and Family Welfare, Government of India.

70 Indranil Mukhopadhyay (2017). "In budget 2017, Arun Jaitley gave flailing public health programmes little hope", Scroll, Feb 06, 2017: <https://scroll.in/author/12694>

71 Selvaraj S.; I Mukhopadhyay et al. (2014) "Universal access to medicines: experience from Rajasthan, India" WHO South-East Asia Journal of Public Health, Volume 3, Issue 3-4, July—December 2014

72 Pharmatrac, October 2016, Industry Highlights

73 "If Modi Really Wants Affordable Medicines, Why is his Niti Aayog Pushing in the Opposite Direction?" at <https://thewire.in/131449/niti-aayog-modi-affordable-medicines/>, accessed May 18, 2017. Also see Niti Aayog's 3-year Action Agenda, 2017-18 to 2019-20, p.144.

74 "Niti Aayog recommends 12 PSUs to be put on block" India Infoline News Service, Mumbai, March 23, 2017 http://www.indiainfoline.com/article/news-top-story/niti-aayog-recommends-12-psus-to-be-put-on-block-117032300272_1.html

receive free treatment in private hospitals.⁷⁵ Further, irregularities in the private sector which are evident in publicly funded insurance schemes such as the Rasthriya Swasthya Bima Yojana show that, there is an urgent need for regulation.⁷⁶

Attainment of targets such as the elimination of communicable diseases requires the private sector to comply with treatment guidelines and reporting requirements. For instance, in 2012, India started the web-based reporting system -*Nikshay* for implementing a policy of mandatory Tuberculosis (TB) notification. Yet, despite the progress made, India still needs to track one million missing cases of TB annually, especially in the private sector. With growing threats of infectious diseases, it is imperative that private providers be reined in so that they comply with reporting requirements.

Private interests in other areas such as vaccines also need careful examination. It appears that the government is keen on introducing new vaccines without due diligence and transparency. The GoI has introduced pentavalent vaccines even as there are doubts about their safety,⁷⁷ and there is lack of transparency in clinical trial data related to the rotavirus vaccine on the basis of which the vaccine has been introduced in the public health system.⁷⁸ On a more positive front, the GoI has initiated fresh legislations to regulate the *laissez faire* clinical trial scenario that was prevalent and that led to deaths of innocent trial participants. However, pharmaceutical companies, especially MNCs, have spread disinformation that such regulation is against an investment friendly atmosphere.⁷⁹

Factoring in Inequities and Vulnerabilities: Learning from the MDGs which looked at aggregate progress of indicators at the national level, the SDGs recognize that gross inequities exist within countries, and have therefore emphasized the principle of “leaving no one behind”. In a large, unequal and diverse country such as India, this takes on even greater significance. As MDG indicators have been tracked over 15 years, it is clear that overall improvements in indicators have masked regional and socio-economic disparities.⁸⁰ “Leaving no one behind” implies reaching out to neglected populations using different strategies to address their unique concerns. For example, even with the rise in institutional child births, one in four deliveries in rural areas still occur at home, and these have been systematically neglected. Disrespectful treatment of women, especially those from marginalized communities, during childbirth has been reported from various parts of the country, but is not acknowledged as a problem. Women report facing physical abuse and verbal abuse, particularly use of derogatory, sexually explicit language. This makes them reluctant to use public health facilities, thus, impacting access. Similarly, migrant workers face unique challenges due to loss of social security linked to place of residence. Accessibility to health facilities is a significant challenge for this group, with studies showing low immunization and continued home births among migrant construction workers even in urban areas. The strategies employed to reach out to these populations must recognize their unique problems and be tailored to their needs. Further, despite overwhelming evidence of disparities in indicators, the GoI has not published recent disaggregated data on these. In fact, three rounds of the Annual Health Survey, which were conducted in high-focus states with the expressed purpose of contributing to meaningful tracking of progress towards MDGs have not published any kind of disaggregated data on these critical variables. The same mistake is being made with the SDGs; none of the indicators, across targets are disaggregated and will render it impossible to track progress of marginalized communities towards the goal.

Reporting, Transparency and Accountability: Tracking progress towards the SDG targets will require a robust and reliable monitoring system, as well as a strong accountability mechanism, both of which are currently lacking. Several of the indicators proposed by MOSPI are premised on the assumption that reliable data will be available, however this is not the case, as demonstrated by the existing discrepancies in data related to incidence of HIV and malaria.⁸¹ These discrepancies are due in part to under-reporting, which makes it difficult to estimate the true burden of populations

75 Indranil Mukhopadhyay (2016): “Bitter bill of health care”; Pulse, Business Line, July 8 2016;

76 See for instance Nandi S., et al (2012) “The Implementation of RSBY in Chhattisgarh, India: A study of the Durg district.” Health Culture and Society, Volume 2, No. 1 (2012) | ISSN 2161-6590 (online) DOI 10.5195/hcs.2012.61.

77 Jacob Puliyel “237 deaths by Pentavalent vaccine and still counting”, *Sunday Guardian*, 13 November, 2016.

78 Bhaumik, S. (2013). Rotavirus vaccine in India faces controversy. *CMAJ : Canadian Medical Association Journal*, 185(12), E563–E564. <http://doi.org/10.1503/cmaj.109-4543>. See also: <https://scroll.in/pulse/807243/is-the-indigenous-rotavirus-vaccine-safe-for-children>, accessed June 25, 2017.

79 “New government regulations water down clinical trial safety norms” at <https://scroll.in/pulse/813560/new-government-regulations-water-down-clinical-trial-safety-norms>, accessed June 25, 2017. Also see “India’s attractive again for clinical trials: Quintiles CEO” at <http://timesofindia.indiatimes.com/business/india-business/Indias-attractive-again-for-clinical-trials-Quintiles-CEO/articleshow/51716878.cms>, accessed June 25, 2017.

80 For instance, India’s Maternal Mortality Ratio has declined from 254 (2004-06) to 167 (2011-13) per 100,000 live births and institutional births have increased from 39 percent in 2005-05 to 79 percent in 2015-16. However there are large inequities and variations between states (for example, currently the MMR ranges from 300 in Assam to 61 in Kerala) and across rural-urban categories (for example, only 75 percent of women delivery in health facilities in rural areas as compare to 89 percent in urban areas). Further, social location (class, caste, religion, tribe) plays a role in determining access to services and outcomes. For instance, UNICEF also notes that there are gross disparities in mortality indicators with Scheduled Castes, Scheduled Tribes and minorities having a higher IMR and U5MR.

81 For instance, according to the Global Burden of Disease Study report, India had 196,000 new cases of HIV infection in 2015 whereas the report by NACO states that there were 86,000 new cases of HIV in the same year. A similar observation can be made with respect to Malaria. According to the World Malaria Report, incidence of malaria in India in 2014 was 0.89 per 1000 population at risk per year, however, multiple independent reports suggest that the numbers of cases are highly under reported by the NVBDCP (National Vector Borne Disease Control Programme).

at risk and are likely to be a significant challenge in determining progress towards the SDG targets. In some cases, it may be useful to consider development of registries (as has been done in the case of Tuberculosis reporting) or in the reporting of road traffic accidents (as has been done through the Road Accident Data Management System (RADMS) in Tamil Nadu) and strengthening surveillance programmes such as the Integrated Disease Surveillance Programme (IDSP).

However, establishing accurate and robust data systems is only a first critical step. Ultimately, it is the manner in which the data is used to determine problems, identify risks, develop strategies, set targets, allocate resources and fix accountability that will matter. A lack of transparency and will to seriously implement such accountability measures, has been a significant barrier in this regard. In case of maternal health, although monitoring and accountability mechanisms exist, they have yet not been fully operationalized. The status of MDR Committees, reports of audits and actions taken to address the gaps leading to maternal deaths are not in the public domain. Thus, despite mechanisms being created, there is lack of will and investment necessary to make them functional.

II. Where does India stand on each target?

In this section, we review each of the Goal 3 targets, providing a brief overview of the current concerns related to it, and key recommendations (including vis-a-vis indicators) that need to be considered moving forward.

Target	Status & Concerns	Recommendations
Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	<ol style="list-style-type: none"> 1. Maternal Mortality Ratio has declined from 254 (2004-06) to 167(2011-13) per 100,000 live births, however there are large inequities and variations between and within states, and across social and economic groups. 2. The approach to addressing maternal health in India is fragmented and focused on promoting institutional deliveries alone. 3. Steep rise in institutional child births since the introduction of the Janani Suraksha Yojana in 2005, however facilities poorly equipped to provide safe child birth. Grossly inadequate emergency obstetric care, women are compelled to seek life-saving services from private sector incurring high out of pocket expenses resulting in debt trap. 4. Disrespect and abuse is a cause for concern across health facilities, especially with regard to poor and marginalized women. 5. Despite the Janani Shishu Suraksha Karyakram's promise of cashless services, the average out of pocket expenditure for delivery at public facilities according to the NSSO is INR3196/-.⁸³ 6. Important social determinants like poverty, caste and gender including violence against women that have been shown repeatedly by civil society documentations to be intimately related to maternal health and maternal mortality, are not being addressed in any manner by existing programmes. 7. Maternity benefits are restricted to only one child leaving out a large majority of women. Budgetary allocations are inadequate. 8. Accountability mechanisms not fully operationalized. The status of the MDR committees, reports on maternal deaths and action taken to correct gaps are not in the public domain. 	<ol style="list-style-type: none"> 1. Ensuring safety as a priority in ALL deliveries irrespective of where they occur and who conducts them. 2. Strengthen health facilities at all levels to ensure comprehensive provision of antenatal, delivery and post natal care, especially emergency preparedness including availability of free transport and streamlined referral systems. Ensure availability of life saving drugs and supplies especially blood at block levels and above. 3. Make available home based delivery care keeping geographic realities in mind.⁸⁴ 4. Verbal and physical abuse during labour in public health facilities must invite action against health care providers who indulge in it. 5. Janani Shishu Suraksha Karyakram should be monitored rigorously both from within the system and through communities to ensure that no out of pocket expenditures are being incurred. 6. Ensure that maternity benefit is universalized according to the National Food Security Act, for all births and for all women, as promised by the Prime Minister in his speech to the nation on 31st December 2016. 7. Mechanisms to address grievances must be put in place in health systems. Make Maternal Death Reviews transparent and accountable. <p>Indicators</p> <p>There is a need to monitor - 1) the extent to which facilities can provide emergency obstetric care as well as conduct safe and respectful normal deliveries 2) outcomes like maternal morbidities and near misses 3) Number of pregnant women who receive the NFSA mandated amount as maternity benefit. Indicators of safety such as, completeness of antenatal care, technical aspects of care like Active Management of Third Stage of Labour and provision of postpartum care must be included.</p>

82 Recent studies show that maternal health care expenses push 45% of women into poverty.: <http://www.hindustantimes.com/india-news/maternal-healthcare-expenses-push-46-6-mothers-in-india-into-poverty-study/story-tIM8Fio6iUn3yKRDzB1AOM.html>

83 Local community based attendants must be included in the public health system to provide home deliveries and basic management of complications in remote, unreached areas

Target	Status & Concerns	Recommendations
Target 3.2 End preventable deaths of new-borns and children Under 5 years of age. Reduce neonatal mortality to at least as low as 12 per 1,000 live births and Under-5 mortality to at least as low as 25 per 1,000 live births.	<ol style="list-style-type: none"> 1. The current rate of Under-5 mortality (U5MR) in India is 48 per 1000 live births, infant mortality (IMR) is 39 per 1000 live births and neonatal mortality (NMR) is 28 per 1000 live births. Infant mortality accounts for over 80% of U5MR; and neonatal mortality accounts for over 71% of IMR. 2. The National Health Policy 2017 aims at meeting neonatal mortality targets through improved home-based and facility-based care of new-borns. 3. Although initiation of breastfeeding within an hour of birth has been shown to lower risk of death during the first month by 44%, the policy document makes no mention of improving the rate of timely initiation of breastfeeding. 4. Malnutrition is a major cause of morbidity and mortality in children Under 5. While the National Health Policy recognizes the impact of malnutrition on child health, it focuses almost exclusively on micro-nutrient malnutrition. 5. The Union Budget 2017-2018 has allocated 3.32% of the total budget for children. Of this, only 3.76% is allocated for child health. While ICDS has seen an increase of 13% as compared to 2016-17, the amount is inadequate as the costs have not taken into account the current market prices. 	<ol style="list-style-type: none"> 1. Strengthen health services to provide adequate and appropriate quality neonatal and child care to reduce deaths. 2. Institute Community Management of Acute Malnutrition through culturally acceptable and locally available resources. 3. Revise the financial outlays for child health and nutrition support according to current market prices. <p>Indicators: Indicators for proven interventions such as 1) improving rates exclusive breastfeeding for six months, 2) introduction of adequate and appropriate complementary food at 6 months, 3) improving dietary diversity in ICDS must be included.</p>
Target 3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	<ol style="list-style-type: none"> 1. India had 1.96 lakh new cases of HIV infection in 2015. 2. Incidence of malaria in India in 2014 was 0.89 per 1000 population at risk per year. It also states that the total malaria cases have decreased by 42% since 2004. 3. Tuberculosis incidence per lakh population has decreased from 216 in 1990 to 167 in 2014. India has framed its TB strategic plan in alignment with the WHO's End TB Strategy that promotes improvement of TB reporting, engaging private sector and also reducing the MDR regimen. 4. Gross discrepancies in estimates of all three due to probable under-reporting, especially by the private sector. 5. The shift of strategy from control to elimination adopted in India last year is likely to take away resources from the high burden areas that are nearing elimination and also posing a risk of losing the gains achieved. 	<ol style="list-style-type: none"> 1. Reconsider strategies being employed to address communicable diseases. Focus should be on control rather than elimination. 2. Need to take into account role of social determinants such as malnutrition in the vulnerability to communicable diseases, and address these factors. 3. Occupational exposures make certain populations such as mine workers vulnerable to TB, Recording occupational history at TB centers will help better diagnosis and management. 4. Reliable sources of data are required to assess true burden of diseases which is possible through more robust surveillance that does not accord blame to high numbers and instead rewards reporting.

Target	Status & Concerns	Recommendations
Target 3.4 Reduce by one- third premature mortality from non-communicable diseases through prevention & treatment and promote mental health & well-being	<ol style="list-style-type: none"> 1. Data from poor parts of the country clearly states that the predominant diseases of poor are not confined to ischemic heart diseases, cancer and diabetes but also encompasses diseases like Rheumatoid disorders, Sickle Cell Anaemia, epilepsy etc. 2. Community risk factors like low birth weight, food deficiency, poor environment are also closely linked to the NCDs besides the individual determinants like sedentary lifestyle or tobacco consumption etc. Unless strategies that primarily address the community risk factors are implemented, it is not possible to achieve this target. 3. Within the new National Mental Health Policy framework, District Mental Health Programs are being established country wide. However serious inadequacies and chronic unresolved challenges in the program are noted by the Policy Group in 2012, including inaccessibility, poor coverage, not having life span approach, focus on tertiary care, hospitalization and medicines, neglect of prevention, promotion and 'wellbeing', regulation and funding inconsistencies, poor civil society participation and partnership with NGOs, poor inter-sectoral coordination etc.⁸⁵ 	<ol style="list-style-type: none"> 1. While forming policies or strategies it is of utmost importance to consider the social determinants which put communities at risk for these diseases. 2. A major change is needed in the data reporting and managing system. Currently, more number of cases mean increased burden of work and also fear of being blamed for high numbers. This can discourage reporting of true numbers.
Target 3.5. Substance Abuse	Could Not be attempted	
Target 3.6. By 2020, halve the number of global deaths and injuries from road traffic accidents	<ol style="list-style-type: none"> 1. 1,46,133 deaths due to road traffic accidents reported in 2015, an increase of 53% since 2005. This represents more than half of the total injury mortality burden in India.⁸⁶ 2. Studies show that these figures are underreported, with the WHO estimating nearly 111% underreporting.⁸⁷ 3. The National Health Policy 2017 recognizes the need to tackle the burden of injury deaths and recommends generating evidence, building infrastructure, developing guidelines, and creating specialized workforce for this purpose. It has also initiated a programme for building nearly 140 trauma centres on national highways to reduce the burden of such deaths. 	<ol style="list-style-type: none"> 1. Improve trauma services at existing health facilities, rather than investing only in specialized trauma centers on highways, as less than one-third of the RTIs happen on national highways roads with most happening on smaller city roads. 2. Develop hospital-based registries and link them with the police data as well as death records across the country to arrive at the actual mortality burden.

⁸⁴ <https://mhpolicy.files.wordpress.com/2012/07/final-dmhp-design-xii-plan2.pdf>

⁸⁵ Ministry of Road Transport and Highway (MoRTH). Road Accidents in India. New Delhi: Ministry of Road Transport and Highway; 2016. and National Crime Records Bureau (NCRB). Crime in India 2015: Compendium. New Delhi: Ministry of Home Affairs; 2016.

⁸⁶ Global Burden of Road Safety Facility, The World Bank; Institute for Health Metrics and Evaluation. Transport for Health: Global Burden of Disease from Motorized Road Transport. Seattle, WA: IIHME; Washington DC: The World Bank; 2014. Available from: <http://documents.worldbank.org/curated/en/984261468327002120/pdf/863040IHME0T4H0ORL0D0BANK0compressed.pdf>

Target	Status & Concerns	Recommendations
Target 3.7 Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	<ol style="list-style-type: none"> 1. Although abortion is legal in India, safe abortion continues to be inaccessible to a large number of women. It is believed that unsafe abortions are believed to contribute to 9%-13% of the maternal mortality in India and as much as 50% of the maternal mortality in some of the districts. 2. There is a gross dearth of safe abortion facilities which is a major reason why women resort to informal untrained providers. 3. Access to contraception still seen within the framework of family planning and demographic control. The family planning programme lays the burden of contraception on women, plans and budgets promote female sterilization. 4. Female sterilization is often performed under unsafe conditions leading to deaths, complications and illnesses as well as failure and unwanted pregnancy. 5. Although on paper, there are no “targets” imposed upon health managers and providers, in reality the budget leads to setting ELAs (Expected Levels of Achievement) which translate on the ground as method-specific targets especially for female sterilization. 6. Coercive measures such as the two-child norm (by which those with more than two children are excluded from elections, jobs and welfare benefits), continue to operate. 	<ol style="list-style-type: none"> 1. Ensure complete range of surgical and medical abortion services in first trimester at all rural health clinics up to 24/7 Primary Health Centres (PHCs). 2. Camp-based sterilization operations and informal targets/ELAs must be stopped with immediate effect.⁸⁸ 3. Remove all disincentives to persons with more than two children, in all policies and schemes of the state and central governments. 4. Ensure that programmes providing age appropriate comprehensive sexuality education are effectively implemented in a sensitive and nonthreatening manner. 5. Establish a surveillance mechanism and maintain a National Registry of complications and deaths arising out of unsafe contraceptive and abortion services. Ensure regular audits of all centers providing abortion and contraceptive services. <p>Indicators:</p> <ol style="list-style-type: none"> 1. Include safe abortion in indicators. The number of safe abortion facilities available and accessible must be tracked. 2. Monitor and report complications arising out of family planning procedures, and adherence to quality and ethical protocols in facilities.
Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	<ol style="list-style-type: none"> 1. In India the government bears less than a fourth of health spending - among the lowest in the world - while households spend two-thirds. 2. The Union government is continuously cutting back the health budget- what has been allocated for 2017-18 is less than the expenditure for the year 2011-12, when adjusted for inflation. 3. Though the government sponsored insurance schemes continue to remain popular among policy makers and politicians, evidence suggests that impact on financial protection has been minimal if not detrimental.⁸⁹ 	<ol style="list-style-type: none"> 1. Increase health spending to at least 5 percent of GDP 2. Provide state funded insurance to ensure universal coverage 3. Regulate the private sector through implementation of the Clinical Establishments Act. 4. Reconsider “strategic purchasing” as well as other public-private partnerships with due consideration to the lack of regulation of the private health sector <p>Indicators:</p> <ol style="list-style-type: none"> 1. Include indicator on total public spending on health as proportion of GDP. 2. Include indicators on whether persons who used public health facilities received free services.

⁸⁷ In accordance with the Supreme Court order of 14th September 2016 (Writ petition (Civil) No.95 of 2012).

⁸⁸ People are being driven to private facilities in lure of ‘free and quality’ care and in the process incurring heavy expenses. Only three out of 100 people covered under government sponsored insurance receive free treatment in private hospitals. Indranil Mukhopadhyay (2016): “Bitter bill of health care”; Pulse, Business Line, July 8 2016.

Target	Status & Concerns	Recommendations
Target 3.9 Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	<ol style="list-style-type: none"> 1. Air pollution is a major health concern in India - Mortality due air pollution (indoor and outdoor) is high: estimated at over 2.3 million deaths in the year 2015 (out of a total of 9.57 million deaths in India), constituting a staggering 24% of all deaths in India, making it a top risk factor.⁹⁰ Of the 15 most polluted cities worldwide, 7 are located in India.⁹¹ 1. Water pollution of surface and ground water is rampant, with over 50% of rivers declared polluted, mainly due to sewage.⁹² Diarrheal diseases cause approximately 1.2 lakh deaths of under-5 children each year (PTI, 2017a). 2. The government recently acknowledged that air pollution was a problem in the NHP 2017 (which is a change from its long standing refusal to admit it). Efforts such as making pollution standards for thermal power plants more stringent (but still not strict enough to protect health adequately) and the “odd-even” number plate experiment in Delhi have been tried out, but the impact of these is uncertain. No steps have been taken to reduce the burning of garbage and dumping of mixed wastes. 3. The NHP states that by 2020 there will be “safe water and sanitation for all” but mechanism is unclear. A pollution cess has been suggested for polluting industries in NHP 2017 which is a good step. While Swachh Bharat Mission has apparently facilitated an increase in toilet coverage to 60% from 40%, it is unclear whether these are being utilised. No interventions have been made on reducing dumping of sewage into lakes and rivers. 4. Workers handling hazardous chemicals such as agricultural workers or workers in chemical, pharmaceutical, paint, refinery, petrochemical, ship building and breaking, textile, toiletries, construction industries - are severely exposed to health problems related to these. Chrysotile asbestos, dyes and intermediates, solvents, silica, metal fumes in welding and cutting operations are some examples of hazardous chemicals at work. 	<ol style="list-style-type: none"> 1. Improving housing (chimneys, windows) and cook-stove design and improving access to cleaner fuels (such as LPG). 2. Invest in public and active transportation in cities, stopping the burning of wastes, and strict regulation of industrial emissions (implementing the rule of law). 3. Immediately mandate full treatment of all sewage from cities and towns. 4. Enforce National Policy on occupational safety, health and environment, 2009. Which promises to provide legal cover for protection of health and safety at work for workers in all economic sectors, which is not fulfilled. 5. Poverty is an overarching vulnerability in all these issues - especially with respect to IAP and hygiene, which needs to be addressed concomitantly. 6. Set up systems to identify, diagnose, record and report diseases attributable to pollutants. There are no reliable data on occupational diseases including occupational cancers. Urgent need to set up systems to reporting and recording of occupational diseases. <p>Indicators: The indicators of “mortality rates” would be difficult to estimate for deaths due to pollution and toxic exposures as the denominators are unknown. So absolute numbers also become important and must be considered.</p>

⁸⁹ Reference for 1.2 million deaths due to IAP: WHO, 2016. Burning Opportunity: Clean household energy for health, sustainable development, and wellbeing of women and children. World Health Organization, Geneva. Reference for 1.1 million deaths due to AAP: IHME, HEI, 2017. State of Global Air 2017: A special report on global exposure to air pollution and its disease burden. Institute for Health Metrics and Evaluation. Total: 2.3 million deaths (or 24% of deaths in India in 2015).

⁹⁰ Ramsey, L., 2016. About 80% of all cities have worse air quality than what's considered healthy - here are the 15 with the worst air pollution [WWW Document]. Bus. Insid. URL <http://www.businessinsider.in/science/about-80-of-all-cities-have-worse-air-quality-than-whats-considered-healthy-here-are-the-15-with-the-worst-air-pollution/15-Kanpur-India-115-g/slidelist/52247166.cms>

⁹¹ Burke, J., 2015. Half of India's rivers are polluted, says government report. The Guardian.

Target	Status & Concerns	Recommendations
Target 3A Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control (FCTC) in all countries, as appropriate	<ol style="list-style-type: none"> 28.6% of adults in India are current users of tobacco (2016-1027).⁹³ There is 15% relative reduction in prevalence in the last seven years.⁹⁴ The prevalence is still high, but the recent decline is faster compared to the historical trends depicting only marginal decline in tobacco prevalence in earlier decades.^{95,96} There has been a decline in bidi use but an increase in cigarette use. India's national legislation (the Cigarette and Other Tobacco Products Act - COTPA) covers many FCTC provisions but remains poorly implemented.⁹⁷ The FCTC Article 5.3 requires parties to protect their policies from the vested interests of the tobacco industry. However, studies reveal industry interference and the conflicting interests within governments in tobacco control in India.⁹⁸ FCTC Article 6 suggests the use of tax measures to reduce tobacco demand. The taxes on tobacco have remained low and have not kept pace with rising income/inflation, making tobacco products more affordable.⁹⁹ 	<ol style="list-style-type: none"> Expedite adoption of the proposed COTPA (Amendments) Bill (2015) Take concrete measures to reduce tobacco cultivation and rehabilitation of tobacco growers/workers into alternative livelihoods. <p>Indicators: The target 3.A is inadequate as it is not framed in specific terms and conveys nothing about the implementation status of the FCTC treaty.</p>
Target 3B Support the research and development of vaccines and medicines for the communicable and non communicable diseases	<ol style="list-style-type: none"> Medicines comprise a large proportion of out of pocket treatment expenses. The National Health Policy 2017 has reinforced the idea of free medicines and diagnostics for all in Public Health facilities. Price control of essential medicines is being done through the Drug Price Control Order 2013. However, this covers only 12% of the total domestic market of more than Rs. 1 lakh crores. Efforts to provide generic low price medicines through government promoted Jan Aushadhis have not taken off for a variety of reasons nor the ill-thought out move asking doctors to prescribe in generic names. Irrational FDCs (Fixed Dose Combinations) and harmful/useless single ingredient medicines needed to be weeded out of the market. The Government's order banning 344 FDCs has been quashed by the Delhi High Court in Dec 2016. A major challenge for access to medicines is anti-microbial resistance due to over-prescription 	<ol style="list-style-type: none"> Availability of free medicines and diagnostics in public health facilities; Elimination of wasteful, irrational FDCs and all useless, harmful medicines; Strengthening of Government Pharma companies and self-reliance in API production; Transparency in clinical trials and vaccine related decisions; Monitoring of safety and efficacy of new vaccines being introduced Strict implementation of clinical trial laws including those for compensation for injuries and deaths Resist pressure to adopt provisions in pluri-lateral agreements that will lead to dilution of India's TRIPS compliant IP laws¹⁰⁰ Steps for greater ease in bio-similar manufacture and for issue of government use CLs for essential medicines including biological Fighting antimicrobial resistance on a war footing.

- ⁹² As per Global Adult Tobacco Survey GATS-2 India 2016-17 Highlights. World Health Organization, Ministry of Health and Family Welfare, Tata Institute of Social Sciences; 2017
- ⁹³ As per Global Adult Tobacco Survey (GATS) Factsheet - India:2009-2010. Ministry of Health and Family Welfare. New Delhi; 2010.
- ⁹⁴ Mishra S, Joseph RA, Gupta PC, Pezzack B, Ram F, Sinha DN, et al. Trends in bidi and cigarette smoking in India from 1998 to 2015, by age, gender and education. *BMJ Glob Heal*. 2016;1:e000005
- ⁹⁵ Bhan N, Karan A, Srivastava S, Selvaraj S, Subramanian S V, Millett C. Have socioeconomic inequalities in tobacco use in India increased over time? Trends from the national sample surveys (2000-2012). *Nicotine Tob Res*. 2016;18(8):1711-8
- ⁹⁶ For example, as per the GATS, 29% of adults were exposed to second-hand smoke at public places (violation of FCTC article-8, COTPA section-4) and 64.5% adults reported seeing tobacco advertisements (violation FCTC article-13, COTPA section-5)
- ⁹⁷ See for instance. Bhojani U, Venkataraman V, Mangnawar B. Public Policies and the Tobacco Industry. *Econ Polit Wkly*. 2011;xlvi(28):27-30. While three Indian states (Punjab, Mizoram, Himachal Pradesh) recently adopted policies in line with the FCTC article-5.3, there is no such policy at national level.
- ⁹⁸ Jha P, Guindon E, Joseph RA, Nandi A, John RM, Rao K, et al. A rational taxation system of bidis and cigarettes to reduce smoking deaths in India. *Econ Polit Wkly*. 2011;xlvi(42):44-51.
- ⁹⁹ India is currently negotiating the Regional Comprehensive Economic Partnership (RCEP). The negotiations are held in secret, even as leaked documents have revealed that under consideration are TRIPS Plus provisions like extending patent period and Investor State Dispute Settlement (ISDS) Mechanisms that will end up impoverishing ordinary citizens.

Target	Status & Concerns	Recommendations
	7. So far the GoI has resisted international and industry pressures to amend its progressive patent laws which are TRIPS compliant. ¹⁰¹ However domestically, the government is reluctant to use TRIPS flexibilities in issuing Government use Compulsory Licenses, especially for costly biologicals under patent.	
Target 3C Substantially increase health financing and the recruitment, development, training and retention of the health workforce	<ol style="list-style-type: none"> 1. The recent health workforce data available with WHO health observatory shows that India has 7.25 doctors and 2.49 nurses and midwives per 10,000 population,¹⁰² which is ahead of the minimum threshold of health worker density proposed by WHO. However data shows massive disparities between states and between districts.¹⁰³ 2. The uneven availability of health works in urban and rural areas is even more severe. The ratio of urban density to rural density for doctors was 3.8, for nurses and midwives 4.0.³⁰ With emphasis on creation of new health workers, significant progress has been made in establishing training institutions in the recent years. 3. Within the health system, there is a lack of supportive supervision and a tendency to blame the weakest link. 	<ol style="list-style-type: none"> 1. Need for massive efforts in recruitment of health workers by the public sector and deployment to rural facilities. 2. The creation of mid-level service providers and tasks shifting to cadres such as nurses are proven reforms in human resources proposed for India, but needs necessary political will to effectively implement. 3. Promoting a culture of problem solving and accountability, responsiveness and team functioning. <p>Indicators:</p> <ol style="list-style-type: none"> 1. Examine availability of workforce in a disaggregated way (across states, districts and geographic location) and have a single database which facilitates data gathering on a regular basis.
Target 3D: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	<ol style="list-style-type: none"> 1. India is highly vulnerable to a range of health challenges including epidemics and pandemics. The 2009 H1N1 influenza pandemic was the recent major global health crisis to hit the country with over 2,000 deaths and more than 38,000 cases. 2. India has put in place mechanisms for managing such global health risks on the lines of the International Health Regulation (IHR) 2005, including the strengthening of the Integrated Disease Surveillance Programme (IDSP) to collect data, detect, and respond to disease outbreaks, issuing action plans for various global pandemics by the Ministry of Health and Family Welfare at the centre, and setting up bodies like the Centre for Disease Control (NCDC). 3. Most of the legislations dealing with the management of pandemics and epidemics, like the Epidemics Acts, 1897, the Aircraft (Public Health) Rules, 1954 or the Indian Port Health Rules, 1955, are outdated, scattered, and focus on policing with limited scope for local level planning, response, and management of pandemics.¹⁰⁴ 	<ol style="list-style-type: none"> 1. A comprehensive public health legislation for the management of epidemic and pandemics; a holistic approach with sectoral inter-linkages, involving the private healthcare sector, and integration of national, state and local-level plans, should be adopted. 2. Make district the focal point for improving preparedness, co-ordination, strengthening resources, risk reduction and interfacing with the community. 3. Greater transparency in notifying communities about disease threats in order to take preventive action.

100 For example, the USTR 2017 Special 301 Report continues to place India on its "Priority Watch List" stating the lack of "sufficient measurable improvements to its IP framework", whereas India's IP laws are TRIPS compliant. A major goal of US based pharma companies is elimination of Section 3d of India's Patent Act, which actually calls for higher standards of patentability. Roche's Herceptin (Trasmutazab, a breast cancer medicine) is not patented in India but Roche is running down the safety and efficacy of biosimilars made by Indian biologic manufacturers like Biocon and Mylan. Roche's unfair practices have invited strictures from India's Competition Commission.

101 GH0 | By category | Density per 1000 - Data by country [Internet]. WHO. [cited 2017 Jun 3]. Available from: <http://apps.who.int/gho/data/node.main.A1444>

102 2009 data shows states like Bihar, Uttarakhand, Jharkhand and Chhattisgarh have severe shortage of health workers which is less than 10 per 10000 population. (Hazarika I. Health workforce in India: assessment of availability, production and distribution. WHO South-East Asia J Public Health. 2013;2(2):106.) Similarly density of allopathic doctors in the lowest 30 districts was a little over 9.4 per lakh of the population whereas, in the highest 30 districts, it was 159 per lakh of population. (Anand S, Fan V, editors. The Health Workforce in India. Geneva: World Health Organization; 2016. 32 p. (Human Resource for Health Observer Series).

103 There is a proposed National Health Bill that outlines provisioning of regulations during global health but these remain unfinished attempts for an overarching unified legislation on the lines of IHR to manage all aspects of pandemics in India.

Conclusions and Recommendations

1. The Government of India, since the passage of the SDGs has made efforts to align its policies with the new global agenda, through including issues addressed in Goal 3, in its new policies and programmes. However, unless fundamental concerns around the organizing, financing and delivery of health care services are addressed, it is likely that these efforts will be little more than token measures. A fund starved, poorly equipped, non-transparent and unaccountable health system cannot be expected to fulfil the ambitious targets that the SDGs have set. Learning from the experience of the MDGs, it is therefore critical that these long standing concerns be addressed with urgency. Towards this end, the following recommendations are proposed:
2. Increase public spending on health to at least 5 percent of the GDP. Following changes in the federal fiscal architecture where there is greater budgetary devolution to the states, the Centre must ensure that health and other social sectors are not neglected by States.
3. Provide publicly financed health insurance through an accountable, rational and regulated health care system.
4. Strengthen health facilities at all levels to ensure comprehensive provision of appropriate preventive and curative services, especially emergency preparedness including availability of free transport and streamlined referral systems. Ensure availability of life saving drugs and supplies.
5. Ensure that ethical and medical standards of care are strictly adhered to and implement Quality Assurance mechanisms as laid down in policy
6. Implement the Clinical Establishments Act without further delay. Public Private arrangements including those seen as “strategic purchasing” must not be entered without sufficient regulation of the private sector. Before such arrangements are implemented, sufficient evidence must be built on their impact on promoting improved access and equity.
7. Increase participation of communities and civil society organizations in different stages of policy and programme formulation, implementation and monitoring (for example through inclusion of CSOs in technical and decision making bodies, capacity building of community volunteers and social audits of programmes).
8. Make available disaggregated data on all indicators, based on critical variables such as spatial location (urban rural), caste, religious community, class and age, and systematically track progress across vulnerable groups.

Strengthen accountability - both vertical and horizontal accountability within the health system, as well as social accountability of the health system to the community, through existing mechanisms such as maternal death reviews and community based monitoring, as well as implement grievance redressal mechanisms. Make these mechanisms transparent and subject to regular audits.

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Contributing Organizations :	National Alliance for Maternal Health and Human Rights (NAMHHR), Coalition for Maternal Neonatal Health and Safe Abortion (CommonHealth), Jan Swasthya Abhiyan (JSA), Center for Health and Social Justice (CHSJ), SAHAJ, All India Drug Action Network (AIDAN), Low Cost Standard Therapeutics (Locost), Center for Health, Education, Training and Nutrition Awareness (CHETNA), Jan Swasthya Sahyog (JSS), Tata Institute of Social Sciences (TISS), Society for Community Health Awareness Research and Action (SOCHARA), Peoples Training and Research Centre (PTRC), Bapu Trust, Institute of Public Health (IPH) and Public Health Foundation of India (PHFI)



SDG 4

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

With the passing of the Right of Children to Free and Compulsory Education Act 2009 (hereafter RTE), elementary education for every child between 6 and 14 became a Fundamental right in India, hence legally enforceable. It provisioned for schools within a kilometre from homes with good infrastructure (water, electricity, toilets, playground etc.), trained teachers, a standard teacher-student ratio, No Detention Policy (NDP) and an inclusive environment free of fear and anxiety for all children to learn in an equitable and democratic manner.

At the global front, the SDGs, especially SDG 4 is a welcome step in strengthening national commitments towards ensuring inclusive and equitable quality education, and promoting lifelong learning opportunities for all. This report will focus on the status of implementation of the RTE Act vis-à-vis the achievement of SDG 4 Targets, 4.1, 4.2. and 4.6. These state:

- Target 4.1 - By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.
- Target 4.2 - By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.
- Target 4.6 - By 2030, ensure that all youth and a substantial proportion of adults, both men and women, and achieve literacy and numeracy.

Status of the implementation of RTE

Despite the national and international commitments towards universalisation of equitable and inclusive education, millions of children are still out of school in India¹⁰⁴ India fell short of meeting the Millennium Development Goal (MDGs) of achieving universal primary education by 2015, but by signing up to the SDGs, it has committed itself to the unfinished agenda of the MDGs. However, this will require the Government of India to universalise education up to secondary level, possible only by extending the RTE to cover secondary education beyond grade 8.

TABLE 1: GAPS IN IMPLEMENTATION OF THE ACT WITHIN STIPULATED TIMEFRAME

Total schools with RTE Compliance	9.54% out of 14,49,078 schools
Total untrained teachers	9.08 lakhs (5 lakh seats vacant)
Total contractual teachers	4.5 lakhs
Out of school children	6 million, (MHRD) 8.4 crore (Census 2011)
Single teacher schools	10 lakhs (1 lakh schools closed)
Dropout (elementary level)	49%54.3 (Census 2011)

Source: DISE 2015-2016 MHRD, 2014

104 <http://niti.gov.in/content/pm%E2%80%99s-statement-un-summit-adoption-post-2015-development-agenda>

Since the enactment of RTE Act, provision of quality elementary education has been fraught with challenges, such as, inadequate resources, lack of basic infrastructure, teacher recruitments, unavailability of trained teachers and in-service training, quality of textbooks¹⁰⁵ and untimely distribution of textbooks. The recommendations of the 64th Central Advisory Board of Education Committee have further diluted the RTE Act on several aspects. Similarly, closure of government schools in states like Rajasthan, Orissa, Telangana and Chhattisgarh, particularly has propelled girls to leave their schools due to long distance and unsafe environment.

To meet Goal 4 of the SDGs, there were certain non-negotiable factors, as mentioned below to strengthen public education in India. However, the failure in addressing these compromised the possibility of having a strong education system through the RTE.

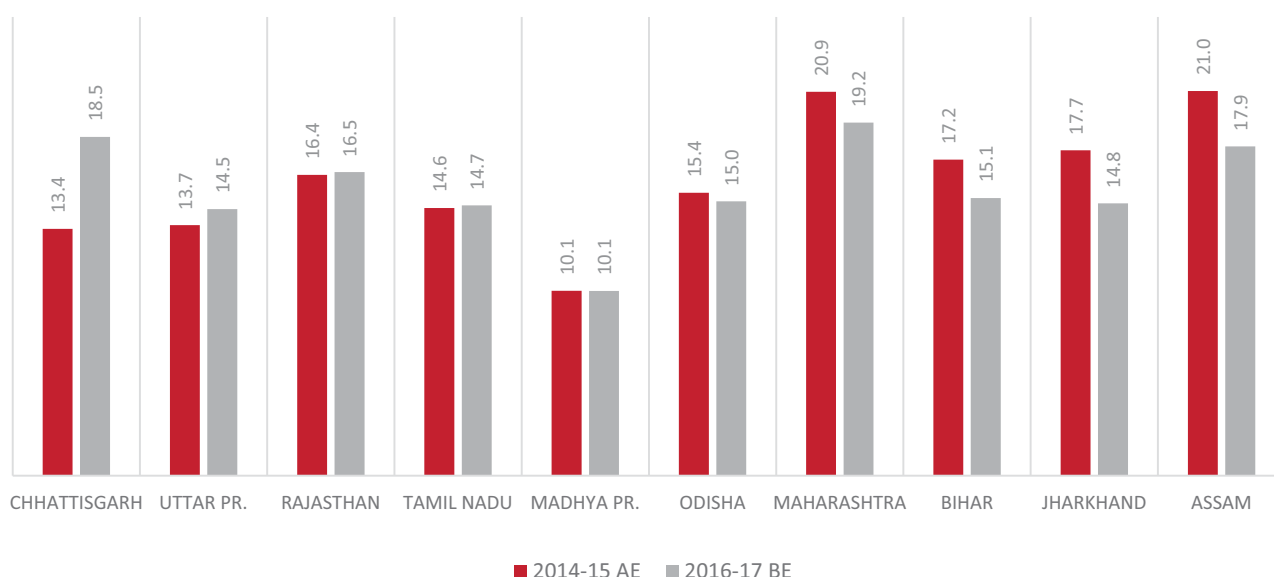
1. Inclusion of pre-primary to secondary schooling within the RTE Act

Provisions for pre-school education as suggested in the Act (Section 11) was not taken seriously by the Government of India (GoI). The teaching aspect of the Integrated Child Development Scheme (ICDS) was also not strengthened over the years. Neither the teaching and learning aid materials were adequate nor were the teachers sufficiently trained.¹⁰⁶ This period of school education in the age group of 3-6 years is critical for subsequent levels of learning, and should be included under the legal entitlement to form a good foundation to education up to secondary level.

2. Financing the RTE Act

The Tapas Majumdar Committee of the GoI in 1999 required the Government to spend 1.37 lakh crores over a period of ten years from 1998 to 2008 to provide education to every child under the age group 6-14 years. The subsequent Kothari Commission recommended spending 6 % of the GDP on education as compared to a meager 3.5% spending. While the RTE Act was passed in the Parliament, at the time of its passage, no financial memorandum was attached to ensure or indicate the availability of required funds for its implementation. Consequently, the budget allocations over the last few years have seen low allocation to Sarva Shiksha Abhiyan (SSA), the vehicle for implementation of the Act. The incremental budgeting done by the Government failed to calculate the adequate resources and use it effectively for universalization of education. A study done by CBGA on 10 states found that after the devolution of funds as recommended by the 14th Finance Commission, expenditure on school education has increased only in the states of Chhattisgarh and Uttar Pradesh.¹⁰⁷

SHARE OF EDUCATION SECTOR IN TOTAL STATE BUDGET (IN %)



Source: Based on data compiled by CBGA from respective state budget documents

¹⁰⁵ <http://pib.nic.in/newsite/PrintRelease.aspx?relid=151960>

¹⁰⁶ National stocktaking report, Rte Forum 2014-2015

¹⁰⁷ Based on data compiled by CBGA from respective state budget documents

From the above figure it is clear that the Central Government needs to substantially increase the share of education in the total Central Budget. Today, the provision for expenditure on school education as a percentage of the total Union budget is very low. It was 2.43 (Revised Estimate) in 2014-15, 2.44 (RE) in 2015-16 and 2.19 (BE) in 2016-17, which remained stagnant at the same in 2017-2018 budget. This ridiculously low figure needs to be brought in line with the practice followed by several developed and developing countries. It is, therefore, suggested that like Indonesia and some other developing countries, the government should enact a law committing itself to devote a percentage of the total budgetary expenditure on education. The law should provide for two separate targets, one for the states and other for the Central Government.

