

**HOCHSCHULE FÜR ÖFFENTLICHE
VERWALTUNG UND FINANZEN LUDWIGSBURG**

**Die indische Frau auf dem Weg zur Gleichstellung am
Beispiel der Nicht-Regierungsorganisation SIDART**



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Abkürzungsverzeichnis

ADB	Asian Development Bank
CEDAW	Übereinkommen zu Beseitigung jeder Form von Diskriminierung gegen Frauen
EIC	British East India Company
HSS	Hanns-Seidel Stiftung
IAO	Internationale Arbeiter Organisation
IPC	Indian Penal Code
MoWCD	Ministry of Women and Child Development
NFHS-3	National Family Health Survey
NGO	Nicht-Regierungsorganisation
NREGA	National Rural Employment Guarantee Act
PWDVA	Protection of Women from Domestic Violence Act
RTI	Right to Information Act
SHG	Selbsthilfegruppe
SIDART	Society for Integrated Developmental Activities, Research & Training
UN	Vereinte Nationen
UNICEF	Kinderhilfswerk der Vereinten Nationen
WHO	Weltgesundheitsorganisation

Einordnung der Problemstellung

Im Frühjahr des Jahres 2010 verbrachte ich im Rahmen eines Auslandspraktikum einen Monat bei der Society for Integrated Developmental Activities, Research and Training, kurz SIDART, in Jaipur, Indien. Ziel des Aufenthaltes war es, Einblicke in die Arbeit einer Nicht-Regierungsorganisation (NGO) auf Graswurzelebene zu erhalten. SIDART hat es sich zur Aufgabe gemacht, die Lebenssituation von marginalisierten Gruppen zu verbessern. Dazu bedient sich die Organisation vor allem des Women's Empowerment. Einen Monat lang wurde ich Zeuge von Seminaren für die Frauen verschiedener kleiner Dörfer am Rande von Jaipur. Dabei wurden die Frauen in Themen unterwiesen, die für mich zum selbstverständlichen Grundwissen gehören. Überaus dankbar nahmen die Frauen Informationen, wie ihr Recht auf politische Mitbestimmung, körperliche Unversehrtheit oder gerechte Arbeitslöhne an. Mangelnde Schulbildung und Unterdrückung durch eine patriarchalische Gesellschaftsordnung hatten die Frauen unwissend und machtlos gelassen. Es beeindruckte mich, mit welch einfachen Mitteln SIDART diesen Frauen auf einen Weg aus der Unterdrückung half.

Die Fortschritte anerkennend, stellte sich mir doch die Frage, wie es soweit kommen konnte. Wo lagen die Ursachen der Unterdrückung dieser Frauen? Wie wird dieser Ungerechtigkeit begegnet in dem Land, das sich seit über 60 Jahren rühmt die größte Demokratie der Welt zu sein?

Nachdem ich angefangen hatte, mich bei SIDART und anderen Stellen über die Thematik weiter zu informieren, stellte sich schnell heraus, dass diese Frage nicht einfach zu beantworten war. Die Probleme der Frauen in diesen kleinen Dörfern im indischen Bundesstaat Rajasthan sind eingebettet in einen größeren Gesamtzusammenhang. Im Spannungsfeld zwischen traditionell legitimiertem Patriarchat und modernem Individualismus, zwischen Unterdrückung und Schutzgesetzen, nationaler und internationaler Hilfe ist die indische Frau auf der Suche nach ihrem eigenen Weg zur Gleichberechtigung. Um diesen Weg näher zu beleuchten, soll zunächst ein Blick in die Vergangenheit gewagt werden, darauf, wie sich die Stellung der Frau in der indischen Gesellschaft

über die Jahrhunderte zur heutigen Situation entwickelt hat. Anschließend wird das heutige Spannungsfeld dargelegt werden - die derzeitige gesellschaftliche Position und die damit verbunden Probleme, aber auf der anderen Seite auch die internationalen und nationalen Gleichstellungsmaßnahmen sowie bisherige Errungenschaften der indischen Frauenbewegung. Abschließend werde ich dann noch einmal auf SIDART und die Frauen in den Dörfern in der Nähe von Jaipur zu sprechen kommen. Dabei werde ich die Rolle der NGOs bei der Gleichstellung der Frauen in Indien darlegen und beispielhaft an SIDART aufzeigen, wie Hilfe zur Gleichstellung anhand der Empowerment-Strategie funktioniert und zukünftig funktionieren kann.

1 Entwicklung der Frauenrolle im Verlauf der indischen Geschichte

Die gesellschaftliche Stellung der Frau ist weder in Indien noch sonst irgendwo auf der Welt statisch. Neue Gesellschaftsformen, Herrschaftsstrukturen oder Religionen lösen andere ab, verändern so das Zusammenleben der Menschen und machen eine Neudefinition der eigenen Werte nötig. Nicht zuletzt hat dies auch Auswirkungen auf das Verhältnis zwischen Frauen und Männern. In Indien wirkten sich diese Neudefinitionen fast ausschließlich zu Ungunsten der Stellung der Frauen aus.¹

1.1 Historische Stellung der indischen Frauen

In den frühen Jäger- und Sammlerstämmen, die bis vor etwa 20.000 Jahren den indischen Subkontinent bevölkerten, genoss die Frau als Fruchtbarkeitspenderin hohes Ansehen, da dieser schöpferischen Kraft eine Verbindung zum Übernatürlichen zugeschrieben wurde.² Dennoch hatte der Mann als Jäger eine Vormachtstellung inne, da er die Hauptnahrungsquelle erschloss, während die Frau als Sammlerin von nachrangiger Bedeutung war. Mit dem Auslaufen der Eiszeit ging das erlegbare Großwild mehr und mehr zurück, während sich die Frau des Anbaus von Nutzpflanzen befähigt hatte, was dem Übergang zu einer Agrargesellschaft Vorschub leistete. In dieser frühen dörflichen Kultur erfuhr die Frau nun eine enorme Aufwertung, denn sie brachte Kinder zur Welt und sicherte die Nahrung. Die Verehrung des Weiblichen reichte bis hin zum Glauben an eine „Muttergöttin“, die über alles Leben auf der Erde wacht.³

Mitte des 3. Jahrtausends v. Chr. endete die Eiszeit und mit ihr auch die frühe dörfliche Kultur. Die Induskultur trat an ihre Stelle bzw. setzte sie fort. Diese war geprägt durch eine gemeinschaftliche Organisation zur Bewässerung des knapper gewordenen fruchtbaren Landes bis hin zur Bildung von Städten. Die Stellung der Frauen in dieser Kultur ist nicht zweifelsfrei geklärt, so weisen Figuren und Plastiken aus jener Zeit zwar auf einen weiterhin hohen Status im Rahmen kultischer Handlungen hin, allerdings dürfte die Frau im weltlichen

1 Vgl. Pillai-Vetschera, S.11.

2 Vgl. Pillai-Vetschera, S.7.

3 Vgl. Westphal, S.26ff.

Leben an Bedeutung verloren haben. Grund dafür ist die physische Überlegenheit des Mannes, die zur Ordnung des Zusammenlebens größerer Menschenmengen und später auch der Verteidigung und Eroberung immer wichtiger wurde.⁴

Um etwa 1500 v. Chr. begannen fremde Völker in den indischen Subkontinent einzuwandern, was zum Zerfall der Induskultur und einer neuen Gesellschaftsordnung führte. Die Gestalter dieser neuen Ordnung nannten sich selbst „Arier“ und waren Hirtennomaden. Aus dieser Zeit stammen auch die Veden, diese zunächst nur mündlich überlieferten religiösen Texte bilden die Grundlage des Hinduismus und lassen erstmals detaillierte Einblicke in die Situation der Frauen zu. Je nach Interpretation kann man aus diesen Texten allerdings sehr Unterschiedliches herauslesen. Als gesichert gilt aber, dass die Frau ihre herausragende Position als Nahrungsgarant eingebüßt hatte. Sie spielte aber weiterhin eine wichtige Rolle, indem sie das Lagerleben aufrecht erhielt, während der Mann Kriege führte, Land gewann und Beute machte. Aus einzelnen Veden ist gar eine Gleichstellung der Frauen herauszulesen. Gesichert ist allerdings nur, dass sie zumindest Anteil am sozialen, rituellen und religiösen Leben hatten. Ihr wurde eine eigene Persönlichkeit zugestanden und sie wurde in den vedischen Glaubensvorstellungen und Überlieferungen unterwiesen. Allerdings hatte sich die Religion verändert. War sie bisher stark weiblich geprägt und huldigte vor allem weiblichen, erdverbundenen Gottheiten, so traten nun männliche Himmelsgötter an ihre Stelle. Dennoch gingen weibliche Gottheiten nicht völlig verloren, sondern existierten in Form eines weiblichen Pendants jedes Gottes und auch einer Muttergöttin „Devi“ in der neu entstanden, vedischen Religion, einer Verschmelzung des Glaubens der Arier und der Ureinwohner, weiter.⁵

Der Pflugbau wurde entwickelt und die vedische Gesellschaft tauschte das halbnomadische Lager gegen feste Wohnsitze. Wie überall auf der Welt hatte der Übergang zur Agrargesellschaft eine Neudefinition der Geschlechterrollen zur Folge. Dabei wurde der Frau lediglich die Rolle der Hausfrau zugesprochen,

4 Vgl. Westphal, S.30f.

5 Vgl. Pillai-Vetschera, S.8ff; Westphal, S. 33ff.

während der Mann Macht und Autorität inne hatte und für die Ernährung der Familie sorgte. Idealisiert wurde das Bild der „pativrata“, was etwa soviel bedeutet wie tugendhafte, reine Frau, die ihrem Ehemann total gehorsam ist. Im Codex des Manu heißt es dazu, dass die treue Ehefrau ihren Ehemann stets wie einen Gott verehren müsse, auch wenn dessen Charakter schlecht sei. Der Codex des Manu ist einer von vielen Gesetzestexten, die sich in dieser Zeit herausbildeten und das neue Gesellschaftsmodell des Patriarchats festlegten.⁶ Fraglich bleibt letztlich inwieweit sich welche Schichten der Gesellschaft auch an die Vorgaben gehalten haben, dennoch spiegelt es deutlich den sinkenden Status der Frauen wieder.

Ein weiterer Grund für den Statusverfall war, dass die Askese im Rahmen des Aufstiegs des Buddhismus ab ca. 400 v. Chr., wenn wohl auch nur von wenigen praktiziert, an Bedeutung gewann. Die Frau hält den Mann dabei durch ihre sexuellen Reize von dem Weg der Erleuchtung ab. Dies führte zur Stigmatisierung der Sexualität als böse Versuchung. Dennoch gestand der Buddhismus, der fast ein Jahrtausend in Indien die vorherrschende Religion bleiben sollte, den Frauen viele Rechte zu, die der Brahmanismus, eine parallel dazu weiter existierende Vorform des Hinduismus, ihnen nicht zugestand. Die Gupta Dynastie leitete ab 320 n. Chr. den Niedergang des Buddhismus ein, womit auch die damit verbundenen Rechte der Frauen wegfielen. Was aber im Hinduismus, deren Wegbereiter die Gupta waren, blieb, war das Dogma der weiblichen Sexualität als Verkörperung des irdischen Verderbenbringenden, im Gegensatz zum Himmlischen. Aus dieser Zeit stammt auch das Ramayana, ein Heldenepos um den Gott Rama und seine Frau Sita, die bis auf den heutigen Tag das Urbild der tugendhaften, treuen Frau in Indien ist. Bezeichnend für das gesamte Epos ist folgender Satz, den Sita zu Rama spricht: „[...] des Weibes Schicksal in dieser und in jener Welt ist allein der Gatte.“⁷ Selbst die schöpferische Kraft der Geburt, deretwegen den Frauen in früherer Zeit gehuldigt wurde, wird ihnen nun teilweise abgesprochen. In einem medizinischen Text aus der Zeit um den Beginn unserer Zeitrechnung wird der biologische Anteil der Frau am Fortpflanzungsprozess auf 1/60 festgelegt. In einer nächsten Stufe büßte

6 Vgl. Pillai-Vetschera, S.10ff.

7 Westphal, S.73.

die Frau auch das Recht auf den Initiationsritus ein, der Voraussetzung für die Unterweisung in der vedischen Bildung war. Daraus resultierte, dass die Frau auch für die Opferrituale, die in der vedischen Religion im Mittelpunkt stehen, immer weniger Bedeutung hatte. Der Frau kommt dabei mehr und mehr nur noch eine Statistenrolle zu, während sogar sexuelle Tätigkeiten im Ritual von männlichen Priestern dargestellt werden und später die Frau gar gänzlich durch bloße Objekte ersetzt werden kann.

Die Abschwächung der sozialen Position der Frau wurde durch zwei weitere Faktoren noch zementiert. Zum einen begann sich seit der Ankunft der Arier ein Kastenwesen herauszubilden, in dem das Individuum sich nur durch soziale Beziehungen und Zugehörigkeit definiert. Für die Frau war dies der Ehemann, der im Gegensatz zu ihr die Kontakte nach außen pflegte, während sie den Haushalt zu führen hatte. Ein weiterer Faktor ist der Glaube an „karma“, „dharma“ und „sansara“. Danach ist es des Menschen Schicksal in seiner jeweiligen Situation geboren zu sein, denn er hat es mit den Taten in seinen Vorleben verschuldet. Dies leitete ein statisches Weltbild Vorschub, nach dem man sich mit seinem Schicksal abfindet und nicht versucht dagegen aufzubegehren.⁸

Dem neuen Frauenbild, dass sie als gierig und gefährlich einstuft, steht aber weiterhin ihre gebende Seite als Mutter gegenüber. Dazu heißt es gar im Codex des Manu, dass die Frau des Mannes Lebensziel ist und er sie lieben und verehren solle. Ambivalent in Bezug auf das neue Frauenbild ist auch die Prostitution, die sich in Form der Devadasi, der Tempelprostituierten und der Kurtisanen immer größerer Beliebtheit erfreute. Diese waren ähnlich wie im antiken Griechenland oft gebildet und besaßen eine soziale und politische Machtposition.⁹ So entstand das zweigeteilte Frauenbild, das noch bis heute in der indischen Gesellschaft vorherrscht. Die Frau ist auf der einen Seite die Nährende, Mutter und Heilige und wird daher positiv idealisiert, auf der anderen Seite ist sie die Versucherin und Hure, wirkt somit negativ und zerstörerisch.¹⁰

8 Vgl. Pillai-Vetschera, S. 10ff; Westphal, S. 50ff.

9 Vgl. Pillai-Vetschera, S. 24f.

10 Vgl. Pillai-Vetschera, S. 15.

Seit der Zeit der Einwanderung der Arier hatte es auch stets Stammesvölker gegeben, die nicht assimiliert wurden. Sie behielten ihren naturbezogenen Glauben und die höhere Stellung der Frau in ihrer Gesellschaft bei. Als sich Ende des 6. Jahrhunderts n. Chr. das Gupta Reich in verschiedene Kleinkönigreiche zersplitterte, gewannen die Stammesvölker in einigen Gebieten wieder an Einfluss, was zu einer Aufwertung der Frauen führte, die nun zum Teil auch wieder an Zeremonien und Riten teilnehmen durften.¹¹ Die Situation der Frauen hatte sich, wie geschildert, seit der Einwanderung der Arier stetig verschlechtert. Allerdings bezieht sich die Entwicklung zunächst auf den nördlichen Teil des Subkontinents. Im Süden, wo die gesellschaftliche Stellung der Frau bis heute höher ist als im Norden, ging diese Entwicklung deutlich langsamer voran. Die Aufzeichnungen aus dieser Zeit sind teils schwer verständlich, es gilt aber als bewiesen, dass die Frauen in viel größerer Freiheit lebten. Sie durften mit den Männern jagen, halfen auf den Feldern oder durften sich selbstständig außer Haus vergnügen. Erst später brachten Brahmanen als eine Art Missionare den hinduistischen Glauben nach Südindien, der auch hier letztlich überall Fuß fasste.¹²

1.2 Indische Frauen unter der Mogulherrschaft

Mit Mohammed ibn Qasim drang im Jahre 712 n. Chr. der erste von zahlreichen arabischen Feldherren in den indischen Subkontinent ein. Über Jahrhunderte wurde so die Stellung der Nordindischen Königreiche geschwächt, bis im Jahr 1192 n. Chr. eine hinduistische Rajputenföderation vernichtend geschlagen wurde. In der Folge installierte der Kalif von Bagdad den ersten „Sultan von Delhi“. Die neuen islamischen Herrscher versuchten allerdings nicht, wie in anderen eroberten Ländern geschehen, die Bevölkerung im großen Stil zum Islam zu konvertieren. Die bestehende Gesellschaftsordnung, die in unzählige Kasten und Unterkasten zersplittert war, machte das Herrschen einfacher, da Gruppen gegeneinander ausgespielt werden konnten und nicht mit koordiniertem Widerstand zu rechnen war. Unter dem Eindruck der neuen Kultur besannen sich viele Hindus gar stärker auf die eigene Tradition, was zu einer konservativeren Auslegung des Hinduismus führte. Viele Menschen aus

¹¹ Vgl. Westphal, S. 109ff.

¹² Vgl. Pillai-Vetschera, S. 28f.

den stark benachteiligten, niedrigen Kasten wechselten auch dadurch zum Islam. Diese konvertierten Gläubigen gingen meist wesentlich radikaler gegen die Hindus vor als die ursprünglich eingewanderten Muslime.¹³ Der Anteil der Muslime an der indischen Bevölkerung stieg allerdings nie über 25%. Dennoch hatte die muslimische Überlagerung großen Einfluss, nicht nur auf den muslimischen Teil der Bevölkerung. Dieser Einfluss hatte für die Frauen kaum etwas Positives. Die neuen Herren waren es ähnlich wie die Hindus gewohnt, der Frau einen nachgeordneten Status zuzusprechen.

In den eroberten Gebieten hielt mehr und mehr die „Parda“ Einzug. Dies ist eine Form der verschleierte Abschottung der Frauen, die durch Kleidung, die oft auch das Gesicht verdeckt, die Frau vor fremden Blicken schützen soll. Auch räumlich wurden die Frauen abgetrennt. Am deutlichsten ist dies in den Harems, was soviel wie „verbotener Bezirk“ bedeuten kann, zu sehen, die nun an den Höfen der Herrschenden und Reichen entstanden. Einen eigenen Harem zu halten, war schon seit den Tagen Mohammeds eine islamische Tradition gewesen, nun aber hielt diese Tradition auch bei den bisher monogam geprägten Hindus Einzug. Für die Frauen, die zu Haremsdamen gemacht wurden, bedeutete dies zwar ein teils sehr luxuriöses Leben, aber dies fristeten sie gefangen in einem schwer bewachten goldenen Käfig. Die Übernahme der Polygamie beschränkte sich allerdings nicht nur auf die Oberschicht, auch im restlichen Teil der Bevölkerung fanden zumindest die Männer immer häufiger Gefallen an der polygynen Ehe. Daraus resultierte eine weitere Abwertung im Vergleich zur bisherigen Einehe nach hinduistischer Tradition.

Während sich bei den Hindus in dieser Zeit das Heiratskriterium der Mitgift immer weiter in den Vordergrund spielte, hatte der Islam hier eine frauenfreundlichere Handhabe. Es war eher üblich der zukünftigen Braut die sogenannte „Morgengabe“ in Form von Schmuck und anderen Wertsachen zu geben. Dies stärkte, trotz der polygynen Ehe, die Situation der Frau ein wenig, denn die Familie des Mannes hatte ja in die Ehe investiert und somit ein Interesse daran, dass diese auch Bestand hat. Auch das Ende einer Ehe wird in den beiden

¹³ Vgl. Pillai-Vetschera, S. 26.

Religionen unterschiedlich behandelt. Während Scheidungen im Islam einfacher zu bewerkstelligen sind, konnte ein Ehebruch wesentlich drakonischer, durch eine Steinigung, bestraft werden. Endet die Ehe wiederum durch den Tod des Ehemannes, so hatte die Inderin hinduistischer Tradition ein großes Problem. Von der tugendhaften Ehefrau wurde Treue bis in den Tod erwartet. In einer Zeremonie, Sati genannt, gehen teilweise bis in unsere Zeit - selten freiwillig, oft aber durch Zwang und Druck der Familien - Witwen in den Feuertod auf dem Scheiterhaufen. Der Muslimin hingegen stand es nach dem Tod des Ehemannes frei, wieder zu heiraten, was ihren hinduistischen Geschlechtsgenossinnen streng verwehrt war.

Bis sich das Mogulreich unter Mogul Akbar um 1556 n. Chr. endgültig gefestigt hatte, vergingen Jahrhunderte der ständigen kriegerischen Auseinandersetzungen. Für die Frauen hatte dies schwerwiegende Auswirkungen. Speziell beim hinduistischen Teil der Bevölkerung hatte dies eine starke Herabsetzung des Ehealters zur Folge. Dies wird darauf zurückgeführt, dass so versucht wurde, die Töchter vor Übergriffen der Muslime zu schützen. Bei diesen waren Jungfrauen extrem begehrt. Eine verheiratete Frau, selbst wenn sie, wie vielfach geschehen, im Kleinkindalter verheiratet wurde, konnte dieses Kriterium kaum noch erfüllen und wurde so als Kriegsbeute uninteressanter. Zwar lag das Ehealter bei den Muslimen etwas höher, dennoch hatten auch die muslimischen Töchter kaum Mitspracherecht bei der Wahl ihres Ehepartners. Der Schutzgedanke der Herabsetzung des Ehealters galt allerdings hauptsächlich nicht den Frauen und Mädchen selbst, sondern vielmehr der Familienehre, die durch die Entehrung der Töchter Schaden genommen hätte.

Eben dieser Beweggrund führte auch zu einer anderen grausamen Praxis. Viele hinduistische Herrschergeschlechter praktizierten den Akt des „Jauhar“, wenn ihre Niederlage gegen den Feind nicht mehr abzuwenden war. Um die Frauen nicht zur Kriegsbeute werden zu lassen, wurden teils alle Frauen, zumindest aber die Adligen und Dienerinnen eines Fürstenhofes verbrannt. Nachdem sie ihre Frauen den Flammen überantwortet hatten, suchten die Männer den Heldentod in der Schlacht. Entzog sich eine Frau dem heroischen

Ritual, hatte sie später keine Chance, wieder von der Glaubensgemeinschaft oder gar der Familie aufgenommen zu werden.¹⁴

Wie schon während des ersten großen gesellschaftlichen Umbruchs, als die vedische Religion die naturbezogene Religion ablöste, so ging der Süden Indiens auch beim Einfluss durch den Islam einen Sonderweg. Im Gegensatz zu den Königreichen des Nordens hielt das südindische Reich von Vijayanagar noch bis 1565 den islamischen Eroberern stand. Entsprechend wurde hier die hinduistische Tradition länger unbeeinflusst weiter gepflegt. Hervorzuheben ist an dieser Stelle die Institution der Devadasis, des traditionellen Tempeltanzes, der nur in Südindien Bestand hatte, während er im Norden verschwand und damit die Bedeutung der Frau an den heiligen Zeremonien.¹⁵

1.3 Indische Frauen unter britischer Kolonialherrschaft

Die dritte große Veränderung in Indien begann 1498 mit der Entdeckung des Seewegs nach Indien durch den Portugiesen Vasco da Gama. Im Verlauf der folgenden Jahrhunderte etablierten immer mehr europäische Nationen Handelsposten in Indien und prägten letztendlich auch die Menschen des Landes.¹⁶ Als die einflussreichste dieser Nationen ist zweifellos das Britische Empire zu nennen, welches schließlich den gesamten indischen Subkontinent unter direkte oder indirekte Kontrolle brachte. Zunächst war es aber nicht die Britische Krone, sondern die Kaufleute der British East India Company (EIC), die ein Interesse an Indien hatten. Diese Kaufleute hatten aber noch einen sehr geringen Einfluss auf die indische Gesellschaft oder gar die Rolle der Frauen.

Weitgehend wurde die niedrige Stellung der Frau zementiert. Sie dienten der Unterhaltung bei sogenannten „Nautch“ Tänzen, einem freizügigen Tanzstil, der hinduistische und muslimische Traditionen vermischt und sich an den Herrschaftshöfen dieser Zeit großer Beliebtheit erfreute. Andere eiferten den indischen Herrschern gar soweit nach, dass sie sich einen eigenen Harem zulegten. Die Briten dieser Zeit waren wenig darauf bedacht gesellschaftliche

14 Vgl. Westphal, S. 143ff, 161ff.

15 Vgl. Westphal, S. 153, 161.

16 Vgl. Westphal, S. 201.

Veränderungen herbeizuführen. Ihnen lag in erster Linie der reibungslose Ablauf des Handels am Herzen und waren daher darauf bedacht, sich mit der herrschenden Klasse gut zu stellen. Ideen der Aufklärung und auch der Gleichberechtigung, die in Europa nun im Aufkommen waren wären dabei hinderlich gewesen. Die Situation der Frauen in Indien war derweil beklagenswert. Sati, Mädchenmorde und Versklaven von Frauen, sexuell oder als Arbeitskraft, waren an der Tagesordnung.¹⁷

Im Verlauf der Jahrzehnte veränderte sich die Gangart der EIC. Seit im Jahr 1707 der letzte bedeutende Mogulherrscher Aurangzeb verstarb, zerfiel das Reich in immer weitere lokale Fürstentümer. Durch das geschickte Schmieden von Allianzen gelang es der EIC die Fürsten gegeneinander, aber auch gegen die europäischen Konkurrenten auszuspielen und immer mehr auch politischen Einfluss zu erlangen.¹⁸ Durch die rigide Politik der Briten in den annektierten oder zumindest kontrollierten Fürstentümern kam es immer wieder zu Aufständen der Bevölkerung, die sich zwischen 1857 und 1859 zu einem landesweiten Widerstand formierte. Letztendlich konnte dieser aber durch britische Truppen und loyale Fürstenstaaten niedergeworfen werden konnten.

Bei den Aufständen sollen sich immer wieder eher die Frau als die Männer ausgezeichnet haben. So wird beispielsweise von einer ehemaligen Haremsdame, später Ehefrau des Fürsten von Oudh, berichtet, die nach dessen Tod die Aufständischen im Namen des Thronfolgers, ihres Sohnes anführte. Selbst die „Times“ in London attestierte ihr mehr Energie, Verstand und Mut als ihren eigenen Feldherren. Dies wurde darauf zurück geführt, dass die Frauen im Harem ihren Scharfsinn und ihre Tatkraft schulten, um die Gunst der Männer zu erlangen. Umgekehrt habe sich anderen Quellen zu Folge gezeigt, dass die herrschenden Männer nur zu oft keine Führungspersönlichkeiten darzustellen vermochten, sondern dem dekadenten Leben im Harem verfielen.¹⁹

17 Vgl. Westphal, S.216, 230ff.

18 Vgl. Westphal, S.211f; Dharampal-Frick/Ludwig, S. 148ff.

19 Vgl. Westphal, S. 217ff.

Im Jahr 1859 waren die Aufstände endgültig niedergeschlagen, doch in der britischen Heimat hatte sich inzwischen erheblicher Unmut gegen das Vorgehen der EIC in Indien geregt. Schließlich wurde sie aufgelöst und die annektierten Fürstentümer als Kronkolonien direkt der britischen Regierung unterstellt. Schon zuvor hatte ein Wandel auf gesetzlicher und gesellschaftlicher Ebene eingesetzt, der nun aber noch viel strikter herbeigeführt wurde. Hatten sich die Briten bisher hauptsächlich auf Steuer- und Handelsgesetze beschränkt, sah man sich nun in der moralischen Pflicht, gesellschaftlichen Missständen durch strikte Gesetze zu begegnen. Die Sklaverei wurde endgültig verboten, nachdem die bisherige Regelung kaum Beachtung gefunden hatten. Weiter wurde ein Gesetz gegen den damals schon verbreiteten Mädchenmord erlassen, einer Praxis, nach der unerwünschte Töchter nach der Geburt getötet wurden. Schon seit der Mogulzeit war Sati verboten, dennoch war dieser letzte Treuebeweis zu dieser Zeit ein fester Bestandteil der Gesellschaftsordnung der höheren Hindukasten. Dies sei allerdings kaum auf die besondere Religiosität der entsprechenden Frauen, sondern vielmehr auf den Druck ihrer Angehörigen zurückzuführen. Diese zogen durch den Freitod der Ehefrau wirtschaftliche Vorteile, zum einen weil diese ihr Erbe nicht antritt, zum anderen da sie all ihre Wertsachen während der Zeremonie verschenkt. Nicht zuletzt hatten auch die Brahmanenpriester ein großes Interesse an der Durchführung solcher Zeremonien, da sie für die nötigen heiligen Gesänge entsprechend entlohnt wurden.²⁰

In diesem Zusammenhang ist Ram Mohan Roy zu erwähnen. Er hatte die alten Sanskrittexte studiert, darin aber keinerlei Legitimation für Sati gefunden. Als einer der wichtigsten indischen Reformer versuchte er, auf diesem und vielen anderen Gebieten Veränderungen herbeizuführen, indem er Schriften veröffentlichte oder Petitionen einreichte. Er war auch ein Verfechter der Besserstellung der Frauen, denen er auch das Recht auf Bildung zusprach. Tatsächlich hatten die Briten das Bildungswesen zu dieser Zeit bereits verbessert. Die alten Religionsschulen, die nur Männern vorbehalten waren, verloren an Bedeutung, während vor allem die höheren Schulen, in denen auf Englisch unterrichtet wurde, an Bedeutung gewannen. Allerdings hatte dies auch noch kaum positive

²⁰ Vgl. Westphal, S. 234ff.

Auswirkungen auf die Frauen und Mädchen, da ihnen auch diese Schulen meist verschlossen blieben, da sie in erster Linie zur Bildung von Verwaltungsbeamten da waren.²¹ Diese hoch angesehenen und gut bezahlten Berufe konnten kaum von einer Frau besetzt werden. Ein Anstoß zur Änderung im Bildungssystem, das für die Frauen, wie noch deutlich werden wird, auf ihrem Weg zur Gleichberechtigung so wichtig ist, war getan. Tatsächlich hatten sich in einigen wenigen Großstätten wie Kalkutta bereits erste sekuläre Schulen für Mädchen gebildet und 1877 erhielten sie gar das Recht, an den Universitäten zu studieren. Die breite Bevölkerung lehnte weibliche Bildung aber weiterhin ab und so ist es nicht verwunderlich, dass am Ende des 19. Jahrhunderts die Schulbeteiligung von Mädchen immer noch bei 6% und die Alphabetisierungsrate von Frauen bei 0,8% lag.²²

Diverse Reformer, darunter auch wieder Ram Mohan Roy, forcierten auch ein Überdenken des niedrigen Ehealters. Meist wurde nicht die Frauenrolle als Mutter und ergebene Ehefrau angeprangert, die Heraufsetzung sollte aber die besondere Härte von Ehen im vorpubertären Alter bekämpfen. Die Gesetzgebung ging hier auf Grund großer Widerstände in der Bevölkerung sehr behutsam und schrittweise vor. Die Kolonialregierung mischte sich hier in zentrale religiöse Themen ein, was immer wieder zu größeren Unruhen führte.²³ Erst 1924 wurde schließlich der Sarda Act erlassen, der das Ehealter auf 14 Jahre heraufsetzte. Damit war den Frauen vielleicht der wichtigste Schlüssel auf dem Weg zur Gleichberechtigung in die Hand gegeben. Zunächst wurde damit die Witwenschaft von Minderjährigen unwahrscheinlicher. Witwenschaft war und ist auch teils heute noch mit einem sozialen Stigma belegt. Bei sehr jungen Witwen, die noch keine Nachkommen haben, kommt dies einem Ausschluss aus der Gesellschaft gleich. Viel wichtiger aber war, dass die Mädchen die nun zumindest bis 14 unverheiratet bleiben, mussten eine Chance hatten, bis zu diesem Zeitpunkt einen gewissen Grad an Bildung zu erlangen.²⁴

21 Vgl. Pillai-Vetschera, S. 44.

22 Vgl. Pillai-Vetschera, S. 45f.

23 Vgl. Pillai-Vetschera, S. 69ff.

24 Vgl. Westphal, S. 278f.

Auch andere Gesetze zum Schutz der Frauen waren vor allem in den ländlichen Regionen kaum durchsetzbar. Laut Berichten mehrerer Indienreisender dieser Zeit war der Mädchenanteil auf einem alarmierend niedrigen Stand. Für Nordindien wird gar eine Mädchenquote von 1/3 genannt.²⁵ Wie repräsentativ diese Aussagen sind bleibt zwar fraglich, dennoch wird deutlich, dass durch das bloße Erlassen von Gesetzen, zum Beispiel gegen Mädchenmord scheinbar kein wesentliches Umdenken in der Bevölkerung erzielt werden konnte. Eine Änderung der Einstellung der patriarchalischen Gesellschaft gegenüber den Frauen konnte definitiv nicht erreicht werden.

Die zahlreichen Versuche der Kolonialherren die Situation der Frau in Indien zu verbessern, sind nicht zu leugnen, dennoch brachte die britische Fremdherrschaft einige Veränderungen mit sich, die von negativer Natur waren. So wird den Briten zugeschrieben, dass sie durch die Politik des „divide et impera“²⁶ und die damit verbundene Zusammenarbeit mit der brahmanischen Führungsschicht, die vorherrschende brahmanische Tradition noch gestärkt zu haben. Dies verstärkte nicht nur die Marginalisierung der anderen Gesellschaftsschichten, sondern auch das brahmanische Monopol auf die Deutung der Sanskrit-Texte, die, wie erwähnt, von diesen tendenziell konservativ und frauenfeindlich ausgelegt wurden. Weiter habe der koloniale Verwaltungsapparat das ohnehin schon strikte Kastensystem durch die bürokratische Niederschreibung der Kastenzugehörigkeiten noch weiter verfestigt.²⁷

Während durch Gesetze versucht wurde, eine bessere Einstellung der indischen Männer zu ihren Frauen zu erzwingen, veränderte sich die Einstellung der Briten derweil erheblich schneller. Zwischen ihnen und der indischen Bevölkerung war eine soziale Kluft durch das neue Herrscher-Untertanenverhältnis entstanden. Außerdem durften seit 1813 britische Missionare in Indien frei ihrer Arbeit nachgehen. Deren vordringlichste Aufgabe war es, die Landsleute zu einem Leben in christlich sittlicher Moral zu überzeugen. Fortan galt der Umgang mit einer Inderin als sittenwidriges Verhalten. Flankiert wurde diese

25 Vgl. Westphal, S. 275f.

26 Übersetzung (Marc Tschirley): Teile und Herrsche.

27 Vgl. Dharampal-Frick/Ludwig, S. 148ff.

neue Moral noch von anderer Seite, die, vielleicht mehr noch als die Missionare und Priester, die Männer dazu bringen konnten, den Vorzügen der indischen Frauen zu entsagen. Die sogenannte „Fishing Fleet“, englische Frauen, die auf der Suche nach einem Heiratspartner nach Indien kamen, vermählten sich mit Kolonialbeamten und Soldaten. Es wird berichtet, dass diese Frauen in der sinnlichen Inderin eine Rivalin sahen und daher stets darauf bedacht waren, diese abzuwerten. Letztendlich wurde alle Sinnlichkeit, wie zum Beispiel die „Nautch“ Tänze, dogmatisiert und selbst unter den Indern kehrte Prüderie ein.²⁸

1.4 Veränderungen durch die indische Frauenbewegung

Wären es im kolonialen Indien zumeist Männer wie Ram Mohan Roy gewesen die Sozialreformen für die Verbesserung der Lebensbedingungen der Frauen anstießen, fühlten sich einige Frauen nun selbst fähig, für Rechte zu kämpfen. Erste Frauengruppen traten schon Anfang des 20. Jahrhunderts für Bildung und bessere Arbeitsbedingungen ein. Auch im indischen Kampf für Unabhängigkeit nahmen gleichermaßen Männern wie Frauen teil. Mahatma Ghandis Prinzip des gewaltlosen Widerstands ermöglichte es den Frauen, sich in großer Zahl an diesem Kampf zu beteiligen.

Er war es auch, der sich für die Gleichberechtigung von Mann und Frau stark machte. Auf einem Konvent des Indischen Nationalkongresses, der Plattform für die Unabhängigkeitsbemühungen, fand dieses Prinzip dann auch eine Mehrheit und wurde so teil des Verfassungsentwurfs für einen unabhängigen indischen Staat. Tatsächlich erreichte Indien seine Unabhängigkeit, für die Frauen allerdings blieben die neuen Freiheiten meist Lippenbekenntnisse. Eine Welle von Protestaktionen brach in den 1960er und 70er Jahren über das Land. Diese Proteste hatten nicht nur Frauenrechte zum Ziel, aber wieder beteiligten diese sich in großer Zahl. Dennoch war es gerade eine Frau, die die Bewegung zu stoppen versuchte. Im Jahr 1975 bewog Indira Gandhi den Präsidenten dazu, den Ausnahmezustand zu verhängen und verbot damit für 18 Monate alle politischen Aktivitäten einschließlich aller Demonstrationen.²⁹

28 Vgl. Westphal, S. 249ff.

29 Vgl. Third World Network.

Hier ist zu erwähnen, dass Indira Gandhi als erste Frau, die den Posten des Premierministers inne hatte, sich stets gegen ihre männlichen Kollegen durchzusetzen vermochte. Als Marionette eingesetzt, verteidigte sie ihre Macht, setzte unbeeinflusst ihre Vorstellungen durch und konnte so als Vorbild für die politisch aktive Frau fungieren. Dennoch war sie tief in der Tradition verwurzelt. Die Veränderung der Stellung der Frau im Allgemeinen schaffte es nie auf ihre politische Agenda.³⁰

Die Verlegung des Widerstands in den Untergrund und die anschließende Wiederaufhebung des Ausnahmezustands führten zur Formung reiner Frauengruppen. Diese formierten sich nun gegen Probleme wie Gewalt gegen Frauen und Mitgiftmorde. Diese Protestwellen hatten meist noch nicht die Gesellschaft als Ganzes im Blick, sondern waren gegen den Staat gerichtet. Diesbezüglich konnten auch einige Erfolge verbucht werden. Gesetze gegen Vergewaltigungen wurden verschärft, Mitgiftzahlungen unter Strafe gestellt. Aber wieder existierten diese Verbesserungen fast nur auf dem Papier, da sich keiner zu ihrer Durchführung berufen fühlte. Von nun an machten es sich Frauengruppen zum Ziel, Frauen den Zugang zu rechtlichem Beistand in Beratungszentren und auch zu Frauenhäusern zu ermöglichen. Weiter war es ein Anliegen, ein Bewusstsein über die schlechte Situation bei anderen Frauen aber auch bei Männern zu erzeugen. In neuerer Zeit sind die großen Massenbewegungen von der Straße verschwunden, die indische Frauenbewegung lebt aber weiter. Die Bewegung war nie einheitlich und das ganze Land übergreifend gewesen. Selbst die großen Protestbewegungen beschränkten sich meist maximal auf bundesstaatliche Ebene. In einem Land von der Größe Indiens gibt es keine einheitlichen Probleme und daher auch keine einheitliche Lösung. Während im Bereich der Bildung derzeit zum Beispiel Staaten wie Bihar und West Bengalen die hintersten Plätze belegen, sind es im Bereich der Gesundheit Assam und Uttar Pradesh und im Bereich Sozialer Status wieder andere.³¹ Die Stärke der indischen Frauenbewegung ist daher vielleicht gerade ihre Pluralität.³² Während einige Quelle darauf verweisen, dass die Erfolge der Frauenbewegung nur

30 Vgl. Westphal, S. 295ff.

31 Singh, S. 5.

32 Vgl. Third World Network.

einer exklusiven Gruppe, nämlich der Frauen der Mittelschicht in den Städten zugute kommt, widersprechen andere dieser Auffassung.³³ Gerade die armen Frauen aus den unteren Schichten seien es, die das Rückgrat der Bewegung bilden. Vielfach seien sie es gewesen, die den Anstoß zu Protestwellen gaben.³⁴

2 Heutige Stellung der Frauen in der indischen Gesellschaft

Laut der indischen Verfassung und damit seit der Unabhängigkeit im Jahre 1947 stehen den Frauen die gleichen Rechte zu wie den Männern. Unterstützend sind, wie später noch näher erörtert werden wird, über die Jahre diverse Gesetze und Hilfsprogramme erlassen worden, die für Gleichberechtigung sorgen sollen. Die Realität im heutigen Indien sieht allerdings anders aus. Auf der einen Seite stehen hier zwar leuchtende positive Beispiele wie z.B. Mayawati, die sogenannte Dalit Königin, die als Frau und noch dazu als Angehörige der Dalit, der Unberührbaren, die außerhalb des Kastensystems stehen, zur Ministerpräsidentin des bevölkerungsreichsten Bundesstaates Indiens gewählt wurde.³⁵ Andererseits ist Indien aber auch das Land, in dem immer noch Mitgiftmorde Schlagzeilen machen und illegale Abtreibungen gezielt das Leben weiblicher Föten beenden.

2.1 Stellung der Frau in der Familie

Der Status der Frau ist immer noch sehr gering, dementsprechend erfährt sie Diskriminierungen in unterschiedlichster Form. Bereits bei ihrer Geburt enttäuscht ein Mädchen die meisten Eltern mit der Tatsache ihres Geschlechts. Diverse Faktoren führen dazu, dass sich Eltern eher einen Sohn als eine Tochter wünschen. Gründe sind zum Teil religiöser Natur, dass nämlich nur ein Sohn die Bestattungsriten der Hindus durchführen kann. Aber auch die Tatsache, dass das Mädchen bei der Hochzeit die Familie wieder verlassen wird und somit nicht da sein wird, wenn die Eltern im Alter der Pflege bedürfen, spricht gegen sie. Weiter wird ein Sohn benötigt, um das Land und den Namen

33 Vgl. Westphal, S. 337f.

34 Vgl. Third World Network.

35 Vgl. Rothermund, S. 215f.

weiterzuerben und die Familienlinie fortzuführen. Sicherlich nicht die unwichtigsten Faktoren sind auch das allgemein höhere Ansehen eines Sohnes und die teils exorbitant hohe Mitgift, die die Eltern eines Mädchen bei deren Hochzeit schließlich zahlen werden.³⁶ Aus diesen Gründen gehen mehr und mehr werdende Eltern dazu über, weibliche Föten abzutreiben, um einen Sohn als Nachkommen sicher zu stellen. Die pränatale Geschlechtsbestimmung ist zwar seit 1994 verboten, dennoch gehen vor allem die gebildeten, zahlungskräftigeren Inder in den Städten mehr und mehr dazu über einen männlichen Nachkommen durch medizinischen Eingriff zu garantieren. Slogans wie „Zahle jetzt 500 Rupien und spare später 500.000.“³⁷ werben direkt mit der Umgehung der Mitgiftzahlung durch eine Abtreibung des ungeborenen Mädchens. Die Wirkung solcher Machenschaften bestätigt eine Studie, die außerdem offenlegt, dass das Frauendefizit nicht nur auf die Ablehnung einer Tochter, sondern auch auf den gezielten Wunsch nach einem Sohn zurückzuführen ist. Demnach beträgt die Lücke an weiblichen Geburten sogar 30%, wenn bereits das erste Kind ein Mädchen war. War das erste Kind aber ein Junge, so sei die Mädchenquote ungefähr auf Normalniveau.³⁸ Dieser Entwicklung hat die Regierung bisher kaum etwas entgegenzusetzen und sie wird durch Wirtschaftswachstum und Wohlstand sogar noch verstärkt. Dies ist daran zu erkennen, dass die reichsten Bundesstaaten auch die niedrigsten Sexualproportionen haben. Im Gesamtschnitt hat sich das Verhältnis von Mädchen und Jungen zwischen 0 und 6 Jahren zwischen 1991 und 2001 von 945 auf 927 zu 1000 noch verschlechtert.³⁹ Auch im weiteren Lebensverlauf werden die Belange des Mädchens hinter die eines Sohnes gestellt. Ist das Geld knapp, so bleiben ausreichende Nahrung, Schulbesuch oder ärztliche Behandlung den männlichen Nachkommen vorbehalten.

Die Vernachlässigung der Mädchen nimmt nach der üblichen Heirat im pubertären Alter weiter zu. Einer Volkszählung zufolge steigt die Sterblichkeitsrate bei Mädchen im Alter zwischen 13 bis 15 merklich an, was der Vernachlässigung der jungen Schwiegertöchter zugeschrieben wird, die als schwächstes Glied in

36 Vgl. o.V, Gendercide, S. 11.

37 Hager, S. 78ff.

38 Vgl. Jha/Prabhat u.a., S. 211ff.

39 Vgl. Planning Commission Government of India, S. 186.

der Familienhierarchie oft schwer vernachlässigt werden.⁴⁰ Es wird berichtet, dass schon spätestens ab dem Einsetzen der Pubertät die jungen Mädchen strengen Verhaltensnormen unterzogen und zu strengem Gehorsam dem zukünftigen Ehemann und dessen Familie gegenüber erzogen werden. Psychischer Druck werde von verschiedenen Seiten aufgebaut, indem man das Mädchen ständig damit konfrontiert, dass sie schnellstmöglich einen Ehemann finden müsse.⁴¹ Laut offiziellen Angaben sind derzeit 22 Millionen Mädchen unter 14 Jahren bereits verheiratet.⁴² Das Durchschnittsheiratsalter von Frauen liegt inzwischen zwar über 16 Jahren, in den dörflichen Regionen Nordindiens, werden die offiziellen Heiratsgesetze aber immer noch missachtet.⁴³

Auch der „Dowry Prohibition Act“, der die Zahlung von Mitgift untersagt, wird kategorisch unterlaufen. Unabhängig von der Kaste oder der Religion muss die Geburtsfamilie der Ehefrau hohe Summen aufwenden, um einen geeigneten Ehemann zu finden. Für die Bezahlung werden in der Literatur mehrere Gründe angeführt. Dowry als frühzeitig ausgezahlten Erbteil der Tochter ist ein frauenfreundlicher Grund, der ihr aber zumindest im Norden Indiens kaum zu Gute kommen wird, da im patriarchalischen Familiensystem der Mann das Vermögen verwaltet. Weiter werde dowry als Ausgleich für die Mehrbelastung der neuen Familie, aber auch als Gegenleistung für den sozialen Aufstieg durch Einheiraten in eine höhere Kaste bezahlt. Das System nähre sich in neuerer Zeit aber in erster Linie durch kapitalistische Habgier, während der soziale Status und vor allem die Braut nebensächlich geworden sind.⁴⁴ Immer wieder sind selbst in den Medien Fälle zu lesen in denen die Mitgift nicht bezahlt werden konnte und die junge Ehefrau darunter zu leiden hatte. Misshandlungen bis hin zu Tötungen, die meist als Unfälle getarnt werden, sind nicht selten. Die Polizei sei dabei kaum hilfreich, da sie sich zumeist selbst aus hohen Kasten rekrutiert, die das System stützen und zum anderen als notorisch bestechlich gelten. Einigen Quellen zufolge werden jährlich bis zu 25.000 Frauen Opfer von Gewalttaten, die im Zusammenhang mit der Mitgift stehen.⁴⁵ Auch nach offiziellen Angaben

40 Vgl. Rothermund, S. 228.

41 Vgl. Pillai-Vetschera, S. 54f.

42 Vgl. Ministry of Home Affairs Government of India.

43 Vgl. Rothermund, S. 223.

44 Vgl. Pillai-Vetschera, S. 72f.

45 Vgl. Westphal, S. 310f.

ist die Rate der Mitgiftmorde von 6822 im Jahr 2002 auf 7026 im Jahr 2004 noch gestiegen.⁴⁶ Für die Familie des Mannes ist dies ein lohnendes Geschäft, da er nach dem vermeintlichen Unfalltod der Frau noch einmal heiraten kann und eine weitere Mitgift erhält.

Nach der Hochzeit verbleibt die junge Ehefrau meist bis zur Pubertät noch in der Geburtsfamilie, gehört dann aber vollständig der Schwiegerfamilie an, in der sie fortan mit ihrem Ehemann, der ihr bis zur Hochzeit nicht selten noch völlig fremd war, lebt. Spätestens ab der Heirat ist Bildung für die junge Frau kein erstrebenswertes Ziel mehr. Künftig hat sie zunächst einmal ihre Pflichten im Haushalt zu erfüllen. Alle häuslichen Pflichten, eingeschlossen der bei den meisten Indern immer noch nötigen und oft sehr beschwerlichen Beschaffung von Trinkwasser und Feuerholz, fallen in den Aufgabenbereich der Ehefrau. Diese Frauen leiden auch oft unter gesundheitlichen Problemen, da der Qualm der minderwertigen Brennstoffe, die noch immer 92% der Haushaltsenergie im ländlichen Indien decken, beim Kochen in den kleinen Hütten die Atemwege angreift.⁴⁷

Ein weiterer vorrangiger Zweck einer Ehe ist vor allem, einen männlichen Nachkommen hervorzubringen. Befragungen haben in diesem Zusammenhang ergeben, dass der Sexualakt von den Frauen meist als Pflicht gesehen werde, um den Wünschen des Mannes zu entsprechen.⁴⁸ Meist geschehe dies auch aus Angst vor körperlicher Gewalt. Diese ist in indischen Familien stark verbreitet und wird von vielen Frauen, die ihren niedrigen Status verinnerlicht haben, als Normalsituation angesehen. Dies erklärt auch, dass obwohl Schätzungen zufolge alle 9 Minuten eine Frau von einem Familienmitglied misshandelt wird, nur sehr wenige Anzeigen bei den Behörden eingehen.⁴⁹ Die National Family Health Survey (NFHS-3) deckt diese Gewalttaten aber deutlich auf. Danach bezeichneten sich 33,5% der Frauen als Opfer von Gewalttaten seit dem Alter von 14 Jahren. Davon nannten wiederum 85% den eigenen

46 Vgl. Planning Commission Government of India, S. 190.

47 Vgl. Planning Commission Government of India, S. 187.

48 Vgl. Pillai-Vetschera, S. 81ff.

49 Vgl. Hager, S. 78ff.

Ehemann als Täter.⁵⁰ Meist ist die einzige Chance einer Frau, ihren Status in der Gesellschaft und mehr noch in der Familie zu erhöhen, die Geburt eines Sohnes. Hat das Frauenbild sonst viel von seinem alten Ansehen verloren, so wird das der Mutter noch immer verherrlicht. Demgegenüber wird kinderlosen Frauen mit viel Misstrauen begegnet, unabhängig davon, ob dies nun ihre Entscheidung war oder die Kinderlosigkeit biologische Gründe hat. Man sieht sie als Zerstörer der hergebrachten sozialen Ordnung, die ihre gottgewollte Rolle ablehnt.

Die schwangere Frau wird trotz der Verehrung der Mutter kaum geschont. Berichten zufolge verrichten viele noch bis kurz vor der Geburt schwere körperliche Arbeiten auf dem Feld. Immer noch bleiben vielen Frauen medizinische Vorsorgeuntersuchungen verwehrt. Dies und der Umstand, dass die Geburt rituell als unreiner Vorgang angesehen wird, stellen eine Gefahr für die Gesundheit des Babys und der Mutter dar. Der Großteil der indischen Frauen bekommt ihr Kind noch immer zu Hause. Statt saubere, sterile Gegenständen werden der werdenden Mutter hier nur alte, verunreinigte zur Verfügung gestellt, die im Nachhinein weggeworfen werden können.⁵¹ Mehr als die Hälfte der Geburten in Indien gehen ohne die Hilfe von medizinisch ausgebildetem Personal vonstatten. Die weit verbreitete Unterernährung trifft Schwangere besonders hart. Nach offiziellen Angaben leiden 57,9% von ihnen an Blutarmut, dies stellt ein Gesundheitsrisiko für sie und den Nachwuchs dar.⁵² All diese Faktoren führen zu einer hohen Müttersterblichkeitsrate (MMR). Nach offiziellen Angaben liegt diese inzwischen bei 301 je 100.000 Geburten, nach Angaben der Weltgesundheitsorganisation (WHO) liegt diese mit 450 sogar noch höher. Zum Vergleich, in Deutschland liegt die MMR bei 4 je 100.000 Geburten.⁵³ Wie erwähnt wird kinderlosen Frauen wenig Verständnis entgegengebracht. In der Literatur wird die Polygynie in diesem Zusammenhang als gesellschaftlich akzeptiert bezeichnet. Die Familie der Zweitfrau zahlt nur noch eine geringe oder keine dowry. Die Zweitfrau wird geheiratet, um einen Sohn hervorzu- bringen oder aber auch einfach nur ihrer sexuellen Attraktivität wegen. Während

50 Vgl. NFHS-3, S. 498ff.

51 Vgl. Pillai-Vetschera, S. 104ff.

52 Vgl. Planning Commission Government of India, S. 186.

53 Vgl. World Health Organization, S. 26; Planning Commission Government of India, S. 186.

diese Mehrehe für Männer durch den Islam, aber auch für Hindus legitimiert ist, ist es Frauen nicht einmal nach dem Tod ihres Ehemanns gestattet, sich wieder zu vermählen. Wie beschrieben, ist dies besonders für die sehr jungen Witwen eine prekäre Lage. Die Frau kann nicht mehr in ihre Geburtsfamilie zurück, aber auch ihren ohnehin geringen Status in der Schwiegerfamilie, der sich über ihren Mann definiert hat, wird sie dadurch vielfach verlieren. Sie verbleibt dennoch häufig in einem abgesonderten Haushalt am Ort der Schwiegerfamilie und versucht im Idealfall, zusammen mit ihren Kindern vom Land ihres verstorbenen Ehemanns zu leben, wenn die Schwiegerfamilie es ihr gelassen hat. Einer Statistik zufolge sind 56% der indischen Frauen verwitwet, was nur auf 15% der Männer zutrifft.⁵⁴ Auf Grund des hohen Altersunterschieds bei der Hochzeit sterben die Männer wesentlich früher oder werden pflegebedürftig. Einem Zeitungsartikel zu Folge sei die Pflege dann meist Aufgabe der Ehefrau. Ihr eigener Gesundheitszustand im Alter sei derweil beklagenswert, von lebenslanger harter körperlicher Arbeit gezeichnet.⁵⁵

2.2 Frauen und Bildung

Wie zuvor schon im Ansatz erwähnt, steht auch im Bereich Bildung die Frau hinten an. Zwar ist Elementarbildung in Indien seit dem Jahr 2002 ein einklagbares Grundrecht, dennoch können nicht alle Kinder und speziell nicht alle Mädchen davon Gebrauch machen. Noch immer werden weniger Mädchen eingeschult als Jungen. Mit 93,6% bei Mädchen und 97,3% bei Jungen im Jahr 2007 hat sich die Einschulungsquote in den letzten Jahren deutlich verbessert. Viel gravierender allerdings ist die Abbrecherquote von Mädchen. Diese hat sich zwar inzwischen an die von Jungen angepasst, ist mit immer noch fast 50% im Bereich der Elementarbildung allerdings dennoch kein übermäßig gutes Zeichen.⁵⁶ Derweil wird der höhere Bildungsbereich weiterhin von Männern dominiert. Während die Geschlechterparität, das Verhältnis zwischen Frauen und Männern, in der Primärstufe noch bei 0,97 liegt, verschlechtert sich dieser Wert auf 0,86 in der Sekundär- und 0,70 in der Tertiärstufe.⁵⁷ Gründe für die Ungleichbehandlung sind vielfältig. Zunächst schicken viele Eltern ihre

⁵⁴ Vgl. Pillai-Vetschera, S. 131.

⁵⁵ Vgl. o.V., Die Frau macht die Arbeit S. 35.

⁵⁶ Vgl. Ministry of Human Resource Development, S. C-14.

⁵⁷ Vgl. Vereinte Nationen, Millennium Development Goals Indicators, Goal 3.

Mädchen ungern auf die öffentlichen Schulen, da eine Vielzahl sich in schlechtem Zustand befinden, zu wenige Toiletten oder keinen Zugang zu Trinkwasser besitzen. Weiter sind Dinge, wie Feuerholz und Wasser holen oder auf jüngere Geschwister aufpassen, meist Sache zumindest der ältesten Tochter und stehen einem regelmäßigen Schulbesuch im Weg. Für arme Familien ist es auch ein finanzieller Faktor, da, auch wenn die Schule kostenlos ist, die Unterrichtsmaterialien selbst bezahlt werden müssen. Wurde eine Tochter dennoch eingeschult, so wird sie die Schule meist spätestens dann abbrechen, wenn ein passender Bräutigam gefunden wurde. Paradoxiertweise kann sich eine hohe Bildung dabei sogar negativ auswirken, da eine Frau mit einer höheren Bildung als der Mann von vielen Männern nur ungern geheiratet wird, was eine höhere Mitgift nach sich zieht. In den letzten Jahren ist noch ein weiterer Faktor hinzugekommen, der in der Literatur als Feminisierung der Landwirtschaft bezeichnet wird. Während die Männer als Tagelöhner versuchen, Geld in den Städten zu verdienen, bleiben die Frauen und Mädchen auf dem Land zurück und müssen sich zur Nahrungsbeschaffung um die Felder kümmern. Die Schulbildung der Mädchen, die nach Ansicht der meisten Familien später kaum Nutzen bringen wird, bleibt dabei auf der Strecke.

Die Qualität des öffentlichen Schulsystems wird von vielen Seiten angezweifelt. Das Schüler-Lehrer-Verhältnis beträgt 1 zu 58. Außerdem erscheinen viele Lehrer auf den Dörfern vermehrt nicht zum Unterricht.⁵⁸ Geschützt durch alte, gesicherte Beamtenverhältnisse und eine enorm starke Lehrgewerkschaft, bleiben diese Pflichtverletzungen meist ohne Folgen. Den Eltern bleiben, wollen sie eine gute Ausbildung der Kinder garantieren, nur Privatschulen oder Privatunterricht, was sich viele nicht oder zumindest nicht für all ihre Kinder leisten können. Wieder erhalten in diesem Fall in der Regel die Söhne den Vorzug vor den Mädchen. Zwar ist die Schulbildung in den letzten Jahren besser geworden, dennoch ist nach offiziellen Angaben die Alphabetisierungsrate der Frauen mit 53,7% gegenüber 75,3% bei Männern weiter gering. Ein deutlicher Unterschied ist hier zwischen der Stadt- und Landbevölkerung zu sehen. In den Städten liegt die Rate bei Männern um 11 Prozentpunkte höher, bei Frauen um

58 Vgl. Rothermund, S. 232f.

fast 20, wodurch die Geschlechterdifferenz zusammenschrumpft.⁵⁹ Welche Auswirkungen dies auf den Status der Frauen in der Familie und in Bezug auf eine Erwerbstätigkeit hat, wird gleich noch gezeigt werden.

2.3 Frauen in der Arbeitswelt

Der Arbeitsmarkt ist wohl noch vor der Bildung der Bereich, in dem sich in den letzten Jahren am meisten verändert hat. Globalisierung und Liberalisierung der Märkte haben das Kräfteverhältnis auf dem Arbeitsmarkt ins Wanken gebracht. Wo früher noch Kastenzugehörigkeit und Geschlecht den Zugang zu einem Beruf vereiteln konnten, zählen heute Qualifikation und Leistung. Soweit ist das eine gute Nachricht für die Frauen. Bedenkt man aber, dass Frauen insbesondere im höheren Bildungsbereich aus genannten Gründen nur spärlich vertreten sind, relativiert sich dieses Bild. Die Globalisierung brachte außerdem neue Formen der Diskriminierung mit sich. Zunächst sei hier ein Problem genannt, dass Frauen bei gleicher Arbeit weniger Lohn erhalten. Während der durchschnittliche Lohn von Männer in den letzten Jahren in fast allen Bereichen gestiegen ist, ist der von Frauen sogar gesunken. Das Verhältnis zwischen männlichen und weiblichen Gehältern hat sich dadurch auf einen Wert von 0,75 in städtischen und 0,59 in ländlichen Gebieten weiter verschlechtert.⁶⁰

Schlimmer noch wirkt sich die Ausbeutung gering qualifizierter Arbeitskräfte im sogenannten informellen Sektor aus. Auf Grund des Überangebots auf dem Arbeitsmarkt werden mit diesen Kurzverträge zu Niedrigstlöhnen vereinbart. Bei wirtschaftlichen Schwierigkeiten, wie etwa der neuerlichen Weltwirtschaftskrise bleiben diese Arbeitskräfte, die seit jüngerer Zeit zu einer großen Zahl auch Frauen sind, ohne ein Einkommen zurück. Schätzungen der Internationalen Arbeitsorganisation (IAO) zufolge werden sich die Auswirkungen der Krise erst jetzt verstärkt in den von Frauen dominierten Berufen niederschlagen.⁶¹ Eines der gravierendsten Beispiele für die Ausbeutung von Arbeitskräften sind die 31 Millionen Bauarbeiter in Indien. Über 90% von ihnen befinden sich in lockeren Beschäftigungsverhältnissen, 50% davon sind Frauen. Es ist harte körperliche

59 Vgl. Ministry of Home Affairs Government of India.

60 Vgl. Planning Commission Government of India, S. 188.

61 Vgl. Millennium Entwicklungszielbericht 2009, S. 22.

Arbeit, die häufig mit bloßen Händen ohne jegliche Schutzkleidung getätigt wird.⁶² Dennoch gehören diese Arbeiterinnen und Arbeiter auch wegen der Saisonalität und Alternativlosigkeit der Tätigkeit zu den ärmsten Menschen in Indien. Insgesamt sind ganze 92,4% der Gesamtzahl der Arbeitskräfte in Indien im informellen Sektor, ohne Kündigungs- oder Gewerkschaftsschutz, beschäftigt. Von der Gesamtzahl der weiblichen Arbeitskräfte sind es sogar 97%.⁶³ Durchschnittlich erhalten Männer im städtischen Bereich täglich 75 Rupien und im ländlichen 56, während Frauen 44 und 36 Rupien erhalten.⁶⁴ Dies liegt zwar noch über der vom Staat festgelegten Armutsgrenze von 12 Rupien, was der täglichen Kalorienzufuhr entsprechen soll, aber 60 Rupien entsprechen umgerechnet dennoch gerade einmal ziemlich genau einem Euro.⁶⁵

Im organisierten Sektor, von dem ganze 2/3 der öffentlichen Hand zuzuordnen sind, ist die Situation der Beschäftigten derweil recht gut. Hier werden deutlich höhere Löhne von durchschnittlich 681 Rupien pro Tag gezahlt und es gibt meist Krankenversicherung, Kündigungsschutz und Gewerkschaften. Von den knapp 8% der gesamten Arbeitskräfte, die auf den organisierten Sektor entfallen sind allerdings lediglich knapp 20% Frauen.⁶⁶

In den offiziellen Arbeitsstatistiken sind die Frauen insgesamt ebenfalls in der Minderzahl. Nur 28% der indischen Frauen gehen einer statistisch erfassten Arbeit nach. Diese Rate hat im letzten Jahrzehnt eine deutliche Steigerung erfahren und ist außerdem auf dem Land mit 32,7% zu 16,6% in der Stadt etwas höher.⁶⁷ Dies klingt durchaus verwunderlich, sind es doch vermehrt die Frauen in den Städten, die eine ordentliche Schulbildung genießen. Begründet wird dies mit dem Ideal der guten Hausfrau, das viele Frauen, auch der aufstrebenden Mittelschicht, anstreben, während der Mann das Geld verdient. Hinzu kommt, dass weibliche Arbeit außerhalb des Hauses in den hohen Kasten immer noch ungern gesehen wird. Auf dem Land hingegen arbeitet die Frau weiter auf den Feldern, während viele Männer als Tagelöhner arbeiten und

62 Vgl. Planning Commission Government of India, S. 189.

63 Vgl. Planning Commission Government of India, S. 189.

64 Vgl. Rothermund, S. 261.

65 Vgl. Rothermund, S. 253f; Yahoo Währungsrechner.

66 Vgl. Ministry of Finance.

67 Vgl. Planning Commission Government of India, S. 188.

erhalten somit die Versorgungsgrundlage der Familie. Ihre Position ihrem Mann gegenüber wird dadurch oftmals stärker sein als die der Frauen in der Stadt.

Der Grund und Boden, obwohl zumeist durch Frauenhand bearbeitet, gehört dennoch meist den Männern. Nur 11% des Landbesitzes ist Frauen zuzuordnen. Der erzielte Ertrag wird daher zumeist durch den männlichen Landbesitzer und nicht die Frau verwaltet werden. Studien haben hier gezeigt, dass Männer eher dazu tendieren, dieses Geld für kurzfristige persönliche Wünsche auszugeben, während Frauen eher in Ernährung, Gesundheit und Ausbildung der Kinder investieren.⁶⁸ Auch abgesehen von der Feldarbeit sind viele Frauen mehr oder weniger gezwungen, Arbeit von zu Hause aus zu verrichten. Aus Gründen wie Kindererziehung, mangelnder Qualifikation und nicht zuletzt dem Willen der patriarchalischen Gesellschaft sind 57% der arbeitenden Frauen von zu Hause aus tätig.⁶⁹ Da es für diese kaum ertragreichen Erwerbstätigkeiten meist keine Alternativen gibt, helfen auch die Kinder, in erster Linie die Töchter, bei der Tätigkeit und werden so selbst Teil des Kreislaufs von geringer Qualifikation und Tätigkeiten, die kaum das Nötigste zum Leben abwerfen.

Wo der normale Arbeitsmarkt gar keine Stellen mehr bietet, treibt Armut, Witwenschaft und Perspektivlosigkeit viele tausende Mädchen und Frauen in die Prostitution. Es wird von Eltern berichtet, die in ihrer Verzweiflung ihre Töchter für 80 bis 150 Rupien an Menschenhändler verkaufen. Diese sollen dann in speziellen Lagern abgerichtet und für bis zu 25.000 Rupien an Bordelle weiterverkauft werden. Die Grausamkeit dieser Praxis verschärft sich durch den verbreiteten Glauben an die magischen Heilkräfte der Deflorierung einer Jungfrau. Selbst an AIDS erkrankte Männer erhoffen sich so eine Chance auf Heilung und infizieren die oft minderjährigen Mädchen. Indien hat mit 0,28% HIV-positiver Menschen im Alter zwischen 15 und 49 eine im internationalen Vergleich niedrige Rate.⁷⁰ Unter Prostituierten schätzen andere Quellen die Infektionsrate allerdings schon auf über 50%.⁷¹ Als problematisch stellt sich auch die Aufklärungsrate dar. Nur 60,9% der Frauen haben laut der NFHS-3

68 Vgl. Nagarajan.

69 Vgl. Planning Commission Government of India S. 189.

70 Vgl. NFHS-3, S. 392.

71 Vgl. Westphal, S. 333f.

Studie überhaupt von AIDS gehört. Unter der ländlichen Bevölkerung mit niedriger Bildung sinkt diese Rate dann unter 30%.⁷² Dennoch ist die Aufklärungsrate in den letzten Jahren deutlich gestiegen und auch die Quote der Infizierten ist laut Fortschrittsbericht zur AIDS-Situation in Indien wieder gesunken.⁷³

2.4 Frauen der neuen Mittelklasse

Nachdem zuvor schon einige Nachteile der Wirtschaftsliberalisierung genannt wurden, sei nun auch die Bevölkerungsschicht erwähnt, die immens davon profitiert hat. Diese sogenannte „Neue Mittelklasse“ ist in erster Linie dem privatisierten Marktsektor zuzurechnen, in dem Leistung und nicht Geburt über den Status bestimmt. Charakteristisch ist der Lebensstil, der sich am westlichen Konsumverhalten orientiert, geprägt von Fernsehgeräten, Handys und oft auch einem eigenen Verkehrsmittel. Ein weiteres Zuordnungskriterium ist, dass diese Menschen von ihrem Einkommen zwischen 200.000 und 1.000.000 Rupien, für die Ausbildung der Kinder und ihren eigenen Ruhestand zurücklegen.

Derzeit hat diese neue Mittelklasse mit ungefähr 50 Millionen Menschen noch kein überragendes Gewicht in der indischen Gesellschaft. Schätzungen des McKinsey Global Institute zu Folge werden es bis zum Jahr 2025 aber schon 583 Million sein, die damit 41% der Bevölkerung ausmachen.⁷⁴ Für die indische Frau könnte dies eine enorme Aufwertung bedeuten. Schon jetzt ist ein großer Teil der jungen Frauen dieser Schicht erwerbstätig und konnte ihre demütige Position gegenüber ihrem Mann und der Familie überwinden. Die Frau der alten Mittelklasse, zum größten Teil noch von ihren Männern finanziell abhängig, versuchten dem Ideal der guten Hausfrau zu entsprechen. Die junge Frau der neuen Mittelklasse hingegen strebt nach Selbstbestimmung in Ausbildung, Karriere und auch Partnerwahl. Großen Einfluss wird dabei den Massenmedien zugeschrieben, die eben diese Themen auch im Zusammenhang mit Emanzipation behandeln. Im Fernsehen werden gesellschaftliche Missstände als solche enttarnt und die Werte, die sie legitimieren, in Frage gestellt. Das Modell der Großfamilie befindet sich hier in Auflösung, weil die jungen Frauen auf die

72 Vgl. NFHS-3, S. 316.

73 Vgl. Vereinte Nationen: Country Progress Report on HIV/AIDS India 2010, S. 3.

74 Vgl. Farrell/Beinhocker.

Herauslösung und der Gründung eines eigenen Haushalts drängen. Zwar werde der generelle hierarchische Aufbau der Familie auch von emanzipierten Frauen kaum in Frage gestellt; er hat aber durch die Aufspaltung des Haushalts und der finanziellen Unabhängigkeit der Frau an Bedeutung verloren.

Als Extrembeispiel sei an dieser Stelle noch das obere Ende der Skala erwähnt. Während auf der einen Seite noch Hunderttausende Inderinnen in Abhängigkeit und Unterwürfigkeit leben, gefesselt durch überkommene Wertvorstellungen, gibt es auf der anderen Seite auch jene jungen Frauen, die als post-feministische Generation bezeichnet wird. Diese Frauen sind unabhängig, meist Single und karriereorientiert. Sie haben die Tradition fast vollständig abgelegt und haben neben der Arbeit vor allem den eigenen Spaß in Discos und Clubs und gesellschaftliche Kontakte im Auge.

3 Staatliche und überstaatliche Gleichstellungsmaßnahmen

Während die Frauen in der westlichen Welt über ein Jahrhundert für ihre Rechte gekämpft haben, besitzen die indischen Frauen schon seit der Unabhängigkeit die gleichen Rechte wie die Männer. Wie im vorangegangenen Kapitel gezeigt, bewirken gleiche Rechte auf dem Papier noch nicht gleiche Rechte in der Realität. Im folgenden Kapitel sollen nun ein Überblick über wichtige vergangene und vor allem gegenwärtige internationalen und nationalen Maßnahmen zur Herbeiführung tatsächlicher Gleichstellung gegeben werden. Da das Spektrum der Maßnahmen extrem groß ist, wird der Fokus auf jenen liegen, die im Zusammenhang mit der Arbeit von SIDART stehen, um deren Arbeit später im Gesamtbild der Regierungs- und Nichtregierungsmaßnahmen einzuordnen.

3.1 Globale Maßnahmen

Die Gleichberechtigung von Frauen wird in der westlichen Welt inzwischen weitgehend als etwas selbstverständliches gesehen. Dennoch darf nicht vergessen werden, dass es auch hier noch nicht lange her ist, dass Menschen auf Grund ihres Geschlechts schwer diskriminiert wurden. Auf internationaler

Ebene wurde erst 1948 in der „Allgemeine[n] Erklärung der Menschenrechte“, die auch Bestandteil der Gründungstexte der Vereinten Nationen (UN) ist, die Gleichstellung von Frauen und Männern festgeschrieben. Auf Grund mangelnder Repressionsmöglichkeiten der UN-Frauenkommission gegen Staaten, die dies nicht einhielten, blieb dies aber weitgehend ohne Wirkung.⁷⁵

3.1.1 Dekade der Frauen

Bedeutende Schritte wurden erst im Rahmen der von der UN ausgerufenen „Dekade der Frauen“ zwischen 1975 und 1985 erreicht. Auf drei Weltfrauenkonferenzen wurden Aktionspläne und Resolutionen beschlossen. Als wichtigstes Dokument ist hier das „Übereinkommen zur Beseitigung jeder Form von Diskriminierung gegen Frauen“ zu nennen, welches 1979 leicht abgewandelt auch von der UN adoptiert wurde. Dieses international als CEDAW bekannte Übereinkommen beinhaltet frühere Schutzbestimmungen und Anti-Diskriminierungsklauseln erweitert die Verantwortung der Staaten auch auf die Handlungen von Privatpersonen. Neben der Gleichstellung in Bereichen wie Bildung oder Gesundheit sollten auch Maßnahmen ergriffen werden, um im Privatbereich, etwa auch beim Thema Heirat, für Gleichberechtigung zu sorgen. Große Bedeutung wurde dabei der tatsächlichen (de facto) und nicht lediglich rechtlichen (de jure) Umsetzung der Rechte der Frauen beigemessen. Dieses Abkommen beeinflusste auch die Entwicklung der indischen Frauenrechte in den 80er Jahren, auch wenn, wie später noch genauer gezeigt werden wird, die de facto Umsetzung gerade in Indien ein Problem darstellt. Das im Jahr 1999 verabschiedete Fakultativprotokoll, das eine direkte Anrufung des CEDAW-Ausschusses der UN durch in ihren Rechten verletzte Frauen vorsieht, wurde von Indien bisher nicht ratifiziert.

3.1.2 Erklärung über die Beseitigung der Gewalt gegen Frauen

Ein weiterer wichtiger Meilenstein der internationalen Frauenrechte konnte 1993 erreicht werden. Im Anschluss an die 2. Weltmensenrechtskonferenz in Wien wurde die „Erklärung über die Beseitigung der Gewalt gegen Frauen“ verabschiedet. Gewalt gegen Frauen im öffentlichen, aber auch im privaten

⁷⁵ Vgl. Verband Entwicklungspolitik deutscher Nichtregierungsorganisationen e. V., S. 13.

Bereich, wurde damit als Menschenrechtsverletzung anerkannt. Künftig sollte sich dadurch das Bewusstsein auch in der internationalen Frauenrechtsarbeit entwickeln, dass Gewalt gegen Frauen immer eine Verletzung der integralen Rechte eines Menschen darstellt. Auch kulturelle Tradition können dies nicht mehr rechtfertigen.⁷⁶

3.1.3 Vierte Weltfrauenkonferenz und Aktionsplattform

Die beiden vielleicht wichtigsten internationalen Abkommen, die konkret Einfluss auf die nationale Frauenpolitik nehmen, datieren allerdings aus noch aktuellerer Zeit. Hier ist zunächst die „Aktionsplattform“ zu nennen, die auf der 4. Weltfrauenkonferenz im Jahr 1995 in Peking verabschiedet wurde. Noch einmal wurde festgestellt, dass Frauenrechte ein unumstößlicher Bestandteil der Menschenrechte sind. Des Weiteren wurde die soziale und ökonomische Teilhabe von Frauen in direkten Zusammenhang mit ihrer politischen Beteiligung gebracht. Das Instrument des „Gender Mainstreaming“ wurde eingeführt, welches vorsieht, die Auswirkungen aller staatlicher Maßnahmen auf die Geschlechter zu prüfen.⁷⁷ Daraus wurden grundlegende Verpflichtungen abgeleitet, die auch für Indien, welches zu den Unterzeichnern gehört, bindend sind. Die Regierung hat sich damit verpflichtet, für die Geschlechtergerechtigkeit in Politik, Wirtschaft und Gesellschaft einzutreten. Weiter soll die Armut von Frauen bekämpft werden und für gleiche Chancen in den Bereichen wirtschaftliche Ressourcen, Bildung, Gesundheit und Erbrecht gesorgt werden.⁷⁸ Hier wurde der wichtige Schritt zum Empowerment getan. Durch die ökonomische Stärkung der Frauen erhöht sich auch ihre Position in der Gesellschaft. Indien hat neben der Aktionsplattform auch den „Commonwealth Plan of Action on Gender and Development“ unterzeichnet. In diesem wird sogar noch einen Schritt weiter gegangen und den Frauen gleiche Rechte und vor allem auch Chancen in allen Phasen ihres Lebens zugesichert.⁷⁹

76 Vgl. Verband Entwicklungspolitik deutscher Nichtregierungsorganisationen e. V., S. 14.

77 Vgl. Verband Entwicklungspolitik deutscher Nichtregierungsorganisationen e. V., S. 1f.

78 Bundesministerium für wirtschaftliche Zusammenarbeit, S. 9.

79 Singh, S. 10.

3.1.4 Millennium-Entwicklungsziele

Das zweite äußerst wichtige internationale Abkommen sind die Millennium-Entwicklungsziele. Diese nach dem Jahr ihrer Verkündung benannten Entwicklungsziele sind keine bloßen Willensbekenntnisse. Den Zielen sind spezifische Indikatoren zugewiesen, mittels derer das Erreichen oder Nichterreichen eines Ziels genau festgestellt werden kann. Auch durch die dadurch entstandene Vergleichbarkeit der Länder untereinander hat sich der Druck zum Handeln auf die Regierungen erhöht. Als Ziel Nummer 3 beinhalten die Millennium-Entwicklungsziele auch die Förderung der Gleichstellung der Geschlechter und Empowerment der Frauen. Als konkrete Zielvorgabe ist für Geschlechterparität in der Grund- und Sekundarschulbildung bis 2005 und in allen Bildungsebenen bis 2015 zu sorgen. Hintergedanke der Konzentration auf die Bildung ist das Empowerment der Frauen. Höherer Bildung sorgt auch für mehr Selbstbewusstsein. Diese Frauen sind eher bereit sich zu engagieren, auf der anderen Seite aber auch wirtschaftlich unabhängiger von Mann und Familie. Die aktuellen Zahlen aus dem Jahr 2007 bescheinigen Indien in der Primärbildungsstufe immerhin schon einen Wert von 0,97, im Sekundär- und Tertiärbereich sinkt der Index dann aber auf 0,86 und 0,7. Hier ist Indien demnach noch ein große Stück von der Erreichung der Geschlechterparität entfernt.

Als wirtschaftlicher Indikator des Empowerments wird der Anteil von Frauen an den Beschäftigten außerhalb des Agrarsektors herangezogen. Hier weist Indien eine im internationalen Vergleich sehr niedrige Quote von 18,1% auf. Auch beim politischen Indikator, der Frauenquote im Parlament liegt Indien mit 10,8% weit hinter dem internationalen Durchschnitt von 18%.⁸⁰ Entsprechende Schritte sind hier aber bereits auf den Weg gebracht. Wie später noch erläutert werden wird, liegt eine gesetzlich Frauenquote bereits dem Parlament zur Entscheidung vor. Neben dem Empowerment beinhalten die Millennium-Entwicklungsziele ein weiteres, frauenrelevantes Entwicklungsziel, die Verbesserung der Gesundheit von Müttern. Weltweit soll die MMR bis 2015 um drei Viertel gegenüber 1990 sinken. Indien ist mit einer MMR von 450 je 100.000 Lebendgeburten genau im Durchschnitt der Entwicklungsregionen. Zieht man aber den Vergleich

⁸⁰ Vgl. Vereinte Nationen, Millennium Development Goals Indicators, Goal 3.

zu den entwickelten Regionen mit einer Rate von 9, so wird deutlich, wie stark die Gesundheit der Mütter noch immer vernachlässigt wird. Noch deutlicher wird der Handlungsbedarf beim Indikator Geburtshilfe durch ausgebildetes medizinisches Personal. Diese kommt nur 46,6% der Inderinnen zugute. Selbst im Vergleich zum Schnitt der Entwicklungsregionen mit 61% ist dies ein schlechter Wert. Nicht nur die medizinische Versorgung, sondern auch das Alter bei der Geburt ist ein Faktor bei der Müttersterblichkeit. Sehr junge Mütter haben ein deutlich höheres Risiko von Komplikationen bei der Geburt. Der Anteil der unter 19-jährigen Frauen, die ein Kind zur Welt bringen, hat sich mit 45,2 je 1.000 gegenüber 76,0 im Jahr 1991 deutlich verbessert.

Fortschritte gibt es auch im Bereich der vorgeburtlichen Untersuchungen. Sowohl das Kinderhilfswerk der Vereinten Nationen (UNICEF) als auch die WHO empfehlen vier Vorsorgeuntersuchungen für Schwangere. Immerhin 37% der indischen Frauen erreichen bereits diese Anzahl und 74,2% nehmen zumindest an einer Vorsorgeuntersuchung teil.⁸¹ Hier hat die indische Regierung bereits Maßnahmen ergriffen und ist auch im Begriff, weitere durchzuführen. Dies zieht eine deutliche Verbesserung dieser Werte für Indien nach sich, während andere Nationen hier kaum Fortschritte gemacht haben. Laut dem aktuellen Entwicklungszielbericht von 2009 konnten weltweit zwar insgesamt deutliche Fortschritte erzielt werden, dennoch wurden viele Zwischenziele verfehlt. Gerade auch in Indien besteht, wie oben beschrieben, noch erheblicher Handlungsbedarf, um die Ziel bis 2015 erreichen zu können.

3.2 Nationale Frauenpolitik in Indien

Noch zu Zeiten der Moguln und vermehrt unter der britischen Kolonialherrschaft waren Gesetze erlassen worden, die die Situation der Frauen verbessern sollten. Die meisten blieben aber ohne konkreten Erfolg und existierten nur auf dem Papier. Vor allem dank der Bemühungen Mahatma Gandhis, wurde die Frau ab der Unabhängigkeit dann per Verfassung gleichgestellt.

⁸¹ Vgl. Vereinte Nationen, Millennium Development Goals Indicators, Goal 5.

3.2.1 Verfassungsrechtliche Stellung der Frauen

In den letzten Jahrzehnten wurde die indische Verfassung durch immer weitere Artikel ergänzt, die die Stellung der Frau stärken sollten. Der indische Staat ist durch die Verfassung beispielsweise verpflichtet, gegen sexuelle Diskriminierung und Herabwürdigung von Frauen vorzugehen, für gleiche Beschäftigungschancen und Mutterschutz zu sorgen. Ruft man sich die aktuelle Situation der Frauen in Erinnerung, so zeigen diese Beispiele, dass die verfassungsrechtliche Stellung und deren Umsetzung noch weit auseinander liegen. Andere Verfassungsbestandteile allerdings haben durchaus schon größere Wirkung entfaltet. Sehr wichtig ist hier Artikel 39 A, der freien und gleichen Zugang zu allen staatlichen Maßnahmen gewährleistet. Diese Maßnahmen sind insbesondere auch der „Right to Information Act“ (RTI) und der „National Rural Employment Guarantee Act“ (NREGA), auf die später noch genauer Bezug genommen werden wird. Ebenso ist eine Frauenquote für die kommunalen Gremien und die kommunale Verwaltung verfassungsmäßig festgelegt. Diese Frauenquote ist ein Beispiel für eine positive Diskriminierung von Frauen. Sie ist in Artikel 15 Absatz 3 der Verfassung ausdrücklich legitimiert.⁸²

3.2.2 Gesetzliche Stellung der Frauen

Der indische Staat beließ es nicht bei der bloßen Willensformulierung in der Verfassung, die jeweiligen Artikel werden auch in den spezifischen Gesetzbüchern wieder aufgegriffen und konkretisiert. Wichtige Beispiele sind der „Dowry Prohibition Act“ aus dem Jahr 1961. In diesem wird allein schon das Verlangen einer Mitgift unter Strafe gestellt. Dem Täter drohen 6 Monate bis zu 2 Jahre Gefängnis und 10.000 Rupien Strafe. Das Annehmen und Bezahlen einer Mitgift wird sogar mit mindestens 5 Jahren Freiheitsstrafe und einer Geldstrafe in Höhe der Mitgift oder mindestens 15.000 Rupien geahndet. Problematisch ist die Definition der Mitgift im Gesetzestext. Hier ist das Geben von Geschenken an das Brautpaar nämlich explizit als Mitgift ausgeschlossen, sofern keine Vereinbarung damit verbunden ist. Die gängige Praxis ist daher, dass die Mitgift in Form jener, meist kostspieliger Geschenke bezahlt wird. Die Mitgiftvereinbarung wird mündlich geschlossen und ist somit kaum nachweisbar.

⁸² Vgl. SIDART, Training Module for One day Seminar on Seminar for Awareness Generation and Assessment of NREGA, S. 6f.

Noch konkreter versucht der im Jahr 2005 verabschiedete „Protection of Women from Domestic Violence Act“ (PWDVA), die Rechte der Frauen zu wahren. Das Gesetz berechtigt Frauen, die Opfer familiärer Gewalttaten geworden sind dazu, sich an eine entsprechende Regierungsstelle oder beteiligte NGOs zu wenden, die ihnen unentgeltlich Schutz sowie medizinischen und rechtlichen Beistand gewähren. Wie oben erwähnt, sind sich viele Frauen der Widerrechtlichkeit familiärer Gewalt gar nicht bewusst oder sie wissen zumindest nicht um ihr Recht auf Beistand. Selbst die, die davon wissen, machen aus Scham oder Furcht vor weiteren Ausschreitungen keinen Gebrauch davon.

