



Parliamentarians Group for Children Newsletter

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Dear Friends,

On behalf of the Parliamentarians' Group for Children (PGC), I extend my gratitude for the warm reception for the first edition of the PGC Newsletter (December 2013-February 2014). And it is with great pleasure we present this second edition of the newsletter.

To begin with, I take this opportunity to congratulate the new government led by the Prime Minister, Shri Narendra Modi and his cabinet colleagues, and extend a warm welcome to the new parliamentarians elected to the Lok Sabha and Rajya Sabha. We as Members of Parliament and representatives of the people have the responsibility to ensure effective reforms, and initiate innovative practices and interventions to address issues of children. I therefore extend an invitation to the new parliamentarians to join the PGC in order to push towards a robust regime for protection of children's rights. The PGC, since its launch in August 2013, has been working towards bringing the experiences, issues and concerns of children into legislation and policy making, ensuring children remain on top of the political agenda.

The focus of this edition of the PGC newsletter is sanitation. When we look at a situation, where more than half households do not have toilets, vast numbers of people resort to open defecation, which has huge bearing on health and safety, it becomes imperative for us to comprehensively learn about this issue and address it immediately. With this in mind, a consultation on 'Sanitation and Open Defecation' was organized in Pune city in May this year by the PGC, for laying the groundwork of totally sanitized cities. Then Maharashtra's Minister of State for Public Health, Family Welfare and Women and Child Development, Smt. Fauzia Tahasin Khan endorsed the Pune Declaration signed at the end of the consultation.

Drawing linkages between sanitation and protection as an outcome of the consultation, the PGC has recently developed a Pune Child Protection Policy, which provides guidelines on protection against child abuse. The purpose of this policy is to give direction and guidance to school authorities for dealing with allegations/suspensions of child abuse and neglect, enabling them to act in situations where there is a concern, suspicion or allegation of child abuse or neglect.

PGC's aim has been to equip Parliamentarians with the right know-how and technical understanding to monitor, implement and push for enhanced resources for children's programmes and advocate for child-centric policies. We look forward to your cooperation and participation to carry forward our collective responsibilities.

Vandana Chavan, MP
Convenor, PGC



UN CONVENTION ON RIGHTS OF THE CHILD (UN CRC)

The Year 2014 marks the 25th year of adoption of the UNCRC – the most rapidly and widely ratified international human rights treaty in history. The Convention changed the way children are viewed and treated – i.e. as human beings, with a distinct set of rights, instead of as passive objects of care and charity. Twenty-two years ago, India ratified the UNCRC, and is obligated to review National and State Legislations and bring it in line with the Convention. Today, the nation has much to celebrate for its children – with 11.1 million more children in schools since 2010, no cases of polio in last three years, decrease in stunting from 118 to 52 between 1990 and 2012, and 23 million new toilet users, to name a few.

The Government's commitment and efforts towards achieving these milestones have been commendable. But challenges remain in fully realising the Convention's vision –

- ❑ 6.0 million children out of school
- ❑ 1.4 million children die before they turn five
- ❑ 40% of all child marriages globally occur in India
- ❑ 20% of global U5 deaths and 19% of maternal deaths occur in India

This may be due to various factors that range from India's size – 1.2 billion people, its child population, socio-economic and cultural diversity – to the existing regional, gender and social disparities.

STATE OF SANITATION IN INDIA

The situation of sanitation is grim in India.

- Of every 100 children born, 48 will live without adequate sanitation
- 595 million people defecate in the open
- Around 6,00,00 under-five children died in 2010 due to diarrhoea and pneumonia caused by poor sanitation and hygiene
- India contributes to 36 percent of the world's stunted children (54 million in India)
- Children miss school days due to diseases due to unsanitary practices and unclean environment in schools

WHAT NEEDS TO BE DONE?

- Newborn Infants: Hand washing by birth attendants before delivery has been shown to reduce mortality rates by 19 per cent while a 4 per cent reduction in risk of death was found if mothers washed their hands prior to handling their newborns.
- Children under five years: Poor WASH causes diarrhoea, which is the second biggest cause of death in children under five years. Diarrhoea is an immediate cause of under nutrition.
- School-aged children: Children prefer to attend schools having adequate and private WASH facilities. Schools provide an excellent opportunity for children to learn about hygiene practices.
- Older Girls: Giving girls the knowledge and facilities necessary for good menstrual hygiene is key to their dignity, their privacy, their educational achievement and their health. Adolescent girls are empowered through improved menstrual hygiene management.
- Mothers and Caregivers: Hand washing with soap at critical times is important for protecting the health of the whole family. By being a role model, mothers and caregivers can also help instill in their children the good hygiene practices, which will serve them for life.
- Children in emergencies: During emergencies, children are especially vulnerable to the effects of inadequate access to water and sanitation services. WASH is a key component of any emergency response.