However, this trend of declining allocation from 2014 continued even in the 2017-18 Union Budget. Added to this, 65 % of the budget spent on primary education is generated from cess. The budget has ignored effective implementation of the RTE and a meagre increase in the SSA budget - by Rs 1,000 crores - is far from helping the meaningful implementation of the RTE Act.¹⁰⁸

Cuts in other social sector schemes

In the Union Budget for 2017-2018, ICDS has not seen much increase in budget and has received only Rs. 15,245.19 Crores.¹⁰⁹ ICDS in its third phase of expansion towards universalisation faces many challenges, such as inadequate availability of spaces for Anganwadi Centres (AWCs), vacant posts, low focus on growth monitoring, low focus on early childhood etc. The Finance Minister announced that Mahila Shakti Kendras would be set up with an allocation of Rs 500 Crores in 14 lakh ICDS AWCs, to provide one stop convergent support services for empowering rural women with opportunities for skill development, employment, digital literacy, health and nutrition. The Mid-Day Meal (MDM) scheme of the Ministry of Human Resource¹¹⁰ Development entitles every child within the age group of 6 to 14 years, studying in classes I to VIII, to be provided meal free of charge in schools. MDM Scheme observed increase of 3.09 percent in its allocation (from Rs. 9700 Crores in 2016-2017 to Rs. 10,000 Crores in 2017-2018). As experienced in previous budgets, child protection sector continues to be on the periphery with the lowest share in the total Union Budget as well as Budget for Children (BfC). This year, child protection received only 0.05 per cent of total allocations in the Union Budget and 1.49 per cent within BfC. Like other sectors, this sector too remains under resourced despite an allocation of Rs. 1062.43 Crores, an increase of 54.80 per cent. The National Commission for Protection of Child Rights (NCPCR) emphasized on the principle of universality and inviolability of child rights and focuses on protection of all children in the 0 to 18 years age group. The NCPCR has been allocated a total sum of Rs. 19 Crores in the Union Budget 2017-18, the same as in previous year's budget.¹¹¹

This neglect in the overall budget scenario will severely impact on implementation of the RTE Act, grievance redressal mechanisms and complete universalisation of education from pre-primary till the secondary education. As per recent official data, around 63 lakh children aged between 6 to 17 years are working for more than 180 days in a year.¹¹² These figures display how the ruling party ignores the promises made in their election manifesto to enhance financing education up to 6% - which if implemented could have made education accessible to every child. The lurking question remains: How can digitalization of education and skill training be possible without universalisation of basic education?

Addressing Human Resource Gaps

A deplorable Pupil Teacher Ratio (PTR) continues according to the MHRD's National Education Policy (NEP) Report of the Committee for Evolution of New Education 2016. There is a shortage of five lakh teachers in government primary schools; and 14% of secondary schools don't have the prescribed minimum of six teachers.

There are delays in teacher appointment and deployment. In fact, teachers continue to be appointed on contractual basis, in violation to provision of the RTE Act. Around 20 percent permanent teachers and 30 percent temporary teachers have not obtained the professional qualifications required as per the RTE Act (DISE 2015-2016).

On the other hand, the service conditions of teachers remain poor with a continued delay in the payment of salaries. Due to the shortage of support staff in schools, teachers are often burdened with administrative work beyond school hours. 10% schools are single teacher schools, which gives additional duties to teachers. (DISE 2015-2016). Although the RTE Act clearly indicates the non- academic duties besides working on Census and election duties for which teachers

108 Economic Survey: 2014-2015

109 <https://sabrangindia.in/article/indian-children-escape-attention-powerful-budget-2017-2018>

110 Union Budget: A Window of Opportunity for Our Children? Haq, Centre for Child Rights

111 Union Budget 2017-2018

112 Census 2011

may be appointed, in reality, the teachers are burdened with persisting non-academic tasks instead of spending time in the classroom. Until teachers are freed from all these additional responsibilities, it is challenging to expect improvements in the quality of learning.

3. School Closure

School closure has emerged as a pressing challenge in the current context. This aspect is primarily linked with commercialization of primary education and maintenance of schools where there are lesser number of children. This is particularly so in the hilly and sparsely populated regions. One of the norms in the RTE act is to provide for schools within a kilometer of walking distance. Any move to close down such schools on the ground that their full capacity is not being utilized will be a violation of this norm. This affects the children from the tribal areas and economically backward families adversely. According to media reports and department education officer, last year 368 schools have been closed in the state of Uttarakhand. More than 4000 schools are on the verge of closure due to policy paralysis or promotion of privatisation of education. In several states like Telengana, Orissa, and Rajasthan, school closure has impacted children from marginalized areas especially girls belonging to tribal communities.¹¹³

4. Increased Privatisation of Education

In the past two decades, post the onset of the so called 'economic liberalization', the role of private sector in education has grown rapidly in India. This is in sync with what has been happening in the rest of the developing world going through similar economic processes. Private schools have existed for a long time in India. What is new is the increasing emphasis on handing over the function of elementary education to the private sector to replace the existing government school system. Private education is being promoted and explored in many parts of the world as a solution to lack of sufficient public provisioning of education or perceived under performance of public schools. This aspect of privatisation of education needs to be questioned on aspects like quality of education, equity in educational opportunities and availability of free education for all children.

In India, the recent news in the Business Standard reads- "Bridge International to partner with AP state Government: Press Trust of India" (Vijaywada, September 9th, 2015). This raises concern not only for AP but for the rest of the country also as this would be flashed as a model for other states to follow.

Bridge International Academies (BIA), one of the largest education for-profit companies in the world, plans to sell basic education services directly to 10 million fee-paying children. In India, its impact has been especially on children belonging to marginalized sections of the society.¹¹⁴

Pre-primary and primary education provider Bridge International Academies expressed interest in partnering with the Andhra Pradesh government to make the state a knowledge hub. An Andhra Pradesh state government release said here today that Bridge International Academies Co-founder and Chief Strategy Officer Shannon May met Andhra Pradesh Chief Minister N Chandrababu Naidu here. Bridge International Academies, which currently educates hundred thousand children in more than 400 schools in Kenya, Uganda and Nigeria plans to foray into India with its proposed partnership with the AP government, the release said. During the meeting, Naidu sought Bridge International Academies' support to strengthen the delivery of early childhood education and primary education in the state, the release said. He said that the group could use the low-cost technology it has pioneered, to radically improve learning outcomes through accountable delivery, the release mentioned. "Bridge International Academies is the world's largest and fast growing low-cost pre-primary and primary education services provider working with children from under-served communities. It is backed by leading investors such as Bill Gates (Founder of Microsoft), Mark Zuckerberg (CEO of Facebook), Khosla Ventures, International Finance Corporation (World Bank Group), and others," the release said.

5. Neighborhood Schools and Community ownership

While the Act laid down certain holistic measures to involve the community (through the creation of School Management Committees (SMCs) in the functioning and monitoring of schools, multiple problems have emerged with respect to the SMCs. These are mainly related with the selection of members of the SMCs, the process of SMC formation, ability to carry forth their responsibilities, their capacity to prepare School Development Plans, and their autonomy

113 School Closure and Mergers. A multi-state study of policy and its impact on public education system. Telengana, Odisha and Rajasthan, Save the Children, 2017

114 National Stocktaking Report 2016-2017

and their ability (and inability) to question the school authorities where their children are currently enrolled. SMCs continue to remain unequipped to carry out their assigned tasks due to their limited or weak empowerment, or inadequate training. Resultantly, they have limited decision making authority and as widely reported their recommendations are neither accepted nor respected.¹¹⁵

However, it is essential to note that there is a possibility for the SMCs to emerge as a strong voice in the community. In certain pockets within states, SMC members (with the help of civil society) are beginning to assert their rights. At the same time, several states are beginning to form federations of SMCs (formal or otherwise). Thus, Karnataka has a School Development and Monitoring Committee (SDMC) Federation that precedes the notification of the RTE Act. Manipur also has an SDMC Federation, whereas CSOs in Jharkhand and UP have also taken steps to form SMC federations.¹¹⁶

6. Safety and Security in Education

Issues of safety and security are increasingly becoming a barrier for education of children belonging to marginalised regions, especially girls. Parents are less likely to allow daughters to travel long distances to attend school in an unsafe environment. Even boarding or residential schools are not a solution as children are alienated from their culture and roots and fail to learn from the milieu, which is integral for development of the individual as well as the community. Boys often experience beating and bullying; girls more likely to be called on for service tasks like cleaning or be vulnerable to sexual assault or harassment. Besides, gender based violence, lack of separate toilet for girls, lack of proper infrastructure, invisibility of girls and their experiences in curriculum, lack of an environment free from fear and anxiety and cultural practices like child marriage, preference for male child etc. are barriers for promoting education for girl children in a massive way.

Way Forward

There is an urgent need to strengthen public education system in the country. Certain violations of RTE Act at the state level have further weakened the implementation of the Act, for example, making Aadhar Cards¹¹⁷ mandatory for RTE admissions, participation in events and application¹¹⁸ for scholarships under the Kerala RTE rules. The government in Kerala has decided to distribute benefits to children from disadvantaged groups based on a unique identification number. Further, it has also been decided that no child would be failed till Class 5 in violation to the “No Detention Policy” (NDP) mentioned in the Act, and the model schools set up in some states run contrary to the provisions of the Act. All these factors also adversely impact the universalisation of education. Even though the Cabinet has passed the decision to extend the deadline of teacher training till the 31st March 2019, what is required is the complete implementation of the Act within a new time frame. Similarly, for achieving these ambitious Goals, it is extremely important to solidify and strengthen community and local institutions for bridging the gaps and providing free and compulsory twelve years of school education. Strengthening collaboration of key stakeholders will only be able to respond to the key challenges that may arise in the coming years and raise the profile of the issue of universalization of education as a human rights concern. Additional human and financial resources are needed, as well as organised coordination by way of more clearly defined political commitments reassuring implementation of RTE and making pre-school-secondary education a legal entitlement.

Authors:	Mr. Ambarish Rai and Dr. Aparajita Sharma
Contributing organizations:	Right to Education Forum

¹¹⁵ RTE Forum state reports

¹¹⁶ RTE Forum state reports

¹¹⁷ <https://kractivist.wordpress.com/2013/04/16/kerala-makes-aadhar-card-mandatory-for-rte-admissions-uid/>

<http://www.newindianexpress.com/cities/bengaluru/2016/nov/12/aadhaar-number-mandatory-for-rte-quota-seat-admissions-1537634.html>

¹¹⁸ <http://indiatoday.intoday.in/education/story/schools-in-kerala-may-close-down/1/686214.html>

Clean Schools for Healthy Minds

India having almost achieved the universal enrolment in primary education now needs to focus on the learning levels of children (SDG 4). The Right to Education Act 2009, seeks to make all schools centres of both academic knowledge as well as important life-skills like good health and hygiene (SDG 3 & SDG 6). In the first few years of the RTE, the emphasis, understandably, was on ensuring adequate infrastructure, enough number of schools, and an optimum pupil-teacher ratio. On these targets, the Government of India and civil society have performed satisfactorily even though some gaps do remain to be filled. However, while the Mid-day Meal scheme has boosted enrolment rates in schools, an emerging concern, both in rural and urban areas, is the need to ensure that schools are equipped with functional toilets for boys, girls as well as teachers.

Although conclusive evidence linking poor hygiene with poor cognitive abilities is yet to be generated in the context of India, there is more than enough anecdotal as well as qualitative evidence to show that only a healthy child can perform well academically as well as otherwise. Under the RTE Act, all children are supposed to spend at least six hours in school. Naturally, they would need to use toilets during this time, and the lack of the same would force them to 'go outside', which is fraught with risks. While some of them may not return to class, in some cases, children might be at risk of sexual assault. If they are forbidden from taking a 'loo-break' then they are likely to be penalised by the teacher. Both scenarios essentially encourage 'dropping out' from school. In the third scenario, even if a toilet exists but is non-functional, children are exposed to faecal bacteria and related diseases, that is if they use the non-functional toilet at all. In fact, it is unthinkable for most well-to-do parents that their wards go to a school without a well-maintained sanitation complex. Most private schools, in fact, employ staff to take care of children when using the toilets. However, in most government schools, the situation is not as satisfactory. Both in the rural and urban areas the need is to ensure that schools are equipped with functional toilets for both boys and girls.

Diarrhoea kills more than one million children under the age of five in India every year. Although, most of these deaths are of children under the age of five and not of school-going children, the fact remains that even when not lethal, bouts of diarrhoea and other similar infections, significantly erode the cognitive ability of young children. The government in the last nearly three years has made impressive strides with its national campaign of Swachya Bharat, and according to the ASER 2016, there has been improvement in the number of schools with toilets but, even now nearly 200,000 are running without toilets. In these schools, children are, it can be safely said, exposed to the risk of contracting diseases like diarrhea.

It is with this concern in mind that many organisations have been working towards building an environment for hygiene and sanitation in schools.

RECOMMENDATIONS

- a. WaSH Budgetary allocations should be equitable for both rural and urban areas.
- b. To generate robust evidence between learning quality and WaSH in Schools, toilets and drinking water facilities should be made part of an dedicated Management Information System(MIS) meant for school education.
- c. Untied Funds available for schools should make specific provision for maintenance of Water and Sanitation facilities in every school.
- d. Provision needs to be also made for safe disposal of menstrual pads for adolescent girls in every school

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SDG 5

Achieve gender equality and empower all women and girls

5.1 End all forms of discrimination against all women and girls everywhere

In India, the root cause of discrimination against women and girls is the roles and responsibilities assigned to women and men, perpetuated and promoted by patriarchal social norms and practices. India has ratified the UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), whilst gender equality is firmly established in the Constitution. Despite that, India ranked 125th on the Gender Inequality Index of 159 countries¹¹⁹ in 2015 and 87th as per Global Gender Gap Index¹²⁰ 2016 among 147 countries.

As per the Census data 2011¹²¹, India's sex ratio is 933 females per 1000 males, with 946 females for rural, 900 for urban and 945 for Dalit women. Kerala has the highest sex ratio of 1084 females juxtaposed with Haryana state having one of the lowest with 879 per 1000 males. Female literacy rate is 53.7% far below the national average of 64.8% with the male literacy rate at 75.3 %. Though literacy rate amongst the Dalit women has improved from 41.9% in 2001 to 56.5% (Census of India 2011), it continues to be below the national average. Literacy rate is lowest in Rajasthan at 52.6% followed by Bihar 53.3%. And while an increase in the enrolment of girls in primary and secondary schools is observed, safety security, mobility, teacher's attitude, functional sanitation facilities, early marriages, extra household chores etc. lead to lower educational attainment among them.

NFHS-4 reports women in the reproductive age are undernourished and over 53% are anaemic¹²². Women parliamentarians in India constitute only 12%. Reservation of 33% for women in the government has improved representation of women in urban and rural areas, but their voice and participation remain tethered. Caste and cultural practices in the society add layers to discriminations among women. Dalit women face systemic and structural discrimination as Dalits, poor, and as women. Discriminatory practices regarding Violence against Women and Girls (VAWG), and access and control over economic resources are dealt in detail under other targets 5.3 and 5.a.

Despite various national laws, programmes and schemes to protect and promote gender equality there are gaps in implementation - fund allocation, mind set of stakeholders, lean infrastructure, staff strength, monitoring etc. Given the country's commitment towards Sustainable Development Goals (SDGs), the government does target reducing the Maternal Mortality Rate (MMR) from 167 (2011-13) to 100 by 2018-2020. However, the allocations for the Reproductive Child Health (RCH) Flexi pool reduced from Rs. 7,775 crore in 2016 to Rs. 5,966 crore in 2017-18. The Economic Survey of 2016-17 stresses the need for women's privacy and dignity through creation of toilets but this is not a part of the Gender Budget Statement, and there is a lack of gender disaggregated data to track spending on women and girls. The Parliamentary Standing Committee has pointed out the scarcity of Girls' Hostels as one of the major reasons for high dropout rate as under Rashtriya Madhyamik Shiksha Abhiyan (RMSA), out of 2,225 girls' hostels, only 802 were made functional. This problem is severest for children in Educationally Backward Blocks. The budget, though has increased by 3.5% from Rs. 3,700 crore to Rs. 3,830 crore, only Rs. 15 crore was allocated for Girls' hostels for Scheduled Caste children. Maternity Benefit Programme (MBP) though expanded to cover all districts with increased allocation from Rs. 634 crore to Rs. 2,700 crore remains insufficient for universalising the scheme¹²³

119 <http://hdr.undp.org/en/composite/GII> [i] Deendayal Antyodaya Yojna NRLM May 2016

120 http://www3.weforum.org/docs/GGGR16/WEF_Global_Gender_Gap_Report_2016.pdf

121 http://censusindia.gov.in/2011-prov-results/data_files/india/Final_PPT_2011_chapter5.pdf

122 NFHS -4

123 <file:///D:/Users/mary/Downloads/Analysis-of-Union-Budget-2017-18-4.pdf>

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Despite the Constitutional guarantees and ratification of the international treaties including UDHR, ICCPR, ICESCR, DEVW and CEDAW, women and girls in India continue to face multiple forms of violence based on their gender, caste, class, age, marital status, ethnicity, religion, disability and sexuality. Manifestations of VAWG are further impacted by specific situations and geographical locations like conflict, emergency, and rural-urban settings etc.

NCRB reporting rose consistently since 2013, at 56% from 2012 to 2013, added up by 16% in 2014. The year 2015 recorded 3, 27, 394 crimes (a slight decrease of 3.1 % from 2014), with a rise in crimes on molestation under Indian Penal Code, (IPC) Section 354 (0.22%), the Immoral Traffic (Prevention) Act (17.1 %), Abetment of Suicide of Women, Section 306 IPC (8.73%) and under Protection of Women from Domestic Violence Act 2005 (8.21 %). Specifically, 8000 crimes against Dalit women were reported at the rate of a crime per hour. The conviction rate remained low at 21.7 %, with 10,80,144 cases pending disposal.¹²⁴ The data needs to be read with a little caution because the real number of incidents is still huge and goes unreported due to the prevailing social stigma, inadequate and ineffective criminal justice systems and other institutional mechanisms, aggravating impunity and disabling convictions. Further challenge is the lack of socio-economic disaggregation of data making it difficult to capture the severity and diversity of the issue.

Over the years, various legislations for addressing VAWG have been enacted, namely, the Protection of Women from Domestic Violence Act 2005, the Prohibition of Child Marriage Act 2006; the Protection of Children from Sexual Offences Act 2012; the Criminal Law (Amendment) Act 2013; Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013; the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Amendment Act 2015; and Immoral Traffic (Prevention) Act (1956). Implementation of these laws has particularly been shoddy with inadequacy of dedicated personnel and mechanisms. The draft Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill, 2016 was recently released without adequate consultations, and continues to criminalise soliciting in public places; leaving the sex workers vulnerable to a range of human rights issues, following a conventional-raid-rescue model.

Recently, there has been a constitutional challenge to the progressive amendments introduced by the Criminal Law Amendment Act of 2013¹²⁵, which failed to recognise marital rape as a crime. It is hoped that the Government of India will ensure that the Amendments are not diluted. For the protection of women and children in conflict zones, the Justice Verma Committee recommended the review of Armed Forces (Special Powers) Acts (AFSPA) and the 2014 CEDAW Report also recommended India to comply with Justice Verma's recommendations¹²⁶. In addition to legal reforms, Guidelines and Protocols for the Medico-Legal Examination of victims of Sexual Violence¹²⁷ and Central Victim Compensation Fund¹²⁸ were introduced. However, despite policies and measures for rehabilitation, compensation schemes are not uniform; and interim compensation is contingent upon criminal prosecution, thereby excluding many women.

Further, with low budgetary allocations to specific schemes on VAWG, serious concerns arise with respect to empowerment of marginalized women. In the Union Budget (2017-18), the Swadhar Greh (home for widows) Scheme experienced a marginal increase from Rs. 75 crore to Rs. 90 crore, with One Stop Crisis Centres (OSCCs) saw a slight increase from 90 crore to 100 crore; but the allocations for the women's helpline was halved from Rs 20 crore to Rs 10 crore. The Nirbhaya Fund of the Government of India, instituted in 2013, is a Rs 10 billion corpus expected to support initiatives by the government and NGOs working towards protecting the dignity and ensuring safety of women in India, has seen extremely low utilisation. Slashing of the funds, giving a marginal raise, and under utilisation speaks volumes on the priorities accorded to women's safety and dignity. The government must make the information on allocations and utilisation on interventions under the Fund available in the public domain. Also, important proposals, such as the Central Victim Compensation Fund, proposed under the Nirbhaya Fund, have not been introduced in the Union Budget 2017-18.¹²⁹ The coverage of OSCCs was scaled down from one centre per district to one per State. Greater government accountability, enforcement and monitoring of existing legislations, adequate budgetary allocations and gender responsive mechanisms are required to eliminate VAWG.

124 <http://ncrb.nic.in/StatPublications/CII/CII2015/chapters/Chapter%205-15.11.16.pdf>

125 <https://barandbench.com/wp-content/uploads/2017/03/P-I-L-VOLUME-1.pdf>

126 <http://wghr.org/wp-content/uploads/2017/01/Human-Rights-in-India-Joint-Stakeholders-Report-UN-3rd-UPR.pdf>

127 <http://www.mohfw.nic.in/showfile.php?lid=2737>

128 <http://pib.nic.in/newsite/PrintRelease.aspx?relid=128738>

129 <http://www.cbgaindia.org/publication/numbers-tell-analysis-union-budget-2017-18/>

The UN CEDAW Concluding Observations nos. 12, 13 (2014) to GOI should be implemented to eliminate VAW in conflict affected regions. These reiterate issues such as displacement, VAW committed by security forces, support centres for victims of sexual violence, participation of women in peace processes and establishment of a National Task Force on VAW in conflict affected regions. Also, critical is to ensure a state policy on Internally Displaced People (IDPs) in Assam with special focus on women's critical gender needs in conflict areas - based on UN Guiding Principles; an attention in the annual action plan for each financial year towards disbursement of schemes for shelter and institutional care especially for districts bereft of such facilities, an equitable distribution of such schemes, and a uniform Women's Helpline across the north east region of the country.

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

Harmful practices such as child, early and forced marriage; witch hunting; honour killing and female genital mutilation, stemming from social and cultural norms are gross violations of human rights. . Early, child and forced marriage perpetuates a culture that devalues girls and women denying them their basic rights. India has signed the United Nations Convention on the Rights of the Child¹³⁰ but has not signed the UN Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, 1962. A National Action Plan¹³¹ to prevent child marriages was drafted by the Ministry of Women and Child Development in 2013, however has not been finalised. NFHS 4¹³² records 26.8% girls married before the age of 18 in the country and the figures for states like West Bengal is 40.7%, Bihar is 39.1%, Rajasthan is 35.4% and Madhya Pradesh is 30%. The Government has introduced cash incentives and adolescents' empowerment programmes to induce behavioural change besides enacting relevant legislations for protecting child rights. The inconsistencies about the age and differences in personal laws have weakened the implementation of the Prohibition of Child Marriage Act¹³³.

In terms of honour killing, inter-caste or intra-caste and inter-religious marriages are ascertained as reasons for killing. A study commissioned by the National Commission for Women (NCW) in 2010 in Haryana and Uttar Pradesh has found that more honour killing cases were due to inter-caste marriages. According to the NCRB, the number of reported honour killings in India have grown significantly from 28 in 2014 to 251 in 2015¹³⁴. The highest such crimes were reported in Uttar Pradesh where 68.2% (131 out of 192 cases) of murders were due to honour killing¹³⁵. There has been no specific legislation to address this issue. The government introduced the Prohibition of Unlawful Assembly (Interference with the Freedom of Matrimonial Alliances) Bill, 2011, which is still pending. One clear instance of honour killing that was discussed widely was of the Dalit youth E Ilavarasan¹³⁶ in Tamil Nadu, whose marriage to an upper caste girl triggered caste tension with torching of over 200 huts of Dalit families, and caused his death near a railway track in 2012.

Witch hunting is not just the result of deep-rooted socio-cultural beliefs. Property disputes, sexual control and violating the land rights of women are some of the other reasons.. In terms of witch hunting, it is often the Dalit and Tribal women who are victims particularly in terms of land disputes¹³⁷. The NCRB records 2,290 people (mostly women) were killed due to witchcraft in India between 2001 and 2014¹³⁸. According to the NCRB data 2015, Jharkhand and Odisha have highest number of witch hunting cases. The other states where this practice is prevalent are Haryana, Chhattisgarh, West Bengal, Madhya Pradesh, Rajasthan, Andhra Pradesh, Gujarat, Maharashtra, Assam and Bihar¹³⁹. Whilst a national law is absent, few states namely Jharkhand, Bihar, Chhattisgarh, Odisha, Rajasthan, Maharashtra and Assam have formulated legislations to prevent witch hunting.

Female Genital Mutilation (FGM), another harmful practice locally termed as 'Khatna' or 'khafz' in the community, has been practiced for centuries in India. According to the practice the clitoral hood of the girl child is cut at the age of seven by a local midwife and more recently by doctors in complete secrecy. It is said the piece of flesh removed is sinful and needs to be removed to contain the sexual desires of the girl. According to a

130 https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-11&chapter=4&lang=en

131 <http://vikaspedia.in/social-welfare/women-and-child-development/draft-marriage>

132 <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>

133 <https://factly.in/maze-child-marriage-laws-india/>

134 <http://www.huffingtonpost.in/2016/12/07/honour-killings-reported-in-india-have-increased-by-796-in-a-ye/>

135 <http://ncrb.nic.in/StatPublications/CII/CII2015/Compendium-CII-2015.pdf>

136 <http://www.deccanchronicle.com/nation/crime/150316/81-honour-killings-in-three-years-in-tamil-nadu.html>

137 Apart from Jharkhand, at least 11 other states—Haryana, Chhattisgarh, Orissa, West Bengal, Madhya Pradesh, Rajasthan, Andhra Pradesh, Gujarat, Maharashtra, Assam and Bihar—still report cases of witch hunting

138 <http://www.firstpost.com/india/witch-hunts-in-india-we-dont-talk-about-this-form-of-violence-against-women-3089712.html>

139 Apart from Jharkhand, at least 11 other states—Haryana, Chhattisgarh, Orissa, West Bengal, Madhya Pradesh, Rajasthan, Andhra Pradesh, Gujarat,

recent report¹⁴⁰FGM is most prevalent among the Dawood Bohra community, a sect of the Shia-Muslims in India. An online survey carried out amongst Bohra women by Sahiyo, an NGO, suggests that 80% of the 400 respondents have been through the process of Khatna¹⁴¹

5.4 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

India has abysmal participation of women in socio-economic and political spheres. India ranks 112th in women's representation in Parliament¹⁴². Articles 14, 15, 15(3), 16, 39(a), 39(b), 39(c) and 42¹⁴³ of the Constitution inform the States to adopt measures for socio economic, political emancipation of women. Article 243 D3, D4, T3 and T4 mentions reservation of one third seats for women in the panchayats and municipalities. These are reaffirmed by the Government of India through Articles 7, 8 and 9 of Part 2¹⁴⁴of CEDAW and Part C of the Beijing Platform for Action. The Universal Periodic Review report¹⁴⁵(2017) and CSW reports mentions India's commitment to increase women's representation in highest decision making bodies.

The Lok Sabha and Rajya Sabha have only 11.8 % and 11 % representation of women, respectively ¹⁴⁶. The proportion of women parliamentarians increased only in 9 states between 2004 and 2009 ¹⁴⁷. India ranks 88th with only five ministers (18.5 %) ¹⁴⁸ in the cabinet. Only 8 states ¹⁴⁹ have more than 10 % of women Members of Legislative Assemblies (MLAs). Nagaland and Puducherry have no women MLAs in their state legislatures. In 2016 ¹⁵⁰, 9% of the State Assembly members and 5 percent of the State Council members were women. In 2017 elections, the proportion of female representation in the Legislative Assemblies was 10% in Uttar Pradesh, 5 % in Punjab, 7.1 % in Uttarakhand, 3 % in Manipur and 5 % in Goa. 46 % of women are represented in the Panchayati Raj Institutions as mandated by 73rd and 74th amendment of the Constitution. 14 States ¹⁵¹ have equal representation of women and men and in seven states, the share of women is even more than 50 %. The Women's Reservation Bill, providing for 33 % reservation of seats for women in the State Assemblies and Parliament, has completed 20 years of existence; pending in the parliament despite having received the assent of the Rajya Sabha.

In law and justice bodies ¹⁵² 33 % reservation for women in police forces is allocated in 8 States and 5 Union Territories. The share of women judges ¹⁵³ in Supreme Court is only 4% and 10% considering all High Courts in India. 9 High Courts in India lack female judges. The proportion of women in Group A Services ¹⁵⁴ include 17% in Administrative Service, 8 % in Foreign Service and 9 % in Police Service. Ministry of Law and Justice reports that the representation of SC/STs in Group A, B, C posts are inadequate. In the armed forces, women only constitute 5.4 %. However, induction of women fighter pilots is a positive step towards gender equality.

The 68th Round of National Sample Survey (2011-12) portrays that the labour force participation rate ¹⁵⁵ of women in India, dropped from 42.7 % in 2004-05 to 31.2 in 2011-12. There are various government schemes and programmes to enhance economic participation of women. However, models by Kudumbasree, SERP, Mahila Samakhya, PRADAN and SWAYAM have groomed women from the grassroots to play leadership roles in socio, economic and political spheres. World Economic Forum (2016) ¹⁵⁶ reports that less than 9% of the firms have female representation in the top management. Based on NSSO data, MGI ¹⁵⁷ also identified that only 7 percent of tertiary-educated women have jobs as senior

140 https://sahiyo.files.wordpress.com/2017/02/sahiyo_report_final-updatedbymt2.pdf

141 See <https://sahiyo.com/2016/01/> dated April 13, 2016

142 <http://reports.weforum.org/feature-demonstration/files/2016/10/IND.pdf>

143 http://www.mospi.gov.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/WMI6ConstitutionalLegalRights.pdf

144 <http://www.hrcr.org/docs/CEDAW/cedaw.html>

145 http://mea.gov.in/Uploads/PublicationDocs/27953_27953_UPR_III_for_MEA_website_.pdf

146 http://www.censusindia.gov.in/2011census/population_enumeration.aspx

147 http://eci.nic.in/eci_main1/ElectionStatistics.aspx as cited in <http://genderinpolitics.org/mps-year-wise>

148 https://beta.ipu.org/resources/publications/infographics/2017-03/women-in-politics-2017?utm_source=Inter-Parliamentary+Union+%28IPU%29&utm_campaign=550dedbec7

149 Andhra Pradesh, Assam, Bihar, Chattisgarh, Haryana, MP, Punjab and West Bengal

150 https://beta.ipu.org/resources/publications/infographics/2017-03/women-in-politics-2017?utm_source=Inter-Parliamentary+Union+%28IPU%29&utm_campaign=550dedbec7-EMAIL_CAMPAIGN_2017_02_23&utm_medium=email&utm_term=0_d1c-ccc59b3-550dedbec7-258891957

151 http://mospi.nic.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/WMI6Chapter5.pdf

152 http://wcd.nic.in/sites/default/files/FINAL%20WCD_AR_English%202016-17.pdf

153 http://mospi.nic.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/WMI6Chapter5.pdf

154 http://mospi.nic.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/WMI6Chapter5.pdf

155 http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new-delhi/documents/publication/wcms_496510.pdf

156 <https://www.weforum.org/agenda/2015/12/its-official-women-on-boards-boost-business>

157 <http://www.mckinsey.com/global-themes/employment-and-growth/the-power-of-parity-advancing-womens-equality-in-india>

officials. Securities and Exchange Board of India (SEBI) had directed the companies listed on National Stock Exchange to appoint at least one female director in their boards. However more than 200 companies¹⁵⁸ failed to comply with the directive as of April 2015.

5.5 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

India is a signatory to the agreement at the International Conference on Population and Development (ICPD) that called for a reproductive health and rights approach rather than a “population control” approach, with greater attention to male responsibilities and the special needs of adolescents and youth. However, the socio-cultural norms hinder women and girls’ access to Sexual and Reproductive Health and Rights (SRHR).

NFHS 4 reported that 26.8% women aged 20- 24 years married before the age of 18 years. The data for urban areas is 17.5% and 31.5% for rural areas. Also 7.9% of women in the age-group of 15-19 years were already mothers/pregnant at the time of survey; for which the data for urban areas is 5.0% and for rural areas it is 9.2%. Other concerns include repeated pregnancies (with less than a gap of three years between children), increased burden of family planning on women (36% tubectomy, only 0.3% Vasectomy, 5.6% male condom usage etc.). Overall, the total fertility rate (TFR) (children per woman) stands at 2.2%, with 1.8% for urban areas and 2.4 % for rural areas. States like Bihar (TFR-3.4%; early marriage of girls-39.1%; early pregnancy-12.2%), Rajasthan (TFR-2.4%; early marriage of girls-35.4%; early pregnancy- 6.3%), Uttar Pradesh(TFR-2.7%; early marriage of girls-21.2%) fare poorly on TFR, early marriages, early pregnancies. States like Kerala(TFR-1.6%; early marriage of girls-7.6%; early pregnancy- 3%, and Goa(TFR-1.7%; early marriage of girls-9.8%; early pregnancy- 2.9% are doing well on these indicators¹⁵⁹.

Prevailing social norms, limited access to education, financial dependence, societal and legal support etc. curtails women’s agency and negotiation on SRHR. Though the Criminal Law (Amendment) Act 2013 broadens the nature of sexual assault, “marital rape” is not yet criminalized.

Most contraceptives are available over the counter for women. IUD and sterilization are financially incentivised and often performed free. However, socio-cultural biases and notions of masculinity lead to contraceptive burden on women. Contraceptive coverage has come down from 56.3% to 53.5% and gender gap in contraception has increased. Family Planning decisions are mostly not taken by women themselves, but by husbands and other family members.

Abortion services are legal in the country and are governed and regulated by the medical Termination of Pregnancy Act. In the absence of control over own bodies and fertility, many girls and women end up with unwanted pregnancies, many of them, especially unmarried girls and women without the husband’s consent, use non-certified clinics- leading to increased infection and mortality or infertility¹⁶⁰. SRH related education has been banned by many states in the country and content is highly censored, leaving lot of crucial information out of reach for young people.

Most often, the Adivasi communities do not have easy access to SRH services, such as short supply of condoms and Oral Contraceptive Pills (OCPs). In addition, there is absenteeism of the health service providers in remote areas, and lack of women doctors. Insensitive attitude of service providers also leads to lesser uptake of institutional SRH services resulting in home-based deliveries, obstructed labour, high Infant Mortality Rate (IMR) and MMR¹⁶¹.

158 At least 247 of the 1,498 companies have missed the second deadline of March 31st, according to a preliminary study as cited on www.livemint.com in the article written by Ruchira Singh and published on March 31st, 2015

159 <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>

160 <https://data.unicef.org/topic/child-protection/child-marriage/>

161 <https://nrhm-mis.nic.in/Publications.aspx>

5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

Biased social norms, customs and cultural practices, discriminatory inheritance practices, unequal access to land markets, and gender-biased land reform, etc. determine roles and responsibilities and distribution of resource to women and men in India.

Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement Act, 2013; and distribution of ceiling surplus land to the landless are some of the land related law and programmes. Article 46 of the Constitution places an obligation upon States to promote the interests of Scheduled Castes and Scheduled Tribes and protect from social injustice and all forms of exploitation. Forest Rights Act 2006 covers tribal and other forest dwellers. Initiatives like financial inclusion through Deendayal Antyodaya Yojana and Indira Awas Yojana and so on are there to ensure housing rights. However, NSS 68th Round Survey indicates falling labour force participation rate among women, aged 15-59 years for rural women from 52.5% in 2004-05 to 37.8% in 2011-12, and 26.1% to 22.2% for urban female¹⁶². Global Wage Gap Report 2016-17¹⁶³ highlights that women represented 63% of the lowest paid wage labour while only 15% of the highest wage earners were female.

As per agricultural census 2010-11, of the total operational holding of agricultural land in India, about 13 % were operated by women. Around 87.3% of women are dependent on agriculture and yet not more than 10.34 % own land in their name. Some progress has been made in changing laws, but the lack of adequate functionaries in the revenue and land reform department contributed towards the poor performance of Government land allocation programme. Lack of agricultural land also compels poor women to work as daily wage laborers and exposes them to exploitation.

The 2005 amendment of the Hindu Succession Act has given equal inheritance rights to sons and daughters in all forms of property, including agricultural land. But, this is not translating into “real rights” due to long-standing social norms favouring men’s rights over land and low enforcement of legislation. Religion plays a critical role- like among Hindu communities, the sons are the heir of their father’s property and most of the time dowry given to daughters is considered as share from their father’s property. However, ownership of the gifts received as dowry is not a right of the women and most often subjected to inter-personal relations, dowry-related violence and deaths. In few occasions the widows do get share from the property of the husband but such cases are very few.

Several states have amended their laws benefitting women to own land, with lower interest rates on loans, and lower registration fees. An initiative by the Government of Odisha provisions to allot land in the name of vulnerable women like widows, unmarried women, divorced and women living below the poverty line and established Women’s Land Rights Facilitation Centres (now known as Women Support Centres) in 2010¹⁶⁴. But progress has been stymied by customary laws favouring men. In Rajasthan, for example, women are asked to give up their right to ancestral property when they marry. However, practices like witch hunting creates a barrier to women’s property rights. In the states of North East India, the multiplicity of customary norms and clan based nature of land ownership is in practice and are decisive in matters of women’s control over property. There is urgent need to initiate processes of gender inclusive changes. There are examples of state government efforts of codification from Mizoram and Arunachal Pradesh but experience shows that such processes have further promoted discrimination. Therefore, there is need to initiate dialogue involving different stakeholders from within as well as outside the states before moving towards any policy or legal change in such context.

Decentralization of natural resources management and its exclusionary rules including social norms have sometimes led to the domination of privileged groups¹⁶⁵. Ownership of natural resources and encroachment of land by private sector especially in tribal areas also impacts women’s livelihood.

Financial services are a core enabler but lack of access to these services reduces women’s ability to climb out of poverty. Self Help Groups (SHGs) movement played critical role in creating an enabling environment. India has also shown particularly dramatic advances in its financial inclusion institutions and policies¹⁶⁶, but there is a need to analyse them and understand the impact they have brought in rural women’s lives.

162 http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/genericdocument/wcms_228935.pdf

163 http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_537846.pdf page no 46

164 Gender Equitable Land Governance in Odisha, India: An analysis through VGGT-Gender Lens, March 2016

165 Rao, 2006; Agarwal, 2001

166 The Global Microscope 2016 report

5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

Women's holistic empowerment essentially means access to all kinds of information, be it social, economic or technological, which is often restricted by various socio cultural and structural barriers. The Beijing Declaration and Platform for Action recommended resource needs for targeted action on promoting gender equality in science and technology. India is one of the few countries to enact IT Act 2000 to combat cyber crime¹⁶⁷. However, seldom reported cases, lack of clarity in the gender-neutral laws, non-availability of tech-savvy judges are some reasons deterring effective implementation of the law. Only 27% women (UN Women) have access to the internet than men in the country, and primary data relating to access to technology by women is limited¹⁶⁸.

The review of the Beijing Declaration by the UN Women in 2015 while included the progress on overall improvement on gender equality, missed out on specific mention of progress on technology access by women. Nevertheless, there have been significant positive developments in India regarding women empowerment through communication and technology. In Himachal Pradesh (VAPS report to HRD), women mid-school dropouts repair water pumps and manage computer data for the maintenance of the pumps¹⁶⁹. Another example is of flower vendor women in Tamil Nadu, though illiterate, are aware of technological advances in many fields¹⁷⁰.

Parallel to the above developments, glaring challenges persist in terms of effective use of technology by women in India. Only 45.9% of women have access to mobile phones¹⁷¹. Gender and technology have many dimensions including access to internet and social media. Increasing cybercrime against women is another area of concern. Harassment via emails, cyber stalking, cyber pornography, defamation, and email spoofing are escalating day by day. A total of 11,592 cases of cyber crime were registered in 2015 in India¹⁷².

In the discourse of climate change, technology development plays a very important role, particularly for women. Despite fair amount of contribution to the upkeep of natural resources, women are seldom included in the policy formulation or implementation plans. The Geneva text refers to "safe, appropriate and environmentally, economically and socially sound adaptation and mitigation technologies"¹⁷³. This needs to be reiterated in the technology discourse as in agriculture around 60% of the labour force comprises women. Article 14 of CEDAW requires States to consider the "particular problems faced by rural women and ensure they participate in and benefit from agriculture and rural development"¹⁷⁴. While there has been significant development in developing gender sensitive tools for agriculture by the Directorate of Research on Women in Agriculture (DRWA), part of ICAR (Indian Council of Agriculture Research), a bigger challenge lies ahead of ensuring end-use benefits to women.

To conclude, it is only through gender sensitive planning, considering the multidimensional vulnerabilities women in India face, that policy making, programming and implementation can cut ice with India's commitment to gender equality and empowerment of all women and girls. This will require a reality based planning with participation of women in decision making from across rural and urban areas, voicing their aspirations and how they see them being achieved, with government support.

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Contributing organizations:	All India Women's Conference (AIWC), Jagori, Oxfam India and Women 2030 and "with inputs from North East Network (Assam, Meghalaya and Nagaland) and We Speak Out (Mumbai)".

¹⁶⁷ http://www.engagenz.co.nz/wp-content/uploads/2014_12-Critical-Areas-of-Concern_Beijing-Platform-for-Action.pdf

¹⁶⁸ <https://www.youthkiawaaz.com/2014/07/women-empowerment-technology/>

¹⁶⁹ <http://wcd.nic.in/Schemes/research/ict-reporttn.pdf>

¹⁷⁰ <http://wcd.nic.in/research/ictreporttn.pdf>

¹⁷¹ NFHS- 4 (2015-16).