Auch dem Problem der zahlreichen Vergewaltigungen vor allem in ländlichen Regionen begegnet das Gesetz. Allein im Jahr 2008 wurden laut offizieller Verbrechensstatistik des Ministeriums für Heimatangelegenheiten 21.467 Vergewaltigungen angezeigt. Die Dunkelziffer dürfte aber bedeutend höher liegen.⁸³ Im indischen Strafgesetzbuch (IPC) wird in Sec. 376 IPC eine Freiheitsstrafe zwischen 7 Jahren und lebenslänglich angedroht. Allerdings weist das Gesetz einige Schlupflöcher auf. So werden in Absatz zwei des Gesetzes diverse Ausnahmen genannt, bei denen das Gericht auch eine geringere Strafe verhängen kann. Dies betrifft etwa Polizisten oder andere Staatsdiener. Berücksichtigt man dies im Hinblick darauf, dass zum Beispiel auch Gefängnisangestellte Staatsbedienstete sind und andere Quellen in Frauengefängnissen von routinemäßigen Vergewaltigungen berichten, so erscheint diese Ausnahmeregelung mehr als nur verwunderlich.⁸⁴

Generell ist festzuhalten, dass die rechtliche Situation der Frauen in Indien auf einem guten Niveau ist. Problematisch wirken sich die Unwissenheit der Frauen über ihre Rechte, widerstreitende religiös legitimierte Vorschriften, aber auch die mangelnde Umsetzung durch die Behörden aus. Dies wurde auch von der indischen Regierung erkannt. Im Report der Arbeitsgruppe zum Thema „Empowerment of Women“, die vom Ministerium für Frauen- und Kindentwicklung (MoWCD) eingesetzt wurde, um Vorschläge für den aktuellen Fünfjahresplan der Regierung zu machen, werden die bisherigen Bemühungen

83 Vgl. National Crime Records Bureau, Ministry of Home Affairs, S. 397.

84 Vgl. Westphal, S. 318.

zusammengefasst. Dort heißt es, dass die Regierung fortwährend danach strebt, um die verfassungsmäßigen Rechte der Frauen von einem de jure, also rein rechtlichen, zu einem de facto, also tatsächlichen, Status zu wandeln.⁸⁵

Arbeitsgruppen und ähnliche Instrumente zum Thema Women's Empowerment sind in Indien nichts Neues. Das Instrument des Empowerments, also der Vermittlung von Fähigkeiten zur Selbsthilfe, wurde als adäquates Mittel zur Gleichberechtigung der Frauen erkannt. Bereits im Jahr 1974 wurde im, von der Regierung in Auftrag gegebenen, „Toward Equality Report“ festgestellt, dass die Ungleichberechtigung der Frauen auf deren schwache finanzielle und soziale Position zurückzuführen ist. Dieser Report und die anschließende Missachtung der Veränderungsvorschläge der zuständigen Kommission gelten als einer der Auslöser für die ersten großen Massenprotesten der indischen Frauenbewegung. Auch durch diese neue Bewegung beeinflusst, entstand im Jahr 1988 der sogenannte „Shramshakti-Report“, der zum ersten Mal die Fokussierung auf das Empowerment der Frauen empfahl. Auch die Zusammenarbeit mit NGOs wurde empfohlen, um die Frauen lokal erreichen zu können. Die bisherige Frauenpolitik der Regierung war auf Wohlfahrtshilfe ausgelegt, änderte aber wenig an der generellen Situation der Frauen. Der neue Ansatz des Empowerments sah nun vor, den Frauen selbst die Macht zu geben, etwas an ihrer Situation zu verändern. Fortan wurde nicht mehr nur gefragt, ob die Frauen finanziell, sozial oder auf sonstiger Ebene schlechter gestellt sind, sondern auch warum und was man den Frauen geben muss, um sich aus dieser Situation zu befreien. Das Schlüsselkriterium in diesem Zusammenhang ist Bildung und zwar gleich in mehrerer Hinsicht. Zunächst kann eine Frau, die Schulbildung genossen hat, einen Job ergreifen, der sie finanziell unabhängig macht. Viel wichtiger aber ist, dass die Frauen anfangen, ihre Situation im Gesamtkontext zu sehen und ihre Rechte zu erkennen. Hier kommen NGOs wie SIDART ins Spiel, die eben an diesem Punkt ansetzten und das Empowerment auf der untersten Ebene, in den Dörfern, voranbringen. Die Regierung beschränkt sich darauf, die Rahmenbedingungen zu schaffen.

⁸⁵ Vgl. Ministry of Women and Child Development, S. 4.

Neuestes und vielleicht wichtigstes Beispiel ist die Einführung einer Frauenquote im indischen Nationalparlament und den Unionsparlamenten. Mehrere Anläufe, eine derartige Verfassungsänderung durchzusetzen, waren bisher am Widerstand aus allen möglich politischen Lagern gescheitert. Von einer Frauenquote von einem Drittel der Sitze versprachen sich viele Befürworter eine Stärkung der Stellung der Frauen im Allgemeinen und eine gesteigerte Bedeutung frauenrelevanter Themen in der Politik. Gegner hingegen wiesen etwa darauf hin, dass Frauen, die nur durch die Quote ins Parlament gebracht würden, häufig keine entsprechenden politischen Fähigkeiten hätten und ohnehin nur zu Marionetten der Parteipolitik würden. Dies hätte auch die Erfahrung aus der Quotenregelung, etwa für Dalits, gezeigt. Anstelle einer Stimme für die Belange der zumeist sehr armen und stark benachteiligten Kastenlosen zu schaffen, sei lediglich eine kleine politische Dalit-Elite entstanden.⁸⁶

Als weiteres Problem könnte sich herausstellen, dass es versäumt wird die Quote weiter nach Ethnien und Kasten zu untergliedern. Dadurch hätten vor allem Frauen der gehobenen Mittelschicht eine Chance, ins Parlament einzuziehen. Diese hätten allerdings kaum einen Bezug zur Frauenbewegung.⁸⁷ Weiter wurde das Quotensystem von einigen Seiten auch als undemokratisch abgelehnt. Dies klingt allerdings verwunderlich, da das Parlament mit der Zustimmung aller politischer Parteien bereits im Dezember 1992 einer Frauenquote für die Panchayati Raj zugestimmt hatte. Im verabschiedeten 73. und 74. Verfassungszusatz wurde mehr politische Macht auf diese lokale Gremien dezentralisiert. Gleichzeitig wurde dem Drängen der inzwischen erstarkten Frauenbewegung nach politischer Mitbestimmung Rechnung getragen, indem man eine Quote von einem Drittel der Sitze für Frauen sicherte.⁸⁸ Außerdem wurde dieselbe Quote auch für die öffentliche Verwaltung festgeschrieben. Vor der Einführung dieser Quote lag die Frauenbeteiligung noch wesentlich unter einem Drittel. Bei Wahlen in Uttar Pradesh im Jahr 1988 schafften es nicht einmal ein Prozent Frauen in die Gremien.⁸⁹ Der große Zuspruch dieser Quote,

86 Vgl. Teltumbde, S. 14.

87 Vgl. Banta, S. 303.

88 Vgl. Phillips, S. 293.

89 Vgl. SIDART: Resource Material for One Day Orientation Program of the Village Women's Issues & Rights, S. 8.

aber die Ablehnung einer Quote in den Unionsparlamenten und dem Nationalparlament, sei auf die geringe Bedeutung zurückzuführen, die die Panchayati Raj auf Grund ihrer geringen Befugnisse und Finanzausstattung haben.

Der politische Druck ist Anfang 2010 dann aber zu groß geworden. Am 9. März 2010 stimmte der Rajya Sabha, das Oberhaus des indischen Parlaments, dem 108. Verfassungszusatz zu. Eine Zustimmung durch das Oberhaus und mindestens 15 der 28 Parlamente der Bundesstaaten steht noch aus. Nach dem Erfolg im Oberhaus wird eine Zustimmung hier aber für wahrscheinlich gehalten, da auch die wichtigen Oppositionsparteien ihre Unterstützung zugesichert haben.⁹⁰ Momentan sind nur 59 der derzeit 545 Sitze im Nationalparlament von Frauen besetzt.⁹¹ Durch die Gesetzesänderung würden ab der nächsten Wahl 181 im Lok Sabha, dem indischen Parlament und 1.370 der 4.109 Sitze in den 28 Parlamenten der Bundesstaaten für Frauen reserviert.⁹² Ministerpräsident Manmohan Singh nannte den Verfassungszusatz im Rahmen der Abstimmung einen „historic step forward toward emancipation of Indian womanhood“⁹³. Es bleibt abzuwarten, ob die indischen Frauen diese Chance zu mehr Emanzipation nutzen oder sich von Parteipolitik vereinnahmen lassen.

3.2.3 Zukünftige Regierungsmaßnahmen zur Gleichstellung

Seit dem Jahr 1951 stellt die indische Regierung jede halbe Dekade einen Fünfjahresplan als groben Fahrplan auf. Das Thema Frauen nimmt in diesen Plänen mit jedem Mal mehr Platz ein. Galt am Anfang noch der Wohlfahrtsansatz, nach dem Frauen mit anderen Bedürftigen, wie behinderten oder alten Menschen gleich gesetzt wurden, so veränderte sich dieses Bild mit den Jahren. Die Hilfe wurde dahingehend verändert, dass Gelder verwendet wurden um den Frauen zu ermöglichen, ihr Potential zu nutzen. Zunächst wurde die Bildung fokussiert, später auch versucht, den sozialen und ökonomischen Status zu erhöhen. In den letzten Jahren rückte dann, auch durch den Einfluss internationaler Abkommen, wie der Pekinger Aktionsplattform, das Women's

90 Vgl. o.V., India's women's quota passes upper house.

91 Vgl. Vereinte Nationen, Millennium Development Goals Indicators, Goal 3.

92 Vgl. o.V., Rajya Sabha passes Women's Reservation Bill.

93 o.V., India's women's quota passes upper house; Übersetzung (Marc Tschirley): historischer Fortschritt in Richtung der Emanzipation der indischen Weiblichkeit.

Empowerment in den Vordergrund. Der aktuelle elfte Fünfjahresplan setzt seine Schwerpunkte in der ökonomischen, sozialen und politischen Befähigung der Frauen sowie der effektiven Umsetzung der Gesetze und der Schaffung und Erweiterung der Mechanismen zum Gender Mainstreaming. Da es sich bei den Fünfjahresplänen nicht nur um bloße Willensformulierungen handeln soll, sondern hier auch schon eine erste Grundlage für die Haushaltspläne der Folgejahre gelegt wird, befinden wir uns hierbei auch im Gebiet des Gender Budgetings. Per Definition ist dies ein Analyseinstrument, mittels dessen die Auswirkungen der Budgetansätze auf die Geschlechter festgestellt wird. Es soll also nicht ein separates Budget für Frauen geschaffen werden, sondern vielmehr eine Priorisierung von Maßnahmen erzeugt werden, die die Geschlechternachteile ausgleichen.⁹⁴ Im Folgenden sollen nun die wichtigsten, frauenspezifischen Planungen des Eleventh Five Years Plan dargelegt werden.

Die Bildung wird im aktuellen Fünfjahresplan als integraler Teil des Empowerments erkannt. Für den Elementarbildungsbereich hat man sich daher zum Ziel gesetzt, alle geschlechts-, sozial- oder regional bedingten Einschreibungshindernisse abzubauen. Dadurch soll es möglichst allen Kindern ermöglicht werden, die Grundschule zu besuchen. Des Weiteren soll die Abbrecherquote bis 2012 auf maximal 20% reduziert werden.⁹⁵ Reine Mädchenschulen für den Sekundarbildungsbereich sollen in ländlichen Gebieten vermehrt eröffnet werden, um so den Zugang zu erleichtern. Die Einschulungs- und Abbrecherquote soll durch mehr Schulen und damit kürzere Anfahrtswege von maximal 8 km gesenkt werden. Auch an der Qualität der Schulen soll gearbeitet werden. Es ist geplant, dass zusätzliche 343.000 Klassenräume eingerichtet und weitere 514.000 Lehrer eingestellt werden. Das Lehrer-Schüler-Verhältnis soll im Sekundarbildungsbereich schon bis 2012 auf 25 zu 1 sinken.⁹⁶ Bedenklich ist, dass eine ähnlich Planung für den Elementarbildungsbereich, in dem das Verhältnis schon jetzt wesentlich höher ist, nicht festgeschrieben wurde. Im Bereich der höheren Bildung sollen junge Frauen durch Stipendien dazu ermutigt werden, ein Studium einer frühen Heirat vorzuziehen.

94 Singh, S. 11.

95 Vgl. Planning Commission Government of India, S. 9.

96 Vgl. Planning Commission Government of India, S. 17.

Neben dem Bildungssektor sollen die Frauen entsprechend auch auf dem Arbeitsmarkt gestützt werden. Dazu sollen spezielle Studien zum Einfluss der Globalisierung durchgeführt werden. Bereits jetzt wurden Schritte im Bereich der beruflichen Aus- und Weiterbildung und der Vermittlung notwendiger Fähigkeiten beschlossen. Dies soll Frauen den Einstieg und damit die Teilhabe an den wachsenden, globalisierten Wirtschaftszweigen sichern. Weiter sollen steuerliche Anreize geschaffen werden, die Firmen begünstigen, die von Frauen geführt werden oder eine Vielzahl an Frauen beschäftigen.⁹⁷ Für die große Zahl der Frauen die als Hausarbeitskräfte beschäftigt sind, ist eine Art Rahmentarifvertrag geplant, in dem es eine einheitliche Regelung für alle Dinge wie Urlaub oder Arbeitsstunden geben soll.

Ein sehr wichtiger Ansatz für die Frauen auf dem Land ist eine geschlechtsspezifische Betrachtungsweise des Gesetzes zur Arbeitsgarantie im ländlichen Raum, dem NREGA. Bisher beinhaltet dieses Programm vor allem harte körperliche Arbeit. Zukünftig solle mehr darauf geachtet werden auch Arbeiten anzubieten, die die Fähigkeiten der Frauen besser nutzen.⁹⁸ Im Hinblick auf internationale Erfahrungen sollen die Gefährdung von Frauen durch häusliche Gewalt und Mittellosigkeit bei Tod des Ehemanns durch verbesserte Besitz- und Erbrechte gesichert werden. Landbesitz von Frauen korreliert positiv mit Nahrungssicherheit, Gesundheit und Bildung der Familie. Als Schwerpunktthema des elften Fünfjahresplans soll die steigende Zahl von Frauen in der Landwirtschaft außerdem durch Bündelung ihrer Ressourcen, Vergabe von Kleinkrediten, Verbesserung der Infrastruktur und insbesondere spezielle Trainingsprogramme unterstützt werden.⁹⁹ Da nicht nur der Besitz von Land, sondern auch die von Wohnraum, den sozialen und ökonomischen Status einer Frau enorm steigern, soll auch hier die rechtliche Besitzsituation verbessert werden. Im Zuge der staatlichen Wohnraumprogramme solle bereit gestellter Wohnraum künftig zumindest zur Hälfte oder zu einhundert Prozent auf den Namen der Frau eingetragen werden. Ein weiterer Punkt ist der Zugang der Frauen zu Sparkonten. Der Plan fokussiert das Bausparen und die

97 Vgl. Planning Commission Government of India, S. 191.

98 Vgl. Planning Commission Government of India, S. 192.

99 Vgl. Planning Commission Government of India, S. 190ff.

Finanzierung von Wohneigentum. Wie beim Thema SIDART noch dargestellt werden wird, hat dieser Punkt aber noch eine weit bedeutendere Funktion auf dem Weg zur Gleichstellung.

Setzt man sich das Gender Budgeting zum Ziel, so muss es sich als Querschnittsthema durch alle Teile des öffentlichen Haushalts ziehen. Um dies zu gewährleisten, will die Regierung eine parlamentarische Kommission für „Women´s Empowerment“ einsetzen, die alle Gesetze auf ihre Geschlechtergerechtigkeit hin prüft, bevor sie dem Parlament zur Entscheidung vorgelegt werden.¹⁰⁰ Dementsprechend bedarf es auch beim Thema Gesundheit einer geschlechtsspezifischen Differenzierung. Im Fünfjahresplan wurden daher verschiedene Indikatoren zur Gesundheit der Frauen herangezogen, die in diesem Zeitraum verbessert werden sollen. Ausgewählte Zielsetzungen sind, auch im Hinblick auf die Erreichung der Millennium-Entwicklungsziele, die MMR von derzeit 4,5 auf 1 je 1000 Lebendgeburten zu senken.¹⁰¹ Eine Maßnahme, die zur Erreichung dieses Ziels beitragen soll, ist eine Mutterschaftshilfe. Nach dieser sollen Mütter 3 Monate vor bis 3 Monate nach der Geburt finanzielle Unterstützung bekommen. Dieses Geld soll ihnen ermöglichen, körperliche Tätigkeiten zu vermeiden und das Neugeborene angemessen zu ernähren. Der positive Effekt soll dadurch verstärkt werden, dass die Mutterschaftshilfe nur dann ausbezahlt wird, wenn die Mutter ihr Kind in speziellen Einrichtungen regelmäßigen Gesundheitsprüfungen und Impfungen unterzieht.¹⁰² Weiteres Ziel ist es, die Fertilitätsrate auf 2,1 zu senken. Außerdem soll die Blutarmut unter Frauen und Mädchen um 50% reduziert werden. Die illegale Abtreibung soll gezielt bekämpft werden, um die Frauenquote der unter Sechsjährigen zunächst bis 2012 auf 935 und bis 2017 auf 950 zu erhöhen.¹⁰³

Die Hilfe für Frauen, die Opfer von Gewalttaten wurden, soll weiter ausgebaut werden. Im Rahmen des PWDVA soll dies auch Aufgabe von medizinischem Personal werden. Viele Frauen bringen den Mut nicht auf, sich bei

100 Vgl. Planning Commission Government of India, S. 201.

101 Vgl. Vereinte Nationen, World Health Statistics 2010, S. 26; Planning Commission Government of India, S. 58.

102 Vgl. Planning Commission Government of India, S. 201f.

103 Vgl. Planning Commission Government of India, S. 58.

Aggressionen, speziell des Ehemanns, an die entsprechenden Hilfsstellen zu wenden. Allerdings gehen diese Frauen zu Ärzten, um Verletzungen behandeln zu lassen. Das medizinische Personal solle nun darauf geschult werden, diese Opfer zu erkennen und ihnen nicht nur medizinische, sondern auch psychologische Hilfe geben zu können.¹⁰⁴ Dem MoWCD sollen außerdem Gelder zur Verfügung gestellt werden, um die Maßnahmen des PWDVA bekannter zu machen und eine neue, dezentralisierte Struktur aufzubauen.¹⁰⁵ Des Weiteren soll im Gesundheitsbereich die Fürsorge, im Besonderen für an HIV oder AIDS erkrankten Frauen, verbessert werden. Nicht nur die Bewusstseinsbildung über die Krankheit, sondern auch die Bekämpfung der Diskriminierung von Erkrankten sind Ziele.¹⁰⁶

Ein ganz anderer Ansatz soll via Fernsehen das Bewusstsein der Gleichberechtigung der Geschlechter fördern. Mittels einer Public Private Partnership (PPP), will das MoWCD in Zusammenarbeit mit Medienexperten und Gender-Spezialisten eine entsprechende Multi-Media-Strategie erarbeiten. So sollen patriarchalische Weltbilder im Fernsehen zurückgedrängt und stattdessen Programme mit positiven Einflüssen oder auch Information zu Gesetzen und Gleichberechtigungsprogrammen gesendet werden.

Nicht zuletzt soll auch die politische Teilhabe der Frauen verbessert werden. Ansatzpunkt ist hier die Ebene der Dorfräte, Panchayati Raj genannt. Die Quote von einem Drittel ist den Frauen hier bereits zugesichert. Um tatsächlich Veränderungen bewirken zu können, sollen die Frauen nun befähigt werden ihre eigenen, unbeeinflussten Entscheidungen zu treffen. Ihnen soll insbesondere Wissen über Frauenrechte, aber auch Fähigkeiten wie freies Reden und Durchsetzungsfähigkeit vermittelt werden, um ihre Belange politisch durchsetzen zu können. Da die Regierung zumeist nicht in der Lage ist, diese personalintensiven Maßnahmen zur Bewusstseinsbildung und dem Training spezieller Fähigkeiten mit eigenem Personal durchzuführen, wird hier eine Kooperation mit NGOs wie SIDART eingegangen. Diese führen die Aufgaben auf der

104 Vgl. Planning Commission Government of India, S. 194.

105 Vgl. Planning Commission Government of India, S. 199.

106 Vgl. Planning Commission Government of India, S. 194.

Graswurzelebene durch.¹⁰⁷ In diesem Zusammenhang wurde auch das Instrument des Empowerments durch Selbsthilfegruppen (SHGs) als adäquates Mittel anerkannt und auch bereits gefördert. In einer zweiten Stufe soll diese Förderung ausgebaut werden.¹⁰⁸

4 Nichtstaatliche Gleichstellungsmaßnahmen

4.1 Die Rolle der Nicht-Regierungsorganisationen bei der Gleichstellung der indischen Frau

Neben den staatlichen und überstaatlichen Maßnahmen sind es vor allem die Nicht-Regierungsorganisationen, die einen Großteil der Entwicklungsarbeit weltweit leisten. Nach der Definition der Weltbank, ist eine NGO eine private Organisation, deren Aktivitäten auf die Reduzierung von Leiden, die Interessenvertretung der Armen, den Schutz der Umwelt, die Bereitstellung von Basissozialleistungen oder Gesellschaftsbildung ausgelegt sind.¹⁰⁹ Die Arbeit von NGOs ist in den letzten Jahrzehnten zwar immer professioneller geworden, dennoch sind Merkmale wie Freiwilligkeit und Selbstlosigkeit prägend geblieben.

Während sich NGOs früher auf die Befriedigung von gesundheitlichen Bedürfnissen und die Bereitstellung von Bildung konzentrierten, nehmen sie seit den späten 1980ern eine immer wichtigere Rolle im Women's Empowerment ein. Gegenüber den staatlichen Akteuren können NGOs dabei diverse Vorteile aufweisen. Zunächst sind sie politisch unabhängig und haben eine schnellere Reaktionsfähigkeit. Da die Organisationen nicht von politischen Entscheidungen und Stimmungslagen abhängig sind, können sie einen dauerhaften und nachhaltigen Einsatz gewährleisten. Für ausländische Organisationen ist die Unabhängigkeit weiter wichtig, da der Staat, in dem gearbeitet wird, keine fremd-staatliche Einmischung befürchten muss. In der Entwicklungszusammenarbeit bildet die NGO daher oft das bessere Instrument, gegenüber der direkten Kooperation von Staaten, da kein Machtgefälle besteht und kein politisches Eigeninteresse befürchtet werden muss. Auch die schnelle Reaktionsfähigkeit

107 Vgl. Planning Commission Government of India, S. 198f.

108 Vgl. Planning Commission Government of India, S. 201.

109 Vgl. o.V., NGO Research Guide.

ist zum Teil auf die politische Unabhängigkeit zurückzuführen. Entscheidungsprozesse können sehr schnell ablaufen, da sie nicht der langwierigen Entscheidungsfindung in einem politischen Gremium bedürfen. Weitere Stärken sind die direkten Verbindungen zur Zielgruppe und die Felderfahrung. Auch die Verwendung von partizipatorischen Instrumenten und die meist höhere Kosteneffektivität gegenüber staatlichen Maßnahmen ist hervorzuheben. Nachteilig können sich allerdings die beschränkten finanziellen und personellen Ressourcen auswirken. Ferner ist das Problem, dass vielfach eine Einbindung in ein überregionales Konzept fehlt, das den gesamten sozialen und ökonomischen Kontext mit einbezieht.¹¹⁰

Die typische indische NGO ist eher klein und spezialisiert auf bestimmte Projekte. Wie bereits beim Thema Frauenbewegung, so macht auch bei den NGOs dieser regional diversifizierte Ansatz für Indien durchaus Sinn, da die Problemstellungen regional auch sehr unterschiedlich sind.

4.2 Die Arbeit der Nicht-Regierungsorganisation SIDART:

Empowerment von armen und marginalisierten Frauen

Als typisches Beispiel für eine indische NGO soll hier die Arbeit von SIDART näher beleuchtet werden. SIDART ist eine „community-based“ Organisation, sie hat sich also der Arbeit auf Graswurzelebene verschrieben. Das heißt, sie arbeitet mit einer spezifischen Bevölkerungsgruppe in einem begrenzten geografischen Gebiet.¹¹¹ Zielgruppe sind arme und marginalisierte Frauen. Diesen fehlt es oft am Nötigsten, erst recht an Bildung oder politischer Mitbestimmung. Durch Empowerment versucht SIDART, diesen Frauen eine Perspektive zu geben. Ziel ist es sie zu Befähigen ihre Lage selbst zu verändern.

4.2.1 Struktur und Organisation von SIDART

SIDART wurde im Jahr 1998 mit dem Ziel gegründet, die wirtschaftliche und soziale Position von marginalisierten Gruppen in den urbanen Slums und ländlichen Gebieten in Rajasthan zu verbessern. Der Name der Organisation steht

¹¹⁰ Vgl. Arbeitsgemeinschaft Entwicklungszusammenarbeit, S. 2ff.

¹¹¹ Vgl. o.V., NGO Research Guide.

für Society for Integrated Developmental Activities, Research and Training, zu Deutsch Gesellschaft für integrierte Entwicklungsaktivitäten, Forschung und Training. Hauptsitz der Organisation ist Jaipur, die Hauptstadt des Bundesstaates Rajasthan. SIDART beschäftigt ca. 25 Angestellte, die teils freiwillig tätig sind. Die Zahl schwankt je nach Anzahl der freiwilligen Helfer, die in großer Zahl die Arbeiten unterstützen. Präsidentin der Organisation ist Frau Neeraj Kumar. Sie und die anderen Personen aus dem Führungskreis, wie auch das Personal, dessen operative Leitung Frau Dr. Pramila Sanjaya inne hat, nehmen allerdings eine eher unterstützende Rolle ein. Die eigentliche ausführende Rolle wird mehr und mehr den marginalisierten Gruppen selbst übertragen. Als gemeinnützige NGO ist SIDART unter dem „Societies Registration Act“ registriert und finanziert sich somit ausschließlich durch Fördergelder und Spenden.

SIDART arbeitet projektbezogen mit verschiedenen Förderorganisationen zusammen. Das Budget bezieht sich daher auch immer auf die Einzelprojekte und nicht auf die Gesamtorganisation. Wichtige Partner sind dabei zum Beispiel das Departement für Gesundheit und das Departement für Dorfentwicklung. Mit letzterem steht die Organisation in engem Kontakt. Kontinuierlich werden die Maßnahmen miteinander abgestimmt und Fortschritte kommuniziert. Weiterer wichtiger Partner beim Schwerpunkt Women´s Empowerment ist die deutsche Hanns-Seidel-Stiftung (HSS). Für diesen Bereich wurde als Leitidee festgelegt, Frauen Möglichkeiten aufzuzeigen, wie sie aus eigener Kraft selbstständig ihre Lebenssituation dauerhaft verbessern können. In diesem Sinne arbeitet SIDART im Projektgebiet „District Ajmer“, in der Nähe von Jaipur, in 25 ausgewählten Dörfern. Ferner beschäftigt sich SIDART mit der Sensibilisierung der Gesellschaft für geschlechtsspezifische Themen, Schaffung von Umweltbewusstsein und dem Engagement im Gesundheitsbereich. Des Weiteren veranstaltet SIDART Fortbildungen zur Kompetenzbildung für lebenspraktische Fähigkeiten, wie zum Beispiel spezielle Berufskenntnisse. Im Vordergrund steht die Gleichstellung von marginalisierten Gruppen auf persönlicher, familiärer, sozialer, politischer und institutioneller Ebene. Hierzu bedient sich die Organisation dem Mittel der SHGs.

4.2.2 Bisherige Projekte von SIDART

Die eigentliche Arbeit im Bereich Women´s Empowerment begann im September 2007, mit der Zusammenarbeit mit der HSS. Mitarbeiter beider NGOs sowie Vertretern des „blockdevelopments“, entsprechend etwa unserer Regionalentwicklung und der Ministerien für Panchayat Raj sowie Frauen- und Kinderentwicklung, setzten sich zu einem ersten Brainstorming über ein geeignetes Projektgebiet zusammen. Die HSS versteht sich in diesem Zusammenhang als Förderorganisation, die SIDART vor allem finanziell, aber teilweise auch durch weitergehende Maßnahmen, wie etwa Weiterbildungsmaßnahmen für die Mitarbeiter, unterstützt. Seitdem arbeitet SIDART mittels einer mehrstufigen Seminarreihe am Empowerment der Frauen. Die Seminare sind inhaltlich nicht trennscharf voneinander abzugrenzen. Grob lassen sich, bezugnehmend auf den Annual Report 2009, vier Arten unterscheiden.

Zunächst wird im jeweiligen Dorf ein sogenanntes „Orientation Training“ durchgeführt. Als Basis für den weiteren Trainingsprozess wird mit den Frauen dabei über ihren Status in der Gesellschaft gesprochen. Es werden mit ihnen Probleme, wie schlechter Zugang zu Bildung und Gesundheit, ihr niedriger ökonomischer Status und die geringe Mobilität besprochen. Zielsetzung ist es, den Frauen ihre Situation vor Augen zu führen. Sie sollen selbstständig die Probleme erkennen und sich vor Augen führen, dass sie nicht allein sind damit. Sie befinden sich in der gleichen Situation wie Millionen andere Frauen, nicht nur in Indien, sondern auf der ganzen Welt. Schließlich werden ihnen auch ihre Rechte als Staatsbürger und speziell als Frauen dargelegt. Es werden Themen wie beispielsweise häusliche Gewalt angesprochen. Den Frauen sind vielfach ihre grundlegendsten Rechte nicht bekannt, was es ihnen auch unmöglich macht, sie einzufordern. Ihnen wird also kommuniziert, dass Übergriffe ihrer Ehemänner keinesfalls als Normalsituation gesehen werden sollten, sondern, dass es dafür sogar Strafgesetze gibt. Den Frauen wird ein Überblick über die Initiativen des Staates gegeben, von denen sie profitieren können. Außerdem wird ihnen die Geschichte der Frauenbewegung in Indien dargelegt. Sie sollen sich als neuestes Glied in einer Bewegung sehen, die seit der Unabhängigkeit für die Rechte der Frauen in diesem Land eintritt. Dazu wird ihnen auch

aufgezeigt, dass sie selbst für ihre Belange in den Panchayats eintreten können. Die Frauen bilden schon früh SHGs, in denen sie nach den Seminaren auch selbstständig noch Treffen und Projekte realisieren. Sie geben nicht nur ihr Wissen aus den Seminaren weiter, sondern entwickeln sich auch selbstständig fort. Durch diesen ersten Seminartyp, werden zunächst allgemeine Informationen und Anstöße gegeben. Diese Bewusstseinsbildung trug dazu bei, dass inzwischen 90% der entsprechenden Frauen einer Umfrage zufolge Mitgift und Kinderheirat ablehnen.¹¹² In den weiteren Seminaren wird dann auf dieses Wissen aufgebaut und das Training auf spezielle Problemstellungen konkretisiert.¹¹³

In einem weiteren Seminartyp, dem „Women Information Seminar“, wird der Zielgruppe spezielles Wissen über das Panchayat Raj System, die damit verbundene politische Teilhabe, sowie Entwicklungsprogrammen der Regierung vermittelt. Zielsetzung ist es, ihnen die Selbstsicherheit zu geben, um sich in den Dorfräten aktiv zu beteiligen. Außerdem sollen sie lernen, wie sie von den verschiedenen Entwicklungsprogrammen profitieren können. Eines dieser Entwicklungsprogramme ist das Gesetz zur Arbeitssicherung im ländlichen Raum (NREGA). Nach diesem kann sich jeder Erwachsene, der bereit ist, handwerklich Tätigkeiten zum Mindestlohn zu verrichten, um entsprechende öffentliche Arbeiten bewerben. Die Person muss binnen 15 Tagen eine Tätigkeit zugewiesen bekommen, andernfalls hat sie Anspruch auf Arbeitslosengeld. Das NREGA Programm kann in den meisten Bundesstaaten nur begrenzte Erfolge vorweisen. In Rajasthan allerdings war es sehr erfolgreich. Dies wird in erster Linie den Bewusstseinsbildungsmaßnahmen zugeschrieben, wie sie SIDART durchführt.¹¹⁴ Dabei wird den Frauen genauestens erläutert, zu welchen Stellen sie gehen müssen, um Arbeit zu beantragen. Des Weiteren erfahren sie, wie sie die Formulare ausfüllen müssen, wer ihre Ansprechpartner bei Problemen und Fragen sind, welche Arten von Arbeit angeboten werden und vor allem wie sie ihre Bezahlung in angemessener Höhe erhalten. In diesem Kontext wird ihnen

112 Vgl. SIDART, Resource Material for One Day Orientation Program of the Village Women's Issues & Rights, S. 28.

113 Vgl. SIDART, Annual Report for Hanns Seidel Foundation 2009, S. 2f; SIDART, Resource Material for One Day Orientation Program of the Village Women's Issues & Rights, S. 1ff.

114 Vgl. Menon, S. 2.

die Eröffnung eines Bankkontos auf ihren Namen nahe gelegt. Ein eigenes Konto bedeutet finanzielle Unabhängigkeit und dies führt zu verstärkter sozialer Unabhängigkeit. Ihnen wird aber auch das partizipatorische Prinzip erläutert, nach dem NREGA funktioniert. Sowohl der Gram Sabha, eine vierteljährig stattfindende Bürgerversammlung, als auch der Panchayat werden gehört. SIDART ist es ein großes Anliegen, dass sich die Frauen an dieser Stelle aktiv beteiligen. Sie erhalten so nicht nur alle nötigen Informationen, sondern sind mitverantwortlich dafür, dass jene Arbeitsfelder vergeben werden, die für das jeweilige Dorf von Vorteil sind. Hauptsächlich werden dies Arbeiten sein, die die ökonomische und soziale Infrastruktur verbessern. Auch dank des Einsatzes von SIDART und anderer NGOs nehmen in Rajasthan, mit 67% der Arbeiter, sogar mehr Frauen an NREGA teil als Männer.¹¹⁵

Berichte aus anderen Bundesstaaten zeigen, dass der Erfolg des Programms nicht selbstverständlich ist. Als Hauptgrund gilt die Unwissenheit der Bevölkerung über die Funktionsweise oder gar die Existenz des Hilfsprogramms. Studien haben gezeigt, dass der Erfolg in Rajasthan dem Einsatz der verschiedenen Organisationen und der damit verbundenen Teilhabe der Zivilgesellschaft an der Gestaltung und dem Monitoring des Programms zu verdanken ist.¹¹⁶ Die Teilhabe am Monitoring sei auch deshalb sehr wichtig, da man so die Korruption bekämpfen könne.

Den Bürgern ist zu diesem Zweck noch ein weiteres Mittel an die Hand gegeben, der „Right to Information Act“ (RTI). Im Jahr 2005 eingeführt, soll dieser die Regierungsführung transparenter machen. Alle Regierungsinstitutionen sind dem Bürger Rechenschaft pflichtig. Nach dem RTI kann dieser Einsicht in offizielle Dokumente und jegliche Auskünfte verlangen, solange es nicht strategische Angelegenheiten oder die Nationale Sicherheit betrifft. Große Bedeutung wird dem RTI daher auch in Zusammenhang mit NREGA beigemessen, da auf diese Weise sicher gestellt werden kann, dass die Gelder ordnungsgemäß verwendet werden und jeder Arbeiter auch den ihm zustehenden Lohn erhält. SIDART unterweist die Frauen aus den SHGs in der

¹¹⁵ Vgl. Menon, S. 7.

¹¹⁶ Vgl. Menon, S. 5.

Verwendung von RTI nicht nur wegen der optimalen Nutzung von NREGA. Das Gesetz entfaltet auch im Bereich der politischen Teilnahme eine wichtige Wirkung. In der Aktionsplattform der Weltfrauenkonferenz 1995 wurde die politische Beteiligung als integraler Bestandteil der Emanzipation der Frau beschrieben. In diesem Sinne liegt auch das Hauptaugenmerk der Bemühungen von SIDART auf diesem Bereich. Den Frauen wird die Funktion der lokalen Selbstverwaltung, den Panchayat Raj, beigebracht. Sie lernen, teilweise durch Rollenspiele, frei vor einer Gruppe zu reden, ihre Gedanken zu formulieren und Petitionen zu verfassen. Sie sollen befähigt werden, sich selbst in die Gremien wählen zu lassen und ihren Anliegen Gehör zu verschaffen. Eine höhere Beteiligung von Frauen wird auch von Regierungsseite als sinnvoll erachtet. Im aktuellen Fünfjahresplan wird die Partizipation als Wegbereiter für elementare Themen, wie zum Beispiel Ernährung, Gesundheit oder Bildung, auf die politische Agenda der Räte genannt.¹¹⁷

Projektleiterin Dr. Pramila Sanjaya bestätigte in einem Gespräch den Fortschritt der Teilnehmerinnen. Allerdings würden bei der Teilnahme an den Sitzungen 62% der Frauen ihre Angelegenheiten nicht vorbringen. Von den Übrigen würden außerdem nur 27% eine befriedigende Lösung erhalten.¹¹⁸ Einer Umfrage zufolge, nehmen inzwischen 36% der Frauen an den Sitzungen teil. Vor den Seminaren gaben dies nur 15% an.¹¹⁹ Mittels des RTI werden die Frauen auch befähigt, sich Informationen über die höheren politischen Instanzen zu verschaffen und ermutigt, diese kritisch zu kontrollieren. Zusammenfassend lässt sich sagen, dass in diesem Bereich wichtige Prozesse angestoßen und wichtige Ziele erreicht wurden.

Ein weiterer Seminartyp ist das „Participatory Rural Appraisal Seminar“, welches dem Zweck dient, den Frauen Klarheit über vorhandene Ressourcen des Dorfes zu verschaffen. Wichtiger noch sollen sie lernen zu erkennen, welche Probleme es in diesem Zusammenhang gibt. In der Praxis malen die

117 Vgl. Planning Commission Government of India, S. 198.

118 Vgl. SIDART, Resource Material for One Day Orientation Program of the Village Women's Issues & Rights, S. 28.

119 Vgl. SIDART, Resource Material for One Day Orientation Program of the Village Women's Issues & Rights, S. 25.

Frauen dazu eine Karte ihres Dorfes, in denen sie die existierenden Ressourcen eintragen und klassifizieren. Daraus entwickeln sie dann selbständig Vorschläge, wie die Infrastruktur des Dorfes verbessert werden kann. Ergebnis dieser Überlegung ist dann beispielsweise ein verbessertes Abwassersystem. Dies wird dann wiederum von den Frauen als Vorschlag für eine Maßnahme für das NREGA Programm eingebracht. Durch dieses Seminar lernt die Zielgruppe Missstände zu erkennen und Lösungsansätze zu erarbeiten.

Unterstützend zu den bisherig vorgestellten Typen von Seminaren greift das „Practical Training“. Durch intensivere Rollenspiele, Fallstudien und Besichtigungen werden die Erfahrungen aus den Seminaren vertieft und verinnerlicht. Ein Beispiel ist die Simulation einer Sitzung des Gram Sabha. Die Frauen lernen in einer sicheren Umgebung, ihre Meinung zu vertreten und für sie einzustehen. Bei Exkursionen zu öffentlichen Einrichtungen, wie etwa Schulen, werden sie außerdem ermuntert, vor Personen in wichtigen Stellungen ihre Meinung zu vertreten. Eine Umfrage unter den Teilnehmerinnen ergab, dass 44% von ihnen bereits ein Gespräch über Bildungsbelange mit einem Lehrer der örtlichen Schule geführt haben. Ferner gaben 59% an, eine Angelegenheit mit dem Sarpanch (Bürgermeister/in) oder einer anderen politischen Persönlichkeit erörtert zu haben.¹²⁰ Durch diese Gespräche allein kann schon die Aufmerksamkeit der Verantwortlichen für die Belange der Frauen gestärkt werden. Speziell die Lehrer werden, wenn sie mit kritischen Müttern rechnen müssen, ihrer Arbeit gewissenhafter nachkommen.

In einer weiteren Stufe werden Frauen aus den SHGs nach Willen und Befähigung ausgewählt, um zu „Village Volunteers“ ausgebildet zu werden. Als solche sollen sie die Leitung einer SHG übernehmen und als Vertreter und kompetenter Ansprechpartner der Frauen des Dorfes fungieren. Es ist ihre Aufgabe, mit der Gruppe Projekte und weitere Fortbildungen zu initiieren. Dazu werden ihnen Führungskompetenzen und Ausdrucksfähigkeit vermittelt. Mehr noch als bei den anderen Frauen, wird bei ihnen darauf geachtet, dass sie frei vor großen Menschengruppen oder auch wichtigen politischen Persönlichkeiten

¹²⁰ Vgl. SIDART, Resource Material for One Day Orientation Program of the Village Women's Issues & Rights, S. 25f.

reden können. Sie müssen in der Lage sein, ihre Gruppe zu führen und zu motivieren. In der nun schon fortgeschrittenen Phase der Weiterbildung, zeigen die Teilnehmerinnen bereits große Fortschritte. Einzelne Frauen waren in der Lage, überzeugende, politische Reden zu halten und die Zuhörerschaft für sich zu gewinnen.¹²¹ Die einzelnen Seminartypen sind ganzheitlich zu sehen. Es herrscht eine gegenseitige Vernetzung und Ergänzung. Insgesamt gaben bei einer Umfrage 62% der Frauen an, dass sie erst durch die Arbeit von SIDART über die Themen Gesundheitsvorsorge, Bildungsmöglichkeiten sowie über politische und finanzielle Angelegenheiten informiert wurden.¹²²

Neben den Seminaren versteht sich SIDART auch als Plattform zum Austausch von Informationen über die die Entwicklungsarbeit auf Graswurzelebene. Hier schlägt die Organisation einen zukunftsweisenden Weg ein. Während insgesamt die fehlende überregionale Vernetzung noch als Nachteil der NGOs bei der Entwicklungsarbeit gesehen wird, ist in diesem Beispiel ein solches bereits entstanden. Über SIDART kommunizieren verschiedene gleichartige NGOs aber auch die zuständigen staatlichen Akteure. Auf diesem Weg wird ein gegenseitiger Erfahrungsaustausch und ein grobes Gesamtkonzept ermöglicht. Eine derartige Vernetzung ist als wichtiger nächster Schritt in der Entwicklung der Arbeit von NGOs anerkannt. In verschiedenen Quellen wird eben diese Vernetzung der NGOs als staatliche Aufgabe angesehen. Gerade bei Institutionen die Empowerment auf Graswurzelebene durchführen sei eine solche Instanz zur Vernetzung und Koordinierung wichtig. Zu beachten sei allerdings, dass die Unabhängigkeit vom Staat dennoch gewahrt bleibe.¹²³ Einen ähnlichen Ansatz verfolgt auch die Asian Development Bank (ADB). In der aktuellen Rahmenplanung hat der Aufbau von NGO-Netzwerken zum effektiven Informationsaustausch zwischen den Organisationen, aber auch in Richtung Staat und ADB einen hohen Stellenwert.¹²⁴ Im Gegensatz zu einer staatlichen Instanz steht SIDART zudem nicht im Verdacht der politischen Abhängigkeit. Schlussendlich wird SIDART, auch dank des umfangreichen Informationsflusses, doch

121 Vgl. Tschirley, Marc, Monitoring Village Volunteer Seminar 28.03.2010.

122 Vgl. SIDART, Resource Material for One Day Orientation Program of the Village Women's Issues & Rights, S. 28.

123 Vgl. Brown u.a.

124 Vgl. Curtis, S. 2f.

auf politischer Ebene tätig. Als Lobbyist ist die Organisation dabei Fürsprecher der marginalisierten Gruppen und der Entwicklungsarbeit auf Graswurzelebene.

4.2.3 Wirkungsanalyse von SIDART und Zukunftsvision

Die Arbeit von SIDART steht ganz im Sinne des ganzheitlichen Empowerments. Zwar liegt der Fokus auf der politischen Teilhabe, dennoch werden andere wichtige Themenbereiche nicht ausgeklammert. In Abstimmung auch mit den Regierungsstellen werden Ziele auf verschiedensten Ebenen erreicht. Die Organisation stellt sich mit ihrer Arbeit allerdings nicht in den Dienst der Regierung, sondern koordiniert nur die Arbeit an den Schnittstellen. Vielmehr steht SIDART im Dienste der Frauenselbsthilfegruppen. Diese wissen, zahlreichen Befragungen zufolge, die Hilfe sehr zu schätzen. Immer mehr Frauen schließen sich den SHGs an und nehmen an den Seminaren teil, da sie durch Mundpropaganda von der Wirkung überzeugt wurden. Sie bekommen Wissen über ihre Rechte, Zugang zu Arbeit und Hilfsprogrammen und erlangen so Selbstsicherheit. Diese Frauen legen das Bewusstsein der Minderwertigkeit ab und treten für ihre Rechte und die Rechte anderer Frauen ein. Es ist davon auszugehen, dass sie dies auch an die nächste Generation weitergeben werden und somit eine nachhaltige Entwicklung in Gang bringen.

Die weitere Planung von SIDART sieht vor, noch einige weitere Seminare in den Projektdörfern abzuhalten, vermehrt aber nur noch als Ansprechpartner zur Verfügung zu stehen. Die eigentliche Verantwortung wird dann an die SHGs und die „Village Volunteers“ abgegeben. Die Arbeit soll derweil auf weitere 25 Dörfer ausgedehnt werden, in dem den Frauen gleichermaßen geholfen werden soll wie bisher. Weiter ist die Optimierung des NGO-Netzwerks vorgesehen. Das Fernziel ist eine landesweite Bewegung des Empowerments auf Graswurzelebene zu initiieren. Abgestimmte Maßnahmen des Staates und einer Vielzahl von NGOs sollen so Entwicklungen, nicht nur in einzelnen Dörfern, sondern im ganzen Land in Gang bringen.

Fazit

Als Quintessenz ist festzuhalten, dass man von einer wirklichen Gleichstellung der indischen Frauen noch weit entfernt ist. Über die Jahrhunderte wurde die Position der Frau eher abgeschwächt als aufgewertet. Erst in den letzten Jahrzehnten konnten Verbesserungen durch die Wechselwirkung von Empowerment und Frauenbewegung erzielt werden. Diverse Gesetze zur Förderung der Frauen wurden verabschiedet. An der praktischen Umsetzung mangelt es jedoch. Die Erfahrung hat gezeigt, dass vom Staat diktierte Gesetze meist wenig Wirkung auf die Einstellung der Menschen haben. Nötig ist eine grundlegende Bewusstseinsänderung. Um den Frauen zu ermöglichen, von den Rechten zu profitieren, die ihnen das Gesetz zweifellos zugesteht, müssen sie zunächst einmal davon wissen. Die Empowerment-Strategie auf Graswurzelebene vermittelt den Frauen das Wissen und die Fähigkeiten, ihre Situation zu erkennen und sie zu verbessern. Die zentrale Rolle dabei nehmen die NGOs ein. Geht der Plan zur Schaffung einer landesweiten Vernetzung auf und entwickelt sich das Women's Empowerment so zu einer flächendeckenden Bewegung, so kann das Empowerment der Schlüssel zu Gleichberechtigung in Indien werden.

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सत्यमेव जयते

Eleventh Five Year Plan 2007-12

VOLUME II

Eleventh Five Year Plan 2007-12

VOLUME II
SOCIAL SECTOR



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Acronyms

A&N Islands	Andaman and Nicobar Islands	BRCs	Block Resource Centres
AABY	Aam Admi Bima Yojana	CACP	Commission for Agricultural Costs and Prices
AAJ	Antyodaya Anna Yojana	CBHI	Community Based Health Insurance
AICTE	All India Council for Technical Education	CBSE	Central Board of Secondary Education
AIDS	Acquired Immune Deficiency Syndrome	CCIM	Central Council of Indian Medicine
AIE	Alternative and Innovative Education	CCRAS	Central Council for Research in Ayurveda & Siddha
ANC	Antenatal Care	CCRT	Centre for Cultural Resources and Training
ANM	Auxiliary Nurse Midwife	CEC	Consortium for Educational Communication Centre
APL	Above Poverty Line	CEP	Continuing Education Programmes
ARI	Acute Respiratory Infections	CG	Commonwealth Games
ARV	Antiretroviral	CGHS	Central Government Health Scheme
ARWSP	Accelerated Rural Water Supply Programme	CHCs	Community Health Centres
ASCs	Academic Staff Colleges	CICT	Central Institute of Classical Tamil
ASHA	Accredited Social Health Activist	CIIL	Central Institute of Indian Languages
ASI	Archaeological Survey of India	CIP	Central Issue Prices
ASU&H	Ayurveda, Siddha, Unani, and Homeopathy	CME	Continuing Medical Education
AUWSP	Accelerated Urban Water Supply Programme	CP	Community Polytechnics
AVIs	Accredited Vocational Institutes	CRCs	Cluster Resource Centres
AWW	Anganwadi Worker	CS	Central sector scheme
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy	CSIR	Council of Scientific and Industrial Research
BFC	Budget for Children	CSO	Civil Society Organization
BITS	Birla Institute of Technology & Science	CSO	Central Statistical Organization
BMI	Body Mass Index	CSS	Centrally sponsored scheme
BPL	Below Poverty Line	CSWB	Central Social Welfare Board
		CTE	College of Teacher Education

CTSs	Central Tibetan Schools	GER	Gross Enrolment Ratio
CU	Central University	GLV	Green Leafy Vegetables
CVDs	Cardiovascular Diseases	GMP	Good Manufacturing Practices
CWSN	Children with Special Needs	GO	Government Organization
CYG	Commonwealth Youth Games	GoI	Government of India
CYP	Commonwealth Youth Programme	HAMA	Hindu Adoption and Maintenance Act
D&N Haveli	Dadra and Nagar Haveli		
DAE	Department of Atomic Energy	HBNC	Home Based Newborn Care
DBT	Department of Biotechnology	HIV	Human Immunodeficiency Virus
DCPU	District Child Protection Unit	HLC	High-level Committee
DDWS	Department of Drinking Water Supply	HMIS	Health Management Information System
DIETs	District Institutes of Education and Training	IASE	Institute of Advanced Study in Education
DISE	District Information System for Education	ICAR	Indian Council of Agricultural Research
DIT	Department of Information Technology	ICDS	Integrated Child Development Services
DLHS	District Level Health Surveys	ICMR	Indian Council of Medical Research
DMHP	District Mental Health Programme	ICPS	Integrated Child Protection Scheme
DOC	Department of Culture	ICTs	Information and Communication Technologies
DoT	Department of Telecommunications		
DOTS	Directly Observed Treatment, Short Course	IDA	Iron Deficiency Anaemia
DPA	Dowry Prohibition Act	IDD	Iodine Deficiency Disorders
DPEP	District Primary Education Programme	IDSP	Integrated Disease Surveillance Project
DRC	District Resource Centre	IEC	Information, Education, and Communication
DST	Department of Science and Technology	IEDC	Integrated Education for the Disabled Children
EBB	Educationally Backward Blocks	IEDSS	Inclusive Education for the Disabled at Secondary Stage
ECCE	Early Childhood Care and Education	IFA	Iron Folic Acid
ECG	Electrocardiogram	IGNCA	Indira Gandhi National Centre for Arts
EDUSAT	Education Satellite		
EFA	Education For All	IGNOU	Indira Gandhi National Open University
EGS	Education Guarantee Scheme		
EmOC	Emergency Obstetric Care	IIIT	International Institute of Information Technology
EPFO	Employees' Provident Fund Organization	IIM	Indian Institute of Management
ESIC	Employees State Insurance Corporation	IIPS	International Institute for Population Sciences
FCI	Food Corporation of India	IISc	Indian Institute of Science
FPS	Fair Price Shop	IISER	Indian Institute of Science Education and Research
FRUs	First Referral Units		
GBS	Gross Budgetary Support	IISFM	Integrated Information System for Foodgrains Management
GDP	Gross Domestic Product		

IIT	Indian Institute of Technology	MDGs	Millennium Development Goals
ILO	International Labour Organization	MDM	Mid-Day Meal
IMNCI	Integrated Management of Neonatal and Childhood Illness	MDMS	Mid-Day Meal Scheme
IMR	Infant Mortality Rate	ME	Monitoring and Evaluation
INDEST	Indian National Digital Library for Engineering Sciences and Technology	MHRD	Ministry of Human Resources Development
INFLIBNET	Information for Library Network	MIS	Management Information System
IOL	Intra Ocular Lens	MLD	Million Litres per Day
IPERPO	Intellectual Property Education, Research, and Public Outreach	MMR	Maternal Mortality Ratio
IPHS	Indian Public Health Service Standards	MOEF	Ministry of Environment and Forests
IPR	Intellectual Property Right	MoHFW	Ministry of Health and Family Welfare
ISM	Indian Systems of Medicine	MO	Medical Officers
ISRO	Indian Space Research Organization	MoRD	Ministry of Rural Development
IT	Information Technology	MoU	Memorandum of Understanding
ITPA	Immoral Traffic (Prevention) Act	MP	Madhya Pradesh
J&K	Jammu and Kashmir	MP	Member of Parliament
JNNURM	Jawaharlal Nehru National Urban Renewal Mission	MPCC	Multipurpose Cultural Complexes
JRF	Junior Research Fellowship	MPWs	Multipurpose Workers
JSK	Jansankhya Sthirata Kosh	MS	Mahila Samakhya
JSS	Jan Shikshan Sansthan	MSP	Minimum Support Price
JSS	Jan Swasthya Sahyog	MTP	Medical Termination of Pregnancy
JSY	Janani Suraksha Yojana	NAAC	National Accreditation Assessment Council
KGBVS	Kasturba Gandhi Balika Vidyalaya Scheme	NABH	National Accreditation Board for Hospitals and Health Care Providers
KVs	Kendriya Vidyalayas	NACO	National AIDS Control Organization
LBW	Low Birth Weight	NACP	National AIDS Control Programme
LEAP	Lifelong Education and Awareness Programme	NAI	National Archives of India
LF	Lymphatic Filariasis	NBA	National Board of Accreditation
LHVs	Lady Health Visitors	NBE	National Board of Examinations
LKA	Lalit Kala Akademi	NBT	National Book Trust
LNIFE	Laxmibai National Institute of Physical Education	NCCP	National Cancer Control Programme
LPCD	Litres Per Capita per Day	NCDs	Non-communicable Diseases
M/o WCD	Ministry of Women and Child Development	NCDC	National Centre for Disease Control
MASCs	Multi-Application Smart Cards	NCERT	National Council of Educational Research and Training
MBA	Master of Business Administration	NCEUS	National Commission for Enterprises in the Unorganized Sector
MCA	Master of Computer Applications	NCF	National Curriculum Framework
MCH	Maternal and Child Health	NCF	National Culture Fund
MCI	Medical Council of India	NCMH	National Commission on Macroeconomics and Health
MDA	Mass Drug Administration	NCMP	National Common Minimum Programme
		NCSM	National Council of Science Museums
		NCTE	National Council for Teacher Education

NCW	National Commission for Women	NSS	National Sample Surveys
NDA	National Drug Authority	NSSO	National Sample Survey Organization
NE	North East, North Eastern		
NER	North Eastern Region	NSVS	National Service Volunteers Scheme
NERIST	North Eastern Regional Institute of Science and Technology	NUEPA	National University of Educational Planning Administration
NET	National Education Testing	NUHM	National Urban Health Mission
NFHS	National Family Health Survey	NVs	Navodaya Vidyalayas
NGCP	National Goitre Control Programme	NVQ	National Vocational Qualification
NGO	Non-Governmental Organization	NYKS	Nehru Yuva Kendra Sangathan
NHA	National Health Account	O&M	Operation and Maintenance
NIC	National Informatics Centre	OBC	Other Backward Classes
NICD	National Institute of Communicable Diseases	OPD	Out Patient Department
		OP/IP	Out Patient/In Patient
NIDDCP	National Iodine Deficiency Disorders Control Programme	ORS	Oral Rehydration Solution
NIOS	National Institute of Open Schooling	OSC	Oversight Committee
NITs	National Institutes of Technology	PC&PNDT Act	Pre-Conception and Pre-Natal Diagnostic Techniques Act
NITTTRs	National Institutes of Technical Teachers Training and Research	PDS	Public Distribution System
NLM	National Literacy Mission	PEM	Protein-Energy Malnutrition
NLSI	New Linguistic Survey of India	PEO	Programme Evaluation Organization
NMBS	National Maternity Benefit Scheme	<i>Pf</i>	<i>Plasmodium falciparum</i>
NMHP	National Mental Health Programme	PFA	Prevention of Food Adulteration
NMPB	National Medicinal Plants Board	PGDM	Post Graduate Diploma in Management
NNAP	National Nutritional Anaemia Prophylaxis	PHC	Primary Health Centre
NNMB	National Nutrition Monitoring Bureau	PHFI	Public Health Foundation of India
NMR	Neonatal Mortality Rate	PIP	Project Implementation Plan
NOAPS	National Old Age Pension Scheme	PLP	Post Literacy Projects
NPE	National Policy of Education	PLWHA	People Living With HIV/AIDS
NPEGEL	National Programme for Education of Girls at Elementary Level	PMR	Physical Medicine and Rehabilitation
NPTEL	National Programme on Technology Enhanced Learning	PMSSY	Pradhan Mantri Swasthya Suraksha Yojana
NREGA	National Rural Employment Guarantee Act	PPP	Public-Private Partnership
NREGP	National Rural Employment Guarantee Programme	PRIs	Panchayati Raj Institutions
NRHM	National Rural Health Mission	PSE	Pre-school Education
NSAP	National Social Assistance Programme	PTR	Pupil Teacher Ratio
		PUB	Public Utilities Board
NSERB	National Science and Engineering Research Board	PWDVA	Protection of Women from Domestic Violence Act
		PYKKA	Panchayat Yuva Krida Aur Khel Abhiyan
NSFs	National Sports Federations	R&D	Research and Development
NSS	National Service Scheme	RCH	Reproductive and Child Health

RGNDWM	Rajiv Gandhi National Drinking Water Mission	TBAs	Traditional Birth Attendants
RGNIYD	Rajiv Gandhi National Institute of Youth Development	TEQIP	Technical Education Quality Improvement Programme
RHP	Rural Health Practitioners	TFC	Twelfth Finance Commission
RMP	Registered Medical Practitioner	TFR	Total Fertility Rate
RNTCP	Revised National Tuberculosis Control Programme	THR	Take Home Ration
RSY	Rashtriya Sadbhavana Yojana	TISS	Tata Institute of Social Sciences
RTI	Reproductive Tract Infections	TLC	Total Literacy Campaigns
RTE	Ready To Eat	TLE	Teaching Learning Equipment
S&T	Science and Technology	TMSSML	Thanjavur Maharaja Serofji Saraswati Mahal Library
SA	Sahitya Akademi	TPA	Third Party Administrator
SAI	Sports Authority of India	TPDS	Targeted Public Distribution System
SBAs	Skilled Birth Attendants	TSC	Total Sanitation Campaign
SC	Sub-centre	TSP	Tribal Sub Plan
SC	Scheduled Caste	TTIs	Teacher Training Institutions
SCERT	State Council for Educational Research and Training	UEE	Universalization of Elementary Education
SCSP	Scheduled Caste Sub-Plan	UFW	Unaccounted For Water
SDM	Skill Development Mission	UGC	University Grants Commission
SET	State Eligibility Test	UIDSSMT	Urban Infrastructure Development Scheme for Small and Medium Towns
SEWA	Self Employed Women's Association	UIT	Urban Improvement Trust
SFDs	Special Focus Districts	ULB	Urban Local Body
SHGs	Self-help Groups	UNESCO	United Nations Educational, Scientific and Cultural Organization
SIEs	State Institutes of Education	UNICEF	United Nations International Children's Emergency Fund
SLIET	Sant Longowal Institute of Engineering Technology	UP	Uttar Pradesh
SNA	Sangeet Natak Akademi	UPS	Upper Primary Schools
SNP	Supplementary Nutrition Programme	UPS	Uninterrupted Power Supply
SOS	State Open Schools	UT	Union Territory
SOU	State Open Universities	VAD	Vitamin A Deficiency
SRB	Sex Ratio at Birth	VAW	Violence Against Women
SRCs	State Resource Centres	VE	Vocational Education
SRS	Sample Registration System	VECs	Village Education Committees
SSA	Sarva Shiksha Abhiyan	VHSCs	Village Health and Sanitation Committees
ST	Scheduled Tribe	VO	Voluntary Organization
STD	Sexually Transmitted Disease	WB	West Bengal
STEP	Support to Training and Employment Programme	WCD	Women and Child Development
STI	Sexually Transmitted Infections	WCU	World Class Universities
SUCCESS	Scheme for Universalization of Access and Improvement of Quality of Secondary Education	WHO	World Health Organization
SWM	Solid Waste Management	ZBB	Zero Based Budgeting
TA	Technical Assistance	ZCCs	Zonal Cultural Centres

1

Education

1.1 ELEMENTARY EDUCATION AND LITERACY

1.1.1 The role of education in facilitating social and economic progress is well recognized. It opens up opportunities leading to both individual and group entitlements. Education, in its broadest sense of development of youth, is the most crucial input for empowering people with skills and knowledge and giving them access to productive employment in future. Improvements in education are not only expected to enhance efficiency but also augment the overall quality of life. The Eleventh Plan places the highest priority on education as a central instrument for achieving rapid and inclusive growth. It presents a comprehensive strategy for strengthening the education sector covering all segments of the education pyramid.

1.1.2 Elementary education, that is, classes I–VIII consisting of primary (I–V) and upper primary (VI–VIII) is the foundation of the pyramid in the education system and has received a major push in the Tenth Plan through the Sarva Shiksha Abhiyan (SSA).

1.1.3 In view of the demands of rapidly changing technology and the growth of knowledge economy, a mere eight years of elementary education would be grossly inadequate for our young children to acquire necessary skills to compete in the job market. Therefore, a Mission for Secondary Education is essential to consolidate the gains of SSA and to move forward in establishing a knowledge society.

1.1.4 The Eleventh Plan must also pay attention to the problems in the higher education sector, where there is a need to expand the system and also to improve quality.

1.1.5 The Eleventh Plan will also have to address major challenges including bridging regional, social, and gender gaps at all levels of education.

ELEMENTARY EDUCATION IN THE TENTH PLAN

Major Schemes in the Tenth Plan

1.1.6 The Tenth Plan laid emphasis on Universalization of Elementary Education (UEE) guided by five parameters: (i) Universal Access, (ii) Universal Enrolment, (iii) Universal Retention, (iv) Universal Achievement, and (v) Equity. The major schemes of elementary education sector during the Tenth Plan included SSA, District Primary Education Programme (DPEP), National Programme of Nutritional Support to Primary Education, commonly known as Mid-Day Meal Scheme (MDMS), Teacher Education Scheme, and Kasturba Gandhi Balika Vidyalaya Scheme (KGBVS). The schemes of Lok Jumbish and Shiksha Karmi were completed but DPEP will extend up to November 2008. KGBV has now been subsumed within SSA.

Sarva Shiksha Abhiyan (SSA)

1.1.7 SSA, the principal programme for UEE, is the culmination of all previous endeavours and experiences in implementing various education programmes.

While each of these programmes and projects had a specific focus—Operation Blackboard on improving physical infrastructure; DPEP on primary education; Shiksha Karmi Project on teacher absenteeism, and Lok Jumbish Project on girls' education—SSA has been the single largest holistic programme addressing all aspects of elementary education covering over one million elementary schools and Education Guarantee Centre (EGS)/Alternate and Innovative Education (AIE) Centres and about 20 crore children.

Performance of SSA and Related Schemes in Tenth Plan

1.1.8 The specific goals of SSA during the Tenth Plan period were as follows:

- All children to be in regular school, EGS, AIE, or 'Back-to-School' camp by 2005;
- Bridging all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010;
- Universal retention by 2010;
- Focus on elementary education of satisfactory quality with emphasis on education for life.

UNIVERSAL ACCESS

1.1.9 SSA has brought primary education to the doorstep of millions of children and enrolled them, including first generation learners, through successive fast track initiatives in hitherto unserved and underserved habitations. According to the VII Educational Survey (2002), the number of habitations that had a primary school within a distance of 1 km was 10.71 lakh (87%), the uncovered habitations numbered 1.61 lakh (13%), whereas, the number of habitations that had an upper primary school within a distance of 3 km was 9.61 lakh (78%). With the opening up of 1.32 lakh primary schools and 56000 EGS/AIE centres access to primary education is nearly achieved. About 0.89 lakh upper primary schools (UPS) have been provided up to 2006–07. At primary and at upper primary level the number of habitations remaining to be covered is estimated at almost 1 lakh.

1.1.10 The number of primary schools (PS) in the country increased from 6.64 lakh in 2001–02 to 7.68 lakh in 2004–05. In the same period, the number of

UPS increased at a faster rate from 2.20 lakh to 2.75 lakh. The sanction of 2.23 lakh new PS/UPS, 1.88 lakh new school buildings, and 6.70 lakh additional classrooms has made a big dent in reducing the school infrastructure gap.

UNIVERSAL ENROLMENT

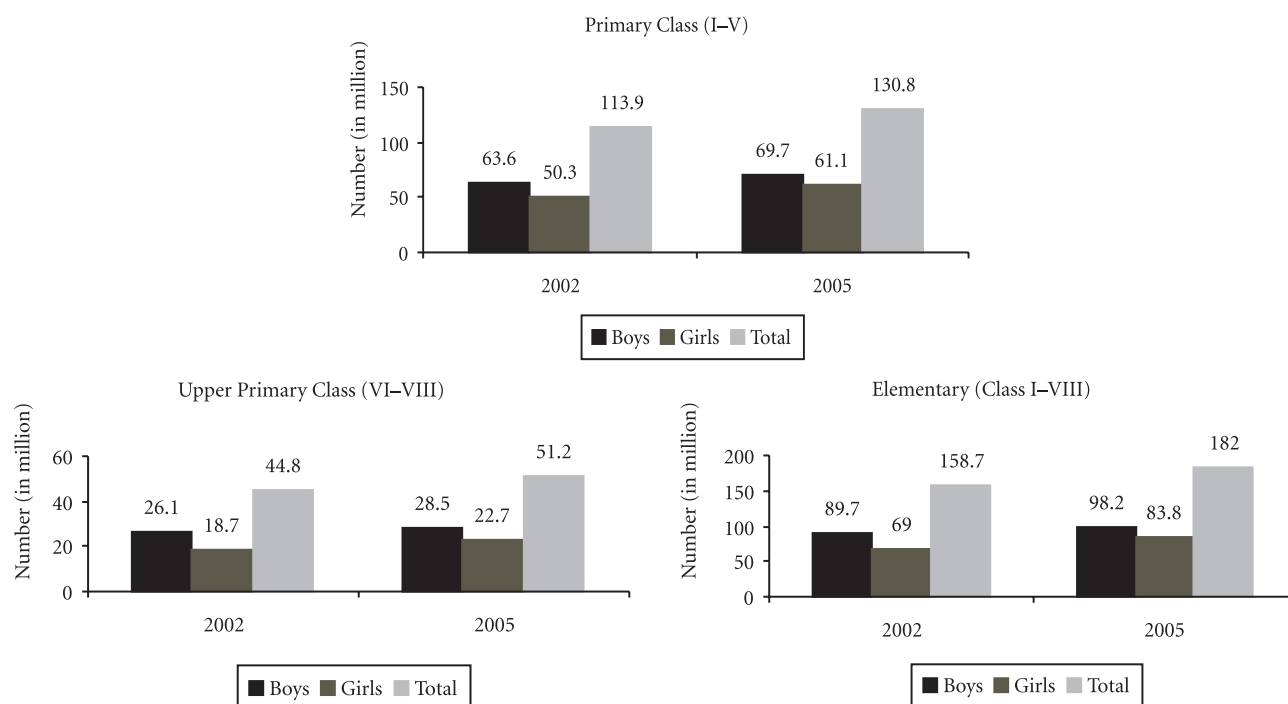
1.1.11 SSA had a sluggish start as States took considerable time to prepare district perspective plans. By the time the States realized the full potential of SSA, two and a half years had already rolled on. The urgency called for fast track initiatives. Household surveys, school mapping, constitution of Village Education Committees (VECs), setting up of Mother Teacher Associations and Parent Teacher Associations, and a series of campaigns for enrolment and context-specific strategies, all learnt from the experience of implementing DPEP, were used for good results in the next two and a half years. As a result, the second phase of enrolment drive by the States/union territories (UTs) was more systematic with household survey data reflecting substantially improved Gross Enrolment Ratio (GER) and a significant reduction in the number of out-of-school children. The strategy of providing AIE grants to Maktabs/Madarsas for introducing teaching of general subjects to minority children was also very fruitful.

1.1.12 Consequently, the total enrolment at elementary education level increased from 159 million in 2001–02 to 182 million in 2004–05, an increase of over 23 million (Figure 1.1.1).

1.1.13 The following Table 1.1.1 shows GER for primary, upper primary, and elementary level from 2001–02 to 2004–05.

1.1.14 Social and gender disparity, existing at both primary and upper primary education levels, continues to be an issue to be tackled with more concerted and sustained efforts, especially in Bihar, Rajasthan, Jharkhand, Madhya Pradesh (MP), Gujarat, and Uttar Pradesh (UP).

1.1.15 SSA interventions have brought down the number of out-of-school children from 32 million in 2001–02 to 7.0 million in 2006–07 (Figure 1.1.2). 48 districts in 10 States accounted for over 50000 out-of-school



Source: Selected Educational Statistics, 2004–05.

FIGURE 1.1.1: Enrolment in Elementary Education

TABLE I.1.1
GER in Primary and Upper Primary Schools

Stages	Gross Enrolment Ratio				%age point increase
	2001-02	2002-03	2003-04	2004-05	
Primary (I-V)					
Boys	105.3	97.5	100.6	110.7	5.4
Girls	86.9	93.1	95.6	104.7	17.8
All	96.3	95.3	98.2	107.8	11.3
Upper Primary (VI-VIII)					
Boys	67.8	65.3	66.8	74.3	6.5
Girls	52.1	56.2	57.6	65.1	13.0
All	60.2	61.0	62.4	69.9	9.7
Elementary (I-VIII)					
Boys	90.7	85.4	87.9	96.9	6.2
Girls	73.6	79.3	81.4	89.9	16.3
All	82.4	82.5	84.8	93.5	11.1

Source: Selected Educational Statistics, 2004–05.

children, each. The number of such districts declined to 29 in 2005–06. An independent study¹ estimated that about 6.9% of the total children in the 6–13 age groups were out of school and of them 2.1% accounted for

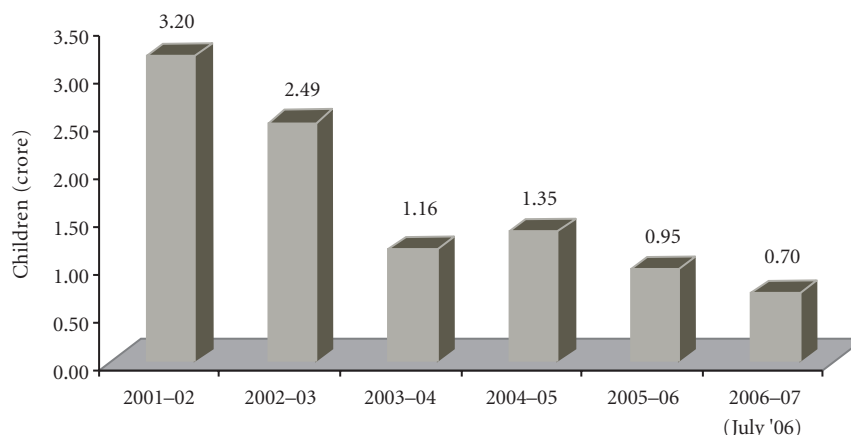
dropouts and 4.8% for never-enrolled children, a bulk of whom apparently belonged to the poorer segments of rural households.

1.1.16 The social composition of out-of-school children indicates that 9.97% of Muslim children, 9.54% of Scheduled Tribes (STs), 8.17% of Scheduled Castes (SCs), and 6.97% of Other Backward Class (OBC) children were out of school and an overwhelming majority (68.7%) was concentrated in five States, viz., Bihar (23.6%), UP (22.2%), West Bengal (WB) (9%), MP (8%), and Rajasthan (5.9%).

UNIVERSAL RETENTION

1.1.17 It is increasingly realized that retaining the disadvantaged children enrolled in schools is a far more challenging task than enrolling them into educational system. Around 22% children dropped out in classes I and II. Several factors, apart from their adverse socio-economic conditions are responsible for this. The opportunity cost of girl-child education is quite high in the rural set up and she is often a 'nowhere child',

¹ Social and Rural Research Institute (2005), New Delhi.



Source: Ministry of Human Resources Development (MHRD).

FIGURE 1.1.2: Reduction in Out-of-School Children

neither in the school nor in the labour force but doing domestic work, mostly sibling care. It is well documented that the presence of female teachers often serves as a role model for girls and positively influences their enrolment and attendance. But, then, in the educationally backward States, there are few women teachers to particularly attract girls to school and retain them.²

1.1.18 SSA stipulates that 50% of additionally recruited teachers should be women. Given the emphasis on improving girls' enrolment, which is critically dependent upon the presence of female teachers, there is a need to increase the proportion to 75% in the recruitment of female teachers in educationally fragile States.

TABLE 1.1.2
Number of Female Teachers per 100 Male Teachers

States	High	States	Low
Goa	454	Bihar	24
Kerala	273	Jharkhand	26
Pondicherry	279	MP	36
Tamil Nadu	221	Rajasthan	38
Delhi	221	UP	40

Source: Selected Educational Statistics, 2004-05.

² UNESCO (2007), EFA-Global Monitoring Report.

³ *ibid.*

⁴ MHRD (2007), PPT Presentation in the Steering Committee meeting held in Planning Commission.

⁵ Lynn Erickson (2007), *Concept Based Curriculum and Instruction for the Thinking Classroom*, Crowing Press, A Sage Publication Company, Thousand Oaks, California, chapter 5, p. 98.

1.1.19 The fact that children drop out of school early or fail to acquire basic literacy and numeracy skills partially reflects poor quality of education.³ The average school attendance was around 70% of the enrolment in 2004-05. In States like UP and Bihar, the average attendance was as low as 57% and 42%, respectively. One-third of the teachers in MP, 25% in Bihar, and 20% in UP do not attend schools.⁴ Besides, the repetition rates in such States are also very high, resulting in wastage of human and material resources. Teacher attendance, ability, and motivation appear to be the weakest links of elementary education programmes. Lack of universal pre-schooling (Early Childhood Care and Education, ECCE) and consequent poor vocabulary and poor conceptual development of mind makes even enrolled children less participative in the class, even for learning by rote.⁵

TABLE 1.1.3
Dropout Rates by Social Composition, 2004-05

Categories	Primary (I-V)			Elementary (I-VIII)		
	Boys	Girls	Total	Boys	Girls	Total
SCs	32.7	36.1	34.2	55.2	60.0	57.3
STs	42.6	42.0	42.3	65.0	67.1	65.9
All	31.8	25.4	29.0	50.5	51.3	50.8

Source: Selected Educational Statistics, 2004-05.

1.1.20 The dropout rate in primary classes which has been decreasing at a very low average rate of 0.5% per annum since 1960s showed a steeper decline by 10.03% over the first three years of the Tenth Plan (29% in 2004–05 as compared to 39.03% in 2001–02). The dropout rate reduction has been faster for girls as compared to that for boys. However, the dropout rate at the elementary level (classes I–VIII) has remained very high at 50.8%.

1.1.21 The dropout rates at primary levels for SCs (34.2%) and STs (42.3%) are substantially higher than the national average (29%) (Table 1.1.3). The gap in respect of SCs is very wide in Goa, UP, Tamil Nadu, WB, Haryana, and Himachal Pradesh. The gap in respect of STs is very large in Maharashtra, Andhra Pradesh, Orissa, and Gujarat. The social gap in dropout rate is acute in respect of girls. Two-thirds of the tribal students just do not go beyond class VIII.

UNIVERSAL ACHIEVEMENT AND EQUITY

1.1.22 Two major issues yet to be addressed satisfactorily under UEE are quality and equity. The results of learning achievement surveys conducted by National Council for Education Research and Training (NCERT) (Table 1.1.4) and also by independent agencies (Annual Status of Education Report, 2005) highlight poor quality of learning.

TABLE 1.1.4
Learning Achievements at Elementary Level
(Percentage)

Stages of education	Math.	Language	EVS/ Science	Social Science
At the end of Class III	58.25	63.12	–	–
Class V	46.51	58.57	50.3	–
Class VII	29.87	53	35.98	32.96
Class VIII	38.47	52.45	40.54	45

Source: NCERT (2004–05).

1.1.23 SSA did attempt to strengthen a range of inputs that impact on quality, viz. recruitment of 7.95 lakh additional teachers to improve the pupil teacher ratio (PTR) from 44 to 40:1 at primary level, regular annual in-service training of teachers for a period of 20 days, curriculum renewal and textbook development, free distribution of textbooks for primary and upper primary classes to about 6.69 crore SCs, STs, and girl stu-

dents, computer-aided learning in over 20000 schools, regular academic support to primary and UPS through 6746 Block Resource Centres (BRCs) and 70388 Cluster Resource Centres (CRCs), monitoring of performance of schools including the pass percentage at exit levels; at least 10% better achievement in pass percentage as in 2006–07 over the benchmarking level in 2005–06, and running of learning enhancement programmes especially for the early primary grades in 19 States. However, the impact has not been very encouraging.

1.1.24 314 Special Focus Districts (SFDs) have been identified for need-based interventions in resource allocation, micro-planning, and development. There is a focus on girls' education by targeting additional resources to Educationally Backward Blocks (EBBs) under National Programme for Education of Girls at Elementary Level (NPEGEL). Under KGBV scheme 2180 residential schools for girls belonging to SCs, STs, OBCs, minorities, and below poverty line (BPL) families were sanctioned in the EBBs.

Parameters for EBBs as per Census 2001

- Rural Female Literacy below the national average (46.13%);
- Gender gap in literacy more than the national average (21.59%).

1.1.25 Such EBBs total up to 3073. Another 212 Blocks with SC concentration, 142 Blocks with ST concentration, and 52 Blocks with minority concentration have been identified, making the total number of EBBs to 3479. NPEGEL has its own EBBs. There seem to be different criteria and definitions of EBBs. Relevant criteria would be framed in the Eleventh Plan and EBBs re-identified.

1.1.26 During the Tenth Plan, 11542 primary and UPS and 32250 EGS centres were sanctioned in the minority concentration districts. EGS and AIE centres enrolled 120.90 lakh and 11.3 lakh children, respectively. The Madarasas (8309) affiliated to the State Boards were assisted and 4867 Maktabs/Madarasas were taken up under EGS/AIE. Free textbooks are provided to all minority girls from classes I–VIII and Urdu textbooks are provided for Urdu medium schools. The number of KGBVs sanctioned in minority Blocks is 270.

1.1.27 The 86th Constitutional Amendment Act has given a new thrust to Children with Special Needs (CWSN). A multi-option model for educating CWSN is being adopted. The programme has been successful in enrolling 1.99 million out of the identified 2.4 million CWSN (81%) in schools.

1.1.28 Although SSA was launched in November 2000, only three States in the North East (NE) (Assam, Mizoram, and Nagaland) could start it in 2001–02; by 2004–05, Meghalaya, Sikkim, Tripura, Arunachal Pradesh, and Manipur had also started the programme. Lack of capacities to handle various components of SSA and default on States' share and its subsequent effect on the flow of funds from the Government of India (GoI) affected full utilization. A one-time special dispensation was provided for the years 2005–06 and 2006–07 to the NE States whereby Non Lapsable Central Pool of Resources provided three-fifth of the State share and the NE States contributed only two-fifth under SSA. Learning achievements of children in schools in North East Region (NER) are very low.

Outlay and Expenditure in SSA in the Tenth Plan

1.1.29 The Tenth Plan outlay for Elementary Education and Literacy was Rs 30000 crore. The actual expenditure has been Rs 48201 crore, out of which SSA (Rs 28077 crore) and MDMS (Rs 13827 crore) account for 88%. Prarambhik Shiksha Kosh, a non-lapsable fund for crediting the education cess proceeds, has been set up.

1.1.30 The States of UP (19%), MP (10%), Rajasthan and Bihar (7% each), Maharashtra and WB (6% each), Andhra Pradesh, Tamil Nadu, and Karnataka (5% each) accounted for 70% of the total expenditure incurred by the Central and State Governments under SSA during the Tenth Plan.

SECTORAL EXPENDITURE UNDER SSA

1.1.31 A pragmatic decision was taken to relax the civil works ceiling (33%) under SSA to accelerate bridging school infrastructure gaps in selected States. Consequently, the share of expenditure on civil works increased from 35.5% in 2003–04 to 46.2% in 2006–07 and that on teacher's salary from 15.7% to 20.8%. With EGS centres being converted into regular primary schools, their share has declined from 10.3% in 2003–04 to 6.8% in 2006–07 (see Table 1.1.5).

Table 1.1.5
Distribution of SSA

S. No.	Expenditure	Percentages		
		2003–04	2006–07	Tenth Plan
1	Civil Works	36	46	43.84
2	Teacher's Salary	16	21	19.37
3	EGS/AIE	10	7	5.00
4	Teacher's Training	5	3	2.92
5	Text Books	6	3	4.89
6	BRC/CRC	3	3	3.64
7	TLE	4	1	2.07
8	Management Cost	3	4	2.67
9	Innovative Activities	3	2	0.91
10	Others	14	10	14.69

Source: MHRD.

1.1.32 Low expenditures on components relating to quality dimensions of the programme, such as Teacher's Training, Teaching Learning Equipment (TLE) (including Information and Communication Technology, ICT) Innovative Activities, School/Teacher Grants etc., need to be sharply stepped up during the Eleventh Plan. Moreover, SSA should not fund teachers appointed in the Tenth Plan but pay only for the new teachers, with a view to addressing the serious problem of single-teacher and multi-grade teaching.

Kasturba Gandhi Balika Vidyalaya Scheme (KGBVS)

1.1.33 The KGBVS was launched in July 2004 for setting up of residential schools at upper primary level for girls, predominantly belonging to the SCs, STs, OBCs, and minorities in EBBs. A minimum of 75% of the enrolment in KGBVS is reserved for girls from the target groups and the remaining 25% is open for girls belonging to the BPL category. The Tenth Plan allocation for the scheme was Rs 427 crore.

1.1.34 As soon as the schools were sanctioned under KGBV, the States rented premises and sought funds without waiting for the buildings to come up. The targeted 750 schools (Model I—364 schools, Model II—117 schools, and Model III—269 schools) were sanctioned between December 2004 and May 2005. By December 2006, 1039 schools were operational with a total enrolment of 63921 girls. In February 2006, 430 schools and in March 2007 additional 1000 schools were sanctioned, raising the total to 2180 schools. The

allotments of KGBVs to States were not in proportion to the number of EBBs. The skewed distribution of KGBVs would be set right in the Eleventh Plan.

District Primary Education Programme (DPEP)

1.1.35 DPEP, an externally aided project, aimed at the holistic development of primary education, covering classes I to V. It has specific objectives of reducing the dropout rate to less than 10%, reducing disparities among gender and social groups in the enrolment to less than 5%, and improving the level of learning achievement compared to the baseline surveys. However, these ambitious targets could not be achieved.

1.1.36 Nevertheless, DPEP has brought a sea change in the implementation of school education programme with its decentralized approach and focus on community participation and provided complete wherewithal for handling ECCE, Non-formal Education Centres, BRCs, CRCs, out-of-school children, and education of girls. The success of SSA owes much to DPEP. Since its inception, external assistance of Rs 6938 crore—comprising Rs 5137 crore as credit from IDA and Rs 1801 crore from development partners, European Commission, Department for International Development, UNICEF, and Netherlands—has been tied up for DPEP. At its peak, DPEP covered 273 districts in 17 States. Now it continues in only 17 districts of Orissa and Rajasthan where it would be completed in 2008.

Mahila Samakhya (MS)

1.1.37 MS, an externally aided project for women's empowerment, was started with Dutch assistance in 1989. Since 2005–06 it is being funded by GoI. The programme endeavours to create an environment for women to learn at their own pace, set their own priorities, and seek knowledge and information to make informed choices. It has strengthened women's abilities to effectively participate in village level education programmes. The programme is implemented in 9 States covering 83 districts, 339 blocks, including 233 EBBs, and 20380 villages. The States of MP and Chhattisgarh have registered MS societies through which the programme is initiated. It provides for vocational and skill development as well as educational development of adolescent girls and women in rural

areas. MS runs residential schools, bridge courses, viz., Jagjagi and Mahila Shikshan Kendras.

Mid-Day Meal Scheme (MDMS)

1.1.38 MDMS was launched in 1995 to enhance enrolment, retention, and participation of children in primary schools, simultaneously improving their nutritional status.

1.1.39 The MDMS was revised and universalized in September 2004 and central assistance was provided at the rate of Re. 1.00 per child per school day for converting food grains into hot cooked meals for children in classes I–V in government, local body, and government-aided schools, and EGS and AIE centres. MDMS provided nutritional support to students in drought-affected areas during summer vacation. The maximum permissible transport subsidy was revised for Special Category States from Rs 50 to Rs 100 per quintal and for other States to Rs 75 per quintal.

1.1.40 The scheme was further revised in June 2006 to enhance the minimum cooking cost to Rs 2.00 per child per school day to provide 450 calories and 12 grams of protein. The revised scheme also provided assistance for construction of kitchen-cum-stores at the rate of Rs 60000 per unit in a phased manner in primary schools and procurement of kitchen devices (utensils, etc.) at the rate of Rs 5000 per school. Besides providing free foodgrains, cooking cost, transport subsidy, and Management Monitoring and Evaluation, 94500 schools were also sanctioned kitchen sheds and 2.6 lakh schools were sanctioned kitchen equipment.