Courtesy: <http://www.unicef.org/india/wes.html>

Towards Universal Urban Sanitation

Introduction

Despite being crucial to public health, livelihoods, security and dignity, the provision of total and universal sanitation are unavailable to all. India has the largest population forced to defecate in the open, estimated to be around 597 million. As per the 2011 Census, nearly 53 percent households in India lacked sanitation facilities. The negative fallout of poor sanitation being well recognized and documented, the Government has pledged to end the practice of open defecation by 2019 –realizing this requires a mission-mode action. Urban sanitation poses particular considerations of reported coverage, demographic change in the context of migration and growth of informal and dense settlements, livelihoods as well as privacy and security issues for women and other vulnerable groups.

It may be instructive to assess the current models, which may potentially be replicated to bring to scale of the provision of universal urban sanitation.

Sanitation may be defined as the “provision and practice of safe disposal of human excreta combined with basic hygiene practices.” Sanitation facility comprises flush/pour-flush latrines with sewerage connection/septic tank/pit latrines/compost toilets combined with safe treatment and disposal, on-site and off-site, and associated hygiene behaviour. Universal provision of sanitation entails not merely the infrastructure facilities but also policy, governance and regulatory and institutional framework.

Scaling up

How do we ensure that these successful endeavours don't remain mere islands of excellence but are mainstreamed in order to attain the goal of universal sanitation? The National Urban Sanitation Policy (NUSP) of 2008 was formulated with the vision that "All Indian cities and towns become totally sanitised, healthy and liveable, and ensure and sustain public health and environmental outcomes for all their citizens."

1. Comprehensive City-wide approach:

This includes specific actions at the national, state and city levels to facilitate the transition to universal urban sanitation provision and to attain the goal of open defecation-free cities. This approach should include:

- Promoting access to households with safe sanitation facilities (including proper disposal arrangements);
- Promoting community-planned and managed toilets wherever necessary, for groups of households who have issues of space, tenure or economic constraints in gaining access to individual facilities;
- Adequate availability and 100 percent upkeep and management of public sanitation facilities in all urban areas.

A city-wide framework across sectors is envisaged for a comprehensive and sustainable sanitation solution covering all sectors – sanitation, solid waste management, sewerage, storm water drainage; and addressing institutional, financial, technological and socio-political and economic, and gender aspects with a robust outreach programme including all groups.

2. Baseline Information and Monitoring:

Sanitation interventions need to be quantified periodically to measure progress vis-a-vis the baseline situation as well as to plan resource allocation. The service level-benchmarking framework formalised by the Ministry of Urban Development includes the parameters of coverage, treatment levels, reuse data as well as institutional and financial data from the supply side (Local Government, Water Boards and PHEDs, etc).

Milestones and monitoring indicators for outputs and outcomes as well as processes relating to sanitation include the following: (i) achievement of open defecation-free status; (ii) safe management of

waste water and drainage; (iii) scientific disposal and reuse of solid waste; (iv) focus on the poor; and (v) improved public health outcomes and environmental standards.

Additionally, citizen perception surveys may be used to validate sanitation interventions based on user (demand side) experience. Outreach programmes and increased use of social media should be employed towards this end.

3. Learning from Experiences

The experiences of the peer networking initiatives through the Change Management Forum and the information platform 'Urban Resource Link' highlight the critical role of knowledge sharing and information support in the sanitation sector. The Change Management Forum (CMF), a network of elected leaders and municipal officials, aims to bring about and sustain reforms in the sanitation and water sector in India through peer learning and knowledge sharing events. Making urban areas free from open-defecation through the achievement of universal sanitation was a key area of intervention. CMF members actively planned and organised a national event on adopting universal sanitation as a national goal in 2005 via the Pune Declaration. Following a process of consultation, the Task Force drafted an urban sanitation policy to address the provision of universal sanitation on a mission mode and was formally legislated by the Government of India (NUSP 2008). A state and city level roll out process for implementation has been making good progress thus far.

The Urban Resource Link led by the Administrative Staff College of India provides informational support in response to specific requests on water, sanitation and environment. In addition to standard enquiry services, the Urban Resource Link also provides proactive information support to cities in relevant areas. Both the Change Management Forum and the Urban Resource Link are distinct from conventional information/knowledge support services and networks in that they are owned and supported by government, aligned with current needs, cover a range of sectors/themes relating to policy, strategy, operational arrangements and implementation. They address specific, practical information needs of elected representatives and officials of cities based on needs assessment through response to requests and provide proactive information support, being flexible and accessible through different channels.