¹⁷² <http://ncrb.nic.in/StatPublications/CII/CII2015/chapters/Chapter%2018-15.11.16.pdf>

¹⁷³ http://unfccc.int/files/essential_background/background_publications_htmlpdf/application/pdf/pub_07_uniting_on_climate_en.pdf

¹⁷⁴ <http://www.ohchr.org/Documents/HRBodies/CEDAW/30thAnniversaryCEDAW/GeneralRecommendationOnArticleNaelaGabr.pdf>



SDG 6

Ensure availability and sustainable management of water and sanitation for all

The Goal 6 of the 2030 Agenda for Sustainable Development is a dedicated goal to “*ensure availability and sustainable management of water and sanitation for all*”. It considers issues relating to water and sanitation holistically taking into account water use efficiency, water resource management, and water related ecosystems, apart from adequate and equitable access to safe water, sanitation and hygiene. Increased visibility of water and sanitation related issues in the preamble and a dedicated goal provides the much-needed impetus in the global mandate to address these critical dimensions in sustainable development and develop robust systems for implementation and accountability to ensure that ‘no one is left behind’. In a world where **one in ten people live without water, and one in three without basic sanitation**, such a crisis demands global attention and local action.

Government of India’s initiatives

FACTS ON ACCESS TO WATER, SANITATION AND HYGIENE IN INDIA (AS ON JUNE 2017)

- **774 million** people don’t have access to adequate sanitation.
- **76 million** people don’t have access to safe water
- Over **68,000** children die every year from Diarrhea caused by unsafe water and poor sanitation in India.
- **44 per cent** of the population practice open defecation.
- **2,300** people die every day from water-related diseases.
- Close to **65,000 tonnes** of faeces get into the environment each day.
- Girls are typically absent for **20%** of the school year due to lack of adequate menstrual management services.

Source: <http://wateraidindia.in/>

A. Mapping of Ministries, Departments, Programs and Schemes for Goal 6 by NITI Aayog

The Government of India (GoI) entrusted the implementation of the SDGs in India to the NITI Aayog as the nodal agency. In 2016, NITI Aayog assigned the seventeen goals to the various Ministries of the GoI. However, Goal 6, like other Goals, was not dealt with adequately. It required vesting the responsibilities of implementation on the right Ministries and Departments by recognizing the necessity of overlapping mandate of the Ministries as the Goal overlaps with the other goals.

For example, the Ministry of Drinking Water and Sanitation with its flagship programme on sanitation (Swachh Bharat Mission - Clean India Mission) has a critical role to play to fulfil the commitments and thus, needs to be vested with the responsibilities as one of the Nodal Ministries along with Ministry of Water Resources, River Development and Ganga Rejuvenation (MoWR, RD&GR). Likewise, maternal and child health, family well-being, tap water supply, sewerage facilities and drainage management in urban areas, sanitation in schools, hospitals and workplaces are some of the key determinants towards the fulfillment of Goal 6. Hence, multiple Ministries, Government Departments and various existing Centrally Sponsored Schemes shall have to converge to meet the targets of Goal 6 which the existing mapping seems to have ignored.

B. Development of National Indicators

The SDGs set out ambitious targets for poverty eradication, promoting human rights, addressing inequalities and exclusion. They also set a stage to mobilize communities to become key stakeholders, thus ensuring accountability and transparency in implementing SDG commitments of India. The Ministry of Statistics and Program Implementation, has put together draft national indicators for the 17 Goals. While developing the national indicators is a crucial exercise, these indicators have to be situated around the principles of equity and justice, and uphold the commitment of '*leaving no one behind*'. The goals are interconnected and complementary to each other. Thus, the national indicators should cross-reference to these linkages with appropriate indicators against the targets. For example, targets under Goal 6 will be completely achieved when targets under Goals 1, 2, 3, 4, 5 & 11 are fulfilled. These measures and mechanisms are already in place to track progress on different programmes and schemes pertaining to the components in Goal 6.

The process of developing national indicators and publishing in public domain is commendable. However, the reach was limited to a relatively small percentage of people, who have access to the internet and are familiar with English and perhaps Hindi. What could have been done better was to reach out proactively to different groups which represent marginalized sections to ensure their voices and concerns were captured.

C. Budgetary Provisions for Programs on Water and Sanitation

The Swachh Bharat Mission (SBM), a flagship programme on sanitation launched in October 2014 implemented on a mission mode, aims to make India open defecation free by 2019. The SBM has largely focused on constructing toilets on a large scale and has recognized behavioral change as a crucial issue. However, it has overlooked the inter linkages between availability and access to water, as well as security, waste management, maintenance, social and gender inequalities.

The Budget 2016-17 neglected its rural drinking water component with an allocation of Rs. 5000 crore for the National Rural Drinking Water Programme. This was only a marginal improvement over the previous year's allocation of Rs 4373 crores.

The "Har Ghar Nal" (Tap for every house) programme by the Government has set an ambitious aim to have 70 percent coverage by the end of 2017, wherein the current coverage is limited to 17 percent as per the government data. Moreover, the actual mandate for provision of drinking water lies with the State governments in the Indian federal system, wherein the centre is expected to support through finance and other resources. It is not clear what measures will be taken to ensure the required resources (finance, human and time) to achieve the target. The directive seems to have gone out to the states that they allocate certain percentage under the 14th Finance Commission for the same.

The Government enacted the *Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013* to eliminate manual scavenging and to rehabilitate the manual scavengers with dignity. However, despite the legal provisions and good intentions, the prevalence of engaging people in cleaning human excreta has not stopped. The scale of prevalence of the practice is difficult to gauge, as many public authorities or the railway corporation avoid reporting cases of manual scavengers. Different organizations have sought to obtain account, and numbers in the country vary widely somewhere between 7,70,338 and 1.3 million (an informal estimate from agencies such as Safai Karmachari Andolan & Navsarjan Trust).

Update on Goal 6 Targets and Indicators (drinking water and sanitation only)

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

6.1.1 Proportion of population using safely managed drinking water services

The Government is implementing its National Rural Drinking Water Programme through the Ministry of Drinking Water and Sanitation for ensuring drinking water to people in the rural areas. The Ministry of Urban Development and Ministry of Water Resources are mandated to ensure water availability and accessibility to people in the urban locations. There are several programmes run by the Government around river development and rejuvenation of Ganga River in India. Despite all this, there are still 76 million people who do not have access to safe drinking water in India today.

The national indicators must include disaggregation of both safely managed and basic service levels by relevant areas of inequality such as rural/urban/economic diversity, socio-cultural and geographic diversities. The monitoring of access should be done around the normative interpretations made by the Joint Monitoring Program (JMP) for water supply and sanitation anchored by the WHO and UNICEF globally.

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

6.2.2 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water

In the Gol's flagship programme SBM, there is a huge emphasis on infrastructure and building toilets, not necessarily equipped with adequate emphasis on availability of water and hygiene practices. The Government has developed guidelines for accessible toilets and menstrual hygiene management in schools apart from launching a guideline on gender to ensure women have access to safe sanitation. Although there is a tremendous increase in the number of toilets across the country and districts (148) and villages (2,05469)¹⁷⁵ are declared open defecation free, there is a long road to cover before India can become an open defecation free nation. With 44% people still defecating in the open and over 774 million not having access to safe and adequate sanitation in India, the road to ODF entails much more than just building toilets, such as adequate financing, monitoring systems, faulty toilet technology and so on.

It is important to track the progress in access to safe sanitation and hygiene practices by age, gender, caste and geography and include the proportion of extent of eradication of manual scavenging in India (end of dry latrines). Further, following dimensions are crucial to be included while implementing and tracking progress supported with appropriate data collection:

- Excreta of adults or children are deposited (directly or after being covered by a layer of earth) in the bush, a field, a beach, or other open area; discharged directly into a drainage channel, river, sea, or other water body; or are wrapped in temporary material and discarded
- Reducing the burden of water collection and enabling women and girls to manage sanitation and hygiene needs with dignity. Special attention should be given to the needs of women and girls in 'high use' settings such as schools and workplaces, and 'high risk' settings such as health care facilities and detention centres
- Attention to specific WASH needs found in 'special cases' including refugee camps, detention centres, mass gatherings and pilgrimages
- Include separate indicator on hygiene including menstrual hygiene

175 <http://sbm.gov.in/sbm/Default.aspx>

D. Reviewing Goal 6 in key sectors

i. WASH in Schools

Under the RTE Act, Rules 2010¹⁷⁶, all schools must have separate toilets for boys and girls and adequate safe drinking water facilities. Reinforcing this mandate, the Supreme Court in 2011¹⁷⁷, directed the Union and state governments to provide all schools with basic infrastructure, including drinking water and toilets by the start of the academic year 2012¹⁷⁸. The Ministry of Human Resource Development (MHRD) launched the Swachh Vidyalaya Abhiyan in 2014 with the aim to provide separate toilets for boys and girls in all government schools within a year. Under this programme, the MHRD was to support the States/Union Territories inter alia to provide toilets for girls and boys in schools under Sarva Shiksha Abhiyan (SSA) and Rashtriya Madhyamik Shiksha Abhiyan (RMSA). Additionally, funds (to the tune of INR 56.51 crore) were allocated from the Swachh Bharat Kosh for reconstruction/repairs of the dysfunctional toilets. The technical components include drinking water, hand washing, toilet and soap facilities in the school compound for use by children and teachers. The human development components are the activities that promote conditions within the school and the practices of children that help to prevent water, hygiene and sanitation related diseases. On 14 August 2015, the GoI declared 100% separate toilets for girls and boys in all schools of India. Undoubtedly, significant progress has been made to ensure that functional toilets exist in schools and that separate toilets are available for male and female students.

According to the 11th Annual Status of Education Report (ASER)¹⁸⁰, nationally in 2016, 68.7% of schools had toilet facilities that were useable as compared to 47.2% in 2010. Only 3.5% of the schools didn't have toilets. The proportion of schools where girls' toilets were available and useable has gone up from 32.9% in 2010 to 55.7% in 2014 to 61.9% in 2016. Drinking water was available in 74.1% of the schools lesser than 75.6% in 2014. WaterAid India carried out an assessment of 453 schools in 162 gram panchayats in 34 districts across nine (9) states (Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Telangana & Uttar Pradesh) in 2016 and found the following:

Water

- Students in 85.8% of schools had access to safe drinking water
- Ten percent (10%) of schools had water shortage during summer months
- Forty Nine percent (49%) of schools had no water storage facilities
- Fifty Seven percent (57.1%) schools had hand pumps near open drains
- Storage facilities typically cleaned every 20 days

Sanitation

- Ninety Five percent (95%) schools had functional toilets
- Seventy Six percent (76.3%) schools had separate toilets for boys and girls
- One in five students defecated in the open
- Student-toilet ratio in functional toilets was 1:75.5 for boys and 1: 66 for girls
- Running water was available in about 36% toilets
- Almost a third of students said that toilets had an odor
- Twenty Seven percent (27.5%) toilets (functional) are cleaned daily or twice a day

176 RTE 2010 Rules, pp. 39. Available at: http://mhrd.gov.in/sites/upload_files/mhrd/files/RTI1.pdf

177 Supreme Court order on October 18, 2011, bench of Justices Dalveer Bhandari and Dipak Mishra. Available at: <http://judis.nic.in/supremecourt/imgs1.aspx?filename=39616>

178 Supreme Court asks states to provide toilets in schools by Mar 31. Available at: <http://timesofindia.indiatimes.com/india/supreme-court-asksstates-to-provide-toilets-in-schools-by-mar-31/articleshow/11483231.cms>

179 All schools must have toilets within six months. Available at: <http://www.thehindu.com/todays-paper/tp-in-school/all-schools-must-havetoilets-within-6-months-supreme-court/article3962965.ece>

180 School Report Card, Annual Status of Education Report 2016. Available at: file:///C:/Users/user/Downloads/ASER%20schoolreportcard%202016_english.pdf

Hygiene

- 31% schools did not have washing areas outside the toilet
- 33.9% schools did not have running water
- 47.2% schools have soap available near the toilet
- About one-fifth of the schools assessed had a facility available for girls to manage menstrual hygiene
- Only 5.6% of schools had IEC materials on menstrual hygiene management
- Students washed their hands after toilet use in 82% of schools and before eating in 95% schools
- Students followed group hand washing practices in 58% of schools on a daily basis
- Weekly hygiene checks were conducted in 58.1% of schools

Following were the critical gaps after the implementation of Swach Vidyalaya for two years:

- Inadequate availability of safe drinking water
- Inadequate availability of toilets for boys and girls
- Irregular and inadequate cleaning/ maintenance of toilets
- Lack of running water and soap at handwashing stations
- Inadequate menstrual hygiene management facilities
- Hand washing after defecation was sparse
- Inadequate fund availability for WASH programme
- Less active School Management Committees

Experiences from the field suggest that construction of toilets alone may be insufficient to end open defecation. It might require behavioral change around sanitation and hygiene.. While water and toilet facilities may exist in many schools, the functionality of such facilities, as well as their sustained use by the student community must be examined to understand if targets have been achieved. With the Swachh Vidyalaya Puraskar applications having closed on 12th August 2016, it is important that the review of applications carefully consider the achievements and key gaps in terms of accessibility and availability of water for drinking and toilet use, availability of separate functional toilets for girls and boys as well as for children with special needs, availability of functional hand washing facilities, operations and maintenance systems, and behavior change and capacity building activities.

Following steps and actions are needed to ensure adequate water, sanitation and hygiene in schools:

Water

- Install water purification systems in schools to make potable water available to students through the year.
- Store water in safe containers (e.g., overhead tank, sump) that are regularly cleaned (as per norms specified in the guidelines), properly covered, and located away from sources of contamination like garbage and toilets.

Sanitation

- Ensure that available toilets are functional, with a focus on making toilets accessible to all, clean (by ensuring regular cleaning of facilities to promote use) and providing water and dustbins in toilets.
- Follow the norm of 1:40 toilet-student ratio.

Hand-washing

- Establish group hand-washing stations where needed, and ensure that existing hand-washing stations have running water and soap to promote hand hygiene practices by students before eating the mid-day meal and after latrine use.

Hygiene behaviors including menstrual hygiene

- Establish menstrual hygiene management facilities in girls' toilets, including: 1) soap and a place to wash; 2) hooks, niches, shelves to store menstrual absorbents; 3) appropriate and acceptable disposable mechanisms 4) private space for girls to change.

Hygiene education

- Regularly organize and conduct trainings for identified/nodal teachers on hygiene, sanitation, and menstrual hygiene. Key hygiene messages to be emphasized by teachers include latrine use for urination and defecation, hand-washing after latrine use and before eating mid-day meal, and appropriate menstrual hygiene management.
- Ensure that appointed/ nodal teachers promote group hand-washing practices by students before mid-day meals.

Others

- Ensure that schools budget regularly receive sufficient funds to establish, maintain and manage water, sanitation, and hygiene facilities. The budget should be based on a cost analysis conducted by each school.
- Establish and strengthen school management committees (SMC), student cabinets and parent teacher associations in schools, and support them to undertake responsibilities related to water, sanitation and hygiene, and to monitor WASH related infrastructure and hygiene education activities on a regular basis.
- Follow Operation and Maintenance schedule as specified by the Swachh Vidyalaya Guidelines, developing and using an O&M Schedule developed by school authorities and SMC.
- Clearly assign responsibilities to SMCs and/or student cabinets regarding O&M and monitoring of such activities.

ii. WASH in Healthcare Centers

Water, sanitation, and hygiene (WASH) are fundamental in preventing disease and maintaining good health. Inadequate access to WASH facilities can significantly impact health, and result in adverse consequences from exposure to pathogens. Some diseases are preventable, but may become life-threatening when the person has already lowered immunity, from say, malnutrition.

India has one of the highest rates of maternal and infant mortality in the world- 167 maternal deaths per 100,000 live births¹⁸¹, and 28 neonatal deaths per 1,000 live births¹⁸². Poor hand hygiene and contaminated surfaces during birth can lead to genital tract infections and sepsis. Approximately eight per cent¹⁸³ of maternal deaths are attributed to sepsis alone. With a push towards institutional deliveries stemming from the Janani Shishu Suraksha Yojana (JSSY), improving WASH standards and practices in healthcare facilities (HCFs) can be an essential step towards reducing statistics.

WaterAid India carried out assessments in 426 health care centers in 13 districts across 6 states, revealing appalling conditions. Some of them are as below:

- WASH infrastructure may be available in health facilities, but their adequacy, accessibility, functionality, and quality have been found inadequate and in some places, inappropriate. The facilities lacked safe storage of water and availability of safe drinking water.
- Hand washing stations are poorly equipped with soap and other disinfectant materials to ensure hand hygiene of those availing the services. Even basic awareness messaging on hand washing steps and hand washing at critical times that can serve as reminders for good hygiene practices were found to be inadequate. Further, staff did not practise hand hygiene behaviours regularly.
- Most healthcare facilities have poor management of solid, liquid and medical waste; even in facilities with mechanisms to segregate medical waste.
- Facilities may have adequate staff and supplies yet toilets and water tanks were still not cleaned, floors remained dirty and water tanks remained uncleared. An overwhelming majority of the facilities visited had no guidelines on ensuring formal maintenance and cleaning. Most facilities had a severe shortage of cleaning staff. Wherever cleaning staff was available, they were poorly equipped with protective and adequate tools to carry out their work. Training of health staff too was largely inadequate.
- Types of provisioning of infrastructure and services were different between types of healthcare facilities, with PHCs and CHCs typically performing poorly compared to district hospitals.

181 Sample Registration Survey (2013) Chapter 4 – Estimates of Mortality Indicators. [online], available at: http://www.censusindia.gov.in/vital_statistics/SRS_Reports_2013.html (accessed 27 Jun 2016)

182 Sample Registration Survey (2013). Chapter 4. Estimates of Mortality Indicators. [online], available at: http://www.censusindia.gov.in/vital_statistics/SRS_Reports_2013.html. (accessed on 27 Jun 2016)

183 Swachhta Guidelines for Public Health Facilities (2014) [online], available at: http://nrhm.gov.in/images/pdf/in-focus/Swachhta_Abhiyaan_Guidelines.pdf. (accessed 10 July 2016)

Fulfillment of Goal 6 in totality would require ensuring the following:

- Facilities must be equipped with accessible, adequate and appropriate safe WASH services. Facility staff should be trained to stock and use H2S water testing kits to assess bacterial contamination regularly.
- Facility-wise plans to improve solid and liquid waste management must be developed. The segregation, storage and final disposal of biomedical waste requires attention to curb possible bacterial contamination and spread of infections.
- Hospital Development Committees must ensure that sufficient toilets are available in the health facility, especially in or near the labour room in PHCs and CHCs; and that the toilets are functional, well-managed and maintained regularly.
- Facilities must be equipped with functional handwashing stations with soap and water inpatient care areas, outpatient departments (OPDs), operation theatres, and toilets to encourage hand hygiene behaviors among healthcare staff, caregivers accompanying patients, and patients themselves. Additionally, adequate Information, Education and Communication (IEC) materials on handwashing steps and critical times for handwashing in the context of healthcare must be prominently displayed at handwashing stations.
- Adequate and regular supply of medical waste management materials, including color coded bins and bags, sharps box, as well as transportation and storage of waste.
- There must be adequate and regular trainings for all health facility staff on WASH, especially on the link between WASH and health, and on the importance of handwashing during patient care. The trainings need to have a feedback and monitoring system integrated to gauge the efficacy of the trainings in leading to good hygiene practices.
- Strengthen the Hospital Development Committee by reinforcing their roles and responsibilities, and encourage their participation in Village Health Sanitation and Nutrition Committee (VHSNC) and Panchayati Raj Institution meetings.
- Infection control programmes and statutory norms for cleanliness and maintenance must be enforced and followed by health facility staff.
- Establish appropriate guidelines and waste management protocols to ensure better sanitation and hygiene measures at the facility level.
- An appropriate monitoring system that includes various performance indicators of HCFs needs to be implemented to monitor work and help improve facilities where necessary in a timely fashion.

c. Migrant Construction Workers And Clean Water Facility

India has the largest share of internal migrants but a lack of explicit policy framework for poor migrants excludes them from accessing legal rights, social security and public services including basic amenities such as water and sanitation¹⁸⁴. One of the major sectors attracting a large portion of migrant labour is the construction sector because this sector is fast growing and expanding. India has an estimated 40 million migrant laborers in the construction sector and many of these are parents who migrate with their young children to work and live in challenging conditions¹⁸⁵. Availability and accessibility of improved drinking water source and clean water is a matter of serious health concern among the migrant construction workers at large.

The Don Bosco Research Centre, Mumbai, in its latest study on the 'Children of Migrant Construction Workers in Six Indian Cities' (2016-17), has brought out the existing inadequacy of water sources and lack of potable water for the households of migrant construction workers. It was found that the major sources of drinking water for the 1246 households under the study were borewell (46%) and water from tankers (23%). There was a wide disparity between the construction sites in the six cities in terms of treatment of water and availability of clean drinking water. Above 60% of the migrant construction worker households were consuming non-purified water. Pune topped the list with all 206 households drinking untreated water. However, in Delhi, 95% of the households reported that builders provided them with purified drinking water. Consumption of untreated water was not perceived as a threat to good health or as source of water-borne diseases by the households of construction workers as they did not exercise any choice over the matter and were content to let things be.

184 Building Partnership to Improve Migrants' Access to Healthcare in Mumbai
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4644792/>

185 Sarde, S. R. (2008). Migration in India Trade Union Perspective in the Context of Neo-Liberal Globalisation. New Delhi, India

Coupled with non-availability of safe drinking water is the issue of sanitation to a majority of the population. The unsafe management of faecal waste and wastewater continues to present a major risk to public health and the environment¹⁸⁶. The findings also have pointed out the grave absence of pro-health sanitation facilities in most of the construction work stations resulting in open defecation. Among a total of 1246 households covered across six cities, 43% of respondents reported open defecation. Bangalore, in fact reported 100% open defecation among its respondents, Mumbai 67% and Ahmedabad 54 %. It was found that 99% of the total number of households surveyed across six cities reported sharing the on site toilet facilities provided by the builder, but deplorable maintenance, dilapidated conditions of toilets, lack of proper doorways prompting concerns about security among girls and women, lack of water etc., resulted in non-usage of facilities and resorting to open defecation.

In order to ensure that construction workers and their families do not fall prey to infectious diseases, sanitation facilities, clean air and safe drinking water will have to be implemented on every construction site. The services related to sanitation must be rendered in a culturally acceptable manner, and in a way that the migrant labourers can access and use.

Effective water and sanitation management and initiatives like Swachh Bharat Abhiyan on construction sites depends on the participation of the concerned authorities and therefore builders, developers, contractors must be given directives to execute this.

d. WASH and Social Exclusion

Traditionally, access to sources of water is synonymous with 'access to power' in many Indian communities. The modern Indian society is not much different. A visit to any village will speak for the discrimination with Dalits in terms of segregated habitation away from that of the dominant caste habitations. The same goes with having and accessing water sources. In ponds/tanks and even rivers, Dalits have separate bathing ghats. In tube wells, they have either separate ones for themselves or have a separate timing to access the point. Going beyond the history written by the rich and powerful, the real pages of history are full of stories where Dalits have been beaten up, tortured and even killed for accessing water from sources belonging to the upper castes.

On 8th March 2016, as the country was celebrating World Women's Day, a nine-year old Dalit child died of drowning in a well while trying to quench his thirst after eating the mid-day meal, in Madhya Pradesh.. Just like other days, he and other Dalit students were denied access to the nearby hand pump, as alleged by other students and family members. Unlike other days, that day however, he lost his balance while fetching water from the well and fell down.

A recent survey by Dalit Adhikar Abhiyan conducted in thirty villages of Madhya Pradesh, found that ninety-two per cent of these villages agreed to not allowing Dalit students in schools to drink water on their own. Further, about eighty per cent of the villagers agreed to deny Dalits to drink or fill water from public water sources. The parents of Dalit children also had horrifying stories to reveal. One was that their children could access drinking water sources in schools only when non-Dalits are not using those. Many Dalit children wait to return home, after school hours, to quench their thirsts.

According to the latest census figures, only about thirty-five per cent of Scheduled Caste families (or the Dalits) have water sources within their premises, whereas this figure is about fifty-three per cent for the general castes. In almost sixty-five per cent of Dalit households, women walk away from their premises to fetch drinking water for their families. For the general caste households, however, this figure stands at only forty-seven per cent.

Almost one third of tribal families, that means mostly the women, walk up to a river or a spring; or a tank/pond/lake; or open wells to fetch drinking water. This journey can range between a few hundred meters to more than five kilometers. Compare this with women of all social groups of the country, and the tribal women are almost more than double vulnerable than others.

Only 19.7 per cent of tribal families have provision of tap water within their premises, as compared to 46.6 per cent for all other social groups. When it comes to treated water, however, more than half of this comes without any sort of treatment. That means, only about 10 per cent of tribal women receive treated drinking water in this country. In other words, the state's responsibility for providing drinking water has so far been restricted to only 10 per cent of the tribal communities. Providing untreated water can't be considered as provision of drinking water.

¹⁸⁶ Sustainable Development Goal 6
<https://sustainabledevelopment.un.org/sdg6>

Migration to urban areas does not necessarily improve the conditions of the traditionally neglected communities such as the Tribal. Statistically, drinking water provision is much better in urban India than that of rural India. However, for the Tribal communities the backwardness remains even in urban settlements. Almost about 16 per cent of Tribal women to walk to far off places even in urban areas to fetch drinking water for their families. This is almost double compared to other social groups. Another about 30 per cent of tribal women to fend for drinking water in nearby sources. Only about 55 per cent of the scheduled tribe families have drinking water provisions within their premises in urban areas, in comparison to about 71 per cent of that of others.

Overall Suggestions and Recommendations

- Access to water and sanitation needs to be recognized as a legally enforceable right fundamental for equality, dignity and development. This is in line with the fact that India has been a signatory to the commitments made in the UNGA 2010 resolution and SACOSAN V Declaration to recognize water and sanitation as human rights. It is the responsibility of the Government to ensure Water and Sanitation for all and must remain so.
- Adequate and appropriate provisioning of resources needs to be ensured for realisation of SDG 6.
- India must prepare a comprehensive policy on water, clearly articulating the life cycle use of water as a public good rather than an economic good. The draft Water Policy 2012 pending in the Ministry of Water Resources must be revised and a new policy must be put in place immediately with due public discussion.
- Adequate budget provisioning along with clear channel of its utilization needs to be ensured to completely eradicate manual scavenging and ensure that disposal and management of human waste is carried out in strict conformity to the principles of protecting human rights, health and environmental sustainability.
- Everyone living in urban areas, including slums, need to be reached with a toilet to ensure that public health is protected.
- Emphasize the need for non-coercive and non-punitive Behaviour Change and Communication approaches for promotion of toilet construction and use. Hygiene as a key goal also needs to be established. Concerns around quality of construction and prevention of contamination need to be recognised and addressed. Integration of various departments and programs needs to be further strengthened.
- Effective coordination is necessary from all actors in the sanitation chain including governments, city planners, NGOs, the private sector, informal service providers and citizens.
- Sanitation workers should be given with stable employment, safety and decent pay.
- There is a vital need for an integrated approach towards urban planning that prioritizes provision of basic services like clean water, safe sanitation and sustainable fecal sludge management by ensuring people's participation.

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SDG 10

Reduce inequality within and among countries

Addressing Inequalities

Background

Recent findings point out that India is one of the most unequal countries in the world. For instance, the Global Wealth Report 2016¹⁸⁷ compiled by Credit Suisse Research Institute, states that after Russia, India is the most 'unequal' country in income inequality parameters. The inequalities are not defined by just the economic calibre but various factors including social, cultural, political, legal and judicial inequalities. This chapter explores intersectionality between inequality and different social categories that remain marginalised from mainstream society, polity and economy.

Oxfam's annual policy brief, "An Economy for the 99%" published in January 2017¹⁸⁸ analyses that the richest 1% of Indians own 58% of total wealth in the country. Fifty-seven Indian billionaires have the same amount of wealth as the bottom 70% of Indians. The CEO of India's top information firm earns 416 times the salary of a typical employee in his company.

Although over the past couple of decades, the percentage of Indian people living below poverty line (BPL) has come down from 37% in 2004 (419 millions) to 22% in 2011 (273 millions)¹⁸⁹, the country has been experiencing a widening gap between the rich and poor, not just in terms of accumulation of capital but also in terms of ownership of natural resources, access to social opportunities such as quality education and healthcare services. In rural India, this is as high as 25.7 percent while in urban pocket this is relatively less i.e. 14 percent. The poverty alleviation measures have remained unsustainable due to the vulnerabilities of the poor which increase with rising inequality¹⁹⁰.

The economic inequality has widespread social manifestations including its power to exhort unequal gender relations. Income inequality leads to higher gender inequality both at macro and micro levels. Gaps in labour force participation rates between men and women, gender wage gaps which result in inequality of earnings directly contribute to income inequality between sexes, thus socio economic dependence. The economic dependence of one gender on other directly contributes to disparities in gender roles, inferior status of women in household decision making, limiting their access to social opportunities such as health and education that again results in low human capital, further exacerbating income inequality.

The gender, caste, disability and sexuality intersectionality has played a crucial role in redefining socio-cultural inequalities to economic inequalities, thus making the most marginalized and vulnerable communities constitute the major share of the bottom 40 per cent.

187 Credit Suisse (2016): Global Wealth Report, CREDIT SUISSE AG Research Institute, Zurich.

188 Oxfam (2017): An economy for the 99%, Oxfam Briefing Paper.

189 World Bank: <http://povertydata.worldbank.org/poverty/country/IND>

190 Institute of Applied Manpower Research, Planning Commission, Government of India: India Human Development Report, 2011

What Constitutes the Bottom 40 Per Cent?

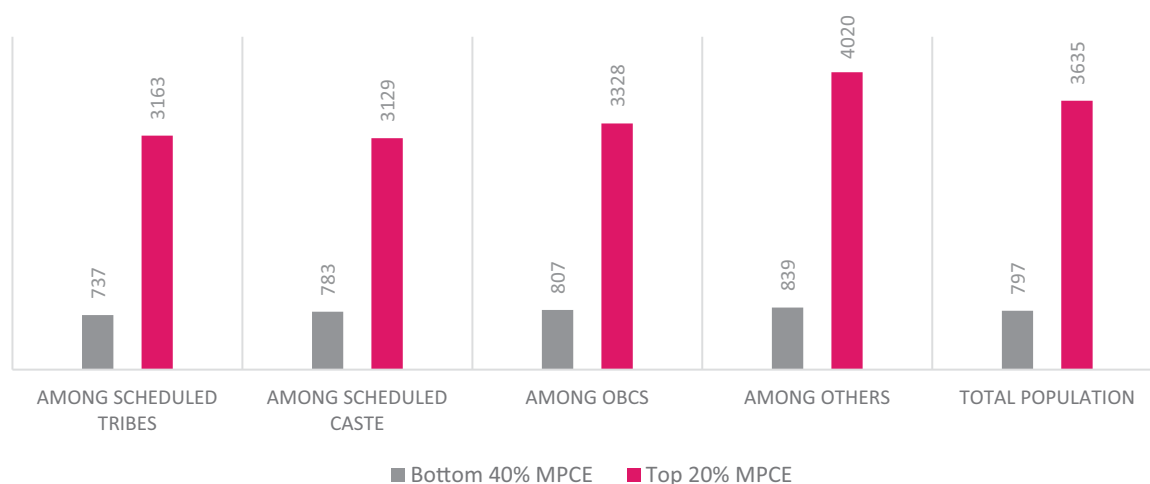
Among various measures of inequality, a comparison of income between the bottom 40 percent and top 20 percent of population can provide a broad picture of a country's inequality. This measure can be useful for the policy perspective as policy measures related to poverty and inequality reduction could be targeted towards the population concentration at the bottom 40 percent.

In the present work, the status of population along the criteria of sector, religion and caste at the bottom 40% has been analyzed by using the information from the 68th Round Household Consumption Expenditure [HCE] survey conducted by the National Sample Survey Organization (NSSO) in 2014-15. The monthly per-capita consumption expenditure (MPCE) is used as a proxy for monthly income.

Wide gap in average income of population between two income strata i.e. bottom 40% and top 20%

Information from HCE survey says about the existence of wide gap in terms of life style and standard of living between the two sections in the same society. Average MPCE of the bottom 40% income strata is Rs.797. Average MPCE of top 20% income strata is 4.6 times higher i.e. is Rs.3635. It can be further explained by saying that average person in the bottom 40% spends just Rs. 26 a day while the same in the top 20% spends more than Rs. 126 a day. Consumption expenditure is the face of income and can be used as an indicator of standard of living and life style. The well-defined gap in consumption expenditure presents a clear picture of divide and inequality in India.

FIGURE I. DIFFERENCE IN STANDARD OF LIVING (MPCE) AT BOTTOM 40% AND TOP 20%: SOCIAL GROUPS AND OVERALL.



Source: Estimated from NSS Household Consumption Expenditure Survey 2011-12

Table 1 shows that concentration of Scheduled Castes (SCs) and Scheduled Tribes (STs) in the bottom 40% MPCE is higher compared to families from Other Backward Classes (OBCs) and others. ST population share in total population in the country is 8.9 %. Out of total ST population in the country, 63 percent falls under bottom 40%. Similarly, SC population share in total is 19 percent. Out of total SC population 51 percent come under the bottom 40%. However, population from OBCs and other castes share less in this income category. The OBCs share is 40% when its share in total population is 44 percent. The share of other castes is the lowest i.e. 28 percent in the bottom 40% MPCE. Higher share in the bottom 40% shows lower standard of living of a caste and class. The above information says that people from SC and ST categories are relatively worse in terms of their standards of living when compared to the people from OBC and other castes.

TABLE 1: SHARE IN TOTAL POPULATION ALONG THE LINE OF CASTES AT BOTTOM 40%

Social Group	Population Total	Population Share (%)	Percent in Total Population	
			Bottom 40% of income	Top 20% of Income
Among Scheduled Tribes	99,044,472	8.93	63.42	7
Among Scheduled Caste	211,088,051	19.04	51	11
Among OBCs	488,594,456	44.06	40	17
Among Others	310,141,658	27.97	25	34
Total	1,108,868,637	100	40	20

Source: Estimated from NSS Household Consumption Expenditure Survey 2011-12

As shown in Table 2, among all the religious groups, the Muslim population seems to be more backward followed by Hindus. Forty-five percent of the total Muslim population comes under bottom 40% and 14% of total remain in the bracket of top 20% MPCE. The share of Hindu population falls in the same line of overall population share of bottom 40% and top 20% MPCE. Zoroastrians, Sikhs, Jains and Christians have a better standard of living. Out of the total Christian population, 25 percent come under the bracket of bottom 40% MPCE, while the share for Sikhs, Jains, and Buddhists remain 6%, 5% and 34% respectively.

TABLE 2: SHARE IN TOTAL POPULATION ALONG THE LINE OF RELIGION AT BOTTOM 40%

Religion	Population Total	Population Share (%)	Percent in Total Population	
			Bottom 40% of income	Top 20% of Income
Hindu	903,735,488	81.49	40	20
Muslim	151,287,014	13.64	45	14
Christians	24,693,308	2.23	25	35
Sikhs	17,809,551	1.61	6	48
Jains	2,824,525	0.25	5	71
Buddhists	6,551,924	0.59	34	21
Zoroastrians	21,748	0	0	87
Others	2,059,768	0.19	55	13
Total	1,108,983,326	100	40	20

Source: Estimated from NSS Household Consumption Expenditure Survey 2011-12

Social Inequalities and Intersectionality:

Social organisation based on caste, tribal, gender and sexual identity has been the centre of debates and discussion for centuries now. Caste based discrimination similar to gender discrimination continues to be one of the most wide-ranging form of human rights violations that has prevailed for centuries, and has affected almost a quarter of the total population residing in India. Discrimination based on this hierarchical set-up puts few in a privileged position and others in disadvantaged and vulnerable positions.

This is particularly so for the Dalit (Schedule Castes) and Adivasi (Scheduled Tribes) women as well as women from religious minority, who find themselves triply, marginalised on account of their caste-tribe-religion location, class location and gendered location.

Women from Dalit and Adivasi communities constitute almost half of the total Dalit and Adivasi populations, but continue to face multiple layers of discrimination in society. The nexus of caste-tribe-class and gender places Dalit and Adivasi women in a doubly disadvantageous position and makes them extremely vulnerable. They are the most marginalised community and face multiple forms of exploitation and discrimination. This also has negative implications for

the Dalit and Adivasi women in their access to health services, wage employment, assets, education, social mobility and political participation.

1. Gender and Inequality

In spite of national and international reiterations on gender equality, India ranks 125th in the Gender Inequality Index (UNDP, 2015)¹⁹¹. The Constitution of India (Articles 14, 15, 15(3), 16, 39(a), 39(b), 39(c) and 42)¹⁹² grants equality to women and empowers the State to adopt measures for socio economic, political emancipation of women. With the ratification of CEDAW, India has international commitments through Article 7, 8 & 9 of Part 2¹⁹³ which outlines women's rights in the public sphere with an emphasis on political life, representation, and rights to nationality. Beijing Platform for Action also echoes the thrust on gender equality through 12 critical areas of concern.

The World Economic Forum Gender Gap (2016)¹⁹⁴ reports that India ranks 135th in the gender gap index on labour force participation. The 68th Round of National Sample Survey (2011-12) portrays that the labour force participation rate (LFPR)¹⁹⁵ of women in India, dropped from 42.7 % in 2004-05 to 31.2% in 2011-12. The proportion of females in the labour force has declined drastically in the agriculture sector in comparison to their male counterparts. Though there is a marginal increase in the proportion of women employed in service sector, it is still only one in six. A major downfall is witnessed in the proportion of regular salaried female workers. However, a ray of hope is seen with the increase in the proportion of those self-employed (NSS survey, 68th round). Although the female labour force participation (FLFP) rate was highest among the Scheduled Castes¹⁹⁶, they experienced the largest drop in LFPR in rural areas, a drop of 18.6 percentage points during 1993-94 to 2011-12. The drop is more pronounced at the lower strata of the consumption decile. Approximately, 53 percent of this drop occurred in rural India, among those aged 15 to 24 years. Factors¹⁹⁷ such as educational attainment, socioeconomic status, and household composition largely contributed to the drop, although their effects were more pronounced in rural areas. The gender wage gap in the country also pays to the income inequalities between sexes.

The Global Wage Gap Report¹⁹⁸ (2016) informs that the proportion of women in India in the bottom two deciles is similar to that in Europe (about 60 per cent), but drops precipitously thereafter, and in the upper half of the distribution, women represent no more than 10-15 per cent of wage earners. World Economic Forum (2016)¹⁹⁹ reports that only less than 9% of the firms have female representation in the top management. Based on NSSO data, McKinsey Global Institute²⁰⁰ also identified that only 7 percent of tertiary-educated women have jobs as senior officials compared with 14 percent of men. Similarly, women account for only 38% of all professional technical jobs. Unequal command over assets²⁰¹ adds to lowering the bargaining strength and thereby leads to poor decision making capacity within their households, workplaces and in other public spaces. Across all social categories women are vulnerable on education indicators. Only 58.75% of females are literate as compared to 62.31% among the males. The figures for SC and ST women are 56.5% and 49.4% respectively. Dropout rates are also high among girls with double deprivation amongst the girl children from marginalized social categories. Poor access and availability of health services to women and girls also push them into multiple forms of deprivation. Apart from the structural and material factors, the perpetuation of negative social norms underpinning different forms of violence in the private and public spaces also engulfs them in the inequality trap. Improvements in welfare, productivity, equality, and bargaining power not just within the household, but also in their communities and other public arenas are associated with the potential that women have over access to income and assets, human capital, improvements in food security (and thereby health and nutritional status), reduction in the incidence of violence and generational transfers (intra- as well as inter-) through myriad routes (Agarwal 1996; 1997; Quisumbing 2003; Deere and Doss 2006; World Bank 2001a).²⁰²

191 <http://hdr.undp.org/en/composite/GII>

192 http://www.mospi.gov.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/WM16ConstitutionalLegalRights.pdf

193 <http://www.hrcr.org/docs/CEDAW/cedaw.html>

194 <http://reports.weforum.org/feature-demonstration/files/2016/10/IND.pdf>

195 http://www.ilo.org/wcmsp5/groups/public/-/asia/-/ro-bangkok/-/sro-new_delhi/documents/publication/wcms_496510.pdf

196 <http://documents.worldbank.org/curated/en/559511491319990632/pdf/WPS8024.pdf>

197 <http://documents.worldbank.org/curated/en/559511491319990632/pdf/WPS8024.pdf>

198 http://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/-/publ/documents/publication/wcms_537846.pdf

199 <https://www.weforum.org/agenda/2015/12/its-official-women-on-boards-boost-business>

200 <http://www.mckinsey.com/global-themes/employment-and-growth/the-power-of-parity-advancing-womens-equality-in-india>

201 http://www.asiapacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/human_development/aphdr-2010-tbp/RBAP-HDR-APHDR-2010-TBP-10.pdf?download

202 http://www.asiapacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/human_development/aphdr-2010-tbp/RBAP-HDR-APHDR-2010-TBP-10.pdf?download

2. Caste and Inequalities

Reducing inequalities within the countries is a strong statement, which categorically points towards socio-economic and political equity and erasing of any discriminatory mechanisms which propels inequality among the people. Caste system has been such an instrument, which has divided the people according to their birth and parental occupation, deep rooted and considered as the most discriminatory practices in the world. Dalits as one of the most marginalized groups with their social, economic, political and cultural standings compared to others are impuissant. They are distinguished based on their occupation, which is seen to be of low status; live in segregated spaces; and are severely discriminated and restricted in accessing social-economic and political resources and opportunities. According to the Socio-Economic Caste Census, almost 65 percent of the Dalits live in poverty; lack basic services like safe drinking water, health services, food security, decent jobs, and housing as well as land rights.

Caste identity determines access to economic and development opportunities in India. A major share of the one third population of 1.4 billion people figuring in bottom 20% is comprised of Dalits, with more than 55% living in poverty. This percentage further increases to 65-70% within the bottom 40 % category. Almost 70 % of the Dalits live in rural areas. In 2008-09, only 19.12% of all SC households cultivated land as (independent) self-employment worker, whereas among the non SC/ST, the percentage was more than double at 42.12%. Likewise, only 24.08% of the total SC urban households were self-employed as compared to 35.05% non-SC communities. The Socio-Economic Caste Census 2011, revealed a measly 4% presence of Dalits in government services, while unemployment rate among these communities are significantly higher than the other communities. Higher unemployment rate of SC worker (which is twice that of others) indicates a possible existence of caste-based discrimination against SC workers in hiring.

Whilst political inclusion has been smoother, socio-economic inclusion has been thwarted with challenges owing to monopolisation of wealth and opportunities by the dominant caste groups. There are 81 Dalit MPs in the Lok Sabha (Lower House of the Parliament) and adequate representation in state and local assemblies, possible only through affirmative action or reservation in the seats. However, their impact on the political decision making and raising the issues has been questionable. Similarly, reservation is provided for Dalits in public (or aided) education and employment sectors as well, but serious gaps exist in the appointments of candidates.

The Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) allocations have been disappointing to say the least, as since its introduction, the amount allocated are not even half of the expected amount. In 2010, almost INR 100 million under SCSP funds were redirected to Common Wealth Games infrastructures. The Union Budget 2017-18 marks a paradigm shift in budgeting for the development of SC and ST communities, not only with the merger of plan and non-plan categories but also by moving away from the sub-plan policy of a targeted budget for these communities. Analysis of the allocations under the SCSP the TSP reveals a recurring trend of under-allocation in 2017-18, wherein the SCSP comprises only 2.5% and the TSP only 1.53% of total allocations, which is not even the half of the mandated amount.

Amongst Dalits, women are vulnerable and easy target to caste violence and discrimination. Women constitute almost half of the total SC populations, face further discrimination, which could be termed as three folded discriminations, based on their gender, caste and class. They are often targeted to humiliate the SC community by dominant caste members, which undermines not only their dignity and self-respect, but also their rights to equality and development. The nature of violence against Dalit women is accompanied by equally systemic patterns of impunity for the perpetrators²⁰³.

Nationally, there are various progressive actions like constitutional safeguards and affirmative actions, the SC/ST (Prevention of Atrocities) Act for their protection from atrocities and caste discrimination. Internationally, the Draft UN Principles and Guidelines on Effective Elimination of Discrimination based on Work and Descent and UN OHCHR Guidance Tool on Effective Elimination of Discrimination based on Work and Descent provide comprehensive legal framework to eliminate caste discrimination globally.

3. Religious Minorities

Data shows that religious minorities, especially poor Muslims - also Dalit Buddhist and Christians - are among the poorest and most marginalized of India's population. Exclusion of minorities works at different levels: poverty and income levels remain low, especially in urban areas. Employment, is particularly problematic, with very poor representation in formal employment, and over represented in non-formal sector, with poor social security. Muslims particularly, are

²⁰³ Alternative report to the UN Committee on the Elimination of all forms of Discrimination Against Women (CEDAW) for the examination of the 4th and 5th periodic reports of India at the 58th CEDAW session in July 2014- June 2014

over-represented in the unorganised sector. In formal employment, their presence is abysmal - both in the public and private sectors.

Overall, Muslim women's participation in employment is significantly low. Education and health outcomes too, for minorities - again particularly Muslims, but also Buddhists and Christians - is poor, with significant mismatch between national figures and that for the minorities, especially in northern states. Girls among minorities do worse than boys within the same community, and women are more at risk because of poor nutrition and mother and child care.

State response to poor outcomes for religious minorities has been one of either complete denial or of lip service. Policy framework for improving outcomes is limited. The big interventions for excluded groups in India - reservations in education, jobs, and social security programmes - are not extended to religious minorities, including for Dalits among them, who suffer similar exclusions as any person from Dalit/Scheduled Caste background. After the ground-breaking Sachar Committee report, Government of India introduced a package of support for minority socio-economic development. There is also growing evidence of poor access of minorities to universal programmes, owing to the poor outreach by state actors and discrimination, as well as poor awareness among the community.

4. Migration and Inequality

Migration has become one of the most defining issues for economic development, not just in India but also globally. High economic disparity between regions and limited opportunities in rural areas have been driving the labour increasingly to urban areas, the primary epicenters of growth. There are more than a 100 million people, almost one-tenth of the population who are known to derive their livelihood out of seasonal migration - a highly precarious means of livelihood that impoverished communities are forced to engage in, for subsistence.

A careful examination of the phenomenon of labour migration in the country today reveals that unequal growth combined with labour market flexibility are the primary drivers behind labour mobility²⁰⁴, which is constituted by a range of vulnerable movements that are seasonal, circular, long distance, single male, family based, distress driven, forced, and bonded etc. Unequal growth has three broad dimensions namely,

1) Spatial inequalities: The change in economic environment, the advent of structural reforms after liberalization and the logic of industrial policy shifted to regional competition. State governments are now seen to be offering competitive tax and fiscal rates to attract industrial growth. Generally, previously developed areas saw further investments and rapid growth, with satellite towns and economies growing around them. This, combined with the increasing impoverishment of rural areas caused due to dwindling agriculture, depleted natural resource base especially forests and low potential for livestock, have jointly triggered a massive movement of people across the country.

2) Sectoral inequalities: The primary sector including agriculture and livestock today yields diminished returns, especially for households who start off with a meagre asset base. At the same time, the urban labour markets are characterized by ever expanding opportunities especially in the industrial and service sectors - construction, factories, small manufacturing, hotel and restaurants, and domestic work being the biggest employers of migrant workers in the country, mostly at the bottom rungs.

3) Demographic inequalities: Spatial and sectoral inequalities are aggravated by the underpinnings of caste and gender. Vulnerable labour movements are dominated by marginalized communities such as SC/ST/OBC as well as women who end up being victims of bonded or forced labour.

Vulnerabilities are magnified due to labour market flexibility, where giving the industry a free hand to hire and fire is deemed profitable; the bargaining power of workers is considerably weakened and work conditions are very poorly regulated. This combined with labour market dualism leads to a great degree of inequality in the opportunities and work conditions experienced by different groups of workers. While a small proportion form the global workforce - skilled, with great amenities and a growing set of rights and entitlements, a vast majority is labour migrants who persist at the very bottom of the unorganized sector of the labour market - in unskilled, low value, poorly paid jobs that are hazardous in nature and have been vacated by local labour. This takes a heavy toll on their emaciated bodies that critically affects their well-being and leads to an inter-generational transmission of poverty and vulnerability.

Seasonal migrant workers in India form an increasingly large proportion of the workforce in the informal sector in India. In fact, seasonal migration instead of being a temporary phenomenon has become the main mode of labour engage-

204 Adapted from Dr. R. Srivastava's presentation at the Tata Institute for Social Sciences for the Certificate Course on Labour Migration (Sept 2016).

ment in the informal sector. No accurate numbers exist, because the official data does not enumerate this category of workers. However unofficial estimates put the numbers at tens or even hundreds of millions.

Seasonal migrant workers - because they remain undocumented - lose access to entitlements as they move across state boundaries. They lose access to the entitlements that they might be enjoying at home like education, health, cheap food grains through PDS, social security entitlements and voting rights. Migrant workers face problems in finding decent living spaces and attendant amenities like drinking water, lighting, and sanitation that are essential to decent life. While labour laws do not extend and equate holistic protection to informal workers, seasonally migrant workers risk additional vulnerabilities that arise from their lack of support system and temporary and insecure resident status.

5. People with Disabilities

As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population; and 207.8 lakh households having disabled persons in the country constitute 8.3 percent of the total households. Out of the total households having disabled persons, about 99 percent households are normal households, 0.4 percent are institutional and 0.2 percent are house less households.

India has taken steps for inclusive environment for the people with disabilities. But still it needs to walk a long way to expand the steps of inclusion. For instance, skill training for people with disabilities is a totally ignored area. Skill training institutes have ramp but do not have teachers who are trained in sign language or in brail reading. Government Industrial Training Institutes (ITIs) are spread across India, even in remotest regions of the country. In many parts of India, ITIs and Polytechnic Colleges are the first resort for students coming from poor and marginalized sections of the society. ITIs are non-viable career option for youth with disabilities because of the attitudinal barrier in the technical training, institutional and family surrounding.

One often hears terms 'soft' trades, 'easy' trades which are usually provided to the disable people. However, unfortunately these types of trades are precisely the type of trades that do not yield meaningful employment. There is also a similar trend in terms of women, where most of the courses taught are non-industrial and easy and 'feminine'-like, fashion technology, hair and skin care, Computer Operator & Programming Assistant (COPA), secretarial practice, desktop publishing, stenography etc. Beside the above challenges, lack of proper scholarship scheme for the students with disabilities in ITIs is another major challenge. At present, there is no scheme of financial assistance, coupled with the lack of hostel facilities for persons with disabilities to get admitted in ITIs. There are a number of scholarships available for students with disabilities in school education system, but there are no such schemes for students with disabilities in ITIs even though they too are children in the same age group. Shortage of instructors across all is a real problem. In addition to the shortage of instructors, there were not even Principals for each of the ITIs. Admission Processes is another major barrier to inclusion.

Hence, a youth with disability remains unskilled and cannot get employment to enhance his/her income, but are made to remain at the mercy of different pension schemes of government for his or her survival.

In the sample survey²⁰⁵ conducted by National Centre for Promotion of Employment for Disabled People, the rate of employment of disabled persons was only 0.4% of the total work force, only 13% of what the *People with Disabilities Act* prescribes as desirable. Disabled people with loco-motor disability were the group most commonly employed, probably because they are less severely disabled, and people with mental retardation are rarely employed, probably due to the stigma attached to mental retardation. This study provides the preliminary evidence that even after three years of implementing a policy of job reservation for the disabled persons through a law, the targets achieved fall short grossly to 13% of the desirable level. Even this level of achievement is only fulfilled through the employment of people with a relatively mild degree of disability. In spite of the coercion by the government, there are limiting factors that prevent employment of disabled persons in industries. There is an urgent need to identify these factors that hinder employment of disabled people, and to take corrective measures, to enlarge the potential of their rehabilitation and social integration.

205 Current Status of Employment Of Disabled People In Indian Industries, JavedAbidi, National Centre for Promotion of Employment for Disabled People; <http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/z13jo0400/z13jo0410.html>

6. Lesbian, Gay, Bisexual and Transgender (LGBT)

Lesbian, gay, bisexual and transgender (LGBT) people in India are the most marginalised community in India. They face lot of legal and social difficulties in the country. The old Victorian Act, Section 377 of the Indian Penal Code dating back to 1860, criminalises sexual minorities. Their basic existence to live a fearless life is under big threat. The Indian Government's refusal to vote in the United Nations Human Rights Commission's (UNHRC) resolution to set up the office of an independent expert to end discrimination against LGBTQ people shows their stand on the LGBTQ rights. Same-sex sexual activity or even the same sex marriage activity is illegal in India between the two consenting adults. Non-existence of anti-discrimination laws in employment or in the provision of goods and services or in all other areas (including indirect discrimination, hate speech) makes the environment more unsafe for the people from different sexual orientation. They are not allowed to serve openly in the military. Except in Tamil Nadu and Kerala right to change legal gender is not permitted. Access to In vitro fertilization (IVF) for lesbians and commercial surrogacy for gay male couples are prohibited in India. Most of the people from LGBT community suffer from depression due to social discrimination prevailing strongly in the society.

India does, however, legally recognise "Hijras" as a third gender, separate from men or women and have legally granted voting rights as a third sex in 1994. The states Tamil Nadu and Kerala in India were the first states to introduce a transgender welfare policy. On 15 April 2014, the Supreme Court of India declared transgender people as a socially and economically backward class entitled to reservations in education and job, and directed Union and State Governments to frame welfare schemes for them. On 24 April 2015, the Rajya Sabha passed the Rights of Transgender Persons Bill, 2014 guaranteeing rights and entitlements, reservations in education and jobs (2% reservation in government jobs), legal aid, pensions, unemployment allowances and skill development for transgender people. It also contains provisions to prohibit discrimination in employment, prevent abuse, violence and exploitation of transgender people. The Bill also provides for the establishment of welfare boards at the Centre and State levels, and for Transgender Rights Courts. In April 2017, the Ministry of Drinking Water and Sanitation instructed states to allow transgender people to use the public toilet of their choice.

The gaps in the desirable political and administrative will to implement the above services for the benefit of the above schemes and services. Above all, the mind-set of the society towards the LGBT community needs to change and Section 377 fully decriminalised, without which the scenario of marginalization will not change.

7. Elderly in India

"Leave no one behind" says the UN Secretary General on launching of the SDGs but the reality of the elderly in India is far from it. According to the Census of India in 2011, the numbers of elderly were 103 million and currently 108 million in 2015. A report titled, "Situation Analysis of the Elderly in India²⁰⁶" by the Ministry of Statistics & Programme Implementation, Govt states that the elderly population accounted for 7.4% of total population in 2001 but less than 20% of elderly women and majority of elderly men were economically independent. Nearly 40% of persons aged 60 years and above (60% of men and 19% of women) were working. In rural areas, 66% of elderly men and more than 23% of aged women were still participating in economic activity.

A recent report released by the Ministry of Statistics²⁰⁷ said that the percentage of citizens over the age of 60 has jumped 35.5 per cent – from 7.6 crores in 2001 to 10.3 crores in 2015, coinciding with the launch of the SDGs. During the MDGs from 2000 to 2015, there was no mention or focus on older persons in the Goals despite the UN sponsored Madrid Plan of Action and the Madrid Declaration. There is a strong demand to revise and modify the National Policy of Older Persons 1999. The Central Government, under the chairmanship of Smt.V. MohiniGiri has formulated a draft National Policy on Senior Citizens dated 30 March 2011, but this National Policy has not been finalized and no development in this area has taken place since.

A number of policies and commitments are pending revision and implementation including non-utilization of funds. The Parliamentary Standing Committee on Social Justice and Empowerment, in its report on 'Implementation of schemes for welfare of Senior Citizens', expressed anguish at the low physical and financial performance of the scheme under Integrated Programme for Older Persons (IPOP) for the last three years. Till date, even after 10 years, not a single old age home has been built. This reflects poorly on implementation of SDG Goal 10 as far as senior citizens are concerned.

206 *Situation Analysis of the Elderly in India, Ministry of Statistics & Programme Implementation, Government of India*

207 <http://indianexpress.com/article/india/india-news-india/india-population-growth-people-over-sixty-senior-citizens-2764848/>

Moreover, the elderly in India are prone to a high rate of abuse. According to the Crime in India 2014 report by the National Crime Record Bureau (NCRB), there is a significant increase in crime against older people who are considered soft targets. HelpAge India released the Elder Abuse Study report in 2014 where 1 in 3 older people reported abuse within the family ranging from physical abuse to verbal abuse.

The Government of India launched the “National Programme for Health Care of the Elderly” (NPHCE) during the year 2010-11 for providing dedicated health care facilities to senior citizens (above 60 years of age) at primary, secondary and tertiary health care delivery system. This programme under the Ministry of Health was to cover 100 poorest districts by 2013. However, the need is to cover all the districts of the country, as raised by the Union Minister for Health, Mr. JP Nadda’s response to Parliamentary question in Lok Sabha. Till date, the coverage is only partial in 104 districts out of the total 622 districts in the country .

In 2009, the Maintenance and Welfare of Parents Bill and its Guidelines came into force. The National Policy of Older Persons which was revised in 2011 under the Chairmanship of the Minister of Social Justice has not been implemented since then. The Policy provided for a National Council designed to receive suggestions, complaints and grievances from senior citizens, as per the suggestions of the National Policy of Older Persons, 1999. There has been a failure of implementation in the National Policy as the Inter-Ministerial Council meetings for the National Policy has only met twice in 10 years, and the revised policy is yet to be implemented.

Conclusion

A common problem across many of these social categories is the lack of systematic enumeration. For example, the poor commitment and effort also extend to poor systematic data availability, disaggregated by religious groups, to record and track how different minorities perform, compared to the rest of the population. The little that is available is on Muslim outcomes, and that too is survey based. Disaggregated data by religious groups is even poorer on programme implementation. There have been, from time to time, talk of filling this gap - the Assessment and Monitoring Authority, as well as 15 Point Programme, all purporting to collect such data. But none of these grand plans have actually been put to implementation. Recently, a Private Member’s Bill has been introduced in the Parliament - *The Anti-Discrimination and Equality Bill 2016* - aimed at all excluded groups, that will also help religious minorities. However, how much support this Bill will garner in the current majoritarian atmosphere, when it’s put to test, is anyone’s guess.

Similarly, there is a need to first document the number of seasonal migrant workers and set up tracking mechanisms that would document the workers moving out of source areas and coming in to work in destination areas.

While economic inequality cuts across all socio-political categories, their vulnerability and marginalization is further exacerbated by their ascriptive status, socio-spatial circumstances, sectoral activities or rather the lack of employment in certain sectors. Evidences from different sectors prompt one to realize that inequality is multidimensional and this realization is critical to tackle the issue at hand.

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SDG 11

Make cities and human settlements inclusive, safe, resilient and sustainable

Urbanization has emerged as one of the most significant realities in India in recent decades. The country's urban system, which consists of 7,935²⁰⁸ urban centers has a population of 377.16 million and accounts for 31 percent²⁰⁹ of the country's total population.²¹⁰ Urban areas witnessed extraordinary growth over the last decade, from 286 million in 2001 to 377 million in 2011.²¹¹ As per the UN World Urbanization Prospects (2014 Revisions) India's urban population had reached 410 million in 2014. It is expected that most of the population increase between 2015 and 2030 will take place in urban areas and the country's urban population is expected to reach 583 million by 2030 and 814 million by 2050²¹². This extraordinary scale of urban growth poses a huge challenge for ensuring that Indian cities are safe, sustainable and resilient - the three main goals of Sustainable Development Goal (SDG) - 11. Further, ensuring that the needs of the currently excluded and marginalized population groups are addressed and "No one is left behind" while planning and managing urban centers is a daunting task.

While mega cities²¹³ are notable for their size and concentration of economic activity, these large urban centres are home to only 13 percent of India's urban population²¹⁴. Close to half of the country's urban population lives in relatively small urban settlements (with population of less than 500,000 residents).²¹⁵ Small and medium-sized urban centres face distinct challenges, including lower levels of access to resources (financial and technical) as well as limited local government capacities for ensuring effective service delivery and improved governance. These settlements often also have higher concentration of people in poverty. Further, research using geo-spatial data shows the presence of dense and continuous built-up urban extensions on the peripheries of India's major cities, where congestion pressures have encouraged sprawl and growth beyond municipal boundaries²¹⁶. These settlements display urban characteristics but continue to be governed as rural areas. At present, most of Government of India's (GoI's) urban development programmes and schemes are focussed on larger urban centres. There is an urgent need to bring the small and medium towns as well as the peri-urban areas into the policy and programmatic focus in order to ensure that India meets the targets set under SDG 11.

GoI recognises urbanisation as a key driver of India's economic growth and places emphasis on the need for "inclusion". In order to promote equity in urbanization, GoI has passed laws, developed missions, policies and programmes to address the needs of the marginalised. State and local governments have supported this vision by implementing various schemes. Yet there remains stark gaps in mainstreaming the excluded and marginalised sections, including people from Scheduled Caste (SC) and Scheduled Tribe (ST) and religious minority communities, urban poor, homeless, slum dwellers, women, children, aged and differently abled. Recent research studies show that urban centres are becoming

208 Including 4041 statutory towns and 3894 census towns

209 The urban population accounted for 27.79 percent of the country's total population in 2001

210 Census 2011

211 Ibid.

212 Source: UN World Urbanisation Prospects, 2014

213 Cities with population of more than 10 million inhabitants

214 Source: Census 2011

215 Ibid

216 Source: Ellis, Peter, and Mark Roberts. 2016. Leveraging Urbanization in South Asia: Managing Spatial Transformation for Prosperity and Livability. South Asia Development Matters. Washington, DC: World Bank.

increasingly gentrified, catering exclusively to the aspirations and needs of India's elite and its burgeoning middle class.²¹⁷

The challenge and responsibilities of achieving the SDG 11 are imperative in India. Urbanisation must usher in a process of inclusive economic growth and counter the trends in inter and intra-urban inequalities that have grown at an alarming rate. It is expected that the Goal will be achieved through an urban development strategy, which allows all stakeholders, especially the currently marginalised and excluded sections to participate actively in social and economic life. Govt's policies, programmes and schemes need to ensure that there is universal access to safe and affordable housing, basic amenities and open green spaces. The strategy must include components aimed at upgradation of slums, improvements in urban planning and management practices to make them participatory and inclusive, safeguarding the heritage and protecting the citizenry against natural disasters.

Note: The following analysis is largely focussing on the events post 2015 (the year in which the SDGs were put in place). However, learnings / experiences from some pre 2015 events have also been included at some places to support the analysis. The present draft is presenting an analysis on Target 1 and 3 under SDG 11.

11.1 By 2030 ensure access for all to adequate, safe and affordable housing and basic services (including water and sanitation) and upgrade slums

Homelessness

Homelessness is one of the worst violations of the human right to adequate housing.²¹⁸ Govt defines homeless households as families that do not live in "Census houses²¹⁹", but rather in the open – by roadsides, on pavements, in "Hume" pipes, under flyovers, and staircases on railway platforms, and in the open at or near places of worship.²²⁰ As per Census 2011, 4.49 lakh households (1.77 million people²²¹) were homeless in India, of which 52.9 percent were in urban areas. While the overall number of homeless households increased only marginally from 4.47 lakhs to 4.49 lakhs during 2001-2011, the number of homeless households in urban areas increased by 36.78 percent (from 1.87 lakh in 2001 to 2.56 lakh households in 2011). This disparity in rural and urban areas is a direct impact of the social assistance schemes that have been launched by the Govt, most of which are meant for rural areas and aren't easily accessible by the urban poor.²²²

BOX 1: THE GOVERNMENT OF KARNATAKA'S DEFINITION OF HOMELESSNESS

The definition of homelessness adopted by the Government of Karnataka (GoK) is based on places where people sleep. A person or family is considered homeless if they: (a) do not have a home, either self-owned or rented; (b) spend their nights sleeping in the place of work such as shops (including *dhabas*), factories, construction sites and offices; (c) spend their nights in or on their means of livelihood such as in hand/push carts or rickshaws (d) live and sleep on pavement, parks, railway stations, bus stands, and places of worship, outside shops and factories, at construction sites, under bridges, in Hume pipes and other places under the open sky or places unfit for human habitation; or (e) spend their nights or days in shelters or transit, short stay, beggars' or children's homes.

Experts believe that the Census figures on homelessness are an under estimation as they do not consider the people who sleep in places where they work (like labourers at construction sites), which arguably comprises a sizeable share of the homeless population in cities. Independent estimates place the total number of homeless persons in India at about 2.3 million.²²³ On a positive note, some state governments have begun adopting a more comprehensive definition of homeless. (Refer Box 1)

The National Urban Livelihoods Mission (NULM) is Govt's flagship programme for reducing poverty and vulnerability of urban poor households and one of its sub components, the Scheme of Shelters for Urban Homeless (SUH), is aimed at

217 Kavita Ramakrishnan, "City Futures: Aspirations and Urban Imaginaries in Delhi", Kaleidoscope Interdisciplinary Postgraduate Journal of Durham University's Institute of Advanced Studies, January 2013

218 Source: Housing and Land Rights in India: Status Report for Habitat III, Housing and Land Rights Network, New Delhi, 2016

219 Structure with roof

220 Census of India, 1991, p 64

221 Of the total homeless population 65.3 percent are concentrated in five states, namely, Uttar Pradesh, Maharashtra, Rajasthan, Madhya Pradesh, Andhra Pradesh and Gujarat

222 According to Mohammed Tarique, coordinator of Koshish, a Tata Institute of Social Sciences (TISS) Field Action Project on Homelessness and Destitution Source: <http://indianexpress.com/article/explained/from-2001-to-2011-families-without-homes-increased-37-in-cities-fell-26-in-villages-4626823/>

223 Source: Housing and Land Rights in India: Status Report for Habitat III, Housing and Land Rights Network, New Delhi, 2016

“providing shelters equipped with essential services to the urban homeless in a phased manner”²²⁴. The implementation of the scheme has been tardy. Based on the two writ petitions²²⁵ filed in the Supreme Court in 2003 concerning the right to shelter for homeless people in urban areas, the Court in its order dated 4th September 2014, directed the States / Union Territories (UTs) to file affidavits regarding the status of implementation of SUH. This exercise revealed that as on 31st October 2015, of the proposed 440 shelters only 75 shelters had been completed. Further, 19 States/UTs hadn’t sanctioned any proposals for urban homeless shelters. The Supreme Court wasn’t satisfied with the details provided by the states / UTs and, thus, directed the National Legal Services Authority (NALSA) to assess the implementation of SUH. As per NALSA’s report, which was submitted in January 2016, “the laudable objective with which the NULM and the SUH were introduced hadn’t been achieved due to ineffective implementation”.

The NALSA report brought to light that of the 1340 shelters planned under SUH only 653 (49 percent) had been sanctioned and that the present facility of shelter homes was insufficient in most states / UTs. Civil society assessments reveal that the shelters do not have adequate facilities to ensure a safe shelter for the homeless. Continuing its interventions, the Supreme Court in December 2016 directed the constitution of a Committee for undertaking physical verification of shelters in each State/UT. The Committee will also assess shelters’ compliance with the operational guidelines of the SUH. It is envisaged that the committee will issue suitable recommendations to State / UTs to ensure that adequate shelter facilities are provided for the homeless in the urban areas.²²⁶

Slums upgradation

A Technical Group on Urban Housing Shortage estimated the national urban housing shortage to be 18.78 million houses at the end of 2012, and an increase is expected to 34 million units by 2022.²²⁷ Approximately, 95 per cent of the housing shortage (17.96 million dwelling units) was for the Economically Weaker Sections (EWS) and Low Income Groups (LIG).²²⁸ This can be attributed to the fact that the housing produced by the State and the market is unaffordable for EWS and LIG.

In the absence of affordable housing options millions of urban residents are forced to live in under serviced and low quality housing in settlements that are referred to as “slums”²²⁹. As per Census 2011, there were 13.92 million slum households in India, which account for 17 percent of all urban households.²³⁰ While the proportion of urban households living in slums has decreased from 23.5 percent in 2001 to 17 percent in 2011, the absolute number of households living in slums has increased from 10.15 million to 13.92 million during the same period.²³¹ The mega cities of Greater Mumbai, Delhi National Capital Region (NCR) and Kolkata have anywhere between 42 to 55 percent of their population living in slums. Slums are characterized by poor housing conditions, limited access to basic amenities and social services, poor health outcomes, insecurity and unstable incomes and livelihoods. This has been variously categorized as a development challenge,²³² an impediment to development²³³ and a failure of the State.²³⁴

GoI has launched various missions, programmes and schemes aimed at “ameliorating the conditions of the urban slum dwellers who do not have adequate shelter and reside in dilapidated conditions”.²³⁵ Ministry of Housing and Urban Poverty Alleviation (MoHUPA), which is the focal ministry for these initiatives has reduced its funds allocations, this was brought to light by the Parliamentary Standing Committee on Urban Development (2016-2017). The Budget Estimates (BE) (2015-16) of Rs. 5625.30 crore were reduced to Rs. 1952 crore at the Revised Estimates (RE) stage (65% decline). Furthermore, the Committee highlighted that the actual expenditure of the ministry shows continuous under-utilization over the last three years. The Committee also took strong notice of the time lag in the implementation of schemes

224 Under the Scheme of Shelters for Urban Homeless the GoI would fund 75 per cent of the construction cost of the shelters while the remaining 25 per cent would be borne by the States/UTs. The GoI contribution goes up to 90 percent in case of special category states. The Urban Local Bodies have been entrusted with the responsibility of monitoring and evaluation of the Scheme.

225 Writ Petition (Civil) No. 55 of 2003 (E. R. Kumar and ANR Vs. Union of India and ORS) and Writ Petition (Civil) No 572 of 2003 (Deepan Bora Vs. Union of India)

226 This section has been sourced from http://supremecourtindia.nic.in/FileServer/2016-11-12_1478939339.pdf

227 Source: Housing and Land Rights in India: Status Report for Habitat III, Housing and Land Rights Network, New Delhi, 2016

228 Ibid

229 Census of India defines a slum as a compact area with a population of at least 300 or 60–70 households of poorly built congested tenements in an unhygienic environment, usually built with inadequate infrastructure and lacking in proper sanitary and drinking water facilities.

230 Source: Primary Census Abstract – Slums, Census 2011 (available at <http://www.censusindia.gov.in/2011-Documents/Slum-26-09-13.pdf>)

231 Ibid

232 <http://www.worldbank.org/en/news/feature/2011/07/04/indias-urban-challenges>

233 <https://scroll.in/pulse/832547/indias-economy-is-growing-but-distress-migrations-ensure-its-children-are-not>

234 <http://www.mainstreamweekly.net/article7010.html>

235 <http://mhupa.gov.in/writereaddata/Revised%20Guidelines%20IHSDP%202009.pdf>. These have included the Basic Services to the Urban Poor (BSUP), a sub Mission of the JawaharLal Nehru Urban Renewal Mission, and the Integrated Housing and Slum Development Program (IHSDP)

right from the stage of conceptualisation to identifying the various components/beneficiaries and obtaining approval.²³⁶

The present national government is committed to making housing available to all by 2020 through the Pradhan Mantri Awas Yojana- Housing for All (PMAY-HFA). The PMAY-HFA, launched in 2015 seeks to facilitate the efforts of States / UTs in addressing the housing shortage of its citizens belonging to EWS and LIG segments, by constructing a whopping 20 million houses by 2022. The programme has four verticals, namely, slum rehabilitation with participation of private developers using land as a resource; promotion of affordable housing for economically weaker section through Credit Linked Subsidy Scheme (CLSS); affordable housing in partnership with public and private sectors; and subsidy for beneficiary-led individual house construction.

The scheme is well aligned to the SDG theme of “Leave no one behind” and its focus is to “support empowerment and equity for marginalized sections of the society”. The PMAY-HFA Guidelines state that under the CLSS preference would be given to manual scavengers, women (with overriding preference to widows), and persons belonging to Scheduled Castes (SC) / Scheduled Tribes (ST) / Other Backward Classes (OBC), minorities, persons with disabilities and transgender persons.²³⁷ Similarly, the component on Affordable Housing in Partnership with public and private sectors has a provision for preference in allotment to be given to physically handicapped persons, senior citizens, SC, ST, OBCs, minority, single women, transgender and other weaker and vulnerable sections of the society.²³⁸ Further, the guidelines state that the families with differently-abled persons and senior citizens may be allotted house preferably on the ground floor or lower floors.²³⁹

Despite these good intentions that have been incorporated in the programme guidelines there are certain aspects (detailed below) that are likely to leave out the most marginalised sections of the society.

1. The PMAY gives precedence to “cut off dates” issued by the State Governments/UTs, which will result in leaving out the most vulnerable segment as far as housing is concerned. For instance, the cut-off date (01.01.2000) in Mumbai leaves more than 30 lakh people out of the ambit of state secured housing and basic services.
2. Beneficiary families are assumed to be a husband, wife and unmarried children. However, there are an increasing number of single men and women in cities who are likely to get left out by this definition of “beneficiary families”.
3. Those who have a ‘pucca’ (concrete) house in any part of India are not eligible for the scheme [a pucca house will be assessed based on roof type (annexure 4 part B)]. This is contradictory for two main reasons. Firstly, many slums that have security of tenure are likely to a high number of ‘pucca’ houses. So, these are likely to be considered ineligible under the scheme. Secondly, many who migrate to urban areas may have ‘pucca’ houses in their place of origin and they migrate for livelihood opportunities, not because they do not have houses in rural areas.

The progress of PMAY - insitu slum rehabilitation is very similar to a previous slum rehabilitation scheme implemented in Mumbai called the Slum Rehabilitation Scheme (SRS), which has been known more for its failures than for its successes (Box 2). As per the data available from the Monitoring Division of the Ministry of Housing and Urban Poverty Alleviation²⁴⁰ (MoHUPA), 4,365 projects were considered, which covered 18.76 households. Of these, only 1.02 lakh (5.43 percent) houses have been completed and 78,808 (4 percent) have been occupied as on 1st May 2017. Responding to a question on the progress of PMAY in the Parliament, the Minister of State for Housing and Poverty Alleviation (HUPA) shared that only 7,180 households had received the benefits of funding under CLSS as on 15th July 2016.²⁴¹ The outcomes of PMAY-HFA in terms of the built habitat, the nature of beneficiaries and their engagement with the scheme is yet to be seen.

236 Source: YUVA, “Status of Housing and Urban Poverty: NDA Government’s Report Card 2016-17”

237 Source: PMAY HFA Urban Guidelines 2015, available at http://pmaymis.gov.in/PDF/HFA_Guidelines/hfa_Guidelines.pdf

238 Ibid.

239 Ibid.

240 Source: http://mhupa.gov.in/writereaddata/74_PMay_Prgoress_as_on_01-5-2017_ForUpdate.pdf

241 Source: <http://indianexpress.com/article/india/india-news-india/housing-for-all-by-2022-first-year-report-room-for-improvement-2930619/>

BOX 3 IMPLEMENTATION OF SBM – URBAN: A CASE OF ANDHRA PRADESH

Andhra Pradesh has been declared Open Defecation Free (ODF) on 2nd Oct 2016. However, field experience suggests that there could be some gaps due to physical constraints and slippages.

Prior to the launch of the SBM-U about 17.6 percent of households in urban areas did not have access to a sanitary toilet in their residential premises. Out of this, while 14.75 percent (538,802 households) were defecating in the open, the remaining 2.85 percent were using community / public sanitation facilities. The main barriers to construction of individual toilets were low financial capacities of households and lack of space within their home for construction of toilet. Under SBM Urban, a total of 1,65,713 Individual Household Toilets (IHTs) units were sanctioned across the state. The progress achieved in terms of construction of the units as a percentage of the sanctioned till mid- September 2016 was 88 percent (146,772) while the remaining 22 percent (18,941) were under construction.

Whilst the construction of the IHTs is one aspect, putting them to use/disuse has been a major concern in the state. Due to lack, or insufficient quantity of water and low levels of awareness many individual toilets in poor households remain unutilized. There is a growing realization in the state that creation of infrastructure must be supported by inputs towards behavior change among users to ensure that the created infrastructure is used and maintained properly. The state has, therefore, proposed the urban sanitation programme should have a ratio of 80 percent for support towards toilet construction, 15 percent for Information, Education and Communications (IEC), Mass media, Hygiene IPC and Award schemes and remaining 5 percent for administrative and human resource/ expertise hiring. To counter this problem and slippages, the state government has been running a massive communication and behavior change campaign.

Based on discussions with staff at Administrative Staff College of India, Hyderabad

A positive initiative of the NDA-led Maharashtra state Government can be seen in Nagpur regarding the land tenure rights for the urban slum dwellers. The Maharashtra Government Resolution (GR) dated 3 January, 2017, declared that the slums located on government land (land belonging to authorities such as Nagpur Municipal Corporation, Nagpur Improvement Trust and the Collector's land) would be given land tenure rights by the respective government authorities.

Access to Basic Services (Water and Sanitation)

India has made significant progress with respect to providing access to improved water sources.²⁴² As per UNICEF/WHO Joint Monitoring Programme (2015), 97 percent of the country's urban population has access to improved drinking water sources, including 54 percent that have access to piped water supply within their household premises and 43 percent that have access to other improved sources including public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs, rainwater collection, etc. Only 3 percent of the urban population depends on unimproved sources for water supply.

As per the WHO/UNICEF Joint Monitoring Program (JMP), 2015 sixty three percent of urban households in the country had access to improved sanitation facilities.²⁴³ Access to improved sanitation facilities has increased from 49 percent in 1990 to 63 percent in 2015. Despite the improvements in ensuring access to sanitation facilities 10 percent of urban households²⁴⁴ resort to defecating in the open in the absence of any toilet facility.

The *Swachh Bharat Mission* (SBM) launched by GoI in October 2014 aims to eliminate open defecation and put an end to the inhuman practise of manual scavenging.²⁴⁵ The SBM has a dedicated urban component, which supports construction of Individual Household Toilets²⁴⁶ (IHTs) and Public and Community Toilets. Aimed at mainstreaming the needs of women, the SBM - Urban Guidelines state that "care should be taken to ensure that there is adequate provision for sep-

242 An improved drinking water source is one that, by the nature of its construction, adequately protects the source from outside contamination, particularly faecal matter. Defined by WHO/UNICEF JMP

243 An "improved" sanitation facility as defined by the WHO/UNICEF JMP is one that hygienically separates human excreta from human contact. An improved sanitation facility includes flush toilet, piped sewer system, septic tank, flush / pour flush to pit latrine, ventilated improved pit latrine, pit latrine with slab, composting toilet and some special cases.

244 Down from 25 percent in 1990.

245 <http://www.swachhbharaturban.in/sbm/home/#/SBM>

246 For IHTs, total of INR 15,000 (Central Government contribution of INR 4000 and State Government contribution of INR. 11000) has been sanctioned

arate toilets and bathing facilities for men and women”, in Community (Component II) and Public Toilets (Component III). The norms for provision of seats in community and public toilets are also gender differentiated. For community toilets while 1 seat is provided for 35 men the number of women for every seat is lower at 25. Also in the case of Public toilets, the norm for provision of seats is 1 seat per 100 men and 1 seat per 50 women.

If the data available on the SBM Urban website is to be believed, the *Swachh Bharat Mission* has achieved tremendous success. By May 2017, two states (Gujarat and Andhra Pradesh) and 662 cities have already been declared Open Defecation Free (ODF). Further, approximately 34 lakh IHTs and 1.28 lakh community / public toilets have been constructed.²⁴⁷ However, the situation on the ground is not so rosy. Andhra Pradesh, which was declared ODF in October 2016, is currently grappling with slippages. Field interactions reveal that many IHTs that have been constructed are not being used. The state Government is now focussing on behaviour change as a strategy to ensure use of the toilet infrastructure that has been created. (For details refer Box 3)

BOX 4: PUBLIC PARTICIPATION PROCESS ADOPTED FOR THE PREPARATION OF MUMBAI'S THIRD DEVELOPMENT PLAN

The preparation of Mumbai's third Development Plan (DP) (2014-34) is unique for its participatory process spanning more than three years, one that has been driven by a people's campaign as well as by the local government (MCGM). The MRTPL Act, 1966 mandates that a DP be prepared every 20 years and has a provision for “public suggestions and objections” after the proposed land use plan is drafted. However, for the first time, the MCGM went beyond this legal mandate to undertake various levels of consultations with citizens including thematic consultations, meeting with elected representatives as well as city and ward level public meetings. Notably, the most marginalised (informal sector workers, those living in slums) who have hitherto been left out of the DP and usually have few formal avenues for participation, have asserted themselves, integrating into a larger campaign to participate in the DP process. Citizen groups that were previously active individually came together collectively under the banner *Hamara Shehar Vikas Niyojan Abhiyan Mumbai* to sustain the process of public participation and democratisation in urban planning and governance. The most substantial participation was seen at the ward level, highlighting the ward as the focus of participation with ward officials and councillors mediating this process.

Source: Lalitha Kamath and Marina Joseph, “How a participatory process can matter in planning a city”, Economic and Political Weekly, Vol I, No. 39, 26th September 2015.

In some cities, the competitiveness for a better ranking in the Swachh Sarvekshan²⁴⁸ (the cleanliness ranking which is a part of SBM - U) has resulted in forcible eviction of slums. In Indore, which incidentally ranks first among all Indian cities in the recently conducted ranking exercise, the Indore Municipal Corporation (IMC) forcibly evicted slums that were without sanitation facilities. The presence of these residential areas without functioning toilets would have marred Indore's rating and so the IMC considered it fit to rid the city of these settlements, which could be done faster than constructing toilets. In six major eviction incidents across the city, 1444 families were evicted from their homes in November 2016. These evictions are synonymous with a rising apathy for safeguards instituted for the poor. Settlements at Ganesh Nagar, Khajrana Ring road, AhirKhedi road, Pragati Nagar, Hawa Bangla, CAT road, Rajendra Nagar and Bangangawere razed and residents evicted. The Swachh Sarvekshan team from Delhi which was due to arrive in Indore on January 3rd 2017 for inspection of Indore's SBM efforts did not get to see the localities mentioned above and their lack of individual toilets.²⁴⁹

The Union Cabinet has allocated Rs. 480 billion (USD 7.5 billion) for Smart Cities Mission, which aims to develop 100 ‘smart cities’ in India by 2020. The Mission Guidelines fail to mention how the urban poor and other marginalized sections will be mainstreamed and integrated in these ‘smart cities’ despite the fact that many of them would be needed for the construction of the required infrastructure as well as to provide various services after the smart cities are constructed. Further, not much thought has been given on how the mission will converge with other flagship GoI programmes such as PMAY, NULM, Swachh Bharat Mission as well as multiple infrastructure projects like expansion of city

247 Source: <http://www.swachhbharaturban.in/sbm/home/#/SBM>

248 As a strategy to encourage cities to improve urban sanitation, Ministry of Urban Development (MoUD) had conducted a ‘Swachh Sarvekshan’ survey for rating 73 cities in January 2016. In a bid to scale up the coverage of the ranking exercise and encourage towns and cities to actively implement mission initiatives in a timely and innovative manner, MoUD conducted its second survey to rank 500 cities (with a population of 1 lakh and above) under Swachh Bharat Mission-Urban (SBM-U) in January 2017

249 <http://www.freepressjournal.in/indore/garbage-management-a-major-challenge-before-indore-city/966665>

roads and highways, water reservoir and so on, which are mostly undertaken by development authorities or the State governments.²⁵⁰

11.1 Enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management

Participatory planning has been made mandatory under various GoI urban development programmes and missions (including Smart Cities Mission and AMRUT) wherein implementing agencies i.e., Urban Local Bodies (ULBs) are required to engage with citizens (and their associations) to ascertain and integrate their needs and aspirations into the plans. The ULBs, however, have mostly technical staff who lack skills and expertise required to facilitate participatory processes. While some ULBs have engaged Non-Governmental Organizations (NGOs) and / or consulting firms to undertake community consultation processes, there is a strong need to build capacities at the ULB level to implement / anchor such processes.

Recognizing this need the GoI, through the Ministry of Urban Development (MoUD), has initiated programmes aimed at building capacity and promoting excellence in specific areas of urban management, project implementation and urban governance. One such initiative was the setting up of Centres of Excellence (CoE) in reputed academic and research institutions. The basic objective of the CoEs was to implement capacity building programmes, conduct research and build a technical knowledge base in the area of urban development. It was envisaged that CoEs would address urban development issues at national, state and local levels and provide the required support to state and local governments. Discussions with sector experts have revealed that most of the programmes have focused on improving municipal service delivery and management, while participatory techniques in planning and mainstreaming the marginalised or excluded communities haven't received much attention. Further, the methodologies adopted for the capacity building programmes, which were largely in the form of online content and e-learning have not had much uptake from the local / state governments.

Planning for cities in India is largely top down and non-participatory and this can be attributed largely to the dissonance, which exists between the urban planning and governance systems. While the 74th Constitutional Amendment Act paved the way for "urban planning, regulation of land use, and planning for economic and social development" to be devolved to ULBs, the implementation has been tardy. While the GoI issued a Model Regional and Town Planning and Development Law (1996), which requires Municipal Corporations to prepare local plans and Metropolitan Planning Committees (MPC) to prepare regional plans, most state governments have failed to incorporate these provisions into their respective planning legislations.

The current urban planning regime is based on outmoded static land use based Development Plans (DP), which draws exclusively on technical expertise and are distanced from people's lived experiences and needs; actively excluding large numbers of people, places, activities and practices that are an integral part of the city.²⁵¹ The legislations do not mandate plans to be prepared based on citizen participation but only seek public comments after the land use plan has been prepared. It is interesting to note that amid such an environment, Mumbai's third Development Plan was prepared based on a unique participatory process, which was anchored jointly by the urban local body (Municipal Corporation of greater Mumbai) and the people of the city. While the participatory process adopted was novel the lack of a mandate in the Mumbai Regional and Town Planning Act, 1966 (MR&TP Act, 1966) to actually incorporate these suggestions into spatial allocations, is one probable reason for low incorporation of participatory suggestions into the draft plan.