1.1.41 The number of children covered under the programme has risen from 3.34 crore in 3.22 lakh schools in 1995 to 12 crore in 9.5 lakh primary schools/EGS centres in 2006–07.

1.1.42 A review of MDMS indicates absence of proper management structure in many States. Even the reported average number of school days on which meals are provided varied widely. National University of Educational Planning Administration (NUEPA) reports 209 days per annum, while Ministry of Human Resource Development (MHRD) reports 230 days at the national level. Steering Committees at State/

Box 1.1.1
Best Practices under MDMS

In Tamil Nadu, Health Cards are issued to all children and School Health Day is observed every Thursday. Curry leaves and drum-stick trees are grown in the school premises. In Karnataka, all schools have gas-based cooking. In Pondicherry, in addition to the mid-day meal (MDM), Rajiv Gandhi Breakfast Scheme provides for a glass of hot milk and biscuits. In Bihar, Bal Sansad (Child Cabinet) is actively involved in the orderly distribution of MDM. In Uttaranchal, mothers are appointed as Bhojan Mata and Sahayika in primary schools. In Gujarat, Chhattisgarh, and MP children are provided micronutrients and deworming medicines under MDMS.

district levels for effective monitoring are yet to be set up in some States. There are no details on coverage and facilities in EGS/AIE centres in urban areas. The Planning Commission has undertaken a detailed evaluation study in 2006–07 to assess the impact of the MDMS. On the whole, despite the prevalence of good practices, a systematic supervision and monitoring of the programme and transparency in implementation are lacking in most of the States.

1.1.43 Notwithstanding these shortcomings, MDMS appears to have had a positive impact on school attendance and nutritional status of children through removal of classroom hunger.⁶ The latest National Sample Survey (NSS) (61st Round) covered MDMS along with Annapurna Integrated Child Development Services (ICDS) Scheme, and Food for Work Programme. It is reported that MDMS has benefited 8.1% of rural population and 3.2% of urban population. The total coverage of all the four programmes was 11% in rural and 4.1% in urban areas. MDMS has catered to the nutritional needs of low-income groups in both rural and urban areas.

ELEVENTH PLAN: GOALS, TARGETS, AND STRATEGIES IN ELEMENTARY EDUCATION

1.1.44 The Constitution of India was amended in 2002 to make elementary education a justiciable Fundamental Right. However, 7.1 million children being out of school and over 50% dropping out at elementary level are matters of serious concern. SSA would, therefore,

be reoriented to meet the challenges of equity, retention, and high-quality education. This would require a strong rights orientation within the programme. It is necessary to consider passing appropriate legislation for this purpose. SSA would be restructured into a National Mission for Quality Elementary Education to ensure minimum norms and standards for schools (both government and private). It would address access, quality, and equity holistically through a systems approach.

1.1.45 The backlog for additional classrooms is about 6.87 lakh. Opening of about 20000 new primary schools and upgradation of about 70000 primary schools are required.

TABLE 1.1.6
Schools without Basic Facilities, 2005–06

(Percentages)

Facilities	Primary		Upper Primary	
	2004–05	2005–06	2004–05	2005–06
Building	3.5	3.0	2.8	2.4
Toilets	51.4	44.6	16.8	15.3
Drinking water	16.3	15.1	4.7	4.8

Source: DISE data, 2005–06, NUEPA.

1.1.46 Unless there is a strong effort to address the systemic issues of regular functioning of schools, teacher attendance and competence, accountability of educational administrators, pragmatic teacher transfer and promotion policies, effective decentralization of school management, and transfer of powers to Panchayati Raj Institutions (PRIs), it would be difficult to build upon the gains of SSA. It is important to focus on good quality education of common standards, pedagogy, and syllabi to ensure minimum learning levels.

TABLE 1.1.7
Elementary Schools by Management

(in lakh)

Stages of Education	Govt.	Local Bodies	Private Aided	Private Unaided	Total
I–V	3.32	3.60	0.20	0.55	7.67
VI–VIII	1.18	0.80	0.18	0.59	2.75
I–VIII	4.50	4.40	0.38	1.14	10.42

Source: Selected Educational Statistics, 2004–05.

⁶ J. Dreze and A. Goyal (2003), The Future of Mid-day Meals, *EPW*, 38(44), Nov. 1–7, pp. 4673–84.

1.1.47 In the liberalized global economy where there is a pursuit for achieving excellence, the legitimate role of private providers of quality education not only needs to be recognized, but also encouraged. Public–Private Partnership (PPP) need not necessarily mean only seeking private investments to supplement governmental efforts, but also encouraging innovation in education that the government schools may lack. Schools under private management (unaided) have been expanding at a faster rate (Table 1.1.7). However, a vast majority of the poor, particularly in rural areas, is solely dependent on government schools.

Box 1.1.2

National Commission on Education

The Kothari Commission (1964–66) was the last commission set up on education. As regards school education, the salient features of the report, submitted in 1966, advocated, inter alia (i) improving the system in existence, (ii) setting up State Boards of Education, (iii) levelling of institutions for equality, (iv) setting up area-specific neighbourhood schools, and (v) a statutory School Education Commission. While there has been progress in the last three decades on (i) and (ii) mentioned above, the same cannot be said of (iii), (iv), and (v).

There is a need for setting up a new Education Commission for deliberating on the emerging perspectives on education in the changing global context.

1.1.48 The substantial step up in the Eleventh Plan outlay in the Central sector would increasingly be invested in improving quality of elementary education, recruiting additional teachers (particularly science and mathematics), seeking technology upgradation including ICT in schools, and Technical Assistance (TA) including the educationally fragile States. The issue of poor performing schools would be addressed by grading schools through a composite index and by providing TA.

1.1.49 It has been found that students who often do not perform well in conventional subject examinations demonstrate high success levels in the use of Information Technology (IT) and IT-enabled learning. IT could provide new directions in pedagogical practices and students' achievement. The idea is not merely making children computer literate but also initiating web-based learning through modern software facilities.

1.1.50 Keeping the above in view, the following targets have been set for elementary education in the Eleventh Plan.

Eleventh Plan Targets for Elementary Education

- Universal enrolment of 6–14 age group children including the hard to reach segment.
- Substantial improvement in quality and standards with the ultimate objective to achieve standards of Kendriya Vidyalayas (KVs) under the Central Board of Secondary Education (CBSE) pattern.
- All gender, social, and regional gaps in enrolments to be eliminated by 2011–12.
- One year pre-school education (PSE) for children entering primary school.
- Dropout at primary level to be eliminated and the dropout rate at the elementary level to be reduced from over 50% to 20% by 2011–12.
- Universalized MDMS at elementary level by 2008–09.
- Universal coverage of ICT at UPS by 2011–12.
- Significant improvement in learning conditions with emphasis on learning basic skills, verbal and quantitative.
- All EGS centres to be converted into regular primary schools.
- All States/UTs to adopt NCERT Quality Monitoring Tools.
- Strengthened BRCs/CRCs: 1 CRC for every 10 schools and 5 resource teachers per block.

Quality Improvement in SSA

1.1.51 In the Eleventh Plan, the quality of education imparted in the primary and UPS would be improved through a range of coherent, integrated, and comprehensive strategies with clearly defined goals that help in measuring progress. These include the following:

- Restructure SSA with a clear goal of providing a quality of education equivalent to that of KVs under the CBSE pattern.
- Ensure basic learning conditions in all schools and acquisition of basic skills of literacy and numeracy in early primary grades to lay a strong foundation for higher classes.

- Give special focus on Maths, Science, and English (core) where students tend to be weak and universally introduce English in Class III onwards.
- Implement a Common Syllabi, Curriculum, and Pedagogy and carry out the consequent textbook revisions.
- Support more quality-related activities and improve interactive classroom transaction.
- Address fully all teacher-related issues—vacancies, absenteeism, non-teaching assignments, and fix accountability for learning outcomes of pupils.
- Achieve 100% training for teachers including para-teachers. Revise PTR to 30:1 from 40:1.
- Recruit additional teachers to deal with single teacher schools and multi-grade teaching with mandatory two-third new teachers to be female for primary classes.
- National Eligibility Test (NET)/State Eligibility Test (SET) for teacher recruitment by NCERT/State Council for Educational Research and Training (SCERT)/CBSE/State Boards to enable decentralized recruitment of high-quality teaching faculty at district/block levels.
- Make District Institutes of Education and Training (DIETs)/SCERTs fully functional and organically linked with BRC/CRC and NCERT.
- Enhance learning levels by at least 50% over baseline estimates (2005–06 District Information System for Education [DISE]).
- ‘Improved Quality’ to be defined in operational terms through clearly identified outcome indicators, viz. learning levels of students, teacher competence, classroom processes, teaching learning materials, etc.
- The National Curriculum Framework (NCF) 2005 and the syllabi prepared by NCERT to be the guiding documents for States for revising their curricula/syllabi with SCERTs playing a more active role in ensuring common standard.
- Introduce monetary and non-monetary incentives for recognizing good teachers with block/district and State awards.

Sharing of SSA Expenditure and Reprioritization of SSA Components

1.1.52 The approved SSA programme provided for an 85:15 sharing between Centre and the States till the end of the Ninth Plan period, 75:25 sharing during the Tenth Plan period, and 50:50 thereafter. In view of persistent demand from the States and the urgency in filling up the infrastructure gap in the educationally fragile States, the funding pattern between Centre and States/UTs for SSA Phase II has been modified to 65:35 for the first two years of the Eleventh Plan, 60:40 for the third year, 55:45 for the fourth year, and 50:50 thereafter. The special dispensation for NE States during 2005–06 and 2006–07 will continue for the Eleventh Plan whereby each of the NE States contributes only 10% of the approved outlay as State share.

1.1.53 The restructuring of SSA will include ensuring that all teachers, including para teachers, are trained, the norms for civil works are the same throughout a State, there is 1 CRC for every 10 schools, 10 CRCs per BRC, and 5 resource teachers per block, there is no single teacher school and no multi-grade teaching. The curricula/syllabi will be revised as per the NCF and the NCERT guidelines.

Special Interventions for the Disadvantaged Groups

1.1.54 Young learners from socially marginalized sections experience education in a distinctly different form than those who occupy mainstream positions of power and privilege.⁷ They face overt and covert forms of rejection in schooling.⁸ The Eleventh Plan will lay special focus on disadvantaged groups and educationally backward areas. This focus will include not only higher resource allocation but also capacity building for preparation and implementation of strategies based on identified needs, more intensive monitoring and supervision, and tracking of progress. Specific measures will include:

- Top priority in pre-primary schooling to habitations of marginalized sections.

⁷ Sunil Batra (2006), *Equity in Education in India: A distant Dream or an Elusive Reality?* National Seminar on Universalising Elementary Education in India, IHD, New Delhi.

⁸ K Kumar (1983), *Educational Experience of Scheduled Castes and Tribes*, *EPW*, 18, pp. 328–47.

- Setting up additional 500 KGBVs in blocks with higher concentration of SC, ST, OBC, and minority population.
- Special attention to districts with high SCs, STs, and minority population. Innovative funds for SFDs to be doubled.
- Focus on improving the learning levels of SC, ST, minority children through remedial coaching in schools and also in habitations through educated youth of Nehru Yuva Kendra Sangathan (NYKS), NSS, Self-help Groups (SHGs), and local non-governmental organizations (NGOs).
- Special schools for slum children in 35 cities with million plus population.
- Special intervention for migrating children, deprived children in urban slum areas, single parent's children, physically challenged children, and working children.
- Creation of capacity within the school for dealing with students lagging in studies.
- Setting up 1000 hostels in EBBs with the resident PG teacher as the warden to provide supplementary academic support.
- Sensitizing teachers for special care of weaker sections and CWSN.
- Intensive social mobilization in SCs, STs, OBCs, and predominantly tribal and minority habitations through community support.
- Housing for teachers in tribal and remote habitations.

Pre-school Education (PSE)

1.1.55 The PSE component of ICDS-Anganwadi is very weak with repetition high and learning levels low. This in turn discourages many children from continuing their education. SSA will have a component of one-year pre-primary, which can be universalized to cover 2.4 crore children in a phased manner.⁹ This is critical for school readiness/entry with increased basic vocabulary and conceptual abilities that help school retention. Besides, it will free the girl child of sibling care. The existing coverage of pre-primary classes in schools is over 11 million. A large number of primary schools in States like UP and Rajasthan already have ECCE. Primary schools within the habitations are ideal for

such ECCE. In other habitations, ICDS-Anganwadi will be supported.

Madarsas/Maktabas

1.1.56 In the Eleventh Plan additional madarsas maktabas will be supported for modernization under AIE component and it should be possible to cover all the 12000 odd Madarsas during the Plan period.

1.1.57 Education in human moral values, civic duties, environmental protection, and physical education will be built into the system whereby every child is prepared to face the future with a healthy frame of mind and body and become a responsible citizen. Education will foster the spirit of liberty, freedom, patriotism, non-violence, tolerance, national unity and integration, cultural harmony, inquisitive reasoning, rationality, and scientific temper in young minds. Every school and EGS/AIE centre will receive a special grant to celebrate national festivals of Independence Day and Republic Day. Hoisting of national flag on these days should be made mandatory in all educational institutions including private schools with discipline.

KGBV and DPEP

1.1.58 These schemes will be subsumed within SSA in the Eleventh Plan. Expansion of 500 KGBVs in district/blocks with high concentration of SCs, STs, OBCs, and minorities will be taken up. Also, an in-depth evaluation of the functioning of the existing KGBVs will be undertaken. The programme of civil works under KGBV appears to be slow in many States. DPEP will end in November 2008 and will be subsumed under SSA as per the existing procedure. The external commitments will however be met.

Mid-Day Meal Scheme (MDMS)

1.1.59 The scheme has been extended to UPS (government, local body, and government-aided schools, and EGS/AIE centres) in 3479 EBBs from 1 October 2007 to cover 17 million additional children and will be extended to all UPS from April 2008 to cover 54 million children. Thus, MDMS will cover about 18 crore children by 2008–09. The nutritional value of meals for upper primary children will be fixed at

⁹Mid-Term Appraisal of the Tenth Five Year Plan, 2005, Planning Commission, New Delhi.

700 calories derived from 150 gm of cereals and 20 gm of protein.

MDMS: ACTION POINTS

- MDM to be managed by the local community and PRIs/NGOs, and not contractor-driven: civic quality and safety to be prime considerations.
- Sensitize teachers and others involved in nutrition, hygiene, cleanliness, and safety norms to rectify observed deficiencies.
- Involve nutrition experts in planning low cost nutrition menu and for periodic testing of samples of prepared food.
- Promote locally grown nutritionally rich food items through kitchen gardens in school, etc.
- Revive the School Health Programme; disseminate and replicate best practices adopted by States.
- Provide drinking facilities in all schools on an urgent basis.
- Display status regarding supplies, funds, norms, weekly menu, and coverage in schools to ensure transparency.
- Central assistance to cooking cost should be based on the actual number of beneficiary children and not on enrolment.
- Promote social audit.
- Online monitoring.

Mahila Samakhya (MS)

1.1.60 The MS programme will be continued as per the existing pattern and expanded in a phased manner to cover all the EBBs and also in urban/suburban slums, as it contributes to educational empowerment of poor women. There is a need to operationalize the National Resource Centre of MS to support training, research, and proper documentation. The documentation and dissemination of MS needs its strengthening. It is desirable to conclude negotiations with the development partners as EAP comes with excellent project design and measurement system, capacity building, and TA.

**LITERACY AND ADULT EDUCATION:
PERFORMANCE IN TENTH PLAN**

1.1.61 Literacy is the most essential prerequisite for individual empowerment. A new thrust was given to adult literacy in the National Policy on Education 1986

and the Plan of Action 1992, which advocated a three-pronged strategy of adult education, elementary education, and non-formal education to eradicate illiteracy. The National Literacy Mission (NLM) was set up in 1988 with an initial target to make 80 million persons literate by 1995, which was later enhanced to 100 million by 1997 and the revised target is to achieve a threshold level of 75% literacy by 2007.

1.1.62 Dominant strategies of the NLM and the Total Literacy Campaigns (TLC) were 'area specific, time bound, volunteer based, cost effective and result oriented.' The efforts made by the TLCs and Post Literacy Projects (PLP) to eradicate illiteracy yielded commendable results: rise in literacy from 52.2% in 1991 to 64.8% in 2001. The urban-rural literacy differential also decreased during the period. The literacy rates for females increased at a faster rate than that for males. However, gender and regional disparities in literacy still continue to persist.

1.1.63 The national overall literacy rate for Muslims is 59.1% (males 67.6% and females 50.1%). The literacy rate among Muslims is higher than the national literacy rate of 64.8% in 17 States/UTs.

1.1.64 Female literacy rates among Muslims are particularly low in Haryana (21.5%), Bihar (31.5%), Nagaland (33.3%), and Jammu and Kashmir (34.9%).

1.1.65 The Tenth Plan had set a target of achieving a sustainable threshold level of 75% literacy by 2007, to cover all left-over districts by 2003-04, to remove residual illiteracy in the existing districts by 2004-05, to complete PLP in all districts and to launch Continuing Education Programmes (CEP) in 100 districts by the end of the Plan period

TLC and PLP

1.1.66 The TLC has been the principal strategy of NLM for eradication of illiteracy. The TLCs are implemented through Zilla Saksharata Samitis (District Literacy Societies), independent and autonomous bodies having due representation of all sections of society. A total of 597 districts are presently covered under various literacy programmes. The Central:State share for TLCs and PLPs is in the ratio of 2:1 for general districts and

4:1 for tribal districts. During the Tenth Plan period, the total number of districts under TLC and PLP were 95 and 174, respectively. Special project undertaken through these agencies are:

Accelerated Female Literacy Programme

1.1.67 As per 2001 census, 47 districts had a female literacy rate below 30%. These districts are concentrated in UP, Bihar, Orissa, and Jharkhand. Special innovative programmes were taken up in identified districts for improvement of female literacy.

Projects for Residual Illiteracy

1.1.68 In many cases despite the completion of the TLC campaigns, a large number of illiterates remained unreached. Projects for Residual Illiteracy were launched after the conclusion of TLCs for covering the remaining illiterates in districts of Rajasthan (10), Andhra Pradesh (8), Bihar (4), Jharkhand (3), MP (9), Karnataka (2), UP (13), and WB (4).

Special Literacy Drive in 150 Districts

1.1.69 A special literacy drive was launched in 150 districts in April 2005, which had the lowest literacy rates in the country. These districts are mainly in UP, Bihar, Jharkhand, Rajasthan, MP, Chhattisgarh, and Orissa. The special drive aimed to cover nearly 36 million illiterates during 2005–07. So far, 134 districts have been completed.

Continuing Education Programme (CEP)

1.1.70 The Continuing Education Scheme provides a learning continuum to the efforts made by TLC/PLP. The main thrust is on providing further learning opportunities to neo-literates by setting up Continuing Education Centres that provide area-specific and need-based opportunities for basic literacy, upgradation of literacy skills, pursuit of alternative educational programmes, vocational skills, and promotion of social and occupational development. The total number of districts covered under CEP is 328.

Jan Shikshan Sansthan (JSS)

1.1.71 The objective of JSS Scheme is educational, vocational, and occupational development of socio-economically backward and educationally disadvantaged groups of urban/rural population, particularly

neo-literates, semi-literates, SCs, STs, women and girls, slum dwellers, migrant workers, etc. By linking literacy with vocational training, JSSs seek to improve the quality of life of the beneficiaries. JSSs offered around 284 different types of vocational courses—from candle and agarbatti making to computer training and hospital/health care. The total number of JSSs is 198.

Major Weaknesses in Adult Education Programmes

1.1.72 The constraints in the implementation of adult education programmes include inadequate participation of the State Governments, low motivation and training of voluntary teachers, lack of convergence of programmes under CEP, and weak management and supervision structure for implementation for NLM. Besides, the funding for various components of NLM schemes was also inadequate and the level of community participation was low.

ADULT EDUCATION AND LITERACY: GOALS, TARGETS, AND STRATEGIES FOR THE ELEVENTH PLAN

Adult Education

1.1.73 The NLM programmes will be revamped in the Eleventh Plan. The targets and special focus areas are given in Box 1.1.3 below.

Box 1.1.3

Eleventh Plan Targets and Special Focus Areas

Eleventh Plan Targets	Special Focus Areas
<ul style="list-style-type: none"> • Achieve 80% literacy rate, • Reduce gender gap in literacy to 10%, • Reduce regional, social, and gender disparities, • Extend coverage of NLM programmes to 35+ age group 	<ul style="list-style-type: none"> • A special focus on SCs, STs, minorities, and rural women. • Focus also on low literacy States, tribal areas, other disadvantaged groups and adolescents.

Revamped Strategy of NLM in Eleventh Plan

1.1.74 The main features of the revamped NLM will be:

- Integrating Zilla Saksharata Samitis with the PRIs.

- Bringing literacy programmes at various levels under PRI structures at Block/Gram Panchayat levels, through Panchayat Saksharata Samitis.
- Revamping of NLM integrating TLC, PLP, and CEP and introducing a broad-based Lifelong Education and Awareness Programme (LEAP). The LEAP will offer diverse learning programmes, functional skills, Quality of Life Improvement Programmes, Vocational Skills, and Equivalency Programmes.
- Centres for Lifelong Education and Awareness will be multifunctional and multidimensional seeking to provide a variety of learning programmes to beneficiaries.
- ICTs will be more widely used to spread literacy in the country.
- About 250 new JSS will be set up in the Eleventh Plan. The sanction of new JSS will be contingent upon independent evaluation of the existing JSS with regard to their utility.
- To ensure transparency in the functioning of JSS, an accreditation process will be evolved in partnership with States and only accredited NGOs with good track record will implement JSS. The management of dysfunctional JSS will be changed. The quality of JSS training programme will be improved with the help of professional technical institutions of the district and the programmes tuned to meet local demand. Placement record of the trainees in the self employment will be maintained.
- A stronger synergy would be ensured between the State Resource Centres (SRCs) and the Adult Education Departments in universities for sound academic and research inputs.
- Existing SRC/District Resource Centre (DRC) will be strengthened as per the assessed needs and new SRCs will be set up only in the States where they do not exist. There will be no more than one SRC per State irrespective of the size of the State's population so that uniform standards are maintained including production of Teaching Learning Materials (TLM).
- All NGO-operated schemes will be sanctioned to accredited institutions only. The accreditation process will invariably involve State Governments and the accredited institutions will be listed on the MHRD website.

1.2 SECONDARY EDUCATION AND VOCATIONAL EDUCATION (VE)

1.2.1 The success of SSA in achieving large scale enrolment of children in regular and alternate schools has thrown open the challenge of expanding access to secondary education. Rapid changes in technology and the demand for skills also make it necessary that young people acquire more than eight years of elementary education to acquire the necessary skills to compete successfully in the labour market. Moreover, secondary education serves as a bridge between elementary and higher education.

1.2.2 The stage is thus set for universalization of secondary education. The population of children in the age group (14–18 years) is estimated at 107 million in 2001, 119.7 million in 2006, and 121.1 million in 2011, where as, the current enrolment in secondary and senior secondary education together is around 37 million only (2004–05).

SECONDARY EDUCATION: REVIEW OF PERFORMANCE IN THE TENTH PLAN

1.2.3 The thrust of secondary education during the Tenth Plan period was on improving access and reducing disparities by emphasizing the Common School System in which it is mandatory for schools in a particular area to take students from low-income families in the neighbourhood. The Tenth Plan also focused on revision of curricula with emphasis on vocationalization and employment-oriented courses, expansion and diversification of the open learning system, reorganization of teacher training, and greater use of ICTs. These objectives have been achieved only partly.

Access

1.2.4 The enrolment in 1.02 lakh secondary and 0.50 lakh higher secondary schools is 24.3 million and 12.7 million, respectively (2004–05). The GER for secondary education (IX and X) is 51.65% and that for higher secondary 27.82%. The combined GER for both the levels is only 39.91%. The dropout rate at secondary level is as high as 62% (Table 1.2.1).

1.2.5 There are glaring inter-State and intra-State variations in enrolment, dropouts, and access to

secondary and higher secondary schools (Annexure 1.2.1). At the national level, the average number of secondary/higher secondary schools per 1 lakh population is as low as 14 and it is lower than the national average in Bihar (4), UP (7), WB (10), and also Jharkhand (4) and Chhattisgarh (12). The national average number of secondary and higher secondary schools per 100 sq. km is only four, and Bihar, UP, Rajasthan, MP, Chhattisgarh, and Jharkhand fall below this national average. Consequently, the GER in these States is lower than the national average of 39.91%.

TABLE 1.2.1
Secondary Education—Enrolment and Dropout, 2004–05

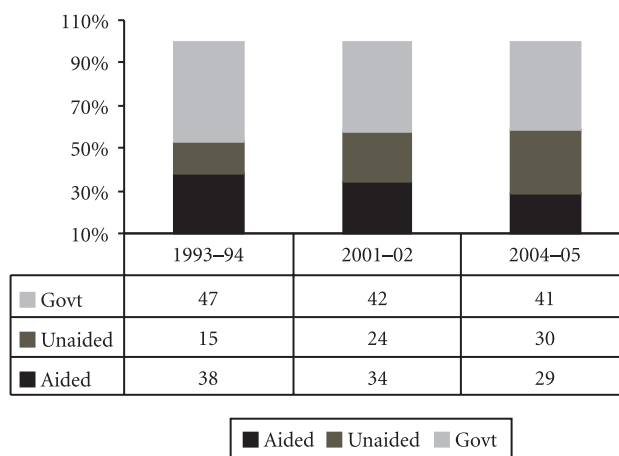
S. No.	Indicators	Boys	Girls	Total
1	Secondary (IX–X)	1.42 (57.39)	1.01 (45.28)	2.43 (51.65)
2	Hr Secondary (XI–XII)	0.74 (30.82)	0.53 (24.46)	1.27 (27.82)
3	Secondary & Hr Sec. (IX–XII)	2.16 (44.26)	1.54 (35.05)	3.70 (39.91)
4	Dropout (%) Rates (I–X)	60.41	63.88	61.92

Note: Figures in the parentheses are GER.

Source: Selected Educational Statistics (2004–05), MHRD.

1.2.6 During the decade ending 2004–05, enrolment at the secondary and higher secondary levels increased at an average annual rate of 5.32%. During the three years of the Tenth Plan upto 2004–05, it increased at a faster rate of 6.75% per annum and an additional 7.5 million children were enrolled. There will be further acceleration in secondary enrolments during the Eleventh Plan period as the primary dropout rates are declining and the transition rate from primary to upper primary is getting closer to 90%.

1.2.7 Nearly 60% of secondary schools are with private management both aided and unaided, almost in equal proportions. The share of government and local body schools and private aided schools has shown a declining trend with private unaided schools showing an increase from 15% in 1993–94 to 24% in 2001–02 and further to 30% in 2004–05 (see Figure 1.2.1). The doubling of the share of private unaided schools indicates that parents are willing to pay for education that



Source: Selected Educational Statistics (2004–05), MHRD.

FIGURE 1.2.1: Secondary Schools by Management

is perceived to be of good quality. The factors underlying this perception include better English teaching, better monitoring and supervision of students' performance, better attention, attendance and accountability of teachers. There is, however, no evidence to show that the enrolments in these schools are additional. Only those who can afford to pay apparently opt for these schools and their average enrolment is much lower than that in the aided and government schools. Public sector investment in secondary schools has therefore to be increased even for incentivizing PPP.

SC and ST Enrolments

1.2.8 The secondary education GER for SCs and STs 45.4% and 37.2%, are respectively, as compared to the overall GER of 51.6% indicating a substantial social gap in enrolments for these groups. The GER for girls belonging to SCs and STs is 37.6% and 30.5%, respectively, indicating a substantial gender gap in enrolment for these groups.

Girls' Education

1.2.9 The Central Advisory Board of Education Committee Report on Girls Education noted a gross shortage of secondary schools for girls (both co-educational and girls' schools). The dropout of girls is extremely high mainly in the northern States, not only because the parental priority for girls' education is low, but also due to the poor access to schools in the rural areas. Opening of schools exclusively for girls appears to be

necessary to overcome the gender disparity. States have to undertake, on priority, school mapping for girl's education, especially for Muslim girls.

1.2.10 The Union Government has been implementing the scheme 'Strengthening of Boarding and Hostel Facilities for Girl Students of Secondary and Higher Secondary Schools (Access & Equity)'. Under the scheme, financial assistance is given to societies and NGOs to provide boarding and hostel facilities to girls, predominantly belonging to the rural, desert, and hilly areas, and particularly for those belonging to SCs, STs, and educationally backward minorities. The performance of the scheme is not up to the mark. The scheme will be restructured and merged with the new umbrella scheme of 'Universalization of Access and Improvement of Quality of Secondary Education'.

Quality Improvement in Schools

1.2.11 During the Tenth Plan, a composite Centrally sponsored scheme (CSS) of 'Quality Improvement in Schools' was introduced by converging the following five existing schemes: (i) Improvement of Science Education in Schools, (ii) Promotion of Yoga in Schools, (iii) Environmental Orientation to School Education, (iv) National Population Education Project, and (v) International Science Olympiads. Improvement of Science Education in Schools has since been transferred to the States as a State sector scheme and the remaining four components are being implemented by NCERT. It appears that very few States implement this scheme at present.

National Curriculum Framework (NCF)

1.2.12 Mathematics, Science, and English are the three core subjects in which a large number of students do not fare well in examinations. In fact, nearly 50% fail in these subjects. This is perhaps the biggest shortcoming of both the elementary and secondary education system. The NCF—2005 NCERT addresses this issue. The National Focus Group on 'Teaching of Science' suggested prevention of marginalization of experiment-based learning in school science curriculum. Investment is required for improving school libraries, laboratories, and workshops to promote culture of experiment-based learning while reducing the importance of external examinations. There is also a need to

have computer-interfaced experiments and projects utilizing database from public domain.

Education for Disabled

1.2.13 The scheme 'Integrated Education for the Disabled Children (IEDC)' is being implemented with a view to integrating children and youths with mild and moderate disabilities in the formal school system. It provides 100% financial assistance to States/UTs and NGOs. About 2.84 lakh children from 1.0 lakh schools were benefited under the scheme.

Central Sector Schemes (CS)

1.2.14 The Central Government is managing and fully funding four types of schools viz., KVs, Navodaya Vidyalayas (NVs), Central Tibetan Schools (CTSs), and National Institute of Open Schooling (NIOS). There are 972 KVs with an enrolment of 9.54 lakh and staff strength of about 46000. KVs are to cater to the educational needs of the wards of transferable Central Government and public sector employees. There are 548 NVs with a total enrolment of 1.91 lakh students, selected through entrance tests. These are pace setting residential co-educational schools providing quality education to talented children predominantly from rural areas. The enrolment of SC and ST children in these schools is 23.9% and 16.2%, respectively. There are 79 CTSs with a total enrolment of 9755 children. NIOS provides opportunities for continuing education to those who missed completing school education. 14 lakh students are enrolled at the secondary and senior secondary stages through 11 Regional Centres, 1943 accredited institutions for academic courses, and 1002 accredited vocational institutions (AVIs) for programme delivery through open learning and distance learning. NIOS centres have also been set up in UAE, Kuwait, Nepal, and China.

Allocation and Expenditure of the Tenth Plan

1.2.15 As against the total Tenth Plan allocation of Rs 4325.00 crore, the anticipated expenditure was Rs 3766.90 crore.

SECONDARY EDUCATION: GOALS, TARGETS, AND STRATEGIES FOR THE ELEVENTH PLAN

1.2.16 The Eleventh Plan aims to: (i) raise the minimum level of education to class X and accordingly

universalize access to secondary education; (ii) ensure good quality secondary education with focus on Science, Mathematics, and English; and (iii) aim towards major reduction in gender, social, and regional gaps in enrolments, dropouts, and school retention. The norm will be to provide a secondary school within 5 km and a higher secondary school within 7–8 km of every habitation. The GER in secondary education is targeted to increase from 52% in 2004–05 to 75% by 2011–12 and the combined secondary and senior secondary GER from 40% to 65% in the same period.

Scheme for Universal Access and Quality at the Secondary Stage (SUCCESS)

1.2.17 The erstwhile schemes of ICT in schools, girls child incentive, IEDC, VE, etc. will be subsumed under a new umbrella CSS named SUCCESS. The principal objectives of SUCCESS will be (i) universalizing access with major reduction in gender, social, and regional gaps in enrolment, dropout, and retention and (ii) improving quality with focus on Science and Maths. Specific interventions will include:

- Setting up 6000 high quality Model Schools at block level to serve as benchmark for excellence in secondary schooling.
- Upgrading 15000 existing primary schools to secondary schools.
- Increasing the intake capacity of about 44000 existing secondary schools.
- Strengthening infrastructure in existing schools with 3.43 lakh additional classrooms and additional 5.14 lakh teachers.
- Encouraging establishment of good quality schools in deficient areas in both public and more in PPP mode.
- Expansion of KVs and NVs in underserved areas.
- 100% trained teachers in all schools and reaching PTR of 25:1 by 2011–12.
- Revamped ICT in secondary and higher secondary schools.

1.2.18 The 6000 Model Schools will be set up in two distinct streams. Under both the streams, land will be provided by the State/UTs free of cost. The first stream

will consist of 3500 public funded schools (3000 in KVs and 500 in NVs template) to be launched in the EBBs which have a significant SC, ST, OBC, and Minority population. The second stream of about 2500 schools would be set up through PPP in other blocks with emphasis on geographical, demographic, gender, and social equity. These schools will be managed and run by involving corporates, philanthropic foundations, endowments, educational trusts, and reputed private providers.

Substantial Improvement in Quality of Secondary Education

1.2.19 The other measures for improving quality in secondary education will include adoption of NCF 2005, adoption of NET/SET of NCERT/CBSE/SCERT/State Boards to enable recruitment of quality teaching faculty; long pending institutional reforms in school management, and ensuring accountability at all levels.

Revamped ICT in Schools

1.2.20 There has been a significant impact of ICT in the delivery of educational services across the world. ICT infrastructure will be established at government and government-aided secondary and senior secondary schools during the Eleventh Plan period. There are about 1.4 lakh such schools out of which 1.08 lakh are government and government-aided schools. About 28000 schools are in far flung areas. About 80000 schools are proposed to be connected on Internet through terrestrial/wireless broadband mode and the remaining 28000 schools will be provided Internet connectivity through broadband Very Small Aperture Terminals. The latter mode of connectivity (satellite) has been proposed as the terrestrial infrastructure in the far flung and Schedule V regions is quite weak and service providers have no immediate plans to extend the broadband infrastructure in these regions. UPS with battery backups and solar power panels for uninterrupted power supply will also be provided as per requirements.

1.2.21 An amount of Rs 5000 crore is being provided during the Eleventh Plan for providing ICT infrastructure in schools. Under this programme, each school will be provided with ICT infrastructure consisting of

a networked computer lab with at least ten computers, a server, a printer connected on Local Area Network and broadband Internet connectivity of 2 Mbps. Every school will also have a technology classroom, with audio visual equipment for enhancing the learning. A dedicated programme for content creation as per the curricula will be undertaken as an integral part of this initiative. In addition, educational content on CDs for embellishing classroom teaching will also be made available. Training of teachers in the use of computers and teaching through computers will be another important component of this initiative.

1.2.22 This revamped scheme of ICT in schools will be implemented in partnership with the States and private providers. This will be a sub-Mission of the National Mission of ICT of MHRD.

Education for Girls

1.2.23 Most of the States implement incentive schemes for education of girls, but generally with very limited coverage. Measures will be undertaken to overcome obstacles to girls' education posed by factors such as poverty, domestic/sibling responsibilities, girl child labour, low preference to girls' education, preference to marriage over the education of girls, etc. A Girl Child Incentive Scheme will be launched on a pilot basis in the selected EBBs. On the basis of quick evaluation, its expansion will be considered in the Eleventh Plan period. The merger of all girl child incentives schemes will be ensured.

Bridging Social Disparities

1.2.24 In order to bridge social gaps in secondary education in respect of SCs, STs, minorities, and OBCs, the Eleventh Plan will address specific areas including (i) upgradation of elementary schools to secondary schools in geographic concentration areas of relevant social groups, (ii) supply of free uniforms, text books, footwear, (iii) supply of bicycle/wheelchairs, (iv) hostels for boys and girls, (v) stipends to the deserving children, (vi) support to all Madrasas for adoption of general curriculum of States, (vii) pre-matric and post-matric scholarships, (viii) special remedial coaching within/outside school for weaker students, and (ix) an area-intensive approach with community participation.

Education of Children with Disabilities

1.2.25 The scheme of Inclusive Education for the Disabled at Secondary Stage (IEDSS) will enable all students with disabilities completing eight years of elementary schooling an opportunity to complete four years of secondary schooling (classes IX–XII) in an inclusive and enabling environment. The IEDSS will also support the training programmes for general school teachers to meet the needs of children with disabilities.

Levy of Fees

1.2.26 Even in public schools, there is a need to encourage some fees for students for enabling school management to raise resources for quality improvement. This should be accompanied by a generous provision of scholarships to those who cannot afford such fees, particularly girl students who are at the risk of dropping out and marrying early.

National Institute of Open Schooling (NIOS)

1.2.27 During the Eleventh Plan, the thrust of the Open Schooling system will be on (i) developing NIOS as a potential Resource Organization in Open Schooling at the national and international level, besides offering courses of study, (ii) up-scaling programmes of the existing 10 State Open Schools (SOSs), and (iii) setting up SOSs in the remaining 19 States. In order to ensure quality in Open Schooling, there will be a full-time coordinator with ancillary staff on contract basis in each Study Centre under the Open Schooling system. During the Eleventh Plan, 1000 AVIs will be set up as a part of the Skill Development Mission (SDM). All AVIs will be rated for their performance before continuation.

Teacher Education

1.2.28 During the Tenth Plan, the thrust areas for Teacher Education are development and strengthening of teacher education institutes, improvement in quality of pre-service and in-service teacher education, professional development of teacher education, and assessment of students. All these were to ensure that teacher education leads to qualitative improvement of schools. The performance of teacher education programmes has not, however, been satisfactory. The objective of setting up DIETs was to influence the

quality of teacher education through innovative pre-service and in-service education programmes. However, there seems to be no evidence of DIETs taking off, constrained as they are by several factors that are proposed to be addressed in the Eleventh Plan. The scheme of Restructuring and Reorganizing of Teacher Education, a CSS, has built up a large infrastructure base with 571 DIETs/DRCs, 104 Colleges of Teacher Education (CTEs), and 31 Institutes of Advanced Study in Education (IASEs) up to 2006–07. However, in view of the acute shortage of teachers, States have appointed a large number of para-teachers through VECs.

1.2.29 DIETs have not justified their existence in terms of outcomes despite their existence for about two decades. DIETs were in acute shortage of quality faculty and several DIETs were headless during the Tenth Plan. Structural problems and the absence of linkages with higher education seem to have isolated DIETs from current trends in research as well as from the academic community. The quality of teacher training leaves much to be desired. SCERTs have also not yet measured up to their expectations. It appears that quality faculty for DIETs needs to be outsourced or else DIETs should adopt the PPP mode, in partnership with reputed institutions to take up intensive and useful training activities. The Eleventh Plan should ensure that the DIETs fulfil their mandate.

1.2.30 A holistic framework cross-connecting various teacher education institutions ranging from those run by universities and research organizations to SCERTs, DIETs, BRCs, and CRCs is needed. A core team drawn from apex agencies and universities should be set up to evolve linkages and to draw up standards for teacher education, along with a plan for academic support at each level. This team will also formulate detailed guidelines for recruitment of teacher educators, academic responsibility, affiliation, and accountability.

1.2.31 A grading system of DIETs/SCERTs will be evolved through NCERT/State Institute of Educational Management and Training (SIEMAT). All teacher training for elementary education will be brought under a single major head. All in-service training, pre-service training, special courses, training for remedial

coaching, training of master trainers, etc., will be brought under the aegis of DIETs. BRCs and CRCs will be organically linked with DIETs. All training institutions (NCERT to CRCs) will be properly strengthened and funded to enable them to conduct programmes of high standards.

1.2.32 The vacant faculty positions in DIETs will be filled on a drive basis. A broad-based faculty development programme for continuous teacher training and master trainers will be in place. DIETs will develop their own model institutions or set benchmarks in collaboration with renowned teacher training institutions (TTIs). There will be full-fledged teacher training capacity building from CRCs to NCERT with adequate funding. A special package for improving teacher education in NE States needs to be initiated. The Regional Centre of Indira Gandhi National Open University (IGNOU) and the newly created North East Regional Institute of Education of NCERT may be entrusted with this task. Special support to NE States should also be extended to establish additional teacher education institutions. MHRD will create a teacher education portal giving details of all teacher education institutions, their calendar of training programmes, curriculum, best teaching/learning practices, self-learning material, theoretical and practical teaching material, etc.

1.2.33 The Teacher Education Scheme should be implemented in partnership with States. Recurring expenditure on the scheme, including salaries and contingencies during the Eleventh Plan period will be met by GoI to the extent of 100% in 2007–08 and thereafter progressively reduced by 10% each year to be 90% in 2008–09; 80% in 2009–10; 70% in 2010–11, and 60% in 2011–12 so that gradually the States can take up their committed liabilities and hold establishment expenditure. The GoI will bear 100% of the new establishment and programme components expenditure.

1.2.34 The Eleventh Plan would be a Quality Plan in respect of the education sector. The following specific programmes are proposed to be taken up in teacher education during the Eleventh Plan.

- Strengthening Teacher Education by (i) developing Teacher Education Information Base in Public

- Domain, (ii) creating additional support systems in the field, and (iii) strengthening academic capacity.
- Continuation of existing scheme relating to SCERTs.
 - Continuation of support to IASEs and CTEs.
 - Conducting training of Educational Administrators including Head Teachers.
 - Introducing substitute/stipend scheme for enabling teachers and educational administrators to enhance their academic qualifications.
 - Continuation of support to DIETs.
 - Augmenting Teacher Education capacity in SC/ST and minority areas.
 - Professional Development of teacher through training programmes.
 - Professional Development of Teacher Educators through Refresher Courses and Fellowship programmes.
 - Support to NGOs.
 - Technology in Teacher Education.
 - Integrating Elementary Teacher Education with Higher Education.

NCTE, SCERTs, CTEs, and IASEs

1.2.35 National Council for Teacher Education (NCTE) is a statutory body vested with the responsibility of maintaining quality standards in teacher education institutions. Performing this task is obviously linked to regulating the establishment of TTIs in accordance with specified norms and matching the need for qualified teachers. Uncontrolled growth in the number of private TTIs in recent years has led to unevenness in the quality of teacher training institutions. There has been a mushroom growth of low-quality private institutions. While NCTE has been very active in southern States and Maharashtra, it is virtually dormant in the eastern States. The existing mechanism for regular monitoring has proved inadequate.

1.2.36 SCERTs have been in existence in practically all States of the country. Though SCERTs were envisaged as apex institutes for educational research and training, the older State-created institutions such as the State Institutes of Education (SIEs) also continue to function in some States. SIEs and SCERTs will be merged. New SCERTs could be set up in States that are yet to establish them. Expansion of CTEs and IASEs

will be undertaken only on the basis of evaluation by independent bodies.

1.2.37 Pre-service and in-service training programmes, the annual conference of Directors of SCERTs/SIEs, NCERT Awards for innovative practices in teacher education/school education, etc., have continued to be organized by the NCERT. Besides NCERT organizes orientation programme for librarians of SCERTs/DIETs. However, NCERT has contributed very little to the capacity building of the SCERTs. The schemes implemented by NCERT, particularly those relating to grants needs to be evaluated by an independent professional agency.

There is a need to address the teacher training requirements in polytechnics. Teachers in polytechnics have to be trained to upgrade their teaching skills due to the changes in technology. Further, in order to keep pace with industry, the curriculum of diploma courses will be revised and its periodic updation made compulsory.

VOCATIONAL EDUCATION: REVIEW OF PERFORMANCE IN TENTH PLAN

1.2.38 The Kothari Commission on Educational Reforms, 1964–66, had visualized that 25% of the students at the secondary stage would go for the vocational stream. The Kulandaiswamy Committee Report had targeted this figure at 15% to be achieved by 2000. According to the recent National Sample Survey Organization (NSSO) data, only 5% of the population of 19–24 age group in India have acquired some sort of skills through VE. The corresponding figure for Korea is 96%.

1.2.39 The CSS of Vocationalization of Secondary Education at +2 level is being implemented since 1988. The revised scheme is in operation since 1992–93. The scheme provides financial assistance to States for setting up administrative structures, carrying out area-vocational surveys, preparing curriculum guides training manuals, organizing teacher training programmes, strengthening technical support system for research and development (R&D), etc. It also provides financial assistance to NGOs and voluntary organizations (VO) for implementation of specific innovative projects for conducting short-term courses. Under the

scheme, an enrolment capacity of over 10 lakh students in 9583 schools with about 21000 sections have been created so far.

VOCATIONAL EDUCATION: STRATEGY AND TARGETS IN THE ELEVENTH PLAN

Strategy

1.2.40 The National SDM is on the anvil. It is envisaged to evolve a comprehensive scheme for creating a diverse and wide range of skills for our youth that would enable the country to reap the scientific and demographic dividend. The emphasis will be on demand-driven VE programmes in partnership with employers. The current programmes will be restructured with emphasis on hands-on training/exposure, vertical mobility, and flexibility.

1.2.41 Greater emphasis will be placed on the services sector and, therefore, on soft skills, computer literacy, and flexi-time. There will also be emphasis on development of generic and multiple skills so that persons may respond to changes in technology and market demands. Generic skills that cut across a number of occupations would enable an individual to transfer from one field to another during his/her working life. Other features will include compulsory partnership with employers who could provide trainers and arrange for internships, give advice on curricula, and participate in assessment and certification.

1.2.42 Only 5% of the population can receive skill training through the formal system. The remaining about 4.0 crore unskilled and semi-skilled persons, who are already working, will be given continuous or further training for upgradation of their skills through a variety of delivery systems, including part-time, sandwich system, day release system, block release system, open and distance learning system, etc.

1.2.43 VE programmes preparing for occupations in Farming, Artisan Trades, Crafts, Small and Medium Enterprises, particularly for self-employment, will include entrepreneurship development and elementary training in ICT to enable persons to take responsibility for production, marketing, management, and rational organization of enterprise.

1.2.44 VE could be offered in flexible mode through modular courses of varying durations, with credit transfer facility. Clear strategies for encouraging access to Vocational Education and Training (VET) for marginalized groups, including SCs, STs, OBCs, minorities, girls, street children, working children and differently abled children will be adopted.

1.2.45 A National Vocational Qualification (NVQ) system, in which public and private systems of VE collaboratively meet the needs of industry and individuals, will be developed. Under this, modular competency based vocational courses will be offered along with a mechanism of testing skills. Bridge courses to facilitate people without any formal education to get enrolled in the regular system of courses will also be developed through NVQ system.

1.2.46 The functioning of the Central Institute of Vocational Education, Bhopal, will be reviewed and the institute restructured to serve as a national resource institution for policy, planning, and monitoring of VE programmes and for developing a NVQ system in the country.

1.2.47 An integrated institutional mechanism for effective implementation of vocational programmes, with quality checks at the State, district, and block levels could be established as a distinct wing of the existing institutional arrangements of SCERT, DIETs, and BRCs. These institutions will be strengthened in a convergent mode.

Physical Targets

1.2.48 During the Eleventh Plan, VE will be expanded to cover 20000 schools with intake capacity of 25 lakh by 2011–12. The programme will ensure mobility between vocational, general, and technical education and multiple entry and exit options.

1.3 HIGHER AND TECHNICAL EDUCATION

1.3.1 The investment made in higher education in the 1950s and 1960s has given us a strong knowledge base in many fields and contributed significantly to economic development, social progress, and political democracy in independent India. At the time of independence, the number of universities was no more than

20, of colleges around 500 and the total enrolment was less than 1.0 lakh. By the end of the Tenth Plan, the Indian higher education system has grown into one of the largest in the world with 378 universities, 18064 colleges, a faculty strength of 4.92 lakh, and an estimated enrolment of 140 lakh students. The higher education institutions include 23 Central universities (CU), 216 State universities, 110 deemed universities, 11 private universities, and 33 institutions of national importance established through central legislation and another 5 institutions established through State legislations.

1.3.2 Despite the expansion that has occurred, it is evident that the system is under stress to provide a sufficient volume of skilled human power, which is equipped with the required knowledge and technical skills to cater to the demands of the economy. The accelerated growth of our economy has already created shortages of high-quality technical manpower. Unlike the developed countries, where the young working age population is fast shrinking with higher dependency ratios, India has a demographic advantage with about 70% of the population below the age of 35 years. But this advantage can only be realised if we expand opportunities for our youth on a massive scale and in diverse fields of basic science, engineering and technology, health care, architecture, management, etc. This is possible only if we initiate rapid expansion along with long overdue reforms in the higher, technical, and professional education sectors.

1.3.3 Expansion, inclusion, and rapid improvement in quality throughout the higher and technical education system by enhancing public spending, encouraging private initiatives, and initiating the long overdue major institutional and policy reforms will form the core of the Eleventh Plan effort. *Our long-term goal is to set India as a nation in which all those who aspire good quality higher education can access it, irrespective of their paying capacity.*

HIGHER EDUCATION: REVIEW OF THE TENTH PLAN

Expansion

1.3.4 The focus of the Tenth Plan was on primary education with an expenditure of over Rs 50000 crore,

whereas, the expenditure on university and higher education was below Rs 8000 crore. The growth of higher education system during the Tenth Plan is given in Table 1.3.1.

TABLE 1.3.1
Growth of Higher Education System

No. of Institutions	2002	2007
Universities	201	378
Colleges	12342	18064
NAAC Accredited:		
(i) Universities	61	140
(ii) Colleges	198	3492
Enrolment(lakh)	75	140

Source: UGC-NAAC.

1.3.5 Our GER of around 11% is very low compared to the world average of 23.2%, 36.5% for countries in transition, 54.6% for the developed countries, and 22% for Asian countries. Further, with high disparities (Table 1.3.2), inclusive education has been an elusive target. 370 districts with GER less than the national average need enrolment drives and rapid expansion of higher education institutions.

TABLE 1.3.2
Disparities in GER, 2004-05

Disparities	GER
Area:	
(i) Rural	6.70
(ii) Urban	19.90
Gender:	
(i) Male	12.40
(ii) Female	9.10
Social:	
(i) SCs	6.57
(ii) STs	6.52
(iii) OBCs	8.77
(iv) Others	17.22
ALL	11.00

Source: UGC.

1.3.6 We should aim to increase the GER to 21% by the end of the Twelfth Plan with an interim target of 15% by 2011-12. To achieve this, the enrolments in universities/colleges need to be substantially raised at an annual rate of 8.9% to reach 21 million by 2011-12.

This requires an additional enrolment of 8.7 lakh students in universities and 61.3 lakh in colleges.

Private Institutions

1.3.7 A welcome development during the Tenth Plan is that the share of private unaided higher education institutions increased from 42.6% in 2001 to 63.21% in 2006. Their share of enrolments also increased from 32.89% to 51.53% in the same period. This trend is likely to continue in the Eleventh Plan and therefore, it is reasonable to expect that about half of incremental enrolment targeted for higher education will come from private providers.

1.3.8 Though the emergence of the private sector has helped expand capacity, it is characterized by some imbalances. Private institutions have improved access in a few selected disciplines such as engineering, management, medicine, IT, etc. where students are willing to pay substantial fees. However, the distribution across country is uneven, with some States receiving most of the growth in private institutions.

Grant to Colleges/Universities

1.3.9 Out of the 18064 colleges that exist today, only 14000 come under the purview of the University Grants Commission (UGC) system, with permanent and temporary affiliations. UGC assists only 40% (5625) of these 14000 colleges recognized under Section 12(b) of UGC (permanent affiliation) Act, which meet the minimum eligibility norms, mostly in terms of physical facilities and infrastructure.

Central Universities (CU)

1.3.10 The existing State universities of Allahabad, Manipur, Tripura, and Arunachal Pradesh and the Central Institute of English and Foreign Languages (CIEFL) have been converted into CU, while a new CU has been established in Sikkim. The National Institute of Education Planning and Administration has been converted into a deemed university and is now called the NUEPA.

UGC

1.3.11 The UGC, a statutory body, established in 1956, operates over 100 schemes, providing a wide range of development grants to institutions, running day

care centres for children, promotion of sports, travel grants for Vice-Chancellors and researchers, area studies, cultural exchange, adult education, women studies, academic staff colleges (ASCs), hostels for women, innovative programmes in frontier research and career oriented education, etc. The schemes implemented by UGC have not yet been evaluated by any external professional agencies. There is an urgent need for such in-depth evaluation and streamlining the range of schemes, and rationalizing the procedures and delivery mechanism including the disbursal of grants.

The National Accreditation Assessment Council (NAAC)

1.3.12 NAAC was set up in 1994 to make quality an essential element through a combination of internal and external quality assessment and accreditation. During the Tenth Plan, NAAC was strengthened with the opening of four regional centres so as to speed up the accreditation process. NAAC has so far completed accreditation of only 140 out of the 378 universities and 3492 out of the 14000 colleges. The results of the accreditation process thus far indicate serious quality problems. Only 9% of the colleges and 31% of the universities are rated as A grade and the rest fall in 'B' and 'C' categories.

ASCs

1.3.13 At present there are 55 ASCs which conduct orientation programmes of four weeks for newly appointed teachers and refresher courses of three weeks for in-service teachers. The refresher courses provide opportunities for serving teachers to learn from each other and serve as a forum for keeping abreast with the latest advances in various subjects. The functioning of ASCs has not yet been evaluated.

ICT

1.3.14 A number of steps have been taken for leveraging the use of ICT in higher education. UGC INFONET allows teachers and students to have access to e-formatted journals, besides links to other research. The network is run and managed by ERNET India. Information for Library Network (INFLIBNET), an autonomous Inter-University Centre for UGC, is the nodal agency for coordination and facilitation of the linkage between ERNET and universities. States have

Box 1.3.1**Private Sector Participation in Higher Education**

Past experience shows that private mechanism has been responsible for setting up of some first rate institutions:

- Indian Institute of Science (IISc), Bangalore and Tata Institute of Fundamental Research (TIFR), Mumbai were established by J.N. Tata with the vision and aim of advancing the scientific capabilities of the country.
- The renowned Santiniketan, presently Viswa-Bharati University, was founded by Nobel Laureate Rabindranath Tagore in early 1900s.
- Xavier Labour Relations Institute (XLRI), one of the finest management schools in India, was founded in 1949 by Fr Quinn Enright in the Steel City of Jamshedpur with a vision of 'renewing the face of the earth'.
- The Birla Institute of Technology & Science (BITS), Pilani, whose founder is the noted industrialist G.D. Birla, was started in early 1900s as a small school that grew to become a premier engineering institution. Today, BITS has campuses in Goa, Hyderabad, and Dubai. The Birla Education Trust is one of the biggest educational trusts in the private sector in our country.
- The Tata Institute of Social Sciences (TISS) was established in 1936, as the Sir Dorabji Tata Graduate School of Social Work. It was the first school of social work in India and in 1944 was renamed as TISS. In 1964 it was recognized as a deemed university by UGC.
- The International Institute of Information Technology (IIIT), Hyderabad is an autonomous, self-supporting institution with major national and international IT companies being actively involved in its academic programmes through their corporate schools on the campus.
- Vidyanagari in Baramati offers courses from Primary Education to Masters Degree. The Trust runs a Law College, Engineering College, Biotechnology College, and an Institute of Information Technology.

agreed to encourage their universities, colleges, and technical institutes to become members of INFLIBNET and Indian National Digital Library for Engineering Sciences and Technology (INDEST).

Autonomous Status

1.3.15 During the Tenth Plan, the target was to accord autonomous status to 10% of eligible colleges. At present 132 colleges under 29 universities are autonomous. However, the number of institutions that have utilized their autonomous status in launching new courses and innovative methods either in teaching or management appears to be extremely limited.

Science Education

1.3.16 The proportion of students opting for Science courses is far too low. Consequently, a large segment of our graduates are inadequately equipped to meet the changing needs of the emerging labour market.

All India Council for Technical Education (AICTE)

1.3.17 The AICTE was set up in 1945, and was given statutory status in 1987 for coordinated development of Technical Education, promotion of qualitative improvement, and maintenance of norms and standards.

National Board of Accreditation (NBA)

1.3.18 NBA has also become a provisional member of the Washington Accord. This will ensure acceptance of its accreditation procedure amongst the member countries of the Accord. So far about 1924 programmes have been considered for accreditation.

HIGHER EDUCATION: TARGETS AND STRATEGIES IN ELEVENTH PLAN**Setting a Reforms Agenda**

1.3.19 An Inter-Ministerial Working Group should be set up to work out a detail reforms agenda on outlines given below.

(i) ADMISSION, CURRICULUM, AND ASSESSMENT

- Common calibration and admission based on Common Entrance Test and/or other relevant criteria for at least professional and PG courses in CU in the first phase.
- Universalizing the semester system.
- Continuous internal evaluation and assessment to eventually replace annual examinations.
- Introducing Credit System to provide students with the possibility of spatial and temporal flexibility/mobility.

- Curriculum revision at least once in every three years or earlier to keep syllabi in tune with job market dynamics and advancement in research.

(ii) ACCREDITATION AND RATINGS

- Introduction of a mandatory accreditation system for all educational institutions;
- Creation of multiple rating agencies with a body to rate these rating agencies.
- Department-wise ratings in addition to institutional rating.

(iii) TEACHERS' COMPETENCE AND MOTIVATION

- Restructuring of NET/SET with greater emphasis on recruitment of adequate and good quality teachers.
- Revamping ASCs and upgrading teachers capabilities through short and long term courses.
- Expansion of research programmes/projects and incentivizing research faculty through funded projects/research.

(iv) MISCELLANEOUS

- UGC in consultation with stakeholders to arrive at optimum size of universities and the number of college affiliations.
- Setting up of a new Inter-university Centre on higher education to undertake specialized research for policy formulation.

Autonomy and Accountability in Higher Educational Institutions

1.3.20 The issues of autonomy and accountability are very critical. While many initiatives have already been taken on various aspects, a lot has to be done in the near future with full determination.

1.3.21 Autonomy is the sine qua non of excellence. Erosion of autonomy adversely impacts quality. Autonomy must, however, be linked to accountability. Furthermore, the government must ensure that fee structures do not lead to profiteering. Beyond this, the State/government must not interfere in institutional governance.

1.3.22 Higher education institutions must subject themselves to internal accountability to their stakeholders with respect to their performance and outcomes.

They need to set their own goals and targets to assess their achievements and subject themselves to peer review. They should be subject to an apex regulatory institutional mechanism that must be at an arm's-length from the government and independent of all stakeholders. The main function of the regulatory mechanism would be of setting and maintenance of standards as also to evaluate performance and outcomes. The regulatory framework must be conducive to innovation, creativity, and excellence in higher education.

1.3.23 Autonomy has three inter-related dimensions:

- (i) Institutional autonomy in Academic Matters envisages that there will be a Governing Board in the each institution that will be free to decide future strategies and directions, the processes governing admissions, curriculum updating, examinations, classroom processes, and the interface with the external environment as well as to determine the standards and degree of excellence. The Board should consist of people of eminence and should not have more than one third of its members from the government, with the others coming from industry, the professions, and alumni to enable it to draw upon the services of persons of eminence and provide representation to all stakeholders.
- (ii) Governance related autonomy enables the Governing Board and its Academic Councils to decide on personnel policies of the institutes, faculty recruitment and development plans, core areas of academics, research and consultancy related strengths, delegation of administrative authority, and its performance review processes for faculty and non-faculty personnel.
- (iii) Financial Autonomy will enable institutions to mobilize resources from user fees, review fee-structures, consultancy services, and donations. They can rationalize their fee structures according to the degree of excellence achieved both in terms of academic achievement and market value. It will also unshackle the institutions, enabling them to take bold initiatives regarding campus accretions/additions, starting new faculties and new disciplines, creating competencies in new knowledge domains, expanding infrastructure, and enlarging

student outreach. The Governing Board should be left free to evolve policies relating to donations, endowments, scholarships, instituting Chairs, accumulation and deployment of reserves and surpluses, keeping in mind the overarching principle of equity while fixing fees and determining the amount of scholarships.

Quantitative Expansion

1.3.24 Quantitative expansion in enrolment will be achieved through: expansion of existing institutions, both government and private; creation of new government (Central and States) funded universities and colleges; facilitating/removing barriers in creation of new universities and colleges; special programmes for targeted expansion in CU; support to State universities and colleges, and additional assistance to under-funded institutions; the implementation of recommendations of the Oversight Committee (OSC), would be subject to final order of the Supreme Court. Focus on access and affordability in SCs, STs, OBCs, and minority concentration districts and implementation of the recommendations of the Sachar Committee with respect to educational development of the Muslim community.

Inclusive Education

1.3.25 The objective of inclusiveness will be achieved through the following:

- Reduction of regional imbalances;
- Support to institutions located in border, hilly, remote, small towns, and educationally backward areas;
- Support to institutions with larger student population of SCs, STs, OBCs, minorities, and physically challenged;
- Support to the SCs, STs, OBCs, minorities, physically challenged, and girl students with special scholarships/fellowships, hostel facilities, remedial coaching, and other measures;
- Setting up of an 'Equal Opportunity Office' in all universities to bring all schemes relating to this group under one umbrella for effective implementation.

Quality Improvement

1.3.26 Quality improvement in higher education will be brought about through restructuring academic

programmes to ensure their relevance to modern market demands; domestic and global linkages with employers and external advisory resource support groups and tracer studies; greater emphasis on recruitment of adequate and good quality teachers; complete revamping of teaching/learning methods by shifting from traditional repetitive experiments to open-ended design-oriented work for encouraging invention and innovation; compulsory interactive seminar-tutorials, broadening the content of Science and engineering programmes to strengthen fundamental concepts, improving learning opportunities and conditions by updating text books and learning material; and improving self-directed learning with modern aids and development of IT network.

New CU

1.3.27 30 CU will be set up including 16 on the basis of one CU in each of the 16 uncovered States such as Bihar, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, J&K, Jharkhand, Karnataka, Kerala, MP, Orissa, Punjab, Rajasthan, Tamil Nadu, and Uttarakhand. The Indira Gandhi National Tribal University will be set up as a CU. In addition, it is proposed to establish 14 new CU aiming at world class standards. These universities will be set up through a single umbrella Central legislation and will be subject to the State providing land free of cost and signing a Memorandum of Understanding (MoU) for a minimum set of educational reforms in its university system whereby the new institutions serve as benchmarks of excellence for other universities and colleges.

1.3.28 The proposed 14 World Class Universities (WCU) need to be carefully planned to have various schools including medical and engineering. Their establishment should be implemented in a creative mode, by setting up an autonomous project team comprising eminent people for each of the proposed WCU, who would design and implement the project creatively. The location of these institutions should be determined by competitively evaluating alternative offers of land by State. The location decision should balance the desire for achieving a greater geographical spread and the potential synergies arising from co-location with the existing reputed institutions and laboratories (e.g., Council of Scientific and Industrial

Research [CSIR] laboratories). The setting up of WCU will take time, especially for them to come up to full strength. But locations and initiation of work should get top priority during the Eleventh Plan so as to enable India to become the global knowledge hub and set benchmark for Central and other universities.

Supporting State Universities and Colleges

1.3.29 About 8800 affiliated colleges of State universities, mainly undergraduate colleges, are technically under the purview of UGC but do not get assistance as they do not meet the minimum eligibility norms in terms of physical facilities and human resources. During the Eleventh Plan, about 6000 colleges and 150 universities with focus on under served areas will be strengthened to enable these institutions to fulfil the criteria for UGC assistance. Each college and university will be provided Rs 2.0 crore and Rs 10 crore, respectively, based on DPR. But there must be corresponding funds from States plus willingness to raise funds internally.

1.3.30 Although assistance is provided through UGC to about 160 State universities and 5625 colleges through development grants, due to the budgetary constraints the funding is low and insufficient affecting the quality of interventions. During the Eleventh Plan, these colleges and universities will be provided one-time assistance at the rate of Rs 1.0 crore and Rs 5.0 crore, again based on DPR. This support will be subject to the matching commitments on funding and reforms from the Centre, States, and institutions.

Correcting Regional Imbalances: Establishing 370 New Degree Colleges

1.3.31 States like Bihar, MP, and Orissa have low GER. To ensure better access with equity, a new CSS will be launched with a Central–State funding pattern of 1:2 (1:1 for Special Category States) for increasing intake capacity in the existing institutions or starting new institutions. Further, 370 new degree colleges will be established in districts with low GER based on careful selection.

Initiatives for Inclusive Education in States

1.3.32 Focus on the disadvantaged sections (SCs, STs, OBCs, and minorities) holds the key to achieving the GER of 15% for the Plan. Financial assistance will be provided to the States on the basis of specific projects submitted for these social groups. Girl's hostels will be constructed in districts with low female GER and high concentration of SCs STs, OBCs, and minorities. About 2000 hostels with a unit cost of Rs 1.0 crore will be provided during the Eleventh Plan subject to the recurrent expenditure being borne by the States/beneficiaries and hostels being managed by the respective institutions.

TECHNICAL EDUCATION

Status

1.3.33 India's technical education institutions comprise:

- 7 Indian Institutes of Technology (IITs) and 6 Indian Institutes of Management (IIMs), which are Institutions of National Importance;
- 20 National Institutes of Technology (NITs);

Box 1.3.2 Basic Features of a Model CU

- CU should provide education and research opportunities in a variety of disciplines.
- These universities should admit students on an all-India basis and through a nationwide test by an independent testing body.
- Degrees should be granted on basis of completion of a requisite number of credits.
- Syllabi should be revised every two year to keep up with changes.
- Appropriate system of appointments and incentives should be put in place to maximize the productivity of faculty.
- Mechanisms should be set up to monitor and evaluate performance and progress of teachers.
- Strong linkages should be built between teaching and research, the university and industry and research laboratories.
- The CU should be department-based and should have no affiliated colleges.
- Non-teaching functions should be outsourced wherever possible.
- Administrative processes should be streamlined and made transparent and accountable by use of ICTs.

- 1617 engineering and technology colleges, 1292 polytechnics,
- 525 institutions for diploma in pharmacy,
- 91 Schools for Hotel Management and 4 Institutions for Architecture in 2006.
- For postgraduate courses, these are 1147 educational institutions, for Master of Business Administration (MBA)/Post Graduate Diploma in Management (PGDM) and 953 for Master of Computer Applications (MCA).
- 7 Deemed-to-be-Universities, namely, Indian Institute of Science (IISc), Bangalore, Indian School of Mines, Dhanbad, School of Planning and Architecture, New Delhi, Indian Institute of Information Technology and Management, Gwalior and Indian Institute of Information Technology (IIIT), Allahabad, Indian Institute of Information Technology, Design and Manufacturing, Jabalpur and Kanchipuram.
- 4 Boards of Apprenticeship Training, etc.
- National Institute of Foundry and Forge Technology, Ranchi.
- National Institute of Industrial Engineering, Mumbai.
- Sant Longowal Institute of Engineering and Technology (SLIET).
- North Eastern Regional Institute of Science and Technology (NERIST), Itanagar.
- 4 National Institute of Technical Teachers Training and Research (NITTTRs).

1.3.34 Many central programmes/schemes contribute significantly to technical education. These include:

- Programme for Apprenticeship Training (Scholarships and Stipends),
- Community Polytechnics (CP),
- Technician Education Project-III assisted by the World Bank for Improvement of Polytechnic Education,
- Technical Education Quality Improvement Programme (TEQIP),
- Polytechnics for Disabled Persons,
- National Programme on Technology Enhanced Learning (NPTEL).
- National Programme for Earthquake Engineering Education,

- INDEST,
- Consortium and Technology Development Missions.

1.3.35 The dispersal of degree level technical institutions in the country is however highly skewed. Andhra Pradesh, Tamil Nadu, Karnataka, and Maharashtra account for nearly 55% of the engineering colleges and 58% of enrolments in the country. The State-wise distribution of national institutions is even worse (Annexure 1.2).

Tenth Plan Performance

1.3.36 The Tenth Plan period saw a big increase in the number of technical and management institutions, mainly due to private initiatives. During the Tenth Plan, the number of AICTE approved Degree Engineering/Technology institutions has risen from 1057 to 1522 and the annual intake from 2.96 lakh to 5.83 lakh. The aggregate number of technical institutions and the intake capacity by the end of Tenth Plan were 4512 and 7.83 lakh, respectively.

1.3.37 During the Tenth Plan the University of Roorkee was upgraded to an IIT and the number of IITs increased to seven. Seventeen RECs, two Indian Institutes of Science Education and Research (IISERs) at Pune and Kolkata were also set up and three other institutions were upgraded to NIT level. A new Indian Institute of Information Technology, Manufacturing and Design was established at Jabalpur making it the third institute in the series. All the four Technical Teacher Training Institutes were upgraded as NITTTR. Several engineering colleges were conferred with Deemed-to-be-University status. Many private universities became operational imparting technical education through legislation of various State Governments. Bengal Engineering College, a deemed university, was conferred with the status of unitary university and redesignated as Bengal University of Science and Technology. In several States, technical institutions were brought under the purview of new Technical Universities and this improved quality and standards.

1.3.38 The AICTE and INDEST have joined hands to form a combined AICTE-INDEST Consortium.

The AICTE has set up 106 virtual classrooms in identified technical institutions under Education Satellite (EDUSAT) scheme to share the knowledge of premier and well-established institutions with other institutions.

1.3.39 To enhance learning effectiveness and to expand access to high-quality digital video-based courses, an NPTEL has been launched. The TEQIP aims at up-scaling and supporting ongoing efforts of the GoI to improve quality of technical education. Under the scheme, 40 lead institutions (including 18 Centrally funded NITs) and 88 State engineering/network institutions (including 20 polytechnics) in 13 States have participated. The programme targets 10000 graduating students each year. It also imparts superior skills and training to enhance the professional development of 1000 teachers. TEQIP Phase II is still under negotiation and it is expected to be substantially enlarged, diversified, made more flexible and allow for greater involvement of States in design and implementation.

1.3.40 The Tenth Plan outlay for the technical education sub-sector was Rs 4700 crore, against which an expenditure of only Rs 3416 crore was incurred (73%).

TECHNICAL EDUCATION: GOALS AND TARGETS IN ELEVENTH PLAN

1.3.41 During the Eleventh Plan, intake of technical education institutions needs to grow at an estimated 15% annually, to meet the skilled manpower needs of our growing economy.

Schemes for Expansion and Upgradation

1.3.42 The Eleventh Plan envisages setting up of 8 new IITs, 7 new IIMs, 10 new NITs, 3 IISERs, 20 IIITs, and 2 new SPAs. In establishing these institutions the scope for PPPs will be explored. Seven selected technical institutions will be upgraded subject to their signing MoU on commitments to making reforms in governance structure, admission procedure, etc. and aligning with character of the national institutions. In the location and selection of sites for the new institutions, clustering will be a key consideration and the States will be incentivized for co-locating institutions in strategic locations.

Expansion of Intake Capacity in the Existing Central Institutions

1.3.43 The recent recommendations of the OSC to increase the intake capacities of the Centrally funded technical institutions in the categories of IITs, NITs, IIITs, NITTTRs, and IIMs provide for an opportunity for major capacity expansion of high level technical and management institutions while providing for social equity.

1.3.44 Considering the urgency in expanding the intake capacity due to the acceleration in demand for technical education, a quick feasibility study will be undertaken to decide upon the optimum intake capacity of the Central institutions and support them for additional infrastructure, etc. In view of the increasing demand particularly for MBAs, Departments/Institutes of Management and Business Administration in the university system will also be strengthened.

Strengthening State Technical Institutions

1.3.45 The State Engineering Colleges suffer from severe deficiencies in academic infrastructure, equipment, faculty, library facilities, and other physical facilities. Top ranking students in entrance examination of the States opt for these institutions in view of relatively low fee structure and government recognition. These are supposed to be model institutions for the private sector institutions to benchmark their standards. If standards and norms are insisted upon for private institutions, the government cannot keep its institutions in unsatisfactory condition.

1.3.46 TEQIP Phase II is expected to be substantially enlarged to cover additional 200 State engineering institutions, diversified, made more flexible and allow for greater involvement of States in design and implementation. There will be one-time assistance for project-based support and funds will be released on performance and the State Government accepting a minimum set of reforms including curriculum revision, internal assessments, faculty upgradation, adoption of seminar-tutorials, and the semester system, etc. Proper appraisal system of the projects and effective Monitoring and Evaluation (ME) system will be established. TEQIP-II projects will be on log frame.

Box 1.3.3**Mohali Knowledge City—Advantages of Clustering**

- It is planned to build a knowledge city in Mohali, Punjab with a vision to promote innovation and startup companies. The cluster includes, on a single campus, the Indian Institute of Science Education and Research (IISER), National Agri-food Biotechnology Institute, Nanotechnology Institute, Management School, Technology and IP Management Centre, Business Centre, an Informatics Centre, Centralized Platform, Technology facility, a Good Manufacturing Practices (GMP) compliant Bio process Facility for Food and Nutraceuticals, a Technology Park for start-ups, and a host of other shared facilities. Governance, as a cluster is so designed as to allow dynamic contact and collaboration within the cluster and with all existing local institutes and enterprises.
- Building cluster in strategic location enables innovation. Characteristically, in a cluster, research, technology management, investment and business skills, technology incubators and parks for startups are co-located, functionally linked, based on a common vision. The vision of such a cluster is to create necessary synergies and sharing of resources, ideas, and facilities.

1.3.47 Efforts will be made to establish 50 centres for training and research in frontier areas like Biotechnology, Bio-informatics, Nano-materials and Nanotechnologies, Mechatronics, MEMS, High Performance Computing, Engineering, etc. However, these will be funded on the basis of specific proposals and on a competitive basis.

SCIENCE AND TECHNOLOGY (S&T): THE CUTTING EDGE

1.3.48 In the current knowledge era, our development depends crucially on the ability to harness S&T to find innovative solutions. Capabilities in S&T, therefore, are reckoned as a benchmark for establishing the status of the development of a nation. India must occupy a frontline position in this listing. The Eleventh Five Year Plan approach to S&T will be guided by this ambition and emphasis will be on:

- Evolving an integrated S&T Plan involving UGC, Department of Science and Technology (DST), CSIR, Indian Council of Agricultural Research (ICAR), Departments of Atomic Energy and Space to provide the resources needed for substantially stepping up support to basic research, setting up a national level mechanism for evolving policies, and providing direction to basic research.
- Enlarging the pool of scientific manpower and strengthening the S&T infrastructure. Focused efforts will be made to identify and nurture bright young students who can take up scientific research as a career.
- Promoting strong linkages with other countries in

the area of S&T, including participation in mega international science initiatives.

- Evolving an empowered National Science and Technology Commission responsible for all matters relating to S&T (Administrative, Financial, and Scientific) including scientific audit and performance assessment of scientists and scientific institutions through peer review.
- Supporting the schemes suggested by the Empowered Committee on the Science Education.

Faculty Development and Research

1.3.49 The world over, it is recognized that R&D efforts are imperative for sustained economic growth and social development. However, in India there has been a low level of R&D efforts, mainly due to the inadequate number of highly trained and knowledgeable R&D personnel—particularly at the level of PhDs—relatively low investment in R&D by the corporate sector, and the lack of synergy among R&D institutions and universities. The present output of about 450 doctorates per annum in Engineering and Technology, should increase several folds with the expanded technical education capacity, offering substantial scope for postgraduate and doctoral level programmes.

National Science and Engineering Research Board (NSERB)

1.3.50 Upgradation of science education and research infrastructure in the universities is a major challenge. The DST would adopt a two-pronged strategy to achieve this objective: (i) expansion and strengthening

of S&T base in the universities through appropriate HRD measures and building up of research capabilities of the academic sector and (ii) funding for undertaking internationally competitive and front-ranking major research programmes. For this purpose, the existing Science and Engineering Research Council mechanism of the DST would be restructured into NSERB and a special program for rejuvenation of research in universities would be initiated. The proposed Board will address these issues and follow global best practices.

Reducing Wide Regional Disparities

1.3.51 Southern States have successfully attracted capital and students from all over the country. Government schemes and AICTE will proactively encourage establishment of higher (technical) institutions in deficient States (Annexures 1.2.1 and 1.3.1).

OVERSIGHT COMMITTEE (OSC)

1.3.52 In pursuance of the 93rd amendment to the Constitution of India aiming to provide statutory reservations to SCs, STs, and OBCs in Central Educational Institutions, the Central Educational Institutions (Reservation in Admission) Act has been enacted and has been notified in January 2007. The OSC (Moily Committee), constituted in May 2006 recommended an investment of Rs 17270 crore over a period of five years for the Central Educational Institutions to increase their intake capacity by 54% so as to provide 27%

reservation to OBCs without affecting the number of general seats. Of this, Rs 7035 crore will be non-recurring expenditure, the bulk of which will be spread over year 1, 2, and 3, whereas, the recurring expenditure will be Rs 10235 crore spread over five years, increasing progressively subject to the final order of the Supreme Court. An Inter-Ministerial Monitoring Committee will be constituted in the Planning Commission to oversee and review the progress. (See Annexure 1.3.2.)

FEES IN HIGHER EDUCATION, SCHOLARSHIPS, FELLOWSHIPS, AND LOAN SCHEMES

1.3.53 The national commitment 'to ensure that nobody would be deprived of higher education opportunities due to lack of financial resources' necessitates a serious look at the issues of fees, scholarships, and loan schemes.

1.3.54 At present, fees vary across universities, but generally these have been kept very low, in many cases not even covering 5% of the operating cost. The Centre and State Governments must either be able to subsidize university education massively or try to mobilize a reasonable amount from those who can afford it by way of fees that cover a reasonable part of the running cost. Since most university students come from the top 10% of the population by income levels, they would be able to pay fees amounting up to 20% of the operating cost of general university education. The fees for professional courses could be much higher. The fee levels

Box 1.3.4

Faculty Augmentation and Development in Science and Technology

- Substantial increase in the intake in Junior Research Fellowship (JRF);
- Enhance research fellowship for PhD students if they are given additional responsibility to also take up teaching as lecturer and make eligible non-NET PhD scholars also for fellowship;
- Increase the number of fellowships and the quantum of assistance for MTech students;
- Make the teaching system attract and retain the best talent with better pay/perks and funded research. Performance-based rapid career progression;
- Increase industry–institution interface including provision for tenure jobs in industry for faculty;
- Set aside a share of project funds as incentive payments for the researchers/fellows;
- Selected top class institutions to undertake special programmes for best faculty development;
- Infusion of knowledge capital in the Centres of Excellence through MoU;
- Institutions to open up for international faculty, visiting programmes, and faculty exchange;
- Recruitment policy of faculty reviewed for providing more flexibility in appointments, short-term contracts, assignments, and possibility of outsourcing select faculty that is in short supply;
- A major expansion of faculty development programme.

should, therefore, be increased gradually in existing institutions but the new norms could be implemented in new institutions from the start. It may be noted that the new institutions will take time to start.

1.3.55 It must be recognized that there will be some students who cannot afford to pay the increased fees and they should receive scholarships. From a fiscal perspective, the government has to bear the cost either by undercharging fees or providing scholarships. The latter method is most preferable because not all students need scholarships and those that do should be able to avail of the scholarship at any recognized university, thus providing an incentive for universities to compete and attract students rather than have all their costs covered. With a portable scholarship system, the demand for admission in the better universities will signal their preferred standing.

1.3.56 The operating cost of providing technical and medical education is much higher than general education and fees in these institutions will have to be higher. However, these courses also provide opportunities for much higher earnings for most graduates. The additional cost to the student of taking these courses, beyond the basic level of fees referred to above, can be met through student loan programmes. Banks are currently providing student loans but there are operational problems. Students at premier institutions such as the IITs or IIMs find no difficulty in getting bank loans, but in other institutions, loans are often linked to providing collateral.

Increasing Affordability through Scholarships, Fellowships, and Loans

- Scholarships to colleges/universities students.
- Effective fellowship programme and substantial increase in coverage of PhD research students under Junior Research Fellowship (JRF).
- Encourage NET qualified and PhD students to take to research as a career and for creation of intellectual property.
- Establish interlink of research faculty with research students in universities by offering research fellowships.
- A framework for facilitating student loans for professional programmes including a Higher

Education Loan Guarantee Authority for covering bank loans to students of accredited universities.

1.3.57 It is necessary to move to a position where banks will lend freely to students who have achieved admission to certified institutions against a loan guarantee given by a National Student Loan Guarantee Corporation.

REFORMS IN APEX REGULATORY INSTITUTIONS OF HIGHER EDUCATION

1.3.58 The government has created an elaborate institutional arrangement by establishing the UGC as an umbrella organization for coordination and maintenance of standards of higher education, as also other professional statutory councils for regulating professional and technical education and determining their quality and standards. These include AICTE, Medical Council of India (MCI), Bar Council of India, NCTE, etc. These institutions have played an important role in laying down a strong foundation of higher, professional, and technical education and expanding its base throughout the country. However, consequent upon the major structural changes that have taken place during the last 25 years or so in the domestic education system and its growing linkages and involvement with the international education providers, the context of higher, professional, and technical education has undergone a paradigm shift.

1.3.59 It is, therefore, imperative to review the changing role that these organizations are expected to perform in the context of global changes, with a view to enabling them to reach out, regulate and maintain standards, and meet the challenges of diversification to enhance access and maintain the quality and standards of higher, professional, and technical education. This would help create and expand the relevant knowledge base from the point of view of the expanding individual entitlements and increasing the capacity of the economy to take full advantage of the domestic and global opportunities.

1.3.60 A high-level committee will be set up to suggest a specific reforms agenda in this context. Similar exercises will have to be carried out with respect to State level institutional arrangements.

NATIONAL MISSION IN EDUCATION THROUGH ICT

1.3.61 A National Mission in Education through ICT will be launched to increase ICT coverage in all the 378 universities and 18064 colleges. The Mission will focus on digitization and networking of all educational institutions, developing low cost and low power consuming access devices, and making available bandwidth for educational purposes. MHRD-Department of Information Technology (DIT)-Department of Tele Communications (DoT) collaborative efforts are needed to ensure fully electronic universities and digital campuses. Advanced computational facilities will be provided in select institutions.

1.3.62 The outputs envisaged from these efforts include:

- Availability of e-books in English language for most of the subjects.
- EDUSAT teaching hub at each of the CU.
- 2000 broadband Internet nodes at each of the 200 Central Institutions.
- One Satellite Interactive terminal for providing network connectivity in 18000 colleges.
- Each department of 378 universities and each of the 18064 colleges to be networked through broadband Internet modes of adequate bandwidth.
- Digitization of large volume of video contents of Teaching Learning Materials generated overtime.
- Spreading Digital Literacy.

1.3.63 National Knowledge Network and Connected Digital Campuses for plunging into knowledge cyberspace:

- The move from the old economy to a knowledge economy is characterized by collaborations and sharing of knowledge. Today, the R&D activities are becoming multi-disciplinary and moving onto collaborative mode amongst researchers spread across countries. The Eleventh Plan must, therefore, aim at creating a world-class ambience by establishing a dynamically configurable national multi-gigabit network connecting all educational institutions, R&D institutions, hospitals, libraries, or agricultural institutions.

- A provision of Rs 5000 crore has been made in the Eleventh Five Year Plan for 'Education Mission through ICT'. This would adequately take care of the recommendations of the 'Oversight Committee on Reservations in Higher Educational Institutions' for harnessing ICT and creating digital campuses to cope with the challenges of the age of networked intelligence, as well as the recommendation of the National Knowledge Commission for networking 1000 institutions in the first phase.
- The Integrated National Knowledge Network shall be designed to support Overlay Networks, Dedicated Networks, create country wide classrooms, and empower campuses through campus wide network. The entire network will seamlessly integrate with global science at multiple gigabits per second speed. In the first phase 1000 institutions would be brought under this network.
- A suitably structured Empowered Committee consisting of stakeholders will also be required to coordinate activities of creation and implementation of the content, applications, and establishment of network. The Empowered Committee shall be assisted by a Technical Advisory Committee.
- The National Knowledge Network will enable our institutions of higher learning to have digital campuses, video-conference classrooms, and wireless hot-spots campus wide. Students of all professional/science programmes should be encouraged to have their own laptops/desktop computers, with hostels providing wi-fi connectivity.

POLYTECHNICS

Present Status

1.3.64 Polytechnics in the country offer three year generalized diploma courses in conventional subjects such as civil, electrical, and mechanical engineering. The courses are now diversified to include electronics, computer science, medical lab technology, hospital engineering, etc. Women's polytechnics offer courses in garment technology, beauty culture, textile design, etc.

1.3.65 The number of polytechnics has increased slowly from 1203 in 2001–02 to 1292 in 2005–06 with corresponding rise in intake from 2.36 lakh to 2.65 lakh. The proportion of polytechnics is high in the

southern States (46%). Further, the proportion of public sector institutions at degree level in the country is very low around 20% and on the other hand around 80% of diploma level institutions are in public sector. 125 districts do not have even a single polytechnic.

1.3.66 Even the existing polytechnics seem to struggle for survival. Over the years, the diploma courses have lost the skill components and are perceived as diluted version of degree education. The Eleventh Plan will have to address several issues including static curricula, poor industry interface, lack of flexibility to respond to needs obsolescence of equipment, lack of trainers, and inadequate funding.