Way Forward

Most importantly and beyond the technological, governance and infrastructural framework, Mission Universal Sanitation needs political will and strong support from the citizens. In the words of Former Union Minister Jairam Ramesh, a relentless campaigner for sanitation, “*there is too much bureaucratic movement right now. How to make it a people’s movement; how to make it a national obsession –that is what my concern is.*” A long-

standing support for improving water supply on part of the government, sanitation and hygiene stems from a firm conviction based on sound evidence that these are central to ensuring the rights of children. It is essential to look at replicable intervention models that involve partners, users, beneficiaries and citizens in equal measure.

Prof. Vijaya Venkataram, Faculty of Urban Governance, Administrative Staff College of India, Hyderabad.

Best Practices

OPEN DEFECACTION-FREE SLUMS IN GWALIOR MUNICIPAL CORPORATION

Women Self-Help Groups (SHG) facilitated open defecation-free status in informal settlements in partnership with the Gwalior Municipal Corporation for community-based provision of sanitation including infrastructure, outreach and management.

From 2010, the Gwalior Municipal Corporation worked with women SHGs to ensure the provision of community toilets in informal settlements. Women SHGs support facilitated the planning, rehabilitation, construction and subsequently the operation and maintenance of community-based sanitation facilities. The initiative, supported by the UN-HABITAT, was based on empowerment of users, outreach programmes to create a sense of ownership, operation and maintenance

(O&M) and collection of service charges. Special attention was given to the consultations with women before planning, designing and implementation to take into account their specific requirements and priorities. An NGO 'Sambhav' led a communication campaign for public health and hygiene awareness among the slum residents. The Municipal Corporation undertook the construction/rehabilitation of the community toilets that were handed over to the SHGs for maintenance who were also trained in record keeping, O&M costs and collection of community contributions. The slums where these community toilets were rebuilt, have achieved open defecation-free status.

TOTAL SANITATION IN ALANDUR MUNICIPALITY

Alandur in Chennai Municipal Corporation (CMC), under the political leadership of the Municipal Chairman, succeeded in achieving total sanitation through community based resource mobilisation and public private partnership.

In most towns of Alandur, the sullage and sewage overflows from septic tanks into the open storm water drains and low-lying areas. In the late 1990s, the then Municipal Chairperson Mr. R.S. Bharati initiated an underground sewerage project. Tamil Nadu Urban Infrastructure Finance Services Ltd. (TNUIFSL), the state asset management company, was nominated as the agency for coordinating, supervising and structuring the finances for a sewerage facility on a Build-Operate-Transfer basis and part financing from the state government. To reduce the repayment burden on the local body, deposits were collected from at least 10,000 residents before calling for tenders to ensure effective public participation in the project. The names of the depositors were displayed to motivate others to pay. Officials and non-officials, especially the

chairperson of Alandur municipality, organised detailed discussions with the residents of the city and resident associations to explain the project details and benefits of the sewerage project. An effective communication campaign was launched to reach out to all manner of stakeholders through various channels. Sanitary workers conducted a door-to-door campaign in support of the project. In the informal settlements, community toilets were built and connected to the sewer network. Of the 23,000 households who paid for the services, 8,350 households were connected in the first phase by 2005. Nearly 500 slum households out of 7,000 had sewerage connections, and 43 percent slum dwellers opted and paid for individual sewerage connections. In 2005, 14 community toilets were constructed to serve poor clusters. By end of March 2008, all households were covered. The Alandur model reflects a successful model of total sanitation with political leadership and people's proactive participation playing a key role.

Sanitation in Schools: Wash in Schools

Stepping Stones: Addressing Sanitation in Schools

Adequate WASH facilities combined with correct behavioural practices have a huge impact on children's health and education, as it is correlated with regular attendance at school and a child's overall development. The absence of WASH services results in absenteeism and high dropout rates especially among girls. For example, WASH in Schools evaluation in Kenya indicated that attendance of girls was higher in schools with toilets and provisions for hand washing. It is also the subnational disparities that seem more evident: between poor and richer households, between rural and urban populations, between geographic regions.