TABLE 1: POPULATION: URBAN AND RURAL, 2001 AND 2011²⁵²

	2001		2011		Absolute increase (2001-2011)	Growth rate (2001-11) (%)
	Population	%	Population	%		
India	102.9		121		181	17.6
Urban	286	27.79	377	31.16	91	31.8
Rural	743	72.21	833	68.84	90.6	12.2

250 Joshi, Bhanu. 2016. 'Smart Cities Mission: Flaws in a flagship programme', The Hindu, September 18. <http://www.thehindu.com/opinion/op-ed/Smart-Cities-Mission-Flaws-in-a-flagship-programme/article14406724.ece>

251 Source: Lalitha Kamath and Marina Joseph, "How a participatory process can matter in planning a city", Economic and Political Weekly, Vol I, No. 39, 26th September 2015.

252 Source: Census 2001 and 2011

TABLE 2: DRINKING WATER COVERAGE ESTIMATES²⁵³

	Drinking water coverage estimates					
	Urban (%)		Rural (%)		Total (%)	
	1990	2015	1990	2015	1990	2015
Piped onto premises	47	54	6	16	16	28
Other improved source	42	43	58	77	55	66
Other unimproved	10	3	32	6	26	5
Surface water	1	0	4	1	3	1

TABLE 3: SANITATION COVERAGE ESTIMATES²⁵⁴

	Sanitation coverage estimates					
	Urban (%)		Rural (%)		Total (%)	
	1990	2015	1990	2015	1990	2015
Improved facilities	49	63	6	28	17	40
Shared facilities	16	21	1	5	5	10
Other unimproved	6	6	2	6	3	6
Open defecation	29	10	91	61	75	44

Authors:	Roshni Nuggehalli and Shikha Shukla Chhabra
Contributing organizations:	Committee for the Right to Housing, Development Alternatives, National Foundation for India, Right to the City Campaign, SAATH, School of Habitat Studies, Tata Institute of Social Sciences.

253 Source: Source: WHO/UNICEF JMP for Water Supply and Sanitation, 2015

254 Source: WHO/UNICEF JMP for Water Supply and Sanitation, 2015



SDG 13

Take Urgent Action to Combat Climate Change and its Impact

Sustainability, at the heart of the SDGs is recognized to be a critical dimension of development and growth for all nations, communities and people. The critics have pointed out that the Agenda 2030 (as the SDGs are popularly known) remain highly compromised and doubt its capacity to bring the transformational change that is required to make growth sustainable and inclusive, and protect environment.²⁵⁵

All the countries have reportedly started preparing for implementation of the SDGs, which became operational from 1st January 2016. In the UN High Level Political Forum on the SDGs, which is tasked by the UN to oversee the implementation of the SDGs, periodical review and share lessons among the countries, 25 countries made a Voluntary National Review (VNR) of the status of implementation of the SDGs. In 2017, 44 countries including India have committed to do a VNR.²⁵⁶

The Prime Minister of India, speaking at the SDGs Summit in the UN, in September 2015 said, “Today, much of India’s development agenda is mirrored in the Sustainable Development Goals. Since independence, we have pursued the dream of eliminating poverty from India. We have chosen the path of removing poverty by empowering the poor.”²⁵⁷ India has notified NITI Aayog as nodal agency for the implementation of the SDGs, has asked the states to prepare action plans and has also embarked upon exercise to develop national indicators for the 17 Goals, besides undertaking consultations on specific Goals.²⁵⁸ NITI Aayog is expected to come up with the long-term vision (2015-30) and medium term plan (2015-22), in response to which it recently developed a short-term action agenda. NITI Aayog is also given the responsibility to develop an energy policy in the light of India’s commitment to the Paris Agreement. Concurrently, India considerably improved its parliamentary oversight on the SDGs by including a 5-hour discussion in each session of the Parliament.²⁵⁹ State governments too are asked to prepare action plans on implementing the SDGs. However, by far, only the state of Assam has done any significant work on it.²⁶⁰

India’s progress on SDG 13

Under the SDGs’ framework, actions under Goal 13 are largely based on the outcomes of the climate change negotiations in the United Nations Framework Convention on Climate Change (UNFCCC). This is unfortunate, as the UNFCCC has achieved very little during its more than 20 years of negotiations. In 2015, the Paris Agreement was signed by 193 countries and was considered a landmark. The global compact and convergence is an outstanding achievement undoubtedly, however, commitments under the Paris Agreement too, fail to keep the rise in temperature below 2 degrees

²⁵⁵ While the minimum financial requirement for achieving the SDGs is around \$300 billion every year for the next 15 years, the international cooperation does not seem to be rising to the occasion. Besides, the aspirations on poverty eradication, food and agriculture, inequality, gender, climate change are critiqued for being extremely modest.

²⁵⁶ For more information on the VNRs, please see <https://sustainabledevelopment.un.org/vnrs/>

²⁵⁷ <http://www.narendramodi.in/text-of-pm-s-statement-at-the-united-nations-summit-for-the-adoption-of-post-2015-development-agenda-332923>

²⁵⁸ NITI Aayog is the National Institution for Transforming India, which has replaced erstwhile Planning Commission of India, and is tasked with enhancing cooperative federalism.

²⁵⁹ Lok Sabha mulls exclusive day to discuss the SDGs: Speaker, PTI, 24th October, 2016, <http://indiatoday.intoday.in/story/lok-sabha-mulls-exclusive-day-to-discuss-sdgs-speaker/1/794599.html>

²⁶⁰ Reportedly many states have started working on the SDGs Action Plan, however, NITI Aayog’s webpage has only Assam’s plan, <http://niti.gov.in/content/states>

Celsius. Many critics have dubbed Paris Agreement as politically “highly compromised,” and without any mechanism for legal compliance. In these circumstances, SDG 13 could have been an additional instrument in encouraging countries to move towards low carbon development pathways. Therefore, in a sense SDG 13 is a lost opportunity. Despite the fact that climate change was the most talked about issue (besides finance) in the Open Working Group (OWG) discussions from which the SDGs emanated, it is a completely scaled down aspiration and countries do not need to make any additional effort in implementing SDG13. India’s institutional framework on climate change is focused on achieving its pre-2020 commitments and the Nationally Determined Contributions (NDCs) rather than achieving SDGs in general or SDG 13 in particular.

India’s commitments

India agreed to reduce its emission intensity by 20-25% by 2020 over 2005 level. In the Paris Agreement, India’s NDC committed to achieve three targets;²⁶¹

- 33% - 35% reduction in the energy intensity of its GDP by 2030 over 2005 (20-25% by 2020 over 2005 in the Copenhagen Accord)
- 40% cumulative electric power installed capacity for the fossil fuel based energy resources by 2030 (conditional and transfer of technology and international finance)
- Additional carbon sink of 2.5-3 billion tonnes of CO₂ through additional forest cover.

India’s NDC were labeled as not being ambitious enough. However, in view of India’s development challenges, and less ambitious NDCs by developing countries (EU, USA, China, and others), India’s NDCs are better than many big polluters and especially the USA, EU and China.²⁶² It is projected that India will over achieve its NDC targets by 2030.²⁶³ India should use this opportunity to provide leadership and encourage ramping up in ambitions of other countries. For this strategic engagement with global community, there could not be a better opportunity, which is created by the withdrawal of the US from Paris Agreement.

India has taken a range of actions to achieve its INDC. The continuing rapid growth in renewable energy in India combined with sustained reductions in coal imports and a slow down in coal development is a strong indication that the low carbon transformations in India’s energy supply sector is gathering momentum. However, India’s NDCs do not yet reflect these developments. Under current policies, with the targeted 175 GW of renewable power capacity to be reached by 2022, India is already set to over achieve its 2030 NDC emissions intensity target.²⁶⁴

India is on a cusp of a change that can be transformative given there is a global commitment to fulfill the pledges on finance, technology and capacity building. India is highly vulnerable to climate change and expedited action on climate is in its own national interest, and a global cooperation enabling India to achieve its climate commitments will not only help India but also help achieve aims of the Paris Agreement globally. Given these conditions are fulfilled; India must go beyond its international commitments, which will reduce vulnerability of people, ecosystem and institutions and developing a low carbon future.

However, in India, the discussion on pathways to achieve the goals have, over the past year, become the domain of central- and state-level bureaucrats who, perhaps because of competing priorities, have shown little ability and inclination to challenge the status quo, devise new partnerships and generate solutions.²⁶⁵ India has though done reasonably well in mitigation (avoiding emissions, improving energy efficiency in various sectors, increased energy from renewable sources etc.). However, progress in adaptation, loss and damage, reduction in social vulnerability including through

261 India’s INDC, <http://www4.unfccc.int/ndcregistry/PublishedDocuments/India%20First/INDIA%20INDC%20TO%20UNFCCC.pdf>

262 India’s INDC is fair, and its renewable energy and forestry targets are ambitious, CSE, 30th September 2015, <http://www.downtoearth.org.in/coverage/climate-change-package-51338>

263 Climate Action Tracker, 15th May 2017, <http://climateactiontracker.org/countries/india.html>

264 ibid

265 One year since the SDGs, how committed is India’s Parliament, Mona Mishra, 20th September 2016, the Huffington Post, http://www.huffingtonpost.in/mona-mishra/one-year-since-the-sdgs-how-committed-is-the-indian-parliament_a_21474664/

better education and awareness has been awfully slow.²⁶⁶ These important dimensions have been pushed to margin, while India takes concrete steps to maintain its economic growth with reduced emissions.

13.1 Strengthen resilience and adaptive capacity to climate related hazards and natural disasters in all countries

National Indicator:

Number of states with strategies for enhancing adaptive capacity and dealing with climate extreme weather events.

Global Indicators

13.1.1 Number of deaths, missing persons and directly affected persons attributed to disaster per 100,000 population

India's vulnerability profile is increasing. There are different and conflicting data in terms of number of deaths, missing persons and directly affected population, which also probably is far from the true estimate of the disasters impacts. India was among the top three most disaster hit countries in 2015, with economic losses amounting to \$ 3.30 billion (UNISDR, 2016). The report of the UNISDR titled "Human Cost of Weather Related Disaster," says that India had 19 disaster events including floods, droughts and heat waves in 2015.²⁶⁷ India and China dominate the league of table of the disaster hit people accounting for 3 billion affected during the 1995-2015, comprising 75% of the globally affected population of 4.1 billion. Of the 27.5 million people affected by floods in 2015, 16.4 were in India. India also witnessed 2248 deaths in 2015 due to heat waves.²⁶⁸ The country faces a formidable range of both man-made and natural hazards as evidenced by the drought affecting over 300 million people.²⁶⁹

In terms of absolute numbers of affected people, India was the second highest after China with 805 million people affected in the last two decades. However, globally, India is fourth in relative mortality—deaths per million inhabitants—after Venezuela, Russia and China. The low death rate, in spite of very high absolute numbers of affected population, is because of the ratio with the overall gigantic Indian population.²⁷⁰

However, even these data are highly contested. Though the number of deaths due to disasters has decreased, on an average 20,000 lives are lost in India every year due to natural disasters.²⁷¹ More than 2000 persons every year die due to exposure to extreme cold or heat and a similar number of even more due to lightening.²⁷² Data varies from agency to agency even within the Government. The Union Home Ministry admits to a very small fraction of these deaths. According to the Ministry, in 2015, 1543 persons died in India due to natural disasters, which damaged about 1.65 million households and affected crops over an area 3.357 M ha.²⁷³

A study by Food and Agricultural Organization (FAO) say more than 22 per cent of the damages caused by natural hazards—such as drought, floods, storms or tsunamis—are accounted for by the agriculture sector. According to the study, during drought period, agriculture absorbs up to 84 percent of all economic impacts. Within the agricultural sector, 42 per cent of assessed losses were that of crops (\$13 billion), with floods being the main culprit, responsible for 60 per cent of crop damages, followed by storms (23 per cent of crop damages).²⁷⁴

266 The slow progress on adaptation is mainly due to lack of finances. The government of India has allocated a meager sum of INR 3.5 billion for the National Adaptation Fund for the financial years 2015-16 and 2016-17, which is highly inadequate given the fact that after cyclone Aila Sunderbans was allocated INR 5 billion. Environmentalists consider this amount highly inadequate, for details visit, India's budget for climate adaptation is inadequate, 11th April 2016, Livemint, <http://www.livemint.com/Politics/xBROsTMzIdFvMDh4YJoFN/Indias-budget-for-climate-adaptation-inadequate.html>

267 The number of only exceeded by China (26 events) and the US (21 events). India is followed by cyclone hit Philippines (15) and Indonesia (11 events)

268 Tragedies of 2015: Havoc caused due to natural disasters, YESHA KOTAK | Thu, 31 Dec 2015-08:00am, Mumbai, DNA webdesk, <http://www.dnaindia.com/world/report-tragedies-of-2015-havoc-caused-due-to-natural-disasters-2157547>

269 <http://indianexpress.com/article/india/india-news-india/national-disaster-management-plan-neglects-women-disabled-and-low-castes-aid-workers-2841384/>

270 Natural disasters cost India \$3.30bn in 2015: Here's why we should be very worried, Shreerupa Mitra-Jha, 12th February, 2016, <http://www.firstpost.com/india/natural-disasters-cost-india-3-30bn-in-2015-heres-why-we-should-be-very-worried-2622940.html>

271 From 25066 in 2010, it has come down to 20201 in 2014, Fewer People Have Died in the Last 5 Years Due to Natural Calamities, Devanik Saha, 05/12/2015 The Wire, <https://thewire.in/16766/fewer-people-have-died-in-the-last-5-years-due-to-natural-calamities/>

272 ibid

273 At least 1,543 deaths in 2015-16 due to disasters, New Delhi, <http://www.livemint.com/Politics/J7pW41xsgeeq8sysu19seI/At-least-1543-people-killed-in-201516-due-to-disasters.html>

274 <http://www.downtoearth.org.in/news/fao-quantifies-impact-of-natural-disasters-on-agriculture--49026>

The global assessment report (GAR) 2015, produced by the UN Office for Disaster Risk Reduction (UNISDR) estimated India's average annual economic loss due to disasters to be \$9.8 billion. This includes more than \$7 billion loss because floods.²⁷⁵ A total of 98.6 million people were affected by natural disasters in 2015 of which 92 percent were caused by climate change buoyed by a powerful El Niño impact.²⁷⁶

13.1.2: Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030

India's Prime Minister released the first National Disaster Management Plan (NDMP) in June 2016. On this occasion, the United Nations representative remarked that India was one of the first countries to present a plan to implement the four priorities for action of the Sendai Framework. At the UN's Disaster Risk Reduction meeting at Cancun in May 2017, India was the only country, which drew a comprehensive national plan on its roadmap to fully achieve the Sendai framework by 2030 and a short-term goal by 2020.²⁷⁷

Among the Indian states, Assam became the first state to adopt the National Disaster Management Plan in December 2016.²⁷⁸ It is reported that the Union Home Ministry and agencies like the National Disaster Management Authority (NDMA), National Disaster Response Force (NDRF), and the National Institute of Disaster Management (NIDM) are sharing long-term measures and training with states for better preparedness. According to the Ministry, during the last financial year, an amount of Rs.8,756 crore was released to different states from the State Disaster Response Fund in addition to release of Rs.12,452 crore from National Disaster Response Fund to the states severely affected by natural disasters.²⁷⁹ However, the states complain about the lack of appropriate India Meteorological Department (IMD) infrastructure, rainfall and weather monitoring stations and lack of forecasts providing information down to the village level, rather than giving it for regions, and lack of IMD and ISRO information in a user-friendly and understandable manner, which is useful for states.²⁸⁰

The Central Government has allocated Rs. 55,000 crore (over \$8 billion) for five years from 2015-20 to all states for disaster management.²⁸¹ According to the Government of India, at least 38 cities lie in high-risk seismic zones and almost 60 per cent of the landmass of the subcontinent is immensely vulnerable to earthquakes or other natural disasters. While the Indian Government has embarked upon building urban infrastructure across the country and develop 100 smart cities over the coming years, it is important that cities and infrastructure being built take into account the topography and vulnerability of the area to various hazards.²⁸²

However, there are several problems in the National Disaster Management Plan. First, it fails to lay down a clear and practical roadmap. It is too generic in its identification of the activities to be undertaken by the central and states governments for disaster risk mitigation, preparedness, response, recovery, reconstruction, and governance. Second, the plan refrains from providing a time frame for undertaking these activities beyond vaguely prescribing that these must be taken up in short, medium, mid- and long-term basis. Third, the plan does not project the requirement of funds needed for undertaking these activities, nor does it provide any clue as to how funds shall be mobilized for this purpose. The plan further does not provide any framework for monitoring and evaluation of the plan.²⁸³ NGOs feel that In-

275 <http://timesofindia.indiatimes.com/india/Disasters-cost-India-10bn-per-year-UN-report/articleshow/46522526.cms>

276 <http://www.firstpost.com/india/natural-disasters-cost-india-3-30bn-in-2015-heres-why-we-should-be-very-worried-2622940.html>

277 India first country to have national plan for disaster risk reduction, Times of India, May 24, 2017, <http://timesofindia.indiatimes.com/india/india-first-country-to-have-national-plan-for-disaster-risk-reduction/articleshow/58829054.cms>

278 Assam first state to reduce disaster risk, Sendai framework being implemented, Avishek Sengupta, Guwahati, Dec. 5, https://www.telegraphindia.com/1161206/jsp/frontpage/story_123248.jsp

279 This was reported in a Conference organized in Delhi in 2016 to review preparedness for south west monsoon, At least 1,543 deaths in 2015-16 due to disasters, New Delhi, <http://www.livemint.com/Politics/J7pW41xsgeeq8sysu19seI/At-least-1543-people-killed-in-201516-due-to-disasters.html>

280 *ibid*

281 India government to convene high level meeting for disaster risk reduction, Times of India, Mar 21, 2017, <http://timesofindia.indiatimes.com/india/government-to-convene-high-level-meeting-for-disaster-risk-reduction/articleshow/57756231.cms>

282 Developing disaster-proof cities, The Indian Express, September 26, 2015, <http://indianexpress.com/article/india/india-others/developing-disaster-proof-cities/>

283 The new National Disaster Management Plan has several flaws, PG Dhar Chakrabarti, 15th June, 2016, <http://www.hindustan-times.com/analysis/the-new-national-disaster-management-plan-has-several-flaws/story-LrHOFHXg9gwrtOgYjXJDrK.htm>

dia's new plan to tackle disasters fails to address the special needs of vulnerable groups, which could lead to millions of women, children, disabled and elderly people as well as lower caste and tribal communities being put at further risk.²⁸⁴

A study of the State Disaster Management Plans of five states highlighted a number of areas for strengthening viz. clarifying responsibilities among various nodal agencies; considering all stages of disaster management cycle equally, as opposed to the current emphasis on response and relief after the disaster; adequately incorporating the socio-economic vulnerability of different groups, such as women and the very poorest people into vulnerability analysis; and considering the additional risks that climate change will bring to the vulnerable populations.²⁸⁵ The disaster management plans also fail to take lessons from the experiences of Community based disaster management approaches world over, and are too dependent on official mechanisms.

One of the fundamental problems is the lack of appropriate vulnerability assessments. Most of the state plans are based on the Vulnerability Atlas of India.²⁸⁶ This covers entire landmass of India with macro level analysis of exposure to earthquakes, cyclones, floods, wind speed, but does not include slow onset disasters such as droughts and sea level rise.²⁸⁷ This is helpful but limited to understand the vulnerability of state at micro-level.

13.1.3 Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with the national disaster risk reduction strategies

As far as the local governments are concerned, they have almost no role in managing climate change and disasters. This is ironical as world over these are local governments who are leading the transition of cities. At COP 21 at Paris, more than 400 cities joined the compact of Mayors. Besides, a number sub-national governments (states) in the world have gone beyond national commitments to make states 2 degrees compliant. However, India is yet to take any significant steps in this direction. The 73rd and 74th Constitutional Amendment Act, 1992, which aimed at empowering local rural and urban authorities including the right to raise resources, pursue social justice policies and contribute to economic development, largely remains unimplemented. A circular of the Ministry of Home Affairs dated 23rd June, 2015, with the subject line *Implementing the Sendai Framework and Action to be taken by district magistrates*, addressed to all states, fell short of envision any role for the local bodies except ensuring that building bye laws are strictly followed.²⁸⁸ The Journal of Integrative Environmental Sciences (Taylor and Francis, 2016) note that the power of town and city governments vary across states and a significant decentralization of governance has not occurred. Therefore, cities institutional and financial capacities remain weak.²⁸⁹ Despite this weakness, several cities in India have taken strong initiatives in sectors ranging from climate management to transport including Delhi, Hyderabad, Kolkata, Mumbai and Surat.²⁹⁰ Several other cities have established partnership with the global cities that go beyond cultural and citizen exchange.²⁹¹ However, largely speaking, disaster management plans in almost all the states lack any role for the communities as well, except being involved in training to save themselves during disasters. This is ironical as they are the ones who reach the venue in any disaster.

284 India's plan to tackle disasters neglects women, disabled and lower castes: aid workers, Reuters, New Delhi, 8th June 2016, <http://indianexpress.com/article/india/india-news-india/national-disaster-management-plan-neglects-women-disabled-and-lower-castes-aid-workers-2841384/>

285 Strengthening Disaster Risk management in India; A review of five states disaster management plans, CDKN and ODI, July 20016.

286 Building Material and Technology Promotion Council (2007), Vulnerability Atlas of India, New Delhi, GOI

287 Strengthening Disaster Risk management in India; A review of five states disaster management plans, CDKN and ODI, July 20016

288 Ministry of Home Affairs, GOI, No.50-21/2015-DM III

289 Jan Beerman, Appukuttan Damodaran, Kirsten Jorgensen and Miranda A. Schreurs (2016) Climate action in Indian cities; an emerging new research area, , Journal of Integrative Environmental Sciences.

290 ibid

291 ibid, Pune with Bremen, Germany on biogas and waste management, Ahmadabad with Valladolid, Spain on ecological heritage preservation, Guntur with Bologna, Italy and Vaxjo, Sweden on implementing Eco-Budget etc.

13.2 Integrate climate change measures into national policies, strategies and planning

Global Indicator

13.2.1 Number of countries that have communicated the establishment or operationalization of an integrated policy/strategy/plan which increases their ability to adapt to the adverse impacts of climate change, and foster climate resilience and low greenhouse gas emissions development in a manner that does not threaten food production (including a national adaptation plan, nationally determined contribution, national communication, biennial update report or other)

National Indicators

1. Pre-2020 action Achievements of pre-2020 goals as per countries' priorities
2. Achievement of Nationally Determined Contribution (NDC) goals in post -2020 period.

India's total installed energy capacity in May 2017 stood at 3,29,205 MW with renewable energy installed capacity of 57,260 MW (17.4% of the total) and Hydro installed capacity at 44,594 MW (13.6% to total installed).²⁹² With a target of 175 GW of RE capacity by 2022 steady gains are being made at the solar front. India had a total of 9 GW of solar capacity, including rooftop projects, as of December 2015. During 2016, the country added about 4 GW of solar capacity—the fastest pace till date. During 2017, the solar sector is likely to add close to 9 GW of capacity taking its overall capacity to 18 GW and the country into the league of nations such as China, the US and Japan in terms of solar capacity.²⁹³ India is already the 5th largest wind energy producer in the world with an installed capacity of 25GW.

India's effort in integrating climate change measures in national policies have been focused on achieving pre-2020 commitment and its Nationally Determined Contribution (NDC) as also reflected by the national indicators. India agreed in Copenhagen (2009) to reduce its energy intensity by 20-25% by 2020 over 2005 level.²⁹⁴ Through its INDC (2015) it voluntarily committed to reduce its energy intensity by 30-35% by 2030 (over 2005 level), achieve 40% cumulative electric power installed capacity for the fossil fuel based energy resources by 2030 (conditional and transfer of technology and international finance), and create an additional carbon sink of 2.5-3 billion tonnes of CO₂e through additional forest cover.²⁹⁵ While India has done remarkably well on mitigation, adaptation has attracted less attention nationally. The National Plan on Climate Change (NAPCC, 2008) and State Action Plan/s on Climate Change (mainly looking at adaptation) are constrained by financial support, appropriate institutional structure, meaningful monitoring and clear road map, struggle to find a way forward.²⁹⁶ This contradicts India's position and emphasis on adaptation in the UNFCCC negotiations, as well as its NDCs, which prioritize building resilience to climate change impacts.

The Climate Action Tracker rates India's NDCs as medium in contributing to achievement of the global Goal. It also states India's current policies to be enough and not needing new policies to achieve its NDC commitment.²⁹⁷ This is a result of aggressive progress in power but also modest ambitions in the INDC. The Draft Electricity Plan projects that despite the increasing electricity demand, no new coal capacity apart from the capacity already under construction (50 GW) would be needed after 2022.²⁹⁸ CAT projects that under the current policies, the non-fossil power generation

²⁹² Power Sector at a Glance, Ministry of Power, <http://powermin.nic.in/en/content/power-sector-glance-all-india>

²⁹³ India's solar capacity may double to 18GW this year, Shailaja Sharma, Livemint Mumbai, 6th January 2017, <http://www.livemint.com/Industry/DaBUAGSAWbD4ObK5XxyzJ/Indias-solar-capacity-may-double-to-18-GW-this-year.html>

²⁹⁴ India Announces Plan to Slow Emissions, 3rd December 2009, New York Times, <http://www.nytimes.com/2009/12/04/world/asia/04india.html>

²⁹⁵ India's INDC, <http://www4.unfccc.int/ndcregistry/Published Documents/India%20First/INDIA%20INDC%20TO%20UNFCCC.pdf>

²⁹⁶ A study conducted by IFMR, which evaluated progress of the NAPCC suggested a number of improvements to be made. It suggested that Missions on solar energy and enhanced energy efficiency have achieved greater progress compared to other missions which have qualitative goals, for more details please visit http://www.ifmrlead.org/wp-content/uploads/2015/10/NAPCC/REPORT_NAPCC%20Progress%20and%20Eval%20Report.pdf. For progress on NAPCC and SAPCC, please visit Much ado about state action plans; they are business as usual, Ajay K Jha, <https://www.fairclimate.com/library/docs/5/Much%20Ado%20about%20State%20Action%20Plan%20on%20Climate%20Change.pdf>

²⁹⁷ Climate Action Tracker, 15th May 2017, <http://climateactiontracker.org/countries/india.html>

²⁹⁸ Draft National Electricity Plan, Central Electricity Authority, Ministry of Power, http://www.cea.nic.in/reports/committee/nep/nep_dec.pdf

capacity would reach 38-48% in 2030, corresponding to a 25-31% share of electricity generation and India's emissions intensity in 2030 which would be 42-45% below 2005 levels.

India has 50 GW of coal power capacity under construction, with another 178 GW in the permitting pipeline.²⁹⁹ If all of this comes online, that would result in considerable over capacity, greater lock-in of carbon intensity power infrastructure and additional financial burden.

The target is to create an additional carbon sink of 2.5-3 GtCO₂e through additional forest and tree cover by 2030 cumulative, representing an average annual carbon sink of 167-200 MtCO₂e over the period of 2016-2020. CAT estimates that over half of this target could be achieved by the Green India Mission, which is expected to enhance annual carbon sequestration by about 100 MtCO₂e.³⁰⁰ However, critics doubt availability of land (to be afforested and reforested) for such scale of carbon sequestration.

As regards the long-term goal of keeping per capita emissions below that of developed countries (which India's Prime Minister committed at G8+5 Summit in Germany, 2007), meeting this pledge doesn't require any new emissions reduction compared to current policy projections up to 2030. During the period 2016-2030, India's population is projected to increase by 13%, reaching 1.49 billion.³⁰¹ Over the same period, per capita emission will reach around 3.4 - 3.6 tCO₂e (excluding LULUCF) by 2030, which would be around 30% below the world average in 2013.³⁰²

However, the question that begs answer is if capacity increase results in equitable distribution of power? Since independence India's installed energy capacity has increased by over 240 times (from 1362 MW to 3,29,205 MW); per capita availability has increased by over 67 times (from 16.3 KWh to 1100 KWh); and population has increased by less than 4 times (320 million to 1320 million); and yet more than 300 million people still do not have access to electricity.³⁰³

13.3 Improve education, awareness- raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

Global Indicators

13.3.1 Number of countries that have integrated mitigation, adaptation, impact reduction and early warning into primary, secondary and tertiary curricula

13.3.2 Number of countries that have communicated the strengthening of institutional, systemic and individual capacity building to implement adaptation, mitigation and technology transfer, and development actions

National Indicator

Number of States that have integrated climate mitigation and adaption in education curricula and outreach programs

Not many efforts are seen to integrate climate change and disaster education in the school curriculum and other outreach programmes. There is huge dearth of relevant information to improve peoples' understanding on mitigation and adaptation. There is hardly any material available in local dialect. Beside the National Action Plan on Climate Change, there is hardly any policy document available even in the national language. None of the states has made any efforts to translate the State Action Plan in the national language. However, some advertisements promoted by the Ministry of Environment, Forest and Climate Change; and Ministry of Power and Renewable Energy feature on radio, television and newspapers. Among the institutional efforts on public education, a major initiative by the Ministry of Environment, Forest and Climate Change is their Science Express train. It covers about 20 states and 70 cities making people aware of the implications of global warming and the measures, which may be taken at both local and national levels to tackle the common threat of climate change.³⁰⁴

²⁹⁹ IEA, 2016

³⁰⁰ Green India Mission, National Action Plan on Climate Change, GOI 2015

³⁰¹ World Economic Outlook, 2016

³⁰² World Bank, 2017

³⁰³ Soumya Dutta, Energy News, May 2017, PAIRVI

³⁰⁴ http://economictimes.indiatimes.com/articleshow/49377967.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

A recent study by CANSA, tried to find the language around climate change and renewables that speaks best to the values and identity of people across India - a country chosen because of its critical importance in the world of climate change. It explores the attitudes of a wide range of people: urban professionals, remote farmers, people of progressive and conservative political values, and the young people who will determine the future of the country. Some of the major recommendations from the report are:

- Keep it local. Highlight impacts and solutions that relate to the family, community, region and language group. Where possible, create core terms in local languages.
- Reflect national pride in India as a country that is overcoming challenges and on a journey of improvement. Show that India can act without waiting for other countries. Stress the national values of togetherness, diversity and self-reliance, and highlight distinctly Indian solutions.
- Focus on youth. Present a positive and aspirational vision that will bring a better and healthier future for youth and people's children.
- Highlight the impacts of climate change on food and health. Pay particular attention to regional and seasonal foods, and the well-being and mental health of farmers. Present climate change as damaging our connection with nature. Foreground the impacts on forests, other species and water supply.
- Show that changes need to come at all levels, which includes taking personal responsibility. Present a narrative of cooperation between all sectors, including actions to reduce personal impacts as a way for people to perform a social duty or respect nature.
- Present climate change as a dramatic rift with the past that threatens natural and social harmony. Highlight the shift in the monsoon and other weather patterns that are enshrined in cultural tradition. Present solutions as means to restore that balance and harmony.
- Use concern about pollution as the key entry point for starting the public conversation. Be careful, though, to stress the distinct role of carbon pollution in causing climate change. Present fossil fuels as polluting (rather than "dirty"), finite and imported. By contrast, present renewable energy as clean, unlimited and a proof of Indian self-reliance.
- Place renewables within a wider narrative of Indian natural abundance and diversity. Highlight that they offer flexible options reflecting the cultural and geographic diversity of modern India.
- Be wary of making grandiose claims about renewables. Overcome skepticism by stressing that renewable technology is improving rapidly and becoming cheaper, more effective and reliable.

(Source: <http://www.climatenetwork.org/publication/communicating-climate-change-india?platform=hootsuite>)

13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and Small Island developing States, including focusing on women, youth and local and marginalized communities

Indicator 13.b.1 Number of least developed countries and small island developing States that are receiving specialized support, and amount of support, including finance, technology and capacity-building, for mechanisms for raising capacities for effective climate change-related planning and management, including focusing on women, youth and local and marginalized communities.

India has been able to develop cooperation with several countries, which will aid in achieving its NDCs. While many of these collaborations are in the field of renewable energy, these also include collaborations on infrastructure, smart city, make in India, skill India and other flagship programmes.

India and Germany agreed on the India Germany Climate and Renewable Energy Alliance, wherein Germany has committed to providing an assistance of over Euro 1 billion for India's Green Energy Corridor and a new assistance package of over 1 billion Euros for solar projects in India in October 2015. Both countries welcomed the Memorandum of Understanding on an Indo-German Solar Energy Partnership based on concessional loans in the range of 1 billion Euros over the next 5 years.³⁰⁵ India has also signed a Memorandum of Understanding in 2016 with Germany to clean Ganga. The agreement will allow Indo-German knowledge exchange on strategic river basin management issues, effective data management system and public engagement. German contribution to the three-year-long project will be Rs 22.5 crore.³⁰⁶ A Memorandum of Understanding between the Government of India and the Government of the United States

³⁰⁵ <http://www.thehindu.com/news/national/india-germany-launch-tieup-for-clean-energy/article7727601.ece>

³⁰⁶ <http://www.downtoearth.org.in/blog/india-and-germany-sign-agreement-for-cleaning-ganga-53714>

of America was signed in June 2016, to enhance cooperation on energy security, clean energy and climate change.³⁰⁷ The EU and India have adopted a Joint Declaration on Clean Energy and Climate Partnership.³⁰⁸ The European Investment Bank has already provided loans for more than Euro 1.2 billion to support implementation of energy and climate related projects in India.³⁰⁹

India and Norway have decided to target innovation projects in companies in the field of renewable energy. A joint call between the Research Council of Norway and Department of Science and Technology of India was launched in February 2017. The call was for USD 1 million, targeting innovation projects in companies collaborating with research institutions in the field of renewable energy.³¹⁰

Foreign strategic investors have largely stayed away from the flurry of deal making in India's renewable energy sector, preferring instead to build from the ground up. Out of the \$2.32 billion worth of mergers and acquisitions in India's renewable energy sector in the last 15 months, foreign companies have bought assets worth just \$290.6 million, while Indian companies have acquired \$2.03 billion worth of assets.³¹¹

Conclusion

Despite the fact that India has done well on many sustainable development goals and climate goals, much is yet desired to achieve sustainable development in the real sense. First and foremost is the need for a clear road map to implement the SDGs with identified roles for the state governments, and a monitoring mechanism to measure progress. It also needs to draw up a quick plan to overcome the want for quality data. Public education and awareness are second to none in terms of invoking agency of people in achievement of the SDGs. The SDGs are more complex than to be achieved by the policies and government programmes alone. The countries need to harness energy, understanding and participation all stakeholders including the NGOs to make sustainable development a reality.

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307 <http://pib.nic.in/newsite/PrintRelease.aspx?relid=145902>

308 https://ec.europa.eu/clima/news/articles/news_2016033101_en

309 http://economictimes.indiatimes.com/articleshow/52728498.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

310 India Norway discuss innovation projects in renewable energy, India Today, February 14, 2017 <http://indiatoday.intoday.in/story/india-norway-discuss-innovation-projects-in-renewable-energy/1/882869.html>

311 Foreign investors giving M&A deals in India's renewable energy, Livemint, April 21, 2017, <http://www.livemint.com/Industry/Q5Florefv9lbFwnMQhsXpO/Foreign-investors-giving-MA-deals-in-Indias-renewable-ener.html>

SDG 16

Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

The SDGs introduce a rights-based approach to the global development framework, with Goal 16 being essential to the good governance required to implement all other goals.

16.1 Significantly Reduce All Forms of Violence and Related Death Rates Everywhere

16.1.1 Number of victims of intention homicide per 100,000 population, by sex and age.

According to the latest available report from the National Crime Record Bureau (NCRB) 2015, there were 32,127 cases of homicide,³¹² which represent a 0.1 percent decline from 33,981 cases from the previous year.³¹³ The state with the greatest incident was Uttar Pradesh with 4,732 cases of homicide (14.7%) and the highest rate of crime was in Meghalaya (5.4 per 100,000).³¹⁴

However, these numbers only tell part of the story, since they do not include the significant number of deaths perpetrated by India's armed forces and security personnel, including extra judicial and encounter killings. Its omission from official datasets not only highlights the under-reporting of intentional homicide figures, but also the impunity of wanton security force violence.³¹⁵ Likewise, deaths caused by armed forces are recorded by civil society groups in other parts of the country, such as Kashmir, Chhattisgarh and the north-eastern states of India.³¹⁶ The impunity accorded to the country's security personnel is indeed a blatant denial of access to justice for all.

16.1.2 Conflict-related deaths per 100,000 population, by sex, age, and cause

At domestic and international fora, the Government of India has consistently denied the existence of any armed conflict in the country. Acknowledging armed conflict would bring the conduct of the government and its armed forces within the purview of international humanitarian laws and other international human rights obligations. Yet, according to the Global Peace Index, India is the 7th most militarized country in the world.³¹⁷

312 National Crime Records Bureau (NCRB), (2015), *Crime in India 2015: Statistics*, Ministry of Home Affairs, Government of India, p. 57.

313 NCRB, (2014), *Crime in India 2014: Statistics*, Ministry of Home Affairs, Government of India, p. 57.

314 NCRB, (2015), *Crime in India 2015*, p. 59.

315 University of Bristol and BanglarManabdhikar Suraksha Mancha (MASUM), (2017), *Indo Bangladesh Border: Continued Killings Impunity Persists (First Edition)*, submitted before the UN Special Rapporteur on Extra Judicial, Summary or Arbitrary Executions.

316 Abhay Kumar, (22 March 2015), BablooLoitongbam: Three Decades Of Building Human Rights Solidarity, Countercurrents.org interviewing head of Human Rights Alert (Manipur) BablooLoitongbam, <http://www.countercurrents.org/babloo220315.htm>; Women Against Sexual Violence and State Repression (WSS), (April 2017), "Bearing Witness: Sexual Violence in South Chhattisgarh", WSS Press, Gurgaon; The Wire, "Jammu and Kashmir Coalition of Civil Societies", 2016, <https://thewire.in/tag/jammu-and-kashmir-coalition-of-civil-society/>

317 Institute for Economics and Peace (IEP), (2015), *Global Peace Index 2015: Measuring Peace, Its Causes and Its Economic Value*, http://economicsandpeace.org/wp-content/uploads/2015/06/Global-Peace-Index-Report-2015_0.pdf p. 36.

Kashmir, the central Indian states of Maharashtra, Odisha, Jharkhand and Chhattisgarh, and north-eastern states are the most militarised areas in the country. In 2016 alone, 79 people died as a result of the use of weaponry by security forces during large-scale public demonstration across the Kashmir valley.³¹⁸ In Chhattisgarh, 207 people were killed because of the conflict between security forces and alleged Maoists in 2016.³¹⁹

The injustice is further exacerbated by the immunity laws for the armed forces and paramilitary troops. The Armed Forces (Special Powers) Act, which is applicable in Jammu and Kashmir and in 6 out of the 7 north-east states of India, as well as provisions in the Border Security Force Act, provide immunity for acts committed in active duty, and must be reformed.

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

According to the Global Peace Index 2015, India was ranked at 143 out of the 162 countries assessed.³²⁰ The largest group subjected to physical, psychological or sexual violence is of women. In 2015, NCRB recorded 130,195 cases of sexual related violence against women. As per a survey conducted in Delhi and Mumbai in 2014, only 7.5 percent and 11 percent women, respectively, reported sexual violence.³²¹

Religious minorities also face abuse and violence in India. Although 2016 did not witness any big communal riots, there have been widespread incidents of low intensity violence throughout the year. The data released by the Union Home Ministry reports 278 communal clashes during the first five months of 2016, included 38 deaths and 903 injured.³²²

16.1.4 Proportion of population that feel safe walking alone around the area they live.

Although there is no national data collection aimed at analysing perceived safety, there have been independent efforts by civil society groups to monitor and understand how safe people feel.

A 2014 survey, which studied how safe people felt in their neighbourhoods in Delhi and Mumbai, and what the biggest threats to safety were, found that most people felt safe walking alone in their neighbourhood during the day, regardless of gender. In Delhi, an average of 84.9 percent felt safe, and in Mumbai, an average of 82.3 percent felt safe.³²³ However, when it comes to walking alone at night, there is a stark difference between the cities and genders.

“Whereas only 7 percent of respondents would be worried for a lone male member staying away from home beyond 8PM in Delhi, 52 percent would worry for a lone female member of the household at the same hour of the night.”³²⁴

Other research shows that better lighting, more robust and clean public spaces, and community policing that has oversight are essential measures in increasing the safety of the country's population.

16.2 End Abuse, Exploitation, Trafficking and All Forms of Violence Against and Torture of Children

16.2.1 Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month

Despite being a pressing issue, there is lack of comprehensive information provided by the government on corporal or psychological punishment of children in India. The Ministry of Women and Child Development (MWCD) did a comprehensive study in 2007,³²⁵ which found that two-thirds of all children were beaten, with 62 percent of the abuse occurring in schools.³²⁶ According to the UNICEF, between 27.1 and 69 million children are abused at home every year in India.³²⁷

318 Working Group on Human Rights in India and the UN (WGHR), (April 2017), *Human Rights in India: Joint Stakeholders' Report*, p. 16, fn. 88.

319 South Asia Terrorism Portal (SATP), *Fatalities in Terrorist Violence 1988-2017*

320 Institute for Economics and Peace (IEP), *Global Peace Index 2015: Measuring Peace, Its Causes and Its Economic Value*, http://economicsandpeace.org/wp-content/uploads/2015/06/Global-Peace-Index-Report-2015_0.pdf p. 9.

321 Commonwealth Human Rights Initiative (CHRI), (2015), *Crime Victimization and Safety Perception: A Public Survey of Delhi and Mumbai*, p. 12.

322 Sunil Mazumdar, “278 Communal Clashes in India in First 5 months of 2016, Home Ministry Tells Lok Sabha”, *Scroll.in*, 14 May 2017, <https://scroll.in/article/812195/278-communal-clashes-in-india-in-first-five-months-of-2016-home-ministry-tells-lok-sabha>

323 CHRI (2015), *Crime Victimization and Safety Perception*, p. 36.

324 Ibid.

325 Ministry of Women and Child Development (MWCD), (2007), *Study on Child Abuse: India 2007*, Government of India, <https://resourcecentre.savethechildren.net/sites/default/files/documents/4978.pdf>

326 MWCD, (2007), *Study on Child Abuse*, p. vi.

327 UNICEF, (2006), *Behind Closed Doors: The Impact of Domestic Violence on Children*, <https://www.unicef.org/media/files/BehindClosedDoors.pdf>

Studies conducted by previous governments and independent organisations have found that over all, most children are subject to physical abuse. A 2015 study by Young Lives and UNICEF found that younger students (of both sexes) were more likely to be beaten than older students, but by the time they are 14-15-year-old, boys are more likely to be beaten.³²⁸

Most abuse at home is verbal, as approximately 50 percent of all children are repeatedly insulted.³²⁹ It is most prevalent between 13-14 years of age, and can have long lasting negative impacts on the overall mental health and behaviour of the children as they grow up.³³⁰

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation.