1.3.67 CP are wings of the existing polytechnics intended to provide a platform for transfer of appropriate technologies to rural masses and to provide technical support and services to the local community. At present, there are 669 CP in the country. During the Tenth Plan period, about 13 lakh persons had been trained in various job-oriented non-formal skills/trades.

Eleventh Plan Proposals

1.3.68 New polytechnics will be set up in every district not having one already on priority basis. These polytechnics will be established primarily with Central funding and over 700 will be set up through PPP and private funding. All these new polytechnic institutes will have a CP wing. Women's hostels will also be set up in all the government polytechnics. The existing government polytechnics will be incentivized to modernize in PPP mode. Efforts will also be made to increase intake capacity by using space, faculty, and other facilities in the existing polytechnics in shifts.

1.3.69 There is a shortage of qualified diploma holder in several new areas. Therefore, engineering institutions will be incentivized and encouraged to introduce diploma courses to augment intake capacity. Diploma programmes could be run in evening shifts when the laboratory, workshop, equipment, and library are free. The faculty could be incentivized for institutions running diploma programmes in an optimal manner. This will also restore the credibility of diploma programmes and also support vertical mobility for higher education.

In fact, Sant Longowal Institute and NERIST, Itanagar, already have vertically integrated certificate, diploma, and degree programmes.

1.3.70 Teachers in the polytechnics will be trained continuously to upgrade their teaching knowledge and skill to keep pace with the industry. The curriculum of diploma courses will be revised. Polytechnics will be encouraged to involve industrial and professional bodies in developing linkages with industries in their vicinity.

1.3.71 Setting up of additional 210 community colleges, mainly in northern, western, and eastern parts of the country will be supported on placement based funding. Existing 190 community colleges (largely in southern States, some of which offer diploma courses) will also be supported for capacity building, training cost (equipment, faculty development, TLM, stipend, etc., but not for civil works and other capital costs). Funding will be based on MoU between community colleges, States, and MHRD.

DISTANCE LEARNING

IGNOU

1.3.72 Access to education through the open and distance learning system is expanding rapidly. IGNOU now has a cumulative enrolment of about 15 lakh. It has a network of 53 regional centres and 1400 study centres with 25000 counsellors. Besides, there are 28 FM radio stations and 6 television channels. The university introduced 16 new programmes during 2006–07. The Distance Education Council, an authority of IGNOU is coordinating the activities of 13 State Open Universities (SOUs) and 119 Institutes of Correspondence Courses in the conventional universities.

1.3.73 The pilot project of 'SAKSHAT'—one-stop education portal—has been launched in October 2006 to facilitate lifelong learning of students, teachers, and those of employment or in pursuit of knowledge, free of cost to them. The vision is to scale up the pilot project to cater to the learning needs of more than 50 crore people. The portal contains the virtual class that has four quadrant approaches to learning, which include

written course materials, animations, simulations, video lectures, related web links, question answers, confidence building measures, etc.

1.3.74 The Eleventh Plan will support IGNOU, existing SOUs and the States setting up new SOUs. Considering the dismal performance of some of the statutory bodies, in-depth and independent evaluation of these statutory bodies will be undertaken urgently.

1.3.75 Consortium for Educational Communication Centre (CEC) will set up a technology enabled system of mass higher education by taking advantage of Vyas 24-hours Education Channel for one way communication, EDUSAT network for two-way communication and Internet for 'any time anywhere' education. The thrust areas will include strengthening of the existing media centres, setting up of new media centres in those States where no centres exist, strengthening of the concepts of packaging knowledge in video and e-content form in need-based subject areas, transforming the CEC and media centre into a virtual university system.

LANGUAGE AND BOOK PROMOTION

Language Promotion

1.3.76 The development of languages occupies an important place in the National Policy on Education 1986 and the Programme of Action 1992. There are 122 other languages having at least 10000 speakers and nearly 234 identifiable mother tongues (as per the figures given in the 2001 Census Report). Promotion and development of 22 languages listed in the Schedule VIII of the constitution, including classical languages on the one hand and English and foreign languages on the other, have received due attention and will continue to do so. Some of the important programmes that continued during the Tenth Plan are promotion and development of Sanskrit and Hindi through different institutions, training of Hindi teachers for non-Hindi speaking States, and the use of ICT in the sector.

1.3.77 New Linguistic Survey (NLSI) of India will be undertaken during the Eleventh Plan as a CS. The

original Linguistic Survey of India is more than 100 years old, supervised by Sir George Abraham Grierson who produced a monumental document consisting of 19 volumes between 1894 and 1927. It had identified 179 languages and 544 dialects.

1.3.78 The proposed NLSI will focus on 22 languages in the Eighth Schedule and their geo-space but would also pay special attention to the top 15 Non-Scheduled languages and also to the sign languages that are as complex as spoken languages. The Survey will be conducted by the Central Institute of Indian Languages (CIIL), Mysore, and the Departments in select universities that have a strong base in sociology, anthropology, etc.

1.3.79 At present there is no scheme or organization devoted exclusively for the development of Non-Schedule VIII languages. A new scheme for the preservation and development of languages not covered by the Eighth Schedule, namely the Bharat Bhasha Vikas Yojana would be taken up.

1.3.80 The National Translation Mission would cover Translators' Education: running short-term training programmes; creating a course for translators as a part of language teaching programme; developing specialized courses in translation technology and related areas; information dissemination; etc.

1.3.81 A Central Institute of Classical Tamil (CICT) at Chennai will be set up during the Eleventh Plan to develop Tamil as a classical language. The Tenth Plan scheme for development of Tamil language will be subsumed in CICT.

1.3.82 The following Central sector institutional schemes will continue to be supported by the MHRD but all the schemes will be evaluated in-depth for further funding: (i) Central Hindi Directorate, (ii) Commission for Scientific and Technical Terminology, (iii) Kendriya Hindi Sansthan, (iv) CIIL, Mysore, (v) National Council for Promotion of Urdu Language, (vi) National Council for Promotion of Sindhi Language, and (vii) Mahrishi Sandipani Rashtriya Ved Vidya Pratishthan (viii) Rashtriya Sanskrit Sansthan.

Book Promotion

1.3.83 An outlay of Rs 434 crore for the Languages and Rs 67 crore for Book Promotion Sectors have been allocated for the Tenth Plan and expenditures during the Plan period were Rs. 578.16 crore and Rs. 45.92 crore, respectively.

1.3.84 The main schemes under the sector are two: (i) National Book Trust (NBT) that undertakes the activities such as promotion of Indian books abroad, assistance to authors and publishers, and promotion of children's literature (National Centre for Children Literature) and (ii) Intellectual Property Education, Research, and Public Outreach (IPERPO) run by the Book Promotion and Copyright Division, MHRD.

1.3.85 The existing schemes of IPERPO were operationalized in the Tenth Plan for effective implementation of the cause of promoting awareness/research on copyright/Intellectual Property Rights (IPRs) and WTO matters. The Scheme will review the present IPR in the area of Education, Research, Literacy and strengthen it to suit the objectives of a knowledge-based economy. New initiatives need to be taken to strengthen the Copyright Office, establish new IPR Chairs in all universities, other IPR Centre/Cells in Government Departments, PSUs, develop appropriate Internal Monitoring Systems, hold National Seminars and celebrate World Intellectual Property Day, and Public awareness programmes.

1.3.86 During the Eleventh Plan the NBT will strengthen its three regional offices at Bangalore, Mumbai, and Calcutta and also strengthen its activi-

ties in the North Eastern Region. The subsidy project for assistance to authors and publishers for producing books of an acceptable standard at reasonable prices for students and teachers will continue.

FINANCING EDUCATION IN THE ELEVENTH PLAN

1.3.87 The government has pledged to raise public spending on education to 6% of Gross Domestic Product (GDP). For accelerating public expenditure, the Central Budget 2004 introduced a cess of 2% on major central taxes/duties for elementary education and Budget 2007 a cess of 1% for secondary and higher education. In the Eleventh Plan, Central Government envisages an outlay of about Rs 2.70 lakh crore at current price (Rs 2.37 lakh crore at 2006–07 price) for education. This is a four-fold increase over the Tenth Plan allocation of Rs 0.54 lakh crore at 2006–07 price. The share of education in the total plan outlay will correspondingly increase from 7.7% to 19.4%. Around 50% of Eleventh Plan outlay is for elementary education and literacy, 20% for secondary education, and 30% for higher education (including technical education). The scheme wise details are given in Appendix to Volume III.

1.3.88 This reflects the high priority being given to the education sector by the Central Government and represents a credible progress towards raising the public spending of the Centre and the States combined to 6% of GDP. However, it is a shared responsibility between the Centre and States to raise education expenditure to the targeted level. The State Governments should also accord a high priority to education in the sectoral plan priorities/allocation.

ANNEXURE 1.2.1
Major Education Statistics, 2004-05

S. No.	State/UT	Population (Cr)		Literacy 2001	GER Classes (I-VIII)	Drop-out Classes (I-X)	PTR		Schools per lakh population		Tenth Plan SSA Exp.			Lakh of Population per Institution		
		Total Census 2001	6-14 age 2004				Primary	UP	Elem.	Sec./Hr Sec	(Rs cr)	% of Total	Per capita 6-14 age	Univ-ersity	College	Techn-ical
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.	Andhra Pradesh	7.62	1.30	60.5	86.99	63.69	33	31	99	22	1806.75	5.09	1387	31.6	0.59	1.97
2.	Arunachal Pradesh	0.11	0.02	54.3	106.70	70.79	34	30	163	19	187.30	0.53	8179	11.4	1.14	5.70
3.	Assam	2.67	0.53	63.3	91.92	74.96	42	16	137	19	1165.14	3.28	2186	46.5	0.88	25.34
4.	Bihar	8.30	1.88	47.0	65.16	83.06	104	75	57	4	2479.49	6.99	1319	46.2	1.18	43.87
5.	Chhattisgarh	2.08	0.41	64.7	112.63	0.00	48	46	203	12	1439.83	4.06	3513	43.8	1.03	18.25
6.	Goa	0.13	0.02	82.0	106.04	40.65	21	17	76	31	19.03	0.05	1119	14.1	0.61	1.57
7.	Gujarat	5.06	0.89	69.1	101.70	59.29	35	39	73	14	972.75	2.74	1096	26.6	1.05	5.55
8.	Haryana	2.11	0.41	67.9	80.01	32.48	44	30	63	23	732.96	2.07	1800	24.9	1.35	2.20
9.	Himachal Pradesh	0.61	0.10	76.5	108.74	-6.98	24	30	212	37	366.50	1.03	3658	9	0.71	7.00
10.	Jammu & Kashmir	1.01	0.19	55.5	74.45	53.75	34	16	153	13	482.54	1.36	2518	11.8	2.12	6.64
11.	Jharkhand	2.69	0.58	53.6	75.82	0.00	81	61	76	4	1429.56	4.03	2480	35.5	2.43	18.93
12.	Karnataka	5.28	0.89	66.6	98.76	59.38	26	37	97	21	1707.17	4.81	1909	20.3	0.59	1.84
13.	Kerala	3.18	0.44	90.9	95.35	7.15	28	27	30	16	390.72	1.10	893	40.9	1.76	2.68
14.	Madhya Pradesh	6.03	1.24	63.7	114.09	64.70	43	30	205	13	3534.59	9.96	2844	30.5	0.84	6.15
15.	Maharashtra	9.69	1.66	76.9	105.70	54.16	37	37	67	18	2205.65	6.22	1327	24.8	0.84	2.99
16.	Manipur	0.22	0.04	70.5	129.65	43.02	30	20	150	31	52.07	0.15	1389	11.25	0.39	11.25
17.	Meghalaya	0.23	0.05	62.6	121.93	79.15	44	16	317	29	94.10	0.27	1897	24.1	0.45	24.1
18.	Mizoram	0.09	0.02	88.8	109.51	66.95	17	8	263	56	141.21	0.40	8826	9.2	0.35	4.60
19.	Nagaland	0.20	0.04	66.6	75.76	97.29	19	16	97	18	69.86	0.20	1708	20.7	0.56	6.90
20.	Orissa	3.68	0.65	63.1	108.47	64.42	53	44	162	23	1506.65	4.25	2315	25.4	0.54	7.05
21.	Punjab	2.43	0.41	69.7	72.57	44.06	43	19	62	16	602.66	1.70	1486	28.2	1.20	5.52
22.	Rajasthan	5.65	1.22	60.4	102.67	73.87	49	34	137	17	2540.85	7.16	2089	24	0.98	10.71
23.	Sikkim	0.05	0.01	68.8	111.49	82.30	22	25	155	29	29.33	0.08	2848	2.8	2.8	1.87
24.	Tamil Nadu	6.24	0.89	73.5	113.96	55.19	33	41	63	14	1742.08	4.91	1965	16.4	1.44	1.51
25.	Tripura	0.32	0.06	73.2	109.59	73.36	54	15	84	20	214.40	0.60	3622	33.2	2.37	16.6

(Annexure 1.2.1 contd.)

(Annexure 1.2.1 contd.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
26.	Uttar Pradesh	16.62	3.64	56.3	87.04	43.77	58	35	95	7	6836.31	19.27	1878	45.2	1.75	11.76
27.	Uttaranchal	0.85	0.16	71.6	106.39	0.00	25	18	207	21	533.95	1.51	3258	9.9	1.04	4.46
28.	West Bengal	8.02	1.43	68.6	94.67	78.03	54	44	63	10	2051.18	5.78	1438	34.7	2.23	8.86
29.	Andaman & Nicobar Islands	0.03	0.01	81.3	107.97	36.97	20	18	69	24	15.29	0.04	2592		1.3	1.95
30.	Chandigarh	0.09	0.01	81.9	71.87	16.73	41	29	3	12	16.04	0.05	1146	3.33	0.83	3.33
31.	Dadra & Nagar Haveli	0.02	0.00	57.6	113.70	67.06	62	43	91	9	3.90	0.01	975			2.39
32.	Daman & Diu	0.06	0.00	78.2	128.85	43.43	43	29	40	15	0.91	0.00	479		1.9	1.90
33.	Delhi	1.38	0.25	81.7	91.84	46.92	40	26	20	11	88.91	0.25	358	1	2.4	3.69
34.	Lakshadweep	0.01	0.00	86.7	58.75	18.88	21	16	38	16	0.10	0.00	53			
35.	Pondicherry	0.1	0.01	81.2	121.34	16.89	24	21	45	22	13.83	0.04	981	10.1	0.92	1.01
	India	102.86	19.46	64.8	93.54	61.92	46	35	97	14	35473.61	100.0	1823	27.4	1.04	4.36

Note: GER: Gross Enrolment Ratio; PTR: Pupil Teacher Ratio; UP: Upper Primary.

Source: Selected Educational Statistics, 2004–05.

ANNEXURE I.3.1
National Institutions

S. No.	State/UT	Population (Cr)	IITs	IIMs	CU	CSIR	ICAR	DST	ICMR	Others*	Total
1	2	3	4	5	6	7	8	9	10	11	12
1	Andhra Pradesh	7.62			3	3	9	1	3	2	20
2	Arunachal Pradesh	0.11			1		1				2
3	Assam	2.67	1		2	1	1		1		6
4	Bihar	8.30					2		1		3
5	Chhattisgarh	2.08									0
6	Goa	0.13				1	1			1	3
7	Gujarat	5.06		1		1	2		1	1	6
8	Haryana	2.11					6			1	7
9	Himachal Pradesh	0.61				1	2				3
10	Jammu & Kashmir	1.01				1	1				2
11	Jharkhand	2.69				3	1				4
12	Karnataka	5.28		1		3	5	4	1		14
13	Kerala	3.18		1		1	5	1		2	10
14	Madhya Pradesh	6.03		1		1	4		1	1	8
15	Maharashtra	9.69	1		1	2	8	2	7	5	26
16	Manipur	0.22			1					1	3
17	Meghalaya	0.23			1		1				2
18	Mizoram	0.09			1						1
19	Nagaland	0.20			1		1				2
20	Orissa	3.68				1	4		1	3	9
21	Punjab	2.43					1				1
22	Rajasthan	5.65				1	6		1		8
23	Sikkim	0.05			1		1				1
24	Tamil Nadu	6.24	1			4	3		3	3	14
25	Tripura	0.32			1						0
26	Uttar Pradesh	16.62	1	1	4	4	14	1	2	1	28
27	Uttarakhand	0.85	1			2	4	2			9
28	West Bengal	8.02	1	1	1	3	3	3	1	2	15
29	A&N Islands	0.03					1		1		2
30	Chandigarh	0.09				2					2
31	Dadar & Nagar Haveli	0.02									0
32	Daman & Diu	0.06									0
33	Delhi	1.38	1		4	5	8		4	2	24
34	Lakshadweep	0.01									0
35	Pondicherry	0.1			1				1		2
	India	102.86	7	6	23	40	95	14	29	25	237

Note: * Others include DBT, DOC, DAE, MOEF.

Source: Selected Educational Statistics, 2004–05.

ANNEXURE 1.3.2
Oversight Committee—Sector-wise Expenditure

(Rs crore)

S. No.	Sector	No. of Institutions	Total Expenditure
1.	Agriculture	5	133
2.	Central Universities	17	3298
3.	Management	7	285
4.	Medical	11	1877
5.	Engineering	39	6746
	Total	79	12338
6.	Merit Scholarship scheme	–	1680
7.	Research Fellowship	–	1500
8.	IT Infrastructure	–	1752
	Grand Total	79	17270

Note: Items 1–5: For infrastructural and physical facilities.

Item 6: To cover at least 100000 students a year @ Rs 12000 per student per year from class IX to a post-graduate programme.

Item 7: For a National Science Talent for Research and Innovation Scholarships of Rs 100000 a year for 10000 students.

Item 8: For ICT enabled networked digital campuses with each student having access to a personal computer.

Source: OSC Recommendations.

2

Youth Affairs and Sports and Art and Culture

2.1 YOUTH AFFAIRS AND SPORTS

YOUTH AND ADOLESCENT DEVELOPMENT

2.1.1 The adolescents and youths are the most vibrant and dynamic segment as well as potentially most valuable human resource of every country. While the youth population is fast shrinking with higher dependency ratios in the developed world, India is blessed with 70% of her population below the age of 35 years. In the next few decades India will probably have the world's largest number of young people. The population between the age of 10–19 years is approximately 242 million, the largest ever cohort of young people to make a transition to adulthood. The time has never been better to invest in our young people. Efforts, therefore, need to be made to harness the energy of the youth towards nation-building through their active and responsive participation.

Existing Schemes and Programmes

2.1.2 At present, 12 schemes and programmes are being implemented for the development of youth and adolescents. These schemes can be broadly categorized into two groups, viz., youth based organizations and youth development activities. The NYKS and National Service Scheme (NSS) are the two flagship programmes encompassing a major part of its activities in institutional, functional, and financial terms (60%). The Rajiv Gandhi National Institute of Youth Development (RGNID), established in 1993, has been

engaged in education, training, and research on youth development. The scheme of Youth Hostel aims at promoting youth travel and provides boarding and lodging facilities at very subsidized rates. The National Service Volunteers Scheme (NSVS) and Rashtriya Sadbhavana Yojana (RSY) aim at providing opportunities to educated youths other than students to involve themselves voluntarily in youth and community developmental activities. The schemes are for performing activities related to vocational training, development of adolescents, national integration and adventure, for which financial assistance is provided to NYKS and other NGOs/institutions. Grant-in-aid is provided to Bharat Scouts and Guides for conducting training camps and holding of jamborees, etc., throughout the country. The scheme of 'Cultural Youth Programmes with Commonwealth Countries' is an effective institution for promoting exchange of ideas, values, and culture among youth and strengthens better relations.

Performance during the Plan Period

2.1.3 In the temporal context, to harness the *Yuva Shakti* in nation-building several programmes for national discipline, leadership training, expansion and strengthening of the NSS and NYKS, launching NSVS, effective coordination amongst different programmes were introduced in successive Plan periods. However, the sector received a boost in the Seventh Plan, when a National Youth Policy was enacted and a Plan of Action formulated in 1992. The thrust in the Eighth

and Ninth Plans was on harnessing youth power by involving them in various community-based nation building activities.

2.1.4 The major thrust of the Tenth Five Year Plan was on involving the youth in the process of planning and development and making them a focal point of the development strategy, by providing proper educational and training opportunities, access to information on employment opportunities including entrepreneurial guidance and financial credit and the programmes for developing among the youth qualities of leadership, tolerance, open mindedness, patriotism, etc. The NYKS was to be expanded to cover all the districts in the country together with expanding the network of Youth Clubs to cover at least 50% of the more than six lakh villages. At least one Youth Development Centre was to be set up in each of the country's 6200 blocks. Besides, 500 rural Information Technology Youth Development Centres were envisaged to be set up. The NSS was to be expanded to cover all degree colleges and +2 schools, while the RSY was to extend its reach to 500 districts. RGNIYD was to be developed into an apex national centre for information, documentation, research and training in respect of youth related issues. However, desired expansion and envisaged activities for various institutes could not materialize fully. Hence, the review of Planning Commission suggested restructuring and overhauling the institutional arrangement to meet the stated goals. A major drawback was the lack of involvement of State Government in various programmes of Ministry of Youth Affairs and Sports. Other dysfunctionalities include over centralized system and procedures, acute problems of utilization certificate, and sub-optimal performance of scheme activities.

2.1.5 The NSS has been included as one of the priority areas under the National Common Minimum Programme (NCMP), which emphasizes the need to provide opportunities for the youth to involve themselves in national and social development through educational institutions. Under the revised 20-Point Programme, RSY and NSS have been made a part of the specific monitorable targets. The NSS motto 'you, not me' seeks to invite a spirit of volunteerism and community service in youth minds.

Review of Performance during the Tenth Plan

2.1.6 As against the Tenth Plan outlay of Rs 677.64 crore, an amount of Rs 642.06 crore was provided in the annual plans and the aggregate expenditure was Rs 522.64 crore accounting for 77% of outlay and 81% of allocations (Annexure 2.1.1). The physical achievements under the various schemes were short of the target. The NYKS could not extend its activities beyond 500 districts that were covered by end of the Ninth Plan. A logical linkage between grassroots youth organizations such as youth clubs, sports clubs, *mahila mandals*, etc., and NYKS could not fully materialize. Although the progress of NSS has been relatively better, it had not kept pace with desired expansion to universities, colleges, and +2 school networks. RGNIYD continued to suffer teething problems and could start functioning only during the latter part of Tenth Plan. Presently, there are 72 youth hostels, 18 are under construction, and 32 have been approved in-principle. Only a few government-owned youth hostels could get affiliation to the International Youth Hostels Association as they failed to meet the prescribed standards on accommodation, reception, hygiene, security, etc. The mega youth exchange programme with China, as a part of the activities during the India–China Friendship Year, 2006, has however, been a major success.

2.1.7 Considering huge and ever-increasing youth population in India, and to achieve the goals set for the Tenth Plan, the National Youth Policy 1998 was replaced by a New National Youth Policy-2003 with four thrust areas, viz. (i) Youth Empowerment; (ii) Gender Justice; (iii) Inter-sectoral Approach; and (iv) Information and Research Network.

2.1.8 The policy accords priority to the following groups of young people including (i) Rural and Tribal Youth; (ii) Out-of-School Youth; (iii) Adolescents, particularly female adolescents; (iv) Youth with disabilities; and (v) Youth under especially difficult circumstances like victims of trafficking, orphans, and street children.

Approach and Strategy for the Eleventh Plan

2.1.9 The Eleventh Plan envisages a holistic approach and comprehensive strategy to enable the development and realization of the full potential of the youth in the

country and channelize their energy towards socio-economic development and growth of the nation. To achieve the goals of empowering and enabling the youth to become effective and productive participants in the socio-economic changes, a de novo look at the existing policies, instruments and institutions, initiation of innovative policies, efficient and effective instruments, and creative ways to rejuvenate institutions would be taken up. Synergy and convergence of efforts will be ensured. Evaluation of existing schemes/programmes, through an independent agency, would be mandatory and restructuring of schemes under Zero Based Budgeting (ZBB) will be a regular annual budgetary exercise.

Programmes for the Eleventh Plan

(i) NEHRU YUVA KENDRA SANGATHAN (NYKS)

2.1.10 The thrust of the NYKS would be on a consolidating, expanding, and energizing the youth club movement. There would be a paradigm shift in the manner of its functioning and implementation. The services of NYKS would be utilized for fostering secular values, national unity, and against extremism in the country through a number of existing and new programmes. A flexible approach would be adopted to register active clubs. The youth clubs would be regrouped into three categories 'A', 'B', and 'C' as per their performance and activeness. Focus would be on encouraging the clubs to move up the ladder and become active and self-sustaining/self-reliant. The reach of NYKS would be extended to all 609 districts in the country. Female membership would be increased

through special campaigns. Computerized Management Information System (MIS) would be introduced for monitoring purposes. The selection procedure for filling up the posts would be reviewed. NYKS would involve State Governments in implementation of various programme activities.

(ii) NATIONAL SERVICE SCHEME (NSS)

2.1.11 NSS would be strengthened and expanded from 2.60 million to 5.10 million volunteers and made more effective through qualitative improvements in the programme activities. NSS would be extended to uncovered universities, colleges, technical institutes, and senior secondary schools. The feasibility of extending NSS to class IX will be examined separately. The funding pattern would be revised from the existing 70:50 to 75:25, at par with National Cadet Corps, for normal States and 90:10 in the case of NE States.

(iii) RAJIV GANDHI NATIONAL INSTITUTE OF YOUTH DEVELOPMENT (RGNIYD)

2.1.12 RGNIYD would be developed as the apex institution with the status of Deemed National Youth University in the country. The Institute would provide special focus on youth leaders from PRIs and will be developed as an International Centre of Excellence on youth development. The collaboration of RGNIYD with the Commonwealth Youth Programme (CYP) Asia Centre, Chandigarh, would be strengthened to enable a higher level of international participation.

(iv) YOUTH HOSTELS

2.1.13 To encourage youth travel, youth hostels are envisaged at historical, cultural, and tourist places in the country as a joint venture between the Central and the State Governments. The construction and maintenance and operations could be taken up in a self-sustaining manner in the PPP/franchising mode. Some portion of the hostels could also be earmarked with differential tariff and facilities so as to generate additional resource to meet maintenance and up keep of the campus.

(v) NATIONAL PROGRAMME FOR YOUTH AND ADOLESCENT DEVELOPMENT

2.1.14 The programmes/schemes being funded through grant-in-aid/financial assistance under 'Yuva

Box 2.1.1

Objectives of the Eleventh Plan— Youth Affairs

- Holistic adolescent development through convergence of schemes;
- Overall personality development of youth and provision of life skills;
- Youth empowerment through restructuring and expansion of youth programmes;
- Greater female participation in youth development programmes;
- Special focus on engaging rural youths in nation-building activities transcending beyond social, economic, religious, and linguistic boundaries.

Shakti Abhiyan' for youth and adolescent development will be restructured and placed under a single scheme namely, 'National Programme for Youth and Adolescent Development'. Considering increasing population of adolescents in future, Eleventh Plan recognizes adolescents as individuals with their own rights, aspirations and concerns, thus emphasizing a shift away from the welfare approach to a rights and empowerment oriented approach. The thrust areas of Eleventh Plan will consist of highlighting the need to extend coverage to adolescents in the various schemes of the Ministry of Youth Affairs and Sports and strengthening of the existing scheme of Financial Assistance for Development and Empowerment of Adolescents on holistic approach.

(vi) OTHER SCHEMES

2.1.15 The volunteers under NSVS and RSY are the backbone of NYKS. These schemes should be merged with NYKS and should be renamed as 'National Volunteer Scheme'. The existing scheme, namely, CYP would be strengthened. The mega youth exchange programme with China will be continued as a regular feature. Scouting and Guiding would be continued with renewed focus to develop the character of young boys and girls and inculcate in them a spirit of patriotism, social service, and communal harmony. There is a wider scope for PPP especially in respect of adventure sports, tourism, and eco-tourism. A road map will be drawn through a stakeholders' consultative process to broad-base the movement and mainstream it as a part of a larger India Youth Network.

SPORTS AND PHYSICAL EDUCATION

2.1.16 Every civilization has evolved and developed its own indigenous modes of physical endeavour and healthy social interaction through a variety of games and sports forms and events. There has been an intrinsic component of education and development of the human personality in philosophical texts of ancient Greece, the progenitor of the Olympic movement. In India, sports and games as a vital component of social and cultural life are embedded in the heritage right from Vedic as well as in Buddhist and Jain literature. Swami Vivekanand has been the principal exponent of sports culture in the country. He advised 'Be strong my young friends, that is my advice to you. You will be nearer to heaven through football than through the study of the Gita'.

2.1.17 The Eleventh and Twelfth Plan periods would be full of international sports events in the country. The World Military Games are proposed to be held at Hyderabad in 2007, the Commonwealth Youth Games (CYG) would be held in Pune in 2008, followed by the main Commonwealth Games (CG), 2010 in Delhi. The main aim behind the organization of such games has to relate to development of a sports culture and world-class sports facilities across the country, and a significant improvement in the levels of excellence, in terms of performance and medal-winning abilities of our sportspersons at the national and international levels. The existing policy and programmes need to be reviewed and the strategy and activities chalked out accordingly.

Box 2.1.2

Commonwealth Games (CG) 2010 and Commonwealth Youth Games (CYG) 2008

- The CG will be held in Delhi during 3–14 October 2010.
- CG 2010 will host 17 disciplines that will be held in the newly constructed and existing indoor/outdoor stadiums, developed by various agencies like Delhi Development Authority, Delhi University, Sports Authority of India (SAI), All India Tennis Association, and National Capital Territory of Delhi. The New Delhi Games Village will be set up on a 63.5 acre site with the accessible capacity of 8500 athletes and officials. The residential Zones of the Games are being developed on PPP basis. The tentative estimated outlay is Rs 6304 crore.
- The existing stadiums will be used for sports, viz., Archery, Aquatics, Athletics, Badminton, Boxing, Cycling, Elite Athletes with Disability events, Gymnastics, Hockey, Lawn Bowls, Netball, Rugby 7s, Shootings, Squash, Table Tennis, Tennis, Weightlifting, and Wrestling.
- Prior to CG 2010, third CYG will be held from 12–18 October 2008 at Pune. The CYG covers Athletics, Badminton, Boxing, Shooting, Swimming, Table Tennis, Tennis, Weightlifting, and Wrestling. Planning Commission provided Rs 210 crore and Government of Maharashtra Rs 100 crore for sports infrastructure development of CYG, Pune.

Performance during Plan Period

2.1.18 The National Sports Policy, 1984, was the first move towards developing an organized and systematic framework for the development and promotion of sports in the country, and the precursor of the present National Sports Policy, 2001. The policy, inter alia, emphasized the need for making sports and physical education an integral part of the curriculum. This resolve has also been stated in the National Policy of Education 1986, which calls for making sports and physical education an integral part of the learning process, and provides for its inclusion in the evaluation of performance. However, a review of Eighth Plan investments in Youth Affairs and Sports both at the national and State levels showed gross inadequacy considering the magnitude of youth population as indicated in Table 2.1.1.

TABLE 2.1.1
Plan Expenditure on Youth Affairs and Sports

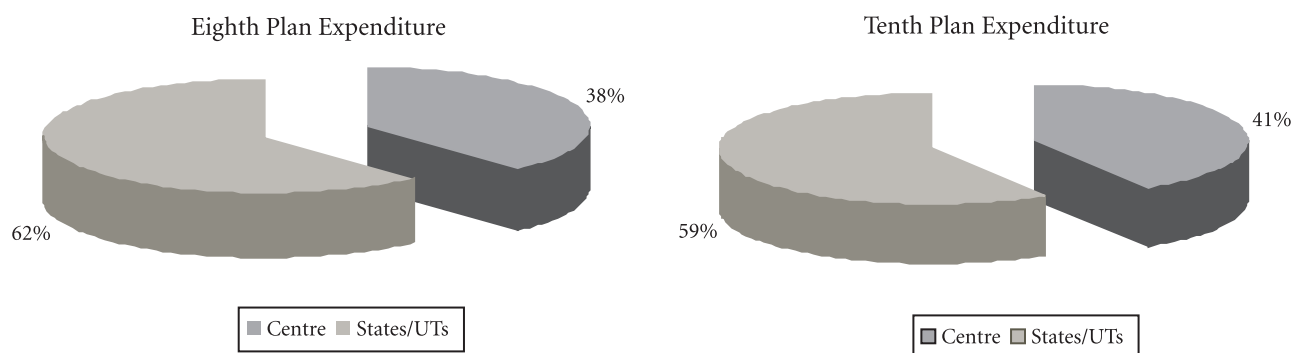
	(Rs crore)		
Government	Eighth Plan	Ninth Plan	Tenth Plan
Centre	434 (38)	895 (44)	1832 (41)
States/UTs	712 (62)	1143 (56)	2649 (59)
Total	1146 (100)	2038 (100)	4481 (100)

Note: The figures in parenthesis indicate percentage.
Source: Planning Commission, State Plans Division.

2.1.19 The per capita plan expenditure at the central and State level works out to only Rs 8.94 and Rs 12.92 per youth per annum, respectively, and the national per capita expenditure at Rs 21.86 per youth per year during Tenth Plan. The per capita State Plan

expenditure was much lower than the national average in several major States like Kerala, Haryana, UP, Orissa, Gujarat, MP, and Bihar. It has also been observed from the structure of Plan expenditure, the State share of Plan expenditure has declined from 62% in the Eighth Plan to 59% in the Tenth Plan (Figure 2.1.1). Among the major States, while Andhra Pradesh, Karnataka, West Bengal, Maharashtra, and Tamil Nadu topped the Plan expenditure, Gujarat, Rajasthan, Himachal Pradesh were in the lower order of expenditure.

2.1.20 There is a need for reforms in sports management and governance to make it dynamic, responsive, and result-oriented. Some of the problems and issues identified by Parliamentary Standing Committee include: (i) Lack of a sports culture and consciousness in the country; (ii) Non-integration of sports with education; (iii) Lack of proper co-ordination amongst the Centre, States, federations/associations, and various private and public sector undertakings; (iv) Lack of infrastructure in the rural areas and its concentration in urban/metropolitan centres; (v) Under-utilization of available infrastructure and its poor maintenance and upkeep; (vi) Lack of good quality and affordable sports equipments; (vii) Absence of adequate incentives for the youth to take up sports as a career; (viii) Unfair selection procedure and last minute finalization of teams; and (ix) Lack of adequate exposure and specialized training/coaching of international standards. It is noted that most of the State Governments do not have their State Sports Policy. These would be addressed in the Eleventh Plan.



Source: Planning Commission, State Plans Division.

FIGURE 2.1.1: Centre vs State Share of Plan Expenditure

Performance Review of Tenth Plan

2.1.21 The thrust areas identified for the Tenth Plan were creation of infrastructure, training facilities, upgradation of coaching skills, promotion of research and scientific support systems, creation of a drug-free environment, welfare and incentives for sportspersons, and tapping of resources from the private/public sector and individuals for the development of sports. Sports Authority of India (SAI) is an apex body for promotion of sports excellence in the country. The qualitative performance of SAI has to be seen in the light of three distinct aspects, i.e. (i) academics, which include the schemes for the training of coaches and other scientific staff, and programmes related to physical education; (ii) the collaboration with the National Sports Federations (NSFs) pertaining to the training of identified elite athletes and teams in different disciplines; and (iii) operations, which include schemes pertaining to the spotting and nurturing of talent. There is an acute shortage of coaches in the country. Efforts made by SAI under its Training centres and Special Area Games scheme have not yet yielded results.

2.1.22 The CSS related to sports infrastructure was transferred to States w.e.f. 1.4.2005 with provision for meeting the committed liability of continuing projects till the end of the Tenth Plan. The performance of district and State level competitions under Rural Sports Programme and Promotion of Sports and Games in Schools had not been satisfactory. Adequate participation from corporate/private sector could not forth come under National Sports Development Fund and for setting up of State Sports Academies. The scheme relating to Talent Search and Training was a bit slow to take off, but in the last two to three years,

the scheme helped a number of players in achieving excellence at the international level. The progress of pre-project activities for the development of infrastructure for CG 2010, Delhi, and CYG 2008, Pune, is satisfactory.

2.1.23 Against the outlay of Rs 1145.36 crore and allocation of Rs 1463.69 crore for Sports and Physical Education, the anticipated expenditure was Rs 1306.41 crore (89.25%) during Tenth Plan (Annexure 2.1.1). SAI incurred 47% of expenditure followed by assistance to NSFs (16%), CG-2010 (15%), and infrastructure schemes (9%).

Approach and Programmes for Eleventh Plan

2.1.24 The approach and strategy for the Eleventh Plan would encompass the twin objectives of 'Broad-basing of Sports' and 'Promotion of Sports Excellence'. Despite initiating of a variety of steps taken by the Central Government, in terms of establishing structures and schemes for the development and promotion of sports, the desired results seem exclusive and therefore, there is an urgent need to review and reorient the system and procedures pertaining to coaching and organizing camps, provision of scientific back-up, and support during training/coaching camps and at the competition stage.

2.1.25 There is also a need for clear delineation of the roles and responsibilities of the related organizations/institutions, viz., SAI, Indian Olympic Association, and NSFs, together with action to co-opt the private sector in the form of adoption of disciplines/teams, sponsorship, etc., to supplement the efforts of the government. To achieve this, a close coordination and convergence would be required of all stakeholders.

Box 2.1.3

Objectives for Eleventh Plan—Sports and Physical Education

- Creation of sports infrastructure at grass-root level in rural and urban areas;
- Creating sports culture through organizing competitive events and involvement of educational institutions;
- Creating a pool of talented sports persons and providing them world class training facilities;
- Improving coaching facilities;
- Reformulating sport policy and action plan;
- Involvement of corporate sector;
- Creating career opportunities and social security for sports persons.

There is a need for transparency and accountability in the functions of sports bodies. The facilities under SAI would need systematic and scientific expansion and upgradation. The management aspects pertaining to development of various individual sports disciplines will also need to be reviewed and made more effective.

BROAD-BASING: INTRODUCTION OF PANCHAYAT YUVA KRIDA AUR KHEL ABHIYAN (PYKKA)

2.1.26 Broad-basing of Sports is the key to the promotion and development of a sports culture. The emphasis on sports should be on fitness of body of every individual and particularly youth and not relegated to entertainment and related activities as listed in the concurrent list. In order to make sports as mass movement, a new CSS under the title of 'Panchayat Yuva Krida Aur Khel Abhiyan (PYKKA)' would be launched for filling up the gaps at the sub-district level. The objective of the scheme is to create basic infrastructure and facilities for sports and games at the village and town levels, generating a sports culture among the rural youth, organizing competition and non-competition sporting activities at the village level, and developing a competition structure up to the district level. PYKKA would be implemented during Eleventh and Twelfth Plan in a Mission Mode with the involvement of the PRIs and the 2.50 lakh Rural Youth and Sports Clubs under NYKS and other schemes of the State Governments in a phased manner. The existing scheme of Rural Sports Programme will be subsumed in PYKKA. As the sports and games is State subject, the State Governments should also share costs and be accountable.

2.1.27 For purposes of funding under the scheme, it is proposed to bring in the greatest possible synergy and convergence between various schemes of the Central Government, such as the National Rural Employment Guarantee Scheme, Backward Regions Grant Fund, relevant schemes of the Ministry of Tribal Affairs and Department for the Development of the North Eastern Region, MP Local Area Development Scheme (and similar schemes of State Governments), funds available to the PRIs through devolution and the schemes of the State Governments for development of sports infrastructure.

PROMOTION OF SPORTS EXCELLENCE

2.1.28 The broad-basing of sports could gradually yield a pool of one lakh talented youth at the Sub-Junior, Junior, and Senior levels, who would require systematic and scientific nurturing and focused training to achieve excellence at the national/international levels. This would require multiple measures, including spotting/identification of national probables based on proficiency, performance, and potential; establishment of training infrastructure arrangements; coaching facilities; strengthening scientific and technical supports system; supply of quality sports goods and equipment; and use of media to bring sports consciousness. There is a need to maintain a computerized inventory of assets relating to sports at State, district, and block levels. NGOs, outstanding sportspersons, and corporate entities would be encouraged to get involved in the creation of facilities to promote sports excellence, in the form of academies, etc.

2.1.29 Recognizing the role of media in creating sports consciousness in the country, all efforts would be made to ensure their support in promoting and broad-basing of sports, particularly rural sports. The government will have to build in some regulations to ensure covering of sporting events apart from cricket and tennis to make good lack of adequate sponsorship. Special programmes and capsules also need to be prepared and aired, from time to time, about excellence promotion programmes such as coaching camps, talent-spotting exercise, selection trials, etc., to generate awareness about the development of sports in the country.

2.1.30 As regards the development of physical education, steps would need to be taken to develop and bring about an integral relationship between related institutions, including the possible reorganization of Laxmibai National College of Physical Education, Thiruvananthapuram as a Regional Centre (South) of the Laxmibai National Institute of Physical Education (LNIFE), Gwalior, which itself is a Deemed University. This would be in addition to other measures pertaining to synergy and complimentary between LNIFE and SAI. LNIFE would set up regional centres in the north east, east, west, and north. Besides, the

infrastructure facilities at LNIPE itself would be strengthened, upgraded, and modernized. The recommendation of NCERT that Health and Physical Education should be a core subject up to class X and an elective subject up to plus two levels should be implemented.

2.1.31 Considering the growing menace of doping, two separate autonomous entities, namely, National Anti-Doping Agency and National Dope Test Laboratory will be set up for ensuring quality testing of samples, etc. In view of 2.13% of Indian population is physically or mentally challenged and the impressive performance of Indian Elite Athletes with Disability at the international level, a comprehensive scheme would be formulated to ensure planned and systematic promotion of excellence in this field.

NE States

2.1.32 The approved outlay Tenth Plan was Rs 192.50 crore for NE States including Sikkim against which the expenditure is Rs 167.22 crore indicating a utilization of about 87%. NE region has a tremendous potential to excel in sports has been proved by the National Games at Guwahati in Assam. There is need for greater investment in improving games facilities in this region.

THE PATH AHEAD

2.1.33 Despite Youth Affairs and Sports being a State subject, it has not got adequate support from the State Governments. Only few State Governments have their own Youth and Sports Policies. It is necessary that all States/UTs formulate State-specific Youth and Sports Policies and Action Plan for development of youth. State Sports Academies should be set up to select the best talent in sports. Perhaps, Sports could be brought in the concurrent list to supplement the State efforts. However, Plan expenditure of States will have to step up to arrest the declining trends.

2.1.34 The total projected Gross Budgetary Support (GBS) for the Eleventh Plan for the Ministry of Youth Affairs and Sports is given in Appendix of Volume III.

2.2. ART AND CULTURE

INTRODUCTION

2.2.1 The Constitution of India stipulates that it shall be the duty of every citizen to value and preserve the rich heritage of our composite culture. The art and culture of India are a vast continuum, evolving incessantly since time immemorial. Therefore, preservation and conservation of India's rich cultural heritage and promotion of all forms of art and culture, both tangible and intangible, including monuments and archaeological sites, anthropology and ethnology, folk and tribal arts, literature and handicrafts, performing arts of music-dance-drama, and visual arts of paintings-sculpture-graphics assume considerable importance. On a larger scale, cultural activities also address issues relating to national identity in conjunction with several other sectors such as education, tourism, textiles, external relations, etc.

THRUST DURING PLAN PERIODS

2.2.2 Since Independence the crux of all culture development plans has been the preservation of cultural heritage with emphasis on the thread of continuity binding the dissimilarities into a synergistic whole. The main focus in the early Five Year Plans, up to the Sixth Plan, was on the establishment of cultural institutions in the field of archaeology, anthropology and ethnography, archives, libraries, museums, and performing arts including academies. Since the Seventh Plan there was also special emphasis on the pursuit of contemporary the creativity.

ACHIEVEMENTS IN THE PLAN PERIODS

Performing Arts

2.2.3 The ongoing schemes under the performing arts spanning disparate fields of classical/traditional and folk music/theatre and dance—showcased by organizations like Sangeet Natak Akademi (SNA), National School of Drama, and Zonal Cultural Centres (ZCCs)—have played a crucial role in supporting and facilitating the performing arts traditions in the country. Several schemes continue to be implemented under the performing and visual arts with a view to supporting creative individuals and institutions in their new ventures/productions.

Museums and Visual Arts

2.2.4 Modernization of museums involved laying emphasis on digitization and documentation of artworks as part of Plan activities and on strengthening of networking among Central museums. The scheme of financial assistance for strengthening of regional and local museums has been revised with a view to widening its scope for assisting smaller museums. The National Council of Science Museums (NCSM) has been engaged in popularizing Science and Technology amongst students through a wide range of activities and interactive programmes implemented by 26 Science Museums/Centres.

Archaeology, Anthropology, and Ethnology

2.2.5 Successive Five Year Plans focused on preservation and development of heritage sites and monument complexes. Major strategies included (i) involvement of university departments of History and Archaeology in survey of heritage sites; (ii) modernization of galleries, digital documentation of antiquities, publication of catalogues, museum guides, and picture postcards by the Archaeological Survey of India (ASI); (iii) publication of excavation reports; (iv) setting up a new Underwater Archaeology Branch; and (v) demarcation of protected limits of archaeological monuments and provisions to safeguard against encroachments.

Archives, Libraries, and Literature

2.2.6 The National Archives of India (NAI) has been the custodian of Central Government records of enduring value for permanent preservation and use by administrators and scholars. Preservation and conservation of rare books and other documents is one of the chief activities of the National Library and Central Reference Library (Kolkata), Central Secretariat Library and Delhi Public Library (New Delhi), State Central Library (Mumbai), Thanjavur Maharaja Serofji Saraswati Mahal Library (TMSSML) (Thanjavur) and Raja Ram Mohun Roy Library Foundation (Kolkata), which are engaged in digitization of old books and manuscripts and retro-conservation of catalogues. Developing a National Bibliographic Database in electronic format to encourage resource sharing, networking and to improve reader services is the hallmark of modernization activities in the library sector.

Education, Research and Others

2.2.7 Achievement of Plan schemes have been substantial under the education and research fields, viz. Buddhist and Tibetan Institutions, National Museum Institute, Centenary and Memorials, Centre for Cultural Resources and Training (CCRT), etc. Other initiatives included building projects and construction activities at National Museum (New Delhi) and at National Gallery of Modern Art (Bangalore and New Delhi). Under National Culture Fund (NCF), projects were undertaken in collaboration with private houses, viz. Shaniwarwara (Pune), Jnana Pravaha (Varanasi), Humayun's Tomb (Delhi), Durgapur Children's Society (WB), five heritage sites in five States in collaboration with Indian Oil Corporation, Taj Mahal (Agra) in collaboration with Taj Group of Hotels, and Jantar Mantar (New Delhi) in collaboration with APJ Group.

PROGRESS DURING THE TENTH PLAN

2.2.8 The thrust areas during the Tenth Plan included implementation of a comprehensive plan for the preservation of archaeological heritage and development of monument complexes; modernization of museums and preservation of archival heritage; promotion of classical, folk and tribal art crafts, and oral traditions. Computerization of museums with the assistance of National Informatics Centre (NIC), digitization of collections, micro filming of manuscripts and the introduction of equipment for audio tours received special focus. Networking amongst Central museums, undertaking in-service staff training and organizing exhibitions were other priority areas.

2.2.9 The Tenth Plan (2002–07) allocation for Art and Culture was Rs 1720 crore. The total expenditure during the Tenth Plan at Rs 1526.30 crore accounted for 88.74% of Plan outlay (see Annexure 2.2.1). Lack of proper phasing of expenditure and activities under various cultural organizations hindered full utilization of Plan allocation. There were cost and time over-runs in some of the major civil work projects.

SCHEME-WISE/SECTOR-WISE ANALYSIS

Promotion and Dissemination of Art and Culture

2.2.10 Promotion and dissemination of art and culture have been mainly done through seven ZCCs.

During the Tenth Plan, the CCRT trained about 22000 in-service teachers and 700 teacher-educators. The SNA, Sahitya Akademi (SA), and Lalit Kala Akademi (LKA) organized Golden Jubilee Celebrations to commemorate their fiftieth anniversaries. About 21000 books were added to the SA libraries in Delhi, Mumbai, Kolkata, and Bangalore during the Tenth Plan. SNA organized Music, Dance and Theatre Festivals, Seminars and Workshops, Yuva Utsavs and Puppetry Shows. LKA organized exhibitions in India and abroad. The National School of Drama conducted more than 300 production-oriented theatre workshops and organized a Satellite Theatre Festival in Bangalore. The expenditure under Promotion and Dissemination of Art and Culture at Rs 454.99 crore exceeded the Tenth Plan outlay of Rs 362.43 crore by 25.5%.

Archaeology

2.2.11 Several excavation projects undertaken during the period include those at Dholavira (Kachchh, Gujarat), Dhalewa (Punjab), Sravasti (UP), Kanaganahalli Sannati (Karnataka), Hathab (Saurashtra, Gujarat), Udaigiri (Orissa), Boxanager (Tripura), Karenghar (Sibsagar, Assam), Arikamedu (Pondicherry), Dum Dum (Kolkata), and Bellie Guard (Lucknow). Major works for conservation and integrated development in respect of 15 monuments were taken up by the ASI. Collaboration with the corporate sector such as Taj Group of Hotels and the World Monument Fund was also initiated. Initiatives undertaken by the ASI included protection of 3667 monuments and signing an MoU with Government of Kampuchea for the conservation of Ta-Prohm Temple in Siem Reap. Under Archaeology, the plan expenditure of Rs 304.11 crore exceeded the Tenth Plan outlay of Rs 284.83 crore by 7%.

Archives and Records

2.2.12 The NAI has revitalized its programmes of expansion of records management and repair and reprography. Other scheme components under Archives and Records, viz., Khuda Baksh Oriental Public Library, Rampur Raza Library, Asiatic Societies at Kolkata and Mumbai, and the TMSSML have performed well during the Tenth Plan. However, the Plan expenditure of Rs 60.32 crore showed a shortfall of 18.61% as compared to the Tenth Plan outlay of Rs 74.11 crore.

2.2.13 It was during the Tenth Plan that attention was drawn towards the manuscript wealth of the country and on the need for special attention on their conservation and upkeep. The National Mission for Manuscripts was launched for inventorization and protection of Indian manuscripts. The mission has taken up the task of compiling a national database of manuscripts (being made available online) by initiating a national survey of about 2 million manuscripts. More importantly, 45 most unique manuscripts recording India's achievements in science, philosophy, scripture, history, and the arts have been selected by a committee of selectors as national treasure. Software has been prepared by NIC in Visual Basic Net for cataloguing of manuscripts. About 2 lakh illustrated manuscripts have been digitized.

Museums

2.2.14 Out of the Tenth Plan outlay of Rs 304.13 crore for Museums, Plan expenditure at Rs 314.21 crore exceeded the outlay by 3.3%. The thrust was on the strengthening of networking among Central museums, enabling these institutions to share their experiences and resources in undertaking in-service training, and organizing exhibitions. The National Museum paid increased attention on modernizing its permanent galleries. Three new galleries, viz., Nizam Jewellery Gallery, Folk and Art Gallery, and Central Asian Antiquities were set up in the National Museum.

Public Libraries

2.2.15 Out of the Tenth Plan outlay of Rs 131.05 crore, an expenditure of Rs 121.76 crore was incurred, which indicates a shortfall of 7.1%. This scheme includes National Library of India, Central Research Library, Raja Rammohun Rai Library Foundation, Kolkata; Delhi Public Library and Central Secretariat Library, New Delhi; State Central Library, Mumbai; Connemara Library, Chennai, and National Policy on Library and Information Centre.

Indira Gandhi National Centre for Arts (IGNCA)

2.2.16 The mandate of IGNCA is to explore, study and revive the dialogue between India and her neighbours in areas pertaining to the arts, especially in South and South East Asia. IGNCA has six functional units,

viz., Kalanidhi (multi-form library); Kalakosh (Indian language texts); Janapada Sampada (lifestyle studies); Kaladarshan (visible forms of IGNCA researches); Culture Informatics Lab (technology tools for cultural preservation); and Sutradhara (coordinating IGNCA activities). IGNCA had a plan outlay of Rs 90.00 crore. IGNCA's performance suffered a setback due to administrative and other reasons including lack of credible Plan schemes. By the time the factors responsible for dismal performance and other issues were sorted out and IGNCA re-railed, the Tenth Plan closed with an expenditure only Rs 4.12 crore.

Institutions of Tibetan and Buddhist Studies

2.2.17 Out of the Tenth Plan outlay of Rs 45.70 crore, an expenditure of Rs 45.11 crore was incurred indicating 98.7% utilization. The scheme consists of Central Institute of Buddhist Studies (Leh), Central Institute of Higher Tibetan Studies (Sarnath), Centre for Buddhist Cultural Studies (Tawang), Tibet House (New Delhi), and Scheme of Financial Assistance for the Preservation and Development of Buddhist/Tibetan Culture and Art.

Memorials

2.2.18 The scheme comprises Gandhi Smriti, Darshan Samiti, and Nehru Memorial Museum and Library (New Delhi), Maulana Abul Kalam Azad Institute of Asian Studies (Kolkata), and Nava Nalanda Mahavihar (Bihar). Actual expenditure at Rs 61.73 crore exceeded the plan outlay of Rs 49.35 crore by 25.1%.

Activities for North East Region (NER)

2.2.19 As against the targeted expenditure of Rs 154.00 crore in the NER, the actual expenditure was only Rs 134.19 crore (87.1%). With the aim of creating cultural awareness in the NER and identifying/promoting vanishing folk art traditions in rural/semi-urban areas the North Eastern ZCC has been set up at Dimapur. The progress under the scheme of Multipurpose Cultural Complexes (MPCC) has been slow and the scheme not yet been evaluated in any of the States. The MPCC did not meet any criteria for a CSS and only about 25% of the projects sanctioned have been completed. As per the ZBB exercise, the scheme was discontinued in Budget 2007–08. Initiatives were taken to set up the Central Institute of Himalayan Cultural Studies at Dahung

(AP) for promoting traditional Buddhist Studies. The approach towards utilization of earmarked funds, save for few activities listed above, was far from satisfactory. It is essential that the 10% earmarked resources are not only invested for the NE States but also in the NER.

PERSPECTIVE OF THE ELEVENTH PLAN

2.2.20 Given the challenges inherent in the enormity a country of India's size, the monumental diversity of its people and their languages, and the plurality of faiths and belief systems, it is imperative to embark on a planned development of cultural conservation and promotion activities in the Eleventh Five Year Plan. There is a need for a long-term perspective plan for each major sector within which the medium term and annual plans are built up to fulfil the vision.

2.2.21 Diversity is the hallmark of India's rich cultural heritage. Therefore, all forms of art and culture should have an equal footing and deserve financial and other support. Conventional support should yield to relative merits in terms of the need to preserve, protect, and promote the cultures of different parts of the country. In this context, it is essential to view culture as 'ways of living together', as means to the end of promoting and sustaining human progress, with intrinsic value. Accordingly, the imbalances in flow of funds for various activities under promotion and dissemination of performing arts will have to be set right, particularly in favour of vanishing folk arts and crafts that cannot be pitted against classical arts to compete for resources and media attention. Popular forms of art and culture, particularly in terms of patronage, could find resources of their own via PPP.

2.2.22 Many art forms are in the peril of withering away due to the lack of State patronage. Market forces can also extend support to creative arts, but these are necessarily selective and limited. There is a need for greater support for performing arts and for correcting the distortions induced by selective support of market forces. It is with this perspective that the existing schemes in the area of art and culture including Performing Arts, in addition to being reviewed and strengthened, have been appraised and recommended for continuation in the Eleventh Plan with modifications.

PRIORITIES IN THE ELEVENTH PLAN

2.2.23 The two UNESCO Conventions, one 'to safeguard and protect Intangible Heritage' and the other on 'Cultural Diversity', have urged governments to initiate proactive measures to safeguard and protect cultural diversity and the various expressions of intangible heritage facing the risk of disappearance. The spirit of these two conventions would permeate the schemes of Ministry of Culture and its bodies during the Eleventh Plan period.

2.2.24 The upkeep and maintenance of museums and archaeological sites will be considerably improved with introduction of modern technology and re-deployment of existing staff. Security services are already outsourced. The possibility for outsourcing in areas like consultancy and maintenance needs to be examined. PPP models may be explored for development of monuments not protected by ASI with the involvement of States. Delhi should be developed as a heritage city by making some of its monuments world-class, preferably before 2010 CG. Publication through private sector should be encouraged as they have modern technology and know-how to produce the best. Repository work is done well by the private sector. As Ministry of Culture has been facing recurrent cuts in outlay due to poor spending during

the first two quarters, proper expenditure planning including phasing of expenditure in sub-sectors other than Akademies and ASI. In the field of art and culture, several schemes are being implemented without assessing the process and impact. Therefore, all the schemes will be evaluated.

RESTRUCTURING OF SCHEMES AND SECTORAL THRUSTS**Performing Arts**

2.2.25 The existing scheme of 'Financial Assistance to Professional Groups and Individuals for Specified Performing Art Projects' will be bifurcated into two schemes, viz., Salary and Production Grants with revisions in the cost structure. The scheme of 'Financial Assistance for Research Support to Voluntary Organizations engaged in cultural activities' will be modified as the scheme of 'Financial Assistance for Research, Seminar and Performance to voluntary organizations engaged in cultural activities'. The existing scheme of 'Award of Senior/Junior Fellowship to Outstanding Artists in the field of Performing, Literary and Classical Arts' would be added with a new component, namely 'Fellowship of National Eminence', with fellowships to outstanding scholars selected through a search process and peer review.

Box 2.2.1**Strategies for the Eleventh Plan**

- Tapping of PPP models for sustenance of Arts and Crafts.
- Greater involvement of universities in schemes of Lalit Kala, Sangeet Natak, and Sahitya Akademies; Fine Arts to be included as a subject in universities.
- SA to work out operational modalities of promoting Hindi and getting it recognized as a UN language.
- SNA to promote and correct the imbalance in extending patronage to varied forms of art with focus on group and dances like Bihu, Bhangra, Nautanki, Dandiya, Bamboo and folk dances besides classical forms.
- Protection of monuments not notified for protection by ASI and involvement of States/PRI in protecting unprotected monuments.
- Preserving and promoting India's rich intangible cultural heritage by inventorizing and documenting oral traditions, indigenous knowledge systems, guru-shisya parampara, Vedic chanting, Kuddiattam, Ramlila, folklores and tribal, oral traditions.
- Publication of reports of archaeological excavations undertaken in last 20 years.
- Greater momentum and funding to the library movement in the country and the National Mission on Libraries launched.
- Set up one museum in each district with separate chambers for visual and other forms of art, architecture, science, history and geography with regional flavour.
- Enhancing assimilative capabilities to adapt to emergent challenges of globalization and technological innovations.

Box 2.2.2
Specific Plan of Action for Art and Culture

- Promoting regional languages with focus on translation of regional/vernacular literature and integration with National Translation Mission.
- Dovetailing of cultural and creative industries—media, films, music, handicraft, visual and performing arts, literature, heritage, etc., for growth and employment.
- Generating demand for cultural goods and services as a matter of sustenance rather than patronage, thus bringing art and culture sector in the larger public domain.
- Restructuring some existing schemes to encourage PPP.
- Development of Sanskriti Grams for giving basic amenities to indigent urban artists.
- Promoting export of core cultural goods and services for taking the country in the list of first 20 countries ranked by UNESCO for export of culture.
- Recognizing ‘cultural heritage tourism’ as an upcoming industry with mutually supportive activities.
- Building cultural resources with adaptation of scientific and technological knowledge to local circumstances, and forming partnerships between local and global.
- Infusion of knowledge capital in cultural institutions through flexible engagements.
- Housing segments on cultural resources in the national museums and Science Cities/Centres set up by the NCSM.
- Documentation of unprotected monuments, other than the 3667 protected ASI monuments.

2.2.26 A new component under performing arts is the creation of a ‘National Artists Welfare Fund’—with a corpus of Rs 5.00 crore for meeting medical emergencies of artists—as an independent administered fund with facilities to receive contributions from any lawful sources.

2.2.27 The Akademies and the ZCCs will have a new scheme called ‘Protecting the Intellectual Property Rights of the artists and of cultural industries’—especially of folk and tribal artists—along with the creation of a national apparatus to work as a watchdog and facilitator in this area. A Cultural Centre at Kolkata will be set up in PPP with Calcutta Museum of Modern Art in collaboration with the State Government with provision for funding by the three Akademies.

Museums and Visual Arts

2.2.28 The ongoing schemes/institutions in the field of museums will continue in the Eleventh Plan along with the modernization/strengthening/upgradation of various museums. The museums in four metros, viz., Delhi, Kolkata, Mumbai, and Chennai will be modernized. Gandhi Darshan Memorial at Rajghat will be developed as a Centre of Excellence for promoting research in Gandhian studies. Also, during the Eleventh

Plan, a comprehensive development of Jallianwala Bagh National Memorial, befitting its status and importance in the history of Indian freedom struggle, will be undertaken.

Archaeology, Anthropology, and Ethnology

2.2.29 Specific tasks for the ASI include undertaking a time-bound programme to complete all pending excavation reports and drawing up a phased programme for qualitative upgradation of all 41 site museums besides completing and operationalizing new museums that are built at Chanderi, Khajuraho, and Shivpuri. ASI will undertake an intensified conservation programme for 2000 Centrally protected monuments and excavated archaeological remains and a programme of integrated development of all World Heritage Cultural Sites. The Regional Centres of ASI will be strengthened.

2.2.30 A research/conservation laboratory at Aurangabad for further improving the condition of Ajanta-Ellora monuments and a centralized Cell for Archaeological Investigation using modern scientific methods will be set up. A new scheme providing fellowships for two years’ duration to young archaeologists in the age group of 25–35 years will be launched. A new scheme for providing Financial Assistance to

State Protected Monuments and for Unprotected Monuments will be launched leveraging State and private sector funds for protection and preservation of monuments.

2.2.31 The Anthropological Survey of India will take up four new Plan schemes, viz., Indigenous Knowledge and Traditional Technology, Oral Traditions/Folk Taxonomies, Social Structure and Bio-Cultural Adaptations with Gender Perspectives, and Man in the Biosphere and National Repository of Human Genetic Resources. Indira Gandhi Rashtriya Manav Sangrahalaya will take up new programmes for upgradation of existing exhibition galleries and development of new exhibitions on the theme 'India and the World', National Documentation Centre and Archive for Intangible Cultural Heritage and establishment of four Regional Outreach Centres.

Literature, Libraries, and Archives

2.2.32 The development of Public Libraries in the Eleventh Plan includes Rural Public Libraries and provision for handicapped and under-privileged in District Libraries. A National Library Mission will be set up. National, State/district libraries will develop special collections and technological support for visually challenged and hearing-impaired.

Education, Research, and Others

2.2.33 A Cultural Heritage Volunteers Forum will be set up in schools/colleges/universities in convergence with NSS for integrating the basic tenets of India's cultural heritage. A Pilot Scheme for Cultural Industries will be launched by selected ZCCs for providing market information, design, packaging, training, and e-commerce facilities. The schemes of CCRT, Assistance for Preservation and Development of Cultural Heritage of Himalayas, and Assistance for Preservation and Development of Buddhist/Tibetan Organization will be restructured.

National Translation Mission

2.2.34 A new scheme will be launched in partnership with States for cultural exchange to strengthen the composite culture through translation of a minimum five good literary works in every language into all other major languages.

THE PATH AHEAD

2.2.35 The strengthening of inter-organizational networks and introduction of management-oriented approaches in the administration of cultural institutions are the two cardinal prerequisites for improving efficiency in the working of the cultural institutions. The Ministry of Culture's Modernization and Computerization Scheme should develop a module for exclusively dealing with increasing inter-organizational cooperation, networking, and sharing of information amidst disparate cultural organizations. There is a need to emulate networking systems in scientific institutions with a view to repositioning India's rightful place in the comity of Knowledge Superpowers.

2.2.36 Resuscitating India's dwindling higher institutions of art and culture poses a real challenge and an action plan to strengthen these institutions needs to be worked out during the Eleventh Plan. Outstanding scholars from India and abroad could be encouraged to get associated with these organizations. However, it is important that institutions must be autonomous and develop a conducive working environment. In this context, it is desirable to formulate norms and procedures for flexible engagement of scholars in higher institutions of art and culture. There is an urgent need for adopting the idea of concept makers. In other words, creating an Ideas Bank, which could explore and scrutinize the ideas that originated in India first and then spread across the globe. The Ideas Bank could generate new research designs and modules with inter-disciplinary linkages to develop the growth of innovative research.

2.2.37 The dynamics of the infusion of knowledge capital into the designated Knowledge Institutions through flexible engagements needs to be worked out during the Eleventh Plan. The key elements of this infusion will include (i) evolving a broad framework for infusion of knowledge capital, both domestic and global, (ii) setting out guiding principles that are conducive to flexible engagements and are free from crippling rules and regulations, (iii) redefining the role of knowledge institutions as facilitators of production of knowledge, (iv) extending enhanced autonomy to the institutions for flexible engagements, (v) attracting global creative talents in specialized disciplines

and exploring the possibilities of institutionalizing linkages, (vi) ownership of knowledge outputs including inalienable rights of creative talents over output and dissemination and (vii) freeing institutions from budgetary constraints by creating a Knowledge Fund with a reasonable corpus to begin with. Hence, there is a need for (i) assessment of requisite competencies and criteria such as eligibility/suitability and

scholarship, (ii) level playing field and (iii) development and nurturing of domestic creative talents with attachments, assignments and partnerships in projects.

2.2.38 Major scheme-wise break up of the GBS for the Eleventh Plan for the Ministry of Culture is given in Appendix of Volume III.

ANNEXURE 2.1.1
Youth Affairs and Sports—Outlay and Expenditure of the Tenth Plan
(Rs Crore)

S. No.	Sub-Sector	Tenth Plan (2002–07)	
		Outlay	Expenditure
A.	Youth Affairs	677.64	522.62
B.	Sports and Physical Education	1145.36	1306.41
C.	Others	2.00	3.05
	Total	1825.00	1832.08

Source: Ministry of Youth Affairs and Sports.

ANNEXURE 2.2.1
Culture—Outlay and Expenditure of the Tenth Plan
(Rs Crore)

S. No.	Scheme/Major Head	Tenth Plan (2002-07)	
		Outlay	Expenditure
1	Modernization & Computerization	4.39	2.73
2	Promotion & Dissemination	362.43	454.99
3	Archaeology	284.83	304.11
4	Archives & Records	74.11	60.32
5	Museums	304.13	314.21
6	Anthropology & Ethnology	40.02	42.06
7	Public Libraries	131.05	121.76
8	IGNCA	90.00	4.12
9	Inst. of Buddhist & Tibetan Studies	45.70	45.11
10	Other Exp. (Memorials)	49.35	61.73
11	Activities for NER	154.00	134.19 [@]
12	Building Projects/Capital outlay	180.00	115.16
	Total	1720.00	1526.30

Note: [@]An expenditure of Rs 134.19 crore included under respective sectors.

Source: Ministry of Culture.

3

Health and Family Welfare and AYUSH

3.1 HEALTH AND FAMILY WELFARE

INTRODUCTION

3.1.1 The health of a nation is an essential component of development, vital to the nation's economic growth and internal stability. Assuring a minimal level of health care to the population is a critical constituent of the development process.

3.1.2 Since Independence, India has built up a vast health infrastructure and health personnel at primary, secondary, and tertiary care in public, voluntary, and private sectors. For producing skilled human resources, a number of medical and paramedical institutions including Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) institutions have been set up.

3.1.3 Considerable achievements have been made over the last six decades in our efforts to improve health standards, such as life expectancy, child mortality, infant mortality, and maternal mortality. Small pox and guinea worm have been eradicated and there is hope that poliomyelitis will be contained in the near future. Nevertheless, problems abound. Malnutrition affects a large proportion of children. An unacceptably high proportion of the population continues to suffer and die from new diseases that are emerging; apart from continuing and new threats posed by the existing ones. Pregnancy and childbirth related complications also contribute to the suffering and mortality.

3.1.4 The strong link between poverty and ill health needs to be recognized. The onset of a long and expensive illness can drive the non-poor into poverty. Ill health creates immense stress even among those who are financially secure. High health care costs can lead to entry into or exacerbation of poverty. The importance of public provisioning of quality health care to enable access to affordable and reliable health services cannot be underestimated. This is specially so, in the context of preventing the non-poor from entering into poverty or in terms of reducing the suffering of those who are already below poverty line.

3.1.5 The country has to deal with rising costs of health care and growing expectations of the people. The challenge of quality health services in remote rural regions has to be urgently met. Given the magnitude of the problem, we need to transform public health care into an accountable, accessible, and affordable system of quality services during the Eleventh Five Year Plan.

VISION FOR HEALTH

3.1.6 The Eleventh Five Year Plan will provide an opportunity to restructure policies to achieve a New Vision based on faster, broad-based, and inclusive growth. One objective of the Eleventh Five Year Plan is to achieve good health for people, especially the poor and the underprivileged. In order to do this, a comprehensive approach is needed that encompasses individual health care, public health, sanitation, clean drinking water, access to food, and knowledge of

hygiene, and feeding practices. The Plan will facilitate convergence and development of public health systems and services that are responsive to health needs and aspirations of people. Importance will be given to reducing disparities in health across regions and communities by ensuring access to affordable health care.

3.1.7 Although it has been said in plan after plan, it needs to be reiterated here that the Eleventh Five Year Plan will give special attention to the health of marginalized groups like adolescent girls, women of all ages, children below the age of three, older persons, disabled, and primitive tribal groups. It will view gender as the cross-cutting theme across all schemes.

3.1.8 To achieve these objectives, aggregate spending on health by the Centre and the States will be increased significantly to strengthen the capacity of the public health system to do a better job. The Plan will also ensure a large share of allocation for health programmes in critical areas such as HIV/AIDS. The contribution of the private sector in providing primary, secondary, and tertiary services will be enhanced through various measures including partnership with the government. Good governance, transparency, and accountability in the delivery of health services will be ensured through involvement of PRIs, community, and civil society groups. Health as a right for all citizens is the goal that the Plan will strive towards.

Time-Bound Goals for the Eleventh Five Year Plan

- Reducing Maternal Mortality Ratio (MMR) to 1 per 1000 live births.
- Reducing Infant Mortality Rate (IMR) to 28 per 1000 live births.
- Reducing Total Fertility Rate (TFR) to 2.1.
- Providing clean drinking water for all by 2009 and ensuring no slip-backs.
- Reducing malnutrition among children of age group 0–3 to half its present level.
- Reducing anaemia among women and girls by 50%.
- Raising the sex ratio for age group 0–6 to 935 by 2011–12 and 950 by 2016–17.

(Actions to be taken to achieve the goals related to clean drinking water, malnutrition, and anaemia have been indicated in detail in other chapters.)

CURRENT SCENARIO, CONCERNS, AND CHALLENGES

India in the International Scenario

3.1.9 The comparative picture with regard to health indicators such as life expectancy, TFR, IMR, and MMR points that countries placed in almost similar situations such as Indonesia, Sri Lanka, and China have performed much better than India (Table 3.1.1).

TABLE 3.1.1
Health Indicators among Selected Countries

Country	IMR (per 1000 live births)	Life Expectancy M/F (in years)	MMR (per 100000 live births)	TFR
India	58	63.9/66.9*	301	2.9
China	32	70.6/74.2	56	1.72
Japan	3	78.9/86.1	10	1.35
Republic of Korea	3	74.2/81.5	20	1.19
Indonesia	36	66.2/69.9	230	2.25
Malaysia	9	71.6/76.2	41	2.71
Vietnam	27	69.5/73.5	130	2.19
Bangladesh	52	63.3/65.1	380	3.04
Nepal	58	62.4/63.4	740	3.40
Pakistan	73	64.0/64.3	500	3.87
Sri Lanka	15	72.2/77.5	92	1.89

Note: * Projected (2001–06).

Source: India—RGI, Government of India (GoI) (Latest Figures); Others—State of World Population (2006).

Scenario in Relation to Tenth Plan Goals

3.1.10 Of the 11 monitorable targets for the Tenth Plan, three were related to the health sector. Their goals and achievements are summarized in Table 3.1.2.

**DECADAL RATE OF POPULATION GROWTH/
TOTAL FERTILITY RATE (TFR)**

3.1.11 The decadal growth of population during 1991–2001 had been 21.5%, on account of the momentum built from high levels of fertility in the past. The good news is that we are right on course with respect to the first of the three Tenth Plan monitorable targets related to the health sector. The projected decadal population growth rate is 15.9% for 2001–11. The two important demographic goals of the National Population Policy (2000) are: achieving the population replacement level (TFR 2.1) by 2010 and a stable population by 2045. TFR, which in the early 1950s was 6.0, has declined to 2.9 in 2005. Thus, India is moving towards its goal of replacement-level fertility of 2.1. The percentage of married women using contraception has increased from a level of just over 10% in the early

1970s to 41% in 1992–93, 48% in 1998–99, and to 56% by 2005–06 (Figure 3.1.1). However, there are huge differentials amongst various States.

MATERNAL MORTALITY RATIO (MMR)

3.1.12 The MMR during 2001–03 has been 301 per 100000 live births (RGI, 2006). Levels of maternal mortality vary greatly across the regions due to variation in access to emergency obstetric care (EmOC), prenatal care, anaemia rates among women, education level of women, and other factors. There has been a substantial decline during the seven year period of 1997–2003. However, the pace of decline is insufficient. At the present rate of decline, it will be difficult to achieve the goal of 100 by 2012 (Figure 3.1.2). This reinforces that rapid expansion of skilled birth attendance and EmOC is needed to further reduce maternal mortality in India.

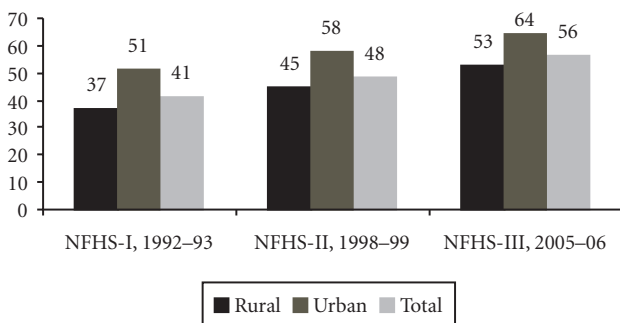
INFANT MORTALITY RATE (IMR)

3.1.13 IMR is 58 per 1000 live births (Sample Registration System [SRS], 2005). It is higher in rural areas (64) and lower in the urban areas (40) of the country.

TABLE 3.1.2
Goals and Achievements during the Tenth Plan

Indicator	Goal for Tenth Plan	Achievements
Decadal Rate of Population Growth	16.2%	15.9% for 2001–11 (Projected) ¹
IMR	45 per 1000 live births	58 per 1000 live births ²
MMR	2 per 1000 live births	3.01 per 1000 live births ³

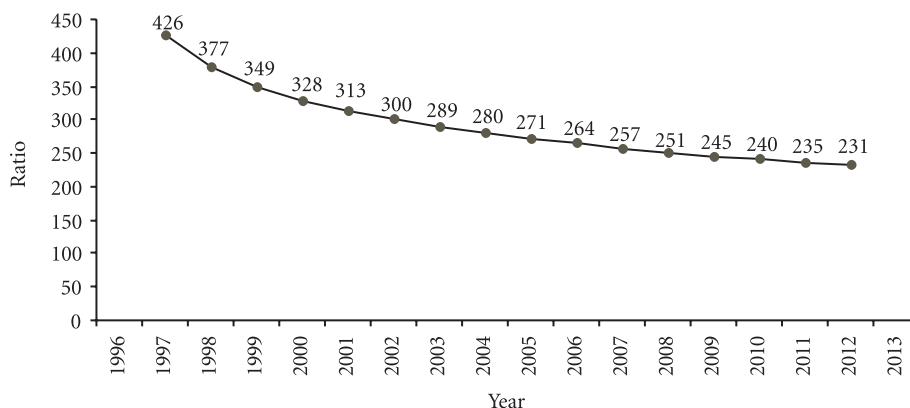
Notes: 1. Technical Group on Population Projections set up by National Commission on Population (December 2006), RGI, GoI; 2. SRS 2005; 3. 2001–03 Special Survey of Deaths using RHIME (routine, re-sampled, household interview of mortality with medical evaluation), RGI (2006), GoI.



Source: NFHS-3, IIPS (2005–06).

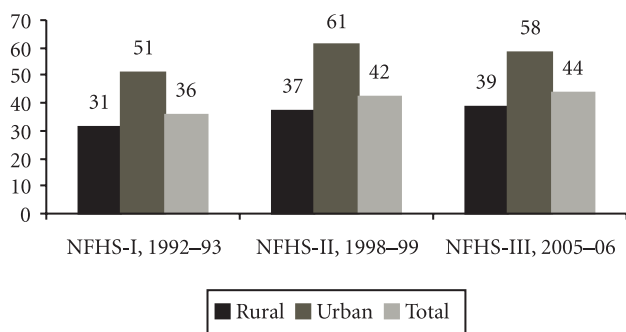
FIGURE 3.1.1: Trends in Contraceptive Use (%) (currently married women in 15–49 age group)

It also varies across States. Neo-natal mortality (at 37 per 1000 live births) constitutes nearly 60%–75% of the IMR in various States. The coverage of immunization has increased marginally from 42% in 1998–99 to 44% in 2005–06 (Figure 3.1.3). Polio continues to be a problem and usage of Oral Rehydration Solution (ORS) among children with diarrhoea continues to be low (according to NFHS-3, 26.2% of children with diarrhoea in the last two weeks received ORS). The trend of reduction in IMR has been shown in Figure 3.1.4. Concerted efforts will be required under Home Based Newborn Care (HBNC) to reduce the IMR and Neo-natal Mortality Rate (NMR) further.



Source: RGI (2006).

FIGURE 3.1.2: MMR in India: Trends Based on Log-linear Model, 1997–2012



Source: NFHS-3, IIPS (2005-06).

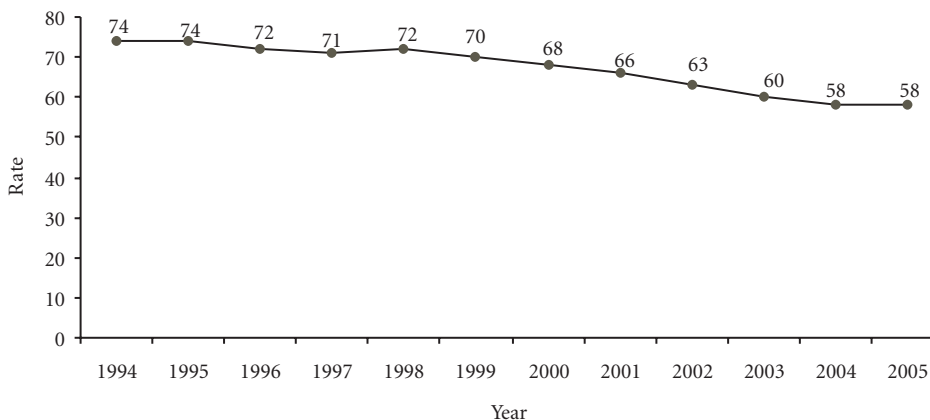
FIGURE 3.1.3: Trends in Full Immunization Coverage

access to care as well as health outcomes. Kerala’s life-expectancy at birth is about 10 years more than that of MP and Assam. IMRs in MP and Orissa are about five times that of Kerala. MMR in UP is more than four times that of Kerala and more than three times that of Haryana. Crude death rates among States also reveal wide variations. Crude death rates in Orissa and MP are about twice the crude death rates in Delhi and Nagaland. This high degree of variation of health indices is itself a reflection of the high variance in the availability of health services in different parts of the country.

Disparities and Divides

3.1.14 Within the country, there is persistence of extreme inequality and disparity both in terms of

3.1.15 Approximately a quarter of the districts account for 40% of the poor, over half of the malnourished, nearly two-thirds of malaria and kala-azar, leprosy,



Source: SRS Bulletin, RGI (October 2006).

FIGURE 3.1.4: IMR in India

infant and maternal mortality, and diseases (National Commission on Macroeconomics and Health, NCMH, 2005). The challenge is to provide these areas with access to low-cost public health interventions such as universal immunization services and timely treatment. These States are also the ones that have acute crises of human and financial resources.

3.1.16 Public health care system in rural areas in many States and regions is in shambles. Extreme inequalities and disparities persist both in terms of access to health care as well as health outcomes (Table 3.1.3). This large disparity across India places the burden on the poor, especially women, scheduled castes, and tribes. Inequity is also reflected in the availability of public resources between the advanced and less developed States.

3.1.17 Urban growth has led to increase in number of urban poor. Population projections postulate that slum growth is expected to surpass the capacity of civic authorities to respond to their health and infrastructure needs. As per 2001 census, 4.26 crore lived in urban slums spread over 640 towns and cities. The number is growing. Though the coverage of health and family welfare services in urban areas is much better than the rural, lack of water and sanitation and the high population density in slums leads to rapid spread of infections. These settlements have high incidence of vector-borne diseases, asthma, tuberculosis, malaria, coronary heart diseases, diabetes, etc. Poor housing conditions, exposure to heat and cold, air and water pollution, and occupational hazards add to the environmental risks for the poor. They are vulnerable as they have no backup savings, food stocks, or social support systems to tide over the crisis of illness. Despite the presence of many private and

government hospitals in urban areas, a large chunk of the homeless and those living in slums or temporary settlements are left out of the proper health care system. Thus, even though there is a concentration of health care facilities in urban areas, the urban poor lack access; initiatives in the country to date have been limited and fragmented.

Disease Burden

3.1.18 India is in the midst of an epidemiological and demographic transition with increasing burden of chronic diseases, decline in mortality and fertility rates, and ageing of the population. An estimated 2–3.1 million people in the country are living with HIV/AIDS, a communicable disease, with a potential to undermine the health and developmental gains India has made since Independence. Non-communicable diseases (NCDs) such as cardiovascular diseases (CVDs), cancer, blindness, mental illness, etc., have imposed the chronic disease burden on the already over-stretched health care system of the country. The NCMH 2005 figures of disease burden are given in Table 3.1.4.

COMMUNICABLE DISEASES

3.1.19 AIDS is acquiring a female face, that is, gradually the gap between females and males is narrowing as far as number of cases and infections are concerned. The youth are becoming increasingly vulnerable. The prevalence rate of more than 1% amongst pregnant women was reported from five States, that is, Andhra Pradesh, Maharashtra, Karnataka, Manipur, and Nagaland. GoI responded to HIV/AIDS threat by preventive awareness, targeted interventions, and care and support programmes. As on 31 December 2006, a total of 162257 cases of AIDS were reported. The risk of tuberculosis infection in HIV positive

TABLE 3.1.3
Urban/Rural Health Indicators

	Crude Birth Rate (per 1000)	Crude Death Rate (per 1000)	IMR (per 1000 live births)	Prevalence of Anaemia among Children (6–35 months) (%)	Prevalence of Anaemia among Pregnant Women (%)
Urban	19.1	6.0	40	72.7	54.6
Rural	25.6	8.1	64	81.2	59.0
Total	23.8	7.6	58	79.2	57.9

Source: Ministry of Health and Family Welfare (MoHFW), GoI (2006) and NHFS-3, IIPS (2005–06).

TABLE 3.1.4
Disease Burden Estimation, 2005

Disease/Health Condition	Estimate of Cases/lakh	Projected number (2015) of Cases/lakh
Communicable Diseases		
Tuberculosis	85 (2000)	NA
HIV/AIDS	51 (2004)	190
Diarrhoeal Diseases Episodes per Year	760	880
Malaria and other Vector Borne Diseases	20.37 (2004)	NA
Leprosy	3.67 (2004)	Expect to be Eliminated
Otitis Media	3.57	4.18
Non-Communicable Conditions		
Cancers	8.07 (2004)	9.99
Diabetes	310	460
Mental Health	650	800
Blindness	141.07	129.96
CVDs	290 (2000)	640
COPD and Asthma	405.20 (2001)	596.36
Other Non-Communicable		
Injuries—deaths	9.8	10.96
Number of Hospitalizations	170	220

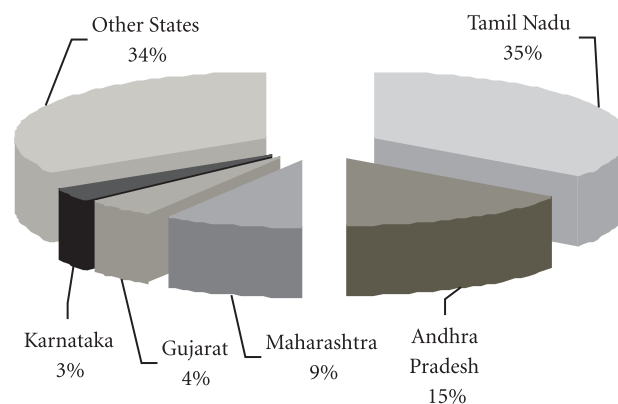
Source: NCMH (2005).

persons increased manifold. National AIDS Control Organization (NACO) is working closely with Revised National Tuberculosis Control Programme (RNTCP) for promoting cross referrals for early diagnosis and prompt treatment. The strategies of National AIDS Control Programme Phase II (NACP-II) have yielded positive results. The HIV prevalence is stabilizing and States like Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, and Nagaland have started showing declining trends. The State-wise distribution of number of AIDS cases in India during 2006 is shown in Figure 3.1.5. The lessons learnt have been utilized in formulating NACP-III, which will be implemented in the country during the Eleventh Five Year Plan.