In a condition where 54 per cent households in India do not have access to any kind of toilets or latrine, (Census 2011) and more than half of the population resorts to open defecation, schools are an important nodal point for both – to provide toilet facilities as well as to bring about behavioural change. By providing quality water, sanitation and hygiene facilities, schools can also help reduce transmission of diseases. Since schools are the contact point for a number of government schemes for children, like the Mid-Day Meal, it's imperative for schools to play a proactive role in maintaining hygiene and sanitation.

The Minister for Human Resources Development, Smt. Smriti Irani flagged off the Swachh Bharat, Swachh Vidyalaya program, with an aim to build separate toilets for boys and girls in every school, so that girls can feel comfortable in school and finish their education instead of leaving school because of absence of separate toilets for them. Under this, the Kendriya Vidyalayas and the Navodaya Vidyalaya Sangathans are expected to undertake a myriad of activities ranging from engaging in the school assembly, cleaning class rooms, kitchen sheds and toilets, maintenance of gardens, essays, debates and painting competitions as well as constitution of children's cabinets to supervise and monitor cleanliness drives. Hon'ble Prime Minister, Shri Narendra Modi also requested the people from corporate sector to help with funds and share responsibility under corporate social responsibility so that the aim of making separate toilets for boys and girls and providing students with better hygienic conditions can be achieved by 15th August 2015. The

program not only focuses on making separate toilets, but also aims on having a set of functioning and well-maintained water, sanitation and hygiene facilities so that all students can get a healthy school environment and develop appropriate hygienic behaviour.

The Right to Education Act, passed by the parliament in 2009, mandates that schools should provide safe and adequate drinking water facilities to all children and separate toilets for boys and girls under the 'norms and standards' category. Since the implementation of this Act, schools have made significant progress in conjunction with Sarva Shiksha Abhiyan.

- The percentage of schools having a girls' toilet has increased to 91.23 percent in 2013-14 from 37.42 percent in 2005-06, and boys' toilets have increased to 86.69 percent (DISE Report 2013-14).
- About 5 percent of schools don't have drinking water facility and around 9 percent do not have a separate girls' toilet (DISE Report 2013-14).

Facility	2013-14
Schools with Drinking Water	95.39%
Schools with Boys' Toilet	86.69%
Schools with Girls' Toilet	91.23%

Source: *School Education in India, Flash Statistics*
U-DISE 2013-14, NUEPA

- While the overall coverage of schools with water and toilet facilities is improving, the focus on hygiene needs to become eminent. For instance, the practice of washing hands with soap before eating the mid-day meal is generally absent. Independent survey shows that soaps are available in only 12% of schools (Hygiene Practices in schools during Mid-Day Meals, UNICEF-India study 2009).
- The Ministry of Health and Family Welfare has introduced a Scheme for the Promotion of Menstrual Hygiene among adolescent girls in Rural India in the age group of 10-19 years. However, the implementation status of the scheme is unknown.

There is huge discrepancy between the numbers of school toilets reported by different sources leading to the mystery of *missing toilets*. Healthy habits taught, practised and integrated into daily school routines

can go a long way in bringing about hygiene behavioural change.

Sanitation in India has long way to go and we have a collective responsibility to work towards the same. Universal availability and accessibility of 'public health facility' is the first step towards developing a modern health system in any society. But such facilities are poorly funded in India. And further, such facilities are poorly designed and even more poorly implemented (through bureaucratic 'target-ism'). The under achievements of various development plans and programmes and the wastage and pilferage of the resources are 'bureaucratically managed' by blaming the people for their cultural poverty and illiteracy ('povertism'). On the other hand, the poorly designed public health institutions

are further degraded by 'medical absenteeism'. The absenteeism of the medical professionals from their duties is explained as people's traditionalism and lack of preference for institutional care. Medical managers and vested interests are playing dominant role in redesigning the public domains of 'healthcare' and 'health coverage' as 'medical care' and 'medical coverage'. The cumulative and compounding negative consequences of 'medical neglecting', 'targetism', 'povertism', absenteeism, and 'over-medicalism' are manifested in continuous perpetuation of prevalence of communicable disease in India. The mechanisms and processes together create a development deficit in the health structure of India.

Dr. Sanjay Jaiswal, MP Lok Sabha

Sanitation Best Practices in States

Awareness campaign in Andhra Pradesh

In 2008, the Andhra Pradesh government launched a national campaign for sanitation and hygiene in which 5.4 million school going children of government-run schools participated whereby the children cleaned the school campus, organized rallies and took the hand-washing pledge.