Due to the shadowy nature of human trafficking, it is extremely difficult to get accurate statistics. The NCRB section on human trafficking records 6,877 cases in 2015,³³¹ but this ignores how missing persons and kidnapping cases often relate to human trafficking. This link is evident in MWCD's 2008 report, which stated that there were approximately 1.2 million child prostitutes in India, out of a total 3 million prostitutes.³³² Child sex work constitutes trafficking and shows a very different picture of the scope of the problem than the NCRB numbers.

One of the main barriers to understanding the problem is the legal grey area of employment. In most economies, significant number of people work in informal and unregulated job markets,³³³ which makes people more susceptible to being promised work and then being held as indentured workers, or being forcefully taken to do work in an isolated place. India is ranked number 4 in the world in having most number of slaves, which translates into an estimated 18 million people.³³⁴ This takes the form of bonded labour to pay off debts, domestic service, forced begging, forced marriage, or forced armed service, and is exacerbated by the informal labour market.

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18

In 2015, 10,854 cases of rapes of children; 8,390 cases of assault on female children with intent to outrage their modesty; and 14,913 cases under the Protection of Children from Sexual Offences (POCSO) Act were reported.³³⁵ However, by 30 May 2016, of the 5,217 child abuse cases lodged in New Delhi since POCSO took effect in 2012, 3,191 of them remain pending.³³⁶ According to a civil society organisation's survey of 18,716 children across 6 cities in India,³³⁷ there were approximately 1000 cases, or 5.3 percent of children, who reported inappropriate behaviour or sexual abuse.

However, sex crimes are due to the innocent state of children and sensitive nature of offence, which also makes it one of the most underreported crimes.³³⁸ This is supported by the MWCD 2007 report, which stated that of the children surveyed, "20.9 percent were subjected to severe forms of sexual abuse that included sexual assault, making the child fondle private parts, making the child exhibit private body parts and being photographed in the nude."³³⁹ If this is true nationwide, this would mean 98.6 million of the total 472 million children aged 0-18 have been seriously sexually abused.³⁴⁰

328 Maria-Jose Ogando-Portela and Kirielly Pells., (2015), *Corporal Punishment in Schools: Longitudinal Evidence from Ethiopia, India, Peru and Viet Nam*, UNICEF, <http://younglives.qeh.ox.ac.uk/publications/WP/corporal-punishment-in-schools-longitudinal-evidence/corporal-punishment-in-schools-longitudinal-evidence>, pp. 5-6.

329 MWCD, 2007, *Study on Child Abuse*, pp. 105-106.

330 Ibid., pp. 106-107.

331 NCRB, (2015), *Crime in India 2015*, p. 104.

332 MWCD, (2008), *Annual Report 2007-2008*, Government of India, <http://wcd.nic.in/sites/default/files/AR2007-08.pdf>, p. 30.

333 Ibid.

334 Global Slavery Index (GSI), (2016), *Country Study: India*, <http://www.globallslaveryindex.org/country/india/>

335 NCRB, (2015), *Crime in India 2015*, pp. 98-102.

336 The Times of India, "Over 5,000 Cases Registered Under the POCSO Act from 2012-2015", 30 May 2016, <http://timesofindia.indiatimes.com/city/delhi/Over-5000-cases-registered-under-POCSO-Act-from-2012-15/articleshow/52509657.cms>

337 Arpan, (2016), *Annual Report from 2015-2016*, http://arpan.org.in/wp-content/uploads/2014/03/Arpan_10.11.16_for-web.pdf, p. 13.

338 UNICEF, *Hidden in Plain Sight*, 2014, p. 62, http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf

339 MWCD, (2007), *Study on Child Abuse*, <https://resourcecentre.savethechildren.net/sites/default/files/documents/4978.pdf>, p. 75.

340 Ministry of Home Affairs, (2011), *C-13 Single Year Age Returns by Residence and Sex*, Government of India, <http://www.censusindia.gov.in/2011census/C-series/C-13.html>

16.3 Promote the Rule of Law at the National and International Levels and Ensure Equal Access to Justice for All

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognised conflict resolution mechanisms.

It is impossible to ascertain how many people do not report their victimisation. The NCRB only records what has been reported from the regional offices, and the government currently has no other means of ascertaining the proportion who are reporting victimisation.

One of the most vulnerable groups, which make up almost half of India's population, are women. There is evidence to suggest that sexual violence is reported in 1 out of every 100 cases.³⁴¹ Other crimes, such as assault, are reported 40.3 percent of the time.³⁴²

Another group that is ostracised by society and excluded from most access to justice are Dalits. The Prevention of Atrocities (PoA) Act is supposed to protect those in lower castes or those outside of caste (Scheduled Tribes), but in practice, a civil society report found that police often dissuaded people from such groups from filing a report, denying that the violence even occurred, or reporting the case as less serious than it really was.³⁴³

16.3.2 Unsented detainees as a proportion of overall prison population

The NCRB's Prison Statistics India report states that in 2015 there were 134,168 convicted prisoners, and 282,076 undertrials who were yet to be tried or given bail.³⁴⁴ This means only 32 percent of the people in jail have been proven to have committed a crime.

The two most prominent reasons for this are lack of local judges and the use of detention as a police technique to deal with unpopular groups. This is often the case in Jammu and Kashmir, where, in 2015, there were 342 convicted prisoners, and 1,906 undertrials (which is 84.8 percent of the prison population).³⁴⁵ Even if many of those who are in detention were indeed guilty, it is still a breach of their civil rights to fair trial and access to justice: currently, there are roughly 64,000 undertrials who have been in jail for 1-5 years.³⁴⁶ Such people are most likely to be poor, as they are often unable to pay for bail, or know their rights or how to follow up on their case progress.³⁴⁷

16.4 Significantly Reduce the Illicit Financial and Arms Flows, and Combat Organized Crime

16.4.1 Total value of inward and outward illicit finances

Inward illicit flows can best be found by combining under-invoiced imports and over-invoiced exports. According to the non-profit research organisation Global Financial Integrity (GFI), this amounts to US\$590 billion lost from 2004 to 2013.³⁴⁸ The opposite is true for calculating outward illicit flows, which means over-invoiced imports and under-invoiced exports. This equals US\$505 billion lost from 2004-2014.³⁴⁹

As suggested by GFI, a good way to go forward on this topic would be to use the current data on illicit trade as extrapolated from mis-invoiced trade, and other similar sources. This should be done in cooperation with the IMF, and be

341 Armed Conflict Resolution and People's Rights Project Center for Social Sector Leadership, International Human Rights Law Clinic, (October 2015), *Access to Justice for Women: India's Response to Sexual Violence in Conflict and Social Upheaval*, University of California, Berkeley, <https://www.law.berkeley.edu/wp-content/uploads/2015/04/AccessToJustice.pdf>, p. 29.

342 CHRI, (2015), *Crime Victimization and Safety Perception*, p. 12.

343 National Campaign on Dalit Human Rights (NCDHR) and Swadhikar – National Dalit Movement for Justice, (2015), "Equity Watch 2015: Access to Justice for Dalits in India", New Delhi, <http://idsn.org/wp-content/uploads/2015/12/Access-to-Justice-Equity-Watch-2015-report-NCDHR.pdf>, p. 38.

344 NCRB, (2015), *Prison Statistics India 2015*, Ministry of Home Affairs, Government of India, p. 74.

345 Ibid., p. 103.

346 Utkarsh Anand., "Law Minister to HC's: Act on Your Own to Free Undertrials", *Indian Express Nation*, 13 February 2017, <http://indianexpress.com/article/india/ravi-shankar-prasad-cross-border-undertrials-free-high-courts-justice-chief-4521489/>

347 Garima Tiwari., (2013), *Undertrials: Sentenced Without Conviction*, A Contrario: International Criminal Law, <https://acontrarioicl.com/2013/07/31/undertrials-sentenced-without-conviction/>

348 Dev Kar and Joseph Spanjers, (December 2015), *Illicit Financial Flows From Developing Countries: 2004-2013*, Global Financial Integrity (GFI), http://www.gfintegrity.org/wp-content/uploads/2015/12/IFF-Update_2015-Final-1.pdf, p. 43.

349 Ibid.

used as an impetus to create more effective monitoring of illicit trade and banking, and a systematic way of measuring progress in reducing illicit financial flows.³⁵⁰

16.4.2 Proportion of seized small arms and light weapons that are recorded and traced, in accordance with international standards and legal instruments

The NCRB report has recorded 51,158 cases (53,272 small arms) seized in 2015; 32,564 of which were unlicensed, 1,241 were licensed, 19,467 were types of arms, and there were 342,478 rounds of ammunition.³⁵¹ Uttar Pradesh has the smallest arms found, with 24,498 out of the total 53,272 arms (46%), followed by Madhya Pradesh, which had 8,676 (16.3%).³⁵²

The Munger district in Bihar and the Khargone district in Madhya Pradesh are well known to be the centre of much of the illegal fire arm production in India. It has a history of gun production, and as legal manufacturing winds down due to strict gun ownership laws, the black marketing has increased. This is especially true for the “one-shot” guns that can be made in an hour, and only cost Rs. 300 to make, though replicas of higher quality guns are popular with gangs.³⁵³

16.5 Substantially Reduce Corruption and Bribery in all their Forms

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked to pay a bribe by those public officials, during the previous 12 months

The most recent and comprehensive report on the bribes individuals pay was done by the Centre for Media Studies (CMS). They conducted both corruption perception and corruption act sacross rural and urban India in 20 states. The former found a decrease from the previous decade, where only 43 percent feel that corruption has increased, versus in 2005 when 75 percent believed corruption had increased.³⁵⁴ This translates into the experience of corruption as well, as of April 2017, 33 percent of Indian households had paid bribes, compared to the 53 percent who had paid bribes in 2005.³⁵⁵

Although only 14 percent of Indian households reported needing police services, people were asked to pay a bribe 34 percent of the time when interacting with police. This is the highest of any public sector, followed by bribes being asked for Land/Housing services (24 percent) and Judicial Services (18 percent).³⁵⁶ The most used public service, the welfare Public Distribution System (PDS) is used by 74 percent of respondents, and was subject to bribery 12 percent of the time. On average, households pay Rs. 1840 per year in bribes.³⁵⁷

16.5.2 Proportion of businesses who had at least one contact with a public official and who paid a bribe to a public official, or were asked to pay a bribe by those public officials, during the previous 12 months

A study by Ernst & Young found that a significant part of the high rates of bribery was exacerbated by the corporate culture.³⁵⁸ Despite 80 percent of their Indian respondents believing that “prosecution of individuals would help deter future fraud, bribery and corruption by executives”,³⁵⁹ and that 58 percent believe corruption happens widely in India, down from 64 percent in 2014, there is still too much acceptance of illicit practices. 70 percent of those surveyed believed that “at least one form of unethical conduct can be justified to meet financial targets” and 30 percent stated that “loyalty to their company would prevent them from reporting an incident of fraud, bribery or corruption.”³⁶⁰

350 Ibid., p. 21.

351 NCRB, (2015), *Crime in India 2015*, p. 193.

352 Ibid.

353 Tarique Anwar, “The illegal ‘Make in India’: What Makes Munger a Favourite Destination of Criminals”, *FirstPost*, 6 April 2015, <http://www.firstpost.com/india/flowerless-ak-47-makes-munger-favourite-destination-criminals-2186471.html>

354 Centre for Media Studies - India (CMS), (2017), *CMS-India Corruption Study 2017: Perception and Experience with Public Services & Snapshot View for 2005-17*, http://cmsindia.org/sites/default/files/Monograph_ICS_2017.pdf, p. 3.

355 Ibid.

356 Ibid., pp. 5, 12.

357 Ibid., p. 4.

358 Ernst and Young (EY), (2016), *Corporate Misconduct – Individual Consequences: Global Enforcement Focuses the Spotlight on Executive Integrity, 14th Global Fraud Survey*, [http://www.ey.com/Publication/vwLUAssets/ey-global-fraud-survey-2016/\\$FILE/ey-global-fraud-survey-final.pdf](http://www.ey.com/Publication/vwLUAssets/ey-global-fraud-survey-2016/$FILE/ey-global-fraud-survey-final.pdf), p. 38.

359 Ibid.

360 Ibid., p. 39.

16.6 Develop Effective, Accountable And Transparent Institutions At All Levels

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)

There are several civil society organisations that act as aggregators of information on Government of India's budget expenditures and planning. The International Budget Partnership has rated government budgets in 102 countries, and created an Open Budget Index; from the study of March 2014 to September 2015, they could give India a score of 46/100, with 100 being the highest.³⁶¹ While the budget oversight by the supreme audit institution was adequate, a significant part of this score is due to the Government's score of 19/100 on their public participation, and 39/100 on legislature oversight. They score low due to the lack of engagement with the public on the pre-budget plan, and the lack of transparency and equality of input on their mid-year review and year-end reports.³⁶²

The lack of oversight has direct implications on the budget. For instance, in 2014, the Centre for Budget and Governance Accountability reported that Gender Budgeting has remained inadequate, despite making up on average 5.76 percent of the Union budget since 2007,³⁶³ with no rationale presented as to why the money allocated benefits women. This undermines trust in government and makes it harder for the government itself to monitor progress.

16.6.2 Proportion of the population satisfied with their last experience of public services

In regards to satisfaction of public services in general, in June 2016, a civil society organization published a nation-wide report on the satisfaction and access to five main public services: drinking water, primary healthcare, primary education, primary distribution of food, and public transport. People were most satisfied with adequacy and quality of drinking water, but still the majority were at least partially dissatisfied. The least satisfaction was reported with the quality of supplies and fairness of fair price at shops.³⁶⁴ Overall, the majority across most states are partially dissatisfied, especially with services that necessitate a high element of human interaction. People in Maharashtra, Gujarat, and Tamil Nadu states were most satisfied, with Assam, Punjab, and Bihar being least satisfied.³⁶⁵

Although there are a variety of public services that need to be improved, but one area that goes under-recognised is legal aid. This right has been enshrined in the Indian constitution,³⁶⁶ but the legal aid system is underfunded, and often under-utilised. Social stigmas also create problems in accessing this public service. Sex workers, for instance, often need to bribe if they are to access this free service, if they can access it at all.³⁶⁷ This causes the most vulnerable to undergo more negative experiences with law services, with 73 percent of the poorest having to pay a bribe, compared to 55 percent of the richest paying a bribe.³⁶⁸

One of the most egregious affronts to the public's use of public services is when they are denied access to them entirely. This is most common for Dalits, and a survey of 565 villages in 11 states found that Dalits were not even allowed to enter the police station to report a crime in 27.6 percent of the villages.³⁶⁹

361 International Budget Partnership (IBP), (December 2016), *India: Open Budget Survey Document Availability Tracker*, <http://www.internationalbudget.org/opening-budgets/open-budget-initiative/open-budget-survey/country-info/?country=in>

362 Ibid.

363 Centre for Budget and Governance Accountability (CBGA), (2014), *Has the Tide Turned? Response to Union Budget 2014-15*, <http://www.cbgaindia.org/wp-content/uploads/2016/02/Response-to-Union-Budget-2014-15.pdf>, p. 59.

364 Public Affairs Centre (PAC), (June 2016), *The State of India's Public Services – Benchmarks for the New Millennium*, <http://pacindia.org/2016/06/27/the-state-of-indias-public-services-benchmarks-for-the-new-millennium/>

365 Ibid.

366 Varun Pathak., (2013), *A Brief History of Legal Aid*, Legal Service India, <http://www.legalserviceindia.com/articles/laid.htm>

367 Lawz Magazine, (18 December 2015), *Rights Of Sex Workers & Legalisation Of Prostitution In India-A Critical Analysis*, <http://lawzmag.com/2015/12/18/rights-of-sex-workers-legalisation-of-prostitution-in-india-a-critical-analysis/>

368 Coralie Pring., (7 March 2017), *People and Corruption: Asia Pacific. Global Corruption Barometer*, Transparency International, https://www.transparency.org/whatwedo/publication/people_and_corruption_asia_pacific_global_corruption_barometer, p. 21.

369 Immigration and Refugee Board of Canada, (7 May 2012), *India: Treatment of Dalits by Society and Government Authorities, including the state response to mistreatment (2010-March 2012)*, Refworld: UNHCR, <http://www.refworld.org/docid/50b49fca2.html>

16.7 Ensure Responsive, Inclusive, Participatory and Representative Decision-Making at All Levels

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

There is a wide array of minority groups that are under-represented in various parts of the Indian society. For instance, the first national Lok Sabha (parliament) in 1951 had 22 women (4.5 percent), and by the most recent national election in 2014, only 66 women (12.15 percent) were Members of Parliamentarians (MPs). The number of women members in legislative assemblies (MLAs) in the state/Union Territories is on average only 9 percent.³⁷⁰ Also, there are only 22 Muslim MPs (4.2 percent) in the current Lok Sabha, even though they make up 10.5 percent of the population.³⁷¹

As for public service jobs and education, Other Backward Classes (OBCs) account for only 12 percent in the government jobs, even though they have been allocated 27 percent of positions.³⁷² This number is much less than the actual number of OBCs nationally, which is estimated to be 41 percent of the population.³⁷³

And for Dalits who make up 16.6 percent and Tribals 8.6 percent of the population, “no more than 0.48% of Scheduled Tribes and 0.73% of Scheduled Caste households had a salaried government (both Centre and state) job”, according to the 2011 Census.³⁷⁴ The biggest barrier to rising up into the spots reserved for them is access to education.³⁷⁵

16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group

Currently, there are no comprehensive government studies on the Indian people's view of the government. That being said, there are other private surveys and informal ways of assessing public opinion.

Over the past years, there has been a steady rise in the voter turnout during elections,³⁷⁶ 66.4 percent in the last general election in 2014, up from 58.2 percent in 2009.³⁷⁷ Further, in an Edelman poll, 75 percent of Indians said they trusted their government's decisions, up from 65 percent in 2016.³⁷⁸ However, trusting the government does not necessarily mean progress or betterment. The recent demonetisation in November 2016 is a case in point. Although hailed as a bold initiative by the government in some quarters, it had led to significant hardship and discontent. In a country where 233 million people do not possess bank accounts, the labourers and those in the unorganised sector were excluded from consideration.³⁷⁹

16.8 Broaden and Strengthen the Participation of Developing Countries in the Institutions of Global Governance

16.8.1 Proportion of members and voting rights of developing countries in international organizations

According to the SDG Index and Dashboard, India is ranked 110 out of 149 in the amount of progress they have already made in relation to the 17 goals.³⁸⁰ The success of SDGs rests on India's active participation and support for progressive

370 Bhanupriya Rao, “Women MPs in Lok Sabha: How Have the Numbers Changed?”, *Factly*, 8 March 2016, <https://factly.in/women-mps-in-lok-sabha-how-have-the-numbers-changed/>

371 Zeeshan Shaikh, “Only 22 Muslims in 16th Lok Sabha”, *Indian Express Nation*, 17 May 2014, <http://indianexpress.com/article/india/politics/only-22-muslims-in-16th-lok-sabha/>

372 Siddharth Prabhakar, “20 Years After Mandal, Less than 12% OBCs in Central Govt Jobs”, *The Times of India*, 26 December 2015, <http://timesofindia.indiatimes.com/india/20-years-after-Mandal-less-than-12-OBCs-in-central-govt-jobs/articleshow/50328073.cms>

373 The Times of India, “OBCs form 41% of Population: Survey”, 1 September 2007, <http://timesofindia.indiatimes.com/india/OBCs-form-41-of-population-Survey/articleshow/2328117.cms>

374 Himadri Ghosh, “A Dalit Soldier's Death Exposes Just How Terrible India's Caste Problem Still Is”, *Youth Ki Awaaz*, 10 July 2016, <https://www.youthkiawaaz.com/2016/07/discrimination-against-dalits-in-india/>

375 Ibid.

376 Heather Timmons, “Here's How India's Record-Setting Voter Turnout Compares to the Rest of the World”, *Quartz*, 13 May 2013, <https://qz.com/208578/heres-how-indias-record-setting-voter-turnout-compares-to-the-rest-of-the-world/>

377 Bharti Jain, “Highest-Ever Voter Turnout Recorded in 2014 Polls, Govt Spending Doubled Since 2009”, *The Times of India*, 13 May, 2014, <http://timesofindia.indiatimes.com/news/Highest-ever-voter-turnout-recorded-in-2014-polls-govt-spending-doubled-since-2009/articleshow/35033135.cms>

378 Edelman, (January 17, 2017), *Trust Barometer: Global Report*, <http://www.edelman.com/global-results/>, slide 11.

379 The New Indian Express, “Obvious Questions In, Rural India Out From Modi's Mobile Survey”, 23 November 2016, <http://www.newindianexpress.com/nation/2016/nov/23/obvious-questions-in-rural-india-out-from-modis-mobile-survey-1541698.html>

380 Sustainable Development Solutions Network (SDSN), and BartelsmannStiftung, (2016), *Index Map*, <http://www.sdindex.org/data/index/>

resolutions at the UN General Assembly and the Human Rights Council, including its acceptance and implementation of Universal Periodic Review (UPR) recommendations.³⁸¹

Aside from the UN based organisations, India is a part of 4 out of the 5 World Bank Group institutions: the International Bank for Reconstruction and Development (IBRD), International Development Association (IDA), International Finance Corporation (IFC) and Multilateral Investment Guarantee Agency (MIGA).³⁸² India was one of the founders of the IBRD, IDA and IFC, and has several ongoing projects, such as governance assistance in West Bengal, a national hydrology project, solar parks, among others.³⁸³

16.9 By 2030, Provide Legal Identity For All, Including Birth Registration

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

The 2011 Census states that there are 112,806,778 children in India aged 0-4.³⁸⁴ But at the Global Summit on Civil Registration and Vital Statistics in 2013, it was shared that 80% of births (approximately 27.7 million) and 67% of deaths were documented in India.³⁸⁵

These facts are corroborated by the 2015-2016 National Family Health Survey, which states that 88.8% of urban children are registered before the age of 5; 76.1% of rural children, and an overall average of 79.7%, which is greatly improved from an average of 41.2% children under 5 being recorded in 2005-2006.³⁸⁶

16.10 Ensure Public Access to Information and Protect Fundamental Freedoms, in Accordance with National Legislation and International Agreements

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

There is no NCRB data explicitly related to harm or death of people aiming to uphold transparency and human rights, and therefore, the majority of reporting comes from independent civil society organisations and the media.

The Committee to Protect Journalists (CPJ) found that “those reporting in remote and rural areas in India are at greater risk of threats and violence.”³⁸⁷ There have been 40 deaths of journalists in India, as recorded by the CPJ, which can be verified as being directly related to their work. 56 percent of those killed were covering corruption, and as of 29 August 2016, there have been no convictions.³⁸⁸

The Human Rights Defenders Alert - India (HRDA) also documents verifiable cases of abuse against those who stood up for their rights. In the past 12 months, as of 1 March, 2017, 96 such cases were recorded. Civilians who are advocates for right to information (RTI) and use RTI applications on the government can also become targets.³⁸⁹

381 Shreerupa Mitra., “At UNHRC, India’s Third UPR Report Adopted With as Many as 250 Recommendations”, *FirstPost*, 10 May 2017, <http://www.firstpost.com/india/at-unhrc-indias-third-upr-report-adopted-with-as-many-as-250-recommendations-3434822.html>

382 Department of Economic Affairs (DEA), (2012), *India and The World Bank Group*, Government of India, http://dea.gov.in/sites/default/files/India_WB_0.pdf

383 The World Bank, (2017), *Lending - India: Commitments by Fiscal Year (In Millions of Dollars)*, IBRD and IDA Commitments, <http://www.world-bank.org/en/country/india/projects>

384 Ministry of Home Affairs (MHA), (2011), *C-13 Single Year Age Returns by Residence and Sex*, Government of India, <http://www.censusindia.gov.in/2011census/C-series/C-13.html>

385 Aarti Dhar., “Births and Deaths Registration Still Low in India”, *The Hindu*, 18 April 2013, <http://www.thehindu.com/news/national/births-and-deaths-registration-still-low-in-india/article4630425.ece>

386 Ministry of Health and Family Welfare (MHRW) and International Institute of Population Sciences, Mumbai (IIPS)., (2016), *National Family Health Survey - 4: 2015-16 India Fact Sheet*, Government of India, <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>, p. 2.

387 Sumit Galhotra., (2016), *Dangerous Pursuit: In India, Journalists Who Investigate Corruption May Pay With Their Lives*, The Committee to Protect Journalists (CPJ), Introduction, <https://cpj.org/reports/CPJ-India-PDF-Done.pdf> p. 12.

388 Ibid., p. 14.

389 Henri Tiphagne., (11 April 2017), *Murder of Right to Information Activist Mr. Suhas Haldankar Who Spoke Against Civic Lapses in Pune, Maharashtra*, Human Rights Defenders Alert-India, <http://hrdaindia.org/wp-content/uploads/2017/04/2017-04-11-HRDA-UA-Maharashtra-Right-to-Information-Activist-Mr.-Suhas-Haldankar.pdf>

16.10.2 Number of countries that adopt and implement constitutional, statutory and/or policy guarantees for public access to information

In 2005, India passed the Right to Information (RTI) Act. Since then, India has worked to make filing RTIs easier, but at the same time undermined its own success by having insufficient oversight for government agencies that do not respond to RTI requests. This stems from that fact that over 40 percent of officers responsible for returning RTI information are not trained in the RTI Act, and the government bodies are still oriented towards facilitating public access.³⁹⁰

There has been a significant increase in RTI applications over the years, with over 17 million applications being filed from 2005–2015.³⁹¹

Currently, there is no effective protection for whistle-blowers or RTI users who expose corruption or government inefficiency. The 2011 Whistle blower Protection Act has proven counterproductive, as it has become even more difficult to be a whistle-blower.³⁹² There are proposed amendments that are in the upper house legislature, but these amendments are only cosmetic, and are not being followed up by effective government engagement.³⁹³

16.a. A Strengthen Relevant National Institutions, Including through International Cooperation, For Building Capacity at All Levels, in Particular in Developing Countries, to Prevent Violence and Combat Terrorism and Crime

a.1 Existence of independent national human rights institutions in compliance with the Paris Principles

India's National Human Rights Commission (NHRC) is the body in charge of coordinating human rights justice in India, based upon the UN Paris Principles.³⁹⁴ The International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights (ICC), accredited India's NHRC with an A* rank in 2011, which means that they comply with the Paris Principles, but require more documentation. The review of the conditional A rank was done during the GA-NHRI's SCA meeting in November of 2016, and have deferred their ranking till November 2017.³⁹⁵ In their report, they stated that there were several parts of the NHRC that were below Paris Principle standards, such as lack of representation, conflict of interest with police and politicians, and lack of transparency.³⁹⁶

16.b Promote and enforce non-discriminatory laws and policies for sustainable development

b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

In India, there are large populations of minorities who are discriminated against and harassed, such as, **Dalits, who** make up 16.6% of the country's population, are frequently being targeted by upper caste members. Dalits and Muslims are also targeted by cow protectors, or *gau-rakshaks*, who demand respect for cows; many Dalits are forced by caste

390 RTI Assessment and Advocacy Group (RaaG) and Samya- Centre for Equality Studies (CES)., (2014), *People's Monitoring of the RTI Regime of India 2011-13*, New Delhi, <http://nebula.wsimg.com/93c4b1e26eb3fbd41782c6526475ed79?AccessKeyId=52EBD-BA4FE710433B3D8&disposition=0&alloworigin=1>, p. 8.

391 Aneesha Johnny, Amrita Paul, Seema Choudhary and Venkatesh Nayak., (July 2014), *Information Commissions and the Use of RTI Law in India: Rapid Study 2.0*, CHRI, New Delhi, <http://www.humanrightsinitiative.org/publications/rti/ICs-RapidCompStudy-finalreport-NDelhi-ATITeam-Jul14.pdf>, p. 38.

392 Venkatesh Nayak., (11 April 2017), *Question for the Government: Should SuhasHaldankar's Pending RTIs Abate Because He Was Murdered Last Sunday?*, CHRI, New Delhi, <http://www.humanrightsinitiative.org/blog/question-for-the-government-should-suhas-haldankars-pending-rtis-abate-because-he-was-murdered-last-sunday#sthash.zi8KjwMm.dpuf>

393 Nidhi Sharma., "Modi Government Rejected 8.4% Applications in 2014-15: Central Information Commission", *The Economic Times*, 18 March 2016, <http://economictimes.indiatimes.com/news/politics-and-nation/modi-government-rejected-8-4-applications-in-2014-15-central-information-commission/articleshow/51449492.cms>

394 United Nations General Assembly (UNGA), (December 20, 1993), *Principles relating to the Status of National Institutions (The Paris Principles)*, United Nations Office of the High Commissioner for Human Rights (OHCHR), <http://www.ohchr.org/EN/ProfessionalInterest/Pages/StatusOfNationalInstitutions.aspx>

395 MayuraJanwalkar., "UN Body Defers NHRC Accreditation", *Indian Express Nation*, 12 February 2017, <http://indianexpress.com/article/india/un-body-defers-nhrc-accreditation-4520132/>

396 Global Alliance of National Institutions for the Promotion and Protection of Human Rights (GANHRI), (November 14-18, 2016), *Report and Recommendations of the Session of the Sub-Committee on Accreditation (SCA)*, Geneva, <http://nhri.ohchr.org/EN/AboutUs/GANHRIAccreditation/Documents/SCA%20Final%20Report%20-%20Nov%202016%20-%20English.pdf>, pp. 24-28.

restrictions to skin cows for a living, which offends upper caste Hindus who consider the animal sacred.³⁹⁷ There are also countless examples of Dalits being abused or even killed, simply because people feel offended by their presence.³⁹⁸

Muslims make up 10.5 percent of the population,³⁹⁹ and often experience discrimination based on their religious values and practices. This can take the form of a Muslim policeman not being allowed to grow a beard, being attacked for even allegedly eating beef, or Muslims not being allowed to build a mosque in their neighbourhood.⁴⁰⁰ These forms of exclusion also span into the denial of jobs and refusal to rent accommodation to Muslims.⁴⁰¹ There is also systemic targeting of Muslims as terrorists, resulting in hundreds of cases of innocents being held and tortured in detention.⁴⁰²

Tribals make up 8.6% of the population, and are often submitted to degrading treatment, economic exploitation, and inhibited from maintaining their traditional practices and values. The cultural differences between tribals and other rural or urban populations result in intolerance, and systemic distrust and belief that they cannot or should not be in positions of power.⁴⁰³

Denotified Tribes/Nomadic Tribes are groups perceived as criminals based on their heritage, and make up between 8-10% of the population, though there is yet to be definitive data. A 3% of Denotified tribes are not covered by Schedules Tribe/Scheduled Caste allocation, and 14% of Nomadic Tribes are not.⁴⁰⁴ A significant part of this is due to systemic social bias against them as people pre-suppose them to be thieves and criminals, to a large degree, because of their traditional ways of life being outlawed or not economically valued.⁴⁰⁵

LGBTI people are heavily stigmatised in Indian society, and homosexuality is still criminalized after the Supreme Court went back on their decision to legalize it.⁴⁰⁶ Between 2-13% of the Indian population are LGBTI,⁴⁰⁷ and those who are outwardly expressive of their non-traditional identity are heavily stigmatised, often facing harassment and abuse in public, work, and at home. “Village medics and babas often prescribe rape to cure lesbians of homosexuality. Refusal to marry brings more physical abuse.”⁴⁰⁸

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397 Himadri Ghosh., “A Dalit Soldier’s Death Exposes Just How Terrible India’s Caste Problem Still Is”, *Youth Ki Awaaz*, 10 July 2016, <https://www.youthkiawaaz.com/2016/07/discrimination-against-dalits-in-india/>

398 Gopal, B. Kateshiya., “Gujarat: 7 of Dalit Family Beaten Up for Skinning Dead Cow”, *India Express Nation*, 20 July 2016, <http://indianexpress.com/article/india/india-news-india/gujarat-7-of-dalit-family-beaten-up-for-skinning-dead-cow-2910054/>; Michael Safi, “Muslim Man Dies in India after Attack by Hindu ‘Cow Protectors’”, *The Guardian*, 5 April 2017, <https://www.theguardian.com/world/2017/apr/05/muslim-man-dies-in-india-after-attack-by-hindu-cow-protectors>

399 Zeeshan Shaikh., “Only 22 Muslims in 16th Lok Sabha”, *Indian Express Nation*, 17 May 2014, <http://indianexpress.com/article/india/politics/only-22-muslims-in-16th-lok-sabha/>

400 Ibid.; Quill Foundation, *South Asia State of Minorities Report (India Chapter)*, 2016.

401 Faizan Mustafa, “Freedom of Religious in India: Current Challenges”, (website), Religious Freedom Institute, 19 July 2016, <https://www.religious-freedominstitute.org/cornerstone/2016/7/19/freedom-of-religious-in-india-current-challenges>

402 ShowkatShafi and MahtabAlam, “India Activists Seek Justice for Wrongful Convictions”, *Al Jazeera*, 12 July 2016, <http://www.aljazeera.com/news/2016/12/india-activists-seek-justice-wrongful-convictions-161211122910436.html>; HarinderBaweja and Farhan Shaikh, “How Malegaon’s Innocent ‘Terrorists’ Lost 10 Years of Their Lives”, *Hindustan Times*, 8 May 2016, <http://www.hindustantimes.com/india/how-malegaon-s-innocent-terrorists-lost-10-years-of-their-lives/story-YGqgBk3ejtU4etvJ.html>

403 FirstPost, “Literacy Rates of Scheduled Tribes Far Below National Average, Says Parliamentary Panel”, New Delhi, 15 March 2015, <http://www.firstpost.com/india/literacy-rates-scheduled-tribes-far-national-average-says-parliamentary-panel-2154745.html>

404 Press Information Bureau (PIB), (23 April 2015), *Gist of Recommendations of the Renke Commission*, Ministry of Social Justice & Empowerment, Government of India, <http://pib.nic.in/newsite/PrintRelease.aspx?relid=118570>

405 Ibid., p. 100.

406 Suhrith Parthasarathy., “To Be Equal Before the Law”, *The Hindu*, 9 July 2016, <http://www.thehindu.com/opinion/lead/To-be-equal-before-the-law/article14479752.ece>

407 The Times of India, “Gay Count Varies From 2% to 13% of Population”, 3 July 2009, <http://timesofindia.indiatimes.com/india/Gay-count-varies-from-2-to-13-of-population/articleshow/4731097.cms>

408 Rashmi Patel., “Being LGBT in India: Some Home Truths”, *Live Mint*, 27 August 2016, <http://www.livemint.com/Sundayapp/sAYrieZdZKEybKzh-P8FDpP/Being-LGBT-in-India-Some-home-truths.html>

Annexure I

A Study of Children of Migrant Construction Workers in Six Cities of India

Background

The construction industry in India (and probably in many developing economies) is expanding rapidly (Pattenden 2012). It is estimated that there are between 30-40 million migrant construction workers in India (Thorat and Jones, 2011). Employing a huge volume of unskilled rural labour; the construction industry provides seasonal employment supplementing farm income; and it employs large numbers of women (Picherit 2012, pp 144). These factors make construction work in cities particularly attractive for poor, rural households as a means to earn extra money. From the point of view of the employers, the relative lack of bargaining power or options for other employment make migrant workers a flexible and hardworking option for construction companies (IOM 2005b; Sepehrdoust 2013). Yet these workers, who are creating the base of the new economy, themselves live in a time warp, trapped in low skilled, low paid, insecure working conditions, bound by feudal working relationships, often literally in bondage.

Migrant construction workers are one of the worst affected sections of migrant populations as the majority of them are poor, illiterate, unskilled, and hired as group labourers by local contractors on non-negotiable terms. Away from their villages, these migrant families live in temporary hutments near their work place and the working conditions and facilities provided at the sites are far from any basic desirable level. Many of these migrate with their young children. Constant migration and challenging living conditions place limits on children's safety, physical, psychological and intellectual development during the formative and impressionable years of life.

Review of Literature

1. Living Conditions of Migrant Construction Workers: Water and Sanitation Facilities

The proportion of all households with toilets, rural and urban combined, increased from 1 percent in 1981 to 29 percent by 2005-06 (IIPS and Macro International, 2007). In 2008, 31 percent of the total Indian population, including 54 percent of urban and 21 percent of rural Indians, had access to improved toilets. However, 54 percent of the total population, including 18 percent of urban and 69 percent of rural Indians, did not have any access to toilets, while the remaining 15 percent of the total population had access only to unimproved toilets (JMPDWSS, 2010). With the launch of the National Urban Sanitation Policy in 2008, a national initiative began to promote access and the appropriate infrastructure, systems, processes, and hygienic practices in urban India. The National Sanitation Rating Survey (2009-2010) of 423 Class I cities in the country raised awareness about urban sanitation and propelled action from state and city stakeholders. National flagship programmes, including the Jawaharlal Nehru National Urban Renewal Mission and the Urban Infrastructure Development Scheme for Small and Medium Towns, encourage cities to promote sanitation. It is likely that higher priority and greater investments will continue to be dedicated to the national agenda of achieving clean, liveable cities.

Availability and accessibility of improved drinking water sources and clean water is a matter of serious concern among the migrant construction workers at large. Lack of explicit policy framework for poor migrants excludes them from access to legal rights, social security, and public services including basic amenities such as water and sanitation⁴⁰⁹. A pilot study among Tamil Migrant Labourers in Kochi by Surabhi and Ajith Kumar (2007), has indicated that 91% migrant workers used public taps for sourcing drinking water and water for other purposes⁴¹⁰.

Cultural beliefs and practices are important determinants of sanitation behaviour among migrant workers. One of the cultural practice shaving a direct impact on health is *open-air defecation*. As this practice is common in rural India,

409 Building Partnership to Improve Migrants' Access to Healthcare in Mumbai <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4644792/>

410 Surabhi K.S. and Ajithkumar (2007). Labour Migration to Kerala: A study of Tamil Migrant Labourers in Kochi <http://csesindia.org/admin/modules/cms/docs/publication/16.pdf>

most rural migrants moving to urban spaces find it culturally unacceptable to use toilets. This naturally creates a significant problem of sanitation in the densely populated settlements in which they live⁴¹¹. According to the study of Surabhi and Ajith Kumar (2007)⁴¹², many of the migrant families in Kochi lived in small houses or rooms where 87% of the 100 respondents were using common toilets. Some were forced to use public places as one toilet was shared by two or more families. Such practices impact the health of individual migrants as well as the public health of the region.

2. Healthcare Services and Migrant Construction Workers

Poverty is associated with malnutrition, a poor overall health status, poor access to preventive and curative health services, and higher mortality and morbidity rates.⁴¹³ Families of construction workers living on sites are at a greater risk of epidemics. Apoorva Bhatia et al (2014) assessing the health, hygiene and nutritional status of migrant labourers in Himachal Pradesh noted that migrants were living in colonies with low standards of health and hygiene and poor nutritional status⁴¹⁴. It was also observed that the migrants from both within and outside the state faced critical problems of accessibility to health institutions, and ended up going to private clinics. Registration of pregnant women or their follow up was lower among migrant labourers. Complete immunisation of children or any kind of follow up was infrequent. Thus, migrant labourers face unique health risks that require solutions beyond the realm of their own traditional occupational health and safety.

Other determinants are cultural beliefs and practices and language, all of which tend to impede effective delivery of healthcare services. Migrant communities in the urban areas tend to underutilize healthcare services because they are alien to the urban system and away from the traditional and government healthcare systems available in their places of origin. Cost, timings, distance, attitude of health providers, and other factors put the secondary care and private sector facilities out of reach for most urban poor.⁴¹⁵

Government programmes for health

- Both the Central and State Governments have certain schemes to increase the institutional deliveries of women. Janani Suraksha Yojana is a fully centrally sponsored scheme, which aims to promote institutional deliveries in rural and urban areas to reduce infant and maternal mortality in BPL (Below Poverty Line), SC (Scheduled Castes) and ST (Scheduled Tribes) families.
- Navsanjivani Yojana (NSY) is being implemented in 16 districts of Maharashtra with the objective of reducing maternal and infant mortality in tribal populations.
- A pregnant tribal woman under the Matrutva Anudan Yojana (MAY) is paid Rs.400/- in cash for visiting a health centre for antenatal check-up and is given Rs.400/- for purchase of medicines. (Planning Department, Government of Maharashtra, 2016-17).
- The Universal Immunisation Programme (UIP) under the Central Government is being implemented with the aim of providing high quality immunisation services to pregnant women, infants and children in various age groups in order to prevent and reduce mortality, morbidity and disability from vaccine preventable diseases, such as Tuberculosis, Diphtheria, Whooping cough, Tetanus, Polio, Hepatitis B, Measles, etc. A recent notification has been issued by the Tamil Nadu Government (effective from July 2017) making all vaccines under the National Immunisation Programme mandatory for school children (Times of India, June 8th, 2017).
- Community participation is one of the foundational principles of primary health care with evidence of improvement in health services' utilization⁴¹⁶. In rural India, the National Rural Health Mission (NRHM) has introduced *Rogi-Kalyan Samiti* (RKS), which means patient welfare society. This is a type of health facility committee concerned with managing affairs of the hospital with community participation. Village Health and Sanitation Committees (VHSCs) have been formed to take collective action on issues related to health and its social determinants.

411 Ajoke Basirat Akinola I, Anil Kumar Indira Krishna, Satish Kumar Chetlapalli. Health Equity for Internal Migrant Labourers in India: An Ethical Perspective (<http://ijme.in/wp-content/uploads/2016/11/2003-5.pdf>)

412 Surabhi K.S. and Ajith Kumar (2007). Labour Migration to Kerala: A study of Tamil Migrant labourers in Kochi <http://csesindia.org/admin/modules/cms/docs/publication/16.pdf>

413 Kundu A, Sarangi N. Migration, employment status and poverty: an analysis across urban centres. *Econ Pol Wkly*.007;42(4):299–306.

414 Apoorva Bhatia et al (2014) Assessment of Health, Hygiene and Nutritional Status of Migrant Labourers: Scientific Intervention and Community Participation. With a Special Focus on Migrant Labourers in Himachal Pradesh <http://www.iitmandi.ac.in/istp/projects/2014/reports/Group%2005%20Health%20Nutrition.pdf>

415 Yadav K, Nikhil S, Pandav CS. Urbanization and health challenges: need to fast track launch of the national urban health mission. *Indian J Community Med* (2011) 36(1):3–7.10.4103/0970-0218.80785 [PMC free article] [PubMed]

416 Bath J, Wakerman J. Impact of community participation in primary health care: what is the evidence? *Aust J Prim Health* (2015) 21(1):2–8.10.1071/PY12164 [PubMed]

- The National Health Mission (NHM) of India, of which the National Urban Health Mission (NUHM) is a part, envisages making essential primary healthcare services available to the urban poor, especially migrants.
- For urban areas, the National Urban Health Mission (NUHM) proposes *Mahila Arogya Samiti* (Women's Health Committee) to facilitate improved access to public and private healthcare at the community level. In Kerala, the heavy influx of migrant labourers has catalysed the government into introducing a welfare programme for migrant workers, wherein they receive higher welfare benefits than before, assistance for medical care, assistance in the event of accidents leading to death and educational assistance for their children.