3.1.20 Tuberculosis remains a public health problem, with India accounting for one-fifth of the world incidence. Every year 1.8 million people in India develop tuberculosis, of which 0.8 million are infectious smear positive cases. The emergence of HIV-TB co-infection and multi drug resistant tuberculosis has increased the severity and magnitude of the problem. RNTCP has achieved nation wide coverage in March 2006. Since the inception of the programme, over 6.3

million patients have been initiated on treatment, and the programme has achieved all the proposed goals in terms of expansion of Directly Observed Treatment, Short Course (DOTS) services, case finding, and treatment success during the Tenth Plan.

3.1.21 A National Vector Borne Disease Control Programme was initiated during the Tenth Plan with the convergence of ongoing programmes on malaria, kala-azar, filariasis, Japanese encephalitis, and dengue.

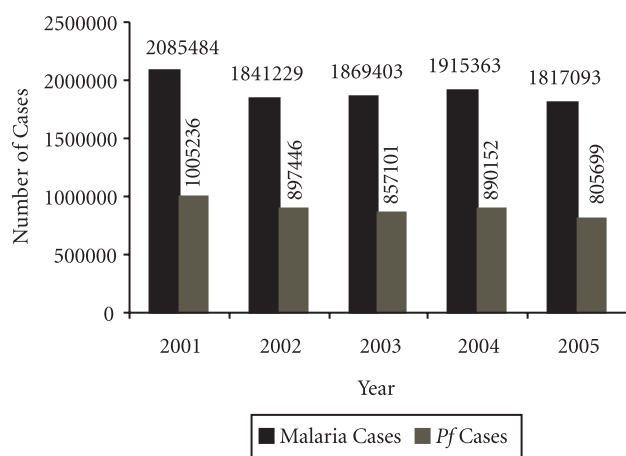


Source: National Health Profile (2006).

FIGURE 3.1.5: Number of AIDS Cases in States, 2006

Malaria cases in India declined from 3.04 million in 1996 to 1.82 million cases in the year 2005. The number of *Plasmodium falciparum* (Pf) cases has also been decreasing (Figure 3.1.6). More than 80% of malaria cases and deaths are reported from NE States, Chhattisgarh, Jharkhand, MP, Orissa, Andhra Pradesh, Maharashtra, Gujarat, Rajasthan, WB, and Karnataka. Under the Enhanced Malaria Control Project, 100% support was provided in 100 districts of 8 States, predominantly inhabited by tribal population. These areas reported a 45% decline in malaria cases.

3.1.22 An estimated population of 130 million is exposed to the risk of kala-azar in the endemic areas. The annual incidence of disease has come down from 77099 cases in 1992 to 31217 cases in 2005 and deaths from 1419 to 157, respectively. Lymphatic Filariasis (LF) remains endemic in about 250 districts in 20 States and UTs. The population at risk is over 500 million. To achieve elimination of LF, the GoI has launched nationwide Annual Mass Drug Administration (MDA) with annual single recommended dose of diethylcarbamazine citrate tablets in addition to scaling up home based foot care and hydrocele operations. In 2005, 243 endemic districts implemented MDA targeting a population of about 554 million with a coverage rate of 80%. Dengue fever and Chikungunya are emerging as major threats in urban, peri-urban, and rural areas in many States/UTs.



Source: MoHFW, GoI (2006).

FIGURE 3.1.6: Malaria Cases and Pf Cases, India

3.1.23 The goal of leprosy elimination at national level (<1 case/10000 population) as set by National Health Policy (2002) was achieved in the month of December 2005. Even though the disease came down to a level of elimination, still it is prevalent with moderate endemicity in about 20% of the districts. During 2005–06, a total of 1.61 lakh new leprosy cases were detected.

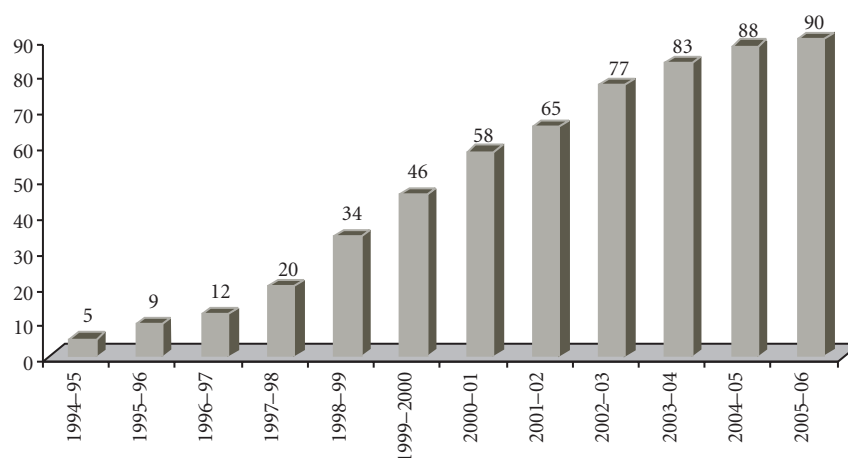
NON-COMMUNICABLE DISEASES (NCDs)

3.1.24 India is experiencing a rapid epidemiological transition, with a large and rising burden of chronic diseases, which were estimated to account for 53% of all deaths and 44% of Disability Adjusted Life Years lost in 2005. NCDs, especially diabetes mellitus, CVDs, cancer, stroke, and chronic lung diseases have emerged as major public health problems due to an ageing population and environmentally-driven changes in behaviour.

3.1.25 Cancer has become an important public health problem in India with an estimated 7 to 9 lakh cases occurring every year. At any point of time, it is estimated that there are nearly 25 lakh cases in the country. The strategy under the National Cancer Control Programme (NCCP) was revised in 1984–85 and further in 2004 with stress on primary prevention and early detection of cancer cases. In India, tobacco related cancers account for about half the total cancers among men and 20% among women. About one million tobacco related deaths occur each year, making tobacco related health issues a major public health concern.

3.1.26 In India, more than 12 million people are blind. Cataract (62.6%) is the main cause of blindness followed by Refractive Error (19.70%). There has been a significant increase in proportion of cataract surgeries with Intra Ocular Lens (IOL) implantation from <5 % in 1994 to 90% in 2005–06 (Figure 3.1.7).

3.1.27 Oral Health Care has not been given sufficient importance in our country. Most of the district hospitals have a post of dental surgeon but they lack equipment, machinery, and material. Even where the equipment exists, the maintenance is poor, hence service delivery is affected.



Source: Annual Report, MoHFW (2006-07).

FIGURE 3.1.7: Percentage of Cataract Surgeries with IOL

Health Care Infrastructure and Human Resources: The Gaps

3.1.28 To address the gaps in health infrastructure and human resources, the National Rural Health Mission (NRHM) was launched on 12 April 2005. A generic public health delivery system envisioned under NRHM from the village to block level is illustrated in Figure 3.1.8.

3.1.29 The details of existing and required physical infrastructure have been provided in Table 3.1.5. Maximum shortage at the Community Health Centres (CHCs) level is adversely affecting the secondary health care and linkages.

3.1.30 Availability of appropriate and adequately trained human resources is an essential concomitant of Rural Health Infrastructure. The present position, requirement, and shortfall regarding public health care human resources have been shown in Table 3.1.6. Across rural areas, there are considerable shortfalls plus

a large number of vacant positions of doctors, nurses, and paramedical personnel. There is also wide variation in number of persons served by a specialist in rural areas (Figure 3.1.9). Despite the existing shortages, whatever few formally trained and qualified doctors are available, are mainly through the public health care system. A large proportion of population visits private providers for their health care needs. The challenge is to resolve these problems and provide the poor access to subsidized or free public health services.

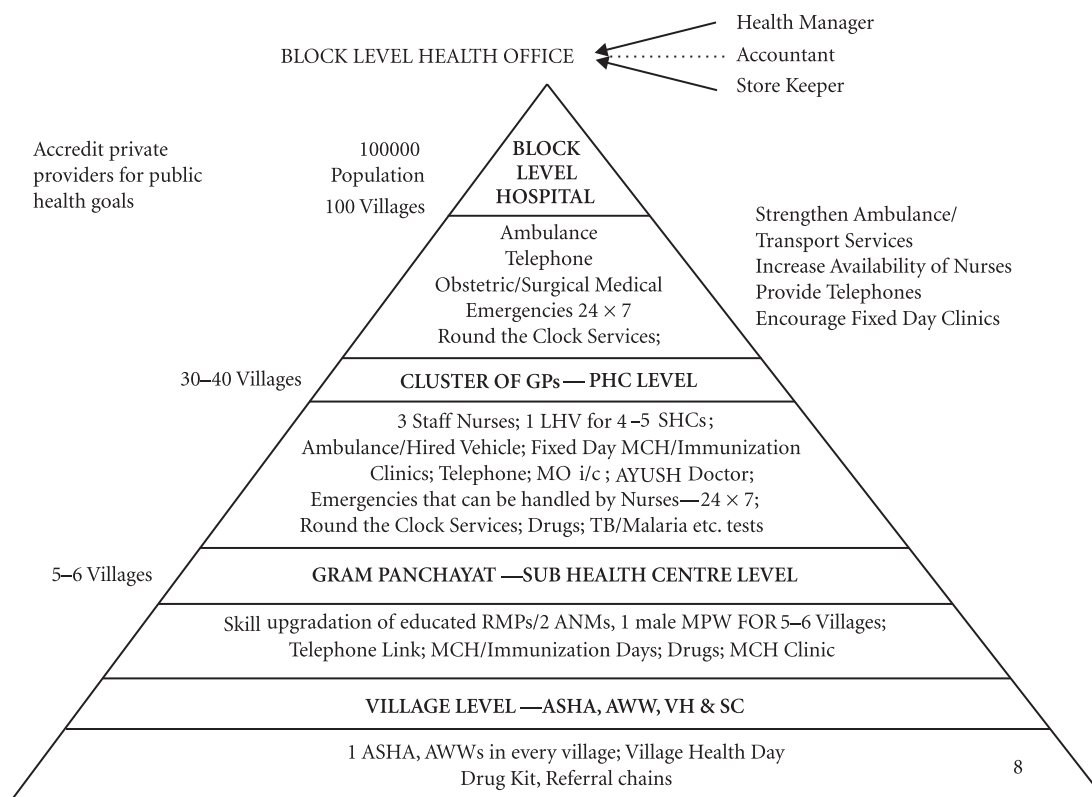
3.1.31 During the last few years there has been a great change in the availability of secondary and tertiary health care facilities in the country. Number of government hospitals increased from 4571 in 2000 to 7663 in 2006, that is, an increase of 67.6%. Number of beds in these hospitals increased from 430539 to 492698, that is, an increase of 14.4%. Current figures are not available on number of private and NGO hospitals as well as on human resources in the

TABLE 3.1.5
Shortfall in Health Infrastructure—All India

As per 2001 Population	Required	Existing	Shortfall	% Shortfall
Sub-Centres	158792	144998	20903	13.16
PHCs	26022	22669	4803	18.46
CHCs	6491	3910	2653	40.87

Notes: All India shortfall is derived by adding State-wise figures of shortfall ignoring the existing surplus in some of the States.

Source: Bulletin of Rural Health Statistics in India, Special Revised Edition, MOHFW, GoI (2006).



Notes: TB = Tuberculosis, MO = Medical Officer, MCH = Maternal and Child Health.

FIGURE 3.1.8: NRHM—Illustrative Structure

private sector but in 2002, the country had 11345 private/NGO hospitals (allopathic) with a capacity of 262256 beds. These are mostly in the private sector located in cities and towns.

Drawbacks of the Public Health System

3.1.32 The public health system in our country has various drawbacks (see Box 3.1.1). The conceptualization and planning of all programmes is centralized instead of decentralized using locally relevant strategies. The approach towards disease control and prevention is fragmented and disease-specific rather than comprehensive. This leads to vertical programmes for each and every disease. These vertical programmes are technology-centric and work in isolation of each other (Box 3.1.2). The provision of infrastructure is based on population norms rather than habitations leading to issues of accessibility, acceptability, and utilization. Inadequate resources also lead to lack of client conveniences and non-availability of essential

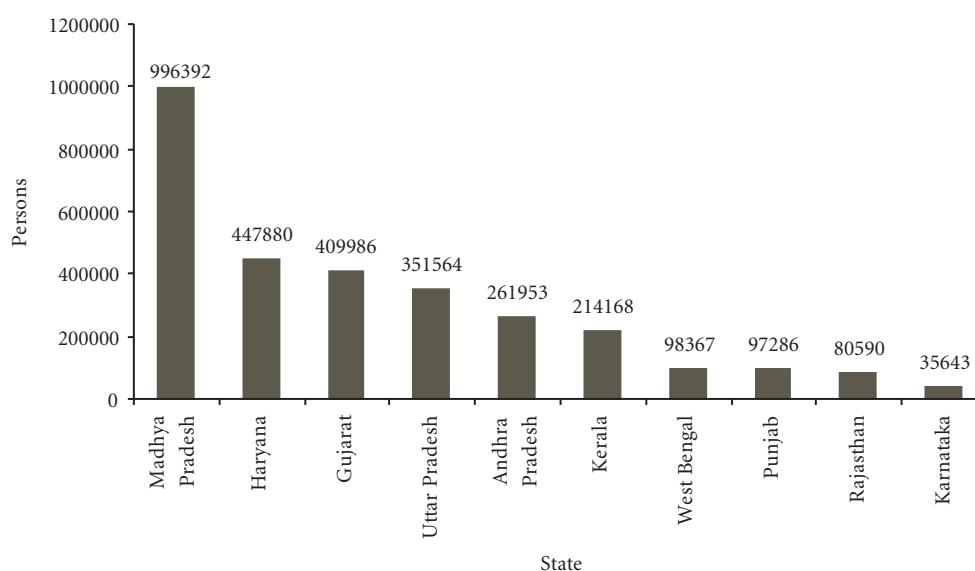
consumables and non-consumables. The gap between requirement and availability of human resources at various levels of health care is wide and where they are available, the patient-provider interactions are beset with many problems, in addition to waiting time (opportunity cost) for consultation/treatment. The system lacks a real and working process of monitoring, evaluation, and feedback. There is no incentive for those who work well and check on those who do not. Quality assurance at all levels is not adhered to due to lacunae in implementation. This results in semi-used or dysfunctional health infrastructure. There is lack of convergence with other key areas affecting health as the system has been unable to mobilize action in areas of safe water, sanitation, hygiene, and nutrition. Despite constraints of human resources, practitioners of Indian Systems of Medicine (ISM), Registered Medical Practitioners (RMPs), and other locally available human resources have not been adequately mobilized and integrated in the system.

TABLE 3.1.6
Shortfall in Health Personnel—All India

For the Existing Infrastructure	Required (R)	Sanctioned (S)	In Position (P)	Vacant (S-P)	Shortfal (R-P)
Multipurpose Workers (Female)/ANM at Sub-Centres and PHCs	167657	162772	149695	13126 (8.06%)	18318 (10.93%)
Health Workers (Male)/MPWs (M) at Sub-Centres	144998	94924	65511	29437 (31.01%)	74721 (51.53%)
Health Assistants (Female)/LHV at PHCs	22669	19874	17107	2781 (13.99%)	5941 (26.21%)
Health Assistants (Male) at PHCs	22669	24207	18223	5984 (24.72%)	7169 (31.62%)
Doctors at PHCs	22669	27927	22273	5801 (20.77%)	1793 (7.91%)
Total Specialists at CHCs	15640	9071	3979	4681 (51.60%)	9413 (60.19%)
Radiographers at CHCs	3910	2400	1782	620 (25.83%)	1330 (34.02%)
Pharmacists at PHCs and CHCs	26579	22816	18419	4445 (19.48%)	4389 (16.51%)
Lab Technician at PHCs and CHCs	26579	15143	12351	2792 (18.44%)	9509 (35.78%)

Note: For calculating the overall percentages of vacancy and shortfall, the States/UTs for which the human resources position is not available, have been excluded. Also, all India shortfall is derived by adding State-wise figures of shortfall ignoring the existing surplus in some of the States.

Source: Bulletin of Rural Health Statistics in India, Special Revised Edition, MOHFW, GoI (2006).



Source: Bulletin of Rural Health Statistics in India, Special Revised Edition, MOHFW, GoI (2006).

FIGURE 3.1.9: Number of Persons per Specialist at CHCs, 2006

Box 3.1.1**Drawbacks of the Public Health System**

- Centralized planning instead of decentralized planning and using locally relevant strategies
- Institutions based on population norms rather than habitations
- Fragmented disease specific approach rather than comprehensive health care
- Inflexible financing and limited scope for innovations
- Semi-used or dysfunctional health infrastructure
- Inadequate provision of human resources
- No prescribed standards of quality
- Inability of system to mobilize action in areas of safe water, sanitation, hygiene, and nutrition (key determinants of health in the context of our country)—lack of convergence
- Inability to mobilize AYUSH and RMPs and other locally available human resources

Box 3.1.2**Vertical Programmes**

Technology-centric

- See the disease as being caused by an agent (parasite/virus/bacteria) and fail to see its social and ecological setting.
- Response is heavily dependant on technology.

Fragmented

- Only one or two of all the factors that go into the disease setting (and that too in isolation) are addressed.

Administration

- The entire planning and packaging is done centrally.
- Only local aspect is the application (under a chain of command).
- Limited role for community participation.

The Result

- An inappropriate package for local needs.
- Local people are indifferent—sometimes even resistant.
- Even the administration cannot in perpetuity keep its attention on the programme alone.

Growth of Private Sector, Health Care Utilization, and Cost

3.1.33 The growth of private health sector in India has been considerable in both provision and financing. There is diversity in the composition of the private sector, which ranges from voluntary, not-for-profit, for-profit, corporate, trusts, stand-alone specialist services, diagnostic services to pharmacy shops and a range of highly qualified to unqualified providers, each addressing different market segments.

3.1.34 We have a flourishing private sector, primarily because of a failing in the public sector. The growth of private hospitals and diagnostic centres was also encouraged by the Central and State Governments by offering tax exemptions and land at concessional rates, in return for provision of free treatment for the poor

as a certain proportion of outpatients and inpatients. Apart from subsidies, private corporate hospitals receive huge amounts of public funds in the form of reimbursements from the public sector undertakings, the Central and the State Governments for treating their employees.

3.1.35 The cost of health care in the private sector is much higher than the public sector. Many small providers have poor knowledge base and tend to follow irrational, ineffective, and sometimes even harmful practices for treating minor ailments. Bulk of the qualified medical practitioners and nurses are subject to self-regulation by their respective State Medical Councils under central legislation. In practice, however, regulation of these professionals is weak and close to non-existent.

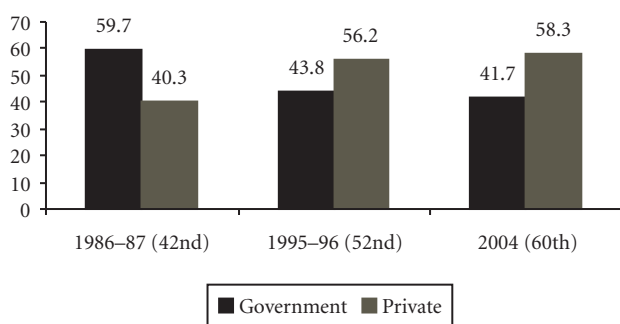
3.1.36 Public spending on health in India is amongst the lowest in the world (about 1% of GDP), whereas its proportion of private spending on health is one of the highest. Households in India spend about 5–6% of their consumption expenditure on health (NSSO). The cost of services in the private sector makes it unaffordable for the poor and the underprivileged.

HEALTH CARE UTILIZATION

3.1.37 Despite a steady increase in public health care infrastructure, utilization of public health facilities by population for outpatient and inpatient care has not improved. The NSSO (1986–2004) data clearly show a major decline in utilization of the public health facilities for inpatient care and a corresponding increase in utilization of the same from private health care providers in both rural and urban areas (Figures 3.1.10 and 3.1.11). With the exception of a few States, there has been very low utilization for outpatient care as well (Figure 3.1.12). Despite higher costs in the private sector, this shift shows the people's growing lack of trust in the public system. Critical shortage of health personnel, inadequate incentives, poor working conditions, lack of transparency in posting of doctors in rural areas, absenteeism, long wait, inconvenient clinic hours, poor outreach, time of service, insensitivity to local needs, inadequate planning, management, and monitoring of service/facilities appear to be the main reasons for low utilization.

COST OF TREATMENT BY HOUSEHOLDS

3.1.38 According to NSSO (60th Round), the average expenditure for hospitalized treatment from a public



Source: NSSO 60th Round (2004).

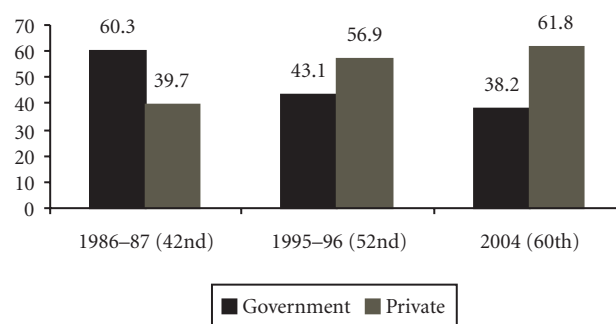
FIGURE 3.1.10: Percentage of Cases of Hospitalized Treatment by Type of Hospital in Rural Areas

hospital was less than half that of private hospital in rural areas and about one-third in urban areas (Figure 3.1.12). There are also inter-State variations. The cost per hospitalization in government hospital was lowest in Tamil Nadu (Rs 637 in rural areas and Rs 1666 in the urban areas) and highest in rural Haryana (Rs 11665) and urban Bihar (Rs 30822). The cost of hospitalization in private hospitals was highest in Himachal Pradesh (Rs 14652 in rural areas and Rs 23447 in urban areas) and lowest in rural Kerala (Rs 4565) and urban Chhattisgarh (Rs 4359), respectively.

3.1.39 As per NSSO 60th Round, during 2004, 24% of the episodes of ailments among the poor were untreated in rural areas and 22% in urban areas. Lack of finances was cited as a reason by 28% of persons with untreated episodes in rural areas and 20% in urban areas. It is also notable that 12% cited lack of medical facility as the cause of not receiving treatment in rural areas.

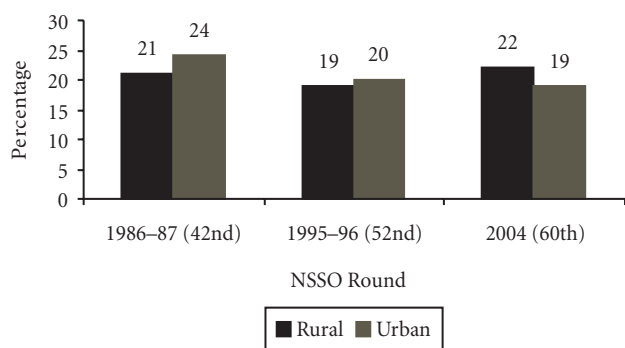
Review of Tenth Plan Schemes

3.1.40 The Tenth Five Year Plan (2002–2007) indicated the dismal picture of the health services infrastructure and emphasized the need to invest more on building good primary-level care and referral services. The plan emphasized on restructuring and developing the health infrastructure, especially at the primary level. The plan highlighted the importance of the role of decentralization but did not state how this would be achieved. Programme-driven health care was in focus. Verticality and technical solutions were



Source: NSSO 60th Round (2004).

FIGURE 3.1.11: Percentage of Cases of Hospitalized Treatment by Type of Hospital in Urban Areas



Source: NSSO 60th Round (2004).

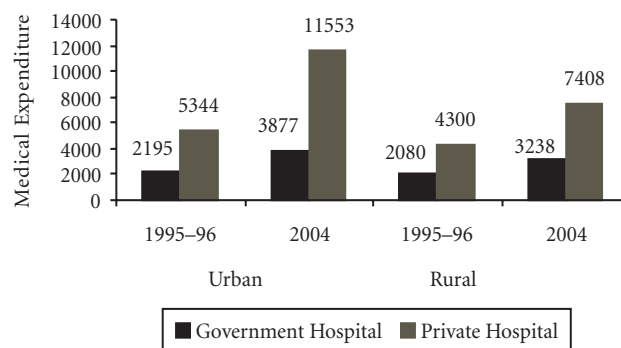
FIGURE 3.1.12: Percentage of Treated Ailments Receiving Non-hospitalized Treatment from Government Sources

given more importance than comprehensive primary health care. The review of the plan not only throws light on the gap between the rhetoric and reality but also the framework within which the policies were formulated.

3.1.41 It was important to question whether it is only the low investment in health that is the main reason for the present status of the health system or is it also to do with the framework, design, and approach within which the policies were formulated. Keeping this in view the NRHM was launched.

3.1.42 The original approved health and family welfare outlay for the Tenth Plan CSS and CS was Rs 36378 crore. However, the sum of annual outlay increased to Rs 41585 crore. Against this, the actual expenditure has been Rs 34950.45 crore, that is, 84.05% of the sum of annual outlay. In 2005-06, all family welfare schemes and major disease control programmes were put under the umbrella of the NRHM. Scheme-wise details of Tenth Plan outlay and expenditure are provided in Annexures 3.1.1 and 3.1.2. State Plan outlay and expenditure during Tenth Plan have been provided in Annexure 3.1.3.

3.1.43 Review of the NRHM at the end of the Tenth Plan reveals that in order to improve the public health delivery, the situation needs to change on a fast track mode at the grassroots. The status as on 1 April 2007 is as under:



Source: NSSO 60th Round (2004).

FIGURE 3.1.13: Average Medical Expenditure (Rs) per Hospitalization Case

- 17318 Village Health and Sanitation Committees (VHSCs) have been constituted against the target of 1.80 lakh by 2007.
- No untied grants have been released to VHSCs pending opening of bank accounts by the Committees.
- Against the target of 3 lakh fully trained Accredited Social Health Activists (ASHAs) by 2007, the initial phase of training (first module) has been imparted to 2.55 lakh. ASHAs in position with drug kits are 5030 in number.
- Out of the 52500 Sub-centres (SCs) expected to be functional with 2 Auxiliary Nurse Midwives (ANMs) by 2007, only 7877 had the same.
- 9000 Primary Health Centres (PHCs) are expected to be functional with three staff nurses by 2007. This has been achieved at 2297 PHCs.
- There has been a shortfall of 9413 (60.19%) specialists at the CHCs. As against the 1950 CHCs expected to be functional with 7 specialists and 9 staff nurses by 2007, none have reached that level.
- CHCs have not been released untied or annual maintenance grant envisaged under the NRHM as they have not reached upto the expected level.
- Number of districts where annual integrated action plan under NRHM have been prepared for 2006-07 are 211.

TOWARDS FINDING SOLUTIONS

3.1.44 The Eleventh Five Year Plan will aim for inclusive growth by introducing National Urban Health

Mission (NUHM), which along with NRHM, will form *Sarva Swasthya Abhiyan*.

National Rural Health Mission (NRHM)

3.1.45 NRHM was launched to address infirmities and problems across primary health care and bring about improvement in the health system and the health status of those who live in the rural areas. The Mission aims to provide universal access to equitable, affordable, and quality health care that is accountable and at the same time responsive to the needs of the people. The Mission is expected to achieve the goals set under the National Health Policy and the Millennium Development Goals (MDGs).

3.1.46 To achieve these goals, NRHM facilitates increased access and utilization of quality health services by all, forges a partnership between the Central, State, and the local governments, sets up a platform for involving the PRIs and the community in the management of primary health programmes and infrastructure, and provides an opportunity for promoting equity and social justice. The NRHM establishes a mechanism to provide flexibility to the States and the community to promote local initiatives and develop a framework for promoting intersectoral convergence for promotive and preventive health care. The Mission has also defined core and supplementary strategies.

3.1.47 STRATEGIES OF NRHM

Core Strategies

- Train and enhance capacity of PRIs to supervise and manage public health services.

- Promote access to improved health care at household level through the female health activist (ASHA).
- Health Plan for each village through Village Health Committee of the Panchayat.
- Strengthen SC through an untied fund to enable local planning and action and more Multipurpose Workers (MPWs).
- Strengthen existing PHCs and CHCs and provide 30–50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Service Standards [IPHS] defining personnel, equipment, and management standards).
- Prepare and implement an intersectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation, hygiene, and nutrition.
- Integrate vertical health and family welfare programmes at national, State, and district levels.
- Technical Support to National, State, and District Health Missions for Public Health Management.
- Strengthen capacities for data collection, assessment, and review for evidence-based planning, monitoring, and supervision.
- Formulate transparent policies for deployment and career development of Human Resources for health.
- Develop capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco and alcohol, etc.
- Promote non-profit sector particularly in under-served areas.

Supplementary Strategies

- Regulation of private sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost.

Box 3.1.3 Sarva Swasthya Abhiyan

- NRHM has been launched for meeting health needs of all age groups and to reduce disease burden across rural India.
- NUHM will be launched to meet the unmet needs of the urban population (28.6 crore in 2001 and 35.7 crore in 2011). As per the 2001 Census, 4.26 crore lived in urban slums spread over 640 towns and cities. The number is growing.
- NUHM based on health insurance and PPP will provide integrated health service delivery to the urban poor. Initially, the focus will be on urban slums. NUHM will be aligned with NRHM and existing urban schemes.
- Besides, Sarva Swasthya Abhiyan aims for inclusive growth by finding solutions for strengthening health services and focusing on neglected areas and groups.

Box 3.1.4
Five Planks of the NRHM

The Mission is expected to address the gaps in the provision of effective health care to rural population with a special focus on 18 States, which have weak public health indicators and/or weak infrastructure.

The Mission is a shift away from the vertical health and family welfare programmes to a new architecture of all inclusive health development in which societies under different programmes will be merged and resources pooled at the district level.

The Mission aims at the effective integration of health concerns with determinants of health like safe drinking water, sanitation, and nutrition through integrated District Plans for Health. There is a provision for flexible funds so that the States can utilize them in the areas they feel are important.

The Mission provides for appointment of ASHA in each village and strengthening of the public health infrastructure, including outreach through mobile clinics. It emphasizes involvement of the non-profit sector, especially in the under-served areas. It also aims at flexibility at the local level by providing for untied funds.

The Mission, in its supplementary strategies, aims at fostering PPPs; improving equity and reducing out of pocket expenses; introducing effective risk-pooling mechanisms and social health insurance; and taking advantage of local health traditions.

- Promotion of PPPs for achieving public health goals.
- Reorienting medical education to support health issues including regulation of Medical Care and Medical Ethics.
- Effective and viable risk-pooling and social health insurance to provide health security to the poor by ensuring accessible, affordable, accountable, and good quality health care.
- Tuberculosis DOTS—maintain 85% cure rate through entire Mission Period and also sustain planned case detection rate.
- Upgrading all health establishments in the district to IPHS.
- Increase utilization of First Referral Units (FRUs) from bed occupancy by referred cases of less than 20% to over 75%.

3.1.49 Under the NRHM, it is planned to have:

3.1.48 The expected outcomes of NRHM are listed below:

- IMR—reduced to 30/1000 live births by 2012.
- Maternal Mortality—reduced to 100/100000 live births by 2012.
- TFR—reduced to 2.1 by 2012.
- Malaria Mortality Reduction—50% up to 2010, additional 10% by 2012.
- Kala-azar Mortality Reduction—100% by 2010 and sustaining elimination until 2012.
- Filariasis/Microfilaria Reduction—70% by 2010, 80% by 2012, and elimination by 2015.
- Dengue Mortality Reduction—50% by 2010 and sustaining at that level until 2012.
- Cataract operations—increasing to 46 lakh until 2012.
- Leprosy Prevalence Rate—reduce from 1.8 per 10000 in 2005 to less than 1 per 10000 thereafter.
- Over 5 lakh ASHAs, one for every 1000 population/ large habitation, in 18 Special Focus States and in tribal pockets of all States by 2008
- All SCs (nearly 1.75 lakh) functional with two ANMs by 2010
- All PHCs (nearly 30000) with three staff nurses to provide 24 × 7 services by 2010
- 6500 CHCs strengthened/established with seven specialists and nine staff nurses by 2012
- 1800 Taluka/Sub Divisional Hospitals and 600 District Hospitals strengthened to provide quality health services by 2012
- Mobile Medical Units for each District by 2009
- Functional Hospital Development Committees in all CHCs, Sub Divisional Hospitals, and District Hospitals by 2009
- Untied grants and annual maintenance grants to every SC, PHC, and CHC released regularly and utilized for local health action by 2008

- All District Health Action Plans completed by 2008

3.1.50 In the Eleventh Five Year Plan, the emphasis under NRHM will not be on numerical achievements only but also on IPHS and enforcement of guidelines for improving the functioning of infrastructure being strengthened and created. It has been felt that the Mission Directors, both at the Centre and the States, should be officials with public health background, supported by the Civil Service cadres.

JANANI SURAKSHA YOJANA (JSY)

3.1.51 To change the behaviour of the community towards institutional delivery, the GoI, under NRHM in 2005, modified the National Maternity Benefit Scheme (NMBS) from that of a nutrition-improving initiative to the JSY. The scheme has the dual objectives of reducing maternal and infant mortality by promoting institutional deliveries. Though the JSY is implemented in all States and UTs, its focus is on States having low institutional delivery rate. The scheme is 100% centrally sponsored and integrates cash assistance with maternal care. It is funded through the flexi-pool mechanism. Under the NRHM, out of 184.25 lakh institutional deliveries in the country (as on 1 April 2007), JSY beneficiaries were 28.74 lakh.

3.1.52 While the JSY scheme is meant to promote institutional delivery, it has to take two critical factors into account, one being that India does not have the institutional capacity (International Institute of Population Sciences [IIPS], 2003) to receive the 26 million women giving birth each year, and the other being that around half of all maternal deaths occur outside of delivery, during pregnancy, abortions, and postpartum complications. If institutions are preoccupied with handling the huge numbers of normal childbirths, there will be inevitable neglect of life-threatening complications faced by women. They will be compelled to vacate beds in the shortest time. Consequently, complications during pregnancy and after childbirth will not be given attention. Second, JSY money sometimes does not reach hospitals on time, and as a result, poor women and their families do not receive the promised money.

National Urban Health Mission (NUHM)

3.1.53 The NUHM will meet health needs of the urban poor, particularly the slum dwellers by making available to them essential primary health care services. This will be done by investing in high-caliber health professionals, appropriate technology through PPP, and health insurance for urban poor.

3.1.54 Recognizing the seriousness of the problem, urban health will be taken up as a thrust area for the Eleventh Five Year Plan. NUHM will be launched with focus on slums and other urban poor. At the State level, besides the State Health Mission and State Health Society and Directorate, there would be a State Urban Health Programme Committee. At the district level, similarly there would be a District Urban Health Committee and at the city level, a Health and Sanitation Planning Committee. At the ward slum level, there will be a Slum Cluster Health and Water and Sanitation Committee. For promoting public health and cleanliness in urban slums, the Eleventh Five Year Plan will also encompass experiences of civil society organizations (CSO) working in urban slum clusters. It will seek to build a bridge of NGO–GO partnership and develop community level monitoring of resources and their rightful use. NUHM would ensure the following:

- Resources for addressing the health problems in urban areas, especially among urban poor.
- Need based city specific urban health care system to meet the diverse health needs of the urban poor and other vulnerable sections.
- Partnership with community for a more proactive involvement in planning, implementation, and monitoring of health activities.
- Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population.
- Framework for partnerships with NGOs, charitable hospitals, and other stakeholders.
- Two-tier system of risk pooling: (i) women's *Mahila Arogya Samiti* to fulfil urgent hard-cash needs for treatments; (ii) a Health Insurance Scheme for enabling urban poor to meet medical treatment needs.

3.1.55 NUHM would cover all cities with a population of more than 100000. It would cover slum dwellers; other marginalized urban dwellers like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers, who may be in slums or on sites.

3.1.56 The existing Urban Health Posts and Urban Family Welfare Centres would continue under NUHM. They will be marked on a map and classified as the Urban Health Centres on the basis of their current population coverage. All the existing human resources will then be suitably reorganized and rationalized. These centres will also be considered for upgradation.

3.1.57 Intersectoral coordination mechanism and convergence will be planned between the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) and the NUHM.

Strengthening Existing Health System

3.1.58 There is need to shift to decentralization of functions to hospital units/health centres and local bodies. The States need to move away from the narrow focus on the implementation of budgeted programmes and vertical schemes. They need to develop systems that comprehensively address the health needs of all citizens. Thus, in order to improve the health care services in the country, the Eleventh Five Year Plan will insist on Integrated District Health Plans and Block Specific Health Plans. It will mandate involvement of all health related sectors and emphasize partnership with PRIs, local bodies, communities, NGOs, Voluntary and Civil Society Organizations.

PRIMARY HEALTH CARE

3.1.59 During the Eleventh Five Year Plan, major focus will be on NRHM initiatives. Efforts will be made for restructuring and reorganizing all health facilities below district level into the Three Tier Rural Primary Health Care System. These will serve the populations in a well-defined area and have referral linkages with each other. Population-centric norms, which continue to drive the provisioning of health infrastructure, will be modified. These will be replaced with flexible norms comprising habitation-based needs, community-based

needs, and disease pattern-based needs. Steps will also be taken to reorganize Urban Primary Health Care Institutions and make them responsible for the health care of people living in a defined geographic area, particularly slum dwellers.

3.1.60 The Approach Paper on Eleventh Five Year Plan stated accessibility as a major issue, especially in rural areas, where habitations are scattered and women and children continue to die en route to hospital. Policy interventions, therefore, have to be evidence based and responsive to area specific differences as shown in Assam (Box 3.1.5). Concerted action will be taken such as enabling pregnant women to have skilled attendance at birth and receive nutritional supplements. PHCs and CHCs will be connected by all weather roads so that they can be reached quickly in emergencies (accessibility to hospital would be measured in travel time, not just distance from nearest PHC). Home-based neonatal care will be provided, including emergency life saving measures. Achievement of health objectives will, therefore, involve much more than curative or even preventive health care, an integrated approach will be adopted.

3.1.61 The Eleventh Five Year Plan will ensure availability of essential drugs and supplies, vaccines, medical equipment, along with the basic infrastructure like electricity, water supply, toilets, telecommunications, and computers for maintaining records. All States will be encouraged to implement the Tamil Nadu model in which close to 58% of the health centres are functioning round the clock. Success models of various States such as higher salary to health workers posted in tribal regions of Himachal Pradesh and KBK districts of Orissa can be considered and replicated.

3.1.62 Tribal population in India is considered to be the most socio-economically disadvantaged group. The National Population Policy (2000) has made special mention of tribal areas in terms of improving basic health and Reproductive and Child Health (RCH) services. In order to ensure adequate access to health care services for the tribal population, apart from dispensaries and mobile health clinics, 20284 SCs, 3230 PHCs, and 750 CHCs have been established.

Box 3.1.5
Akha—Ship of Hope

On the *saporis* or river islands of Assam that are inundated with floods every time the mighty Brahmaputra unleashes its fury, life is a constant struggle against disease and deprivation. Some 30 lakh people live in 2300 remote, floating villages on the Brahmaputra in Upper Assam. Here, there are no functional *anganwadis*, no health centres, no schools, no power, not even drinking water. Till recently, immunization, Antenatal Care (ANC), disease management, and treatment were all unheard of. Then in 2005 the Centre for North East Studies and Policy Research intervened. They partnered with NRHM, UNICEF, and the government of Assam, to start Akha (meaning hope in Assamese)—a 22-metre long, four-metre wide ship that carries hope and health care to 10000 forgotten people in Tinsukhia, Dhemaji, and Dibrugarh districts of Upper Assam. The 120 hp powered Akha has an Out Patient Department (OPD) room, cabins for medical staff and ship crew, medicine storage space, a kitchen, two toilet cum bathrooms, and a general store. A generator set and 200 litre water reservoir are also installed to ensure that the medical team that travels to the *saporis* has adequate power and water supply.

The idea behind Akha is simple—use the river to tackle the problems and challenges created by it. Doctors and ANMs who are unwilling and unable to survive on these remote islands, live on this ship stocked with medicine and other supplies and hold health camps on the *saporis*. They immunize, treat, provide medicines, and advise people on preventive measures. They even take critically ill patients to the nearest health centre in Dibrugarh.

In less than two years, Akha has provided succour to many. If we can upscale this innovative intervention under NRHM, health care will no longer be a distant reality for the people living on this highly volatile river. It can be upscaled to include a hospital ship with diagnostic facilities, in patient ward and operation theatre. Then health care would become truly inclusive.

Most of the centrally sponsored disease control programmes have a focus on the tribal areas. In spite of all this, tribal communities have poor access to health services and there is also underutilization of health services owing to social, cultural, and economic factors. Some of the problems include difficult terrain, locational disadvantage of health facilities, unsuitable timings of health facilities, lack of Information, Education, and Communication (IEC) activities, lack of transport, etc.

3.1.63 Challenges such as demand side constraints, human resource development issues, and the providers' attitude are particularly acute in tribal areas. During the Eleventh Five Year Plan, therefore, renewed efforts will be made to provide need-based quality integrated health and family welfare services, improvement of service coverage, promotion of community participation, encouragement of tribal system of medicine under AYUSH and replication of successful efforts (See Box 3.1.6).

3.1.64 The challenge of increasing urbanization with growth of slums and low-income families in cities has made access to health care for the urban poor a priority of the Eleventh Five Year Plan. Therefore, the thrust during the Eleventh Five Year Plan will be to locate the

services in or around urban slums, Minorities, and SC *bastis* and SC concentration areas having 20% or more SC/ST population. With a view to improving health status of people in urban slums, the Eleventh Five Year Plan will provide support to the Comprehensive Project Implementation Plan (PIP) for vulnerable groups, which covers population in urban slums and other vulnerable groups in cities and towns with a population up to one lakh. The Plan will develop mechanism to address this particular issue. This will be in addition to the NUHM described above.

3.1.65 In order to meet the objectives of reducing various types of inequities and imbalances, interregional and rural–urban, the Eleventh Five Year Plan will increase the sectoral outlay in the primary health sector. While recognizing the role of primary health sector, the National Health Policy (2002) sets out an increased allocation of 55% of the total public health outlay for primary care; the secondary and tertiary health sectors being targeted for 35% and 10% respectively. The Policy also states that the increased aggregate outlays for primary health care should be utilized for strengthening existing facilities and opening additional public health service outlets, consistent with the norms.

Box 3.1.6 Cultural Alignment

Often cultural alienation coupled with the apathy of doctors drives the tribals away from big hospitals and government health care facilities. The best way of delivering health care to the tribals is to do so in an environment that is familiar to them. This is what has been done in Gadchiroli. The SEARCH hospital is a habitat of huts built between trees. The reception area resembles a *Ghotul*—the traditional place for social and cultural events in a Gond village. The patients don't stay in wards but in individual huts with their families. Everything from bedsheets to towels is of khadi. The tribals often feel isolated and scared in big buildings. Here, surrounded by their natural environment and loved ones, patients feel at home. The result: thousands of tribal patients from 10 blocks of Chandrapur and Gadchiroli flock to this hospital for treatment.

SEARCH has also demonstrated how tribal beliefs can be used to disseminate health education. Every year, a *jatra* is organized in Shodhgram (SEARCH campus at Gadchiroli) in honour of Goddess Danteshwari, the deity revered by tribals. Representatives from as many as 40 tribal villages participate in this *jatra*. At the end of it, an *Aarogya Sansad* is held where the tribals are asked to enumerate their health concerns. After voting, one health problem is identified as the year's priority. Representatives then go back to the villages and start working on the identified problem. This is regarded as a command from the Goddess herself which no one can oppose. For instance, one year, the tribals voted for eradication of malaria. They were shocked to learn that malaria was caused by a mosquito bite and immediately wanted to know how to check the breeding of mosquitoes. By communicating with the tribals in a language that they understand, SEARCH has been able to tackle many superstitions and unhealthy practices.

3.1.66 Under the NRHM, emphasis has been given to allocate 70% of the total financial resources to below district level (block level and below), 20% at district level, and 10% at State level. Efforts will be made to allocate funds under various schemes and programmes as per NRHM guidelines. Further, the requirements of funds for a fully functional primary health care system (defined as all services at block level and below, including field-based implementation of disease control and preventive activities, but not administration) will also be worked out.

SECONDARY AND TERTIARY HEALTH CARE

3.1.67 Secondary and Tertiary health care will receive attention. There is an urgent need to take a fresh look at how public and private sector can be better utilized during the Eleventh Five Year Plan. The NRHM addresses these issues through a few strategies. Priorities will be given to strategies involving PPPs, risk-pooling mechanisms, and cross subsidization.

3.1.68 Administration of the secondary and tertiary care hospitals will be professionalized and trained professionals posted as Medical Superintendents. Hospitals will be allowed to recruit various staff including junior doctors on ad hoc and contract basis. Drugs purchase should be made through centralized rate

contract and decentralized distribution with zero stock at headquarter level. Emergency and disaster stock should be located at each hospital. Drugs at all levels with minimum of one year shelf life should be supplied.

3.1.69 District hospitals, which play a key role in providing health services to the poor, need substantial improvement in infrastructure and other facilities to perform their role more effectively. This would also be a key intermediate step in the health strategy, till the vision of health care through PHCs and community health centres is fully realized. The Plan will also complete setting up of 6 AIIMS-like institutions, upgrading 13 existing medical institutes under the *Pradhan Mantri Swasthya Suraksha Yojana* (PMSSY) and strengthening the Central Government hospitals. Adoption of PPP mode will be explored for these activities.

3.1.70 It is often observed that Government Medical Colleges and Hospitals are on the verge of de-recognition mainly because they fail to adhere to the infrastructure, equipment, and staff norms, as laid down by MCI. This is thought to be due to lack of funding. The Centre and States will have to make provisions for strengthening these institutions.

3.1.71 During the Eleventh Five Year Plan period, the following will receive priority:

- Establishment of Hospital Development Committees in all government hospitals.
- Improvement of infrastructure and facilities in district hospitals.
- Provision of high-quality secondary health care services for every block in the country.
- Creation of state-of-the-art medical education, research, and care institutions in all disciplines of medicine.
- Creation of new institutions and upgradation of existing tertiary care hospitals.
- Mainstreaming of AYUSH systems to actively supplement the efforts of the allopathic systems.

ACCESS TO ESSENTIAL DRUGS AND MEDICINES

3.1.72 Drugs and medicines form a substantial portion of the out-of-pocket spending on health by households (Table 3.1.7). The poor are the worst affected because they are frequently affected by diseases and are least able to purchase and utilize the health services, such as drugs. On the other hand, the component of drugs and medicines accounts for a mere 10% of the overall health budget of both the Central and State Governments. Timely supply of drugs of good quality that involves procurement as well as logistics management is of critical importance in any health system.

3.1.73 An essential component of strengthening primary health facilities will be a system of guaranteeing essential drugs. Standard treatment guidelines will be available for doctors at PHCs and CHCs. Under the NRHM, experiences of efficient procurement and distribution could be rapidly adapted and generalized to all States. Although the World Health Organization (WHO) has its essential list of drugs yet all of these are not required at all levels. Each State will decide for each level the essential list based on epidemiological situation. Availability of essential drugs in every PHC and CHC will increase people's confidence in the public health system.

3.1.74 Analysis of drug prices indicates that publicly procured drugs are cheaper. Assuring regular supply

of drugs in public facilities would improve utilization of public sector services and reduce out-of-pocket expenditures. The NCMP also committed to ensure availability of life saving drugs at reasonable prices. During the Eleventh Five Year Plan, all efforts will be made to encourage States to model the public procurement systems on the lines of the Tamil Nadu Medical Services Corporation (Box 3.1.7). Efforts will be made to experiment available models in Rajasthan and Delhi for making drugs available to hospital at cheaper rates. In order to take up drug pricing, quality, clinical trials, etc. as recommended by the Mashelkar Committee (2003) and NCMH (2005), a National Drug Authority (NDA) with an autonomous status was to be set up during the Plan. Accordingly, Central Drugs Authority of India has been set up. The present National Pharmaceutical Pricing Authority, created under the aegis of the Ministry of Chemicals and Fertilizers, is proposed to be merged with the NDA. The Central Government will provide assistance to States for strengthening the drug regulatory system. During the Plan, the following will be emphasized:

- Developing essential drug lists for all levels of institutions
- Making available essential drugs of good quality in adequate quantities in all government health facilities
- Increasing efficiency, economy, and transparency in drug procurement, warehousing, and distribution
- Initiating strategies in coordination with professional and consumer bodies to ensure safe drugs and rational use of drugs
- Disseminating information on essential drugs to medical professionals, pharmacists, and to the people
- Including all essential drugs under a system of price monitoring
- Implementing and reinforcing the concept of Standard Treatment Guidelines in the in-service and pre-service training programmes of the doctors and health workers.

FOOD SAFETY AND QUALITY CONTROL

3.1.75 To tackle the issues of pesticide residues in food/beverages, additives and contaminants, and nutritional

TABLE 3.1.7
Percentage Share of Household Expenditure on Health and Drugs in Various States

State	Share of Health to Total Household Expenditure		Share of Drug Expenditure to Total Household Health Expenditure	
	Rural	Urban	Rural	Urban
Andhra Pradesh	6.56	4.13	72.42	71.36
Assam	2.47	4.04	70.65	68.49
Bihar	4.40	2.96	89.14	82.16
Delhi	3.34	3.34	61.83	72.69
Goa	4.28	5.16	79.19	73.87
Gujarat	5.03	4.22	63.90	69.56
Haryana	6.99	6.56	76.80	76.28
Himachal Pradesh	5.25	3.91	88.96	74.39
J&K	2.90	3.61	90.39	81.33
Karnataka	4.58	4.17	68.75	55.96
Kerala	7.79	7.15	71.83	64.05
MP	6.05	5.25	81.28	78.21
Maharashtra	7.50	5.98	68.75	59.08
Orissa	5.46	4.51	90.64	90.26
Punjab	7.66	5.60	79.47	73.90
Rajasthan	4.79	4.70	89.43	83.88
Tamil Nadu	5.80	4.45	61.41	61.44
UP	8.20	5.64	86.76	81.47
WB	4.64	4.84	72.89	67.80
All India	6.05	4.91	77.33	69.18

Source: NCMH (2005).

Box 3.1.7
Essential Drug Supply—Tamil Nadu Experience

Activities

- Finalizing list of Essential Drugs selected from the model list by the WHO
- Ensuring adequate funds and human resources for supply of drugs from its warehouses to various points of health care delivery
- Testing drugs for quality
- Supplying drugs only in strips and blister packing
- Selecting drugs on the basis of disease pattern, safety, effectiveness, and cost
- Including only generic drugs
- Making proper arrangements for storage of drugs in modern warehouses
- Training the pharmacists regarding storage and distribution of drugs
- Revising store keeping procedures and storing drugs according to the first come-first out basis and according to their generic name

Achievements

- Preparation of the Essential Drugs list, catering to varying needs of different levels of health care
- Provision of good quality, generic drugs
- Provision of drugs specific to the need and level of health care
- Rational use of drugs
- Availability of accurate up to date stock information on the computer
- Linkage of all warehouses telephonically with the TNMSC headquarters in Chennai

labelling, following actions will be undertaken during the Eleventh Five Year Plan:

- Creating Food Safety Authority for speedy enforcement of safety standards.
- Ensuring implementation of Capacity Building Project with the objective to enhance capacities in laboratories, awareness of food safety, and hygiene.
- Strengthening State labs, capacity building, food portal, comprehensive and informative/analytical database.
- Rationalizing protocol for establishment of labs for food safety.
- Implementing the Food Safety and Standards Act, 2006.

Decentralized Governance

ROLE OF PRIS

3.1.76 PRIs have the mandate to manage the primary health system. Communitization through ownership by PRIs is necessary for an efficient and effective health system. Implementation of the NRHM will have to be closely watched to ensure that the involvement of Panchayats is total and complete. The various tiers of PRIs will decide the local priorities and also supervise functioning of health facilities, functionaries, and functions through their participation in various committees.

3.1.77 Since one-third of elected members at the local bodies are women, this is an opportunity to promote a gender-sensitive, multi-sectoral agenda for population stabilization with the help of village level health committees. All this will remain rhetoric until the elected women are trained and empowered. Under the NRHM, ASHAs are envisaged to be selected by and be accountable to the village Panchayats. Involvement of PRIs will also be necessary to improve the coverage and quality of registration of births, deaths, marriages, and pregnancies in all States.

3.1.78 During the Eleventh Five Year Plan, decentralization of resources to Panchayats or local representative bodies will be implemented in a phased manner to make decentralized planning a living reality.

ROLE OF CIVIL SOCIETY

3.1.79 Community Based Health Partnership is the key to sustaining health action even with limited resources. This can take many forms, through the PRIs, community-based and NGOs, and of people participating at all levels of health interventions. This cannot be achieved only by giving financial and administrative powers to the Panchayats, it needs active participation of the people for local action. Partnership with community groups (through youth, *mahila mandals*, SHGs, and Gram Sabhas) is necessary for local solutions to local problems. In this regard, successful communitization of health services in Nagaland should be studied and replicated (Box 3.1.9).

3.1.80 The NRHM envisages community participation such as described above. Under the framework for implementation, the Mission tries to ensure that more than 70% of the resources are spent through bodies that are managed by peoples' organizations and at least 10% of the resources are spent through grants-in-aids to NGOs. The mechanism of untied funds at the local level is meant to give them a little flexibility. During the Eleventh Five Year Plan, efforts will be made to promote various community-based initiatives.

Affecting Convergence

3.1.81 Clean drinking water is vital as unsafe water increases the risk of diseases and malnutrition. Waterborne infections hamper absorption of food even when intake is sufficient. Rural water supply is beset with the problem of sustainability, maintenance, and water quality. Though more than 95% coverage was achieved prior to Bharat Nirman, out of the 14.22 lakh habitations in the country about 1.66 lakh have slipped back to a position where people do not have adequate water to drink and have to walk more than 2 km to fetch potable water. Similarly, about 1.86 lakh habitations are dependent on contaminated water supply, which leads to various health problems.

3.1.82 Lack of sanitation is directly responsible for several waterborne diseases. Rural sanitation coverage was 1% in the 1980s. With the launch of the Central Rural Sanitation Programme in 1986, the coverage improved

Box 3.1.8 Role of PRIs

Nearly three-fourths of the population of the country lives in villages. This rural population is spread over more than 10 lakh habitations of which 60% have a population of less than 1000. For the success of Sarva Swasthya Abhiyan, the reform process would have to touch every village and every health facility. This would be possible only when the community is sufficiently empowered to take leadership in health matters.

PRIs, right from the village to district level, would have to be given ownership of the public health delivery system in their respective jurisdictions. Some States like Kerala, WB, Maharashtra, and Gujarat have already taken initiatives in this regard and their experiments have shown the positive gains of institutionalizing involvement of PRIs in the management of the health system.

The NRHM empowers the PRIs at each level that is, Gram Panchayat, Panchayat Samiti (Block), and Zilla Parishad (District) to take leadership to control and manage the public health infrastructure at district and sub district levels in the following ways:

- A VHSC in each village within the over all framework of Gram Sabha in which proportionate representation from all the hamlets would be ensured. Adequate representation is given to the disadvantaged categories like women, SCs, STs, OBCs, and Minorities.
- Sub Health Centre is accountable to the Gram Panchayat and shall have a local committee for its management, with adequate representation of VHSCs.
- PHC, which is not at the block level, will be responsible to the elected representative of the Gram Panchayat where it is located. All other Gram Panchayats covered by the PHCs would be suitably represented on its management.
- The Block level PHC and CHC will have involvement of Panchayati Raj elected leaders in its management. The *Rogi Kalyan Samiti* would manage day-to-day affairs of the hospital.
- The Zilla Parishad at the district level will be directly responsible for the budgets of the health societies and for planning for people's health needs.
- With the development of capacities and systems, the entire public health management at the district level would devolve to the District Health Society which would be under the effective leadership and control of the district Panchayat, with participation of the block Panchayats.

To empower and facilitate local action, the NRHM provides untied grants at all levels, namely, Village, SC, PHC, and CHC. Monitoring committees will be formed at various levels, with participation of PRI representatives, user groups, and CBO/NGO/VO representatives to facilitate their inputs in the monitoring planning process. They will enable the community to be involved in broad-based review and suggestions for planning. A system of periodic *Jan Sunwai* or *Jan Samvad* at various levels has been built in to empower community members to engage in giving direct feedback and suggestions for improvement in public health.

Box 3.1.9 Communitization in Nagaland

The health SC in Mopungchuket village in Mokokchung district of Nagaland is a beautifully and aesthetically constructed building made from local materials. This village of almost 6000 people felt an acute need for health care. So, in 2002 when communitization started, the community collected Rs 2.83 lakh through contributions to run the SC. They donated a building. Two ANMs, one ASHA, and a pharmacist run the SC. They are always present. The building is spic and span. A room has been created and a few beds put in for patients. Deliveries also take place here. The records of all patients, along with their health problems, line of treatment, and medications prescribed are meticulously maintained in neat registers. The centre never falls short of medicines and essential drugs. If the government supply is delayed, the community pools in money to purchase drugs.

to 4% in 1988 and then to 22% in 2001. It is now acknowledged that unless 100% coverage is achieved and proper solid waste management (SWM) carried out, health indicators will not show significant improvement. Toilets are essential also for ensuring the safety and dignity of girls and women. Lack of adequate number of toilets with privacy affects the school dropout rate of girl child. The solution, therefore, is to provide clean drinking water and adequate sanitation coverage throughout the country by adoption of a convergent approach by VHSCs under the NRHM.

3.1.83 During the Eleventh Five Year Plan, the Ministry of Health and Family Welfare (MoHFW) will take up a Programme for Prevention and Control of Water Borne Diseases as a part of Sarva Swasthya Abhiyan, which will establish a mechanism of collaboration with other departments (for supplying safe water to community and carry out water quality monitoring), with specific responsibilities. The targets are: (i) by 2010, to reduce the burden of waterborne diseases to 75% of the present level; and (ii) by 2015, to reduce the burden of waterborne diseases to 50% of the present level. In order to achieve 100% coverage of clean water and sanitation, Eleventh Five Year Plan strategies include:

- Convergence of health care, hygiene, sanitation, and drinking water at the village level through VHSCs under NRHM.
- Renewed efforts under NUHM to cover primary health care, safe drinking water, and sanitation in urban areas.
- Participation of stake holders at all levels, from planning, design, and location to implementation and management of the projects.
- Institutionalization of water quality monitoring and surveillance systems by involving PRIs, community, NGOs, and other CSO.
- Increased attention to Behavioural Change Communication.
- Linking treatment of sewage and industrial effluents to development planning.

Enhancing PPP

3.1.84 During the last few years, the Centre as well as the State Governments have initiated a wide variety of

PPP arrangements to meet peoples' growing health care needs (few examples provided in Box 3.1.10). Besides these examples, services like cleaning and maintenance of buildings, security, waste management, scavenging, laundry, diet have been contracted out to the private sector by many States.

3.1.85 The existing evidence for PPP does not allow easy generalization. Contracting is the predominant model for PPP in India. Some partnerships are simple contracts (like laundry, diet, cleaning, etc.), others are more complex involving many stakeholders with their respective responsibilities. For example, the Yeshaswini Health Insurance scheme for farmers in Karnataka includes the State Department of Cooperatives, the Yeshaswini Trust with its almost 200 private hospitals, a corporate Third Party Administrator (TPA), and beneficiaries with the eligibility conditions. It is seen that in most partnerships, the State Health Department is the principal partner with limited stakeholder consultation. However, true partnerships that mean equality among partners, mutual commitment to goals, shared decision making, and risk taking are rarely seen.

3.1.86 Findings of existing case studies also bring forth concerns such as absence of the beneficiary in the entire process, lack of effective governance mechanisms for ensuring accountability, non transparent mechanisms, lack of appropriate monitoring and governance systems, and institutionalized management structures to handle the task. For example, while contracting out PHCs, the State Governments sometimes hand over the worst performing PHCs to NGOs. Not paying the initial instalment to NGOs at the start of the project is another problem. The NGOs are never sure whether the money will eventually be released and if so, how much to expect. Management of health facilities should be handed over to NGOs only if the process is completely transparent and there is a strong local monitoring mechanism. This is the objective of Government-NGO partnership envisaged in the Eleventh Five Year Plan.

3.1.87 During the Eleventh Five Year Plan, the experience of PPP initiatives in selected States will be studied thoroughly. Based on evidence, efforts will be made

Box 3.1.10
Public–Private Partnership (PPP)

- Rajasthan:
Partners: Medicare Relief Society, SMS Hospital, Jaipur, and Vardhman Scanning and Imaging Private Ltd.
Services: Contracting in Radiological diagnostic services in the public hospitals.
 Provision of quality drugs and supplies cheaper than market rate. All this free for BPL patients above 70 years of age and freedom fighters; pre-negotiated rates for others.
- West Bengal:
Partners: Government of West Bengal, Mediclue, District Health & FW Societies, Private partners, M/S Doctors Laboratory and Non Profit NGOs.
Services: CT Scan in seven medical colleges, MRI in one medical college hospital, diagnostic facilities in 30 rural hospitals, and running of 133 ambulances for emergency transport under management of NGOs/CBOs at the level of Block PHCs.
- Uttarakhand:
Partners: Government of Uttarakhand, DST, GoI and Uttaranchal Institute of Scientific Research, Bhimtal (NGO).
Services: Mobile Health Services—Diagnostic, Laboratory, and Clinical Services through mobile vans. Dedicated health camps in 6 districts of western part of Uttarakhand.
- Karnataka:
Partners: Government of Karnataka and Apollo Hospitals Enterprises Ltd, Hyderabad Rajiv Gandhi Super Specialty Hospital, Raichur handed to Apollo Hospital under management contract.
Services: 350 bedded hospital. Free services to BPL patients, 40% beds for BPL (government reimburses the charges) and remaining patients treated under special rates.
Partners: Government of Karnataka & Karuna Trust.
Services: Contracting out adoption and management of PHCs and affiliated SCs in remote, rural, and tribal areas in the State.
 24 hrs health services—OPD, emergency services, electrocardiogram (ECG), X-ray, laboratory, immunization, national health programmes, RCH programme, 20 bed patient ward, and ambulance.
- Gujarat:
Partners: Government of Gujarat and Private Doctors (Obstetricians and Gynecologists).
Services: Chiranjeevi Yojana: Private Doctors (Obstetricians) are contracted for deliveries both normal and caesarian of BPL women at their facilities.
- Arunachal Pradesh:
Partners: Government of Arunachal Pradesh & VHAI, Karuna Trust, Future Generations, and Prayas.
Services: Management of selected PHCs.
- Andhra Pradesh:
Partners: Government of Andhra Pradesh and Social Action for Integrated Development Services, Adilabad (NGO)
Services : Urban Slum health care project. Contracting in (performance contract but without any public premises being handed over to the private partner).
Partners: Government of Andhra Pradesh & New India Assurance Company.
Services : Arogya Raksha Scheme based on vouchers.
 Funded by the government, operational management by the public sector company, and service delivery by private health service providers.
- Tamil Nadu:
Partners: Government of Tamil Nadu & the Seva Nilayam Society in association with Ryder-Cheshire Foundation (NGOs).
Services: Performance contract for the provision of emergency ambulance services in the region. Ambulances are owned by the government.

Note: FW = Family Welfare.

to develop a generic framework for different categories of PPPs at primary, secondary, and tertiary levels of health care to improve cost-effectiveness, enhance quality, and expand access through extensive stakeholder consultations. Contracting out well-specified and delimited projects such as immunization can help enhance accountability. Setting up of diagnostic and therapeutic centres (facilities that are not available in hospital) by private players in hospital premises will be encouraged. Government may consider giving them an infrastructure status in those geographical areas by providing incentives like land at concessional rates, increasing floor area ratio and ground coverage, tax holiday, and loan at concessional rates. However, emphasis would be on model contractual agreements with specific performance requirements to be measured by the civil society. Costs will be built in.

Health Insurance: Protecting the Poor

3.1.88 In India, due to huge geographical area, very large population, and inequity of resources, ensuring good health for all, particularly the poor, is a complex issue. Our health system is a mix of the public and private sectors, with the NGOs and civil society still playing a very small (though important) role.

3.1.89 The 60th Round of the NSSO (2004–05), has clearly brought out the fact that in rural government hospitals, an out-of-pocket expenditure of more than Rs 3000 is made during every hospitalization. In rural private hospitals, it is more than Rs 7000. The expenditure in the urban areas in private hospitals is more than Rs 11000 and about three times higher than the public hospitals. Today, this expenditure would have increased substantially. Private out-of-pocket expenditure can be reduced through Comprehensive Health Insurance, on a risk pooling basis for all, particularly the poor.

3.1.90 Coverage of health insurance in India is pathetically limited. Current health insurance in government and private sector covers around 11% of the population. The existing Employees State Insurance Scheme, Central Government Health Scheme (CGHS), and Ex-Servicemen Contributory Health Scheme provide services to industrial workers, government employees,

and ex-Armed Forces Personnel along with their families. Mediclaim covers mainly the upper-middle income groups. Private health insurance schemes are mainly urban oriented and they have problems like unaffordable premiums, delay in settling claims, non-transparent procedures in deciding reimbursements, etc. Even though the system of TPAs has facilitated cash payments and expanded access to providers it is yet to show evidence of having been able to control cost or provide appropriate care.

ENCOURAGE COMMUNITY RISK-POOLING

3.1.91 Providing financial protection to the poor during hospitalization will have an immediate impact on alleviating indebtedness. Local governments will identify population at risk and provide a revolving fund to be managed by a consortium of SHGs. This consortium would also encourage small savings by households and whenever required, give needy households, a cash support of Rs 5000 to Rs 10000 for hospitalization, catastrophic illness, and death. This will save households from immediate financial debt at the point of crisis. They would repay this money at a modest interest rate within an appropriate time frame so that the village health risk pool does not fall below Rs 1 lakh. During the Plan, pilots will be undertaken in selected States under NRHM and NUHM. The scheme will empower SHGs, enable households to access micro-credit, and also recover from financial stress during treatment of illness.

COMMUNITY BASED HEALTH INSURANCE (CBHI)

3.1.92 Evidence suggests that well-designed and managed CBHI schemes coupled with behavioural change campaigns and other interventions increase the quality of health care. Easy and low cost accessibility to health care can protect the households from indebtedness arising from high medical expenditure. These schemes can be implemented in areas where institutional capacity is too weak to organize mandatory nation-wide risk pooling.

3.1.93 CBHI is 'any not-for-profit insurance scheme that is aimed primarily at the informal sector and formed on the basis of a collective pooling of health risks and the members participating in its management'. What distinguishes these schemes from

public or private-for-profit insurance schemes is that the targeted community is involved in defining the contribution amount and collecting mechanism, content of benefit package, and allocating the scheme's financial resources.

3.1.94 CBHI schemes in India are very diverse in nature in terms of design, management, and size of the targeted population. ACCORD, BAIF, Karuna Trust, Self Employed Women's Association (SEWA), DHAN Foundation, and VHS are some examples. Experience of current CBHI schemes in India reveals that area specific schemes should be developed according to the local requirements. These schemes should be tailored to the reality of the poor, and organized according to their convenience. During the Plan, CBHI schemes through the public system and by accredited private providers will be encouraged.

HEALTH INSURANCE FOR THE UNORGANIZED SECTOR

3.1.95 We have a huge working population of about 400 million. Almost 93% of this work force is in the unorganized sector. There are numerous occupational groups in economic activities, passed on from generation to generation, scattered all over the country with differing employer-employee relationship. Those in the organized sector of the economy, whether in the public or private sector, have access to some form of health service coverage. The unorganized sector workers have no access. The National Commission for Enterprises in the Unorganized Sector (NCEUS) has recommended a specific scheme for health in incidences of illness and hospitalization for workers and their families.

3.1.96 The Eleventh Five Year Plan will introduce a new scheme based on cashless transaction with the objective of improving access to health care and protecting the individual and her family from exorbitant out-of-pocket expenses. Under the scheme, coverage will be given to the beneficiary and her family of five members. Providers will be both public and private.

MATERNITY HEALTH INSURANCE

3.1.97 During the Eleventh Five Year Plan, the Maternity Health Insurance Scheme as an initiative across a few States is expected to be implemented. This scheme

is premised on capitation-based financing, where the provider is assured a fixed per capita payment in respect of all those who enrol for maternity care. All pregnant women belonging to BPL families will be covered under this scheme. They would register with the ANM and simultaneously identify from a list of diverse accredited providers, any institutional facility in the public or private sector, which will look after her during her pregnancy. The ANM will complete the antenatal check in consultation with the facility identified. The capitation fee for the pregnant women in the BPL category will be borne by government. This intervention will improve outcomes for maternal and infant mortality by ensuring that the complete cycle of maternity care in particular for the poor, is handled by a qualified institutional provider. More specifically, this intervention will increase institutional deliveries and lower maternal mortality, empower women with improved access to reproductive health care, enable and facilitate women to adopt postpartum terminal methods of family planning if they need to. It will stimulate development of accredited health infrastructure accessible in rural and remote areas, facilitate partnerships, and finally, improve the responsiveness and accountability of public sector facilities.

Central Government Health Scheme (CGHS)

3.1.98 CGHS was started in 1954 and at present 24 cities are covered with total of 9.12 lakh card holders and 33.01 lakh beneficiaries (as on 31 March 2006). 72.5% card holders are serving employees, 25.4% are pensioners, and rest belong to the categories such as freedom fighters, Members of Parliament (MPs), ex-MPs, journalists, and others. Services covered under CGHS include hospitalization, outpatient consultation and treatment, diagnostics, drugs, etc. For these services there are 247 allopathic dispensaries, 82 AYUSH dispensaries, 19 polyclinics, and 65 laboratories in the cities covered. For hospitalization, the services are largely outsourced to selected private hospitals, all government hospitals are included. Out Patient Department (OPD) and diagnostic services are also partly outsourced to selected private hospitals and diagnostic centres.

3.1.99 Mid Term Appraisal for the Tenth Plan has made the following recommendations regarding CGHS:

- Restructure, reform, and rejuvenate.
- Existing subscribers be given the option to either continue or switch over to a system of health insurance.
- Greater autonomy to the CGHS to enable it to develop various options for reducing costs in providing services and trying different models of service delivery.

3.1.100 To reform CGHS, a number of new initiatives have been taken. A pilot project on computerization has been completed. This would help weeding out large number of duplicate cards, online indenting, and billing of medicines, reducing supply time from three days to one day, and reduction in waiting time for the beneficiaries. All dispensaries are being networked to allow beneficiary treatment from any dispensary. Database on disease profile of beneficiary, reimbursement claims, prescribing and referring, pattern of medical officers (MO), billing pattern of panel hospitals, diagnostic centres are also computerized. Other new initiatives proposed to be taken are delegation of enhanced financial powers to ministries. Within CGHS, local advisory committees at dispensary level, empanelment process of hospitals, and diagnostic centres as a continuous process, outsourcing of sanitation of CGHS dispensaries, PPP for setting diagnostic/radiological services in CGHS buildings, procurement of drugs on rate contract system with stringent penalties for delay, TPAs for processing of claims, and medical audit will also be taken up.

3.1.101 Fixed subscription is contributed by the beneficiary irrespective of the size of the family and the magnitude of services being availed. Present subscription rates are based upon the basic pay or pension of the government servant or pensioner. Since there is no linkage between subscription rates (fixed) and cost of services (dynamic), the already huge gap between beneficiary contributions and actual expenditure is progressively widening. To arrest the increasing trend, following options will be considered during Eleventh Five Year Plan:

- Linking the rate of subscription to total cost of CGHS system so that beneficiaries contribute a fixed

percentage of CGHS cost and remaining cost is borne by the government.

- Contribution should be per person/beneficiary and not per CGHS card issued to the family.
- In addition to the monthly subscription, each beneficiary should bear the first 20% of the total admissible bill/amount and the balance 80% would be paid by CGHS.
- Phasing out the direct budgetary support for the CGHS through the introduction of health insurance system. Health insurance scheme(s) would cover both serving employees as well as pensioners particularly in non-CGHS areas, on optional basis. Employees joining after a cut off date (to be decided) would compulsorily be covered under health insurance scheme. Health insurance scheme would cover both OPD and hospitalization services. Premium on coverage in the insurance scheme would be on sharing basis.
- Gradually shifting Central Government employees from CGHS to system of health insurance, through which they may access the CGHS or any other clinical health care provider of their choice.

Regulation and Accreditation

3.1.102 There is a need to empower PRIs to monitor the minimum standards for clinical establishments. Participation of NGOs in such efforts will be ensured.

3.1.103 All State Councils will be encouraged to shift to a system of periodical renewal of registration, possibly every three to five years. A specialist's or a super specialist's qualifications should also be required to be registered. These details should get transferred to a National Register to be maintained and updated by each apex council. There is need for a system of accreditation of various courses offered by Medical, Dental, and Nursing educational institutions. The Human Resource Development Ministry has already established a system for accreditation and rating of universities. Such a system is also needed in the medical education sector. The proposed Health Sciences Grants Commission should be given this responsibility.

3.1.104 In the field of paramedical education, priority will be given for establishment of National Para

Medical Council as an apex body to determine standards and to ensure uniform enforcement throughout the country. On similar lines, councils for physiotherapy and occupational therapy should also be established.

3.1.105 National Accreditation Board for Hospitals and Health care Providers (NABH), a constituent Board of Quality Council of India, has adopted standards and accreditation process in line with worldwide accreditation practices. Academy of Hospital Administration had formulated a standard for NABH. Other organizations like Indian Confederation for Health Care Accreditation and financial rating organizations like ICRA have started the process of accreditation and rating the health institutions.

3.1.106 Of late, the government has given approval for introducing the Clinical Establishments (Registration and Regulation) Bill in the Parliament. The proposed legislation will cover all clinical organizations in different streams of medicine including AYUSH systems. Under this legislation, all the clinical establishments including diagnostic centres will be registered and regulated by the National Council of Standards. The council will prescribe minimum standards for health services and maintain national register of clinical establishments.

3.1.107 Efforts will be made to enforce standards for government hospitals at all levels. Priority will be given for development of Standard Operating Procedures and Standard Treatment Guidelines for all specialties and all systems of medicines. A National Advisory Board for Standards will be set up and financial assistance will be provided to States for setting up infrastructure for registration of clinical establishments.

3.1.108 The following activities will be accorded priority during the Eleventh Five Year Plan:

- Legislation for registration of clinical establishments in the country.
- Development of uniform standards for infrastructure and service delivery.

- Re-registration in case of additional and higher qualifications.
- Creation of National Registers of all medical and paramedical personnel.
- Setting up a National Paramedical and other Councils for regulating education and service delivery.
- Recognition of RMPs as *sahabhaagis* in NRHM.

Emerging Technologies

LOW COST AND INDIGENOUS TECHNOLOGIES

3.1.109 For quality health service, development and utilization of appropriate technologies for diagnosis and treatment of diseases is essential. Over the last few years, health-related technology has developed at a rapid pace. But its impact on indices of public health has been minimal. There is a need to develop cheaper technologies that are as effective as the existing ones. Many technologies are expensive, so alternatives are badly needed. It should be of prime concern to find technological solutions for making crucial equipment affordable, for example, anaesthesia machine, surgical equipment and lighting, sterilization equipment, defibrillator, ventilator, electrocardiogram (ECG), blood pressure monitoring equipment, pulse oxymeter. Benefits of reduced cost of such technologies should reach village health care providers.

3.1.110 Apart from the secondary and tertiary care, there is need and scope to introduce the use of public health related technologies and public health related practices at all levels of health care. Use of the technologies like those indicated in Box 3.1.11 would help to prevent outbreaks of waterborne diseases, maternal mortality related to unsafe deliveries and postpartum infections, anaemia, prevent acquisition of malaria, and deaths due to childhood pneumonias, etc. Efforts will be made in the Eleventh Five Year Plan to promote public health related technologies.

ROLE OF e-HEALTH

3.1.111 Appropriate use of IT for an enhanced role in health care and governance will be aimed at during the Eleventh Five Year Plan. It is feasible to set up a National Grid to be shared by health care providers, trainers, beneficiaries, and civil society. The country already has the advantage of a strong fibre backbone

and indigenous satellite communication technology with trained human resources in this regard. A number of pilot projects on e-Health over the past years by private concerns, corporate, NGOs, medical colleges, and research institutions have been set up. The successful outcome of many of these initiatives needs to be evaluated and scaled up.

3.1.112 Health Management Information System (HMIS) would be an important new initiative utilizing developments in the field of IT. A computerized web enabled data capturing and analytical system will be established to provide valid and reliable data and reports for use at all levels. This would not only facilitate proper ME of different programmes under implementation but will also help in various aspects of service delivery. The HMIS will also integrate the various vertical systems having their own reporting machinery into an integrated umbrella of holistic ME to cater to the needs of Sarva Swasthya Abhiyan. The data will flow directly from the periphery. The Integrated Disease Surveillance Project (IDSP) will eventually be a by-product of the HMIS. As the

system stabilizes and the penetration of computerization at the block level increases, the system will be modular enough to expand the scope to the remotest areas. Wastage of drugs due to date expiry also needs to be curtailed by demand-driven management and redistribution of medicines nearing date of expiry. HMIS when fully developed and implemented will track demand and supply and continuously monitor the drug situation.

3.1.113 Telemedicine could help to bring specialized health care to the remotest corners of the country. Telemedicine is likely to provide the advantages of tele-diagnosis, especially in the areas of cardiology, pathology, dermatology, and radiology besides continuing medical education (CME). It will be of immense use for diagnostic and consultative purposes for patients getting treatment from the secondary level health care facilities. The efficacy of telemedicine has already been shown through the network established by the Indian Space Research Organization (ISRO) that has connected 42 super-specialty hospitals with 8 mobile telemedicine vans and 200 rural and remote hospitals

Box 3.1.11
Making Health Care Affordable—
The Experience of Jan Swasthya Sahyog (JSS)

For the last seven years, a group of dedicated young doctors from institutes like CMC, Vellore and AIIMS have been working to make health in the hinterlands, available, accessible, and affordable. The JSS team has given up lucrative jobs, sparkling city lights, and hefty pay packets to develop cheap, accurate and easy-to-use technology that can be used for prevention, diagnosis, and treatment of diseases in remote, tribal areas of Bilaspur and Chhattisgarh. So, the JSS method for early detection of UTIs costs less than Rs 2 per test, anaemia Re 1, diabetes Rs 2, pregnancy Rs 3. They have also developed low cost mosquito repellent creams, breath counters for detection of pneumonia among children, easy-to-read BP instruments to prevent preeclampsia, and a simple water purification method whereby one can cycle for 15 minutes and get a bucket of potable water treated by UV light. Low cost delivery kits with everything needed for the mother and child in the first 24 hours—gloves, large plastic sheets, soap, disinfectant, blade, gauze, sterilized threads, cotton cloth to wrap the baby, thick sanitary pads for women—are available for just Rs 40. These simple techniques are so designed that they can be used by illiterate and semi-literate village women and school students. Then there are the more complicated tests like sputum concentration system for increasing the sensitivity of microscopic diagnosis of tuberculosis and electrophoresis for detection of sickle cell anaemia, a common malady in the area. While electrophoresis costs Rs 300 in the market, using JSS technology it costs just Rs 20.

The most innovative strategy put in place by JSS, however, is the malaria detection system. They have trained village health workers in taking blood smears. These are labelled and neatly packed in small soap cases which are handed over through school children to bus drivers. On their way to school, the drivers drop the smears at the Ganiyari hospital run by JSS. Here they are immediately tested and the reports are sent back through the same buses on their return trip. This courier system has been operational in 21 villages in the area for the last 5 years and has saved many lives. It is now being extended for tuberculosis detection. These simple, innovative technologies developed by JSS can be used by all health workers to make diagnosis in peripheral, remote areas more rational and decrease misuse of drugs.

across the country through its geostationary satellites. So far about 3 lakh people have benefited from this programme. Facility of telemedicine will be provided in district hospitals and government medical colleges.

3.1.114 The e-Health initiatives to be taken up during the Eleventh Five Year Plan are:

- Training, Education, and Capacity Building for e-Health
- Monitoring by e-enabled HMIS to ensure timely flow of data and collation to be used at various levels
- Geographical Information System (GIS) Resource Mapping of various health facilities (Allopathic and AYUSH), Laboratories, Training Centres, Health Manpower, and other inputs to optimize utilization
- Providing service delivery and other e-enabled activities like, disease surveillance, tele-consultations, health helpline, district hospital referral net, and e-enabled mobile medical units

Gender Responsive Health Care

3.1.115 The GoI has taken several policy measures to reduce gender bias. The practice of gender budgeting in Health will be made mandatory in all programmes of the Centre and the States. The performance of

different health programmes will be judged on the basis of gender disaggregated data.

3.1.116 To reduce maternal mortality, several initiatives have been taken to make the maternal health programme broad based and client friendly. The major interventions include providing additional ANMs and Staff Nurses in certain health care facilities; referral transport; 24-hours delivery service at PHCs and CHCs; essential and emergency obstetric care; and optimal operationalization of FRUs. All these interventions will have to actually be done on a large scale during the Eleventh Five Year Plan. The goal is to reduce MMR to 100 per 100000 live births by 2012. State specific goals have also been suggested (Annexure 3.1.4).

SEX RATIO

3.1.117 The Eleventh Five Year Plan target is to raise the sex ratio for age group 0–6 to 935 by 2011–12 and subsequently to 950 by 2016–17. State-specific goals have also been suggested (Annexure 3.1.5). Apart from ensuring effective implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) Act, relentless public awareness measures will be undertaken. Other steps for integrating the issue of prenatal sex selection in the initiatives and programmes include the following:

- Increasing community awareness through ASHAs
- Including these issues in training modules and programmes and in IEC
- Adding sex selection information in medical curriculum
- Including indicators on improvement in sex ratios and birth registration as monitoring targets
- Ensuring inclusion of these issues in district level programme planning and implementation
- Ensuring convergence with other ministries such as Women and Child Development (WCD), Panchayati Raj, and Youth Affairs
- Evoking a community response to the issue

3.1.118 During the Eleventh Five Year Plan, the following additional strategies will be adopted:

- Develop clear targets of natural sex ratio at birth (SRB) which is 105 males per 100 females and give

Box 3.1.12 Telemedicine

Telemedicine programmes are being actively supported by:

ISRO
DIT
NEC Telemedicine programme for NE States
State Governments
NGOs

Various projects have been commissioned. Few examples are:

NE Project
Jammu & Kashmir (J&K) Project
Southern India Project
Armed Forces Medical Services Project
Asia Heart Foundation South India Project
Sankara Netharalaya Telemedicine Project
Wockhardt Hospital and Heart Institute Project
Apollo Hospitals Project

financial benefits to States that have improved SRB. From 2007 onwards, the Annual Health Survey will include estimates of SRB at the district level. Planning Commission will obtain independent estimates of the SRB at the district level each year. The States will be asked to monitor the SRB of the institutional deliveries, by parity, for each facility as well as for the districts. Improvement in SRB will be considered one of the indicators for arriving at decisions on plan assistance to States.

- Improve availability of data plus its access and quality on SRB. The option of PHC level enumeration will be considered to monitor the SRB on a routine basis.
- Provide financial support for capacity building, awareness generation and strict enforcement of PC & PNDT Act
- Amend the PC & PNDT Act to provide for the independence of the Appropriate Authorities at the district level.
- A National Research and Resource Centre in health for women will be developed under NRHM.

ANTENATAL CARE (ANC)

3.1.119 Universal screening of pregnant women using appropriate ANC is essential for the detection of problems and risk during pregnancy for referral to appropriate hospital for treatment. Under the NRHM, efforts are being made to improve the coverage, content, and quality of ANC in order to substantially reduce maternal and perinatal morbidity and mortality. Every effort will be made to operationalize the strategy for prevention and management of anaemia during the Eleventh Five Year Plan so that the target of reducing anaemia among women and girls by 50% is achieved by the end of 2012.

3.1.120 Emphasis will be given to screening all women during pregnancy to detect those with problems and referring them at the appropriate time to pre-designated institutions for management and safe delivery. This will reduce maternal and perinatal morbidity and mortality.

SAFE DELIVERY

3.1.121 Since child birth at home costs less than that at a private hospital or a public health facility, it is

reasonable that families opt for home deliveries. Emphasis will therefore be given on training Traditional Birth Attendants (TBAs) and turn them into Skilled Birth Attendants (SBAs). They would ensure proper deliveries, whether at home or in an institution. Home delivery by trained persons will be encouraged if the families so desire. TBAs will be taught to recognize complications and refer them to hospitals. This strategy will help in reduction of maternal and neonatal deaths and perhaps pave the way for good ANC.

3.1.122 Attention will be paid by ASHAs, Anganwadi Workers (AWWs), and TBAs to make arrangements for transport to hospital for EmOC, early detection, and management of infections. All pregnant women from poor households will be covered by social insurance schemes to facilitate access to reliable maternal care. In this context, all States will be encouraged to experiment with schemes for maternity care (like *Chiranjeevi* scheme in Gujarat). Positive outcomes will be upscaled and replicated. Every district will have fully equipped Mother and Child Hospital. The existing maternal and child hospitals in the districts will also be upgraded.

3.1.123 It is now recognized globally that the countries successful in bringing down maternal mortality are the ones where the provision of skilled attendance at every birth and its linkage with appropriate referral services for complicated cases has been ensured. This has also been ratified by WHO. Guidelines for normal delivery and management of obstetric complications at PHCs and CHCs for MO and guidelines for ANC and skilled birth attendance at birth for ANMs and Lady Health Visitors (LHVs) have been formulated and disseminated to the States. During the Eleventh Five Year Plan, emphasis will be given to ensure the services of skilled birth attendant at child birth, both for home deliveries and in institutional settings. Since home deliveries will remain the norm across many States, effort will be made to provide skilled birth attendant training to *dais* who are ubiquitous in every nook and corner of the country.