Menstrual Hygiene and Management Intervention in Krishnagiri, Tamil Nadu

In Tamil Nadu, over two-thirds of the girls skipped classes and one-third dropped out during their periods due to lack of sanitation facilities. The Government of Tamil Nadu, SarvaShikshaAbhiyan, and UNICEF initiated the Menstrual Hygiene and Management intervention in 8 high schools in Krishnagiri in 2009 and focused on demystifying taboos surrounding menstruation, orienting them to manage the menstrual process, provide access to sanitary napkins and disposal of soiled ones using low cost incinerators.

Nirmal Vidyalaya Puraskar

Bratya Basu, the Minister-in-Charge, School Education of the Government of West Bengal felicitated 40 schools of the state with SishumitraVidyalayaPuraskar for outstanding contributions towards achieving the child friendly norms and standards. The award ceremony was held in Calcutta on the occasion of the National Education Day 2012. The School Education Department has adopted the Water, Sanitation & Hygiene in School (WinS) interventions as a tool for RTE Compliance by making schools safe, clean, protective and equitable to all children with increased ownership of stakeholders. The Nirmal Vidyalaya project was funded by Sarva Shiksha Abhiyan with consultation from UNICEF.

Hand-washing in schools before Mid-day Meal: Assam

It is common knowledge that proper hand washing, particularly before eating or preparing food and after using the toilet is one of the most effective ways of preventing the spread of diarrhoeal diseases. Recognizing this, the Commissioner & Secretary, Elementary Education, Govt. of Assam, issued a directive in September 2012 to all schools to use the untied funds under the Mid-Day Meal (MDM) scheme for the provision of soap in order to institutionalize the practice of hand washing with soap in schools by all children before eating and after using the toilet. Further, SSA, UNICEF and CEE also initiated a 13-month long Mass Hand washing with Soap (DHaaL) pilot project in July 2013 in 100 schools of Rani and Rampur Blocks of Kamrup District in Assam.



Consultation Meet on Open Defecation & Sanitation, Pune

A consultation on 'Sanitation and Open Defecation' was organised on the May 30, 2014, by the PGC in collaboration with CLRA, and with the technical support of UNICEF India. Discussions addressed the crucial need of maintaining hygiene practices in the cities of Maharashtra. Convener of the PGC and Vandana Chavan, MP Rajya Sabha, led this initiative. The PGC has taken the responsibility of laying the groundwork for totally sanitised cities, starting with the 'Sanitation and Stop-OD' drive in Pune, in Maharashtra.



The consultation was inaugurated with a welcome speech delivered by Ms. Chavan where she addressed the problems related to open defecation and its impact on children's health. Frank Odhiambo, WASH specialist from UNICEF India, also highlighted the impact of poor sanitation on children, emphasising that "poor sanitation and hygiene is one of the leading causes of stunting in children in India". To address this, there is a greater need for behavioural change, rather than infrastructure development alone, as emphasised by the then Minister of Public Health, School Education, Women and Child Development, Smt. Fauzia Khan. 16 Councillors from Pune, Shri Sunil Gaikwad, Deputy Mayor of Pune, Shri Vikas Deshmukh, Pune Municipal Commissioner and Smt. Alka Dagdu Rathod, Mayor of Solapur, representatives from CSOs and Media were also in attendance.

Outcome: Pune Declaration

The Pune Consultation aimed at changing existing norms such as prevalent behavioural patterns while focusing on outcome maintenance, increased accountability, service delivery by the Urban Local Bodies (ULBs) and their delegated agents.

In order to create a sustained agenda towards eradicating open defecation, a Pune Declaration was signed at the end of the Consultation, aiming at eradication of open defecation in Pune by the year 2016.



Juvenile Justice Act: Frequently Asked Questions:

1. What is India's current Juvenile Justice System?

The Beijing Rules (Standard Minimum Rules for Juvenile Justice) led to the promulgation of the Juvenile Justice Act, 1986. Subsequently the ratification of the United Nations Convention on the Rights of the Child by India led to the enactment of the Juvenile Justice (Care and Protection of Children) Act, 2000.

This is one of the most progressive JJ legislations in South Asia and in fact the world. It is largely in line with the CRC and focusses on some of the key principles of juvenile justice: deprivation of liberty as last resort, restorative and reformatory justice and diversion and alternative sentencing. It also provides for separate protection structures, qualified personnel, and a comprehensive legislation

providing services for children in need of care and protection as well. The Integrated Child Protection Scheme (ICPS) is the implementation model of this legislation.