3. Education of Children of Migrant Construction Workers

The 2011 Census of India data indicates that 23 per cent (22.72 million) of urban children in the age group of 5-18 years were out of school. Of these, 9.1 per cent attended school but eventually dropped out; and 13.93 per cent (13.75 million) never attended school. There are nearly 6 million child migrants in the 6-14 elementary education age group. Migration causes temporary discontinuation of study that frequently results in children dropping out of school altogether. Inter-state migrant children who take up education at the destination, face difficulties based on differences in academic curriculum and language (Deshingkar and Sandi, 2012)⁴¹⁷. Re-enrolment in source schools at the end of a migration cycle is rare, and when it occurs, migrant children are often readmitted in the same class owing to inflexible school procedures and lack of remedial classes to cover learning deficits. The right of migrant children to education, thus, remains compromised, adversely affecting their human capital formation and contributing to the inter-generational transmission of poverty. In the absence of crèches, early childcare services, initiatives for pre-school education and growth monitoring, migrant children miss critical inputs necessary in their early years for their physical, motor, cognitive, language and psycho-social development.

Government programmes for Education

- *Survival and Early Childhood, Care and Education (ECCE)*. The Honourable Supreme Court has ordered universal coverage of the six components of the Integrated Child Development Scheme (ICDS). Consequently, the Ministry of Women and Child Development issued a circular (on 13th April 2011) to extend ICDS services to children of migrant labourers and temporary residents through setting up of Mini-Anganwadis even at scattered habitats of migrant workers.
- *Right of Children to Free and Compulsory Education Act 2009 (RTE, 2009)* The Right to Education Act (RTE), 2009 mandates free and compulsory education for all children aged 6-14 in India. According to the Annual Status of Education Report (ASER) 2014, India is now close to universal enrolment for the age group 6-14, with the percentage of children enrolled in school at 96 per cent or above for the last six years (Pratham Education Foundation, 2014). However, a considerable number of children in the 15-16 age group including drop-outs are out of school (16.6%). However, the RTE Act does not speak about how the government or local bodies will ensure attendance of children whose parents migrate frequently due to their vocation (especially those of migrant labourers). Furthermore, though Indian policy prohibits requiring children to present birth or transfer certificates in order to access a new school under the RTE Act of 2009, lack of awareness and compliance poses a barrier to migrant children's right to education.

Study on Children of Migrant Construction Workers

There are numerous research studies on issues concerning migrant populations. However, the studies on the vulnerabilities of children of Indian migrant construction workers are scarce. This scarcity has contributed to the invisibility and marginalisation of such children. Realising the gaps in information, the Don Bosco Research Centre, Mumbai, launched a study across six cities of India. The study on, "Children of Migrant Construction Workers" attempted to assess the vulnerabilities of such children, the environments in which they live, and the extent to which they are able to access basic rights and services. The findings of the study are expected to contribute to enhanced care and protection of children of migrant construction workers, their right to education, health and safety.

417 Deshingkar, P. and Sandi, M. 2012. Migration and Human Development in India: New Challenges and Opportunities. *UNESCO/UNICEF National Workshop on Internal Migration and Human Development in India, 6-7 December 2011, Workshop Compendium, Vol. 2: Workshop Papers*. New Delhi, UNESCO/UNICEF.

Research Design

Six cities namely, Delhi, Mumbai, Pune, Ahmedabad, Bangalore and Kochi were identified for the study considering the extent of urban construction projects carried out in these cities and the volume of migrant workforce employed in the construction industries. A survey approach was adopted with quantitative information collected from respondents using a structured interview schedule while qualitative information was collected through Focused Group Discussions (FGDs) and Key Informant Interviews (KIIs). In order to identify appropriate construction sites with households for the survey, initial mapping of construction sites was done; locations with adequate number of migrant workers with households were identified. Listing of households and sampling techniques were designed for the survey. However, scientific temper could not be maintained uniformly across all the cities due to the variations in field realities in each city. The interview schedule was specifically developed for the household heads, children of 0-9 years and 10-17 years to gather information on their socio-demographic profile, living conditions; health, nutrition and educational aspects. A total of 1246 households were included in the study across 6 cities of which 1116 children were in the 0-9 age group, and 255 were in the 10-17 age category.

Sustainable Development Goals (SDG) and Migrant Construction Workers

This section aims to discuss the status of migrant construction workers and their children of the DBRC study in the context of (a) **SDG 3:** Ensure healthy lives and promote well-being for all at all ages (b) **SDG 4:** Universal access to all levels of education and skill development, starting from pre-primary education, early childhood care and development, primary and secondary education, all the way to tertiary education, and skill development; and (c) **SDG 6:** Ensure availability and sustainable management of water and sanitation for all.

1. Access to Healthcare Services by Migrant Construction Workers

The study (2016-17) revealed that 96.5% of migrant construction workers' households had *no access to government health schemes or health coverage*, corroborating the findings by Gupta et al in NFHS-3 (2005-6), which indicated that only a small proportion of households in these cities (7-20 percent) have any household members that are covered under any health scheme or health insurance. Only about 14% of the 1246 households in our study reported having *first aid facilities on site* while about 30% reported having a doctor on call. In view of the occupational hazards involved in construction, this hardly seems adequate. Despite all the schemes discussed earlier, about 36% of the children of migrant construction workers were born at home, underscoring the *lack of access to institutional delivery*. Only in Kochi, the incidence of home deliveries was low, which could be attributed to higher literacy rates among parents and effective delivery of healthcare services. These findings were in line with the National Family Health Survey 2005-2006 (NFHS-3) covering health and living conditions in eight Indian cities, wherein Kamla Gupta and her colleagues⁴¹⁸ reported that at least 60 percent of deliveries took place in health facilities.

Accessibility and availability of health care is important for ensuring a community's general health status and reflects the coverage of health facilities. Migrant workers in the cities of Mumbai, Pune, Ahmedabad, Delhi and Bangalore seemed to *prefer private health services over the largely free services offered by the government hospitals* as it involved less waiting time. In the government hospitals, long waiting could cost them a day's wages, which they could ill afford. Such lack of access to public healthcare services often drives poor migrants to access services from the private healthcare settings that result in high out-of-pocket expenditure.

NFHS-4 findings in 2014-15⁴¹⁹ indicated that almost 64% of children below 2 years in urban India were fully immunised (with BCG, measles and 3 doses each of polio and DPT). The study found that almost 10% of the children did not receive any vaccines. *Immunization coverage for children below 5 years* was seen to be highest in Mumbai at 85% for BCG, DPT and polio vaccines, while in Delhi, it was close to 75%, which coincided with the high number of reported institutional deliveries among migrant construction workers in this city. The immunisation with regard to hepatitis, which is on the rise in the country was only about 20% among children of construction workers and could be attributed to the lack of awareness among mothers about the age specific vaccines to be given to children.

418 Gupta, K, F. Arnold and H. Lungdim (2005-6) National Family Health Survey (NFHS-3). India Health and Living Conditions in Eight Indian Cities. Retrieved from http://rchiips.org/NFHS/urban_health_report_for_website_18sep09.pdf

419 NFHS Indicators 2015-16. Retrieved from http://rchiips.org/NFHS/factsheet_NFHS-4.shtml

2. Access to Education by Children of Migrant Construction Workers

The survey found that more than 80% of the respondent households across all cities *did not have access to the ICDS*. The ICDS is one of the major flagship programmes for Early Childhood Development launched in 1975 by the Government of India. The beneficiaries of the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. ICDS is the largest outreach programme operational through *Anganwadi* Centres (AWC) which serve as the first outpost for health, nutrition and early learning services at the village level. These centres are manned by *Anganwadi* worker (AWW) and an *Anganwadi* Helper (AWH)⁴²⁰. However, despite having the ICDS coverage in every city, only a small proportion of children aged 0-71 months received any services from an *anganwadicentre* (NFHS-3 report, 2005-6).

In our study, barely 0.9% households in Ahmedabad and in fact, none of the respondents in Pune were covered by ICDS. Households in Kochi, Delhi and Mumbai fared better with around 37%, 30% and 29.1% respectively, covered by ICDS scheme. The study corroborated the findings of an earlier study by Action Aid, which indicated that 90% migrant children did not access ICDS and *Anganwadi* services at worksites, 80% did not have access to education and 40% worked as child labourers (MiRC; Aid et Action, 2013). Limited access of the migrants to *Anganwadi* centres, public distribution services and public health services have a negative impact on the health of their children. Hence, ICDS coverage needs to be strengthened to ensure that by 2030 *all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education*.

The study found that *one fourth of the children in the 5 to 9 age group were not enrolled in school due to constant migration and need for sibling care*. Kochi had the highest enrolment rate for this age group (87.95%) while Pune was the lowest at about 18%. From among those enrolled in school, *only three fifth of the children (age group of 5 to 9 years) attended regularly*. Different reasons were cited in different cities for not attending school regularly. In Ahmedabad the main reasons were either *constant migration of families or lack of company while going to school*. The children in Mumbai *lacked interest* while in Delhi, the main concern of the students was *lack of amenities* in school, such as washrooms and *lack of proper transportation* to school.

The enrolment rates for 10-17 year olds were better in the cities of Kochi, Mumbai and Pune than in Ahmedabad, Bangalore and Delhi. The main reasons for non-enrolment of the older age group of children as reported in the study were the constant mobility of families, language barrier, lack of schools nearby and lack of finances. City wise status of enrolment of respondent children in the age group of 10-17 years in school/college revealed that only 37% in Ahmedabad, 68% in Delhi and 62% in Bangalore were enrolled in school/colleges in contrast to Kochi, Pune and Mumbai with 100%, 82.6% and 81.4% enrolment rates respectively.

3. Access to Clean Water and Sanitation by Migrant Construction Workers

The survey in six cities has revealed that *the major sources of drinking water* for the 1246 households under the study were bore well (46%) and water from tankers (23%). There was wide disparity between the construction sites in the six cities in terms of treatment of water and *availability of clean drinking water*. Above 60% of the migrant construction worker households were consuming non-treated water. Pune topped the list with all 206 households drinking untreated water. However, in Delhi, 95% of the households reported that builders provided them with purified drinking water. Consumption of untreated water was not perceived as a threat to good health or as a source of water-borne diseases by the households of construction workers, as they did not exercise any choice over the matter and were content to let things be.

There was a lack of, and in some cases, a reduced use of sanitation facilities in most of the construction work stations resulting in open defecation. Among a total of 1246 households covered across six cities, 43% of respondents reported to open defecation. Bangalore in fact reported 100% open defecation among its respondents, Mumbai 67% and Ahmedabad 54%. It was found that 99% of the total number of households surveyed across six cities reported sharing the on site toilet facilities provided by the builder, but deficient maintenance, dilapidated conditions of toilets, lack of proper doorways prompting concerns about security among girls and women, lack of water etc. resulted in non-usage of facilities and resorting to open defecation. Our results once again substantiated the findings of the NFHS-3 survey by Gupta et al (2005-6), which found that open defecation was highest among the poor in every city in their survey, with about one-third to one-half of poor households in Delhi, Meerut, Indore, and Nagpur practising open defecation.

The prevailing situation is a setback on one of the health related targets of SDG by 2030 i.e., to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of

420 Integrated Child Development Services (ICDS) <http://iap.healthphone.org/integrated-child-development-services.html>

women and girls and those in vulnerable situations⁴²¹. In this context, sanitation facilities for migrant labourers calls for serious attention. Our study confirms that investments being made in urban sanitation are critical public investments. It underlines the finding that substantial investments are not only needed but can be regarded as effective only when they result in reducing the harmful impacts on drinking water and health that are associated with inadequate sanitation. **This study suggests the need for a new monitoring framework.** There is a clear need to measure not just the number of toilets or their use or the number of sanitized communities and cities, but also the impacts of poor sanitation on health related, water-related, environmental, and welfare-related indicators.

Conclusion

Migration impacts children of different age groups in different ways. India has mandated universalised access to its early childhood development programme, the *Integrated Child Development Services*. However, given that few construction sites have *anganwadi*(crèche) facilities for children of migrant families, more work remains to be done to increase the effectiveness of the programme for this population.

Our empirical results illustrated a mixed impact of migration on children's education, with enrolment and attendance rates low in just two cities. Children dropped out of school for various reasons such as a poor study environment at home, lack of electricity, inability to cope with the syllabus, harassment by teachers or by peers, not being able to afford or access tutors, and domestic responsibilities that lead to school absenteeism. Lower attendance rates among the older age group of children suggest a higher propensity to be engaged in child labour situations. If problems such as inadequate amenities in school, poor infrastructure and inefficient public transport are resolved, the implementation of the RTE Act can be achieved, allowing all children to access their fundamental right to education guaranteed by the Constitution of India.

The Government of India has developed cross-sectoral efforts and government-civil society partnerships to protect children from maltreatment and exploitation, such as the newly implemented *Integrated Child Protection Scheme (ICPS)*. With explicit mention of children of migrant families, this policy aims to “create a protective environment by improving regulatory frameworks, strengthening structures and professional capacities at national, state, and district levels so as to cover all child protection issues and provide child friendly services at all levels”. The ICPS includes provisions to counter some of the barriers to protecting marginalized or vulnerable children and should include those living and even working on construction sites. In the years ahead, implementation of the ICPS in India has the potential to reduce risks to child health and development by addressing vulnerabilities across the different domains examined here.

Although the government has designed laws specifically meant for migrant workers, many of them remain unimplemented due to lack of enforcement by the labour department and the long chain of intermediaries involved in the recruitment process, which makes it difficult to fix responsibility on the principal employer. Further, due to lack of portability of entitlements, migrant construction workers frequently lose access to the government's social protection benefits linked to the place of residence. A recent report by the National Commission for Enterprises in the Unorganized Sector, noted that the vulnerability of migrant workers and their children stems largely from “the lack of or ineffective implementation of ... [as well as] ... lack of awareness among the workers regarding existence of the laws” meant to ensure their entitlements and protect their well-being (p. 165). Mechanisms for ensuring accountability and implementation are not apparent in the law governing corporate responsibility in India, especially in the unorganized sector.

Recommendations

Health

- Partnership between various stakeholders, including suppliers, users, and facilitators is imperative to have a responsive health system that provides quality services accessible to poor migrants.
- Interventions directed towards health vulnerabilities of women and children; and the need to treat drinking water are vital components of a health programme.
- Registering construction workers under the Building and Other Construction Workers' Welfare Board to make it easier for them to access health facilities.
- Urban health plans need to feature special interventions for migrant workers. Health care clinics designed specifically for migrant workers should have specialized care, location, and hours of operation in order to best serve this community. A dedicated budget needs to be allocated for the health welfare of migrant labourers.

421 India and Sustainable Development Goals: The Way Forward (http://ris.org.in/pdf/SDGs_Report_Chapter_3.pdf)

- Dedicated outreach is important for migrant labourers at their worksites to ensure the extension of routine primary care services such as antenatal care, immunisation, post-natal care and treatment for minor ailments⁴²².

Education

- Set up exclusive *anganwadi* centres (under the Integrated Child Development Scheme) for the children of migrant workers in areas which see the maximum influx of migrant workers.
- Set up schools at construction work sites as has been done in Andhra Pradesh and Tamil Nadu (Source: Aide et Action (www.aea-southasia.org))
- Upscale the number of seasonal hostels in villages so that children can continue their education when their parents migrate to urban areas at specific seasons, as has been done in Gujarat (Source: SETU, Centre for Social Knowledge and Action).
- Issue certificates to migrant children who have continued education at the destination, which will be accepted at other schools, so that education is uninterrupted.

Sanitation

- Effective water and sanitation management and initiatives like Swachh Bharat Abhiyan at construction sites depends on the participation of the concerned authorities. Therefore, builders, developers, and contractors need to be given directives to implement this and thus ensure that construction sites provide adequate sanitation facilities, access to properly ventilated residences, and safe drinking water to the construction workers.
- The services related to sanitation need to be rendered in a culturally acceptable manner, and in a way that the migrant labourers can access and use.

Policy level

- Accountability and upholding of existing policy could be achieved through maximizing interstate coordination; developing memoranda of understanding among various stakeholders with a monitoring agency; granting corporate and government contracts to builders only upon provision of required services (e.g. crèche); and empowering and educating workers and children to advocate for their rights.
- Other initiatives include conducting outreach programmes to communities of origin and destination; sharing information with migrating families as well as with subcontractors about legal rights regarding the safety and fair treatment.

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422 Akinola, A.B, Krishna, A.K and Chetlapalli, S.K (2014). Health equity for internal migrant labourers in India: an ethical perspective, Indian Journal of Medical Ethics, Vol 11, No.4.

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Annexure II

“Consultation with Persons with Disabilities as part of the Voluntary National Review on Sustainable Development Goals 2030”

Background

Nearly two year ago, India along with other countries adopted the ambitious 2030 agenda for Sustainable Development Goals. This transition from the MDGs to the SDGs also coincided with the change in Government in India nearly a year ago preceding the adoption of the 17 SDG goals. With an ambitious aim to transform India from a developing country to a developed country, the new Government as a first step made a paradigm shift of replacing the erstwhile planning commission with a new body by an act of the parliament called the National Institute for Transforming India (NITI) Aayog (commission) on 1st January 2015. The NITI Aayog will serve as the policy think tank of the Government, providing directional, policy inputs and relevant technical advice to the central and state Governments. The NITI Aayog has been entrusted with the role to co-ordinate ‘transforming our world: the 2030 Agenda for Sustainable Development’.

As part of the long journey towards realizing the SDG goals, the NITI Aayog has completed the process of mapping the various ministries and Centrally Sponsored Schemes (CSS) of the central Government against the various goals of the SDGs. Under each goal, nodal ministries have been identified with their CSSs and its related interventions and targets for 2030 have been established. Against each target relevant ministries have been identified to support the lead ministries in achieving the target against each SDG goal. Post having mapped the SDG goals, various coordination committees and mechanisms are being set up that will support in steering the work on SDGs. Disability is mentioned under goal 4, 5, 8, 10, 11 and 17 which directly relate to bettering the lives of persons with disabilities. Eye health programme being a part of the National Health Mission (NHM) falls under the NHM ambit mentioned against goal 3.

The National Institution for Transforming India (NITI) Aayog has decided to come up with a 15-year vision document in tandem with global trends and economic growth. Apart from the mapping exercise and the process of establishing coordination mechanisms, the actual work of directing energies towards achieving the various goals in yet to take off in a concerted manner. It also needs to be mentioned that there is still very low levels of awareness on SDGs among the eye health and disability sectors in which Sightsavers India is working. There is still need for wide spread awareness generation among the disability sector on how SDGs have a strong bearing to the transformation of their lives.

SIGHTSAVERS INDIA ENGAGEMENT WITH THE SDGS

Goal 1 No Poverty & Goal 2- Zero Hunger:

Sightsavers works with some of the most marginalised communities like the Maha-Dalits in Bihar who suffer from severe conditions of poverty and exclusion. Our eye health programmes and social inclusion programme are reaching out to some of the most economically marginalised communities / families / individuals. Our interventions have restored sight to many who were not able to participate in meaningful economic activity due to avoidable blinding conditions. Resultantly, our interventions have brought back to the mainstream of economic activity contributing to the overall human productivity and increase in family and individual income thereby addressing poverty and hunger.

Goal 3 Good health and well-being:

Sightsavers work through the National Rural, Urban eye health programmes, School Eye Health programmes are immensely contributing to the SDG goals of good health and well-being. Our work on eye health is contributing to this

goal through sight restoration surgeries, refractive error services and better eye health through community level eye health education which contributes to the overall well-being of the individuals operated or treated upon. Our school eye health programme does contribute to better classroom participation as children with refractive error or other blinding conditions are getting treatment.

Goal 4 Quality education:

The Sightsavers inclusive education programme for children with disabilities especially the blind and low vision through mainstream education not only support in providing them with quality education but enables inclusion of children with social processes from an early age. With an aim to leave behind sustainable systems, Sightsavers and partners organisations are working closely with the system to build its capacity through training of human resources like teachers, key resource persons; and supporting in establishing conducive and inclusive infrastructure and teaching, learning materials. The interventions, especially training of teachers and other human resources will have sustainable impact on the system bring in more sensitivity towards children with disabilities and building their capacity to address the educational needs of such socially excluded children.

Goal 5 Gender equality:

Our programmes especially the Rural Eye Health and Urban Eye Health have strong evidence of having catered to significant number of women and girl children. In some places there is higher coverage of women than men. Despite the emphasis on gender equality in our programmes, gender gaps are still existing in our social inclusion programme where the number of women covered are significantly lesser as compared to men. Sightsavers will undertake a research in this area to find out the factors that are hampering women with disabilities from participating in the social inclusion programme and other broader development programmes where this phenomenon is operational and thereby contribute to the existing strategies that will help in overcoming the gender gap.

Goal 8 Decent work and economic growth:

The social inclusion programme for People with disabilities strives to support People with disabilities in accessing sustainable livelihoods options by linking them to diverse contextual livelihood options with wider market linkages. Skill building for enterprise management, linkages with financial services and group based enterprises are activities in this direction. Though our eye health programmes do not have direct components of decent work and economic growth, it can very well be said that our eye health interventions by restoring sight to persons with avoidable blindness is indirectly contributing to their economic betterment by helping them in reengaging in meaningful economic activities.

Goal 10 Reduced inequality:

Our programmes continuously strive to address barriers to inclusion which otherwise perpetuate inequality and poverty. The social inclusion programme has monitoring systems that gather data that are gender, caste and religion disaggregated thereby providing vital statistics on our programme that has a mandate of reaching out to persons who suffer from multiple marginalisation owing to their background characteristics. In general all our programmes have a mandate of reaching the unreached especially communities that live in remote locations, conditions of poverty and deprivation, marginalised caste groups like Dalits which contribute to the overall systemic efforts to reduce inequalities. Though our programmes aim to reduce social inequalities so far the programmes are yet to devise mechanisms that can measure reduction in inequalities as against more privileged communities / families.

Goal 16 Peace justice and strong institutions:

Our work may not aim to directly contribute to peace initiatives but it can be assumed that by working on the above mentioned goals it does indirectly contribute to peace and social harmony.

Our work around formation of Disabled Peoples Organisations (DPO) / Blind Peoples Organisations (BPO) and strengthening them to undertake self-advocacy for accessing their rights and entitlements does contribute to the aspect of social justice. The formation and establishment of DPOs / BPOs are also a step in the direction of establishing alternative institutional mechanisms that can sustain beyond the life of a programme.

Goal 17 Partnerships for the goals:

Sightsavers during the past one year has forayed into establishing strong working relationships with various state Governments in states like - Bihar, Jharkhand, West Bengal, Uttar Pradesh, Rajasthan. These partnerships will contribute in the long run towards realising the SDG goals.

Currently, Sightsavers works with nearly 50 partners spread across the 8 priority states as well as the laboratory states in southern India. These partnership also contribute to the overall goals of Sightsavers in India and Sustainable Development Goals. Sightsavers has established strong working relations with number of corporates like Standard Chartered, RPG foundation, Fullerton India and Piramal foundation that support us in the cause for which we are working. Our work of sensitising corporates on eye health and disability issues has resulted in increased funding partnership with corporates. Sightsavers currently also have strategic partnerships with Vision 2020: Right to Sight, towards advocacy with Government for policy change and systemic improvement. Working relationships have been established with HIV/AIDS alliance, CBM (ChristofelBlindenmission), and Orbis that caters to the overall goal of addressing avoidable blindness. Our new partnership with Orbis towards addressing the eye health needs of school children with the funding support from Qatar Foundation is step in the direction of 'partnerships for realising the overall SDG goals'.

VOLUNTARY NATIONAL REVIEW (VNR) ENGAGEMENT PROCESS

The motto of the Agenda 2030 ie 'Leave no one behind' implies that every global citizen, irrespective of religion, race, level of poverty or disability, is included in the new development process. India is one of the many Nations that agreed to abide by this document which covers almost every area of human development. It is vital that all the stakeholders are made aware of these goals and targets and of their rights and duties so that they can advocate for their development targets and hold their national government accountable. In addition, as part of monitoring process, member states will report on their SDG progress which will be submitted to the High Level Political Forum (HLPF) held annually. Every state will have its turn approximately every 4 years. As stipulated in paragraph 84 of the 2030 Agenda, regular reviews by the HLPF are to be voluntary, state-led, undertaken by both developed and developing countries, and involve multiple stakeholders. The voluntary national reviews (VNRs) aim to facilitate the sharing of experiences, including successes, challenges and lessons learned, with a view to accelerating the implementation of Agenda 2030. The VNRs also seek to strengthen policies and institutions of governments and to mobilize multi-stakeholder support and partnerships for the implementation of the Sustainable Development Goals. India is one of the 44 countries that has committed to engage in the VNR process for 2017 and will submit its report to the HLPF 2017.

In this context, Sightsavers India felt that it was important to highlight the disability inclusion perspective in the goals under review for the HLPF 2017. Sightsavers in its endeavor to discuss the progress of SDG towards accounting and including persons with disabilities in its implementation process adopted by the national/ state Governments, initiated the process of **"Consultations with Persons with Disabilities for the Voluntary National Review on Sustainable Development Goals 2030"**. This series of consultations were conducted at different regional and state levels to receive inputs from Persons with Disabilities on existing development plans, policies and schemes and suggestions for measures to be taken to improve its efficiency and effectiveness in implementation. Such consultations will then be put forward at the national level for thorough review of the Sustainable Development Goals 2030 and its implications for Persons with Disabilities.

Expected Outcomes:

- Understanding amongst the members of the DPO of SDG's and its implications;
- Workable solutions/feedback on the implementation of the goals';
- A comprehensive report on the consultation with suggestions for better implementation of SDGs.

The consultations included DPO representatives from four states ie Rajasthan, Odisha, Jarkand and Chhattisgarh. The key recommendations that have emerged from these consultations will be shared with government, national civil society platforms engaged with the SDG implementation and monitoring and the International Disability Alliance. The DPOs involved have also decided to integrate the key recommendations that emerged as part of their own local advocacy plans.

DPO Consultations in Rajasthan

A Consultation on the Voluntary National Review of Sustainable Development Goals with People with disabilities of Bikaner and Chittorgarh districts of Rajasthan was organised on May 3, 2017 & May 5, 2017. The objective of this consultation was to discuss the progress on SDGs towards accountability and including the persons with disabilities in its implementation process adopted by the central and state governments. The recommendations which came out of the consultation will be part of the national voluntary reviews of the High-level Political Forum on Sustainable Development.

The consultation was attended by 37 participants from Disabled Peoples Organisations of Bikaner and Chittorgarh Districts, Sightsavers' Partner Organisations - URMUL and CUTS. In terms of gender equity, the ratio of female to that of male was 10:37. Most of the participants were of the Orthopaedic disabilities, totalling up to 29, VI representation was limited to 6 and 01 each of H.I and M.R. The session was facilitated by Ms Anuradha Pareek, President, Viklang Adhikar-Manch, Bikaner and Ketan Kothari, Advocacy Manager, Sightsavers. Anuradha shared her experience of participation in Asia Pacific Forum on Sustainable Development (APFSD) in Bangkok. The participants were divided into several groups and they deliberated on three major mentioned issues and brainstormed on the way forward.

- *What are the existing Government Policies in place for poor and marginalised specially the People with disabilities?*
- *What new policies should be drafted?*
- *How inclusion of PWD could be ensured?*

DPO Consultations in Odisha

The one day consultation programme organised on May 9, 2017 at Bhubaneswar invited representatives from different disability networks of Odisha and neighbouring states like Jharkhand and Ranchi to feed into the consultation process. In this process the progress on SDGs is reviewed on Goal 1, 2, 3, 5, 8 & 14 as per the UN SDG review commission. This review process provides unique opportunities for Civil Society Organisations and Disability Networks to gather feedback on the progress of SDG and its activities so far. This consultation is critical to institutionalize the concerns and voices of the Persons with Disabilities in the implementation of these global commitments and timeline.

In order to get the feedback from the persons with disabilities who were oriented about the SDGs and its implications for the disabled, a group activity was conducted and moderated by Mr. Akbar M. Alam and Mr. Jaganath Nayak. The five goals of Agenda 2030 namely 1,2,3,5 and 8 were allotted to 5 different groups of People with disabilities, which were formed by assigning each PwD with a random number from 1 to 5. The groups were assigned with the following tasks and were asked to present the work at the end:

- Mapping of Govt. scheme/ programme/policy pertaining to the specific goals assigned
- Status and inclusion of People with disabilities in the Scheme by the Govt. and the awareness and sensitisation level
- Recommendations and way ahead

Goals & Targets – Key Recommendations

The SDGs have 17 goals, 169 targets and 231 indicators. In 2017, the High Level Political Forum shall be reviewing some of the goals only, which also will be reflected in the voluntary national review reports. As such, this report looks into only those goals, and more specifically only those targets within those goals, which specifically concern persons with disabilities.

GOAL 1 **END POVERTY IN ALL ITS FORMS EVERYWHERE**

According to the World Bank, 15% of the poorest people of the world are people with disabilities. In the World Disability Report (2010) the World Health Organization (WHO) estimates a global disability prevalence rate of 15.7%, meaning that there are approximately 1 billion people living with some or other form of disability in the world today, and a majority of them live in the poor and developing countries.

Target 1.1

By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day

Target 1.2

By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

Target 1.3

Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

Target 1.4

By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population. In an era where 'inclusive development' is being emphasized as the right path towards sustainable development, focused initiatives for the welfare of disabled persons are essential. This emphasizes the need for strengthening disability statistics in the Country.

There has been a strong focus on and vast literature exists on poverty analysis in India. This includes discussion on the poverty incidence among female-headed households, backward class of population or religious minorities. However, there remains a gap on the poverty analysis for people with disabilities as a segment of population in India. Since a person with disabilities is less likely to have access to earning, employment opportunities, education and training and rehabilitation, disability can cause and intensify poverty on the individual and his family. On the other hand, poverty can also cause disability through lack of access to health care and preventive services that further reinforce the likelihood that a person lives and works in an adverse environment. In addition, it is found that about 60% or more of disabled persons are non-workers and about 25% are main workers, while the remaining 15% remain as marginal workers in all the groups of disabled persons, excepting for the groups of mental retardation and mental illness (reference - The Nexus between Disability and Poverty: Analysis Based on States Data in India Surajit Deb (University of Delhi, India), 2016-<http://www.iariw.org/dresden/deb2.pdf>). The Social Security Acts guarantee income maintenance for support only to persons who might have become disabled due to work injury or some other mishap while in service. But, a majority of the disabled people in the country are unemployed, or are involved in informal sector or dependent on their families, and require social protection. In some of the development programmes, there are a few disabled beneficiaries. But the coverage is minimal considering the statutory provision of 3 per cent reservation for disabled people in all poverty alleviation schemes. There is an urgent need to address these problems and design a policy of social security for people with disabilities.

What it means for persons with disabilities:

- Eradicate extreme poverty for all people everywhere.
- Implement social protection systems and measures for all, and achieve substantial coverage of the poor and the vulnerable.
- Ensure that the poor and the vulnerable, have equal rights to economic resources, access to basic services, ownership (land, property, inheritance, and natural resources), new technology, financial services, including microfinance.
- Build the resilience of the poor and those in vulnerable situations and reduce their exposure.

When is the goal achieved for persons with disabilities?

All are lifted out of extreme poverty, empowered, active contributors of society and enjoy equal rights.

Mapping of Relevant Government Schemes - The schemes identified by the group are :

- Pension Yojana , Skill Development Training, DRI Loan, CMRF, Basundhara Housing Scheme,
- MGNREGA, PPIF (OLM), Mission Khyamata, Mudra Loan, Group Loan And Property Right.

Key Challenges

- There are different schemes and programmes of Government for eradication of poverty but for far it is effective in bring out the desired result is a big matter of concern.
- Most of the schemes for eradication of poverty are not inclusive. No special reference has been given to people with disabilities in the schemes.
- Most of the schemes lack effective implementation.
- Only 4 percentage employment reservation has been given to people with disabilities, which is not adequate for inclusion of the large number of unemployed efficient people with disabilities.
- A very low premium is allotted for persons with disabilities in the pension yojana.

Key Recommendations

- Eradication of poverty not only can win half the battle for the people but also for the people with disabilities who face even more challenges in their life. Financial assistance and special skill development of the persons with disabilities can empower them to earn their livelihood.
- Proper lobbying and advocacy through DPOs is necessary to bring about the sensitization among people as well as people with disabilities and before Commissioner for better compensation for pensions.
- Strengthening Legal action and policy changes especially for people with disabilities for getting bank loans is necessary.
- Sensitization regarding people with disabilities of the bankers and other stakeholders as in many areas banks create issues to provide loans to People with disabilities.
- Advocacy at district administration and sensitization of community regarding people with disabilities in the MGN-REGA scheme.
- Allocation of work to persons with disabilities as per their capacity.
- Increase in number of workdays for people with disabilities under the MNREGA
- Inclusion of people with disabilities in the Below Poverty Line (BPL) category
- People with disabilities should get priority in availing the work under Annapurna Yojna , Fair-Price Ration Shops and other schemes of the government
- Ensuring that people with disabilities are also covered under Food Security Act

GOAL 2 **END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE**

Target 2.1

By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

The **National Food Security Act, 2013** (also **Right to Food Act**) is an Act of the Parliament of India which aims to provide subsidized food grains to approximately two thirds of India's 1.2 billion people.^[1] It was signed into law on 12 September 2013, retroactive to 5 July 2013.^{[2][3]}

The National Food Security Act, 2013 (NFSA 2013) converts into legal entitlements for existing food security programmes of the Government of India. It includes the Midday Meal Scheme, Integrated Child Development Services scheme and the Public Distribution System. Further, the NFSA 2013 recognizes maternity entitlements. The Midday Meal Scheme and the Integrated Child Development Services Scheme are universal in nature whereas the PDS will reach about two-thirds of the population (75% in rural areas and 50% in urban areas). Providing subsidized grains is only one aspect of a food security Act. It is felt that such an Act should also address other issues such as malnutrition, especially among children and women, and social vulnerabilities due to barriers of age, caste, gender and **disability**.

What it means for persons with disabilities:

- End hunger and ensure access for all people—in particular the poor and people in vulnerable situations—to safe, nutritious and sufficient food all year round.
- End all forms of malnutrition.

When is the goal achieved for persons with disabilities?

- Food security is realized for persons with disabilities everywhere.
- Final report of the 1996 World Food Summit states that food security “exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”

Mapping of Relevant Government Schemes

There are many Govt. Schemes that pertain to help eradicate hunger and maintain food security for better management of food production, storage and wastage. Schemes like

NFSA (National Food Security Act), MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act), DRI, ICDS (Integrated Child Development Scheme), RBSK,

PDS (Public Distribution System), MKSP, Seed distribution, MDM, AAHAR.

Key Challenges

- There are paradoxical situations in India relating to food security which need special attention. For farmers committing suicide failing to repay their debts - on one hand Govt. is not ready to relax 1 lakh debt but on the other hand, in a suicide situation, government can give 2 lakhs as compensation to the deceased farmer's family. There is ample food production but people die of starvation due to inadequate food storage and wastage of crops and grains.
- In the Chief Minister Relief Fund, there is no specific reference to people with disabilities mentioned, which reduces the likelihood of benefits from availing the scheme.
- Women with disabilities are not taken in special consideration in the MKSP.

- Priority has not been set for the people with disabilities in different schemes like RBSK, DRI, PDS and MGNREGA.
- No special facilities mentioned in the ICDS programme for the children with disabilities

Key Recommendations

- Prevention of disability can win the half battle. In this regard proper orientation of mothers and girls about the importance of nutrition in life, special care during pregnancy and post pregnancy and at early childhood development, can reduce the risk of death and disability of mothers and children.
- Ensuring that people with disabilities are also covered under Food Security Act
- Food security schemes - both existing and new - should give priority to people with disabilities ensuring their accessibility in all forms.
- Special free training at Agriculture Universities for people with disabilities to learn new skills and techniques of farming, especially designed for them.

GOAL 3 ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

National Health Policy, 2017 (NHP, 2017) seeks to achieve universal health coverage and deliver quality health care services to all at affordable cost. The main objective of the National Health Policy 2017 is to achieve the highest possible level of good health and well-being, through a preventive and promotive health care orientation in all developmental policies, and to achieve universal access to good quality health care services without anyone having to face financial hardship as a consequence. In order to provide access and financial protection at secondary and tertiary care levels, the policy proposes free drugs, free diagnostics and free emergency care services in all public hospitals.

The policy envisages strategic purchase of secondary and tertiary care services as a short term measure to supplement and fill critical gaps in the health system. The Policy recommends prioritizing the role of the Government in shaping health systems in all its dimensions. The roadmap of this new policy is predicated on public spending and provisioning of a public healthcare system that is comprehensive, integrated and accessible to all. The NHP, 2017 advocates a positive and proactive engagement with the private sector for critical gap filling towards achieving national goals. It envisages private sector collaboration for strategic purchasing, capacity building, skill development programmes, awareness generation, developing sustainable networks for community to strengthen mental health services, and disaster management. The policy also advocates financial and non-incentives for encouraging the private sector participation.

The policy proposes raising public health expenditure to 2.5% of the GDP in a time bound manner and envisages providing larger package of assured comprehensive primary health care through the Health and Wellness Centers'. This policy denotes important change from very selective to comprehensive primary health care package which includes geriatric health care, palliative care and rehabilitative care services. The policy advocates allocating major proportion (upto two-thirds or more) of resources to primary care followed by secondary and tertiary care. The policy aspires to provide at the district level most of the secondary care which is currently provided at a medical college hospital. It assigns specific quantitative targets aimed at reduction of disease prevalence/incidence, for health status and programme impact, health system performance and system strengthening. It seeks to strengthen the health, surveillance system and establish registries for diseases of public health importance, by 2020. It also seeks to align other policies for medical devices and equipment with public health goals.

What it means for persons with disabilities:

- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- To achieve universal health coverage and access to quality health care are critical in particular reading it together with the principle “No one must be left behind” -reinforced explicitly by Art 26. of the Agenda.

When is the goal achieved for persons with disabilities?

- Access to universal health coverage and health care services is realized including for health costs related to disability.

Mapping of Relevant Government Schemes

Janani Suraksha Yojana, Mamta, universal immunization, RNTCP, AIDS control programme, National Malaria Control Programme, National drinking water supply mission, DMHP, NMHP, Kishori Shakti Yojana, Universal health coverage like RBSK, BKKY, Niramaya, Swabalamban, Niramaya Free Medicine, PMJDY.

Key Challenges

- The group rated the scheme’s awareness and progress level with reference to people with disabilities. The Schemes that were effective for the disabled with 50 and above percentage were rated as good whereas below 50 percentage were rated as bad and below 10 is worst. Most of the schemes were at bad and worse condition and few running good with special references to people with disabilities.
- The Janani Suraksha Yojana is rated as good with its indicator showing low maternal mortality rate. The strengths are that it provides free vehicle service and ASHA service.
- In case of Mamta Yojana, no specific financial assistance for complicated cases is provided.
- Though Universal immunization is running well, it excludes a large number of people and there is non-availability of Hepatitis vaccines.
- To control epidemics, free test and medicines are being made available but hygiene is a big matter of concern.
- There is lack of free psychiatric treatment .And lack of medicines and non-coverage of districts under DMPH schemes.

Key Recommendations

The groups came up with many suggestions for effective implementation of the schemes. The recommendations if applied can make the schemes more inclusive taking into consideration the persons with disabilities. The suggestions are:

- Monitoring of health services should be mandatory work of Elected Representatives
- Introduction of SMS and MMS services for calling free ambulance service.
- There should be provision for free ambulance services from one hospital to the other.
- Increase the number of ambulances for free service.
- Increase financial assistance from case to case.
- Incentives and free medicines should be available at inaccessible remote areas.
- Implementation of effective quality monitoring system for immunization
- Training of health professionals on Disability and positive behaviour towards people with disabilities.
- There should be accessibility to drug de-addiction centres and engagement or trained counsellors.
- Develop emergency trauma care centre with trained professional and free treatment and compensation.
- Introduction of better school health policy along with better health education at school levels. Medical colleges should be accessible in all forms for people with disabilities.
- Free health policies should be implementation for people with disabilities and their families.
- Health surveys need to cover people with disabilities accurately.

GOAL 5 **ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS**

Target 5.1

End all forms of discrimination against all women and girls everywhere

Target 5.5

Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

Article 6 of the CRPD indicates that States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms. India has signed and ratified both CEDAW and the United Nations Convention on the Rights of Persons with Disabilities (CRPD). In its review of India in 2014, the CEDAW Committee made several specific observations and recommendations regarding women with disabilities. The Committee expressed concern that women with disabilities experience a high rate of poverty, lack access to education, employment and health services, especially in rural areas; face multiple challenges, including the lack of adequate access to public spaces and utilities, often experience harassment in public; and are excluded from decision-making processes. It expressed concern also at the lack of disaggregated data on persons with disabilities, and that responses to violence against women with disabilities fail to take account of the type of impairment, whether physical, sensory or intellectual. The CEDAW Committee also recommended that the rights of women with disabilities be mainstreamed into national action plans for women, that India “intensify efforts to provide social and health services support to families with girls and women with disabilities,” and that it improve data collection regarding women with disabilities nationwide. (CEDAW Committee, Concluding Observations: India, 36, 37 b & d, U.N. Doc. CEDAW/C/IND/CO/4-5 (2014-)).

Article-41 of the Constitution of India which forms part of the Directive Principles of State Policy explicitly mentions “disablement” as a condition for which the State is to strive, to provide assistance in certain matters including education, work, etc. The existing legal regime however, systematically marginalizes women with disabilities in India. Interestingly, existing disability legislation in the country like the Mental Health Act of 1987, The Rehabilitation Council of India Act 1992 and the Rights of Persons with Disabilities Act 2016, does not provide a separate gender component. Only the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999, recognizes women with disabilities as a ‘vulnerable’ group amongst people with disabilities (Women with Disabilities network - <http://womenenabled.org/pdfs/mapping/Women%20with%20Disabilities%20in%20India.pdf>)

Women with disabilities need different policies and services for their socio-economic empowerment. Similarly employment and health programmes need to be tailored for women with disabilities, so as to take their different needs into account; for example, maternal policies need to be differentiated for such women. Most importantly, it needs to be recognized that women and girls with disabilities are more vulnerable for abuse and violence than other women. It is felt by many advocacy groups working with women with disabilities issues that the State has so far not been able to properly address this. In the 2011 draft of the Rights of Persons with Disabilities Bill, there was originally a section on women and girls with disabilities. Unfortunately this section has been removed and is not present in the 2016 version of the Act. Though there are some specific references to women and girls in certain areas, they are not positioned as a social group with specific needs.