ESSENTIAL AND EMERGENCY OBSTETRIC CARE

3.1.124 Operationalization of FRUs and skilled attendance at birth go hand in hand. Therefore simultaneous

steps have been taken to ensure tackling obstetric emergencies. Under the NRHM, efforts are being made to make FRUs operational for providing Emergency and Essential Obstetric Care. Other steps include training of MBBS doctors in life saving anaesthetic skills for EmOC, establishment of blood storage at FRUs, and guidelines for operationalization of the FRUs. There is also a plan for training MBBS doctors in management of obstetric cases including caesarean section with the help of professional organizations of obstetricians and gynaecologists. Over the next five years, efforts will be made to improve the Emergency Obstetric Care in all CHCs in a phased manner. CHCs will have well equipped operation theatre, access to safe banked blood, qualified obstetricians, paediatricians, and anaesthetists. Roads linking habitations to CHCs will get special attention. The objective is to ensure availability of EmOC facilities within two hours of travel time.

ESSENTIAL POSTPARTUM CARE

3.1.125 Early postpartum care is essential to diagnose and treat complications such as puerperal infections, secondary postpartum haemorrhage, and eclampsia, which are major causes of postpartum mortality. Postpartum care provides an opportunity to check the general well-being of mother and infant and to ensure that the infant is nursing well and there is enough supply of breast milk. Exclusive breastfeeding should be started within the first hour of birth. It can save many infant lives by preventing malnutrition and infections. Birth spacing and methods of contraception need to be discussed at this time. During the Eleventh Five Year Plan, Community Health Workers (ASHAs) will be appropriately oriented to this and their remuneration would also be linked to health checks of both the mother and newborns.

SAFE ABORTION SERVICES

3.1.126 The Medical Termination of Pregnancy (MTP) Act was passed by the Indian Parliament in 1971 and came into force from 1 April 1972. The aim of this Act was to reduce maternal mortality and morbidity due to unsafe abortions. The MTP Act, 1971 laid down conditions under which a pregnancy can be terminated and the place where such terminations can be performed. A recent amendment to the Act

(2003) includes decentralization of power for approval of places and enlarging the network of safe MTP service providers. The amendment also provides for specific punitive measures for performing MTPs by unqualified persons and in places not approved by the government.

3.1.127 States are being provided flexibility to adopt strategies for the delivery of services to suit their local situations. Interventions for safe abortion services that were being provided in RCH Programme will however continue to be available and implemented more effectively during the Eleventh Five Year Plan.

REPRODUCTIVE TRACT INFECTIONS/SEXUALLY TRANSMITTED INFECTIONS (RTI/STI)

3.1.128 The spread of HIV infection and the role that RTI/STI play in the transmission of HIV has focused urgent attention on the problem. Identification and management of RTI is an important objective of the RCH Programme. The RCH strategies, under NRHM, for prevention, early detection, and effective management of common lower RTI through the existing primary health care infrastructure; and provision of the RTI/STI services at sub-district level will be implemented during the Eleventh Five Year Plan.

3.1.129 During the Eleventh Five Year Plan, for improving maternal health, special attention will be focused on the following areas:

- Ensuring universal provision of comprehensive ANC
- Providing widespread screening for anaemia and high-risk conditions
- Ensuring comprehensive training programme for skilled birth attendants
- Ensuring the services of skilled birth attendant at child birth, both for home deliveries and in institutional settings
- Providing SBA training to dais who are ubiquitous in every nook and corner of the country
- Enhancing availability of facilities for institutional deliveries and effective EmOC
- Providing 24-Hours Delivery Service at PHCs and CHCs
- Training of health personnel at PHCs and CHCs to

- perform emergency obstetrical procedures, especially c-sections
- Providing additional ANMs and Public Health and Staff Nurses in certain SCs, PHCs, and CHCs
- Providing skilled human resources on contractual basis
- Improving EmOC in all CHCs in a phased manner (CHCs will have well equipped operation theatre, access to safe banked blood, qualified obstetricians, paediatricians, and anaesthetists)
- Operationalizing FRUs through supply of drugs in the form of Emergency Obstetric drugs kits
- Providing special attention to roads linking habitations to CHCs
- Providing Referral Transport
- Orienting ASHAs to postpartum care and linking her remuneration to health checks of both the mother and newborns
- Providing Safe Abortion Services
- Preventing, detecting, and effectively managing common lower RTI through the existing primary health care infrastructure

Child Health

3.1.130 Under the RCH Programme, newborn and child health services are implemented in the country with the aim of reducing neonatal, infant, and child mortality. In order to reduce these, a continuum of care is needed at the community as well as facility level. The Eleventh Five Year Plan goal is to reduce IMR to 28 per 1000 live births by 2012. State-specific goals have also been suggested (Annexure 3.1.6).

HOME BASED NEWBORN CARE (HBNC)

3.1.131 Efforts to improve home based care have proven successful at improving child survival. Home Based Newborn and Child Care is to be provided by a trained Community Health Worker (such as the ASHA) who guides and supports the mother, family, and TBA in the care of newborn, and attends the newborn at home if she is sick. The worker is supervised by a field person (ANM/LHV or a doctor) who visits the community once in 15 days. Community acceptance and coverage of such care has been quite good.

3.1.132 The GoI has recently approved the implementation of HBNC based on the Gadchiroli model (Box

3.1.13), where appreciable decline in IMR has been documented on the basis of work done by a VO called SEARCH. Gadchiroli has shown how ordinary women can do extraordinary things: a well-trained local woman can not only lower neonatal mortality but can also bring about attitudinal change. The women *Shishu Rakshaks* of Gadchiroli have managed to dispel many myths surrounding pregnancy and have been able to ensure better nutrition, care, immunization, and hygiene.

3.1.133 During the Eleventh Five Year Plan, ASHAs will be trained on identified aspects of newborn care during their training. This initiative will be initially implemented in the five high focus States (MP, UP, Orissa, Rajasthan, and Bihar). To supervise and provide onsite training and support to ASHAs, mentor-facilitators will be introduced for effective implementation. The national strategy during the Plan will be to introduce and make available high-quality HBNC services in all districts/areas with an IMR more than 45 per 1000 live births. Apart from performance incentive to ASHAs, an award will be given to ASHAs and village community if no mother–newborn or child death is reported in a year. For effective linkages, model Intensive Care Units will also be set up at the district level, particularly in States with poor health indicators, in order to make facility based curative newborn care available.

INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI)

3.1.134 IMNCI strategy encompasses a range of interventions to prevent and manage five major childhood illnesses, that is, Acute Respiratory Infections (ARI), Diarrhoea, Measles, Malaria, and Malnutrition and the major causes of neonatal mortality, which are prematurity and sepsis. It focuses on preventive, promotive, and curative aspects. The major components of this strategy are:

- Strengthening the skills of the health care workers
- Strengthening the health care infrastructure
- Involvement of the community

3.1.135 The first two components of the strategy are the facility based IMNCI and the third is the

Box 3.1.13
Home Based Newborn Care—Gadchiroli Model

Requirements

- Transparent selection of best motivated
- Rigorous training
- Intensive supervision
- Curative role for CHWs
- Performance-based remuneration

Interventions

- Health education of mothers and the community
- Attending home delivery with TBA
- Care of baby at birth
- Home visits and support to mother and baby up to 28 days
- Management of newborn sicknesses

Interventions Aimed at Prevention and Management of

- Birth asphyxia
- Sepsis/Pneumonia
- Low Birth Weight (LBW)/Preterm
- Breast feeding problems
- Hypothermia

Achievements

- NMR reduced by 51%
- IMR reduced by 47%
- High community acceptance and beneficiary preference to CHW as the source of newborn care at home (85%)

Lessons Derived

- CHWs could be trained to provide HBNC in villages and urban slums
- 85% mothers and newborns can be covered
- The various components of HBNC including the management of birth asphyxia in home deliveries and the diagnosis and treatment of newborn sepsis by using injectable gentamicin could be safely and effectively delivered by trained CHWs working under supervision

community based IMNCI. 104 districts all over the country have initiated implementation of IMNCI. During the Eleventh Five Year Plan, efforts will be made to implement the IMNCI programme coupled with home-based neonatal care throughout the country in a phased manner.

HBNC AND IMNCI: DIFFERENT BUT COMPLEMENTARY ROLES

3.1.136 In order to reduce infant and child mortality a continuum of care is needed at the community as well as facility level. Of the two main packages available for reducing child mortality, the HBNC operates at the community level and has a strong evidence of feasibility and reducing child mortality. It should be

used to deliver care at home through ASHAs and ANMs. IMNCI training is primarily facility-based and has been shown to improve neonatal care. Hence the IMNCI should focus on improving newborn and child care in the district hospitals and CHCs. This will avoid duplication of efforts and, at the same time, provide continuum of care.

SKILLED CARE AT BIRTH

3.1.137 The underlying principle of effective care at birth is that wherever she is born whether at home or facility, she is provided clean care, warmth, resuscitation, and exclusive breastfeeding. She is weighed and examined, and if clinical needs are not manageable at the place of delivery, she is referred and managed at an

appropriate facility. Programme for newborn care is relatively easy to implement in facilities because of the presence of doctors, nurses, ANM/LHV, and supporting environment.

3.1.138 It is also true that a large proportion of deliveries would continue to take place at home by the TBAs. Under NRHM, newborn care skills should also be imparted to TBAs in areas with high rate of home deliveries. For this they should be provided with delivery kits. There are many good practices all over the country related to low cost hygienic kits which can be taken on board and replicated, e.g. the one developed by Jan Swasthya Sahyog (JSS). The overall effort during the Eleventh Five Year Plan will be to promote childbirth by skilled attendants at home and in institutions, both in the public and private sector.

BREAST FEEDING PRACTICES

3.1.139 Exclusive breastfeeding for the first six months of life is the single most important child survival intervention. Successful breastfeeding also requires the initiation of breastfeeding within an hour after birth, and avoidance of prelacteals, supplementary water, or top milk. Continued breastfeeding for two years or more, with introduction of appropriate and adequate complementary feeding from the seventh month onwards, further improves child survival rates by a considerable percentage. According to NFHS-3, the proportion of exclusively breast fed infants at 6 months of age was only 46.3%. Only 23.4% of mothers initiated breastfeeding within the desired one hour after birth, as against the Tenth Plan goal of 50%. Therefore, the Eleventh Five Year Plan will concentrate on promoting optimal breastfeeding practices among women at home and in health facilities. Baby Friendly Hospital Initiative and Breastfeeding Partnership, two programmes involving all the key partners will be encouraged.

ARI, DIARRHOEA, AND VACCINE PREVENTABLE DISEASES

3.1.140 Research has shown that most of the cases of ARI are not severe; community health workers can effectively manage them and bring down IMR. Severe ARI cases require urgent referral to a facility for injectable antibiotic therapy and supportive care.

Co-trimoxazole tablets are being provided at SCs and ANMs are being trained to treat children with the infection. During the Eleventh Five Year Plan, attempt will be made to eradicate polio from the country along with strengthening the routine immunization. Studies have shown that the entire context, strategy, and implementation of polio eradication activities need to be reanalysed. The option of injectable polio vaccine should also be kept open. Reduction will be done in the mortality associated with diarrhoea and ARI through HBNC and IMNCI.

3.1.141 During the Eleventh Five Year Plan, thus, IMNCI and HBNC will be rigorously implemented across the country. The major strategies will be:

- Essential new born care (home and facility based)
- Standard case management of diarrhoea and pneumonia
- Timely initiation of breastfeeding, exclusive breastfeeding for six months and continued breastfeeding with appropriate complementary feeding from the seventh month onwards
- Increased usage of ORS and strengthened immunization.

School Health

3.1.142 School Health Programme should aim at helping children in attaining optimal potential for growth in physical, mental, educational, and emotional development. The programme should provide health knowledge and improve the health of children. Its components will include school health services, health promoting school environment, and health education curriculum. In this area as well there are good practices all over the country that can be taken on board and replicated. Eleventh Five Year Plan will work on school going children's health. One innovative School Health Programme is under implementation, in PPP mode, in Udaipur district of Rajasthan. In view of the low cost versus achievements, it is a good case for replicating in other parts of the country. However, to make it comprehensive, preventive, and promotive components of school health care will have to be added to this programme. Some of the key features of the programme are given in Box 3.1.15.

Box 3.1.14
Strengthening Immunization

- Strengthening routine immunization programme
- Improving awareness through various channels of communication
- Involving community and CSO in routine immunization
- Achieving 100% coverage for the six vaccine preventable diseases
- Eradicating polio
- Eliminating neonatal tetanus
- Expanding the coverage of Hepatitis B vaccine

Adolescent Health

3.1.143 Adolescents in India represent nearly one-third of the population. The last two decades witnessed a rapid increase in their population. Some of the public health challenges for adolescents include pregnancy, excess risk of maternal and infant mortality, STI, RTI, and the rapidly rising incidence of HIV. The use of health services by adolescents is limited due to poor knowledge and lack of awareness. Pregnancy is associated with significantly higher obstetric risk in adolescent girls. Many of them suffer from malnutrition and anaemia. This combined with poor ANC leads not only to increased morbidity in the mother but also to high incidence of Low Birth Weight (LBW) and perinatal mortality. Poor child-rearing practices add

to the morbidity and undernutrition in infants, thus perpetuating the inter-generational cycle of undernutrition and ill health. Thus, ill health during adolescence has profound implications for maternal and infant morbidity and mortality.

3.1.144 The urgent need for appropriate nutrition and health education for adolescents will be met by advocacy for delay in age at marriage and optimum health and nutrition interventions during pregnancy. Knowledge and skills will be given to health service delivery personnel catering to the adolescents' reproductive and sexual health needs.

3.1.145 During the Eleventh Five Year Plan, adolescent issues will be incorporated in all the RCH training programmes. Materials will be developed for communication and behavioural change. The existing services at PHCs and CHCs will be made adolescent friendly by providing special window for their needs.

Health Care for Older Persons

3.1.146 An area of growing importance and demanding attention is the health of older persons. It requires comprehensive care providing preventive, curative, and rehabilitative services. Unlike developed countries, India does not have a Geriatric Health Service as a component of health services. According to the 2001

Box 3.1.15
Innovative School Health Programme—Udaipur Model

- Target Group: 40000 students from 222 government/aided schools in Udaipur.
- Care: Screening, outpatient as well as inpatient, and also specialty care.
- Screening: Camps held in school, free dental kits, and ID card issued.
- Outpatient care: one room in selected 28 schools and mobile team.
- Inpatient: a ward (7 ICU and 12 general beds), redesigned/furnished with NGO in government hospital).
- Specialty care: Tie up with good private hospitals.
- 24×7 service: toll free number and ambulances.
- Human resources: 9 doctors, 12 paramedical, and 38 support staff.
- Cost: Check up Rs 4 lakh (borne by GoR and NGO @ 50:50), Cost of OP/IP facility Rs 25 lakh (by NGO), and recurring cost Rs 72 lakh (NGO, Nagar Parishad, and UIT @ 50:25:25). It amounts to 50 paise per child per day.
- Achievements: 17500 treated in OP, 150 treated in IP for different disease including serious/chronic and 4 cardiac cases operated.

Note: GoR = Government of Rajasthan, OP/IP = Outpatient/Inpatient, UIT = Urban Improvement Trust.

Census, there are 76.6 million people over the age of sixty, constituting about 7.4 % of the total population. Life expectancy has been increasing and the proportion of older persons in India will rise in the next few decades.

3.1.147 The health services need to be responsive to the special needs of older persons. Provision of specialty based clinics in secondary and tertiary care facilities would help. A counselling and medical care facility to look after health needs of older persons and an emergency facility to reach those in acute need and transport them to a hospital is needed. This will include acute care, long-term care, and community-based rehabilitation.

3.1.148 To improve the access to promotive, preventive, curative, and emergency health care among older persons, a range of services will be provided under the programme for health care of older persons. First, a home health service, which means home visits intended to detect health problems, and as a psychological support by health personnel sensitized on such issues. Second, a community-based health centre for them for educational and preventive activity. This will be integrated with the NRHM and an allocation made specifically for geriatric care. The ASHAs under the NRHM will be trained in geriatric care. Third, the outpatient medical service that serves as the base for home health service will be enhanced. Finally, an improved hospital-based support service focused on their health care needs will be established. Specific

provisions will also be made for widows and a few centres on geriatric health especially focused on elderly women.

3.1.149 During the Eleventh Five Year Plan, thus, following actions will be taken:

- Providing comprehensive health care to the older persons
- Training health professionals in Geriatrics, including supportive care and rehabilitation
- Developing scientific solutions to specific health problems by research in Geriatrics and Gerontology
- Developing two National Institutes for Research in Ageing and Health, one in the North and the other in South

Voluntary Fertility Regulation

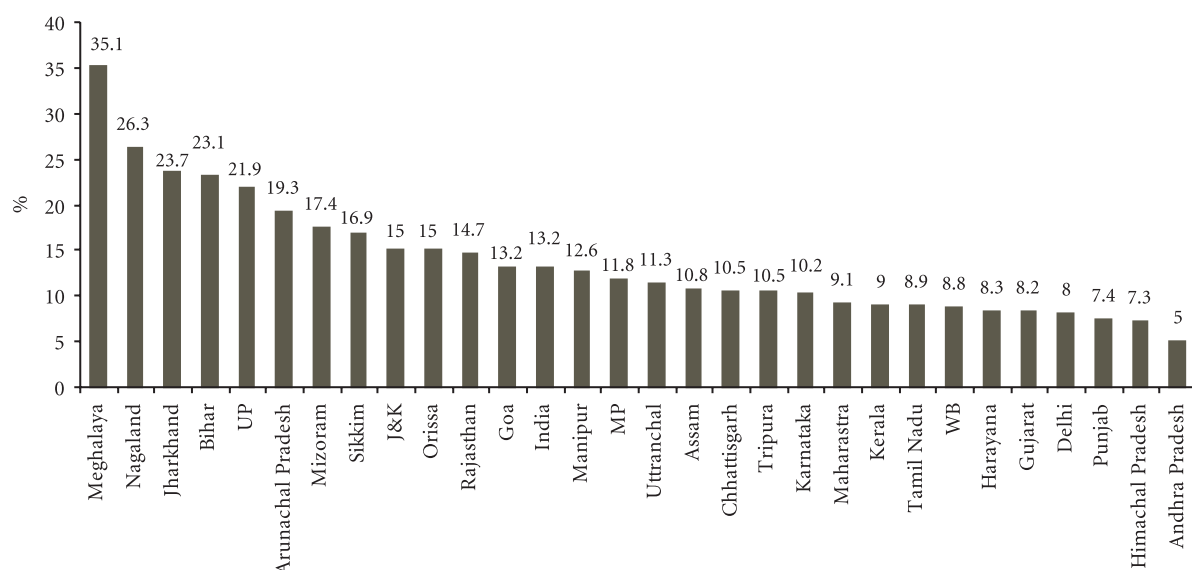
3.1.150 The percentage of married women using contraception has increased. Yet the gender imbalance in the family planning programme is evident by the fact that despite being the most invasive and tedious contraceptive intervention, female sterilization remains the most common method of family planning. Men are not being addressed as responsible partners and the use of condoms or male sterilization remains very low. There are also inter-State differences in the magnitude of unmet need for contraception (Figure 3.1.14).

3.1.151 Even meeting half of the unmet need could lead to an appreciable decline in the birth rate. ANMs and ASHAs will identify the couples with unmet need in their area, and address their concerns. During the Eleventh Five Year Plan, all strategies adopted under RCH programme will be continued with a greater focus in areas of high unmet need.

3.1.152 The Eleventh Five Year Plan goal is to achieve a reduction of TFR to 2.1 by 2012. State specific goals have also been suggested (Annexure 3.1.7). The Plan will ensure that all issues of demographic change, the population policies, and programmes to achieve population stabilization are addressed without violating the peoples' rights of decision making and choices. Most importantly this should be done without adversely affecting the sex ratio.

Box 3.1.16 Older Persons' Health

- Prevalence and incidence of diseases as well as hospitalization rates are much higher in older people than the total population.
- 8% of older Indians are confined to their home or bed (immobile)
- Women are more frequently afflicted with immobility
- Many older people take ill health in their stride as a part of 'usual/normal ageing'.
- Self perceived health status is an important indicator of health service utilization and compliance to treatment interventions.



Source: NFHS-3, IIPS (2005–06).

FIGURE 3.1.14: Unmet Need for Family Planning (currently married women, age 15–49)

INVOLVEMENT OF CIVIL SOCIETY AND NGOS

3.1.153 As per the NFHS data, less than 10% of rural women report that they are visited by the ANMs during a year. On the other hand, there is a large pool of formally or informally qualified Rural Health Practitioners (RHPs) who meet the day-to-day health care needs of people in 6 lakh villages, 24×7. In the Eleventh Five Year Plan, it is proposed to enlist their services for many tasks including the delivery of non-clinical methods of contraception and referring the clinical cases to the PHCs or FRUs. The successful experiment by a VO, *Janani*, in Bihar may be studied and replicated.

3.1.154 There is an urgent need to increase the involvement of CSO, VOs, and NGOs including private sector in the delivery of family planning services, especially in areas where the public sector is weak. *Jansankhya Sthirata Kosh* (JSK) (National Population Stabilization Fund) is a registered society of the MoHFW to accelerate population stabilization efforts. JSK is expected to work in close cooperation with the government, private, and voluntary sectors to promote small and healthy families. State governments, district officials, and other organizations will be encouraged to suggest innovations in enhancing family planning services which can be supported by JSK on a pilot scale.

Expertise of the Population Foundation of India will be sought to scale up good pilots in the country. Centres of excellence (such as one in Tamil Nadu—Box 3.1.18) can also play a vital role.

3.1.155 During the Eleventh Five Year Plan greater focus will be on the following for voluntary fertility reduction:

Box 3.1.17 Janani—Using RHPs

An NGO, Janani, set up a network of more than 21000 Titli (Butterfly) centres and more than 500 Surya (Sun) clinics in the States of Bihar, Jharkhand, and MP. Surya clinics are referral clinics run in towns by formally qualified, State-registered doctors. Titli centres are situated in villages and run by RHPs who have been trained to provide family planning counselling and sell non-clinical contraceptives. Since RHPs are males, they work with a Woman Health Partner who is generally a member of their family (in most cases, wife). RHPs and their female counterparts hold a two-day training programme on family planning counselling. Female partners help reach out to the village women who are hesitant to approach male health providers on reproductive health matters.

Box 3.1.18
Facilitating Action by Private Sector

Tamil Nadu Government established a Centre of Excellence, 'Sterilization and Recanalization Training-cum-Service Centre' at Kilpauk Medical College, Chennai, in 1987 with core officers—a female gynaecologist and a male urologist. It conducts workshops and trains doctors in standard procedures of male and female sterilizations. The centre also provides services by conducting sterilization and recanalization operations for males and females.

In Tamil Nadu, private sector participation is strengthened to improve family welfare programmes in the State. Private nursing homes have been approved to provide family welfare services in the State. Nearly 25% of the sterilizations are performed by voluntary and approved private institutions. Contraceptive stocks are freely supplied to these institutions to provide better services to needy couples to improve spacing between births.

- Expanding the basket of contraceptive choices
- Improving social marketing
- Increasing male involvement
- Enhancing role of mass media for behavioural change
- Disseminating through satisfied users

Human Resources for Health

3.1.156 Given the present scarcity of human resources, the next decade will posit newer opportunities and challenges for medical and health education. The country has to train an adequate number of health professionals with appropriate knowledge, skill, and attitude to meet the future health care needs of the people and the increasing disease burden. Additionally, there is the opportunity for India to become an important destination for health care services. Given the rising demand and growing need for expanding health services, systematic studies need to be launched for estimating requirements. In the Eleventh Five Year Plan, efforts will be made to develop an effective human resource MIS by involving concerned Ministries, Professional Councils, Technical Councils, UGC, Central and State Universities, Public Health Institutions, and knowledgeable individuals from Civil Society.

3.1.157 NCMH (2005) has recommended additional funding for establishment of new medical, nursing, and other institutions, training of village level functionaries, and in-service training of health personnel. The resource requirements for development of human resources for health during the Eleventh Five Year Plan will be shared by the Centre and the States. The NRHM will also contribute. Efforts will be made to

mobilize additional resources through suitable partnership arrangements with the private sector and also through other available options.

3.1.158 Measures will be taken during the Eleventh Five Year Plan period to solve the problem of shortage of basic education infrastructure and human resources. The role and functions of apex bodies like MCI need to be reviewed. The following strategies will be accorded priority during the Plan:

- Ensure availability of medical professionals in rural areas on a permanent basis, posting of doctors with adequate monetary as well as non-monetary incentives, such as suitable accommodation, class I status, preferential school admissions for children of doctors living in remote areas, transfer or posting of choice after a stipulated length of stay and training opportunities.
- States to expand the pool of medical practitioners including a cadre of Licentiate Medical Practitioners and practitioners of Indian Systems of Medicine and Homeopathy (AYUSH).
- Increase age of retirement of doctors (all Central and State Government including Defence, Railways, etc.) to 62 years. States will be encouraged to retain public health doctors on contract basis for further period of three years till the age of 65 years, especially in the notified hardship areas.
- A series of one-year duration Certificate Courses for MBBS graduates will be launched in deficit disciplines like public health, anaesthesia, psychiatry, geriatric care, and oncology. The private sector will also be encouraged to participate in this venture.

Box 3.1.19 Human Resources for Health

Issues

- Growing shortage of all key cadre in rural areas—Doctor, Paramedicals, ANMs, Nurses, Lab Technicians, and OT Assistants.
- Problems of absenteeism and irregular staff attendance.
- Non-availability of drugs and diagnostic tests at health facility leading to demotivation of doctors.
- No motivation or will to serve in rural areas.
- Weak or non-existent accountability framework leading to powerlessness of local communities and Panchayat vis-à-vis the health system functionaries.
- Non-transparent transfer and posting policy leading to demoralization.
- Inadequate systems of incentive for all cadres especially in difficult area postings.
- Lack of career progress leading to demotivation and corruption.
- Lack of standard protocols to promote quality affordable care and full utilization of human resources.

Possible Solutions

- State-specific human resource management policy and transparency in management of health cadres.
- Training and utilization of locally available paramedics, RMPs, and VHWs to meet the gaps in rural areas. Allow them to prescribe basic medication.
- Reintroducing Licentiate course in Medicine
- Incentives for difficult areas and system for career progression.
- Accountability to local communities and Panchayats.
- Devolution of power and functions to local health care institutions—provide resources and flexibility to ensure service guarantee.
- Resources, flexibility, and powers to ensure that IPHS are achieved.
- Adequate staff nurses and a minimum OPD attendance and service provision
- Improved and assured tele-linkages.

- Efforts of the National Board of Examinations (NBE) will be enhanced for overcoming the shortage of specialists and also to improve the quality of training.
- Councils to create a scientific data bank of health professionals.
- Re-registration of all medical and dental practitioners including specialists after every five years till they are practising or serving.
- New medical, nursing, and dental colleges will be established in the underserved areas.
- As recommended by the NCMH (2005), priority will be given to reducing the existing inequality by establishing 60 medical colleges in deficit States (UP, Rajasthan, MP, Orissa, Chhattisgarh, etc.) and 225 new nursing colleges in underserved areas. PPP will be used to bridge this gap.
- Experiences of University of Health Sciences set up in various States during the Tenth Plan, against medical colleges that are part of the general universities to

be evaluated before more such universities are set up during the Eleventh Five Year Plan.

- Implementation of recommendations of OSC for development of Human Resources for health.
- Equip medical graduates with the skills essential for providing broad-based community health care.
- Stem the high rate of attrition of academics; teaching in professional colleges to be made attractive. Need to enhance the salary structure and provide an innovative programme of incentives. Private OPDs in the medical colleges to be considered as one such incentive.
- RMPs, after training, can contribute towards activities under NRHM. Few suggested roles have been listed in Box 3.1.20.

Public Health Education

3.1.159 Currently several institutions are engaged in imparting public health and related education in the country. Various medical organizations are in

the process of starting new Public Health Courses at the Masters level, namely Indian Council of Medical Research (ICMR), AIIMS, PGIMER, etc. The supply position is bound to improve after institutions of Public Health under Public Health Foundation of India (PHFI) and new Public Health Schools are set up within the existing Medical Institutions.

3.1.160 During the Eleventh Five Year Plan, benefits of knowledge and skills of modern Public Health will be made available at all levels. For the development of public health, multiple independent centres with a common regulatory body will be a suitable approach. Some of these centres could be located in universities of health sciences and some with the multidisciplinary universities. This would enable greater input from different disciplines to enrich the subject. During the Plan, therefore, efforts will be made to set up new public health schools within the existing medical colleges. MBA Programmes specially tailored for the health care and MD (Hospital Administration)/Diplomate National Board (Hospital and Health Administration)/MD (Community Health Administration)/Masters (Hospital Administration) Programmes will be encouraged.

Health Systems and Bio-Medical Research

3.1.161 With the development and use of sophisticated tools of modern biology, a better understanding of complex interplay between the host, agent, and environment is emerging. This is resulting in the generation of new knowledge. This scientific knowledge is to be used to develop drugs, diagnostics, devices, and

vaccines that should find a place in the health systems of the country. A vibrant inter-phase between the research community, the industry, and the health systems is the only way to facilitate this. It is not only the technological advances in public health and medicine that influence health of the population. The epidemiology of disease extends beyond biology. A sociological perspective is important to understand the occurrence, persistence, and cure of a disease. The diseases are not rooted in biological causes alone, but are multifactorial. This calls for an inter-disciplinary approach to health research.

3.1.162 The Eleventh Five Year Plan, therefore, will mark a departure in orientation to research in health. No amount of pure bio-medical research will be able to find solutions to health issues unless it addresses upfront the social determinants of health. While health research has made appreciable progress, there remains an unacceptable lag time in translating the research outcomes into tangible health products or in application of the knowledge generated through research. Thus, the task is how best to mobilize research to bridge the gap between what is known and what is done—the ‘know-do’ gap. Equally important is to ensure that the products of health research reach and are used for and by the people who need it most. Health research during the Eleventh Five Year Plan will be directed to provide ways and means of bringing about equity and improving access to health technologies.

3.1.163 With a view to re-organize the medical research establishments in the country in order to keep

Box 3.1.20

Role of RMPs as Sahabhaagis in NRHM

- Running social awareness programmes in schools to cover topics like: ill effects of tobacco and alcohol, advantages of good sanitation, hygiene, nutrition, and safe drinking water
- Running free camps for: vision tests, health check-ups, immunization
- Training rural people in association with SHGs about: Hygiene, Sanitation, Nutrition, Safe drinking water, Needs of pregnant women, Protection against unsafe sex, awareness about locally prevalent communicable and non communicable diseases
- Providing non clinical contraceptives and referring for clinical cases
- Acting as drug distribution depots and fever treatment centres
- Supervising spray activities, water treatment, sanitary landfill, and sanitary latrines
- Providing emergency primary health services and referrals

abreast with the dynamic international health research environment and to address the current and future health challenges, the Central Government is creating a new Department of Health Research under the MoHFW. The newly created Department will deal with promotion and co-ordination of basic, applied, and clinical research including clinical trials and operations research in areas related to medical, health, biomedical and medical profession, and education through development of infrastructure, human resources, and skills in the cutting edge areas and management of related information thereto; promote and provide guidance on research governance issues including ethical issues in medical and health research; inter-sectoral coordination and promotion of PPP in medical, biomedical, and health research areas; advanced training in research areas concerning medicine and health including grant of fellowship for such training in India and abroad; international co-operation in medical and health research including work related to international conferences in related areas in India and abroad; technical support for dealing with epidemics and natural calamities; investigation of outbreaks due to new and exotic agents and development of tools for prevention; matters relating to scientific societies and associations, charitable and religious endowments in medicine and health research areas; coordination between organizations and institutions under the Central and State Governments in areas related to the subjects entrusted to the Department and for promotion of special studies in medicine and health, and ICMR.

3.1.164 The following priority areas for the health system research have been identified for the Eleventh Five Year Plan:

- Impact of PPPs in health on the public health services, State finances, and whether PPPs really bring about equity in health access.
 - Studies on modalities and impact of health insurance.
 - Issues of health care access in urban areas, health problems of urban poor, the migrants, homeless, street, and working children.
 - Health care in situations of violence and conflict.
 - Gender issues in disease prevalence, access to health care, and education.
 - Studies on the innovation, diffusion, use, and misuse of medical technologies, research on their relevance or appropriateness, misuse and irrational use, the additional financial burden on the users due to misuse. Such studies should cover prescription practices to the new medical technologies such as genetics, assisted reproduction, life prolonging technologies, stem cell research, and organ donation and transplantation.
 - Medical audit to establish various ways of improving health care service delivery at different levels.
 - Nursing research to be undertaken by the nursing as well as social science and bioethics institutions in India.
 - Audit of research, that is, whether research is justified and relevant.
- 3.1.165 During the Plan, clinical and operational research in both the modern and AYUSH systems will continue. The major thrust in Allopathy as well as AYUSH will be given to the following areas:
- Improving diagnosis, treatment delivery, and development of new tools for the diagnosis and treatment
 - Integrating disease control programmes within primary health care system
 - Cost effectiveness analysis of different regimen for prevention and treatment of diseases
 - Quality of lab-diagnosis, lab related factors, periodic training, adequacy of reagents, kits and good microscopy
 - Delayed diagnosis: community factors, surveillance factors, lab factors, and health system factors
 - Upgradation of drug delivery system: surveillance mechanisms
 - Research on poor drug compliance rate: community, social, educational, ethnic, cultural, and health system factors
 - Research on social determinants of health, health care seeking, and the epidemiological web
- 3.1.166 The institutions and organizations like ICMR involved in research, should be committed to an agenda that recognizes that future improvements in health

and well-being will depend on research that does the following:

- Increases understanding of both the molecular and biological mechanisms underlying diseases as well as the psychosocial, economic, and environmental determinants of health
- Develops new vaccines, diagnostic tools, and cost-effective therapies
- Deepens understanding of underlying social and behavioural causes of injuries and lifestyle diseases
- Links health with S&T, engineering, and related disciplines
- Promotes healthy living and reduces risk behaviours

From Vertical to Horizontal: Affecting Integration

3.1.167 The Eleventh Five Year Plan will not allow any vertical structures to be created below district level under different programmes. The existing programmes will be integrated horizontally at the district level, as the emphasis during the Plan would be system-centric rather than disease centric. Already under NRHM, some programmes like the ones dealing with vector-borne diseases, tuberculosis, leprosy, blindness, and iodine deficiency disorders (IDD) have been integrated under a single District Health Society. Other programmes and activities described below will also be brought under one umbrella.

NATIONAL AIDS CONTROL PROGRAMME (NACP)

3.1.168 During the Eleventh Five Year Plan, the NACP has set the goal to halt and reverse the epidemic in India over the next five years by integrating programmes for prevention, care, support, and treatment and also addressing the human rights issues specific to people living with HIV/AIDS (PLWHA). The specific objectives are to reduce new infections by 60% in high prevalence States so as to obtain reversal of the epidemic and by 40% in the vulnerable States so as to stabilize the epidemic.

3.1.169 In order to achieve the objectives, the following strategies will be adopted:

- Preventing new infections in high risk groups and general population through:

- Saturation of coverage of high risk groups with targeted interventions.
- Scaled up interventions in the general population.
- Increasing the proportion of PLWHA who receive care, support, and treatment.
- Strengthening the infrastructure, system, and human resource in prevention, care, support, and treatment programmes at the district and national levels.
- Enacting and enforcing national legislation prohibiting discrimination against PLWHA and their families in health facilities, schools, places of employment, and other institutions.
- Including mechanisms for victims and their guardians to lodge complaints and receive quick redressal.
- Ensuring that women and children living with HIV/AIDS receive medical care, including antiretroviral (ARV) treatment and use all possible means to remove barriers to their receiving care.
- Strengthening a nation-wide strategic information management system.
- Advancing R&D of vaccines suitable for the strains of HIV prevalent in India.

NATIONAL CANCER CONTROL PROGRAMME (NCCP)

3.1.170 During the Tenth Five Year Plan, a taskforce comprising experts from across the country was constituted. Based on recommendations from the national taskforce a comprehensive NCCP will be implemented during the Plan. The main activities during the Plan will be:

- Establishing new Regional Cancer Centres
- Upgradation of the existing Regional Cancer Centres based on their performance and linkages with other cancer organizations in the region.
- Creating skilled human resources for quality cancer care services
- Training health care providers for early detection of cancers at primary and secondary level
- Increasing accessibility and availability of cancer care services
- Providing behavioural change communication along with provision of cost effective screening techniques and early detection services at the door step of community

- Propagating self-screening of common cancers (oral, breast)
- Upgrading Oncology Wings in government medical colleges
- Creating and upgrading Cancer detection and Surgical and Medical Treatment facilities in District Hospitals/Charitable/NGO/Private Hospitals
- Promoting research on effective strategies of prevention, community-based screening, early diagnosis, environmental, and behavioural factors associated with cancers and development of cost effective vaccines
- Creating Palliative Care and Rehabilitation Centres
- Monitoring, Evaluation, and Surveillance

NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DIABETES, CVDs, AND STROKE

3.1.171 Common risk factors for both CVD and diabetes are unhealthy diet, physical inactivity, and obesity. There is evidence-based information that NCDs are preventable through integrated and comprehensive interventions. Cost-effective interventions exist and have worked in many countries. The most successful ones have employed a range of population wide approaches combined with interventions for the individuals. Thus, the programme will aim to prevent and control common NCDs risk factors through an integrated approach and to reduce premature morbidity and mortality from diabetes, CVD, and stroke. Up scaling based on pilot results will be done during the Eleventh Five Year Plan.

3.1.172 During the Plan, the objectives of the programme will be:

- Primary prevention of major NCDs through health promotion
- Surveillance of NCDs and their risk factors in the population
- Capacity enhancement of health professionals and health systems for diagnosis and appropriate management of NCDs and their risk factors
- Reduction of risk factors in the population
- Establishment of National guidelines for management of NCDs
- Development of strategies and policies for prevention by intersectoral coordination

- Community empowerment for prevention of NCDs

NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

3.1.173 A multipronged strategy to raise awareness about issues of mental health and persons with mental illness with the objective of providing accessible and affordable treatment, removing ignorance, stigma, and shame attached to it and to facilitate inclusion and acceptance for the mentally ill in our society will be the basis of the NMHP. Its main objective will be to provide basic mental health services to the community and to integrate these with the NRHM. The programme envisages a community and more specifically family-based approach to the problem.

3.1.174 The Plan will strengthen District Mental Health Programme (DMHP) and enhance its visibility at grass root level by promoting greater family and community participation and creating para professionals equipped to address the mental health needs of the community from within. It will fill up human resource gap in the field of psychiatry, psychology, psychiatric social work, and DMHP. The plan will strive to incorporate mental health modules into the existing training of health personnel. It will also harness NGOs' and CSOs' help in this endeavour, especially family care of persons with mental illness, and focus on preventive and restorative components of Mental Health. The Eleventh Five Year Plan, recognizing the importance of mental health care, will provide counselling, medical services, and establish help lines for people affected by calamities, riots, violence (including domestic), and other traumas. To achieve these, a greater outlay will be allocated to mental health.

3.1.175 During the Eleventh Five Year Plan, the Re-strategized NMHP will be implemented all over the country with the following objectives:

- To recognize mental illnesses at par with other illnesses and extending the scope of medical insurance and other benefits to individuals suffering with them
- To have a user friendly drug policy such that the psychotropic drugs are declared as Essential drugs

- To give greater emphasis to psychotherapeutic and a rights based model of dealing with mental health related issues
- To include psychiatry and psychology, and psychiatric social work modules in the training of all health care giving professionals
- To empower the primary care doctor and support staff to be able to offer psychiatric and psychological care to patients at PHCs besides educating family carers on core aspects of the illness.
- To improve public awareness and facilitate family-carer participation by empowering members of the family and community in psychological interventions.
- To provide greater emphasis on public private participation in the delivery of mental health services.
- To upgrade psychiatry departments of all medical colleges to enhance better training opportunities
- To improve and integrate mental hospitals with the whole of health delivery infrastructure that offer mental health services thus lifting the stigma attached
- To provide after care and lifelong support to chronic cases.

INJURIES AND TRAUMA

3.1.176 Data from Survey of Causes of Death and Medical Certification of Causes of Deaths reveals that 10–11% of total deaths in India were due to injuries. It is estimated that nearly 850000 persons die due to direct injury related causes including road traffic injuries every year in India, with 17 million hospitalizations and 50 million requiring hospital care for minor injuries. Most of the hospitals do not have integrated facilities for treatment of trauma victims and the casualty services are generally ill equipped, poorly managed, and over worked. A scheme to upgrade and strengthen emergency care in State hospitals located on national highways has been under implementation with a view to provide treatment to road accident victims in hospitals as near the site of accident as possible.

3.1.177 During the Eleventh Five Year Plan, the emphasis will also be given for development of a comprehensive trauma care system covering the entire

nation with State wide emergency medical service and trauma care. The components will include provision of equipment, communication system, training and provision of human resources, registry and surveillance. Eventually the plan is to start a National Programme for Medical Emergencies Response. The strategy during the Eleventh Five Year Plan will be:

- To identify health care facilities along highways and upgrade them to specific levels of trauma care
- To establish a life support ambulance system
- To plug gaps in human resource training and availability for trauma care
- To establish communication linkages between various levels of health care
- To assist the States in developing and managing an appropriate trauma referral system
- To develop, implement, and maintain State-wise and nation wide trauma registry as an integral part of e-Health.

DISABILITY AND MEDICAL REHABILITATION

3.1.178 With the ongoing health, demographic, and socio-economic transitions, the Disability Profile is changing, with an alarming rise in the number of people suffering from chronic disorders and associated morbidity and disability. According to census (2001), there were 2.19 crore persons with visual, hearing, speech, locomotor, and mental disabilities in India. Of the disabled population, locomotor disabled constitute 28%, speech and hearing 13%, visual 49%, and mental 10%. Population over 60 years of age has disabilities affecting multiple organs.

3.1.179 The Eleventh Five Year Plan aims at building capacity in Medical Colleges and District Hospitals to train adequate human resources required for medical rehabilitation programme at all three levels of Health Care Delivery System. Towards this end the following steps are planned:

- To upgrade and develop two Physical Medicine and Rehabilitation (PMR) departments in the country to act as Model Centres
- To set up PMR Departments in 30 Medical Colleges/Teaching Institutions (at least one in each State) and each such department to adopt districts, CHCs,

and PHCs for developing medical rehabilitation services

- To train medical and rehabilitation professionals in adequate number for providing secondary and tertiary level rehabilitation services
- To introduce training programme on Disability Prevention, Detection, and Early Intervention at diploma, undergraduate, and postgraduate level
- To provide Rehabilitation Services in Medical Hospitals and evolve strategy of care in the domiciliary and community set up.

PREVENTION AND CONTROL OF DEAFNESS

3.1.180 As per WHO estimates, in India, there are 63 million hearing impaired, with an estimated prevalence as 6.3%. A larger percentage of our population suffers from milder degrees of hearing impairment, adversely affecting productivity, both physical and economic. The objectives in the Eleventh Five Year Plan will be to prevent avoidable hearing loss; identify, diagnose, and treat conditions responsible for hearing impairment; and medically rehabilitate all hearing impaired.

3.1.181 The strategies during the Eleventh Five Year Plan will be:

- Strengthening service delivery including rehabilitation
- Developing human resources for ear care
- Promoting outreach activities and public awareness using innovative IEC strategies
- Developing institutional capacity of District Hospitals/CHCs/PHCs for ear care services

OCCUPATIONAL HEALTH

3.1.182 Exposure to chemicals, biological agents, physical factors and adverse ergonomic conditions, allergens, safety risks, and psychological factors often afflict working population of all ages. People also suffer from injuries, hearing loss, respiratory, musculoskeletal, cardiovascular, reproductive, neurotoxic, dermatological, and psychological effects. Such risks are often preventable. The illness resulting from such exposures is not identified properly due to lack of adequate expertise. The work up of the cases by physicians lacking skills to identify such illness leads to unnecessary use and waste of scarce medical resources as

well as their own time. Freedom from occupational illness is essential in today's competitive world where workers' productivity is an important determinant of growth and development.

3.1.183 The objectives of occupational health initiative during the Eleventh Five Year Plan will be to promote and maintain highest degree of physical, mental, and social well-being of workers in all occupations; identify and prevent occupational risks of old as well as newer technologies such as Information and Nano technology; build capacity for prevention, that is, early identification of occupational illness; create an occupational health cell under NRHM in each district headquarter, well-equipped to be able to promote primary, secondary, as well as tertiary prevention; and establish occupational health services in agriculture, health and other key sectors for placement of workers in suitable work and propagating adaptation of work to humans.

3.1.184 During the Eleventh Five Year Plan, following strategies will be implemented to reduce occupational health problems:

- Creating awareness among policymakers on the cost of occupational ill health including injuries
- Ensuring use of technologies that are safe and free from risks to health of the workers
- Sensitizing employers as well as workers' organizations for their right to safety and the implication of injuries in their lives
- Instituting legislation and ensuring proper enforcement for prevention and control of occupational ill health and compensating those who suffer intractable illness due to work
- Building a national data base of occupational illness and injuries
- Monitoring and evaluating programmes and policies related to pollution prevention and control
- Establishing surveillance and research on occupational injuries and building capacity in health sector to be able to participate in preventing work related illness and injuries
- Enforcing safety regulations and standards
- Introducing no-fault insurance schemes for all workers in the formal and informal sectors

BLOOD AND BLOOD PRODUCTS

3.1.185 A well-organized Blood Transfusion Service is a vital component of any health care delivery system. An integrated strategy for Blood Safety is required for elimination of transfusion transmitted infections and for provision of safe and adequate blood transfusion services to the people.

3.1.186 During the Eleventh Five Year Plan, the programme for Blood and Blood Products to be initiated, will have following objectives:

- To reiterate firmly the government commitment to provide safe and adequate quantity of blood, blood components, and blood products.
- To make available adequate resources to develop and reorganize the blood transfusion services in the entire country.
- To make latest technology available for operating the blood transfusion services and ensure its functioning in an updated manner.
- To launch extensive awareness programmes for donor information, education, motivation, recruitment, and retention in order to ensure adequate availability of safe blood.
- To encourage appropriate clinical use of blood and blood products.
- To encourage R&D in the field of Transfusion Medicine and related technology.
- To take adequate regulatory and legislative steps for ME of blood transfusion services and to take steps to eliminate profiteering in blood banks.

Pilot Projects

3.1.187 During the Eleventh Five Year Plan, a few pilot projects would be taken up that will be eventually, depending on the success and experience gained, upscaled and most put under NRHM/NUHM. These relate to:

- Sports Medicine
- Deafness
- Leptospirosis Control
- Control of Human Rabies
- Organ Transplant
- Oral Health

- Fluorosis
- Disability and Medical Rehabilitation

National Centre for Disease Control (NCDC)

3.1.188 It has been planned to strengthen the National Institute of Communicable Diseases (NICD) as the NCDC to fulfil its role as an apex institute in the country. The NCDC will have two main divisions under its head. One division will look after communicable diseases while the other will look after coordination of non-communicable disease activities. Budgetary provisions have been made for this.

Health Financing**FINANCING HEALTH SERVICES**

3.1.189 The existing level of government expenditure on health in India is about 1%, which is unacceptably low. Effort will be made to increase the total expenditure at the Centre and the States to at least 2% of GDP by the end of the Eleventh Five Year Plan. This will be accompanied by innovative health financing mechanisms (Box 3.1.21). The providers in public health system are not given any incentive, which affect the quality, efficiency, and drives them to greener pastures in the private sector. Therefore, incentives that link payment to performance will be introduced in the public health system.

3.1.190 The Eleventh Five Year Plan will experiment with different systems of PPPs, of which examples already exist. The State Governments may have an entitlement system for pregnant women to have professionally supervised deliveries. If properly implemented, it will empower them to exercise choice, as well as create competition in the health service sector. Contracting out well-specified and delimited projects such as immunization may also help increase accountability.

3.1.191 The problems of indebtedness due to sickness will be handled by sensitively devised and carefully administered health insurance. CBHI is a promising idea. Existing experiences in different States show that well-managed prepayment systems with risk pooling could be effective in protecting people from

impoverishment. CBHI initiatives based on some individual contribution to the premium, along with a government subsidy, will be supported as they would improve the health care quality and expand interventions as per need of the people. In the Eleventh Five Year Plan we will consider approaches such as comprehensive risk pooling packages through the public system and through accredited private providers. This is an area where many experiments need to be encouraged to discover what can work best for people.

HEALTH SPENDING

3.1.192 Health spending in India is estimated to be in the range of 4.5–6% of GDP. The results from the National Health Account (NHA) for the year 2001–02 (Figure 3.1.15) showed that total health expenditure in the country was Rs 105734 crore, accounting for 4.6% of its GDP. Out of this, public health expenditure constituted Rs 21439 crore (0.94%), private health expenditure constituted Rs 81810 crore (3.58%) and external support 2485 crore (0.11%).

3.1.193 Of the private health expenditure during 2001–02, households' out-of-pocket health expenditure was Rs 76094 crore, which accounts for 72% of the total health expenditure incurred in India. This

includes out-of-pocket payments borne by the households for treating illness among any member in the household and also insurance premium contributed by individuals for enrolling themselves or family members in health insurance schemes. The data shows that a majority of expenditure (87.7%) goes towards curative care.

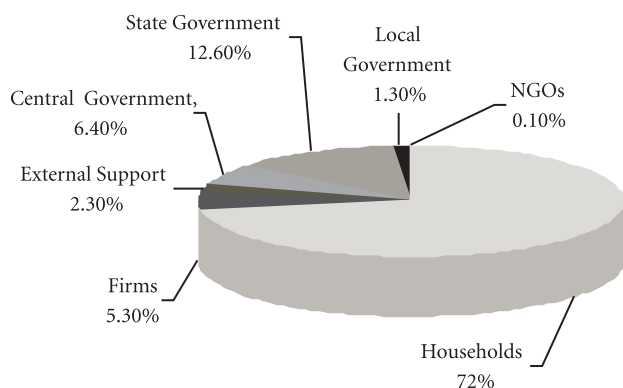
3.1.194 Studies have shown that the poor and other disadvantaged groups in both rural and urban areas spent a higher proportion of their income on health care than those who are better-off. The burden of treatment is high on them when seeking inpatient care (NSSO 60th Round). Very often they have to borrow at very high interest to meet both medical and other household consumption needs. The Eleventh Five Year Plan will explore mechanisms for providing universal coverage of population for meeting the cost of hospitalization, particularly for those who cannot afford it. It will provide public-sector financed universal health insurance, for which private and public-sector provider organizations can compete.

TREND IN HEALTH FINANCING BY THE CENTRE AND STATES

3.1.195 The financial allocation for the health sector over the past decade indicates that the public expen-

Box 3.1.21 Some Innovative Financing Mechanisms

Kerala:	In Kozhikode, risk pools constituted around professionals or occupational groups, SHGs or micro credit groups, weavers, fishermen, farmers, agricultural labourers, and other informal groups. Almost 90% of the population is covered under some form of network or the other.
Uttar Pradesh:	Voucher scheme for RCH services piloted in seven blocks of Agra for BPL population. The scheme was launched in March 2007 and funded by State Innovations in Family Planning Services Agency.
Jharkhand:	In order to promote institutional delivery and routine immunization, a voucher scheme was introduced in December 2005 in all 22 districts. Vouchers are issued to BPL pregnant women at the time registration of pregnancy. She is entitled to have the delivery at any government facility or at accredited private health providers.
Haryana:	Vikalp—an innovative approach to financing urban primary health care for the poor through a combination of PPPs and risk pooling using capitation fees for a package of primary health care services with the State Health Department and private providers.
Karnataka:	Yeshasvini Co-operative Health Care Scheme is a health insurance scheme targeted to benefit the poor. The scheme was initiated by Narayana Hrudayalaya, a super-specialty heart-hospital in Bangalore and by the Department of Co-operatives of the Government of Karnataka. All farmers who have been members of a cooperative society for at least a year are eligible to participate, regardless of their medical histories. The scheme provides coverage for all major surgeries.



Source: NHA Cell, MoHFW, GoI (2005).

FIGURE: 3.1.15: Source of Health Care Financing in India, 2001–02

ditures on health (through the Central and State Governments), as a percentage of total government expenditure, have declined from 3.12% in 1992–93 to 2.99% in 2003–04. Similarly, the combined expenditure on health as a percentage of GDP has also marginally declined from 1.01% of GDP in 1992–93 to 0.99% in 2003–04. In nominal terms, the per capita public health expenditure increased from Rs 89 in 1993–94 to Rs 214 in 2003–04, which in real terms is Rs 122 (Figure 3.1.16).

3.1.196 Health care is financed primarily by State Governments, and State allocations on health are usually affected by any fiscal stress they encounter. Besides chronic under funding, the sector has been plagued with instances of inefficiencies at several levels resulting in waste, duplication, and sub optimal use of scarce resources. All these factors combined have had an adverse impact on the public health sector's ability to provide health care services to the people.

3.1.197 There was also a gradual decline in the proportion of funds released to States by Central Government when the States were themselves under fiscal stress. This resulted in sharp reduction in capital investment in public hospitals, low priority to preventive and promotive care, and inefficiencies in allocations under national health programmes. The financing system is equally dysfunctional as funds are released in five-year cycles, divided under different and complex budget heads—revenue, capital,

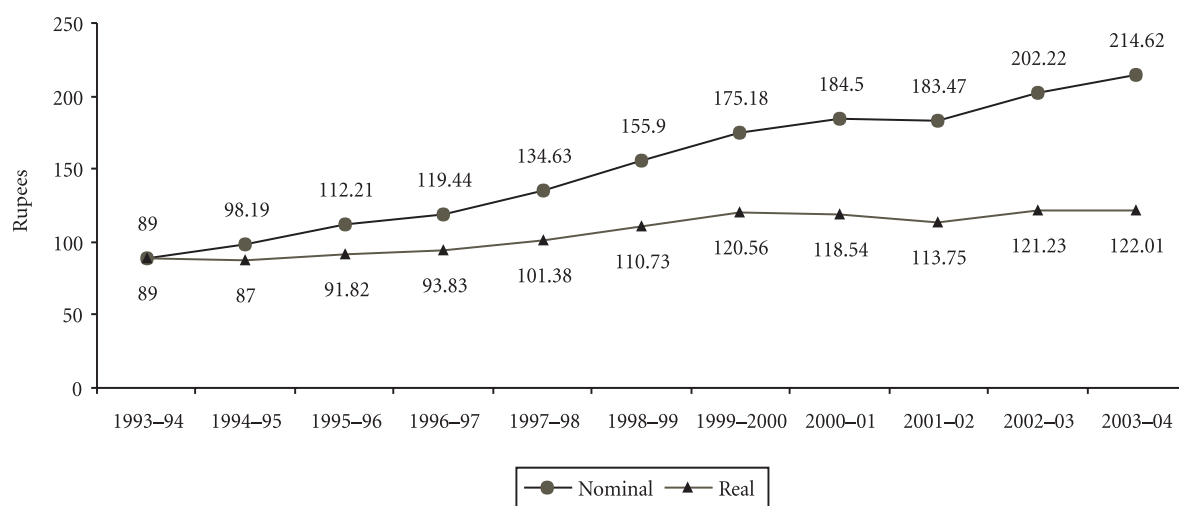
etc., providing for little flexibility to respond to any health emergency. To address these issues, government has initiated several interventions under the NRHM such as District Health Action Plan, National Health Accounting systems, management capacity at all levels, improved financial management, and close monitoring.

3.1.198 It is estimated that in order to meet the target expenditure level, total Plan expenditure will need to grow at 29.7 % annually during the first three years of the Eleventh Five Year Plan, which breaks down to 30.2 % for the Centre and 29.2 % for the States. As a result, total health expenditure of the Centre and States, respectively, will rise to 0.55% of GDP and 0.85% of GDP in 2009–10. In the last two years of the Plan, total Plan expenditure will need to rise at about 48% annually. This will result in a total health expenditure of 0.87% of GDP by the Centre and 1.13% by States in 2011–12. Therefore, during the Eleventh Five Year Plan, while the Central Government makes every effort to augment resources for health, State Governments will be persuaded to assign at least 7–8% of State expenditures towards health care.

3.1.199 During the Plan, the objective of every State will be to increase competition among providers, create options for consumers, and ensure oversight through elected local bodies and Panchayats. State governments will also focus on integrating public health programmes with other public health interventions like drinking water, sanitation, nutrition, primary education, roads, and connectivity. State governments will be persuaded to allocate more resources for these sectors through better fiscal management and reprioritization.

MONITORING OUTCOMES VERSUS OUTLAYS

3.1.200 The allocation of funds among different levels (namely primary, secondary, and tertiary) and disease control programmes has been changing. The manner in which resources are allocated shows a wide disparity in spending and outcomes. It is therefore necessary to focus on health outcomes rather than health outlays, including a disaggregated examination by gender, class, caste, etc. to assess their impact on different groups. During the Eleventh Five Year Plan,



Source: NCMH (2005).

FIGURE 3.1.16: Growth of per capita Health Expenditure by Centre and States—Nominal and Real Terms

norms and indicators for outputs and outcomes will be developed to enable government and other agencies to measure the efficiency of health spending by the Centre and the States and allocations adjusted accordingly. The practice of gender budgeting by the States will be necessary.

BLOCK BUDGETING

3.1.201 Data from available surveys and studies reveal that there are major inequities in access to health care between the rich and the poor, between urban and rural areas, and between various regions of the country. Presently allocation of public funds is also quite inequitable, with urban areas often receiving much larger per capita public health resources than rural areas, and certain States (Bihar, UP, MP, Orissa, Chhattisgarh, Jharkhand) having per capita public health expenditure less than half of other States (Himachal Pradesh, Punjab, Goa, Delhi, Mizoram).

3.1.202 One approach to address this situation is to follow the equity principles of 'equal resources for equal need' and 'greater resources for greater need'. With this approach, it is possible to work out a system of block budgeting wherein people in either urban or rural areas, whether in developed or less developed States anywhere in the country would receive the same baseline level of public health resources eliminating existing inequities in public health resource allocation.

Added to this, there would need to be recognition of special needs (for women, children, *adivasis*, and other disadvantaged groups) that would merit additional resources being allocated for services for these groups. During the Plan, block budgeting will be piloted in selected districts.

SCHEMES AND OUTLAYS FOR ELEVENTH FIVE YEAR PLAN

3.1.203 To achieve the desired outcomes in the health sector, a substantially enhanced outlay for the Department of Health and Family Welfare has been earmarked during the Eleventh Five Year Plan (2007–2012). The total projected GBS for the Eleventh Plan is Rs 120374.00 crore (at 2006–07 prices) and Rs 136147.00 crore (at current prices). This enhanced outlay is about four times the initial outlay for the Tenth Plan (Rs 36378.00 crore). A large proportion of this amount, i.e., Rs 89478.00 crore (65.72 %) is for NRHM, the flagship of the GoI. Another Rs 625 crore is to be contributed by the Department of AYUSH to make a total of Rs 90103 crore for NRHM during the Eleventh Five Year Plan. For the other on-going schemes, a total of Rs 23995.05 crore has been earmarked. For the new initiatives it is Rs 20846.95 crore. Rs 1827.00 crore has also been earmarked for OSC.

3.1.204 Annexure 3.1.8 indicates the number of schemes that were in operation during 2006–07 and

the schemes that will be operational during the Eleventh Five Year Plan. The scheme-wise outlays of Department of Health and Family Welfare during the Eleventh Five Year Plan are given in Appendix of Volume III.

Eleventh Five Year Plan Agenda

3.1.205 Thrust areas to be pursued during the Eleventh Five Year Plan are summarized below:

- Improving Health Equity
 - NRHM
 - NUHM
- Adopting a system-centric approach rather than a disease-centric approach
 - Strengthening Health System through upgradation of infrastructure and PPP
 - Converging all programmes and not allowing vertical structures below district level under different programmes
- Increasing Survival
 - Reducing Maternal mortality and improving Child Sex ratio through Gender Responsive Health care
 - Reducing Infant and Child mortality through HBNC and IMNCI
- Taking full advantage of local enterprise for solving local health problems
 - Integrating AYUSH in Health System
 - Increasing the role of RMPs
 - Training the TBAs to make them SBAs
 - Propagating low cost and indigenous technology
- Preventing indebtedness due to expenditure on health/protecting the poor from health expenditures
 - Creating mechanisms for Health Insurance
 - Health Insurance for the unorganized sector
- Decentralizing Governance
 - Increasing the role of PRIs, NGOs, and civil society
 - Creating and empowering health committees at various levels
- Establishing e-Health
 - Adapting IT for governance
 - Establishing e-enabled HMIS
 - Increasing role of telemedicine
- Improving access to and utilization of essential and quality health care
 - Implementing flexible norms for health care facilities (based on population, distance, and terrain)
 - Reducing travel time to two hours for EmOC
 - Implementing IPHS for health care institutions at all levels
 - Accrediting private health care facilities and providers
 - Redeveloping hospitals/institutions
 - Mirroring of centres of excellence like AIIMS
- Increasing focus on Health Human Resources
 - Improving Medical, Paramedical, Nursing, and Dental education, and availability
 - Reorienting AYUSH education and utilization
 - Reintroducing licentiate course in medicine
 - Making India a hub for health care and related tourism
- Focusing on excluded/neglected areas
 - Taking care of the Older persons
 - Reducing Disability and integrating disabled
 - Providing humane Mental Health services
 - Providing Oral health services
- Enhancing efforts at disease reduction
 - Reversing trend of major diseases
 - Launching new initiatives (Rabies, Fluorosis, Leptospirosis)
- Providing focus to Health System and Bio-Medical research
 - Focusing on conditions specific to our country
 - Making research accountable
 - Translating research into application for improving health
 - Understanding social determinants of health behaviour, risk taking behaviour, and health care seeking behaviour.

3.2 AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA, AND HOMEOPATHY (AYUSH)

INTRODUCTION

3.2.1 There is a resurgence of interest in holistic systems of health care, especially, in the prevention and management of chronic lifestyle related non-communicable diseases and systemic diseases. Health

sector trends suggest that no single system of health care has the capacity to solve all of society's health needs. India can be a world leader in the era of integrative medicine because it has strong foundations in Western biomedical sciences and an immensely rich and mature indigenous medical heritage of its own.

VISION FOR AYUSH

3.2.2 To mainstream AYUSH by designing strategic interventions for wider utilization of AYUSH both domestically and globally, the thrust areas in the Eleventh Five Year Plan are: strengthening professional education, strategic research programmes, promotion of best clinical practices, technology upgradation in industry, setting internationally acceptable pharmacopoeial standards, conserving medicinal flora, fauna, metals, and minerals, utilizing human resources of AYUSH in the national health programmes, with the ultimate aim of enhancing the outreach of AYUSH health care in an accessible, acceptable, affordable, and qualitative manner.

CURRENT SCENARIO AND CHALLENGES

3.2.3 During the Tenth Plan, the Department continued to lay emphasis on upgradation of AYUSH educational standards, quality control, and standardization of drugs, improving the availability of medicinal plant material, R&D, and awareness generation about the efficacy of the systems domestically and internationally. Steps were taken in 2006–07 for mainstreaming AYUSH under NRHM with the objective of optimum utilization of AYUSH for meeting the unmet needs of the population.

Health Care Services under AYUSH

3.2.4 The AYUSH sector across the country supported a network of 3203 hospitals and 21351 dispensaries. The health services provided by this network largely focused on primary health care. The sector has a marginal presence in secondary and tertiary health care. In the private and not-for-profit sector, there are several thousand AYUSH clinics and around 250 hospitals and nursing homes for in patient care and specialized therapies like *Panchkarma*.

3.2.5 In clinics and nursing homes there are anecdotal reports of the role of AYUSH in the successful

management of several communicable and non-communicable diseases. However, there is no macro-data available about the contribution of AYUSH to major national programmes for the management of communicable and NCDs. System and State-wise details of hospitals and dispensaries under AYUSH have been provided in Annexures 3.2.1 and 3.2.2. A major challenge in Eleventh Five Year Plan is to identify reputed clinical centres and support upgradation of their facilities via PPP schemes so that the country can boast of a national network of high-quality clinical facilities developed for rendering specialized health care in strength areas of AYUSH.

AYUSH under NRHM

3.2.6 Despite having a different scheme of diagnosis, drug requirements, and treatments as compared to the mainstream health care system, preliminary efforts to integrate AYUSH in NRHM were initiated during the Tenth Plan. The AYUSH interventions under NRHM have been depicted in Box 3.2.1. It is too early to assess if the AYUSH interventions in NRHM have had significant health impact by way of complementing the conventional national health programmes. Integrating AYUSH into NRHM has the potential of enhancing both the quality and outreach of NRHM, especially with the availability of a large number of practitioners in this field (Table 3.2.1). Supporting strategic pilot action research projects in the Eleventh Five Year Plan to evolve viable models of integration seems necessary.

Box 3.2.1

AYUSH Interventions under NRHM

- Co-location of AYUSH dispensaries in 3528 PHCs in different States.
- Appointment of 452 AYUSH doctors and paramedics (pharmacists) on contractual basis in the primary health care system.
- Inclusion of AYUSH modules in training of ASHA.
- Inclusion of *Punarnavdi Mandoor* in the ASHA Kit for management of anaemia during pregnancy.
- Inclusion of seven Ayurvedic and five Unani medicines in the RCH programme.
- Establishment of specialty clinics, specialized therapy centres, and AYUSH wings in district hospitals supported through CSS.

TABLE 3.2.1
Registered Medical Practitioners under AYUSH

System	Number of Practitioners
Ayurveda	453661
Unani	46558
Siddha	6381
Naturopathy	888
Homeopathy	217850
Total	725383

Source: Department of AYUSH, status as on 1 January 2007.

Human Resources Development in AYUSH

3.2.7 There are a total of 485 government and non-government AYUSH educational institutions in India (Table 3.2.2). There are Undergraduate and Postgraduate Regulations of Central Council of Indian Medicine (CCIM) for Minimum Standards of Ayurveda, Siddha, and Unani education. The teaching institutions are required to provide the infrastructure specified in the regulations, which include building for the college, hostel, library, hospital with requisite bed strength, teaching and non-teaching staff, etc. Despite a very large educational infrastructure, the quality of education in most of the institutions does not meet prescribed standards set by CCIM. The major challenge in the Eleventh Five Year Plan will be to initiate reforms in undergraduate and postgraduate education that can make AYUSH education more contemporary and to provide generous support to centres of excellence in governmental and non-governmental sector. The functioning of regulatory bodies requires vast improvement for proper regulation and development of professional education in these systems. Initiatives like institution

of National Education Testing type testing for AYUSH teachers and NAAC type assessment and accreditation for AYUSH colleges are required.

3.2.8 There are, as of today, practically no formal accredited programmes for training of AYUSH paramedics viz., nurses, pharmacists, and panchakarma therapists.

3.2.9 Continuing Medical Education/Reorientation and Training Programme were initiated with two sub-components (i) reorientation programme for AYUSH personnel and (ii) short-term CME programme for AYUSH physicians/practitioners. Government/Private/NGO institutions of AYUSH are eligible to take up this training programme. The programme has been restructured for Eleventh Five Year Plan with more components including use of IT tools to modernize CME.

AYUSH Industry

3.2.10 System-wise details of manufacturing units have been provided in Table 3.2.3. The turnover of AYUSH industry is estimated to be more than Rs 8000 crore. 70% of the Indian exports from the AYUSH sector consist largely of raw materials and are estimated to be of the order of Rs 1000 crore per annum. The balance (around 30%) consists of finished products including herbal extracts. Indian exports are at present led by a trader's vision rather than a vision inspired by value added knowledge products. The major challenge for industry is to transform its global image from that of a raw material supplier to a knowledge products industry. This transformation will call for major

TABLE 3.2.2
Details of Educational Institutions and their Capacity

	Ayurveda	Yoga	Unani	Siddha	Homeopathy	Naturopathy	Total
Undergraduate Colleges	240	–	39	7	183	10	479
Admission Capacity	11225	–	1750	350	13425	385	27135
Colleges with Postgraduate Courses	62	–	7	3	33	–	105
Admission Capacity	991	–	67	110	1084	–	2252
Exclusive Postgraduate Institutes	2	–	1	1	2	–	6
Admission Capacity	40	–	28	30	99	–	197
Total Institutions	242	–	40	8	185	10	485

Source: Department of AYUSH, status as on 1 April 2007.

TABLE 3.2.3
System-wise Details of Manufacturing Units

System	Manufacturing Units	
	Numbers	Proportion
Ayurveda	7621	85.68
Unani	321	3.61
Siddha	325	3.65
Homeopathy	628	7.06
Total	8895	100.00

Source: Department of AYUSH, status as on 1 April 2007.

investments in upgrading processing technology, R&D including collaborative research with reputed international institutions and quality control. It will also call for intersectoral cooperation among AYUSH, CSIR, ICMR, private sector R&D, NGOs, and Ministry of Commerce for meeting global requirements of quality and safe natural medicinal products. Technical and financial support to the industry in this direction could go a long way in improving our exports.

Standardization and Quality Control of Ayurveda, Siddha, Unani, and Homeopathy (ASU&H) Drugs

3.2.11 Four different Pharmacopoeia Committees are working for preparing official formularies/pharmacopoeias to evolve uniform standards in preparation of drugs of ASU&H and to prescribe working standards for single drugs as well as compound formulations. Standards for around 40% of the raw materials and around 15% of formulations have been published by these committees. Drug Control Cell (AYUSH) is working in the Department of AYUSH to deal with the matters pertaining to licensing and regulation of Ayurvedic, Unani, and Siddha Drugs. Setting up of the Central Drug Authority for centralized licensing and enforcement of the provisions of Drugs and Cosmetics Act and Rules would go a long way in ensuring quality and safety of ASU&H drugs. Department of AYUSH intends to convert Pharmacopoeial Committees of various systems into a modern pharmacopoeial commission with adequate representation of stakeholders and to develop standards that are in line with internationally acceptable pharmacopoeial standards and quality parameters of Ayurveda, Siddha, and Unani drugs.

Research Activities

3.2.12 The Central Government has established research councils for Ayurveda and Siddha (Central Council for Research in Ayurveda and Siddha, CCRAS), Unani (Central Council for Research in Unani Medicine), Homeopathy Central Council for Research in Homeopathy, and Yoga and Naturopathy (Central Council of Yoga and Naturopathy). These Councils have carried out a wide range of research activities. Other government departments like ICMR, CSIR, DST, Department of Biotechnology (DBT), and ICAR also have research centres and focused programmes related to specific aspects of AYUSH. Department of AYUSH also administers an Extramural Research Scheme supporting project based research studies from accredited scientific and medical institutions.

3.2.13 One of the socially important outputs of research in the AYUSH sector has been the pharmacopoeias and formularies of the various systems of medicine. Whereas numerous important research projects have been undertaken in the last three decades across the various research councils on important public health problems like malaria, filariasis, hepatitis, anaemia, there is no critical report on the quality or impact of these projects on the health sector in India. The current research investments are extremely low. One challenge is to step up research investments and support reputed research organizations in the government, non-government, and private sector and promote collaborative research with reputed international institutions. The challenge of addressing strategic research needs in disease areas of national and global importance is attempted to be met through Golden Triangle Research Programme from development of ASU&H drugs.

Natural Resource Base of AYUSH

3.2.14 The resource base of AYUSH is largely plants. Around 6000 species of medicinal plants are documented in published medical and ethno-botanical literature. Wild populations of several hundreds of these species are under threat in their natural habitats. In the Tenth Plan, a National Medicinal Plants Board (NMPB) was established for supporting conservation of gene pools and large scale cultivation of medicinal plants. The NMPB has also promoted the creation of

Box 3.2.2
Research Initiatives

Literary Research

Medico-historical studies, Transcription/translation of rare works

Fundamental Research

Pharmacopoeial work and standardization of formulations/therapies.

Drug Research

Medico-Botanical survey, Pharmacognostical/Phytochemical studies

Clinical Research

Therapeutic trials of drugs for specified diseases

Drug proving or Homeopathic Pathogenetic Trials

Tribal Health Care Research Programme, Family Welfare and RCH Related Research

Oral Contraceptive (*Pippalyadi Yoga*)

Spermicidal Agent (*Neem oil*)

Bal Rasayan and *Ayush Ghutti* for children's health

Scientific validation of Ayurvedic and Siddha Medicines for RCH Programme

Development of cosmaceutical/neutraceutical products based on traditional medicine knowledge

State Medicinal Plants Boards in most of the States. In addition to plants, there are also around 300 species of medicinal fauna and around 70 different metals and minerals used by AYUSH. However, there have been no official efforts so far to conserve these resources. The key challenges in the Eleventh Five Year Plan will be to conserve gene pools of red listed species, support large-scale cultivation of species that are in high trade, involve forestry sector in plantation of medicinal tree species, and establish modern processing zones for post-harvest management of medicinal plants.

Centrally Funded Institutions

3.2.15 Institutions for all the core functions (Regulatory, Research, Education, Laboratory, and Manufacture) have been established and/or strengthened by Central funding for establishing benchmarks for others to follow.

Review of Tenth Plan Schemes

3.2.16 Original approved outlay for the Department for the Tenth Plan was Rs 775.00 crore, which was increased to Rs 1214.00 crore. Year-wise allocation and corresponding expenditure substantially increased

during Tenth Plan, particularly from the year 2004–05 onwards. Scheme wise details for Tenth Plan have been provided in Annexure 3.2.3.

TOWARDS FINDING SOLUTIONS

3.2.17 Apart from core areas for the AYUSH sector like education, research, industry, and medicinal plants, four important dimensions have been added to AYUSH in the Eleventh Five Year Plan viz., (i) mainstreaming of AYUSH in public health, (ii) technology upgradation of AYUSH industry, (iii) assistance to Centres of Excellence, and (iv) revitalization and validation of community-based local health traditions of AYUSH. All these dimensions will serve to enhance the social and community outreach of AYUSH in the Eleventh Five Year Plan at domestic and global level.

Systems Strengthening

3.2.18 The ongoing schemes namely, strengthening the Department of AYUSH, Statutory Institutions, hospitals and dispensaries, strengthening of pharmacopoeial laboratories, IEC, and other programmes and schemes have been merged as 'Systems Strengthening'. Adequate budgetary provisions will be made for this in the Eleventh Five Year Plan.

Educational Institutions

3.2.19 National Institutes of various AYUSH systems have been set up by the Central Government to set benchmarks for teaching, research, and clinical practices. Keeping in view the need for upgrading these national institutes into Centres of Excellence, a substantial increase in outlay will be made in the Eleventh Five Year Plan. This increase is also on account of setting up a state-of-the-art tertiary Ayurveda centre in the national capital with R&D focus and tertiary health care facilities.

3.2.20 Most of the AYUSH undergraduate and post-graduate colleges in the government sector suffer from a variety of infrastructure constraints. As low quality of AYUSH education is one of the crucial factors for lack of public confidence in AYUSH system, selected institutions in governmental and non-governmental sector having better track records will be upgraded into Centres of Excellence. An increased outlay will be provided to ensure that AYUSH institutions are brought up to the minimum standards prescribed by the Statutory Body within the Eleventh Five Year Plan period.

Research and Development (R&D)

3.2.21 The infrastructure and capacities of AYUSH research councils will be upgraded to enable them to carry out state-of-the-art scientific work related to drug standardization and quality control, botanical standardization, laying down of pharmacopoeial standards, and clinical trials.

3.2.22 Golden Triangle Research partnership initiated by Department of AYUSH with collaboration of CCRAS, ICMR, and CSIR is aimed at scientific validation and development of R&D based drugs as well as development of herbal drugs based on traditional medicinal knowledge for prioritized disease conditions. Ayurveda, Siddha, Unani, and Homoeopathy drug industry is being associated with this initiative. For expediting the work of laying down pharmacopoeial standards of single drugs and poly-herbal formulations, the research councils have been declared as the Secretariats of the Pharma-copoeias Committees. Various peripheral units/laboratories of research coun-

cils will be upgraded for undertaking sophisticated scientific work relating to development of marker compounds and biologically active ingredients for drug standardization and development.

Medicinal Flora and Fauna

3.2.23 The NMPB is functioning with a very small component of staff as an extension of the Department. Manifold increase in outlay for the Eleventh Five Year Plan is to restructure the NMPB as an autonomous body and provide sufficient manpower to undertake its wide mandate. A Centrally Sponsored component for cultivation, processing, and marketing of medicinal plants is being started from the outlay of NMPB. This will have sub components for financial allocation: cultivation of prioritized medicinal plants species over 75000 hectares; raising of 50 lakh seedlings; setting up of Centralized Seed Centre and Nursery for cultivating planting materials for 15 States; setting up of six medicinal plants zones in agro-climatic zones of the country; and market development assistance fund for plan building and marketing support. Another existing Central Sector component is regarding programme for in-situ conservation, creation of Gene Bank for medicinal plants, ex-situ conservation of prioritized medicinal plants, R&D for quality standards, and certification and programme for IEC.

Hospitals and Dispensaries

3.2.24 This Scheme has now been subsumed under the NRHM, as it aims at creating AYUSH facilities in PHCs, CHCs, and district hospitals for the purpose of mainstreaming of AYUSH under NRHM. The ambit of the scheme is widened to provide support for strengthening of AYUSH dispensaries, hospitals and for supply of AYUSH medicinal kits in rural areas and for development of specialized AYUSH treatment centres under PPP mode.

Industry

3.2.25 AYUSH industry at present suffers from small scale of operation and low technology that needs to be upgraded. Majority of the 5000 GMP compliance manufacturing units are of small and medium size. Even though back ended subsidy to these units under the Centrally sponsored component 'Drug Quality

Control' for establishing in-house quality control will be provided, these units also require other infrastructure like sophisticated packing machine, medicinal plants storage, testing facilities, other common quality control R&D facilities, and marketing assistance. Therefore 20 AYUSH industry clusters have been identified and an initiative for development of common facilities for these clusters will be made during the Eleventh Five Year Plan. They will be able to set benchmarks for quality control, packaging, testing of medicinal plants, brand development, and marketing development network, which are very necessary for globalizing AYUSH industry to capture a fair share of the global herbal market.

Drugs Quality Control

3.2.26 An increased outlay will be made during Eleventh Five Year Plan for strengthening the regulatory mechanism with a view to ensure safety, control, and efficacy of AYUSH medicines as a priority area. It is also proposed to reimburse to the States expenditure incurred on testing of AYUSH drugs through the network of National Accreditation Board for Testing and Calibration Laboratories accredited laboratories in the country. This is again a high priority to strengthen the enforcement of Drugs and Cosmetics Act in the country with regard to Ayurveda, Siddha, Unani, and Homoeopathy manufacturing units to create public confidence in India and abroad.

Financing AYUSH

3.2.27 The total Central Government investments in the AYUSH sector at the national level since the First Five Year Plan have ranged from 1% to 3% of the national health budget. In the States too, a small proportion of the health budget is assigned to AYUSH. The private sector investment in AYUSH industry (Rs 8800 crore turnover) is relatively large, while the private investments on research and education, public health services, and community health are relatively small. Gradually public investments for the AYUSH sector will be increased. The additional investments in AYUSH sector will not be exclusively put into government institutions. The government sector needs to be supplemented by appropriate investments through PPP and supported by non-government initiatives in strategic fields.

3.2.28 The new initiatives will be: International Co-operation including global market development; support for revitalization of local health traditions; assistance to accredited AYUSH Centres of Excellence in governmental and non-governmental sector engaged in AYUSH education, drug development and scientific validation and clinical research; AYUSH and Public Health; Cataloguing, digitization, and AYUSH IT network.

3.2.29 Some of the important new initiatives for Eleventh Five Year Plan are shown in Box 3.2.3.

3.2.30 ZBB exercise has been done for the Eleventh Five Year Plan (Annexure 3.2.4). The exercise was done to arrive at greater convergence among schemes with similar objectives for improving the efficacy and efficiency of Plan spending. The total projected GBS for the Eleventh Plan for the Department of AYUSH is Rs 3526 crore (at 2006–07 prices) and Rs 3988 crore (at current prices). Scheme-wise financial details for the Eleventh Five Year Plan have been provided in Appendix of Volume III.

Box 3.2.3

Important New Initiatives during the Eleventh Plan

- Development of common drug testing and other infrastructure facilities for AYUSH industry clusters
- Financial assistance to ASU&H Units for capacity building to improve quality control and R&D
- Support to centres of excellence in AYUSH education/ drug development/clinical research/tertiary care
- Support for validation and revitalization of local health traditions
- Development of backward and forward linkages for in-situ conservation and ex-situ cultivation of medicinal plants for a sustainable ASU&H Industry
- Provision of marketing and value-added services to medicinal plant farmers
- Expansion of international cooperation and exchange programme with focus on global positioning of AYUSH systems and facilitation of cooperation with other countries in the areas of AYUSH education, research, and exports

Eleventh Five Year Plan Agenda

3.2.31 Successful implementation of the above-mentioned initiatives will enable AYUSH systems to contribute significantly to the health care of population while being an integral component of the health care system of our country.

3.2.32 The key interventions and strategies in the Eleventh Five Year Plan are enumerated below:

- Documenting measurable outputs for annual plan as well as for the five year plans that will facilitate designing and implementing systematic ME systems.
- Training in Public Health for AYUSH personnel is envisaged as an essential part of education and CME.
- Mainstreaming the system of AYUSH in National Health Care Delivery System by co-locating AYUSH facilities in primary health network.
- Restructuring Public Health Management to integrate AYUSH practitioners into the national health care system.
- Formulating a two-tiered research framework for AYUSH to interface with modern science while giving due cognizance and importance to development and application of theoretical foundations of the traditional knowledge systems and practices.
- Promoting scientific validation of AYUSH principles, remedies, and therapies.
- Revitalizing, documenting, and validating local health traditions of AYUSH.
- Improving the status of pharmacopoeial standards by setting up Pharmacopoeia Commission.
- Improving the status of quality of clinical services by creating specialty AYUSH Secondary and Tertiary Care Centres.
- Upgrading AYUSH undergraduate and postgraduate educational institutions by better regulation and establishing a system for NET type testing of AYUSH teachers and NAAC type assessment and accreditation of AYUSH undergraduate/postgraduate colleges.
- Ensuring conservation of medicinal plants gene pools as well as promoting cultivation of species in high trade and establishment of medicinal plants processing zones.
- Strengthening regulatory mechanism for ensuring quality control, R&D, and processing technology involving accredited laboratories in the government and non-government sector.
- Establishing Centres of Excellence.
- Promoting international co-operation in research, education, health services, and trade, and market development.
- Digitizing India's vast corpus of medical manuscripts in collaboration with the National Manuscripts Mission.
- Promoting public awareness about the strengths and contemporary relevance of AYUSH through IEC.

ANNEXURE 3.1.1
Department of Health and Family Welfare (Other than NRHM)—
Scheme-wise Outlay and Actual Expenditure during the Tenth Plan

(Rs in Crores)

S. No.	Name of the Schemes/Institutions	Outlay Tenth Plan (2002–07)	Tenth Plan (2002–07) Sum of Annual Outlay	Tenth Plan (2002–07) Actual Exp.
1	2	3	4	5
I.	CENTRALLY SPONSORED PROGRAMMES	2045.80	3097.82	2718.36
	Control of Communicable Diseases	1392.80	2165.17	2055.55
1	NACP and National STD Control Programme	1392.80	2165.17	2055.55
	Control of NCDs	405.00	516.00	359.13
2	Cancer	266.00	333.00	252.63
	(i) NCCP	266.00	333.00	252.63
	(ii) Tobacco Control Programme	0.00	0.00	0.00
3	NMHP	139.00	183.00	106.50
	Other Programmes	248.00	355.65	299.45
4	Assistance to State for Capacity Building for Trauma Care	110.00	140.00	142.03
5	Assistance to States for Drug & PFA Control	138.00	215.65	157.42
	(i) Drugs Control	60.00		
	(ii) PFA Control	78.00		
	New Initiatives under CSS	0.00	61.00	4.23
6	Initiatives during 2006–07	0.00	61.00	4.23
	(i) Telemedicine	0.00	15.00	0.00
	(ii) National Programme for Prevention and Control of Diabetes,			
	(iii) CVD, and Stroke	0.00	5.00	0.00
	(iv) National Programme for Deafness	0.00	15.00	4.23
	(v) Other Initiatives	0.00	26.00	0.00
II	CENTRAL SECTOR SCHEMES (CS)	5176.20	4926.58	3858.60
	Control of Communicable Diseases	199.80	203.63	161.48
7	NICD	65.00	62.17	49.93
	(i) Ongoing Activities (including Guineaworm & Yaws Eradication)	50.00		
	(ii) Strengthening of the Institute	15.00	4.00	0.00
8	National Tuberculosis Institute, Bangalore	10.30	9.73	3.49
9	BCG Vaccine Laboratory, Guindy, Chennai	19.50	17.27	9.48
10	Pasteur Institute of India, Coonoor	35.00	44.00	31.18
11	Lala Ram Sarup Institute of Tuberculosis and Allied Diseases, Mehrauli, Delhi	54.50	52.55	55.54
12	Central Leprosy Training & Research Institute, Chengalpattu (Tamil Nadu)	5.50	7.00	4.73
13	Regional Institute of Training, Research & Treatment under Leprosy Control Programme:	10.00	10.91	7.13
	(i) RLTRI, Aska (Orissa)	2.00	2.35	0.37
	(ii) RLTRI, Raipur (MP)	1.00	0.96	0.71
	(iii) RLTRI, Gauripur (WB)	7.00	7.60	6.05

(Annexure 3.1.1 contd.)