2. What is the key proposed change that has been highlighted through the amendment?

The fundamental change being proposed is that children aged 16-18 years [15-17 years according to international language convention] who are accused of committing an offence that in the penal system or any other law of the land provides for a punishment of more than 7 years of imprisonment, can be transferred to an adult court if the juvenile board feels so depending on the case background, circumstances of the crime and maturity of the child. In addition to this, the child will now not be sent to a separate reform home but a 'place of safety' that will not be a jail or lockup, but where they can be kept up to the age of 21. If at age 21, the assessment shows the child has been

reformed, s/he will be released or else will be sent to an adult prison.¹

There is a dangerous loophole in the Bill in its current form that provides exception from capital punishment and life imprisonment without parole only under the Indian Penal Code. It does not refer to other laws of the land mentioned in earlier sections while defining an offence that qualifies for a judicial waiver. If it is just a drafting error, it is a grave one.

3. Why are we concerned about these proposed changes?

The move to have a special provision for 16-18 year olds goes against the CRC principles that clearly call for a uniform approach to all children in conflict with the law, irrespective of the nature of their crime. The General Comment number 10 of the CRC specifically mentions that the age of juvenility should be 18 years at par with international standards.

The concern stems from there not being many functional 'special children's courts' in India and hardly any working models of a 'place of safety'. In effect, children will be housed in youth barracks of regular adult prisons where they will be schooled in criminology amidst hardened inmates, and may become greater threats to society in the long run.

4. Do the numbers justify this panic in rushing in an amendment that has not been well discussed and evolved through a consultative process?

The share of crimes by juveniles has remained constant over the last few years at 1.1-1.2 percent of total crimes.

- In 2013, juveniles between 16 and 18 years apprehended for murder and rape constituted 2.17 percent and 3.5 percent of all juveniles apprehended for IPC crimes.
- They also constituted only 1.3 percent (845) and 3.29 percent (1388) of all persons arrested for murder (64,813) and rape (42,115) in 2013.

These facts lend zero credence to the statements that they are significantly responsible for violent crimes.

5. Has the 'get tough' approach worked with juvenile delinquency elsewhere in the world?

Evidence shows that the process of judicial waiver or transfer of juvenile cases to adult courts has not resulted in a reduction in crimes but in recidivism.

A study by the US Centre for Disease Control reviewed published scientific evidence on the effectiveness of waiver laws to ascertain whether this prevented or reduced violence among those transferred, and among juveniles on the whole. It concluded that, "... transfer policies have generally resulted in increased arrest for subsequent crimes, including violent crime, among juveniles who were transferred compared with those retained in the juvenile justice system. To the extent that transfer policies are implemented to reduce violent or other criminal behavior, available evidence indicates that they do more harm than good."²

- Since 2009, at least 20 states in the USA have closed or downsized youth facilities or reduced their reliance on incarceration. In many places, the money saved is being redirected to programmes that supervise and treat youths in their communities. States that reduced juvenile confinement most dramatically also saw the greatest decline in juvenile arrests for violent crimes.³
- Examples from efforts of NGOs in India to reform and rehabilitate juvenile offenders have also been encouraging. ECHO, a Bangalore based NGO, which runs an institution for juvenile offenders, has found projects implemented with the help of the community as the most effective to rehabilitate children in conflict with the law.

¹ The situation will become dangerous if the amendment comes through. This 'place of safety' is only a concept in paper. It does not exist in most places and many states have designated youth barracks in adult prisons as 'place of safety'. We are concerned that this will be the trend since it takes time for such infrastructure to be created. There is also the issue of human and financial resources for such measures to work. The current provisioning is far from adequate to even make the current system work and then such provisions are being added on without consideration of the implementation aspect.

² Effects on Violence of Laws and Policies Facilitating the Transfer of Youth from the Juvenile to the Adult Justice System: A Report on Recommendations of the Task Force on Community Preventive Services, *Centre for Disease Control and Prevention*, MMWR 2007.

³ Giudi Weiss, *The Fourth Wave – Juvenile Justice Reforms for the Twenty-First Century*, Winter 2013, p.4, Commissioned by the National Campaign to Reform State Juvenile Justice Systems for the Juvenile Justice Funders' Collaborative.

On the Policy Front, recent updates: Budget 2014-15 (current NDA government)

An analysis of Provisions for Children, Drinking Water and Sanitation in the Union Budget 2014-15 against the Election Manifesto of the newly elected government.