Some specific references to women with disabilities in the Rights of Persons with Disabilities Act 2016 are as follows:

Chapter II – Rights and Entitlements

4. (1) The appropriate Government and the local authorities shall take measures to ensure that the women and children with disabilities enjoy their rights equally with others.

Chapter V - Social Security, Health, Rehabilitation And Recreation

(d) support to women with disability for livelihood and for upbringing of their children;

(2) The appropriate Government and the local authorities shall take measures and make schemes or programmes to promote healthcare and prevent the occurrence of disabilities and for the said purpose shall—(k) sexual and reproductive healthcare especially for women with disability

Chapter Vi Special Provisions For Persons With Benchmark Disabilities

(a) five per cent reservation in allotment of agricultural land and housing in all relevant schemes and development programmes, with appropriate priority to women with benchmark disabilities;

(b) five per cent reservation in all poverty alleviation and various developmental schemes with priority to women with benchmark disabilities;

Chapter Xi Central And State Advisory Boards On Disability And District Level Committee

66. (1) Every State Government shall, by notification, constitute a body to be known as the State Advisory Board on disability to exercise the powers conferred on, and to perform the function assigned to it, under this Act (e) Members to be nominated by the State Government: Provided that out of the ten persons nominated under this clause, at least, five shall be women and at least one person each shall be from the Scheduled Castes and the Scheduled Tribes;

What it means for persons with disabilities:

- End all forms of discrimination against **all women and girls everywhere**.
- Eliminate all forms of violence.
- Eliminate all harmful practices, such as early and forced marriage and female genital mutilation.
- Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.
- Ensure **universal access** to sexual and reproductive health and reproductive rights.

When is the goal achieved for persons with disabilities?

- To end violence and discrimination towards girls and women with disabilities or towards women with children with disabilities, to ensure that both are not excluded from society and treated equally.

Mapping of Relevant Government Schemes

NRLM/OLM, MKSP, Mission Shakti, Sukanya Samridhi Yojana, Laxmi Ladli, Residential Schools for girls, Beti Bachao Beti Padhao for promotion of girl's education, Sabala, ICDS-ANC, 50% reservation in PRI, 30% reservation in Job sector, Widow pension, unmarried allowance, PC PNDT Act, Hindu Marriage Act, Witchcraft Prevention Act, Housing Scheme, Nirvaya Fund/FCC/WHL/AHTU, Swadhar short stay home for the destitute women, Ujjwala and SAGY and MKSP group formation, ISHG bank linkage.

Key Challenges

Though there are lot of schemes for the women empowerment, there are as many bottlenecks in the way of their effective implementation.

- Women are harassed and looked down upon when they avail their rights
- Bankers don't cooperate with the woman their attempts to secure financial assistance

- Due to lack of facilities for marketing women SHGs face a lot of problem in selling their products.
- At the agriculture front women are not considered as farmers so subsequently face discrimination in terms of wage and other facilities.
- The destitute women and unwed girls and single women face a lot of problem in the society as they are treated as victims and not survivors whereas nobody questions the perpetrators. There are lot of complications when it comes to legal help for the survivor due to corruption and power pressure. The real tragedy is the attitude of police, public prosecutor and Mahila commission towards the destitute. The condition is worse if the woman is a disable.
- No special schemes for skill development or development of the other talents for Women with disabilities.
- In the schemes meant for the empowerment of the women, no specification is mentioned for the Women with disabilities.

Key Recommendations

- Proper sensitization and awareness generation of women including women with disabilities regarding different schemes, their participation in the process of development starting from planning to implementation.
- Increase percentage of reservation for women with disabilities in different schemes and employment.
- When cycles are provided to girls for to increase accessibility to education, tri-cycles should be provided to girls with disabilities.
- Equal wage for both women and men with disabilities.
- Awareness generation and sensitization about women with disabilities, gender equality at the school and college level
- Police training in dealing with women sensitive cases and especially women with disabilities along with effective implementation of the existing legal framework.
- Linkage of PWD with Bhamasha Scheme of Govt. of Rajasthan
- Ensuring that every pregnant women with disability(ies), lactating mothers, adolescent girls, children in the age of 03 years is benefitted under ICDS
- Timely identification of pregnant women and issuance of Janani Suraksha Cards
- Female Counsellors to be posted at every Police Station
- Timely payments under widow pension scheme

GOAL 8 DECENT WORK AND ECONOMIC GROWTH

Target 8.5

By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

Economic rehabilitation of Persons with disabilities comprise of both wage employment in organized sector and self-employment. Supporting structure of services by way of vocational rehabilitation centres and vocational training centres are being developed to ensure that disabled persons in both urban and rural areas have increased opportunities for productive and gainful employment. The Rights of Persons with Disabilities Act 2016 sets out certain provisions related to economic empowerment. The Act was cheered by many as it increased the number of identified disabilities from seven to 21, and the employment reservation to not less than 4% in all poverty alleviation programmes and government employment, a national fund and a state fund for persons with disabilities. It speaks of ensuring inclusive education and accessibility to vocational training and skills development for people with disabilities. Employment-related discrimination can be reported to a grievance redressal officer, and there is a liaison officer to check on recruitment issues, which remain under the purview of the chief commissioner.

The private sector remains under the purview of the act by the provision of incentives in the case of employment, in which at least 5% of the workforce is made up of or reserved for persons with disabilities and an equal opportunity policy. However, the revised draft rules were published on March 10, 2017, did not mention the private sector in the chapter on equal opportunity policy. Interestingly, in the original set of rules, that came out on March 3, 2017, an exclusive framework for the private sector had been included. Hence the authority that the Act wields on the private sector may be limited. People with disabilities continue to experience barriers of accessibility to and ability at the workplace. Physical environment and public facilities and utilities have not been developed or designed with the requirements of each category of disability in mind and nearly all mainstream training programs and work sites exclude disability groups due to these barriers.

What it means for persons with disabilities:

- Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services.
- Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.

When is the goal achieved for persons with disabilities?

- The expansion of anti-discrimination provisions in labour and labour-related laws.
- The realization for reasonable accommodation and creating more inclusive mainstream initiatives to promote full and productive employment for persons with disabilities.
- Access to training and vocational education courses.
- Access to bank loans and micro-finances to start-up businesses.

Mapping of Relevant Government Schemes

The schemes under the specific goal 8 referring to employment, financial and other economic growth are

- NSDC, MGNREGA, PMEGC, RSETI, EDP, OLM, PMKVY (Prime Minister's Kaushalya Vikas Yojana), DRI, NHFDC (National Handicapped Finance Development Corporation), CMRF, MUDRA for small loans, ATAL Pension, PMDJY.

Key Challenges

Major challenges faced by people with disabilities in the above mentioned schemes are

- There is no participation and priorities for people with disabilities as in NSDC scheme and in almost all the schemes related to employment and economic development.
- Lack of funds and technical problems faced by people with disabilities in the MGNREG scheme.
- Accessibility whether physical or technical is the major issue when it comes to inclusion of people with disabilities in availing the schemes like RSETI scheme and others.
- No proper and specific facilities for training for people with disabilities, which is a major issue for skill development.

Key Recommendations

- Renovation of special employment exchange keeping in view the inclusion of people with disabilities
- Grassroots level survey and data collection for identification of people with disabilities
- Special employment policy for people with disabilities
- Ensure safe and secure working environment specially designed for People with disabilities
- Stop gender based discrimination of wages and also concerning people with disabilities facing discrimination of wages.
- Identify special talents and help develop their skills and talent with special references to people with disabilities
- Develop new start up policy for budding entrepreneurs with disabilities.

- Promotion of Self Help Group and Micro-finance for people with disabilities
- Accessibility in all forms should be taken care of , for people with disabilities for in the Financial Institutions
- Career counselling and proper guidance should be provided to people with disabilities
- Barrier free work sites to be developed to ensure accessibility

Goal 9 Build resilient infrastructure, promote inclusive & sustainable industrialization and foster innovation

Target 9.1

Develop quality, reliable, sustainable and resilient infrastructure, including regional and trans-border infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all

The government has recently launched the Accessible India campaign to promote and raise awareness about accessibility. There are also two other campaigns – the Digital India campaign and the Smart Cities Mission which can potentially see convergence with the theme of accessibility and go a long way in implementing it.” The Smart Cities Mission focuses on a comprehensive development leading to the convergence of other ongoing government programmes like Make In India, Digital India, AMRUT, Pradhan MantriAwasYojana, HRIDAY, etc with the smart city projects but Accessible India Campaign still needs to find convergence.

The key challenges under the Smart Cities Mission for disability sector can be highlighted as follows: (NCEDEP)

- Lack of awareness regarding e-accessibility for persons with disabilities by the stakeholders.
- Lack of data or guiding policies/principles on persons with disabilities.
- Poor project execution leading to the failure to incorporate features for persons with disabilities.
- Poor project execution leading to the failure to incorporate features for persons with disabilities.
- Smart city proposals that lack accessibility features from the beginning of the mission.
- No benchmarks for accessibility features like other services.

Key Recommendations

- Infrastructures should be designed keeping in consideration the ease of accessibility for people with disabilities, pregnant women that this needs to be enforced.

Way Forward:

The goals wise recommendations suggested by the people with disabilities stakeholders will pave the path for better implementation of Agenda 2030. Such consultation programmes encourage and ensure active participation of the stakeholders in the process of development starting from planning to effective implementation of the SDGs. It gives direction to proper implementation of the SDGs by providing a clear picture of the present status and progress of the existing schemes pertaining to each goal of Agenda 2030 concerning people with disabilities specifically and their inclusion and the challenges faced along with workable solutions for better implementation.

Apart from theses recommendation forming a part of national voluntary reviews, District level DPOs of Bikaner and Chittorgarh have decided to take this forward as part of their advocacy campaign with the Government of Rajasthan so that these recommendations form the basis of the policies and schemes of the government.

Sightsavers India will continue to facilitate the formulation of DPO Advocacy Plans based on the SDG implementation framework and support their advocacy efforts at local, state and national level as part of a continuing effort to promote disability inclusive development.

Annexure III

Do Not leave us Behind

A Status Report on SDGs from the lens of Stigmatised Communities

By

Atish Chhara, Bhola Nath Sabar, Gomtidevi, Kesar Das, Kirandevi, Mahendradevi, Sakila, Shakinaben Movar, Siddique Usman Sama, Subhey Singh and Sundari Sabar

(Ground level Panel secretariat: National Alliance Group -Denotified and Nomadic Tribes and Praxis-Institute for Participatory Practices)⁴²³

Background

The 'Criminal' tag inflicted by the Criminal Tribes Act of 1871 on nearly 1500 nomadic and semi-nomadic tribes and 198 denotified tribes, comprising 150 million Indians (Renke Commission, 2008) did not vanish with the repeal of the Act on August 31, 1952. Instead, it continued through the Habitual Offenders Act, 1952, in different Indian states.

Ten years ago, the United Nations Committee on the Elimination of Racial Discrimination stated its concern: "The so called denotified and nomadic tribes (DNTs), which were listed for their alleged "criminal tendencies" under the former Criminal Tribes Act (1871), continue to be stigmatised under the Habitual Offenders Act (1952)," and recommended that "the State party repeal the Habitual Offenders Act and effectively rehabilitate" the DNTs.

The National Human Rights Commission (NHRC) recommended repealing the Act in 2000. The main occupations of the communities such as snake charming, tricks with bears and monkeys, brewing liquor and hunting - were criminalized, which was leading to re-stigmatising of the communities. With their traditional occupations taken away and without access to new skills, many were pushed into criminal activities, thus reinforcing the marginalisation of the DNTs.

The National Alliance Group for Denotified and Nomadic Tribe (NAG DNT) along with Praxis-Institute for Participatory Practices facilitated a community based data collection and analysis process to deliberate and understand the role of Government and Businesses in realising specific Sustainable Development Goals in the context of the DNTs. As part of this process the SDG Goals highlighted in the image alongside, were covered:

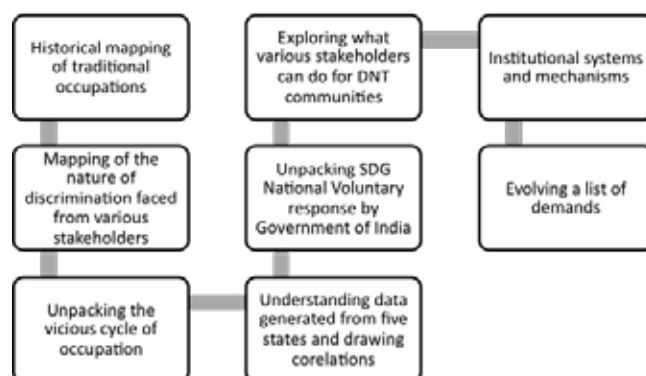
Ground Level Panel: Democratising Global Policy Making and Processes through Participatory Research

The Ground Level Panel (GLP) consisting of 11 individuals from Bihar, Gujarat, Haryana, Uttar Pradesh and West Bengal, some of whom participated in the study and some who have faced stigma and discrimination as a result of their DNT identity came together as a ground level panel, to analyse the findings and draw collective inferences. Between 18 and 19 June, the panelists collectively explored their local realities, experiences, perspectives and strategies they employ to cope with the stigma and discrimination they face. The ground level panel process enabled the community members to transition from being carriers of knowledge to the owners and users of knowledge.

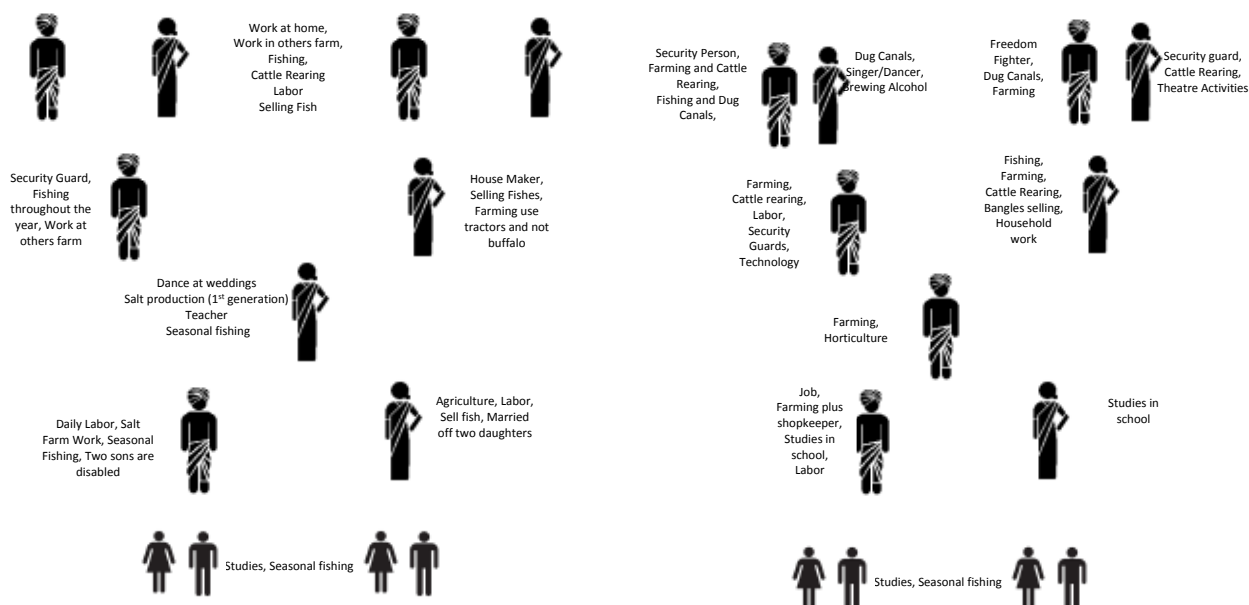
423 With support from ActionAid India, Partners in Change, Tata Institute of Social Sciences and Tata Trust

The Process

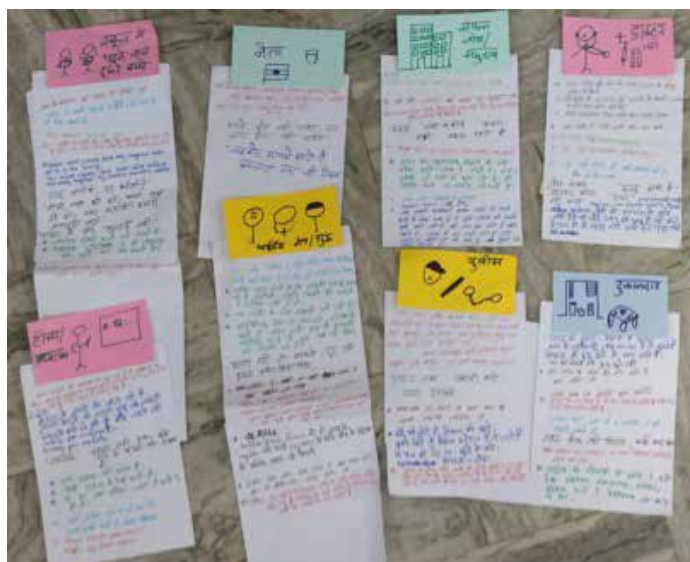
The 11 GLP participants spent two days dialoguing and deliberating various issues in the context of their lives. The broad discussion themes and process followed are indicated in the figure below:



In the discussion on intergenerational occupations, the panelists shared the occupations that had been stopped due to changes in laws, criminalisation, lack of Government support and redundancy due to technology. Placing themselves in the centre, they depicted occupations of two generations before them and two generations after them. These are depicted in the two images below:



The panelists discussed about various stakeholders they interacted with in their daily lives and the perceptions held by some of these stakeholders towards them. The image below shows a snapshot of some of these perceptions.



They then did a scoring exercise of the nature of discrimination they face with various stakeholders as seen in the table below:

STAKEHOLDERS	1 (Always discriminatory)	2 (Often discriminate)	3 (Sometimes discriminate)	4 (No discrimination)
Doctors	55%	22%	23%	0%
Teachers	30%	62%	8%	0%
Other children	38%	12%	50%	0%
Affluent neighbours	44%	33%	23%	0%
Other marginalised groups	20%	20%	50%	10%
Shop keepers	11%	55%	33%	0%
Police	63%	37%	0%	0%
Religious leaders	50%	20%	0%	30%
Government	70%	30%	0%	0%

Process of Exclusion: A Vicious Cycle!

The major challenge for the community comes from the way their history has been written. The tag of ‘criminal’ against their community has not disappeared, but is deep rooted and beyond a mention in the law.

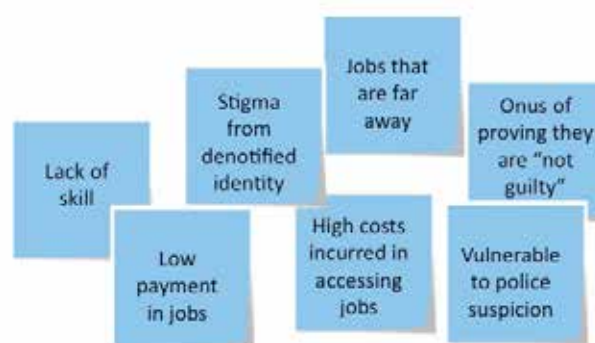
“Mera baap chor nahin hai”

Most occupations have become ‘illegitimate’ (as seen alongside); many due to “progressive” laws. Saperas (snake charmers), Madaris (tricks with animals) and jaadugars (magicians) became criminals with the enactment of the wildlife laws and the Beggary Act. Crimes committed by individual are ascribed to the entire community than be listed as individual crimes.



Criminal tag often brings them into the Crime

When they explore alternative occupation, the criminal tag affects even their recruitment. The name of their settlements or locality itself keeps potential employers on toes. Even when they are in alternative occupation, say domestic servant, often a small incident can make them vulnerable with the police. The onus often is on them to prove themselves ‘not guilty’. Societies and the Governments often force them away from any new occupation.

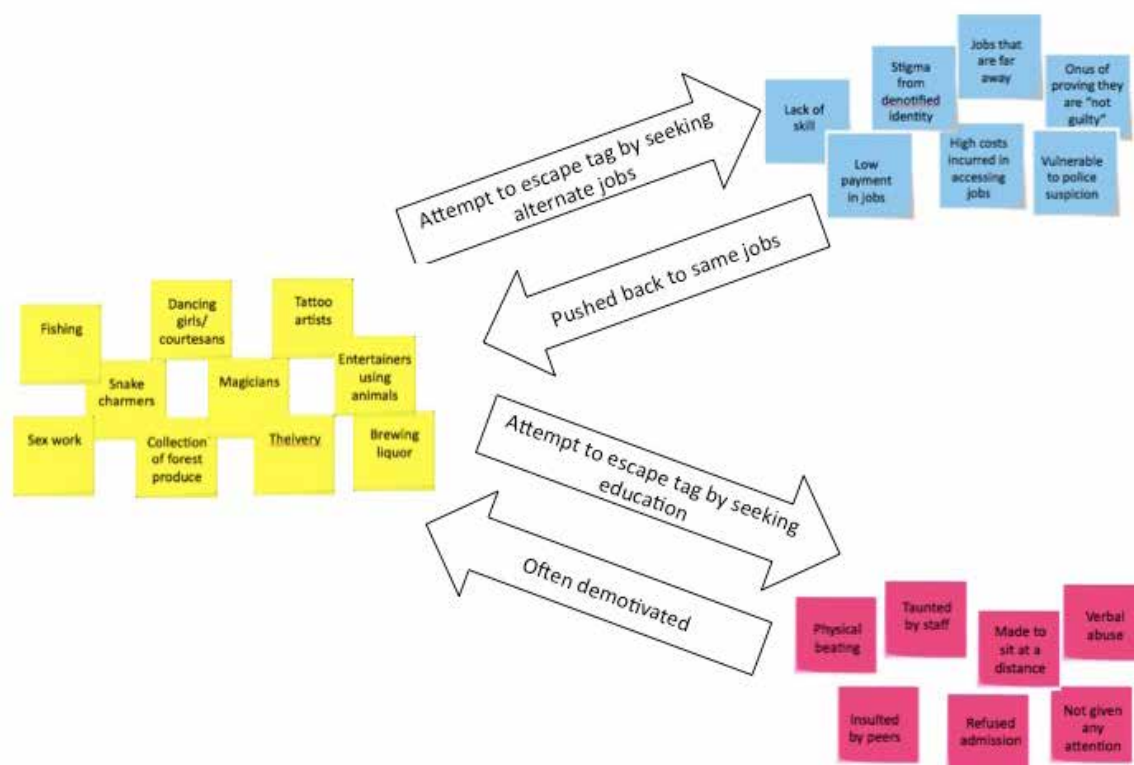


Criminal tag often pushes children away from schools

Children do face discrimination and verbal abuses from teachers as well as other children. Their settlements do not have adequate population for the Government to build schools in their settlements. Often children are demotivated; and their ambitions are limited to use education to move away from their present status.



The trap is described below:



The panelists were shown five digital stories created by representatives of three denotified tribes. These included:

1. **Ab kuch kar dikhana hai** (It's time to prove myself), which was created by women from the Chhara community who shared about their persistent victimization with intentional criminalisation. It details the experience of a group of girls from this community including a doctor, who were accused of stealing from shops, when they had legitimately shopped, and the ill-treatment at the hands of the police
2. **Nartaki ka jeevan** (A performer's life) is the story of a girl from the Bedia community who pursues her traditional occupation of dancing and performing and the nature of harassment that she deals with as well as police atrocity. The narrator talks about leveraging modern forms of communication to reach out to the wider public to increase their awareness about rights and entitlements.
3. **Main aur mera samuday** (My community's story) is the narration of a young person from the Kuchband community, who talks about how his traditional occupation was criminalised and his generation has been pushed into a different kind of stigmatised occupation of rag picking. He details the discrimination he and his friends face in educational institutions, health facilities and wider society.
4. **Apni aankhon se dekhien** (See for yourself), created by a member of the Bedia community, talks about the life of hardship faced and how dancing and performing gave her the strength to fight with discriminatory institutions and society at large.
5. **Hamein Chahiye Azaad Samuday** (We want an independent community) traces the history of the Chhara community and how they moved from serving in the British army to making illicit liquor and pickpocketing, to make ends meet. It is a story of hope of how the community theatre helped members of this community to cope better, and concluded with recommendations and demands from the Government.



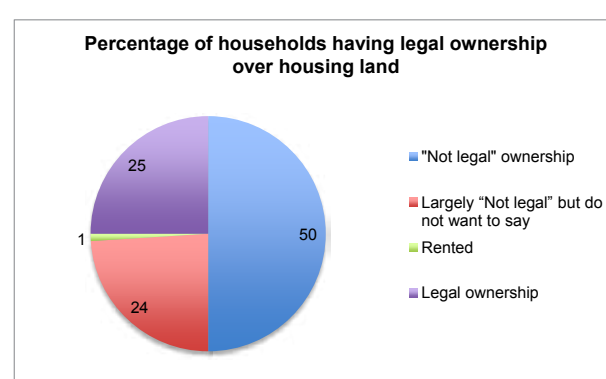
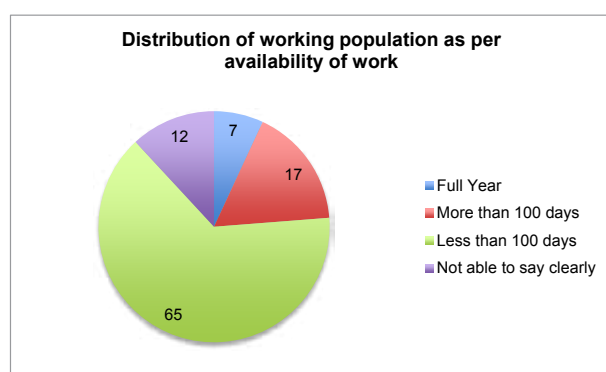
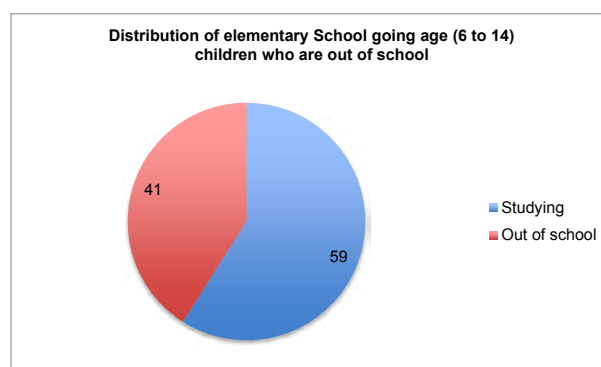
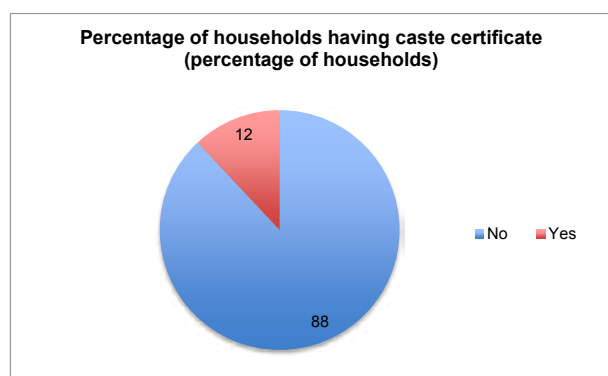
Understanding Research Data

National Alliance Group for Denotified Tribes along with Praxis conducted a small sample study across five states- Bihar, Delhi, Haryana, Rajasthan, West Bengal and Maharashtra. The study was initiated with the identification of some of the key goals. This identification of goals and indicators was done in consultation with the committee involving members from the community.

Key Features of the Study

1. The Campaign formed an Advisory Group for Design with members from the community. It was supported by a technical team from Praxis.
2. The Group evolved the research design and sample.
3. The Campaign recruited volunteers for data collection from the community itself. The data collection process was facilitated through a rigorous quality check and supervision by Praxis. 5% of sample was reviewed for quality check by an external team recruited by the campaign.
4. Praxis team organized the data entry, created database and generated tables.
5. Tables are presented to two panels: (a) An exclusive community Ground Level Panel; and (b) an Analysis Team comprising specialists from different fields.
6. These two groups did an independent analysis and generated key inferences and recommendations.

The research process involved two types of research methods- questionnaire based household sample survey and structured community discussions using participatory methods. The data generated from the study was shared with participants and they engaged with these findings and discussed similarities and differences with their own contexts. Some examples are below:



The data generated from the study was juxtaposed with the data from the SDG voluntary response from Government of India. The responses derived from the GLP are detailed below:

GOVERNMENT'S INTERPRETATION OF SDG GOALS	RESPONSES FROM THE PANEL
GOAL 1: Generating meaningful employment; Access to life and accident insurance; Basic services such as education and nutrition, Housing for all; Cooking fuel requirements of the population; Safe drinking water as well as sanitation	<ul style="list-style-type: none"> These are availed by people who already have houses, food and livelihood. It is ironic that the Narmada river flows very close to us but we are still not getting water. Houses constructed for the nomads are demolished Under life insurance scheme they give money after death but when we are alive there is no care taken; nobody cares even if one dies of hunger. At present, there are many documents that have been mandated for availing and implementing the government schemes but all the mandates remains only on paper It is very difficult to make the employment cards, and even if the name is registered we don't get jobs.
GOAL 2: One of the largest food security initiatives in the world. And since women pay higher attention to household security, ration cards issued in name of eldest woman of the household	<ul style="list-style-type: none"> Ration card have been digitised but the thumb impression is not working and leaves us without ration for months Granaries are rotting with extra stock and ration shops have none Neither are ration cards made nor do we get the benefits, which makes the law beneficial to only the rich people. We have to go to the bank after getting ration. After depositing money we get ration. We have to do many rounds to get ration supply.

GOVERNMENT'S INTERPRETATION OF SDG GOALS	RESPONSES FROM THE PANEL
GOAL 3: Increased access and quality of health services; Health insurance cover (Rs. 100,000 (USD 1,563) for below poverty line (BPL) families; Providing vaccination to tackle death of children	<ul style="list-style-type: none"> There are a lot of government statistics but in reality it is different. Medicines are not available in the Government hospitals. All the money is spent on treatment. The rich and leaders are healthy. The Anganwadi centre in the village opens once in six months and details of pregnant women are recorded. How then is it possible to get a monthly allowance (nagad transfer) When we go to the headman and our name is not in the records then how can an insurance health card of Rs 1,00,000 be issued Despite having a BPL card we don't get the benefits of health insurance We have neither heard about insurance nor do we know if the same exists.
GOAL 5: Gender equality and empowerment of girls and women; increasing female labor force participation and women empowerment centres	<ul style="list-style-type: none"> The "betibachao, betipadhao" scheme can only be seen in the schools but there is no actual change taking place. There is equality among literate men and women however there are differences among illiterate and literate men and women. There is a lot of difference in the situation at village and in the cities. Under the women and girls' empowerment scheme only those girls who go to schools benefit but those who do not go to schools are still excluded from all the facilities. In some villages of UP, some committees of women have been formed and some of the women have benefitted under the same. MNREGA card has been provided. Some of them are employed however for some the employment has remained on paper only. Work is not available for 100 days. The poor are all excluded from the same. No women's empowerment centre is present in the village.

Based on discussions, the panel generated the following demands:



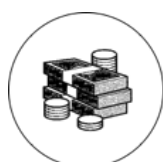
Freedom from criminality, suspicion and stigma including change the name of our administrative category from "Denotified Nomadic Tribe" to "AboriginalTribe", as the name denotified tribe is stigmatizing. One should also re-look the laws which criminalised us such as Habitual Offenders Act, Beggary Act and so on, and consider an abolition of the Habitual Offenders Act. The police should also not wrongly implicate and falsely accuse community representatives.



Right for institutional protection and participation, which includes having a provision of political reservation for DNTs in the Local Self Governance system; a permanent grievance redressal system at the national level. This strong national commission for denotified tribes should have similar powers to the SC/ST Commission and should monitor and do record keeping



Enumeration and disaggregation of data by DNT for all schemes (of all the 198 castes) should be done to provide improved accessibility to Government institutions, policies, schemes and other social protection mechanisms.



Right to budgetary provisions: To have an exclusive allocation of budget for DNTs in proportion to their population similar to SC/ST. There should also be an exclusive rehabilitation campaign of providing housing and land facilities to the DNTs, in order to ensure their permanent settling/inhabitation and accessibility of state institution and schemes. There needs to be an emphasis on schemes that facilitate better livelihood opportunities for community members and mechanisms to prevent discrimination of schools.

Endorsement

1. 4 B Foundation
2. A.P. Adivasi Ikya Vedika
3. Aashish Foundation, Bhojpur
4. Aashray
5. Abhivyakti Foundation
6. Adharshila
7. Adivasi Sahitya Sabha
8. Adivasi Sewa Mandal
9. Adivasi Vikas Samanway Samiti
10. Agramee
11. AIDMAM
12. All India Network of NGOs and Individuals working with National and State Human Rights Institutions (AiNNI)
13. All India Women's Conference
14. All Tripura Indigenous and Minority Association
15. Amagoan
16. Amarjyoti Development Society
17. Ambedkar Mission
18. APCRAF
19. ASC Network
20. Asia Dalit Rights Forum
21. ASP
22. Asra Manch
23. Association For Social and Human Awareness (ASHA)
24. ASTHA
25. Astha Dalit Mahila Sangh
26. Astha Sansthan
27. Badlao Foundation
28. Baitarani
29. BARC
30. Beyond Copenhagen India
31. Bharat Jan Vigyan Jathha (BJVJ)
32. Bihar Pradesh Jankalyan Seva Sansthan, Bihar
33. Bird Trust
34. Birsa MMC
35. BNPur Anchalik Bikas Samiti
36. Boudh Mahar Sabha
37. BPHRO
38. Bread, Patna
39. BREADS, Karnataka
40. BSC
41. Buniyad Jan Jagriti and Vikas Sansthan
42. CBPS, Bangalore
43. CBR Forum
44. CDR
45. Center for Adivasee Studies & Peace(CASP)
46. Center for Dalit Studies
47. Centre for Budget and Governance Accountability (CBGA)
48. Centre for Community Economics and Development Consultants Society (CECOEDECON), Rajasthan
49. Centre for Dalit Rights, Jaipur
50. Centre for Internet and Society (CIS)
51. Centre for Media Studies India
52. Centre for Mountain Dalit Rights Himachal Pradesh
53. Centre for Reformation and Development
54. Centre for Rural Studies and Development (CRSD)
55. Centre for Social Equity and Inclusion (CSEI)
56. Centre for Social Justice
57. Centre for Youth and Social Development (CYSD)
58. CHETNA
59. CHINDU
60. Civil Society Academy
61. COME
62. Common Cause
63. Confederation of Voluntary Associations (COVA)
64. CORD
65. Cornerstone
66. CPHE
67. CRSD
68. CSJD
69. CWS
70. DAG-UP
71. Daksh Umbrosh Empowerment Society
72. Dalit Association for Social and Human Rights Awareness (DASHRA)
73. Dalit Bahujan Shramik Union - AP
74. Dalit Bahujana Front
75. Dalit Mukti Mission
76. Dalit Mukti Morcha
77. Dalit Sthree Shakti
78. Dalit Vikas Abhiyan Samiti
79. Dalit Watch AP
80. DAVI, Pollishree Jan Seva Sansthan
81. DBMK
82. DDVA
83. Deep Jyoti Kalyan Sansthan
84. Development Support Team (DST), Pune
85. Dhas Grameen Vikas Kendra, Alirajpur
86. DICE Foundation
87. DISHA
88. Disha Samaj Sewi Sanstha
89. DMK
90. DMKS
91. DMM
92. Dr. Ambedkar Seti Vikas Va Sanshodhan Sanstha
93. DRCSC
94. DSK

95. Earth Care
96. ECONET
97. Ekal Nari Sansthan
98. Ekjut
99. Evidence, TN
100. FES
101. Gaurav Gramin Mahila Vikas Manch
102. Gayan Sagar
103. Gelaya
104. GPSVS
105. Gram Chetna Kendra, Jaipur
106. Gram Mitra
107. Gram Vikas Evam Yuva Kalyan Samiti, Sarguja
108. Gramin Jivan Vikas Training and Research Institute
109. Gramin Swabhiman Sanstha, Sikar
110. Group Awareness and Rural Development for Nation
111. Haroti Adim Janjati Samiti, Baran
112. Harsita Social Development Society
113. Hope, Lohardagga
114. HRF
115. HRFDL
116. Human Right Alert
117. Human Rights Defenders Alert - India (HRDA)
118. HUMANITY, Jharkhand
119. Hunger Free Campaign, Bihar
120. Hunger Free Campaign, West Bengal
121. ICITP
122. Ideal Youth Club
123. Indian Institute of Economics
124. Indigenous Youth Federation of Tripura
125. Institute of Development Education, Action & Studies (IDEAS)
126. Institute of Human Rights Education [IHRE]
127. Integrated Rural Management Agency
128. ISI-Bihar
129. Jagrat Mahila Sansthan, Baran
130. Jai Rohidas Mahila Kalyan Samiti
131. Jai Shree Lakshmi Mahila Vikas Kendra, Jamui, Bihar
132. Jan Jagran Samiti
133. Jan Jagriti Manch, Raipur
134. JAN SAHAS
135. Jan Vikas Parishad Evam Anushandhan Sansthan
136. Janhit Chhattisgarh Vikas Samiti
137. Janvikas
138. Jaspur Jan Vikas Sansthan, Jaspur
139. Jeevika, KN
140. Jharkhand Dalit Adhikar Manch
141. Jharkhand Jangal Bachao Andolan
142. Jharkhand Mahila Utthan
143. Jharkhand Vikas Parisad
144. Just Change
145. Kamayani Bali Mahabal
146. Kisan Sewa Samiti Mahasangh, Jaipur
147. Kisan Sewak Sangh (KSS), Rajasthan
148. Kotda Adivasi Sansthan, Sirohi, Udaipur
149. Krishak Biradari, Chhattisgarh
150. Krushi Samstha
151. KSSS
152. Labour education development Society
153. Lahanti
154. Life Education and Development Support (LEADS)
155. Living Farms
156. Lok Astha Sewa Sansthan
157. Lok Prerna Kendra
158. Lok Vikas Sansthan, Bihar
159. M V Foundation
160. Madad
161. Mahila Jagriti Trust
162. Majdoor Kisan Vikas Sansthan
163. Manav Vikas Ashram, Rohtas
164. MANUSKI
165. Manviya Haque Abhiyan (Campaign for Human Rights)
166. Maternal Health Rights Campaign (MHRC), Madhya Pradesh
167. MGSA
168. Musahar Sewa Sansthan
169. MVF, Hyderabad
170. MYRADA
171. Nai Umang Nai Sonch Society
172. Nari India
173. Nari O Sishu Kalyan Kendra (NSKK)
174. Narigunjan
175. National Alliance Group for Denotified and Nomadic Tribes.
176. National Campaign on Dalit Human Rights (NCDHR)
177. National Council of Churches in India (NCCI)
178. National Dalit Forum
179. National Dalit Women Forum
180. National Forum for the Young at Risk
181. National Foundation for India
182. Nav Bhartiya Nari Vikash Samiti
183. Navsarjan Trust
184. Nawa Chattisgarh Mahila Samiti
185. NCAS, Pune
186. NDMJ NCDHR
187. NEDSSS
188. NEEDS, Tamil Nadu
189. NESA
190. Network: Dalit Action Group & Federation
191. New Hope India
192. NGO Bhartiya Jan Sewa Ashram
193. NGO GKSSS
194. Nine is Mine
195. Nirmal Mahila Kalyan Kendra Darbhanga
196. Officers Forum
197. Open Space
198. Panah Ashram, Munger
199. Panchami Land
200. PANI Sansthan

201. PARGYA-NGO
202. Parmarth
203. Partners in Change
204. Patheya Trust
205. People's Action for National Integration - PANI
206. People's Action for Rural Awakening (PARA)
207. People's Watch
208. People's Watch-TN
209. PMSR
210. Pradan
211. Pradipan
212. Pragya Gramin Vij Samiti
213. Prajwala
214. Pratinidhi
215. Pravah
216. PRAXIS
217. Praxis Institute for Participatory Practices
218. Prayas Jan Utthan Samiti
219. Prayatna Foundation
220. Prayog
221. PRDTI
222. PREM
223. Prerana Bharati
224. Promotion and Advancement of Justice, Harmony and Rights of Adivasis (PAJHRA)
225. Public Advocacy Initiatives for Rights and Values in India (PAIRVI), Delhi
226. Purvanchal Rural Development & Training Institute
227. PVCHR
228. Quill Foundation
229. Rachna Manch
230. Rajpipla Social Service Society (Adivasi Mahasabha)
231. REDS
232. Revanchal Dalit Adivasi Seva Sansthan, Rewa
233. RIGHTS
234. RKM
235. Saarthi Sanstha, Jhunjhunu
236. Sacred Heart Health Center ,Supaul
237. Sakshi
238. Samaj Seva Sansthan
239. Samajik Nyaya Evam Vikas Samiti, Bharatpur
240. Samajik Seva Sadan, Dhenkanal
241. Samajik Vikas Sansthan Trust, Madhubani.
242. Samarthan
243. SAMATA- AP
244. Sampurna Gramodaya Kendra
245. Samudaik Kalyan Evam Vikash Sansthan
246. SAMVAD
247. Samyak Siksha Ewam Manwi Vikash Sanstha Sarni Betul
248. Sanchayaneel
249. Sanjha Manch, Jaipur
250. Sanket, Bhopal, MP
251. South Asian Network for Social & Agricultural Development (SANSAD)
252. Sarvhara Seva Sansthan
253. Sarvo Prayas Sansthan, Madhubani, Bihar
254. SASVIKA
255. SASY
256. Save Tribal
257. Scheduled Castes & Backward Classes Employees Federation
258. SCRIA
259. SEWA, Chhattisgarh
260. SGVK
261. Shivi Development Society
262. Shram Sadhna Kendra, Gaya
263. Sikshasandhan
264. Singha Bahini Youth Club
265. Social Watch-TN
266. Solidarity for Developing Communities
267. South Asian Dialogues for Ecological Democracy (SADED)
268. SRACO
269. SRAN
270. SRED
271. Srijan Mahila Vikas Manch
272. SRUTI
273. SSVK
274. STIF
275. SWADHINA
276. Tarun Chetna Sansthan
277. The Bouddhist Society
278. The Message Welfare Foundation, Kishanganj
279. The Society for Social Uplift Through Rural Action (SUTRA)
280. UCOA-India
281. United Reformers Organisation
282. UNNATI
283. UPVAN
284. Uttarakhand Development Institute (UDI), Uttarakhand
285. Vaagdhara
286. Vahid Foundation
287. VASPS, MP
288. VIKALP
289. Vikas Foundation
290. Vikas Sahyog Pratishthan
291. VIKAS SAMVAD
292. Vikas Visar Chapra Saran
293. Vikash Munch
294. VRDP
295. Warsi Sewa Sadan
296. WING
297. Wisdom
298. Women in Security Conflict Management Peace (WISCOMP)
299. Youth for Unity and Voluntary Action (YUVA)
300. YUVA Rural



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