(Annexure 3.1.1 contd.)

1	2	3	4	5
	Hospitals & Dispensaries	567.00	796.03	609.22
14	Central Government Health Scheme	80.00	132.50	122.43
15	Central Institute of Psychiatry, Ranchi	50.00	62.20	30.17
16	All India Institute of Physical Medicine & Rehabilitation, Mumbai	20.00	17.60	13.60
17	Safdarjung Hospital and College, New Delhi	230.00	367.09	270.46
18	Dr RML Hospital, New Delhi	150.00	175.64	138.35
19	Institute for Human Behaviour & Allied Sciences, Shahdara, Delhi	7.00	4.00	0.00
20	All India Institute of Speech & Hearing, Mysore	30.00	37.00	34.21
	Medical Education, Training, & Research	2981.10	3077.17	2774.62
	(a) Medical Education:	1951.00	1992.19	1649.56
21	All India Institute of Medical Sciences and its Allied Departments, New Delhi	675.00	787.12	636.50
22	PGIMER, Chandigarh	200.00	153.00	234.00
23	JIPMER, Pondicherry	150.00	182.00	118.61
24	Lady Hardinge Medical College & Smt. SK Hospital, New Delhi	200.00	95.00	68.33
25	Kalawati Saran Children's Hospital, New Delhi	140.00	39.56	34.39
26	Indira Gandhi Institute of Health & Medical Sciences for North East Region at Shillong	380.00	447.78	274.99
27	NIMHANS, Bangalore	120.00	173.96	180.98
28	Kasturba Health Society, Wardha	50.00	56.80	59.57
29	National Medical Library, New Delhi	35.00	45.00	34.82
30	NBE, New Delhi	1.00	11.97	7.37
	(b) Training	95.00	110.39	73.82
31	Development of Nursing Services	82.00	102.00	70.14
32	Nursing Colleges	13.00	8.39	3.68
	(i) RAK College of Nursing, New Delhi	11.00	6.46	2.69
	(ii) Lady Reading Health School	2.00	1.93	0.99
	(c) Research	870.00	841.00	962.00
33	ICMR, New Delhi	870.00	841.00	962.00
	(d) Public Health	27.50	83.35	48.83
34	PHFI	5.00	73.00	43.00
35	All India Institute of Hygiene & Public Health, Kolkata (AIH&PH) and Serologist and Chemical Examiner, Kolkata	22.50	10.35	5.83
	(i) AIH&PH, Kolkata	20.00	8.90	5.22
	(ii) Serologist & Chemical Examiner, Kolkata	2.50	1.45	0.61
	(e) Others	37.60	50.24	40.41
36	Indian Nursing Council	2.10	3.20	2.50
37	VP Chest Institute, Delhi	23.00	30.30	31.80
38	National Academy of Medical Sciences, New Delhi	2.50	2.74	1.75
39	MCI, New Delhi	5.00	5.00	4.36
40	Medical Grants Commission	5.00	9.00	0.00
	Other Programmes	429.30	441.75	283.02
	(a) Health Education, Research, & Accounts	19.40	16.64	3.37
41	Health Education	12.60	8.20	0.79
42	Health Intelligence and Health Accounts	6.80	8.44	2.58

(Annexure 3.1.1 contd.)

(Annexure 3.1.1 contd.)

1	2	3	4	5
	(i) Intelligence	3.80	4.44	2.58
	(ii) Accounts	3.00	4.00	0.00
	(b) Strengthening of DGHS/Ministry:	20.00	23.40	16.55
43	I. Strengthening of Departments under the Ministry	12.00	15.00	11.68
	II. Strengthening of DGHS	8.00	8.40	4.87
	(c) Emergency Medical Relief	30.00	87.00	35.96
44	Health Sector Disaster Preparedness and Management	30.00	47.00	23.25
45	Emergency Medical Relief (including Avian Flu)	0.00	40.00	12.71
	(d) Miscellaneous	359.90	314.71	227.14
46	Central Research Institute, Kasauli	50.00	30.88	23.37
47	National Institute of Biologicals, Noida (UP)	170.90	166.50	152.13
48	PFA	78.00	47.20	14.95
49	Central Drug Standard & Control Organization (CDSCO)	52.00	62.90	35.37
50	Port Health Authority	9.00	7.23	1.32
	(i) Jawaharlal Nehru Port Sheva	1.50	2.03	1.30
	(ii) Setting up of offices at 8 newly created international airports	7.50	5.20	0.02
51	PMSSY	999.00	385.00	20.94
	Dropped/Transferred Schemes	43.00	62.40	44.62
1	Hospital Waste Management	10.00	10.00	10.82
2	UNDP Pilot Initiatives for Community Health	0.00	8.90	0.00
3	Training of MO of CHS	0.00	0.00	0.01
4	RHTC, Najafgarh	0.00	0.00	1.48
5	Drug De-addition Control Programme	33.00	20.50	22.99
6	Bhuj Hospital	0.00	23.00	9.32
	Grand Total	7265.00	8063.80	6612.26

Note: Exp. stands for Expenditure; MO stands for Medical Officers.

Source: MoHFW.

ANNEXURE 3.1.2
Department of Health (H) and Family Welfare (FW)—NRHM#

(Rs in Crores)

S. No.	Name of the Schemes	Outlay Tenth Plan (2002–07)	Tenth Plan (2002–07) Sum of Annual Outlay	Tenth Plan (2002–07) Actual Exp.
1	2	3	4	5
CENTRALLY SPONSORED SCHEMES (CSS)				
OF FAMILY WELFARE		24169.20	28011.97	23854.74
1	Direction & Administration	1100.00	1176.66	999.93
2	Rural FW Services (SCs)	9663.00	8881.29	7561.01
3	Urban FW Services	580.00	638.17	539.48
4	Grants to State Training Institutions	480.00	500.37	411.08
5	Free Distribution of Contraceptives	940.00	760.22	627.97
6	Sterilization (Beds)—(Weeded)	12.00	10.25	8.78
7	Family Welfare Linked Health Insurance	150.00	105.10	10.63
8	Training	250.00	143.81	71.60
9	Procurement of Supplies and Materials	994.98	1141.30	335.14
10	Routine Immunization	1557.88	1625.50	783.44
11	Pulse Polio Immunization	3110.00	3887.70	3999.56
12	IEC	539.50	569.87	542.42
13	Area Projects	1750.00	1838.14	1250.60
14	Flexible Pool for State PIPs	3041.84	6733.59	6713.10
CENTRAL SECTOR SCHEMES (CS) OF FAMILY WELFARE		1367.80	1611.53	1180.69
1	Social Marketing Area Projects	20.00	35.00	0.00
2	Social Marketing of Contraceptives	660.00	790.04	599.70
3	FW Training and Res. Centre, Bombay	10.00	10.53	2.31
4	NIHFW, New Delhi	20.00	25.45	19.91
5	IIPS, Mumbai	10.00	9.57	8.09
6	Rural Health Training Centre, Najafgarh	45.00	12.42	1.56
7	Population Research Centres	45.00	39.13	30.01
8	CDRI, Lucknow	12.00	12.65	12.85
9	ICMR and IRR	100.00	150.00	162.44
10	Travel of Experts/Conference/Meetings etc. (Melas)	57.00	17.00	47.84
11	International Co-operation	9.00	8.44	6.73
12	NPSF/National Commission on Population	100.00	116.00	104.08
13	NGOs (PPP)	130.00	241.61	88.95
14	Other Schemes	149.80	143.69	96.22
TRANSFERRED TO STATES/WEEDED DURING TENTH PLAN		589.00	417.50	291.12
1	District Projects	51.00	105.00	40.95
2	Community Incentive Scheme	200.00	62.00	0.00
3	Transport	313.00	223.00	248.02
4	New Initiatives	25.00	27.50	2.15
TO NACO		0.00	200.00	265.99
FAMILY WELFARE (TOTAL)		26126.00	30241.00	25592.54
DISEASE CONTROL PROGRAMMES OF HEALTH		2987.00	3280.20	2745.65
1	Vector-borne (CSS)	1349.00	1496.03	1186.11
2	Tuberculosis (CSS)	662.00	758.17	756.88
3	Leprosy (CSS)	236.00	288.00	224.54
4	IDD (CSS)	35.00	49.00	42.71
5	Blindness (CSS)	445.00	439.00	458.15
6	Integrated Disease Surveillance (CS)	260.00	250.00	77.26
GRAND TOTAL		29113.00	33521.20	28338.19

Note: # Includes corresponding H&FW schemes of NRHM up to 2004–05. To accommodate PMSSY, the approved Tenth Plan Outlay of the Department of Family Welfare was reduced from 27125 crore to Rs 26126 crore (Rs 999 crore was transferred to the Department of Health).

Source: MoHFW.

ANNEXURE 3.1.3
Health—State Plan Outlays and Expenditure

(Rs lakhs)

State/UT	Tenth Plan Outlay	2002–03		2003–04		2004–05		2005–06		2006–07	
		Outlay	Exp.	Outlay	Exp.	Outlay	Exp.	Outlay	Exp.	Outlay	RE
1	2	3	4	5	6	7	8	9	10	11	12
Andhra Pradesh	133024.00	24309.00	22008.16	40995.00	35362.36	40995.44	31427.72	43269.24	33964.48	53574.24	53574.24
Arunachal Pradesh	23129.00	2181.00	2181.01	2201.00	2099.23	2781.35	3185.00	1828.82	1478.36	1970.00	3850.00
Assam	57069.00	8648.00	8194.35	7682.00	7882.00	6529.00	6529.00	5687.00	4203.54	21399.00	21399.00
Bihar	107920.00	13703.00	10731.11	13699.00	12343.11	14182.02	14389.78	12721.80	15426.00	13700.00	13822.00
Chhattisgarh	43418.00	6935.00	5550.00	8083.00	8083.00	15076.00	12462.52	14287.44	10035.86	33249.90	25165.69
Goa	13135.00	1895.00	1888.48	3175.00	2568.54	3521.33	3149.21	4132.99	4579.65	4495.00	4495.00
Gujarat	116616.00	21387.00	15192.32	25221.00	21472.13	25294.00	25294.00	43494.00	43494.00	45994.00	45994.00
Haryana	96062.00	6280.00	2233.22	7800.00	5757.51	7124.00	5843.76	10200.00	10000.50	11450.00	11450.00
Himachal Pradesh	78772.00	13414.00	12905.15	19517.00	18066.07	18295.79	19734.27	18476.60	19629.56	19948.92	19948.92
J&K	79666.00	13000.00	12861.04	14864.00	13752.90	16330.87	17748.78	21061.70	21954.04	21864.25	21864.25
Jharkhand	65000.00	11575.00	6498.00	9700.00	6339.98	14040.00	13371.59	15000.00	14020.07	26800.00	16225.00
Karnataka	153052.00	19247.00	17715.31	13974.00	19189.66	18011.51	15731.51	33239.29	26602.68	34098.61	48151.64
Kerala	40840.00	7135.00	7916.65	9748.00	5170.31	10130.00	6813.87	10035.00	10196.62	9650.00	9650.00
MP	71533.00	14016.00	14520.93	18105.00	15444.43	20298.09	17763.95	20587.00	20747.97	16961.91	23193.47
Maharashtra	110666.00	40740.00	21632.92	76435.00	33244.78	18663.93	31192.05	77874.10	35138.73	88228.54	88228.54
Manipur	8173.00	1415.00	304.23	2280.00	940.96	1915.91	789.52	499.00	558.20	2837.00	3215.00
Meghalaya	18000.00	3020.00	3219.79	3550.00	3773.09	4042.00	4071.31	4484.00	4676.31	4750.00	4750.00
Mizoram	12370.00	2860.00	2725.99	2975.00	4185.67	3000.00	2950.10	3480.00	3378.10	4000.00	4102.06
Nagaland	7965.00	1548.00	1562.14	2383.00	2514.00	2207.15	2114.87	2263.00	1991.93	2363.00	2578.00
Orissa	52139.00	12777.00	7283.09	21694.00	9256.11	11739.19	10281.41	14348.19	7659.27	4052.20	3002.20
Punjab	53081.00	9298.00	6483.49	10450.00	5971.99	7508.93	2133.32	2743.13	1247.13	5019.10	5019.10
Rajasthan	56892.00	12778.00	4034.19	8236.00	5434.80	10811.56	9736.64	18605.59	15384.70	20615.60	21822.16
Sikkim	8000.00	1600.00	1408.04	1606.00	1454.87	2210.00	2200.56	1840.00	1984.87	1690.00	1790.00
Tamil Nadu	70000.00	10440.00	14285.27	16314.00	15963.39	19400.66	17402.60	26874.17	39745.00	46564.75	38074.55
Tripura	25072.00	1480.00	1407.34	2013.00	2243.86	2535.36	3040.42	2662.21	4831.84	6459.60	8376.42
UP	240543.00	27826.00	25950.00	33927.00	19745.93	33009.00	38352.82	85421.00	91526.63	188763.00	189570.00
Uttaranchal	38767.00	4286.00	5768.50	7359.00	6302.53	8759.31	9978.76	8790.92	17710.21	18600.00	18600.00
WB	103618.00	27898.00	14137.89	21193.00	18590.41	23739.80	15392.06	40207.80	25440.14	44289.68	38482.68
A&N Islands	11400.00	2050.00	2119.64	2150.00	2312.26	2390.00	2382.96	3321.00	2832.22	3657.00	3657.00
Chandigarh	22426.00	3803.65	3944.93	3111.00	3546.75	3477.00	3355.33	3392.00	2983.27	3587.00	3587.00
D&N Haveli	1225.00	238.00	269.57	266.00	301.67	343.00	403.20	400.00	561.27	470.00	470.00
Daman & Diu	1750.00	194.15	217.68	228.00	282.85	290.00	301.03	350.00	462.84	414.00	424.50
Delhi	238150.00	38970.00	33043.43	42692.00	38942.11	53775.00	46989.16	60600.00	54336.37	69120.00	76160.30
Lakshadweep	901.30	275.20	232.33	227.00	264.90	225.00	166.73	242.00	236.70	178.00	178.00
Pondicherry	16360.00	3272.09	3000.21	3205.00	3259.04	4160.00	4196.59	5635.00	5665.74	9485.00	12681.40
Total	2176734.30	370494.09	293426.40	457058.00	352063.20	426812.20	400876.40	618053.99	554684.80	840299.30	843552.12

Note: RE stands for Revised Estimate.

Source: Planning Commission.

ANNEXURE 3.1.4
Maternal Mortality Ratio—India and Major States

(per 100000 live births)

India & Major States	MMR 1998	MMR 2001–03	Eleventh Five Year Plan Goal
India	407	301	100
Assam	409	490	163
Bihar/Jharkhand	452	371	123
MP/Chhattisgarh	498	379	126
Orissa	367	358	119
Rajasthan	670	445	148
UP/Uttarakhand	707	517	172
Andhra Pradesh	159	195	65
Karnataka	195	228	76
Kerala	198	110	37
Tamil Nadu	79	134	45
Gujarat	28	172	57
Haryana	103	162	54
Maharashtra	135	149	50
Punjab	199	178	59
WB	266	194	64

Source: 2001–03 Special Survey of Deaths, RGI (2006).

ANNEXURE 3.1.5
Sex Ratio (0–6 Years) (India and States/UTs)

S. No.	State/UT	Current Level	Goal by 2011–12	Goal by 2016–17
1	2	3	4	5
	India	927	935	950
1	A&N Islands	957	965	981
2	Andhra Pradesh	961	969	985
3	Arunachal Pradesh	964	972	988
4	Assam	965	973	989
5	Bihar	942	950	965
6	Chandigarh	845	875	900
7	Chhattisgarh	975	983	999
8	Dadra & Nagar Haveli	979	987	999
9	Daman & Diu	926	934	949
10	Delhi	868	875	900
11	Goa	938	946	961
12	Gujarat	883	891	905
13	Haryana	819	850	875
14	Himachal Pradesh	896	904	918
15	J&K	941	949	964
16	Jharkhand	965	973	989
17	Karnataka	946	954	969
18	Kerala	960	968	984
19	Lakshadweep	959	967	983
20	MP	932	940	955
21	Maharashtra	913	921	936
22	Manipur	957	965	981
23	Meghalaya	973	981	997
24	Mizoram	964	972	988
25	Nagaland	964	972	988
26	Orissa	953	961	977
27	Pondicherry	967	975	991
28	Punjab	798	850	875
29	Rajasthan	909	917	932
30	Sikkim	963	971	987
31	Tamil Nadu	942	950	965
32	Tripura	966	974	990
33	UP	916	924	939
34	Uttarakhand	908	916	931
35	WB	960	968	984

Source: Current Level, Census 2001.

ANNEXURE 3.1.6
Infant Mortality Rate—India and States/UTs

(per 1000 live births)

S. No.	State/UT	Current Level	Eleventh Five Year Plan Goal
	India	58	28
1	Andhra Pradesh	57	28
2	Assam	68	33
3	Bihar	61	29
4	Chhattisgarh	63	30
5	Delhi	35	17
6	Gujarat	54	26
7	Haryana	60	29
8	J&K	50	24
9	Jharkhand	50	24
10	Karnataka	50	24
11	Kerala	14	7
12	MP	76	37
13	Maharashtra	36	17
14	Orissa	75	36
15	Punjab	44	21
16	Rajasthan	68	33
17	Tamil Nadu	37	18
18	UP	73	35
19	WB	38	18
20	Arunachal Pradesh	37	18
21	Goa	16	8
22	Himachal Pradesh	49	24
23	Manipur	13	6
24	Meghalaya	49	24
25	Mizoram	20	10
26	Nagaland	18	9
27	Sikkim	30	14
28	Tripura	31	15
29	Uttarakhand	42	20
30	A&N Islands	27	13
31	Chandigarh	19	9
32	Dadra & Nagar Haveli	42	20
33	Daman & Diu	28	14
34	Lakshadweep	22	11
35	Pondicherry	28	14

Source: Current level—SRS Bulletin, Vol. 41, No. 1, October 2006.

ANNEXURE 3.1.7
Total Fertility Rate—India and Major States

S. No.	State	Current Level	Eleventh Five Year Plan Goal
	India	2.9	2.1
1	Andhra Pradesh	2.1	1.8
2	Assam	2.9	2.3
3	Bihar	4.3	3.0
4	Chhattisgarh	3.3	2.4
5	Delhi	2.1	1.8
6	Gujarat	2.8	2.2
7	Haryana	3.0	1.9
8	Himachal Pradesh	2.1	1.8
9	J&K	2.4	2.0
10	Jharkhand	3.5	2.5
11	Karnataka	2.3	1.8
12	Kerala	1.7	1.7
13	MP	3.7	2.6
14	Maharashtra	2.2	1.9
15	Orissa	2.7	2.1
16	Punjab	2.2	1.8
17	Rajasthan	3.7	2.6
18	Tamil Nadu	1.8	1.7
19	UP	4.4	3.0
20	WB	2.2	1.8

Note: Figures for other States are not available.

Source: Current level—Statistical Report, RGI (2004).

ANNEXURE 3.1.8
Schemes under Health and Family Welfare

S. no.	Ministry/ Department	No. of Schemes Towards the End of Tenth Plan	Weeded/Transferred Towards the End of Tenth Plan	To be Continued During Eleventh Five Year Plan	New Schemes During Eleventh Five Year Plan	Total Schemes During Eleventh Five Year Plan
Central Sector Schemes (CS)						
1	Health	49	3	6 (Ongoing Schemes clubbed as 6 Schemes)	6	12
2	Family Welfare	14	Nil	— (Ongoing Schemes clubbed with above)		
Centrally Sponsored Schemes (CSS)						
1	Health	14	3	6 (Ongoing Schemes merged into 6 Schemes)	7	13
2	Family Welfare	14	1	— (Ongoing Schemes merged with above)		

ANNEXURE 3.2.1
State-wise/System-wise Number of AYUSH Hospitals with their Bed Strength in India as on 1.4.2007

S. No.	States/UTs & others	Ayurveda		Unani		Siddha		Yoga		Naturopathy		Homoeopathy		Total	
		Hosp.	Beds	Hosp.	Beds	Hosp.	Beds	Hosp.	Beds	Hosp.	Beds	Hosp.	Beds	Hosp.	Beds
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1	Andhra Pradesh	9	584	6	310	0	0	0	0	1	120	6	300	22	1314
2	Arunachal Pradesh	1	10	0	0	0	0	1	10	0	0	1	50	3	70
3	Assam	1	100	0	0	0	0	1	25	0	0	3	105	5	230
4	Bihar	11	1356	4	459	0	0	0	0	0	0	11	510	26	2325
5	Chhattisgarh	8	365	1	90	0	0	0	0	1	50	3	100	13	605
6	Delhi	10	643	2	111	0	0	2	65	4	125	2	150	20	1094
7	Goa	1	40	0	0	0	0	0	0	0	0	1	25	2	65
8	Gujarat	48	1855	0	0	0	0	0	0	0	0	14	873	62	2728
9	Haryana	8	835	1	10	0	0	0	0	0	0	1	50	10	895
10	Himachal Pradesh	24	420	0	0	0	0	0	0	1	10	1	25	26	455
11	J&K	2	155	3	200	0	0	0	0	0	0	0	0	5	355
12	Jharkhand	1	160	0	0	0	0	0	0	0	0	2	82	3	242
13	Karnataka	122	8147	13	402	1	10	3	15	5	276	20	896	164	9746
14	Kerala	124	3987	0	0	2	170	0	0	1	40	33	1130	160	5327
15	MP	34	1626	3	250	0	0	0	0	0	0	20	1105	57	2981
16	Maharashtra	51	7673	6	635	0	0	0	0	0	0	44	3080	101	11388
17	Manipur	0	0	0	0	0	0	0	0	2	65	1	10	3	75
18	Meghalaya	1	10	0	0	0	0	0	0	0	0	7	70	8	80
19	Mizoram	0	0	0	0	0	0	0	0	1	14	0	0	1	14
20	Nagaland	0	0	0	0	0	0	0	0	0	0	1	10	1	10
21	Orissa	8	488	0	0	0	0	0	0	0	0	6	185	14	673
22	Punjab	15	1214	0	0	0	0	0	0	0	0	6	270	21	1484
23	Rajasthan	100	914	3	30	0	0	1	20	2	22	8	205	114	1191
24	Sikkim	1	10	0	0	0	0	0	0	0	0	0	0	1	10
25	Tamil Nadu	7	580	1	54	275	2131	0	0	0	0	9	460	292	3225
26	Tripura	1	10	0	0	0	0	0	0	0	0	1	10	2	20
27	UP	1771	10288	209	1585	0	0	0	0	0	0	8	350	1988	12223
28	Uttarakhand	7	319	2	8	0	0	0	0	0	0	1	50	10	377
29	WB	4	409	1	60	0	0	0	0	0	0	12	630	17	1099
30	A&N Islands	1	10	1	5	1	5	0	0	0	0	1	10	4	30
31	Chandigarh	1	120	0	0	0	0	0	0	0	0	1	25	2	145
32	Dadra & Nagar Haveli	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Daman & Diu	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Puducherry	1	10	0	0	0	0	0	0	0	0	0	0	1	10
36	CGHS	1	25	0	0	0	0	0	0	0	0	0	0	1	25
37	Research Council	24	600	12	280	2	85	0	0	0	0	6	85	44	1050
38	Ministry of Railways	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	Ministry of Labour	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Ministry of Coal	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	2398	42963	268	4489	281	2401	8	135	18	722	230	10851	3203	61561

Note: Figures are provisional; Hosp. = Hospitals.

Source: State governments and certain Central Government organizations.

ANNEXURE 3.2.2
State-Wise/System-wise Number of AYUSH Dispensaries in India as on 1.4.2007

S.No.	States/UTs and Others	Ayurveda	Unani	Siddha	Yoga	Naturopathy	Homoeopathy	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Andhra Pradesh	620	193	–	–	–	283	1096
2	Arunachal Pradesh	2	–	–	1	–	44	47
3	Assam	380	1	–	25	2	75	483
4	Bihar	311	144	–	–	–	179	634
5	Chhattisgarh	634	6	–	–	–	52	692
6	Delhi	148	25	–	4	2	98	277
7	Goa	11	–	–	–	–	3	14
8	Gujarat	501	–	–	1	8	216	726
9	Haryana	472	19	–	–	–	20	511
10	Himachal Pradesh	1105	3	–	–	–	14	1122
11	J&K	273	235	–	–	–	0	508
12	Jharkhand	122	30	–	–	–	54	206
13	Karnataka	589	51	–	–	5	42	687
14	Kerala	740	1	6	–	–	580	1327
15	MP	1427	50	–	–	–	146	1623
16	Maharashtra	490	25	–	–	1	0	516
17	Manipur	0	–	–	–	–	9	9
18	Meghalaya	12	–	–	–	–	10	22
19	Mizoram	0	–	–	–	–	1	1
20	Nagaland	–	–	–	–	–	–	0
21	Orissa	624	9	–	35	30	603	1301
22	Punjab	507	35	–	1	–	107	650
23	Rajasthan	3496	92	–	–	4	147	3739
24	Sikkim	1	–	–	–	–	1	2
25	Tamil Nadu	32	21	435	1	1	43	533
26	Tripura	55	–	–	–	–	93	148
27	UP	340	49	–	–	–	1482	1871
28	Uttrakhand	467	3	–	–	–	60	530
29	WB	295	3	–	–	–	1220	1518
30	A&N Islands	1	–	–	–	–	8	9
31	Chandigarh	6	–	–	–	–	5	11
32	Dadra & Nagar Haveli	3	–	–	–	–	1	4
33	Daman & Diu	1	–	–	–	–	–	1
34	Lakshadweep	2	–	–	–	–	1	3
35	Puducherry	16	–	16	–	–	7	39
36	CGHS	31	9	2	3	3	34	82
37	Research Council	6	5	2	–	–	40	53
38	Ministry of Railways	39	–	–	–	–	129	168
39	Ministry of Labour	127	1	3	–	–	29	160
40	Ministry of Coal	28	–	–	–	–	–	28
Total		13914	1010	464	71	56	5836	21351

Note: Figures are provisional; – = Nil.

Source: State governments and certain Central Government organizations.

ANNEXURE 3.2.3
Department of AYUSH—Scheme-wise Tenth Plan Outlay and Expenditure

(Rs in crore)

S. No.	Name of Scheme	2002-07	2002-07	2002-07
		Tenth Plan Approved Outlay	Sum of Annual Outlay	Sum of Actual Expenditure
1	2	3	4	5
1	Development of Institutions	120.00	155.72	120.81
2	Hospitals and Dispensaries	59.00	243.85	310.15
3	Drugs Quality Control	45.40	43.56	56.67
	Total CSS	224.40	443.13	487.63
1	Strengthening of Department of AYUSH	22.50	28.56	27.02
2	Statutory Institutions	2.65	2.75	0.69
3	Hospitals and Dispensaries	28.94	61.69	15.72
4	Strengthening of Pharmacopoeial Laboratories	26.50	36.17	9.97
5	IEC	19.00	18.71	19.27
6	Educational Institutions	116.50	147.75	125.18
7	Research Councils	140.50	206.78	195.64
8	Medicinal Plants	93.50	134.21	141.47
9	Other Programmes and Schemes	100.46	134.20	6.95
10	New Initiatives	0.05	0.05	0.01
	Total CS	550.60	770.87	541.92
Total: (CSS + CS)		775.00	1214.00	1029.55

ANNEXURE 3.2.4
Schemes under Department of AYUSH

S. No.	Ministry/ Department	Number of Schemes towards the end of Tenth Plan	Weeded/ Transferred towards the end of Tenth Plan	To be continued during Eleventh Plan	New Schemes during Eleventh Plan	Total Schemes during Eleventh Plan
Central Sector Schemes (CS)						
1	AYUSH	10	0	5 (Ongoing Schemes clubbed as 5 Schemes)	3	8
Centrally Sponsored Schemes (CSS)						
1	AYUSH	3	0	1 (Ongoing Schemes merged into 1 Scheme)	2	3

4

Nutrition and Social Safety Net

4.1 FOOD AND NUTRITION

INTRODUCTION

4.1.1 At the beginning of the Eleventh Plan period there are serious concerns around food and nutritional security. Agriculture has performed well below expectations during the two recent Plans. Cereal production has declined in per capita terms. The number of the poor has barely declined by 20 million people over three decades, 1973–2005, from 320 million to 300 million; and most of this decline has occurred during the most recent decade (1993/94–2004/05). Low and stagnating incomes among the poor has meant that low purchasing power remains a serious constraint to household food and nutritional security, even if food production picks up as a result of interventions in agriculture and creation of rural infrastructure (discussed in Volume III).

4.1.2 Outcomes in terms of protein-energy malnutrition (PEM) speak for themselves: in 1998–99, according to National Family Health Survey-2 (NFHS-2), as much as 36% of the adult population of India had a body mass index (BMI) below 18.5 (the cut-off for adult malnutrition); eight years later (2005–06) that share had barely fallen to 33% of the population, despite a decade of robust economic growth. Similarly, share of the under-weight children under-3 in the total child population under-3 had not fallen at all (47% in 1998–99 and 46% in 2004–05/06). There is a need to look at food security issues not in isolation as

being confined to cereal production and consumption, but to examine how nutritional outcomes can be improved for the vast majority of the poor.

4.1.3 Ensuring food and nutritional security, however, cannot be enough. There are far too many vulnerabilities in the lives of the poor and those just above the poverty line. Around 93% of our labour force works in the informal sector, without any form of social protection, especially against old age. With growing migration of younger rural residents to urban and fast-growing rural areas, elderly parents are often left behind in the village to cope on their own, or are dependent upon women who also have to tend to the family farm, as agriculture feminizes with growing male migration. Old-age pension is thus becoming a crying need for those dependent on insecure employment in the informal economy as well as for parents left behind. Moreover, vulnerability in respect of health arises from the under-funding of the public health system and its inability to provide comprehensive care, which is a major concern for the majority of the population.

MALNUTRITION: A CONCEPTUAL AND EMPIRICAL ANALYSIS

Some Conceptual Issues

4.1.4 Malnutrition reflects an imbalance of both macro and micro-nutrients that may be due to inappropriate intake and/or inefficient biological utilization due to the internal/external environment. Poor feeding practices

in infancy and early childhood, resulting in malnutrition, contribute to impaired cognitive and social development, poor school performance, and reduced productivity in later life. Malnutrition therefore is a major threat to social and economic development as it is among the most serious obstacles to attaining and maintaining health of this important age group.

4.1.5 When poor nutrition starts in utero, it extends throughout the life cycle, particularly in girls and women. This not only amplifies the risks to the individual's health but also increases the likelihood of damage to future generations, through further foetal retardation. Low birth weight increases the risk of infant and child mortality and those who survive are usually undernourished, fall ill frequently, and fail to develop optimally, both physically and mentally. Further, undernourished adults are functionally impaired and unable to sustain productive physical activity throughout the day. Nutrition-related disabilities, such as memory disturbances, osteoporosis, etc., are found among elderly.

4.1.6 When nutritional needs are not met, recovery from an illness also takes longer. Malnutrition is also linked to the growing HIV/AIDS pandemic. Malnutrition makes adults more susceptible to the virus. Inadequate infant feeding aggravates its transmission from mother to child; and evidence suggests that malnutrition makes ARV drugs less effective. In addition, good nutrition can help to extend the period when the person with HIV/AIDS is well and working. There are also new dimensions to the malnutrition problem. The epidemic of obesity and diet-related NCDs is spreading in India slowly but steadily. India is beginning to suffer from a double burden of undernutrition and obesity. This phenomenon, called 'nutrition transition', means that the national health systems now have to cope with the high cost of treating diet-related NCDs and at the same time, fight under nutrition and the traditional communicable diseases.

4.1.7 Therefore the challenges that still remains include:

- High levels of adult malnutrition affecting a third of the country's adults,

- Inappropriate infant feeding and caring practices,
- High levels of undernutrition, particularly in women and children,
- Micronutrient undernutrition,
- Emerging diet-related diseases,
- Inadequate access to health care.

Empirical Evidence

4.1.8 The absolute weights and heights of Indians on average have not shown significant improvement over the last 25 years. A staggering percentage of babies in India are born with LBW, a problem that began in utero. A mean deficit of 1.4 to 1.6 kg in weight at one year worsens to a deficit of about 9 kg at 10 years and 13–18 kg when adults. A similar trend is seen in the case of heights (where a deficit of 1 cm at 1 year reaches 12–13 cm when adult). It is therefore, not surprising that about half of children are under weight (moderate to severe under nutrition) or are stunted. There are no differences in the nutritional status between girls and boys; however, the mean heights and weights of children from SC/ST and other marginalized sections are below the national mean values. In addition, about 30% of all adults have BMI < 18.5 (33% of women and 28% of men), which defines adult malnutrition.

4.1.9 Some of the reasons for this grim picture in India are as follows: With a 500–600 kcal deficit in energy intake (almost 40% of their requirement) and multiple nutrient deficiencies such as fat, calcium, iron, riboflavin, vitamin C (all 50% deficit), and vitamin A (70% deficit), it is not surprising that there is massive inadequacy/hunger leading to malnutrition in children and adolescents. Studies from 10 States show that less than 30% of children have protein-calorie adequacy (Table 4.1.1).

4.1.10 On further scrutiny of the diet surveys, it is obvious that over 70 to 80% of the calories consumed by the children (even though inadequate) are derived from cereals and pulses. This results in two things:

- (i) Children cannot consume more cereals to make up for the calorie deficiency because of its sheer monotony and lack of energy density.
- (ii) In the absence of fats, milk, eggs, and sources of iron, children starve themselves. The resultant

TABLE 4.1.1
Distribution of Children by
Protein-calorie Adequacy Status

Age (yrs)	%	
1–3	31.8	
4–6	28.2	
7–9	28.1	
	Boys	Girls
10–12	26.0	32.9
13–15	34.7	43.1
16–17	50.2	64.0
Adult Sedentary	Men—68.8	Women—81.8
Pregnant Women	64.3	
Lactation Women	62.2	

Source: National Nutrition Monitoring Bureau (NNMB) Reports 2002.

iron deficiency anaemia (IDA), further worsens their appetite.

4.1.11 Therefore in the absence of foods other than cereals and pulses in the diets of children and the inability of children in the age groups of (1–18 years)

to derive and satisfy their protein-calorie and other nutrient needs from cereals, the malnutrition scenario can only get worse. Even fats that provide energy density in the diets are not available in adequate quantities (normally fats should provide 30–40% of calorie needs). It is therefore not surprising that there is massive hunger leading to multiple nutrient deficiencies. This is not hidden hunger; it is hunger for nutrient-rich foods.

TRENDS IN ALL-INDIA PATTERN OF CONSUMPTION FOOD EXPENDITURE SINCE 1972–73

4.1.12 Per capita cereal consumption of the Indian population has been declining in both rural and urban areas over the past two or three decades. Table 4.1.2 gives per capita quantity of cereal consumption per month in 15 major States as estimated from the 50th (1993–94), 55th (1999–2000), and 61st (2004–05) rounds of NSS, (Ministry of Statistics and Programme Implementation, GoI). It shows that the decline is spread over all the major States

TABLE 4.1.2
Changes in Average per capita Cereal Consumption in 15 States in
Physical Terms over the Last Decade in Major States

Year	RURAL							
	Monthly per capita cereal consumption (kg.) in							
	AP	ASM	BHR*	GUJ	HAR	KTK	KRL	MP#
1993–94	13.3	13.2	14.3	10.7	12.9	13.2	10.1	14.2
1999–2000	12.65	12.63	13.75	10.19	11.37	11.53	9.89	12.94
2004–05	12.07	13.04	13.08	10.07	10.66	10.73	9.53	12.16
	MAH	ORS	PUN	RAJ	TN	UP^	WB	IND
1993–94	11.4	15.9	10.8	14.9	11.7	13.9	15.0	13.4
1999–2000	11.32	15.09	10.58	14.19	10.66	13.62	13.59	12.72
2004–05	10.50	13.98	9.92	12.68	10.89	12.87	13.18	12.12
Year	URBAN							
	Monthly per capita cereal consumption (kg.) in							
	AP	ASM	BHR*	GUJ	HAR	KTK	KRL	MP#
1993–94	11.3	12.1	12.8	9.0	10.5	10.9	9.5	11.3
1999–2000	10.94	12.26	12.70	8.49	9.36	10.21	9.25	11.09
2004–05	10.51	11.92	12.21	8.29	9.15	9.71	8.83	10.63
	MAH	ORS	PUN	RAJ	TN	UP^	WB	IND
1993–94	9.4	13.4	9.0	11.5	10.1	11.1	11.6	10.6
1999–2000	9.35	14.51	9.21	11.56	9.65	10.79	11.17	10.42
2004–05	8.39	13.11	9.01	10.84	9.48	10.94	10.39	9.94

Note: *includes Jharkhand; # includes Chhattisgarh; ^ includes Uttaranchal

Source: NSS 50th, 55th, and 61st Rounds.

and affects both rural and urban sectors to a similar extent.

4.1.13 In both rural and urban India, the share of food in total expenditure continued to fall throughout the three decades prior to 2004–05. The overall fall was from 73% to 55% in rural areas and from 64.5% to 42% in urban areas (Table 4.1.3). In urban India, not only the shares of cereals and pulses have fallen, but there has been a fall in the shares of other food groups as well, such as milk and milk products, edible oil, and sugar. In rural India, however, the shares of milk and milk products, egg, fish and meat, and fruits and nuts have increased by about 1 percentage point each, the share of vegetables has increased by 2.5 percentage points, and that of beverages, refreshments, and

that in Africa on average. In fact, South Asian countries have the world's worst rate of malnutrition, and India's rate of malnutrition is among the worst in South Asia (together with Nepal and Bangladesh). Even the best State in India, Kerala, has a rate of child malnutrition comparable to that for Africa's average rate.

4.1.15 Even more worrying is the fact that the rate of malnutrition, defined as underweight children relative to an internationally accepted reference population, has not declined significantly over the last decade and a half. In 1992–93 (NFHS-1) it was 54%; in 1998–99 (NFHS-2), it was 46%, and in 2005–06 (NFHS-3) it was 46%—hardly any change over a period in which the economy has been growing at over 6% p.a. on average. Naturally, given the increase in population,

TABLE 4.1.3
Composition of Food Consumption, All-India, Rural, and Urban, 1972–73 to 2004–05

Sector	Year	% share of major food groups in total expenditure									
		All food	Cereals	Pulses	Milk and milk products	Edible oil	Egg, fish and meat	Vegetables	Fruits and nuts	Sugar	Beverages, etc.
Rural	72–73	72.9	40.6	4.3	7.3	3.5	2.5	3.6	1.1	3.8	2.4
	87–88	64.0	26.3	4.0	8.6	5.0	3.3	5.2	1.6	2.9	3.9
	93–94	63.2	24.2	3.8	9.5	4.4	3.3	6.0	1.7	3.1	4.2
	99–00	59.4	22.2	3.8	8.8	3.7	3.3	6.2	1.7	2.4	4.2
	04–05	55.0	18.0	3.1	8.5	4.6	3.3	6.1	1.9	2.4	4.5
Urban	72–73	64.5	23.3	3.4	9.3	4.9	3.3	4.4	2.0	3.6	7.6
	87–88	56.4	15.0	3.4	9.5	5.3	3.6	5.3	2.5	2.4	6.8
	93–94	54.7	14.0	3.0	9.8	4.4	3.4	5.5	2.7	2.4	7.2
	99–00	48.1	12.4	2.8	8.7	3.1	3.1	5.1	2.4	1.6	6.4
	04–05	42.5	10.1	2.1	7.9	3.5	2.7	4.5	2.2	1.5	6.2

processed food has increased by 2 percentage points since 1972–73; only the shares of sugar and pulses (the latter, largely during the last decade) have declined noticeably, apart from cereals. In any case, the increase in the share of non-cereals is not enough to compensate for the decline in cereal consumption.

THE PROBLEM WITH CHILD MALNUTRITION

4.1.14 Sixty years after independence, nearly half of India's children under three are malnourished (see Table 4.1.4). India has the largest number of children in the world who are malnourished. Even more significantly, India's rate of malnutrition is worse than

TABLE 4.1.4
Trends in Childhood (0–3 Years of Age)—Malnutrition in India

Nutritional Parameter	1992–93 NFHS-1	1998–99 NFHS-2	2005–06 NFHS-3
Stunted	52.0	45.5	38.4
Wasted	17.5	15.5	19.1
Underweight	53.4	47.0	45.9

Note: Figures of NFHS-1 above are for 0–4 years. However, NFHS-1 later generated data for below 3 years children with 51.5% children being underweight.

Source: NFHS surveys, IIPS, MoHFW, GoI.

the number of malnourished is likely to have actually increased.

4.1.16 Bihar, Jharkhand, MP, Chhatisgarh, and UP are the States with malnutrition rates well above the national average of 46% (Annexure 4.1.1). Some of these States have actually seen an increase in the share of malnourished children in the 0–3 year-old child population between 1998–99 (NFHS-2) and 2005–06 (NFHS-3). A concerted effort is planned, therefore, in the Eleventh Plan to reduce the child malnutrition rate in each State to the extent identified in Annexure 4.1.2.

4.1.17 NFHS-3 shows that anaemia among children and women is on the rise. As much as 74.2% of the children of 6–35 months were anaemic (NFHS-2) that has increased to 79.2% (NFHS-3). Similarly, the percentage of married women in the age group 15–49 who were anaemic has increased from 51.8% in 1998–99 to 56.2% in 2005–06 and that of pregnant women of 15–49 years has increased from 49.7% in 1998–99 to 57.9% in 2005–06 (see later section on Micronutrient deficiencies).

A Summary of the Situation Analysis

4.1.18 In other words, what emerges is that first, per capita availability of cereals has declined, and second, the share of non-cereals in food consumption has not grown to compensate for the decline in cereal availability. Even if the latter has grown there may well be a problem for significant sections of the population who may be feeling the distress caused by falling per capita cereal availability, and who also do not have the purchasing power to diversify their food consumption away from cereals.

4.1.19 In any case, the significant point is that overall per capita intake of calories and protein has declined consistently over a 20-year period from 1983 to 2004–05, according to NSS data (see Table 4.1.5). Rural calorie consumption per day has fallen from 2221 to 2047, an 8% decline. Similarly, the urban calorie consumption fell by 3.3%, from 2080 to 2020. The rural protein consumption fell by 8% over the same period and urban consumption remained the same over the 20-year period. Since this data is for households, it does

not capture the impact of intra-household food distribution. It is well known that women and girls in poor households receive poorer quality food and less food in a normal, patriarchal household.

TABLE 4.1.5
Per Capita Intake of Calorie and Protein

	Calorie (K cal/day)		Protein (gm/day)	
	Rural	Urban	Rural	Urban
1983 (NSS 38th Round)	2221	2089	62.0	57.0
1993–94 (NSS 50th Round)	2153	2071	60.2	57.2
1999–2000 (NSS 55th Round)	2149	2156	59.1	58.5
2004–05 (NSS 61st Round)	2047	2020	57.0	57.0

Source: NSS Report No. 513, Nutritional Intake in India, 2004–05.

4.1.20 So taken together we have a set of overlapping problems in the country. First, the calorie consumption *on average* in rural areas has fallen way below the calorie-norm for the rural poverty line (2400 calories). It was lower than that norm 20 years ago and it has actually fallen since then on average. Similarly, the poverty line threshold for urban areas for calorie consumption is 2100 and urban consumption too was lower on average than the norm two decades ago and has also fallen. It is obvious that the non-poor consume more calories on average than the poor. Hence, to allow for distributional inequity that prevails in any society, calorie availability on average in the country as a whole should be at least 20% higher than the per capita requirement (i.e. 2100 calories for urban and 2400 calories for rural areas). Even 20 years ago, Indian consumption of calories on average was way below the requirements. So inevitably the poor, let alone the extremely poor, were and still are consuming calories that are way below the norm. And the intra-household allocation, not just among the poor but also among those who are marginally above the poverty line, is likely to be highly skewed against women and girls. When one combines this fact with the well-known fact (established in repeated NFHS since the early 1990s) that women and girls are less likely to access health services when they fall sick, it is hardly surprising that the sex ratio in the population is as low as it is, and falling.

4.1.21 The state of PEM has shown little no or signs of improvement over several decades. It is in this context that the Minimum Support Price (MSP) and the Public Distribution System (PDS) become significant.

MINIMUM SUPPORT PRICE, FOOD PROCUREMENT POLICY, AND THE PUBLIC DISTRIBUTION SYSTEM

4.1.22 Food security is the outcome of both production and distribution decisions. Agricultural production issues are discussed in the 'Agriculture' chapter of the Eleventh Plan (Volume III). In fact, the GoI has in 2007 taken the decision to introduce a Food Security Mission, which will focus on increasing production of cereals and pulses. This chapter focuses on the distribution, affordability, and availability issues in respect of calories. This section discusses what changes need to happen in the PDS in order to both improve food security as well as reduce fiscal subsidies.

Minimum Support Price (MSP)

4.1.23 Foodgrains are procured at the MSP fixed by the government mostly in a small number of grain-surplus States in the north of India, which are then transported across the country to deficit States (the latter mostly in the south and west of the country). MSPs are fixed on rates recommended by Commission for Agricultural Costs and Prices (CACP), which are set using mainly cost of cultivation. These grain stocks essentially supply the PDS of the country. Through the PDS, cereals are made available to BPL households, as well as to Above Poverty Line (APL) households—at differential prices. There is a third category of beneficiaries—*Antyodaya* card holders. Under the *Antyodaya Anna Yojana* (AAY), 35 kg of foodgrains are being provided to the poorest of the poor families at the highly subsidized rate of Rs 2 per kg for wheat and Rs 3 per kg for rice.

4.1.24 During the years of accumulation of stocks in the Central Pool until 2001–02, it was believed that excess procurement was on account of the government's decision to fix the MSP for paddy and wheat in excess of the levels prescribed by the CACP. Grain stocks have declined since then.

Stabilization

4.1.25 Given the limited purchasing power of the poor, there is a need to contain cereal price rises. For this purpose government maintains foodgrains buffer stocks through the Food Corporation of India (FCI). Stocks had reached to 256.17 lakh tonnes (rice) and 324.15 lakh tonnes (wheat) for the year 2001–02. But in 2007, the stocks of these two foodgrains fell to 131.71 lakh tonnes (rice) and 45.63 lakh tonnes (wheat), respectively.

4.1.26 To achieve the cereal price stabilization objective of PDS, food stocks with FCI should be at a reasonable level. In recent years, both procurement and stocks with FCI have tended to fall. If the needs of procurement to maintain adequate stocks requires procurement prices to be higher than MSP, a transparent mechanism is needed that enables government to undertake commercial purchases at prices comparable to those paid by private traders. This could be done if the procurement price (i.e. MSP plus bonus) was announced at the beginning of the purchase season, along with a procurement target in terms of quantity. After the procurement target was met, the bonus would be suspended. However, if procurement quantities, even with bonus are not met, FCI should be able to tender from both domestic as well as international markets, after standard procurement operations, to make up the deficit to maintain stocks with the FCI.

Decentralized Procurement

4.1.27 Unlike the mid-1990s, cereal procurement was earlier concentrated in a few northern States. However, under the decentralized procurement scheme introduced in 1997–98, the State Governments themselves undertake direct purchase of paddy and wheat and procurement of levy rice on behalf of the GoI. Purchase centres are opened by the State Governments and their agencies as per their requirements. The State Governments procure, store, and distribute foodgrains under Targeted Public Distribution System (TDPS) and other welfare schemes. In the event of the total quantity of wheat and rice thus procured falling short of the total allocation made by the Central Government, FCI meets the deficit out of the Central Pool stocks. Under this scheme, State-specific economic cost is determined by the GoI and the difference

between the economic cost so fixed and the central issue prices (CIP) is passed on to the State as food subsidy.

4.1.28 The Decentralized Procurement Scheme, which is presently in operation in 11 States, has been very successful in increasing procurement of rice in many non-traditional States, as can be seen below in Table 4.1.6.

4.1.29 There is a need for States to increase procurement to reduce their requirement of foodgrains from the Central Pool. There is also a need for more States with large production, such as Bihar for wheat and rice and Assam for rice, to adopt the Decentralized Procurement scheme. If this were to happen, there could be a considerable saving in terms of transportation costs.

with higher MSPs declared more recently, there is a danger that the subsidy is likely to rise (see Table 4.1.7) due to increase in MSP, announcement of bonus, and carrying cost of FCI. The Table 4.1.7 gives the figures of food subsidy of the GoI.

Public Distribution System

4.1.32 The PDS is a major State intervention in the country aimed at ensuring food security to all the people, especially the poor. The PDS operates through a large distribution network of around 4.89 lakh fair price shops (FPS), and is supplemental in nature. Under the PDS, the Central Government is responsible for the procurement and transportation of foodgrains up to the principal distribution centres of the FCI while the State Governments are responsible for the identification of families living below the

TABLE 4.1.6
Procurement of Rice in DCP States during Kharif Marketing Season

(Figures in lakh tonnes)

S. No.	State	2002-03	2003-04	2004-05	2005-06	2006-07*
1	WB	1.26	9.25	9.44	12.75	5.19
2	UP	13.60	25.54	29.71	31.51	21.01
3	Chhattisgarh	12.91	23.74	28.37	32.65	25.20
4	Uttaranchal	2.32	3.23	3.61	3.36	1.74
5	A&N Islands	-	Neg.	0.01	-	-
6	Orissa	8.90	13.73	15.90	17.85	14.18
7	Tamil Nadu	1.07	2.07	6.52	9.26	10.38
7	Kerala	-	-	0.33	0.94	1.05
8	Karnataka	-	-	0.21	0.48	0.12
Total (a)		40.06	77.56	94.10	108.80	78.86

Note: *Position as on 19.04.07.

Food Subsidy

4.1.30 Food subsidy is provided in the Budget of the Department of Food and Public Distribution to meet the difference between the economic cost of foodgrains procured by FCI and their sales realization at CIP for TPDS and other welfare schemes. In addition, the Central Government also procures foodgrains for meeting the requirements of buffer stock. Hence, part of the food subsidy also goes towards meeting the carrying cost of buffer stock.

4.1.31 The food subsidy bill of the GoI peaked in 2004-05 and declined as stocks declined. However,

TABLE 4.1.7
Food Subsidy

Year	Food Subsidy (Rs in crore)
1996-97	5166
1997-98	7500
1998-99	8700
1999-2000	9200
2000-01	12010
2001-02	17494
2002-03	24176
2003-04	25160
2004-05	25746
2005-06	23071
2006-07	23827

poverty line, the issue of ration cards, and the distribution of foodgrains to the vulnerable sections through FPSs. *PDS seems to have failed in serving the second objective of making foodgrains available to the poor. If it had, the consumption levels of cereals should not have fallen on average—as it has consistently over the last two decades.*

4.1.33 With a view to improving its efficiency, the PDS was redesigned as TPDS with effect from June 1997. The TPDS envisages identifying the poor households and giving them a fixed entitlement of foodgrains at subsidized prices. Under the TPDS, higher rates of subsidies are being given to the poor and the poorest among the poor. The APL families are also being given foodgrains under TPDS but with lower subsidy. The scale of issue under TPDS for Antyodaya cardholders began with 10 kg per family per month, which has been progressively increased to 35 kg per family per month with effect from April 2002.

4.1.34 Under the TPDS, the identification of BPL families was to be carried out by the State Governments based on criteria adopted by the Ministry of Rural Development (MoRD). However, the total number of

beneficiaries was to be limited to the State-wise poverty estimates (1993–94) of the Planning Commission projected to the population as on 1.03.2000. Against a total ceiling of 6.52 crore BPL households (as per the poverty estimates of the Planning Commission for 1993–94 and population projection of the Registrar General as on 01.03.2000), more than 8 crore BPL ration cards have been issued. Similarly against the figure of 18.03 crore households in the country (as per the population projections as on 1.03.2000 of the Registrar General of India), the total number of ration cards issued is around 22.32 crore. This does raise problems at the field level.

Major Deficiencies of TPDS

4.1.35 As identified by various studies, the major deficiencies of the TPDS include: (i) high exclusion and inclusion errors, (ii) non-viability of FPSs, (iii) failure in fulfilling the price stabilization objective, and (iv) leakages.

(I) HIGH EXCLUSION AND INCLUSION ERRORS

4.1.36 The Programme Evaluation Organization's (PEO's) Study (2005) establishes large-scale exclusion and inclusion errors in most States (see Box 4.1.1). It also questions the BPL methodology used for

Box 4.1.1 Performance Evaluation of TPDS

- Only 22.7% FPSs are viable in terms of earning a return of 12% on capital.
- The offtake by APL cardholders was negligible except in Himachal Pradesh, Tamil Nadu, and West Bengal.
- The offtake per BPL card was high in WB, Kerala, Himachal Pradesh, and Tamil Nadu.
- The offtake by the poor under TPDS was substantially higher than under universal PDS.
- There are large errors of exclusion and inclusion and ghost cards are common.
- High exclusion errors mean a low coverage of BPL households. The survey estimated that TPDS covers only 57% BPL families.
- Errors of inclusion are high in Andhra Pradesh, Karnataka, and Tamil Nadu. This implies that the APL households receive an unacceptably large proportion of subsidized grains.
- Leakages vary enormously between States. In Bihar and Punjab, the total leakage exceeds 75% while in Haryana and UP, it is between 50 and 75%.
- Leakage and diversion imply a low share of the genuine BPL households of the distribution of the subsidized grains. During 2003–04, it is estimated that out of 14.1 million tonnes of BPL quota from the Central Pool, only 6.1 million tonnes reached the BPL families and 8 million tonnes did not reach the target families.
- Leakage and diversion raised the cost of delivery. For every 1 kg that was delivered to the poor, GoI had to issue 2.32 kg from the Central Pool.
- During 2003–04, out of an estimated subsidy of Rs 7258 crore under TPDS, Rs 4123 crore did not reach BPL families. Moreover, Rs 2579 crore did not reach any consumer but was shared by agencies involved in the supply chain.

identification of households at State level. There are two problems here. One is the criterion used for allocation of foodgrains by the Central Government to States. The Central Government allocates foodgrains to States based on a narrow official poverty line. There is a need to look at this allocation criterion to States. If we go by the official poverty ratio criterion, only 28% of the population is eligible under PDS at all-India level in 2004–05. However, food-insecure households may be much higher than the official poverty ratios. For example, undernutrition among children and households is much higher than this figure. The use of BPL estimates to determine Central allocations should be revisited because there is a significant mass of households just above the poverty line.

4.1.37 A second problem is the use of BPL method for identifying households by the States. This identification differs from State to State. For example, some of the south Indian States do not follow the official poverty ratio for limiting the ration cards. In Andhra Pradesh, more than 70% of the households have ration cards. This is one of the reasons for high inclusion errors in Andhra Pradesh.

(II) VIABILITY OF FPSs

4.1.38 An important institutional concern is that of the economic viability of FPSs, which appears to have been badly affected by the exclusion of APL population from the PDS (which happened after PDS became TPDS in 1997). The virtual exclusion of the APL population has led to a big decline in offtake. With fewer ration cards to serve, lower turnover, and upper bounds on the margins that can be charged to BPL consumers, the net profits of FPS owners and dealers are lower under the TPDS than before. Since there are economies of scale here, for instance, with respect to transport, the distribution of smaller quantities is likely to make many shops unviable. When FPSs are economically viable, there are fewer incentives to cheat.

4.1.39 Some of the steps suggested by the High-level Committee (HLC) on Long Term Grain Policy to revive the retail network were the following:

‘Relax restriction on eligibility to be a licensed FPS; make NGOs and village-level retailers eligible to

undertake licensed PDS distribution, and in particular, encourage women; remove restrictions on the range of commodities that can be sold in a FPS; and allow registered associations of FPS dealers to purchase the grain allocated directly from the FCI’.

(III) REGIONAL ALLOCATION AND PRICE STABILIZATION OBJECTIVE

4.1.40 One of the objectives of the PDS has always been to ensure price stabilization in the country by transferring grain from cereals-surplus to cereals-deficit regions. Targeted PDS has reduced the effectiveness of this objective. This is because under TPDS, the demand for cereals is no longer determined by State Governments (based on their requirements and in practical terms on past utilization) but on allocations decided by the Central Government (based on poverty estimates prepared by the Planning Commission). The new system of allocation, as pointed out by the HLC, has led to imbalances between actual allocations and ‘allocations necessary to meet the difference between cereals production and requirement’.

(IV) LEAKAGES AND DIVERSION

4.1.41 Undoubtedly, in many parts of India, the current system of delivery has weaknesses resulting in leakages at different stages. As the Programme Evaluation Organization, PEO Study (2005) points out, ‘the share of leakages in offtake from the Central Pool is abnormally high, except in the States of West Bengal and Tamil Nadu’. Further, ‘in terms of leakages through ghost BPL cards, there are fewer problems in Andhra Pradesh, Haryana, Kerala, Punjab, Rajasthan and Tamil Nadu than in other States’. At the FPS level, leakages were found to be high in Bihar, Punjab, and Haryana.

4.1.42 The study goes on to identify the factors associated with relatively low leakages at the FPS level and concludes that ‘general awareness of the beneficiaries, high literacy and strong grass root-level organizations (particularly PRIs) have helped States like West Bengal and Himachal Pradesh in minimising FPS level leakage, while in the case of Tamil Nadu, it is the elimination of private retail outlets’. It has been documented that strong political commitment and careful monitoring by the bureaucracy are the key elements of the success of PDS in Tamil Nadu.

4.1.43 Leakages cannot be lowered by finer targeting using official poverty criterion. They require political commitment and participation of the people in the delivery process. The nexus between officials, the mafia, and ration shop dealers must be broken in order to reduce leakages. Monitoring and accountability of TPDS (food security watch) should be improved in a significant way. The TPDS needs to be strengthened by means of the effective use of IT including introduction of a unique ID-based smart card system.

Coverage of Commodities Supplied through TPDS

4.1.44 If nutrition security is one of the considerations of TPDS, the government may explore the possibility of including more commodities under TPDS. For example, cereals such as jowar, bajra, and also pulses could be introduced in TPDS because of nutritional considerations. The consumption of pulses is low for the poor. Operational details of supplying these commodities, particularly, pulses have to be worked out. It is true that presently the country has a shortage of these commodities. However, the introduction of these commodities may encourage production of these crops especially in dry land areas. The National Food Security Mission has identified pulses as an area of focus.

Steps Taken to Strengthen the TPDS and Plan Schemes

4.1.45 The GoI has taken following measures to strengthen TPDS and check diversion of foodgrains meant for TPDS:

CITIZEN'S CHARTER

- A Citizens' Charter has been issued in November 1997 for adoption by the State Governments to provide services in a transparent and accountable manner under PDS. Instructions have been issued for involvement of PRIs in identifications of BPL families and in Vigilance Committee.

PDS (CONTROL) ORDER, 2001

- The Order, inter alia, covers a range of areas relating to correct identification of BPL families, issue of ration cards, proper distribution, and monitoring of PDS-related operations. Contraventions

of the provisions of the Order are punishable under the Essential Commodities Act, 1955. Clearly, these do not seem to have had much impact, since the NSSO estimates of 2006 suggest that the extent of leakage and diversion of grain has only increased.

4.1.46 In addition, a number of Plan Schemes have been introduced.

(I) CONSTRUCTION OF GODOWNS

4.1.47 The Scheme was conceived during the Fifth Five Year Plan to build and increase the storage capacity available with FCI for storage of foodgrains.

(II) INTEGRATED INFORMATION SYSTEM FOR FOODGRAINS MANAGEMENT (IISFM)

4.1.48 The main objective of the IISFM project in the FCI, initiated in 2003–04, is to put in place an online MIS that would give the stock position in any depot at any given point of time.

(III) STRENGTHENING OF PDS

Food Credit Cards/Computerization of PDS Operations

4.1.49 A new scheme 'Computerization of PDS Operations' with a token provision of Rs 5 crore was introduced in 2006–07. The computerization of PDS operations would be an improvement on the existing system of ration cards, that is, the present manual system of making entries, etc. The new system will have personal details of all members of the family including their entitlement and the entire network of PDS from taluk to State level will be linked. With this kind of system in place, the objectives of Food Credit Card Scheme of checking diversion of foodgrains and eliminating the problem of bogus ration cards are expected to be met.

Curbing Leakages/Diversion of Foodgrains Meant for TPDS

4.1.50 This is a new scheme introduced during the Eleventh Five Year Plan to strengthen the PDS. The scheme aims at taking effective measures to curb diversion and leakages through Global Positioning System, Radio Frequency Identification Device, etc.

Generating Awareness amongst TPDS Beneficiaries about their Entitlement and Redressal Mechanism and Monitoring

4.1.51 A mass awareness campaign on the rights and entitlements of TPDS beneficiaries is proposed through newspaper advertisements, bill boards, posters, printing of annual calendar on the themes of TPDS, and audio-visual publicity measures such as short spots/quickies, audio jingles/radio spots, TV serials/documentaries.

Training and Awareness of Negotiable Warehouse Receipt System

4.1.52 This is a new scheme for the Eleventh Five Year Plan. The warehousing receipts at present do not enjoy the fiduciary trust of depositors and banks, as there is fear of not being able to recover the loans in events such as fraud or mismanagement on behalf of the warehouse or insolvency of depositor. The legal remedies are also time consuming and inadequate. In this context, it is proposed to develop a negotiable warehouse receipt system for commodities including agricultural commodities. The negotiable warehouse receipt system will result in increase in the liquidity in the rural areas, encouragement of scientific warehousing of goods, lower cost of financing, etc.

(IV) VILLAGE GRAIN BANK SCHEME

4.1.53 The Village Grain Bank Scheme, which was hitherto with the Ministry of Tribal Affairs, has been transferred to the Department of Food and Public Distribution w.e.f. The objective of the scheme is to establish Grain Banks in chronically food-scarce area and to provide safeguard against starvation during the lean period. The scheme is also to mitigate drought-induced migration and food shortages by making foodgrains available within the village during such calamities. During 2006–07, there was a budget provision of Rs 50 crore for setting up 8591 Village Grain Banks in food-scarce areas.

Further Innovations Needed to Strengthen TPDS and the Way Forward

4.1.54 One of the long-standing criticisms of the TPDS has been that offtake of PDS cereals (rice and wheat) by States from FCI does not match with NSS estimates of PDS consumption of those same grains

(as we noted earlier). For instance, Table 4.1.8 shows that, according to NSS, over 1993–94, 1999–2000, and 2004–05, consumption of PDS grains rose. It also shows that offtake of PDS grain from FCI by States increased much more than consumption over the same decade. The difference between the two shows the extent of leakage of PDS wheat and rice. This leakage [defined as $1 - \{\text{ratio of (a) to (b)}\}$] was 28% for wheat and rice together in 1993–94, but it had risen to 54% by 2004–05—a very significant increase in leakage. These facts clearly show that TPDS is in urgent need of reform.

TABLE 4.1.8
PDS Implied Leakage—Offtake vs Consumption

	1993–94	1999–2000	2004–05
(a) NSS PDS consumption (m. tons)			
Rice	7.20	9.30	9.98
Wheat	3.44	2.99	3.55
Total	10.64	12.29	13.53
(b) PDS offtake (m. tons)			
Rice	8.84	11.35	16.62
Wheat	5.86	5.76	13.02
Total	14.70	17.11	29.65
Ratio of (a) to (b)			
Rice	0.81	0.82	0.60
Wheat	0.59	0.52	0.27
Total	0.72	0.72	0.46

Source: NSS.

4.1.55 These facts are further underlined by Annexure 4.1.4, which demonstrates the massive leakage of the fiscal subsidy to the non-poor on the one hand and the ineffective targeting of the poor by the cardholder-based TPDS system.

4.1.56 Annexure 4.1.5 drives home the point about the poor targeting by TPDS benefits. It estimates the benefits in rupees per household of PDS grain beneficiaries [calculated as PDS quantity consumed* (PDS Price—Average Market Price)]. It shows that the benefits to the household are dependent upon whether you have a card or not (and which card you have—APL, BPL, or Antyodaya), and not on whether you are poor or non-poor. In fact, it demonstrates that there is very little difference between the benefits (in Rs/household) of poor and non-poor households

when one compares poor BPL cardholders with non-poor BPL cardholders, or when comparing poor AAY cardholders with non-poor AAY cardholders.

4.1.57 The TPDS in its current form as an anti-poverty programme clearly is not doing very well. Given these facts, a restructuring of the TPDS has been suggested.

4.1.58 In this context, a recommendation of the HLC on Long Term Grain Policy (2000) was that instead of the current distinction between APL, BPL, and Antyodaya in terms of issue pricing for rice and wheat, there should be a single issue price for grain issued by the FCI from its warehouses. This recommendation, sometimes identified with the return to universal PDS from TPDS adopted in 1997, has been criticized on a number of grounds. First, that if the same price for BPL and APL households was charged, this would not be financially viable for the BPL. If existing AAY and BPL cardholders were charged a higher price, there would be a diversion of benefits from the relatively poor to the relatively rich. Second, there might be pressure to keep the uniform CIP low as high common price for BPL and APL would have adverse consequences for the poor. On the other hand, a low CIP would increase even further the fiscal subsidy. Third, any widening in the effective reach of PDS due to its universalization would put unbearable pressures for the supply of grain into the PDS.

4.1.59 It needs, however, to be noted that the HLC had not altogether ruled out the continuation TPDS in States where this might be the best option. Its recommendation was that there should be a single CIP as far as FCI is concerned for each grain fixed at FCI's acquisition cost and that the existing subsidy beyond this should be passed on to the States on the condition that this be used for food based schemes.

4.1.60 The key issue here is whether or not the existing subsidies that the HLC recommended should be given to the States as cash or best targeted to the intended beneficiaries by means of the existing differential pricing system with lowest prices for Antyodaya, slightly higher price for BPL, and higher still for APL cardholders. The view of the HLC was that although this differential pricing system may work well for some

States, it was not necessarily the case in most others and that removing the price differentials in PDS would enable FCI to concentrate on its proper role of price stabilization rather than get involved, as it has, with the complexities of an anti-poverty programme. Also, the HLC had pointed out that differential pricing of the same grain is an invitation to corruption and, therefore, to leakages and other deadweight losses—as already shown by the PEO study cited above as well as more recent evidence emerging from the NSSO. The HLC had suggested that large savings were possible if the subsidy on FCI account could be used to expand other food-based schemes like ICDS, Mid Day Meals, and food entitlement in employment programmes. However, as already mentioned, the HLC left this choice to the States allowing them to continue with the existing TPDS if they so wish to do, by having their own differential prices rather than differential price at the FCI stage.

4.1.61 As we have noted in the tables above, data available from the 61st Round of NSS supports some of the concerns expressed by the HLC. NSS 61st Round also enables an assessment of how effectively PDS and other food based schemes such as MDM, ICDS, and Food for Work are able to reach the poor. This shows that: (i) only about 36% of the poor have either BPL or Antyodaya cards, and also that about 40% of such cards are with the non-poor (Annexure 4.1.4); (ii) possession of appropriate cards (e.g. BPL or Antyodaya) rather than actual poverty status is the determinant of the benefits derived from targeted TPDS (Annexure 4.1.5); (iii) in more self-selecting schemes such as MDM, ICDS, and Food for Work, the total number of beneficiaries is similar to the number currently benefiting from a BPL or AAY status and indeed these self-targeted schemes are somewhat better reaching the poor than the assignment of BPL cards (Annexure 4.1.6). Although not conclusive, this observation taken together suggests that *the leakages of physical grain could be reduced without greater fiscal cost and with somewhat better targeting towards the poor by redirecting subsidies currently in the PDS to better funding of the other schemes (i.e. the MDM, the ICDS)*. However, it was noted by the HLC that the incidence of leakages and the effectiveness of PDS targeting varies considerably from State to State, suggesting that

a one-size-fits-all approach to food and nutrition management is highly mistaken.

Other Measures Needed to Reform TPDS

INTRODUCTION OF FOOD STAMPS

4.1.62 If markets are integrated, food stamps system may be introduced, which is supposed to be more effective than the present system. On food stamps/coupons, the HLC has observed as follows: 'In the long run, as markets get better in tegrated, the PDS function need not remain restricted to designated FPS and a food coupon system valid even outside PDS outlets may become possible. Food coupons may allow wider choice of consumers in terms of commodities and outlets. In the Committee's view, this is a course which should be followed with considerable caution in view of the experience of other countries, and the possibility of counterfeiting. However, the more important reason food stamps have not been successful elsewhere has been the erosion in the value of the coupons where it was fixed in nominal terms. If the coupon system is to succeed the PDS suggested above, the value of the coupon should be indexed to food inflation. The coupon system should not lead to a dilution of the Central Government commitment to food security'. Cash for food subsidies (sometimes known as food stamps) eliminate the need for dual retail marketing mechanisms. This can resolve the endemic problem of uneconomic viability of FPS. As a way of restoring economic viability, the HLC on Grain Policy recommended that FPS should be allowed to sell other commodities. This recommendation of the HLC needs to be considered by the States.

MULTI-APPLICATION SMART CARDS (MASCS)

4.1.63 MASCS is one of the technological breakthroughs of recent times. MASCS facilitate simplification of procedures and enhancing the efficiency in administering various schemes. The National e-Governance Policy fully recognizes the significance of this technological revolution. On-the-spot availability of proof of identity, authentic transaction history, and entitlement details are required at the point of service delivery. It will also allow other innovations/experiments such as the division of the PDS food entitlement between the Head of household and his/her

(non-earning) spouse or transfer of entire household entitlement to the housewife/mother. Similarly, different models can be used for kerosene supply and fertilizer supply to farmers. In other words, the precise model for delivery of the subsidy or income transfer to individuals/households can be decided separately and/or modified overtime.

WEB-ENABLED SYSTEMS

4.1.64 Many departments of the Central Government, notably the MoRD, are in the process of developing web-enabled systems that provide information about government programmes to beneficiaries and also details of the benefits received by the targeted beneficiaries. Easy access to such information is the most effective means to empower the beneficiaries and their well-wishers/representatives. Such web-enabled systems can be created for the PDS.

Way Forward

- NSS 61st Round enables an assessment of how effectively PDS and other food based schemes such as MDM, ICDS, and Food for Work are able to reach the poor. This shows that in more self-selecting schemes such as MDM, ICDS, and Food for Work, the total number of beneficiaries is similar to the number currently benefiting BPL or AAY status and indeed these self-targeted schemes are somewhat better reaching the poor than the assignment of BPL cards. Thus the leakages of physical grain could be reduced without greater fiscal cost and with somewhat better targeting towards the poor by redirecting subsidies currently in the PDS to better funding of the other schemes (i.e. the MDM, the ICDS).
- However, a one-size-fits-all approach to food and nutrition management is mistaken. As there are large differences in the efficiency of implementation of the PDS among the States, it may be desirable to introduce State-specific designs and implementation strategies rather than continuing with a uniform design. Separate designs and implementation strategies may be thought of for areas with high concentration of the poor.
- Since some distinction needs to remain between the 'poor' and 'non-poor', the nature of exclusion/inclusion errors suggests that it is much better to

define 'poor' for PDS purposes as much larger than current Planning Commission estimates of the number of poor, and exclude altogether the residual 'non-poor'. If the current allocation of 35 kg per household per month continues, the present PDS offtake (rice + wheat) of about 40 million tonnes would meet PDS requirements of nearly 10 crore households, that is, roughly 60% more households than those defined to be poor by current official poverty estimates.

- The effectiveness of the system can also be improved by better management with the help of IT. Computerization of PDS operations and introduction of a unique ID-based Smart Card System would help in addressing the issues related to bogus ration cards, diversion of foodgrains, etc. The Eleventh Plan will therefore focus on improving the delivery mechanisms and the monitoring arrangements based on IT.
- There is also a need to make concerted efforts for minimizing the operational costs of the FCI from the present high levels through better management practices so that major part of the food subsidy actually accrues to the beneficiaries.
- Attention should also be given to streamlining and standardizing the State level taxes on procurement of foodgrains. Decentralized procurement will be further encouraged and extended to other States with potential for procurement. It is also necessary to strengthen both domestic and international trade in foodgrains by means of appropriate changes in trade policies.

4.1.65 The centralized system involving FCI's stabilization operations would need to be strengthened. This would be helped if FCI is relieved of having to operate the system involving differential prices (i.e. between BPL and APL prices). The total projected GBS for the Eleventh Plan for the Department of Food and Public Distribution is Rs 614 crore (at 2006–07 prices) and Rs 694 crore (at current prices).

MALNUTRITION: ADDRESSING IT THROUGH A REVAMPED ICDS

4.1.66 The ICDS, which has been in existence for over three decades, was intended to address the problem of child and maternal malnutrition, but has clearly had

limited impact. Child malnutrition has barely declined at all in a decade and a half, anaemia among women and children has actually risen (see Annexure 4.1.3) and a third of all adult women were undernourished at the end of 1990s and also in 2005–06. It has also had limited coverage. Therefore, the answers are increasing coverage to ensure rapid universalization; changing the design; and planning the implementation in sufficient detail that the objectives are not vitiated by the design of implementation. Besides, all its original six services have to be delivered fully for the programme to be effective: (i) supplementary nutrition programme (SNP), (ii) immunization, (iii) health check-up, (iv) health and nutrition education, (v) referral services, and (vi) PSE.

4.1.67 First, the ICDS has to be universalized. Second, the current scheme does not focus on 0–3 year children. But malnutrition sets in in utero and is likely to intensify during the 0–3 year period, if not addressed. In fact, this window of opportunity never returns in the lifetime of the child. A child malnourished during 0–3 years will be marred physically and mentally for life. The design of the scheme has to address this problem frontally. This has several implications:

- *Mother's malnutrition and its knock-on effects on child malnutrition:* Malnutrition begins in utero, as Indian mothers on average put on barely 5 kg of weight during pregnancy. This is a fundamental reason underlying the LBW problem. They should put on at least 10 kg of weight, which is the average for a typical African woman. Middle class Indian women tend to put on well over 10 kg weight during pregnancy. But this is not the only problem; LBW is also partly explained by low BMI of women in general, prior to their becoming pregnant. Small women (who are small before they become pregnant) give birth to small babies. In 1998–99 as much as 36% of all Indian women (48% in Orissa and Chhattisgarh) had a below normal BMI; the share had barely dropped to 33% in 2005–06 (according to NFHS-3).
- *Breastfeeding in the first hour:* Within the first hour of birth, the infant must be breastfed. Only 23% of Indian babies were breastfed within the first hour

(in 2005–06). If Indian mothers enhance early initiation of breastfeeding within one hour, we can save 250000 babies from death annually by just this action; this would reduce the overwhelming share of neonatal mortality in our IMR.

- *Exclusive breastfeeding for six months* is necessary to avoid unnecessary infections to the baby, develop the baby's immunity, and ensure growth. Only 46% of Indian babies are exclusively breastfed; the remaining half is exposed to unhygienic methods of feeding (see Annexure 4.1.2).
- *Solid food six months on.* The baby must begin to receive solid, mushy food at 6 months (i.e. together with breastfeeds) for the baby to continue to grow in the way nature intended her to grow. Only 56% of mothers introduce appropriate solid, mushy food in a timely manner after 6 months. Not surprising that NFHS-2 data shows that the proportion of underweight children rises from 16% to more than 60% between the ages of 6 months and 2 years. This malnutrition also affects the mental development of the child for life. About 90% of the development of the brain takes place before a child reaches the age of two years (see Annexure 4.1.2).

4.1.68 The ICDS scheme accordingly needs to be restructured in a manner that addresses some of the weaknesses that have emerged and is suitable for universalization. The programme must effectively integrate the different elements that affect nutrition and reflect the different needs of children in different age groups. For the purpose the programme needs to be restructured in a Mission Mode with a Mission Structure at the central level and a similar structure at the State level. The Ministry of Women and Child Development (MoWCD) will prepare proposals for restructuring along the following lines so that the restructured programme can become effective on 1 April 2008.

- 0–3 year old children. Without prejudicing the interest of the 3–6 year olds, the focus of the entire ICDS has to shift to a much greater extent than before to the 0–3-year-olds. The AWWs in all anganwadi centres could focus on children under three years of age, pregnant, and lactating mothers. The tasks of this AWW would include breastfeeding

counselling, nutrition and health education and counselling to ensure solid, mushy food is introduced by six months to all infants, growth monitoring, provision of SNP to children in the six months to three years age group and pregnant and lactating mothers, and motivation for ANC, immunization, and related matters.

- 3–6 years. At present SNP is provided to children in the age group of 3–6 years. A major factor adversely affecting the success of ICDS is leakages which at least in part is due to centralized procurement of ready to eat (RTE) foods. Centralized procurement of food has the additional problem of irregular supply of food in the anganwadis, and thrusting food items on beneficiaries irrespective of their taste and preferences. Very often this leads to non-acceptance or rejection of the food distributed. The food distributed has to be hygienically prepared and culturally acceptable. Some States, for example Tamil Nadu and Maharashtra, are successfully serving hot cooked meals.
- Accordingly, it is necessary that the existing mechanism of fund flow to States for implementation of the scheme of ICDS be revived and restructured in the Eleventh Plan. In the vision for the Eleventh Plan outlined in Volume I, funds should ideally be released directly by the Centre through States to districts, with DPC and PRI institutions involved. The District Planning process will be strengthened if Gram Panchayats were involved for local level procurement of food items and supervision of AWWs. The Women and Child Development (WCD) prefers a fund release mechanism involving State, district, and block level societies working in Mission mode. The actual restructuring in the Eleventh Plan would need to keep in view both the urgency implicit in the Mission-mode approach and the convergence aspects that are implied in the overall Eleventh Plan vision for effective delivery.
- The feeding components present some choices. One approach is to rely on hot cooked meals according to local taste and provided at the anganwadi centres. Preparation of meals will be entrusted to Self-help Groups (SHGs) or Mothers' Groups, as per decision of the Village Committee. An alternative approach is to rely upon RTE micronutrient

fortified hygienically prepared food. The decision between these two options need to be based on a careful evaluation of pros and cons and will be an important part of the proposed restructuring. The choice between the two could also be left to decentralized decision making.

- Poor sanitation leads to high incidence of diarrhoeal disease in the early years, undermining whatever little poor nutrition the infant taking in; hence, the Total Sanitation Campaign (TSC) must force its pace, particularly in urban areas where the density of population is high and the risk of fecal contamination even higher than in rural areas.
- Convergence between nutrition and health interventions needs to be ensured. An institutional mechanism should be put in place to ensure better delivery of the services through regular periodic meetings of the functionaries of the two programmes at village, block, district, State, and Central level. Even more importantly, joint training of ICDS and Health Department staff, including the Accredited Social Health Activists (ASHAs), is necessary.
- Micronutrients do not work unless the child and mother are consuming sufficient calories through proper quantity of fat, protein, etc. For children between 3–6 years food diversification is necessary, that is, addition of egg, milk, fruits, leafy vegetables to their meal. There is also need for fortification in the diet of adolescent children especially girls. This is especially needed to address iron deficiency. It would be desirable to have an area-specific approach to the issue of micronutrients, rather than a thin spread across the country. There has been very little research on the efficacy of different forms of fortified foods/micronutrient supplementation for resolving micronutrient deficiencies. There needs to be much greater research into the strategy of providing fortified foods to address micronutrient deficiencies. The Eleventh Plan will support food fortification based on scientific evidence.
- LBW. It is necessary to improve the nutritional status of adolescent girls to make a significant dent on LBW babies and infant/child maternal mortality. The fact that the Mid Day Meal programme is being extended to UPS from 2007–08 will provide SNP

to all girls between the ages of 12–14, which will go some way towards meeting the additional calorie requirements of adolescent girls. However, on its own, this intervention will not suffice, and more serious thought needs to be given on how to address the LBW problem.

- Maternity benefit. Poor women continue to work to earn a living for the family right upto the last days of their pregnancy, thus not being able to put on as much weight as they otherwise might. They also resume working soon after childbirth, even though their bodies might not permit it—preventing their bodies from fully recovering, and their ability to exclusively breastfeed their new born in the first six months. Therefore, there is urgent need for introducing a modest maternity benefit to partly compensate for their wage loss. This could be an extension of the scheme of JSY of the MoHFW or part of a restructured ICDS.
- PSE is the weakest link of the ICDS. There is incontrovertible research that preschool education is critical to improve primary school readiness of the child of functionally illiterate parents, and thus improving dropout rates. Keeping in view the potential of PSE in enhancing enrolment and reducing school dropout rates, the component of PSE has to be necessarily strengthened (either under ICDS or in the primary school).

If this is to be done under ICDS, AWWs will need to be provided adequate training to upgrade their skills for imparting Pre-school Education (PSE) at anganwadis and the issues of their work-load and incentives would need to be considered. It may also be advisable to train and involve adolescent girls to impart PSE to supplement efforts of existing AWWs, for which too incentives will be required.

4.1.69 The aim should be to halve the incidence of malnutrition by the end of the Eleventh Plan to the level noted in Annexure 4.1.3 and to reduce anaemia among pregnant women and children to under 10%. There has to be provision made for annual or biennial surveys throughout the country to measure the incidence of underweight (mild, moderate, and severe), stunting, and wasting. There should also be a regular measurement of the status of anaemia among women

and children. This task could be assigned to the National Institute of Nutrition, Hyderabad.

MICRONUTRIENT MALNUTRITION CONTROL: CURRENT SCENARIO

4.1.70 The National Nutrition Monitoring Bureau (NNMB) Report of December 2006 reveals that the consumption of protective foods such as pulses, green leafy vegetables (GLV), milk, and fruits was grossly inadequate. Consequently, the intakes of micronutrients such as iron, vitamin A, riboflavin, and folic acid were far below the recommended levels in all the age groups. The data from nutritional survey of children under five years shows that the prevalence of signs of moderate vitamin A deficiency (VAD) (Bitot spots on conjunctiva in eyes) and that of B-complex deficiency (angular stomatitis) was about 0.6% and 0.8% respectively among the preschool children. Among the school age children, Bitot Spots were found in 1.9%, and the prevalence of B-complex deficiency and of mottling of teeth (dental fluorosis) was 2% each.

4.1.71 We look at some of the specific micronutrient deficiencies in the country that are of a magnitude that causes public health concerns.

Anaemia

4.1.72 IDA is the most widespread micronutrient deficiency in the world affecting more than a billion people. It affects all age groups irrespective of gender, race, caste, creed, and religion, with higher incidence among vulnerable groups in developing world. Anaemia is associated with increased susceptibility to infections, reduction in work capacity, and poor concentration. In India, this silent emergency is rampant among women belonging to reproductive age group, children, and low socio-economic strata of the population. IDA reduces the capacity to learn and work, resulting in lower productivity and loss of wages, limiting economic and social development. Anaemia in pregnant women leads to adverse pregnancy outcomes such as high maternal and neonatal mortality, LBW, increased risk of obstetrical complications, increased morbidity, and serious impairment of the physical and mental development of the child. Anaemia remains one of the major indirect causes of maternal mortality in India. In children, anaemia

causes low scholastic skills leading many of them to be below average in classes or premature dropping out from schools. It also triggers increased morbidity from infectious diseases.

4.1.73 It is also seen that children born to mothers who were illiterate or who belonged to scheduled castes/tribes were more likely to be anaemic than their counterparts. Further, children born to moderately and severely anaemic mothers were also anaemic, reflecting the consequences of poor maternal health status on the health of the children. Research studies have suggested that severe IDA during the first two years of life, when the brain is still developing, may cause permanent neurologic damage adding further sense of urgency to the current efforts to prevent IDA in children.

4.1.74 As per District Level Health Survey (DLHS) (2002–04), the prevalence of anaemia in adolescent girls is very high (72.6%) in India with prevalence of severe anaemia among them much higher (21.1%) than that in preschool children (2.1%). In adolescent girls, educational or economic status does not seem to make much of a difference in terms of prevalence of anaemia. Prevention, detection, or management of anaemia in adolescent girls has till now not received much attention. In view of the high prevalence of moderate and severe anaemia in this group and the fact that many of them get married early, conceive, and face the problems associated with anaemia in pregnancy, it is imperative to screen them for anaemia and treat them.

4.1.75 Low dietary intake and poor iron and folic acid intake are major factors responsible for high prevalence of anaemia in India. Poor bioavailability of iron in Indian diet aggravates the situation. High levels of infection such as water—and food-borne infections, malaria, and hook worm infestations further aggravate the situation.

4.1.76 Prevalence of anaemia is very high among young children (6–35 months), ever married women (15–49 years), and pregnant women (Annexure 4.1.3). Overall, 72.7% of children up to the age of three in urban areas and 81.2% in rural areas are anaemic.

Also, the overall prevalence has increased from 74.2% (1998–99) to 79.2% (2005–06). Nagaland had the lowest prevalence (44.3%), Goa was next (49.3%), followed by Mizoram (51.7%). Bihar had the highest prevalence (87.6%) followed closely by Rajasthan (85.1%), and Karnataka (82.7%). Moderate and severe anaemia is seen even among the educated families both in urban and rural areas. There are inter-State differences in prevalence of anaemia that are perhaps attributable partly to differences in dietary intake and partly to access to health care.

4.1.77 While analysing the data for States with anaemia level of 70% among children it was found that, except for Punjab, all other States had more than 50% prevalence of anaemia among pregnant women. This again reiterates the strong relationship between anaemia levels of mothers and children.