BJP Manifesto on Children:

In its Election Manifesto, BJP committed itself to addressing the issues related to children with special emphasis on vulnerable children, children belonging to the vulnerable communities and those with disabilities; effective implementation of the RTE, Right to Food Security Act, review and amendment of the Child and Adolescent Labour (Prohibition and Regulation) Act, 2012 and Integrated Child Protection Scheme (ICPS); and addressing issues of anaemia. Public spending on education was promised a raise to 6 per cent of the GDP along with strengthening of the

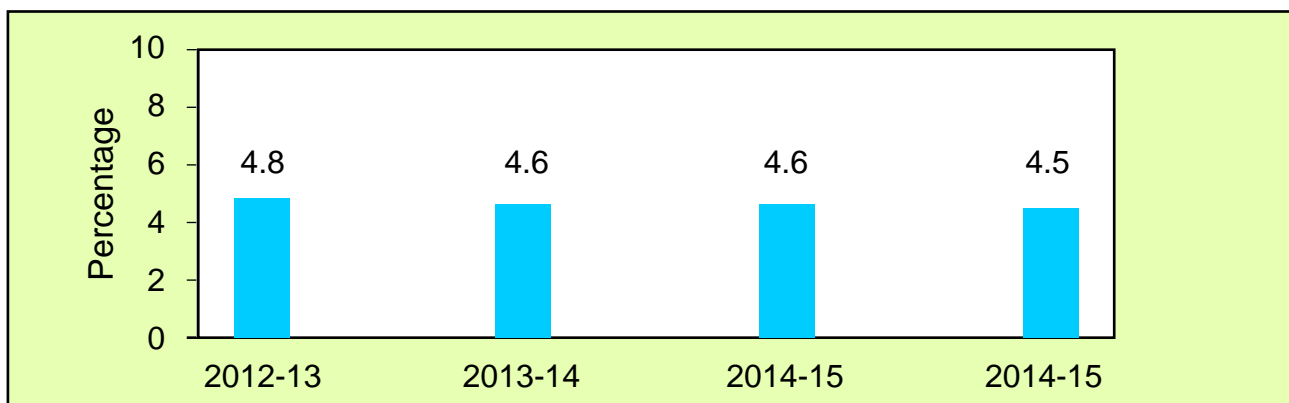
SSA, achieving universal secondary school education and skills development through functional schools, development of special pedagogy for differently-abled students, a national modernization programme for madrasas, and revitalisation of the Mid-day meal scheme, among others.

The budget for children (BFC) has increased by 3.52 percent; however the total share of BFC has fallen to 4.51 percent from 4.63 percent the previous year.

A new national-level campaign titled “Beti Bachao-Beti Padhao Yojana” was announced in the budget with an allocation of Rs. 100 crores. It aims to generate awareness and improve efficiency of delivery of welfare services for the girl child.

The first budget of the new government does contain increases in the allocations for programs like the ICDS and SSA.

Figure 1: Allocation for Children as a Proportion of the Total Union Budget Expenditure



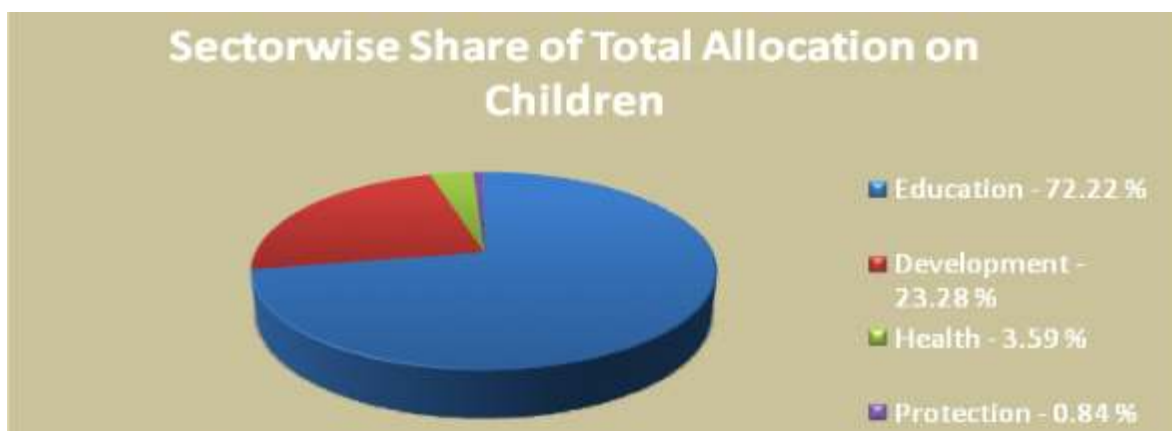
Source: Compiled by CBGA from Expenditure Budget Vol. I, Union Budget, GOI, in Response to the Union Budget, 2014-15.

Given below is a table showing the year-wise allocation for important child related schemes (in Rs. Crores):

	Major Schemes 2013-14 (RE)2014-15 (IE)2014-15 (BE)						
ICDS	16432.0	18691.0	18691.0	SSA	26608.01	27758.0	27758.0
ICPS	270.0	400.0	400.0	MDM	12189.16	13215.0	13215.0

Year Wise allocation of selected child related schemes (Response to the Union Budget, 2014-15, CBGA)

Figure 2: Sector wise Share of Total Allocation on Children (Response to the Union Budget, 2014-15, CBGA)



Sanitation

The BJP Manifesto was marked by a commitment to Cleanliness and Sanitation, ensuring a 'Swachh Bharat' by the year 2019. It included the creation of an open defecation free India; setting up modern, scientific sewage and waste management systems; introduction to Sanitation Rating measures whilst rewarding the best performers, and providing potable drinking water to all thus reducing water-borne diseases.

The total allocation to the sector was 0.85 per cent of the Union Budget 2014-15 (BE). Major proposals included Rs.3,600 crores under the National Rural Drinking Water Programme (NRDWP) allocated to address the problem of water quality, Rs.50,000 crores allocated to Pooled Municipal Debt Obligation Facility to address service delivery and infrastructure facilities in urban areas and a commitment to provide toilets and drinking water in all girls' schools (Response to the Union Budget, 2014-15, CBGA). Yet allocations for rural drinking water and sanitation remain unchanged in the Union Budget 2013-14 (BE), 2014-15 (IB) and 2014-15 (BE).

The aim of achieving an open defecation free status by the revised target of 2019 would require more allocations and efforts on the part of the Union Government. Nevertheless, it's appreciable that the budget recognizes the importance of toilets and clean drinking water in schools.

Way forward for PGC Members:

In the light of the aforementioned issues, there is a pressing need for the lawmakers to take prompt and definitive action in this direction.

- At the earliest, legislators should raise questions relating to children and their concerns such as protection issues, reduction in the age of the child in the parliament through various measures such as question hour, calling attention, urgent motion, etc.

- Sanitation: advocate for increasing the budget allocation

Propose for a higher allocation of budget under National Rural Drinking Water Programme (NRDWP) and Pooled Municipal Debt Obligation Facility in order to engage in systematic and sustained review of the implementation of the same.

- Child Budgeting

Parliamentarians must advocate for an increase in the total share of 'Budget for Children' (BFC) in

order to impact matter relating to children such as health and education in their respective constituencies.

- Policy Interventions

Indian railways should implement modern options for a better waste disposal system. Biological and chemical toilets should be adopted in order to resolve the long-standing issue of OD.

The Hon'ble Members must also work towards bringing about much needed changes in the legislation such as the passing of the Juvenile Justice Child and Protection Bill, 2014 thus repealing the Juvenile Justice (Care and Protection of Children) Act, 2000 and seek to create more such laws aiming to protect the welfare of children with respect to Sanitation and other related concerns.

- Subsidies

Provide subsidies to the school authorities, which will result in higher toilet coverage and reduction in open defecation.

- Awareness

Public Campaigns in Schools and in the media must be held, to explain the health and economic benefits of using toilets and of better hygiene.

Encourage and establish greater access to social media and public forums for educating the people in your constituency/State on safe sanitation facilities.

- Allocation of MPLADS funds

Parliamentarians can creatively use MPLAD/MLA funds so that the priority is given to issues relating to Children so that the resources are made available for such use.

- SAGY activities in the Model Village

Parliamentarians should give attention towards their Model Village activities to include child centric priorities such as implementing hygiene and sanitation programmes in the schools, addressing malnutrition through Mid-day-programmes, ICDS, ensuring all children in school etc.

- Interaction with Civil society

Parliamentarians should through different means reach out to members of civil society and NGOs in order to facilitate the conduct of study, surveys and research, which concern the issues of children.

Upcoming event:

Delhi Briefing Session for Members of Parliament on 19 December, 2014

The PGC in collaboration with CLRA and UNICEF-India is organizing a briefing session on the issues of sanitation in India, and the Swachh Bharat Abhiyan on 19 December, 2014. Keeping with the vision of PGC, this session will focus on addressing child rights issues of health, education and gender equality through the lens of sanitation in India, which can be addressed with the increasing momentum on sanitation through the Swachh Bharat Abhiyan.

In this session, members of parliament (MPs) are expected to come forth and deliberate on broader issues of sanitation with leading resource persons and the officials of the concerned Ministries, and take away solutions that can help accelerate the Swachh Bharat campaign and activities of the SAGY, for instance, in their constituencies, village and the state level.



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