4.1.78 India was the first developing country to take up a National Nutritional Anaemia Prophylaxis Programme (NNAP) in 1972 to prevent anaemia among pregnant women and children. However, coverage under the programme needs improvement as only 22.3% of pregnant women consumed iron and folic acid for 90 days and only 50.7% had at least three antenatal visits for their last child birth (NFHS-3, 2005–06).

4.1.79 The current strategy, included as part of RCH Programme under NRHM, recommends that pregnant and lactating women, 6–12 months infants, school children, 6–10 year olds, and adolescents (11–18 year old) should be targeted in the NAPP as per the recommended dosage.

Iodine Deficiency Disorders (IDD)

4.1.80 IDD is a major public health problem for populations throughout the world, particularly for pregnant women and young children. They are a threat to the social and economic development of countries. The most devastating outcomes of iodine deficiency are increased perinatal mortality and mental retardation. Iodine deficiency is the greatest cause of preventable brain damage in childhood, which is the primary motivation behind the current worldwide drive to eliminate it. The main factor responsible

for iodine deficiency is a low dietary supply of iodine. It occurs in populations living in areas where the soil has low iodine content as a result of past glaciation or the repeated leaching effects of snow, water, and heavy rainfall. Crops grown in this soil, therefore, do not provide adequate amounts of iodine when consumed.

4.1.81 Goitre is the most visible manifestation of IDD. In severely endemic areas, cretinism may affect up to 5–15% of the population. While cretinism is the most extreme manifestation, of considerably greater significance are the more subtle degrees of mental impairment leading to poor school performance, reduced intellectual ability, and impaired work capacity.

4.1.82 IDDs have been recognized as a public health problem in India since the 1920s. No State in India is completely free from IDDs. A third of all children in the world that are born with IDD-related mental damage live in India.

4.1.83 The Indian National Goitre Control Programme (NGCP) was started in 1962 with a focus on the goitre belt in the country. However, the programme of universal iodization was introduced only in 1984, when all edible salt in the market was required to offer 30 ppm (parts per million) iodine at the production level. This was legalized through the PFA (Prevention of Food Adulteration) Act of 1988 that also banned the availability of crystalline salt (non-iodized) as an edible product. It was accepted variably by the different States, some putting only a partial ban and others none at all. Based on the recommendations of the Central Council of Health, the government took a policy decision to iodise the entire edible salt in the country by 1992. Since 1992, the National Iodine Deficiency Disorders Control Programme (NIDDCP) is the new name given to the erstwhile NGCP. This change has been effected with a view to cover the wide spectrum of iodine deficiency such as mental and physical retardation, deaf-mutism, and cretinism under the programme. Due to various research reports, the Central Government lifted the ban on the sale of non-iodized salt in 2000. The States chose to retain or revoke the ban depending upon their own assessment.

In 2005, a country-wide universal ban on sale of non-iodized salt for human consumption has again been promulgated by the Central Government.

4.1.84 Studies indicate that after a certain level, the prevalence of goitre does not decrease by iodination alone due to role of various other factors like goitrogens in food, pollutants in water, etc. Definite identification of the active agents and knowledge of their biological and physicochemical properties may permit public health officials to develop procedures for eliminating these compounds at the community level and eradicating goitre from endemic areas.

4.1.85 Evidence also provides basis to have a fresh look about: iodine as the sole factor in causality; magnitude of the problem as a major public health problem universally; effectiveness of universalization of iodized salt as a measure that leads to decreasing goitre and other IDD by itself; and possible negative impacts on health like increase in hyperthyroidism and hypothyroidism, and interaction with other minerals like iron.

Vitamin A Deficiency

4.1.86 VAD has been recognized as a major controllable public health and nutritional problem. An estimated 5.7% children in India suffer from eye signs of VAD. Recent evidence suggests that even mild VAD probably increases morbidity and mortality in children, emphasizing the public health importance of this disorder.

4.1.87 Vitamin A is an important micronutrient for maintaining normal growth, regulating cellular proliferation and differentiation, controlling development, and maintaining visual and reproductive functions. VAD is one of the major deficiencies among lower income strata population in India. Human beings cannot produce this micronutrient in the body itself. Hence it has to be externally provided. This deficiency is seen greater in preschool children and pregnant and lactating women due to higher need for this micronutrient. In severe cases it can even lead to total blindness.

4.1.88 Though the prevalence of severe forms of VAD such as corneal ulcers/softening of cornea

(keratomalacia) has in general become rare, Bitot spots were present in varying magnitudes in different parts of the country (NNMB 2003). The prevalence was higher than the WHO cut-off level of 0.5%, indicating the public health significance of the problem of VAD. There is huge inter-State variation in the prevalence of VAD among children. It is also a matter of concern that only 21% children of age 12–35 months received a vitamin A dose in last six months. Less than 10% coverage is reported in Nagaland (8.7%) and UP (7.3%). Only States such as Tamil Nadu (37.2%), Goa (37.3%), Tripura (38.0%), Kerala (38.2%), WB (41.2%), and Mizoram (42.2%) have better coverage, though substantially low.

4.1.89 In India way back in 1970 a National Programme for Prevention of Nutritional Blindness was initiated to fight this deficiency. The beneficiaries of this programme were preschool children (1–5 years). Further, the programme was modified in 1992 to cover children in the age group of nine months to three years only. Since Tenth Five Year Plan Vitamin A Supplementation exists as an integral component of RCH programme that is a part of NRHM.

4.1.90 During the past few years, series of expert consultations were held among various stakeholders. In view of disaggregated age-wise prevalence of VAD in children (NNMB reports), all these stakeholders recommended extending the programme to cover children up to five years. Consequently, MoHFW, GoI, issued guidelines to the States in November 2006 extending the programme to cover up to five years.

4.1.91 The programme focuses on:

- Promoting consumption of vitamin A rich foods by pregnant and lactating women and by children under five years of age and appropriate breast-feeding.
- Administering massive doses of vitamin A up to five years.
 - First dose of 100000 IU with measles vaccination at nine months.
 - Subsequent doses of 200000 IU each every six months.

4.1.92 Vitamin A supplementation and nutrition education is being implemented through the PHCs, Sub Centres, and the Anganwadis. The services of ICDS Programme, under the MoWCD, are utilized for the distribution of vitamin A to children in the ICDS blocks and for education of mothers in prevention of VAD.

Other Micronutrient Deficiencies

4.1.93 Recently, GoI examined the issue of use of zinc in the management of diarrhoea for the children and recommended to administer zinc as part of ORS in the management of diarrhoea for children older than three months. It is expected that introduction of zinc for diarrhoea will go a long way in reducing IMR in the country.

4.1.94 Apart from major macro and micronutrients there exist more than 300 nutrients, which are vital for the body. In recent years micronutrients and phyto nutrients (nutrients in edible plants having anti-oxidant and anti-inflammatory) have acquired centre stage in the field of nutrition. Phyto nutrients in the foods have biological property for disease prevention and health promotion. Truly nutritious diet is one that promotes health and prevents diseases. There is considerable interaction between different micronutrients with respect to metabolic function. Diets of the poor and even of some rich people may be deficient in a number of nutrients. Evidences based on research suggest that consumption of balanced food including protective foods like milk; varied kind of fruits, vegetables, etc. will meet the nutritional needs of the body. However, limited data is available regarding causes of deficiencies, interactions among various micronutrients when given as supplements, modalities of prevention and management of deficiencies, stability of micronutrients in fortified foods, etc.

4.1.95 ISSUES OF CONCERN

- Micronutrient malnutrition continues unabated in the country leading to heavy economic loss.
- Exact mapping of micronutrient deficiencies has not been done for the country.
- Existing programmes do not address the problem in a holistic manner. Only nutrient supplementation

programmes are in existence and that too not covering the entire high risk group.

- There is inadequate monitoring of micronutrient deficiencies in the country. NFHS undertaken every six years covers only anaemia levels in women and children under three years and projects only State-level picture. NNMB exists only in few States giving State-level projections for the eight States only.
- Dietary diversification and nutrition education have not been given the required thrust.
- Food fortification has not been studied adequately.
- Nutrition-oriented horticultural interventions to promote production of fruits and vegetables at household and community level are yet to be taken up.
- Awareness generation on consequences of micronutrient malnutrition, its prevention, and management is not being addressed adequately.

TOWARDS FINDING SOLUTIONS

4.1.96 A five-pronged strategy will be adopted during the Eleventh Plan to accelerate the programmes to overcome micronutrient deficiency in the country. These relate to:

- (i) **Dietary Diversification:** It means increasing the range of micronutrient-rich foods consumed. In practice, this requires the implementation of programmes that improve the availability and consumption of, and access to, different types of micronutrient-rich foods (such as animal products, fruits, and vegetables) in adequate quantities, especially among those who are at risk for, or vulnerable to, micronutrient malnutrition. Attention also needs to be paid to ensure that dietary intakes of oils and fats are adequate for enhancing the absorption of the limited supplies of micronutrients. It includes activities that improve production, availability, and access to micronutrient-rich and locally produced foods as a major focus of this type of intervention. Equally important is the use of communication and education activities to motivate changes in behaviour that increase consumption of beneficial foods, increase food production, and improve feeding practice in infants and children. Many dietary diversification activities operate at the

community level where they are more likely to be sustainable and cause enduring behaviour change in micronutrient consumption. Such efforts are primarily to be taken up by the Ministries of Health and Family Welfare, WCD, and Information and Broadcasting.

- (ii) **Nutrient Supplementation:** It concerns the Ministries of Health and Family Welfare, WCD, and Department of School Education and Literacy and could be achieved through biannual campaigns for administration of vitamin A to children between nine months to five years, providing iron and folic acid supplements to children from six months to two years and to adolescent girls of 10–19 years, administering iron tablets to all pregnant and lactating women and by emphasizing breastfeeding of infants up to six months under the NRHM implementation plans. While single supplements for various deficiencies are being used world over, evidence for a shift to multiple micronutrient supplementation is conflicting.
- (iii) **Horticulture Intervention:** Although India is one of the leading producers of vegetables; GLV constitute only 16% of the total vegetable production. Horticulture intervention will include increasing the nutrient-rich crops to meet the requirements. Promotion of home gardening is important to increase availability at the household level. Emphasis should be put on perennial varieties of GLVs that are relatively easy to grow. It includes training farmers in agriculture technologies to improve production and also providing them incentives to move away from cash crops. There is a need to develop a mechanism of coordination between the various departments involved in horticultural and educational activities for optimum benefit of the community. The activities also include increasing both production and productivity through adoption of improved technologies for ensuring quality, post-harvest activities, and food processing. Horticulture Intervention will also involve the Ministry of Agriculture for the supply of seeds, extension, and storage support.
- (iv) **Public Health Measures:** These will involve the Ministries of Health and Family Welfare, WCD, Commerce, Rural Development, and Urban

Development. This would require streamlining procedures of procurement and supply, building institutional capacity in organizations for monitoring and mapping micronutrient deficiencies, deworming children at regular intervals, and providing safe drinking water and sanitation.

- (v) **Food Fortification:** The activities involve the addition of one or more essential nutrients to a food, whether or not it is normally contained in it, for the purpose of preventing or correcting a demonstrated deficiency of one or more nutrients in the population or specific population groups. Examples of food fortification include adding specific micronutrients to commercially processed staple foods, such as vitamin A in sugar and margarine, iron and B vitamins in wheat and corn flour, and iodine in salt. The activities would involve the Ministries and Department of Health, Food Processing Industries, Food and Public Distribution, Consumer Affairs, Finance, Panchayati Raj, and State Governments. While fortification of foods supplied by the PDS has been suggested by some, the implications of this are not yet clear. The effects of fortification when there is a calorie gap are suspect. There are definitely some issues regarding the proposed forms of food fortification such as providing fortified atta instead of grain under the PDS; as grain can be stored for a longer period. Clearly, there needs to be much greater research into the strategy of providing fortified foods to address micronutrient deficiencies. The Eleventh Plan will support food fortification based on scientific evidence.

4.1.97 During the Eleventh Plan importance would be given to the following strategies and measures:

- High priority to micronutrient malnutrition control, specifically so to tackle anaemia, will be accorded at Centre and State levels. The goal is to reduce anaemia among women and girls by 50% by the end of the Eleventh Plan. State-specific goals have also been suggested (Annexure 4.1.1).
- DLHS of RCH Programme will recognize malnutrition including micronutrient as a serious public health problem and monitor prevalence of micronutrient deficiencies on priority.

- NNMB of ICMR will be expanded to all States/UTs to assist in monitoring micronutrient deficiencies through existing programmes.
- Existing Iron and Folic Acid Supplementation Programmes under RCH (NRHM) to cover infant and young children, by providing IFA in syrup form, and adolescent girls (10–19 years) by providing weekly iron supplements with immediate effect.
- Vitamin A Supplementation Programme to cover all children between nine months to five years of age and existing low coverage to be brought to 90% by 2009.
- Promotion of breastfeeding will be taken up for prevention of VAD.
- The NIDDCP will balance between preventing the ill-effects due to iodine deficiency and aggravation of other forms of hypothyroidism or hyperthyroidism that have been ignored until now. Multi-causality and regional diversity requires a range of approaches rather than a universal mono-solution. Based on this epidemiological understanding, the rational approach will be used to evolve a differential strategy for regions above and below the threshold levels.
- Research will be encouraged regarding causes of micronutrient deficiencies, understanding the complex web of causality, preventive strategies, and health behaviour regarding diet need to be carried out for a holistic view.
- Studies will be undertaken for collection of evidence regarding interaction amongst micronutrients, taste, smell, and shelf life of fortified foods, regional variations in deficiency, differing requirements of individuals, etc. before implementation of any multiple micronutrient supplementation and food fortification strategies.
- Community and household level production of fruits and vegetables will be promoted.
- Public health measures like deworming of all children every six months will be undertaken through schools and ICDS.
- Environmental sanitation and hygiene will be promoted vigorously and safe drinking water to be made universally accessible.
- A vigorous awareness campaign in the form of *Poshan Jagriti Abhiyan* will be launched utilizing all available channels of communication.

- A high level inter-agency coordination mechanism will be set up to enable policy directions to the concerned sectors.

4.2 SOCIAL SECURITY

ISSUES IN SOCIAL SECURITY FOR WORKERS

4.2.1 In India, traditionally, the aspects of social security were taken care of by the set up of family/community. Rapid industrialization/urbanization that began in the early twentieth century has largely led to the collapse of the joint family set up, thus necessitating institutionalized intervention in the form of State-cum-society regulated social security arrangements. The need has been felt for social security arrangements for workers and their families to enable them to deal with transient poverty/vulnerability caused by shock/adversity. Social protection could be instrumental in motivating the workers to work better and to increase productivity insofar as it would enable them to work free from domestic worries to a great extent. Indisputably, the best strategy to improve the condition of unorganized labour is to improve the demand for labour. Employment is the best form of social protection.

4.2.2 Institutionalized social security was available in India before 1947 to only a handful of government employees who had the benefit of retirement pension or contributory provident fund together with other complementary support for them and their family members. Few of the industrial/commercial sector establishments had extended certain measures in this regard on voluntary basis for their employees. The majority of workers remained uncovered and were left to fend for themselves. The situation worsened with the weakening of family support system due to various social and economic factors. The need assumes greater relevance with longer life span and the changing economic environment.

4.2.3 The concept of social security is to provide a safety mechanism through series of public intervening against the economic and social distress that is caused by the stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, occupational distress, unemployment,

invalidity, and old age. In the Eleventh Plan social security will be treated as an inclusive concept that also covers housing, safe drinking water, sanitation, health, educational, and cultural facilities for the society at large. It is necessary to ensure living wages, distinct from the concept of minimum wages, which can guarantee the workers a decent life. A number of schemes implemented by the government, both in the rural and urban areas seek to provide many services that supplement incomes of the people, which otherwise are fairly low.

CONSTITUTIONAL PROVISION

4.2.4 Articles 39(a) and 41 of the constitution require that the State should within the limits of its economic capacity, make effective provision for securing the right to work, to education, and to public assistance in case of unemployment, old age, sickness, and disablement. Though social security is not viewed as a fundamental right, Article 42 requires that the State should make provision for securing just and humane conditions of work and for maternity relief. Article 43 states that States shall endeavour to secure to all workers—agricultural, industrial, or otherwise, a living wage, such conditions of work that ensure a decent standard of life. Article 47 requires that the State should, as its primary duty, raise the level of nutrition and the standard of living of its people and improve public health.

LEGISLATIVE SUPPORT

4.2.5 Currently, there are contributory and non-contributory social security laws in our country. The contributory laws are those that provide for financing of the social security programmes by contributions paid by workers and employers and in some cases supplemented by contribution/grants from the government. The important contributory schemes include the Employees State Insurance Act, 1948 and the Provident Fund, Pension and Deposit linked insurance schemes framed under Employees Provident Funds and Miscellaneous Provisions Act, 1952. The major non-contributory social security measures are provided for under the Workmen's Compensation Act, 1923, the Maternity Benefit Act, 1961, and the Payment of Gratuity Act, 1972.

EXISTING SOCIAL SECURITY SCENARIO

4.2.6 The existing social security system in India exhibits diverse characteristics. There are a large number of schemes, administered by different agencies, each scheme designed for a specific purpose and target group of beneficiaries, floated as they are by the Central and State Governments as well as by VO in response to their own perceptions of needs, of the particular time. The result is often ambiguous. Many a time some scheme(s) might be responsible for creating 'exclusion' of the large number of those 'in most critical need for support from the planning process', on grounds of practicability or to protect the interests of those who are already 'in'. There are wide gaps in coverage (a large population is still uncovered under any scheme) and overlapping of benefits (a section of the population is covered under two or more schemes). In the existing system, coverage varies from scheme to scheme, with different groups of people receiving different types of benefits. In other words, no one is insured against all risks of life.

4.2.7 Over the years, both Central and State Governments have been taking initiatives for the welfare and social security of the workers in the unorganized sector. The Ministry of Labour and Employment is implementing welfare schemes for certain categories of unorganized sector workers like beedi workers, cine workers, and certain non-coal mine workers. Similarly, several insurance/poverty alleviation schemes are being implemented by various ministries/departments, as well as by States like Kerala and Tamil Nadu, which have constituted Welfare Funds for some occupational groups. Some States have launched group insurance schemes for their workers. Yet, some States like West Bengal initiated State-Assisted Provident Fund Schemes for the unorganized workers.

WORKERS WITH INSTITUTIONALIZED SOCIAL SECURITY COVER

4.2.8 The organized sector includes primarily those establishments that are covered by the Factories Act, 1948, the Shops and Establishments Acts of the States, Industrial Employment Standing Orders Act, 1946, etc. This sector already has a structure through which social security benefits are extended to its workers. While some of them such as Provident Fund, pension,

insurance, medical and sickness benefits are contributory (workers alone, or workers and employers, sometimes supported by the State), others like employment injury benefits, gratuity, maternity benefit are purely non-contributory and are met by the employers alone. Most workers under the organized sector are covered under the Institutionalized social security provided through Employees Provident Fund Organization (EPFO), and the Employees State Insurance Corporation (ESIC).

4.2.9 The EPFO is one of the largest provident fund institutions in the world in terms of members and volume of financial transactions that it has been carrying on. The EPFO caters to: (i) every establishment that is engaged in any one or more of the industries specified in the Act or any activity notified by Central Government, employing 20 or more persons, (ii) all cinema theatres employing five or more persons, other than those under the control of Central/State/local government that provide equivalent/better benefits of social security, and co-operative societies employing less than 50 persons and working without the aid of power, and (iii) any other establishment seeking coverage under the scheme voluntarily. As on 31.03.2006, 429.53 lakh persons were members of the Employees' Provident Fund, while 323.89 lakh persons were members of the Pension Fund.

4.2.10 The ESI Act was originally applicable to non-seasonal factories using power and employing 20 or more persons; but it is now applicable to non-seasonal power using factories employing 10 or more persons and non-power using factories employing 20 or more persons. The ESI Scheme has now been extended to shops, hotels, restaurants, cinemas including preview theatre, road motor transport undertakings, and newspaper establishments employing 20 or more persons. The existing wage limit for coverage is Rs 10000 per month (with effect from 1.10.2006). The ESI Scheme is being implemented area-wise by stages and it now covers all the States except Nagaland, Manipur, Tripura, Sikkim, Arunachal Pradesh, and Mizoram; and in Union Territories of Delhi, Chandigarh, and Pondicherry.

4.2.11 A scheme for providing employment to persons with disabilities in the organized sector has

been proposed to be launched. The main objective of the scheme is to provide incentives to the employers in the organized sector for promotion of regular employment to persons with disabilities. Under this scheme, the government would reimburse the employers' contribution of EPF and ESI for the first three years, aiming at creation of one lakh jobs for the physically challenged persons.

WORKERS WITHOUT INSTITUTIONALIZED SOCIAL SECURITY COVER

4.2.12 Workers in the informal economy include: (i) the vast majority of the workers in the unorganized/informal as well as; (ii) the workers employed in an informal capacity in the organized sector—the two together account for 93% of workforce. This category of the workforce is excluded from the institutionalized social security cover referred to above.

4.2.13 A number of schemes and systems are in operation in the nature of social security to workers in the informal economy, following four different major models. However, the major deficiency in this approach is the limited coverage (geographical areas and industrial activity). The benefits are confined to only about 5–6% of the informal sector workers. The National Farming benefit scheme that provides an assistance of Rs 10000 in the event of death of family breadwinner and the National Old Age Pension to destitutes above 65 years of age are other elements of existing social security structure.

4.2.14 The Social Insurance Schemes available to the unorganized sector are operated through the LIC such as Social Security Group Insurance Scheme. All persons in the age group of 18 to 60 years belonging to the 24 approved occupation groups, that is, beedi workers, brick-kiln workers, carpenters, cobblers, fishermen, hamals, handicraft artisans, handloom weavers, handloom and khadi weavers, lady tailors, leather and tannery workers, papad workers attached to Self-Employed Women's Association (SEWA), physically handicapped self-employed persons, primary milk producers, rickshaw pullers/auto drivers, safai karmcharies, salt growers, tendu leaf collectors, urban poor, forest workers, sericulture, toddy tappers, powerloom workers, women in remote rural hilly

areas are covered. The most important and comprehensive scheme that has been launched is the Janashree Bima Yojana providing insurance cover of Rs 20000 in case of natural death, Rs 50000 in case of death or total permanent disability due to an accident, and Rs 25000 in case of partial disability. The premium for these benefits is Rs 200 per beneficiary, of which 50% of the premium, that is, Rs 100 is contributed from the 'Social Security Fund' and 50% contributed by the beneficiary/State Government/nodal agency. Janashree Bima Yojana is available to persons in the age group of 18 to 60 years and living below or marginally above the poverty line. The scheme is extended to a group of 25 members or more. The limited reach of the schemes' benefits to the unorganized workers and the absence of direct link between a beneficiary and LIC have been the major drawbacks of these schemes.

NEED FOR AN INCLUSIVE SOCIAL SECURITY SYSTEM

4.2.15 More than 91% of India's workforce consists of informal workers working either in the unorganized informal sector (85%) or in the organized formal sector (6%). A large majority of them face the problem of 'deficiency' or capability deprivation (of basic needs) as well as the problem of 'adversity' (arising out of such contingencies as sickness and accidents). As stated earlier, the social security schemes that are currently in place hardly cover even 5 to 6% of the estimated number of total informal workers of 362 million (as of 1999–2000). With the exception of a small number of States with some social security cover for workers in the unorganized sector, a majority of the States do not offer any cover, especially for addressing such core concerns as health care and maternity. Among the Central and State Government initiatives that address the social security needs of the population, there are very few schemes addressed specifically for the unorganized workers. Kerala and Tamil Nadu are the only States that offer some reasonable coverage of both old age pension for the aged poor and other protective social security schemes for the workers in the unorganized sector. Some States like Maharashtra, Gujarat, West Bengal, Punjab, Haryana, Tripura, Karnataka, and Goa have a number of schemes for the aged poor and vulnerable population, but except in MP, no State has social security schemes specifically meant for the unorganized sector workers.

ISSUES ON SOCIAL SECURITY IN THE CONTEXT OF INCLUSIVE GROWTH

4.2.16 The majority of workers in the unorganized/informal sector come from the socially backward communities. Viewed in this light, the provision of social security to these workers should be seen as a form of social uplift. Further, the absence of a viable and comprehensive social security arrangement is not merely the problem of individual workers and their families. It also has wider ramifications for the economy and society. Economically speaking a worker with no social security cover is likely to have more domestic worries than the one with a reasonable cover. This, as noted above, debilitates the worker's efficiency and productivity. Lack of purchasing power, as a result of low earning power, along with vulnerabilities will have the effect of reducing the aggregate demand in the economy. Socially, the demonstration effect of the prospering section is likely to lead the uncovered section to disillusionment, dissatisfaction, and disaffection. The overall well-being of the country as measured by health, education, longevity of life, and access to resources will be affected adversely, at times manifesting itself in crimes and other illegal activities.

PROVISION OF SOCIAL SECURITY IN THE PERSPECTIVE PERIOD—RECENT INITIATIVES

4.2.17 The Recent Initiatives on Social Security consist of the Unorganized Sector Workers Social Security Bill, 2007, the *Aam Admi Bima Yojana (AABY)*, 2007, and Health Insurance Scheme for Unorganized Sector BPL workers, 2007. The major features are listed below:

Unorganized Sector Workers Social Security Bill, 2007

4.2.18 The Unorganized Sector Workers Social Security Bill, 2007, which has been introduced in the Rajya Sabha, seeks to provide statutory backing to the various social security schemes of the Central government included in the Schedule to the Act. These relate to: (i) life and disability cover, (ii) health and maternity benefits, (iii) old age protection, and (iv) any other benefits to be determined by the Central government. The State Governments may formulate schemes for: (i) provident fund, (ii) employment injury benefits, (iii) housing, (iv) educational schemes for children,

(v) skill upgradation of workers, (vi) funeral assistance, and (vii) old age homes. There will be a National Social Security Advisory Board and State Social Security Advisory Boards to make recommendations to the governments on suitable schemes for different sections of unorganized workers. The Boards will also monitor the administration of the schemes, review the processes of registration, issue of identity cards, recordkeeping, and the expenditure under the schemes, and also advise the governments on administration of the schemes. The benefits shall be admissible to all persons above 14 years of age based on a self-declaration that he/she is an unorganized sector worker. Upon an application to the District Administration in the prescribed form, such persons will be given an identity card in the form of a smart card. The law also requires the governments to make their contributions under the schemes regularly. The Schedule to the Act will have 11 schemes including the AABY and the Health Insurance Scheme for Unorganized Sector BPL workers.

Aam Admi Bima Yojana (AABY), 2007

4.2.19 Group Insurance Schemes do not attract unorganized sector workers or the organizations working for their welfare and development because the schemes do not provide the annuity in the cases of survivor members. All categories of unorganized workers are not covered under the existing schemes of social security. Further, lack of awareness about schemes amongst rural population and the poor delivery mechanism at the village level contribute to the ineffectiveness of the programmes.

4.2.20 Taking the above factors into account, the government has announced the AABY. The members of All Rural Landless Households, in the age group of 18–59 years will be eligible. The premium of Rs 200 per member will be borne by the Centre and States equally. The State Government will be the Nodal Agency. A sum of Rs 30000 in case of natural death and Rs 75000 in case of accidental death will be payable. A compensation of Rs 75000 will be payable in case of total permanent disability and of Rs 37500 in case of partial permanent disability. The scheme also has a provision for the payment of a scholarship of Rs 300 per quarter per child for two children of the

beneficiaries studying in 9th to 12th standard for its beneficiaries.

4.2.21 The AABY scheme also proposes the creation of a fund of Rs 1000 crore to be operated by LIC for meeting the liability of Central government towards its share of premium payment. As per the NSS, the number of rural landless households in the country is 1.5 crore. It is expected that in the first year approx. 70 to 80 lakh of rural landless households would be covered under the scheme requiring an expenditure of Rs 70–80 crore by the Central government towards its share of 50% premium. With an 8% per annum return expected on the Rs 1000 crore fund, the amount would be sufficient to meet the liability of premium payment.

4.2.22 A separate Rs 500 crore fund will be created for the purpose of providing scholarships to children of beneficiaries. This will make available Rs 40 crore for the full year at 8% per annum return. This amount would suffice for the coverage of 333000 children of the beneficiaries.

4.2.23 This scheme would extend the benefit of life insurance coverage as well as coverage of partial and permanent disability to the head of the family or an earning member of the family of rural landless households in the States and also educational assistance to their children studying from 9th to 12th standard as an extended benefit.

Health Insurance Scheme for Unorganized Sector BPL Workers, 2007 (Rashtriya Swasthaya Bima Yojana)

4.2.24 In order to provide accessible, affordable, and accountable quality health services to households in rural areas, the government has launched the NRHM. The principle thrust of NRHM is to make public system fully functional at all levels and to place a framework that would reduce the distress of households in seeking health care system through Health Insurance Scheme. Many efforts in the past for providing health insurance for the rural poor have not been successful because of inadequacies in design and implementation. The cost of insurance coupled with lack of perception of the benefits in the target group, and the

procedure for claiming reimbursements have posed serious challenges in the administration. A transparent scheme that lists the entitlements, administered through a smart card obviating the need for out-of-pocket expenses is expected to streamline the administration, ensuring the benefits. With these objectives in view, the government has introduced the *Rashtriya Swasthya Bima Yojana* to cover all BPL unorganized sector workers and their families (of five members), whose identity will be verified by the implementing agency and be issued a smart card. The cost of smart card will be borne by Central government, and the beneficiary will be required to pay Rs 30 per annum as registration/renewal fee. The prescribed premium of Rs 750 per member-family will be borne by the Central and State Governments in the ratio of 75:25. The package of benefits will include: (i) cashless attendance to all covered ailments; (ii) hospitalization expenses, taking care of most common illnesses, (iii) all pre-existing diseases to be covered, (iv) transportation costs subject to prescribed limits payable to the beneficiary. Flexibility is provided to the States to add to the benefits by meeting the additional premium requirements from their own resources. State governments would decide the Implementing Agency and also bear the administrative costs.

4.2.25 There are 6 crore BPL families. They will be covered in five years (1.2 crore per annum). The total cost of the scheme over the Eleventh Five Year Plan is estimated at Rs 7078.25 crore.

Extension of National Old Age Pension Scheme (NOAPS)

4.2.26 The National Social Assistance Programme (NSAP) came into effect from 15 August 1995 as a 100% Centrally Sponsored Programme, with three components namely, NOAPS, National Family Benefit Scheme, and NMBS. The NMBS has since been transferred to the MoHFW with effect from 1.4.2001. The NSAP aims at providing social security in case of old age, death of primary breadwinner, and maternity. The main objective of the NOAPS is ensure a minimum national standard of social assistance in addition to the benefit that States are already providing, without displacing the expenditure by States on social protection schemes. The scheme is aimed at senior

citizens, that is, over 65 years or above, who are destitute in the sense of having little or no regular means of subsistence from his/her own sources of income or through support from family members or other sources. Major modifications in NSAP are being proposed in the Eleventh Plan to provide more comprehensive coverage to the old (details in Chapter 3, Vol. III).

Unorganized Sector Workers—Conditions of Service Law

4.2.27 The unorganized section of agricultural sector (consisting of crop cultivation and other agricultural activities such as forestry, livestock, and fishing), not protected under the Plantations Workers Act, has neither formal system of social security nor regulation of conditions of work. The government has taken note of the concerns expressed by the NCEUS and is examining the desirability of enacting laws regulating the minimum conditions of work of agricultural wage workers and provide a measure of social security to agricultural wage workers and marginal and small farmers in the unorganized sector. Similar provisions would be made for other workers in the non-agricultural unorganized sector as well as informal/unorganized workers in the organized sector consisting of wage workers, independent self-employed, and workers who are self-employed at home, whose minimum conditions of work are not regulated by any other legislation. The provision of a statutory package of National Minimum Social Security to which all unorganized (agricultural and non-agricultural) workers are entitled need to be considered. There may be Social Security Advisory Boards and dispute resolution mechanisms to oversee and monitor the implementation and ensure that each such worker has the sense of being provided with what is due to him/her.

SOCIAL SECURITY: APPROACH AND STRATEGY FOR THE ELEVENTH FIVE YEAR PLAN

4.2.28 A protective social security mechanism, taking care of the adversity aspects of ill-health, accidents/death, and old age would be established at the core. The other vulnerability aspects due to in-built deficiencies as they exist now, such as lack of access for the poor to credit/finance (especially for the self-employed),

loans for upgrading skills, loans for housing, children's education, etc. shall be tailored to meet the social security concerns of workers qua workers in the unorganized/ informal sector, subject to the availability of resources. The National Old Age Pension presently covers persons who are destitute and old aged. Some States cover the old aged BPL persons. NSAP would be made more comprehensive.

4.2.29 Considering the achievements made by the ESIC and the EPFO in providing institutionalized social security cover to a majority of the workers in the organized sector, attempt would be made to widen their coverage and strengthen them. To cover more number of beneficiaries, measures should be taken to enhance the capability of these institutions to cope with the workload. To reduce harassment and corruption in these institutions, the government will strive to streamline the delivery system in these institutions.

4.2.30 A national policy for fixing minimum wages

would be crystallized and made effective. Discrimination in wages based on gender and age would be abolished/penalized. The recovery of minimum wages would be simplified and be equated with recovery due of land revenue. An information network will also be built to promote awareness, to educate employers (some of whom do alternate as wage labour too), and to prevent malpractices (perpetrated by design or by ignorance) with the help of the media, NGOs, and PRIs.

4.2.31 Assigning an identity to the beneficiary is an essential condition to create empowerment to lay a claim to what one is expected to receive. The National Social Security Numbers schemes shall be extended to all citizens in the country, so that the most vulnerable people who need it the most, including migrant labour and nomads could use it. In fact, considering that such persons do not even get the rations under the PDS, which is an important social security measure, this exercise will be taken up urgently.

ANNEXURE 4.1.1
Malnutrition of Children (0–3 Years), by State

S.No.	State	Current level of Wt-for-age below–2 SD	Eleventh Plan Goal-redn. by 50%
1	Andhra Pradesh	36.5	18.3
2	Arunachal Pradesh	36.9	18.5
3	Assam	40.4	20.2
4	Bihar	58.4	29.2
5	Jharkhand	59.2	29.6
6	Goa	29.3	14.7
7	Gujarat	47.4	23.7
8	Haryana	41.9	21.0
9	Himachal Pradesh	36.2	18.1
10	J&K	29.4	14.7
11	Karnataka	41.1	20.6
12	Kerala	28.8	14.4
13	MP	60.3	30.2
14	Chattisgarh	52.1	26.1
15	Maharashtra	39.7	19.9
16	Manipur	23.8	11.9
17	Meghalaya	46.3	23.2
18	Mizoram	21.6	10.8
19	Nagaland	29.7	14.9
20	Orissa	44.0	22.0
21	Punjab	27.0	13.5
22	Rajasthan	44.0	22.0
23	Sikkim	22.6	11.3
24	Tamil Nadu	33.2	16.6
25	Tripura	39.0	19.5
26	UP	47.3	23.7
27	Uttarakhand	38.0	19.0
28	WB	43.5	21.8
29	Delhi	33.1	16.6
	INDIA	45.9	23.0

Note: 1. Figures for current level are that of NFHS 2005–06.

2. For State level figures, pro-rata reduction has been applied on the basis of targeted reduction at All India level. Figures for other States are not available.

Source: NFHS 2005–06.

ANNEXURE 4.1.2
State-wise Malnutrition Rate of Children in Various Age Groups

State	Children age 0–5 months exclusively breastfed (%)	Children age 6–9 months receiving solid or semi-solid food and breast milk (%)	Children under 3 years who are underweight (%)
India	46.3	55.8	45.9
Andhra Pradesh	62.7	63.7	36.5
Arunachal Pradesh	60.0	77.6	36.9
Assam	63.1	59.6	40.4
Bihar	27.9	57.3	58.4
Chhattisgarh	82.0	54.5	52.1
Delhi	34.5	59.8	33.1
Goa	17.7	69.8	29.3
Gujarat	47.8	57.1	47.4
Haryana	16.9	44.8	41.9
Himachal Pradesh	27.1	66.0	36.2
J&K	42.3	58.3	29.4
Jharkhand	57.8	65.3	59.2
Karnataka	58.0	72.5	41.1
Kerala	56.2	93.6	28.8
Maharashtra	53.0	47.8	39.7
MP	21.6	51.9	60.3
Manipur	61.7	78.1	23.8
Meghalaya	26.3	76.3	46.3
Mizoram	46.1	84.6	21.6
Nagaland	29.2	71.0	29.7
Orissa	50.2	67.5	44.0
Punjab	36.0	50.0	27.0
Rajasthan	33.2	38.7	44.0
Sikkim	37.2	89.6	22.6
Tamil Nadu	33.3	77.9	33.2
Tripura	36.1	59.8	39.0
UP	51.3	45.5	47.3
Uttaranchal	31.2	51.6	38.0
WB	58.6	55.9	43.5

Source: NFHS-3 (2005–06), IIPS, MoHFW, GoI.

ANNEXURE 4.1.3
Anaemia among Women (15–49 Years)

S. No.	State	Current Level	Eleventh Plan Goal: reduction by 50%
	India	56.1	28.1
1	Delhi	43.4	21.7
2	Haryana	56.5	28.3
3	Himachal Pradesh	40.9	20.5
4	J&K	53.1	26.6
5	Punjab	38.4	19.2
6	Rajasthan	53.1	26.6
7	MP	57.6	28.8
8	Chattisgarh	57.6	28.8
9	UP	50.8	25.4
10	Uttarakhand	47.6	23.8
11	Bihar	68.3	34.2
12	Jharkhand	70.4	35.2
13	Orissa	62.8	31.4
14	WB	63.8	31.9
15	Arunachal Pradesh	48.9	24.5
16	Assam	69.0	34.5
17	Manipur	39.3	19.7
18	Meghalaya	45.4	22.7
19	Mizoram	38.2	19.1
20	Nagaland	30.8	15.4
21	Sikkim	46.8	23.4
22	Goa	38.9	19.5
23	Gujarat	55.5	27.8
24	Maharashtra	49.0	24.5
25	Andhra Pradesh	62.0	31.0
26	Karnataka	50.3	25.2
27	Kerala	32.3	16.2
28	Tamil Nadu	53.3	26.7
29	Tripura	67.4	33.7

Notes: 1. Figures for current level are that of NFHS 2005–06.

2. For State-level figures, pro-rata reduction has been applied on the basis of targeted reduction at All India level.

3. Figures for other States are not available.

Source: NFHS 2005–06.

ANNEXURE 4.1.4
Distribution of Cardholders among Poor and Non-poor

	% poor having no ration card	% of poor having BPL/AAY cards	% BPL/AAY cards with non-poor	% non-poor having BPL/AAY cards
J&K	7.9	55.1	85.4	17.2
Himachal Pradesh	3.3	45.1	73.6	13.7
Punjab	15.8	19.5	83.0	8.5
Uttranchal	6.1	35.2	34.2	12.0
Haryana	4.4	32.6	74.8	15.2
Rajasthan	5.0	23.6	65.2	12.1
UP	16.4	22.9	48.7	10.6
Bihar	25.5	21.2	45.1	12.6
Assam	25.7	23.3	56.0	7.6
WB	11.2	40.5	60.7	20.6
Jharkhand	22.1	31.9	42.4	17.0
Orissa	29.3	54.8	38.1	29.4
Chhatisgarh	24.1	47.9	47.0	29.4
MP	30.0	41.9	46.2	22.2
Gujarat	10.9	48.1	71.2	24.2
Maharashtra	19.2	39.9	51.1	18.4
Andhra Pradesh	24.1	66.8	81.3	50.3
Karnataka	20.7	59.6	65.6	36.5
Kerala	10.0	48.4	74.8	25.0
Tamil Nadu	9.0	29.7	63.1	15.0
All India	19.1	36.0	59.8	20.7

Source: NSS, 61st Round, 2004–05.

ANNEXURE 4.1.5
PDS Benefits—Rice and Wheat

(Rs per Household)

	Poor				Non poor			
	No card	APL card	BPL card	Antyodaya card	No card	APL card	BPL card	Antyodaya card
J&K	33.73	78.19	278.72	333.96	22.77	53.89	206.43	286.26
Himachal Pradesh	0.00	43.83	124.94	262.10	2.72	21.84	122.38	204.55
Punjab	0.00	0.00	1.96	111.54	-0.58	-0.07	1.38	0.00
Uttaranchal	0.00	8.32	88.22	202.61	0.06	10.52	54.73	115.10
Haryana	0.00	0.04	12.09	114.36	0.00	0.00	11.61	75.15
Rajasthan	6.23	6.42	70.93	169.27	-6.18	3.77	54.35	93.80
UP	2.48	0.92	39.96	132.88	0.17	0.68	23.79	107.40
Bihar	-0.29	0.32	3.86	47.27	-0.05	0.01	6.10	44.26
Assam	8.27	4.71	81.33	184.81	2.45	1.43	47.98	21.30
WB	50.69	-0.03	30.78	86.65	14.82	0.31	24.15	46.06
Jharkhand	0.00	0.48	30.43	112.80	0.15	0.94	10.84	65.06
Orissa	2.17	3.09	31.93	129.92	0.25	0.81	12.04	120.67
Chhatisgarh	5.72	13.69	70.05	213.53	2.97	6.36	43.01	104.49
MP	4.27	8.02	60.37	146.03	0.80	1.42	40.20	100.32
Gujarat	4.38	1.99	86.17	182.58	0.57	1.86	79.17	29.02
Maharashtra	3.02	8.75	97.16	192.23	1.87	4.25	80.77	158.83
Andhra Pradesh	1.71	56.75	113.67	260.27	4.17	31.23	95.72	249.61
Karnataka	8.79	63.08	199.43	230.81	1.29	46.29	180.99	231.85
Kerala	22.04	68.16	166.06	242.23	4.82	18.33	94.03	209.85
Tamil Nadu	43.83	182.85	198.06	349.04	13.56	126.08	177.58	314.68
All India	6.69	15.64	81.45	176.18	2.28	12.56	74.59	146.92

Source: NSS 61st Round, 2004–05.

ANNEXURE 4.1.6
Beneficiaries of any Programme (Annapurna, FFW, ICDS, MDM)

(%)

	Poor			Non-poor		
	No card	APL	BPL/AAY	No card	APL	BPL/AAY
J&K		4.5	12.7	1.0	2.1	7.8
Himachal Pradesh	23.3	70.0	72.2	23.8	34.7	37.8
Punjab		6.2	13.9	1.8	3.3	8.3
Uttaranchal	33.9	41.9	57.5	6.2	20.4	37.0
Haryana	13.8	37.1	31.3	9.6	19.5	34.3
Rajasthan	19.2	29.8	54.5	9.2	24.6	45.2
UP	21.8	24.1	31.5	10.5	13.7	27.5
Bihar	7.1	18.4	23.6	6.9	13.1	31.6
Assam	24.5	49.2	42.5	8.5	24.7	28.9
WB	47.3	52.6	52.1	21.8	27.0	43.3
Jharkhand	16.7	13.3	20.2	8.4	9.7	18.4
Orissa	41.9	50.1	56.4	25.3	32.3	46.8
Chhatisgarh	59.8	59.3	73.3	36.9	39.4	50.3
MP	40.5	42.6	52.1	18.9	26.1	42.7
Gujarat	42.0	67.0	65.7	20.8	25.7	37.5
Maharashtra	49.8	38.8	52.6	25.9	22.5	39.2
Andhra Pradesh	23.5	40.1	50.1	18.1	15.9	33.3
Karnataka	35.5	35.6	62.6	19.4	23.2	44.2
Kerala	56.2	45.2	58.4	30.9	23.4	33.9
Tamil Nadu	54.2	56.7	57.1	26.9	27.1	39.2
All India	31.6	34.2	49.0	17.4	20.6	36.9

Source: NSS, 61st Round, 2004–05.

Drinking Water, Sanitation, and Clean Living Conditions

INTRODUCTION

5.1 Provision of clean drinking water, sanitation, and a clean environment are vital to improve the health of our people and to reduce incidence of diseases and deaths. Women and girls spend hours fetching water and that drudgery should be unnecessary. Drudgery is undesirable in itself and it also takes away other opportunities for self-development. Drinking water is less than 1% of the total water demand and should have the first priority among all uses of water.

5.2 Lack of covered toilets nearby imposes a severe hardship on women and girls. Also provision of clean drinking water without at the same time of provision for sanitation and clean environment would be less effective in improving health. The two should be treated together as complementary needs.

5.3 The status of provision of water and sanitation has improved slowly. According to Census 1991, 55.54% of the rural population had access to an improved water source. As on 1 April 2007, the Department of Drinking Water Supply's figures show that out of a total of 1507349 rural habitations in the country, 74.39% (1121366 habitations) are fully covered and 14.64% (220165 habitations) are partially covered. Further, present estimates shows that out of the 2.17 lakh water quality affected habitation as on 1.4.05, about 70000 habitations have since been addressed for providing safe

drinking water. Also, from the reported coverage, there are slippages in the prescribed supply level, reducing the per capita availability due to a variety of reasons.

5.4 Water supply in urban areas is also far from satisfactory. As on 31 March 2004, about 91% of the urban population has got access to water supply facilities. However, this access does not ensure adequacy and equitable distribution, and the per capita availability is not as per norms in many areas. Average access to drinking water is highest in class I towns (73%), followed by class II towns (63%), class III towns (61%), and other towns (58%). Poor people in slums and squatter settlements are generally deprived of these basic amenities. The population coverage in the past decades and as of March 2004 is as shown in Table 5.1 below:

5.5 The quantity of urban water supply is also poor. Water is supplied only for few hours of the day that

TABLE 5.1
Percentage of Population Covered with Water Supply Facilities

Year	Urban Population (million)	Percentage of Population Covered with Water Supply
1981	152	78
1991	217	84
2001	285	89
2004	308 (projected)	91

leads to a lot of waste as taps are kept open and water is stored not all of which is used. This is so, despite the fact that per capita availability of water in cities like New Delhi exceeds that in Paris, where water is supplied round the clock.

5.6 The access to toilets is even poorer. As per the latest Census data (2001), only 36.4% of the total population has latrines within or attached to their houses. However in rural areas, only 21.9% of population has latrines within or attached to their houses. An estimate based on the number of individual household toilets constructed under the TSC programme (a demand-driven programme implemented since 1999) puts the sanitation coverage in the country at about 49% (as on November 2007). An evaluation study on the programme conducted in 2002 shows 80% of toilets constructed were put to use. This use is expected to be much higher as awareness has improved much since 2002.

5.7 63% of the urban population has got access to sewerage and sanitation facilities (47% from sewer and 53% from low cost sanitation) as on 31.3.2004. As a consequence, open defecation is prevalent widely in rural areas but also significantly in urban areas too.

5.8 We look at the Eleventh Plan approach to deal with the problems of rural water supply, urban supply, rural sanitation, and urban sanitation.

RURAL WATER SUPPLY

PAST PROGRAMMES AND OUTLAYS

5.9 The GoI's major intervention in water sector started in 1972–73 through Accelerated Rural Water Supply Programme (ARWSP) for assisting States/UTs to accelerate the coverage of drinking water supply. In 1986, the entire programme was given a mission approach with the launch of the Technology Mission on Drinking Water and Related Water Management. This Technology Mission was later renamed as Rajiv Gandhi National Drinking Water Mission (RGNDWM) in 1991–92. In 1999, Department of Drinking Water Supply (DDWS) was formed under the MoRD to give emphasis to rural water supply as well as on sanitation. In the same year, new initiatives in water sector had been

initiated through Sector Reform Project, later it was scaled up as *Swajaldhara* in 2002. With sustained interventions, DDWS remains an important institution to support the States/UTs in serving the rural population with water and sanitation related services all across India.

5.10 An investment of about Rs 72600 crore has been made (under both State and Central Plans) from the beginning of the planned era of development in rural water supply sector. As per available information, this investment has helped to create assets of over 41.55 lakh hand pumps, around 15.77 lakh public stand posts, around 1.60 lakh mini-piped water supply schemes, and 45000 multi village schemes in the country under the Rural Water Supply Programme. Of these systems, 88.21% hand pumps, 93.49% stand posts, 91.95% mini schemes, and 96.26% multi village schemes are reported functional by the States. During the Tenth Plan, the approved outlay for the programme was Rs 13245 crore. The programme was well funded during the Tenth Plan (being a part of Bharat Nirman Programme) and by the end of March 2007, an amount of Rs 16,103 crore was released to the States under the scheme. On the physical achievement side, 352992 habitations have been reported covered by the States during Tenth Plan.

5.11 The *Swajaldhara* programme was launched in 2002–03. The programme involves a community contribution of 10% of the project cost to instil a sense of ownership among the people and also to take over the Operation and Maintenance (O&M) of the schemes constructed under the programme. The Centre provides 90% of the project cost as grant. Under the *Swajaldhara* programme, out of the 19385 schemes included under the programme with an estimated cost of Rs 1069 crore, only 11046 schemes could be completed in the Tenth Plan with an expenditure of Rs 610 crore. The monitorable target of covering all habitations in the Tenth Plan, which was aimed to be achieved in 2004, could not be achieved. During the Eleventh Plan, the *Swajaldhara* principles are to be adopted by the State Governments as per local conditions and adequate flexibility has been provided to incorporate such principles under the ongoing ARWSP itself.

MAJOR ISSUES IN RURAL WATER SUPPLY

5.12 The main problems are of sustainability of water availability and supply, poor water quality, centralized versus decentralized approaches, and financing of O&M costs.

Sustainability

5.13 Habitations that are covered in the earlier years slip back to not covered or partially covered status due to reasons such as sources going dry or lowering of groundwater, sources which are quality affected, systems working below their capacity due to poor O&M, and normal depreciation. Increasing population leading to emergence of new habitations also increase the number of unserved habitation.

5.14 Sustainability of the Rural Water Supply Programme has emerged as a major issue and the Eleventh Plan aims at arresting the slip backs. The rate of habitation slippages from fully covered to partially covered and partially covered to not covered is increasing. In addition to this the increase in the number of quality-affected habitations that are dependent on ground water source is adding to these slippages. This can be gauged from the fact that there are about 6.83 lakh partially covered and not covered habitations as per the 2003 survey. The Mid-Term Appraisal of the Tenth Plan observed that over-reliance on groundwater for rural water supply programme has resulted in the twin problem of sustainability and water quality and suggested a shift to surface water sources for tackling

this issue. Restoration of tanks can provide a local solution (see Box 5.1). It is important to apply the principle of subsidiarity to collect water, store water, use water, and manage waste water as close to the source as possible.

Water Quality

5.15 There are about 2.17 lakh quality-affected habitations in the country with more than half of the habitations affected with excess iron (118088). This is followed by fluoride (31306), salinity (23495), nitrate (13958), arsenic (5029) in that order. There are about 25000 habitations affected with multiple problems. About 66 million population is at risk due to excess fluoride in 200 districts of 17 States. Arsenic contamination is widespread in West Bengal and it is now seen in Bihar, eastern UP, and Assam. The hand pump attached de-fluoridation and iron removal plants have failed due to inappropriate technology unsuited to community perceptions and their involvement. Desalination plants have also met a similar fate due to lapses at various levels starting with planning to post implementation maintenance.

5.16 The Bharat Nirman Programme aims at addressing water quality problems in all the quality-affected habitations by 2009. It has given a sign of hope for addressing the issue. While higher allocation (20% of ARWSP funds committed for water quality) of funds is addressed, the next important step is to achieve convergence, ensure community participation, and an

Box 5.1**Success Stories in Sustainability—Ooranis—The Lifelines of Rural Tamil Nadu**

For the people of Tamil Nadu the traditional ooranis or ponds have truly proved to be a blessing. The ooranis were developed as the main supply systems in Tamil Nadu centuries back. These earthen bunded ponds were constructed by the collective efforts of the people over the ages and have been designed hydrologically to have adequate and assured inflow of surface runoffs. Almost all ooranis are well connected with irrigation tanks called Kanmoi.

In recent years however the ooranis were neglected and dilapidated due to implementation of new water supply facilities such as handpumps, deep borewell, and Combined Water Supply Schemes. Initiatives were taken therefore to improve and strengthen them under the Ministry of Rural Development's RGNDWM, *Pradhan Mantri Grameen Yojana*, ARWSP programmes. These included measures like desilting the pond, treatment of catchment areas, clearing of the supply channel, provision of filter media, and providing draw well arrangements and fencing of the oorani. 360 ooranis have been rejuvenated in several districts with the combined efforts of the government, the community, technical expertise from the Anna University, and NGO participation. Water shortages have now become a thing of the past in these areas, and with the harvested rainwater flowing into the ooranis, a sustainable water supply system has thus become a reality.

IEC campaign. Convergence would offer twin benefits, that is, sustain the source (also provide alternative surface source) and dilute the groundwater chemical contamination.

Decentralization

5.17 Whenever the community has been involved from planning stage, the programme has always become sustainable. While our programmes have elaborate guidelines for community involvement, it is obvious that field-level adoption is far from satisfactory. The 73rd and 74th constitutional amendments have devolved the water supply responsibility to PRIs/local bodies. Due to their inherent weaknesses like funding constraints, low technical ability, etc. the devolution of power is yet to make a desirable impact on the ground. While sporadic success stories are trickling in, this concept has yet to go a long way. States have to play an important role in placing the Twelfth Finance Commission (TFC) grants devolved to Panchayats and placing the implementation agency at the command of local bodies. The second is simply absent in many States.

Financing of the Capital Cost and O&M (Rural Water Supply Programme)

5.18 States have been expressing constraints in providing adequate matching share for availing ARWSP funds. The DDWS has suggested that funding pattern of the programme should change from the current 50:50 (Centre:State) to 75:25 for Non Special Category States and 90:10 for Special Category States.

5.19 The Bharat Nirman Programme has nearly doubled the funds available for the sector through the ARWSP. The Centre is also encouraging external assistance for this sector. The average cost of coverage of not covered, slipped back, and quality-affected habitations have gone up considerably.

5.20 The TFC has provided enough funds for the O&M of the water supply systems in rural areas. Also the rural community is not averse to paying charges for a reliable supply. Convergence of various programmes would also bring additional funds. While the funding for the programme would be provided for through various sources, what is more important

for the success of the programme is the change in the approach (community-based local solutions) and mindset (moving away from the pure asset creation towards service delivery approach).

ELEVENTH FIVE YEAR PLAN TARGETS FOR RURAL WATER SUPPLY

The Targets

5.21 To 'provide clean drinking water for all by 2009 and ensure that there are no slip-backs by the end of the Eleventh Plan' is one of the monitorable targets of the Eleventh Five Year Plan. The first part of the goal coincides with the terminal year of Bharat Nirman Programme under which it is proposed to provide safe drinking water to all habitations. Under the Bharat Nirman Programme 55067 not covered habitations, 2.8 lakh slipped back habitations, and 2.17 lakh quality-affected habitations are proposed to be covered. The first two years of the Eleventh Plan forms the second-half period of the Bharat Nirman Programme. While the coverage reported by the States under not covered and slipped back habitations are encouraging, the coverage under water quality-affected habitations is far from satisfactory. This would be one of the major challenges during the Eleventh Plan. The States have done well in covering the slipped back habitations (1.63 lakh habitations covered) and not covered habitations (23000 habitations covered). However, achievement in the quality-affected habitations is way below the target. Against 2.17 lakh habitations, as on 1.4.05, about 70000 habitations have since been addressed. The States find it difficult to establish alternate sources of water supply to the quality-affected habitations, as either the source is very far off or simply not available, nearby.

5.22 The government is also committed to provide 100% coverage of water supply to rural schools. The ARWSP includes school water supply also. The DDWS has estimated that by April 2005, there are 2.31 lakh uncovered rural schools in the country, which needs to be covered with water supply. While the ARWSP has provision of water supply to existing schools, the new schools are covered under other programmes like *Sarva* SSA of the MHRD. The funds required to cover the schools at the rate of Rs 40000

per school works out to Rs 924 crore. The coverage of schools could be best achieved by convergence of various programmes of the Department of the Elementary Education and Literacy and the Department of Women and Child Development.

The Way Forward

5.23 The problems of sustainability of water availability, maintenance of supply system, and dealing with the issue of water quality are the major challenges in the Eleventh Five Year Plan. The conjunctive use of groundwater, surface water, and rooftop rainwater harvesting systems will be required to be encouraged as the means of improving sustainability and drinking water security. While convergence of various programmes for funds and physical sustenance is most important, States should put in place an effective coordinating mechanism for attaining success. Otherwise the vicious cycle of coverage and slip back would continue in the next plan also. The Eleventh Five Year Plan proposes to deal with the various issues as follows:

5.24 The TFC awards for maintaining the water supply systems by local bodies must be implemented and schemes transferred to Panchayats. State can share a part of the O&M cost of such Panchayat as a hand-holding support for first few years before the local bodies become self-sustainable. To enable local bodies, an effective MIS for knowing the status of water supply in every habitation in the State should be put in place and every State should earmark funds for this purpose. All the States' information systems should be connected to the all-India server at Delhi and this MIS should be web-enabled for moving to the larger objective of public monitoring. Also adequate training at local bodies' level should be undertaken for enhancing their technical capacities for maintaining the water supply systems. The implementing agencies must be made accountable to the local bodies for providing water supply services. However major engineering schemes can continue to be with the State-level agencies.

Local Participation and Convergence

5.25 In order to universalize access to safe drinking water, it needs to be isolated from agriculture and other uses wherever possible. To prevent lowering of water

tables due to excessive extraction, cooperation with agricultural users becomes necessary. A cooperative mechanism of water users and Panchayat representatives has to regulate use within average annual recharge level. All groundwater-based resources should be provided with a recharge structure that would help keep the source alive. Also rainwater harvesting in schools and community buildings should be made compulsory and individual household rooftop rainwater harvesting system like individual household toilets should be promoted, if necessary, special funds should be earmarked for this purpose.

5.26 Where groundwater quality and availability is unsatisfactory, surface water sources need to be developed. Restoration and building of tanks and other water bodies along with rainwater harvesting structures for recharge and for direct collection at community and household levels constitute an attractive option. The Central Government should support the States for tapping the maximum external assistance for this purpose, a part of the assistance could be shared by the Centre as decided in the case of the external assisted Water Bodies Restoration programme (WBRP) wherein 25% grant of the project cost is passed on to the States. The assistance here could be restricted to covering the quality-affected habitations in various States.

5.27 Another alternative is to bunch the habitations into large numbers and involve the technically sound private service providers to cover the quality-affected habitations on an annuity basis for a certain period. Meanwhile parallel efforts to restore the source through water augmentation programme should continue in these habitations as an alternative arrangement, provided such systems are proposed by and have the consent of the PRIs and local bodies.

5.28 Involvement of the community in the monitoring of the water supply works should be made a primary condition for release of funds for completed work. The DDWS has initiated monitoring of the water quality under the National Rural Drinking Water Quality Monitoring and Surveillance Programme (NRDWQMSP) under which the Gram Panchayat/Village Water and Sanitation Committee provided

with user-friendly field test kits for testing both bacteriological and chemical contaminants followed by testing of the samples at district- and State-level laboratories. Such initiatives need to be extended to the other regular programmes under the ARWSP also. Involving the community in bringing quality and sustainability to the village-level drinking water supply systems should be encouraged, rewarded, and recognized in an appropriate manner along the lines of the *Nirmal Gram Puraskar* that has galvanized communities and local bodies for an enthusiastic and effective response to the TSC of the GoI.

5.29 While our programme guidelines do recognize the role of women in planning and post implementation maintenance with some success stories of women maintaining the hand pumps and tube wells, the success has to spread far and wide. Of late, the country is realizing the potential of women in the form of SHGs. Women SHGs are functioning well in States such as Tamil Nadu and Gujarat. Women SHGs also should be given the responsibility for collection of maintenance funds after the source is handed over to them for maintenance. Women SHGs should be encouraged for taking up the O&M of the existing functional systems. If the source is dysfunctional, the State should incur one-time expenditure to set it right and encourage SHG to take them over.

5.30 The resources required could be easily mobilized if the various programmes can be converged to work in complementary ways.

5.31 The National Rural Employment Guarantee Programme has seven identified work component related to water. The Rural Development Ministry is implementing major watershed schemes through the Department of Land Resources. There are other programmes such as Backward Region Grant Fund, artificial recharge of groundwater schemes and rain water harvesting, restoration of water bodies scheme (both pilot and external assisted) by the Ministry of Water Resources, the National Project for Renovation of Water Bodies and schemes such as the National Afforestation Programme, River Valley Project, Flood Prone River Programme, Integrated

Wasteland Development Programme, Grants under TFC, *Hariyali*, and the States' own schemes. Convergence of these programmes should help to augment funds and bring institutions together for sustainable water supply.

URBAN WATER SUPPLY

PAST PROGRAMMES AND OUTLAYS

5.32 The coverage of urban population with water supply facilities in the past had not been very impressive, due to various reasons, including the fact that the investment made in the urban water supply sector had been inadequate. The Tenth Plan projected a requirement of Rs 28240 crore for achieving population coverage of 100% with drinking water supply facilities in the 300 Class I cities by 31.3.2007. The estimated outlay for the Tenth Plan period, however, was only Rs 18749 crore in the State sector, and Rs 900 crore in Central sector making a total outlay of Rs 19649 crore only.

5.33 The Tenth Five Year Plan envisaged augmentation of water supply in urban areas to reach the prescribed norms, higher degree of reliability, assurance of water quality, a high standard of operation and management, accountability to customers, and, in particular, special arrangements to meet the needs of the urban poor, and levy and recovery of user charges to finance the maintenance functions as well as facilitate further investment in the sector. The achievement of these tasks depends to a large extent on the willingness of the State Governments and urban local bodies to restructure water supply organizations, levy reasonable water rates, take up reforms in billing, accounting, and collection, and become creditworthy in order to have access to market funding. Measures were suggested for water conservation, reuse, and recycling of waste water.

5.34 While there were progress in some of the suggestions of Tenth Five Year Plan like adoption of the rain-water harvesting, tariff revision for sustaining O&M, augmenting the water supply, reducing the leakages, etc. This progress is, however, confined to some pockets of the country. Thus, for example, the southern metropolitan water supply and sanitation service

providing institutions of Chennai and Bangalore are meeting their O&M expenditure from the revenue generated from water tariff. The capital city of Delhi's service provider Delhi Jal Board is performing far below the desirable levels both in terms of service provision, persistence of large amount of unpaid and unaccounted for water (UFW) as well as in tariff realization.

5.35 However the Tenth Five Year Plan has triggered the realization that institutions have to be self-sustaining and efficient service is the key to realize that. The lesson to be learnt is in today's scenario, in urban areas, people are willing to pay for the services, provided they are reliable both in quantity as well as in quality. The experience of Bangalore is reflected in Box 5.2 below.

Box 5.2
Urban Slum Water Supply

The Social Development Unit of Bangalore Water Supply and Sewerage Board (BMWSSB) under the AusAID Master Plan project has helped to cover 10000 households with water supply in 43 Bangalore slums. This was made possible by reducing the connection fee, tariff, and effecting changes in the proof of residency. This way the illegal water connections were connected to revenue earning ones. All these connections were metered and with individual connections, dependence on public stand posts reduced. BMWSSB then cut down the wastages also. The most significant part was the assessing the willingness and capacity to pay by slum dwellers and the tariff made acceptable to the community by ensuring reliable service.

5.36 To extend financial support to the State Government/local bodies and to provide water supply facilities in towns having population less than 20000 (as per 1991 census), the centrally sponsored Accelerated Urban Water Supply Programme (AUWSP) was launched in March 1994. These towns are often neglected during normal times and are worst hit during the period of drought.

5.37 So far, water supply schemes for 1244 towns have been sanctioned at a cost of Rs 1822.38 crore

under AUWSP since its inception from 1993–94 and 639 schemes have been completed/commissioned. Since 2005–06, no schemes are being sanctioned under the programme since scheme has been merged with the Urban Infrastructure Development Scheme for Small and Medium Towns (UIDSSMT). An amount of Rs 828.60 crore (till September 2006) was released to the States and they have reported incurring an expenditure of Rs 805.83 crore and the total expenditure reported is Rs 1412.88 crore.

5.38 An evaluation study carried out in 62 towns in 24 States has shown that the programme has resulted in water supply augmentation and improved health outcomes but indicated the need for some design flexibility and institutional strengthening of local bodies for managing the completed schemes.

MAJOR ISSUES IN URBAN WATER SUPPLY

Sustainability and Equity

5.39 Sustainability in the urban water supply is addressed mainly through supply side augmentation. Distant perennial sources are identified and long distance piped water transfer to the cities and towns are common. Augmentation plans are generally gigantic and engineering-oriented and has greater acceptability at all levels. The demand management is the least preferred option. However when it comes to payment of water charges, the decision is invariably with the elected government and not with the executing agency, which has to depend on the grants for O&M, for sustaining the quantity and quality.

5.40 It is not uncommon that pockets of urban areas would get higher service levels both in terms of number of hours of water availability as well as per capita availability. The UFW due to leaking water supply systems and illegal tapping reduces water availability. The average water loss in the leaking water supply systems varies from place to place and it is generally between 20–50%. Dedicated efforts to plug the leakages are required in addition to demand management measures for achieving the sustainability and equity.

5.41 Long distance water transfer has brought in the attendant issues of dependence on other States for urban water supply. For example, Delhi depends on Haryana and UP for its water supply. Chennai gets 15 TMC of Krishna River Water from Andhra Pradesh. Bangalore water supply is fully dependent on Cauvery waters. There are a few instances when even within the State people object to transfer of water from one district to another. Some times, these issues have a serious implication on the sustainability of supplies to the cities.

Demand and Supply Management

5.42 There is a huge gap between the demand and supply of water in urban areas, which is also growing due to population and urbanization. Norms for various places depending upon the level of development have been established and it is maximum for metropolitan cities. The regular Plan programmes by the States are heavily tilted in favour of supply side management. Recycling and reuse of water, reducing the water demand through rainwater harvesting, using water-efficient household equipment, including flushing cisterns would go a long way in conserving water and reducing demand. Proper metering of water and

rational tariff would reduce water demand and encourage conservation. We need to have a concept of water-efficient homes in urban areas and for this there is a need to have a well-orchestrated information campaign. Long distance piped water transfer and desalination of water in coastal areas as augmentation measures are very capital-intensive. Demand management is necessary to achieve sustainability. An integrated water supply and use strategy such as used in Singapore (see Box 5.3) should be encouraged.

Financing and Institutional Issues

5.43 Provision of water supply in urban areas is basically a responsibility of urban local bodies. The PPP efforts to attract financing of water supply projects are finding its place, though so far only in few cases (see Box 5.4). PPP is important to leverage government investments and to access private sector management efficiencies. Reforms are a necessary precondition for gaining success through PPP. It is paradoxical that urban utilities receive funds from institutions such as HUDCO, LIC, government, etc. without any reform conditionalities but on the other hand, States are given additional financial support towards implementing reforms through schemes like JNNURM.

Box 5.3 Public Utilities Board (PUB) Singapore

PUB is the National Water Agency in Singapore charged with water, wastewater, and storm water management in the city state. The public agency services about 4.5 million people and a number of major industries with intensive water use. The development and implementation of the complete management system is ongoing but has taken over a period of about 40 years. PUB's holistic approach has resulted in a lower dependence on external water sources by diversification of water sources including water reuse, desalination, storm water storage in new water storages, and supply of very high-quality recycled water to industry with some internal reuse of this supply. Singapore presents a challenging environment for water resources management, as it is a small but densely populated island city state. In its own operations PUB has significantly reduced water losses due to leakage in pipes and inaccurate meters. It has 100% servicing of its population with water and waste water services and strong political and public acceptance of its policies and services. It has been accompanied by a major change in water pricing and access policy, which aims to use the rate structure to encourage the more efficient use of water. PUB has been able to provide lowered costs of delivered water of improved higher quality to industry and the community. Reclaimed water branded *NEWater* in Singapore is recognized for its high quality. Singapore has also been able to maintain low water costs for households on the lowest tariff water supply despite the major capital investments in new equipment and systems. Its household directed campaign of 'Water-efficient homes' helps residents to save water at home and reduce their water bills. Through an extensive partnering programme with the water industry in all aspects of implementation it has been a model of outsourcing skills. From this it has developed an industry capable of transferring this knowledge and skills to the region as well as attracting a broad range of industry skills and capabilities as well as research in Singapore. The PUB story would fit well as a study example in the education of water managers. PUB has won the prestigious 2007 Stockholm Industry Water Award.

PUB website: www.pub.gov.sg

Box 5.4
PPP in Urban Water Supply

Tamil Nadu has emerged as forerunner in attracting PPP in urban water supply sector. At 42%, it is a highly urbanized State in the country. The State has already commissioned the 'Tirupur Water Supply and Sewerage project' at a cost of Rs 1023 crore. The cost per kilo litre of water at estimate stage is Rs 30, which is high due to recovery of the sewerage capital cost, operating expenses, and capital cost. The next project on PPP is 100 million litres per day (MLD) desalination project for Chennai Water Supply.

5.44 The large number of institutional issues in water supply sector discussed during the formulation of the Tenth Plan are still valid. The rationale of financing water supply schemes fully or partly as grant, inability of the urban local bodies (ULBs) to raise funds due to low tariff recovery, their weak financial position preventing any augmentation efforts, tossing around the responsibility of water supply from the State level utility to local bodies/Panchayats with large liabilities, etc. are continuing.

5.45 Despite the large grants by TFC for local bodies to maintain the water supply systems, things have yet to improve a lot on the ground. Overlapping of responsibilities between various institutions like ULBs, State-level agencies, and departments dilutes the accountability and responsibility to the customers.

Tariff and O&M

5.46 Evolving realistic water tariff so as to discourage excessive use of treated/potable water is one of the important management tools for demand management. Not much has been done on this important aspect in many urban local bodies in the country except a few larger cities that have undertaken some measures by way of installing water meters for consumers. The major reason for slow progress in this regard is that good quality meters are not available on a large scale since the meter manufacturing facility is vested with small-scale industries at present, which do not have the capacity to produce meters on a large scale.

5.47 Poor O&M due to inadequate financial resources is one of the primary reasons for low sustainability

and equity in water supply. The responsibility of operation, maintenance, and revenue collection is generally vested with the elected ULB, while the specialized bodies are not able to raise the water tariff without the approval of the provincial governments. The local bodies generally receive grant assistance ranging from 10% to 60% for capital works on water supply and sanitation from the State Government. Usually, they do not receive any grant assistance for O&M of water supply and sewerage. Municipal bodies in many parts of the country suffer from inadequate resources. Assessment of demand and 'willingness to pay' by the communities would help to arrive at a basis for pricing water management services and to clarify the scope for adopting 'full cost recovery' policies to achieve financial sustainability.

ELEVENTH FIVE YEAR PLAN PROGRAMMES FOR URBAN WATER SUPPLY

5.48 With a view to provide 100% water supply accessibility to the entire urban population by the end of the Eleventh Plan in 2012, it has been estimated that Rs 53666 crore is required. With a view to provide reform-linked infrastructure facilities in the urban areas, the GoI has launched the two new programmes namely—

- (i) JNNURM covering 63 cities with population above one million as per 2001 census, including 35 metro cities and other State capitals and culturally important towns.
- (ii) UIDSSMT for the remaining 5098 towns having population less than one million to cover all the towns as per 2001 census, irrespective of the population criteria.

5.49 JNNURM is envisaged for implementation over a seven-year period starting from 2005 to 2012 with a tentative outlay of Rs 100000 crore, which includes contribution of Rs 50000 crore to be made by the States and ULBs. Water supply and sanitation is accorded priority under the programme and is likely to receive 40% of plan funds. It is important to tap the other sources like higher Central and State sector outlays, institutional financing, PPP, and external assistance.

5.50 Sea water desalination has emerged as an alternative option for water supply augmentation in coastal areas. Many research institutes have embarked upon this programme for producing cheap water from the abundant source. While the Chennai Desalination Plan of 100 million litres per day (MLD) is large version being tried with PPP mode by the Government of Tamil Nadu, Central institutes such as Bhabha Atomic Research Centre (BARC) and National Institute of Ocean Technology (NIOT) have already established desalination plants at various places (see Box 5.5). The research needs to be advanced to bring down the cost of water produced from such systems.

THE WAY FORWARD

5.51 The Eleventh Five Year Plan will address the issues faced by the sector and strive to achieve the goal of universal water supply coverage and sustainability as follows:

Priority for Drinking Water

- While designing and constructing multipurpose dams/reservoirs, adequate care would be taken to reserve/apportion sufficient quantity of water for domestic use in the urban areas. Keeping in view the National Water Policy, topmost priority would be given by the State Governments to the drinking water supply needs of cities and towns from the available water sources. This needs to be operationalized by all States in the form of State Water Policy as desired in National Water Policy, 2002.
- Under JNNURM and UIDSSMT programmes, special attention will be given to towns and cities

affected by surface and groundwater contamination due to the presence of chemicals such as iron, manganese, fluoride, salinity, arsenic, pesticides, etc. in excess of the prescribed limits. Such drought-prone and water shortage areas as well as the cities and towns having water quality problems would be given top priority in the selection process by State Governments/ULBs.

Maintenance of Assets

- Adequate thrust may be given to the O&M of the assets created for their optimal and efficient use by evolving suitable strategy and creating adequate infrastructure facilities within State departments/concerned ULBs.
- Computerized MIS is a must for developing a strong data base at local, State, and Central levels on Urban Water Supply and Sanitation sector for decision making, planning, and mid-course corrections from time to time. In most States, elaborate computerized MIS is not in place. It is recommended that MIS cells may be created with central funding at State and Central levels for exchanging information and to develop good data base for the sector.

Metering of Water for Volumetric Change

- Telescopic water tariff/user charges should be formulated and levied to discourage excessive use of water while providing a basic quantity of water at a low tariff. Metering of water supplies should be made mandatory in a phased manner with a view to conserve water as well as to generate revenue on a realistic basis.

Box 5.5

Sea Water Desalination Initiative by National Institute of Ocean Technology (NIOT), Chennai, Pure Water at Six Paise per Litre

The NIOT, Chennai, has succeeded in putting together and operating a desalination system with a capacity of 1 million litres a day. The quality of water is tested and found above international standards. For instance, the total dissolved solids was found to be less than 10 parts per million (PPM) as against international standard of 500 ppm. The system that works on the principle of flash evaporation works on mounted barge off shore, drawing water from sea at different levels to accomplish the task. The technology involved was turning surface sea water into vapour in a vacuum chamber and then condensing the vapour using the cold water drawn from the sea itself from a depth of 600 m. For transporting the one million litre water from offshore barge to the shore, specially designed water bags of special material were made that could hold and carry 2 lakh litres and could be towed to shore using small fishing boats. The NIOT would now focus on desalination plant with 10 MLD with the help of private sector. The water costs 6 paise per litre. The NIOT has already installed one lakh litre desalination plant at Lakshadweep Island during 2006.

- The ULBs need to be given greater autonomy in respect of fixing tax rates, user charges, etc. and also ensure regular revision of such rates. The 74th constitutional amendment needs to be implemented in its entirety. There is a need for regulatory regime in water supply and sanitation sector to enthuse confidence among the private players.

Reducing Waste and Promoting Conservation

- Intensive leak detection and rectification programme should receive priority. Severe penalties should be levied on those found responsible for leakage and wastage of water. ULBs may be asked to enact necessary changes in the municipal Acts.
- To reduce wastage of water, adoption of low volume flushing cisterns, waste not taps, etc. should be adopted so as to minimize the need for fresh water. Ministry of Urban Development/Town and Country Planning Organization (TCPO) may take up the matter with the States and ULBs to promote usage of such cisterns so as to conserve fresh water. Central Public Works Department may also widely use such cisterns in the buildings constructed by them.

Augmenting Availability

- It must be made mandatory to install rainwater harvesting systems in both public and private buildings including industrial and commercial establishments so as to conserve water. The ULBs should make it a point not to approve building plans having no provision for such systems. It is also equally important to ensure proper implementation of the approved system by the builders.
- The State Governments and ULBs may implement schemes for artificial recharge of ground water as per techniques developed by the Central Ground Water Board.

Water Quality

- Water quality surveillance and monitoring should be given top most priority by the State Governments/ULBs so as to ensure prevention and control of water-borne diseases. For this purpose, water quality testing laboratories have to be set up in every city and town backed by qualified personnel to handle such laboratories and where

such labs already exist, they should be strengthened with equipment, chemicals, manpower, etc., if necessary.

Finance

- Efforts should be made to step up the quantum of funds through institutional financing, foreign direct investment, assistance from bilateral, multi-lateral agencies, newly launched Pooled Finance Development Scheme, tax-free municipal bonds, Member of Parliament Local Area Development (MPLAD) funds, etc. apart from involving private entrepreneurs.

Human Resources

- Trained technical human resources are a must for successful implementation and maintenance of various water supply and sanitation schemes. However, in some States as well on in many ULBs the water utilities do not have adequate trained technical personnel, due to which the sector is affected badly. Under the circumstances, the Public Health Engineering (PHE) training programme of the Ministry of Urban Development has to be toned up further with adequate funds to enable Central Public Health and Environmental Engineering Organization (CPHEEO) to impart training to the various technical personnel of the State Governments/ULBs on a variety of technical subjects and management aspects.

RURAL SANITATION

5.52 Sanitation is to be seen as a basic need, as basic as drinking water or food. A sanitary toilet, within or near home, provides privacy and dignity to women. Mahatma Gandhi emphasized the link between sanitation and health as a key goal for our society.

5.53 Sanitation coverage, which ought to be a way of life to safeguard health, is inadequate in our country. In fact, problems like open defecation continue to remain the only form of sanitation for the majority of the population in rural areas. The practice of open defecation in India is due to a combination of factors—the most prominent of them being the traditional behavioural pattern and lack of awareness of the people about the associated health hazards.

5.54 Recognizing the link between healthy environment and sanitation, the MDGs stipulate, inter alia, halving, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The TSC programme, the flagship programme of the government, has set an ambitious target beyond the MDGs and aims to achieve universal sanitation coverage in the country by the end of the Eleventh Plan.

PERFORMANCE REVIEW OF RURAL SANITATION SECTOR—TSC IN TENTH PLAN

5.55 The TSC is being implemented in 578 districts of 30 States/UTs with support from the Central Government and the respective State/UT governments. Against a target of 10.85 crore individual household toilets, the toilets reported completed is about 2.89 crore up to January 2007. In addition, about 3.12 lakh school toilets, 8900 sanitary complex for women, and 99150 *balwadi* toilets have been constructed. The approved outlay for the programme in the Tenth Plan was Rs 955 crore and the anticipated financial utilization is about Rs 2000 crore. The Eleventh Five Year Plan targets to complete 7.29 crore individual toilets for achieving universal sanitation coverage in rural areas.

MAJOR ISSUES IN RURAL SANITATION COVERAGE

5.56 Though the current programme emphasis on construction of household toilets is laudable, it needs to reorient itself to a vigorous Information and Education Campaign mode to bring about a change in mindset. The evaluation study of the programme has shown that 20% of the toilets are not used or used for other purposes like storage. The superstructure for the toilet, the one that guarantees privacy and dignity, was provided funds under the programme starting only in March 2006.

5.57 The issue of convergence of the programme with health awareness received a boost only after the launch of the NRHM. While it was introduced earlier at school level, at the community level it was expanded later. However, the school programme had a cascading effect on the individual household and children helped to change attitudes. The

awareness is now picking up and the programme needs to capitalize on this for increasing the sanitation coverage. Lack of priority for the programme by many States leading to inadequate provision of funds for the State share for the TSC, lack of emphasis on personal communication on sanitation at the village level, and inadequate capacity building at the grassroot level are some of the common issues seen across the States that hinder expansion of sanitation coverage.

ELEVENTH PLAN PRIORITIES

5.58 While the hardware part of the programme for assisting the States in providing the various types of sanitation would continue, the focus now should be more on changing behaviour patterns. The Nirmal Gram Puraskar (described later) has brought a sea change in the attitudes of the community and it is promoting a healthy competition among the Panchayats for achieving total sanitation. Low-cost technology options for constructing the toilets should be tried and community should be given freedom to choose the various options. The focus on school sanitation needs to continue. In addition, SWM in villages should be the next focus area. Ten per cent of the TSC funds are earmarked for this purpose already. Adequate funding for the programme would have to be provided so that the momentum generated is not lost.

IEC AND NIRMAL GRAM PURASKAR (NGP)—SUCCESS STORIES

5.59 To add vigour to the TSC, in June 2003, the GoI initiated an incentive scheme for fully sanitized and open defecation free Gram Panchayats, blocks, and districts called the NGP. The incentive pattern is based on population criteria. The NGP is given to the following:

- Gram Panchayats, blocks, and districts that achieve 100% sanitation coverage in terms of 100% sanitation coverage of individual households, 100% school sanitation coverage, making the village, block, district free from open defecation and with clean environment.
- Organizations that have been the driving force for effecting full sanitation coverage in the respective geographical area.

5.60 The incentive scheme has caught on like wild fire and the number of Panchayats who have received this Puraskar is steadily going up. From a mere 40 village/block panchayats from six States that received the award in 2005, in the year 2007, the number of awardees have gone up to 4959 from 22 States. Maharashtra, which got 13 awards in 2005, received 1974 awards in 2007—a significant achievement—followed by Gujarat with 576 awards. Box 5.6 highlights the efforts of Suravadi Panchayat in this area.

Beyond Nirmal Gram—Monitoring for Sustainability

5.61 Once the village, block, or district Panchayat has received the Puraskar, there is a responsibility thrust on them, to maintain the Nirmal Gram status. The sustainability features mentioned in the Maharashtra success story on sanitation are worth emulating. Specially, community involvement with women and children would sustain the Nirmal Gram status. Such

grams have to move now to the next stage of sustained SWM and proper street drainages.

5.62 The Way Forward

- Open defecation-free status is the basic objective of the programme. The sanitation campaign should focus on creating awareness about the importance of sanitation among people with special emphasis on children. Awareness can spread rapidly from children to parents to community, which will create demand for sanitation. The software component of the programme like IEC, NGP will receive more priority.
- Once individual or community toilets are provided demand for water would increase.
- Rural sanitation has to be promoted on low water, low-cost, and eco-sanitation models without causing further stress on water resources. Such systems will be actively promoted, encouraged, incentivized, and rewarded.

Box 5.6 **How Suravadi Panchayat in Phaltan Block in Satara District of Maharashtra won the Nirmal Gram Puraskar (NGP)**

This Panchayat that has a population of 2891 people has 412 households out of which 112 are BPL households. The Panchayat has a village primary school, an anganwadi centre, and a Primary Health Centre five km away. There was no community toilet facility in the village. Men, women, and children used to defecate in the open. Out of 47 individual toilets 34 were not in use (used only for other purposes). Village was always highly stinking, no drainage, many ill with diseases like jaundice, flu, cholera, etc. Several village meetings were held for stoppage of open defecation. It looked like a Herculean task in the beginning, as people were not coming forward for construction of toilets.

Things began to change when Sant Gadge Baba Gram Swachhata Abhiyan started in year 2000 and motivational campaign and meetings were organized by Panchayat. The school teachers and students were involved in this campaign. Sanitation campaign started with making a 28-seater complex and few individual units. Persons still going for open defecation were penalized with no distribution of wheat and kerosene from FPS. It was also decided to give Rs 500 to every family to construct its own latrine. Construction of toilets geared up slowly but taken up in later stages by community participation. The Gram Panchayat and youth group of the same village monitored the sanitation programme.

Everybody is using toilets in the village today. Recognition of community is shown by painting all houses using toilets in pink colour. With the campaign, people also gained knowledge on bio-gas plants and about conservation of sources. The scheme was also linked with and benefited through other rural developmental schemes like Yaswant Gram Samruddhi Yojana.

To sustain the programme women and children get regular knowledge on cleanliness through school. Extra classes have been organized for students on promotion of sanitation and hygiene activities in the schools. The village now has a better school facility and the Panchayat is fully involved, as it had initiated this campaign. There is a feeling of pride with their becoming the first village in the entire State to get the NGP award.

Present sanitation status in the village is as follows:

Number of Households:	412
Status of Toilets:	100% using toilets
	Community Complexes (28 users)
	10 Gobar gas plants linked to toilets

- As an incentive mechanism, the Nirmal Grams should be provided funds under the ARWSP for higher service levels from 40 litre per capita per day (LPCD) to 55–60 lpcd per capita. This should be with commitment for meeting the O&M cost from the society.
- Specific policy directives for sanitation campaigns to include special needs of women, adolescent girls, infants, disabled, and the aged will be given.
- Sufficient focus of rural sanitation should be laid on the needs of disaster-prone areas such as hills, mountains, coastal areas, etc.
- The investments required in training, skill development for production of low-water, low-cost sanitation appurtenances suitable for rural areas, and training of self-groups of women, youth, etc. as masons and mistries for embarking on large-scale simple toilet construction activities throughout the country will be made available. The community should be encouraged to avail soft micro credits from the SHGs and for which a separate revolving fund should be provided.
- There is a need to have a monitoring system for the villages, which received the Nirmal Gram Puraskar award so that the success obtained is sustained. Community monitoring with women and children would be the primary choice. A close monitoring mechanism to oversee the coverage of BPL household and in SC/ST household also should be put in place at every State level.
- Schools provided with sanitation facilities should have a separate rain water harvesting system to meet the water requirement for the sanitation purposes.
- The Nirmal Gram Puraskar model of recognizing and rewarding entire village panchayats and PRIs that have been able to bring about total sanitation in many villages through awareness, peer pressure, and local competitive spirit amongst the PRIs will continue to be promoted.
- Segregation of degradable and non-degradable solid waste, black and grey liquid wastewater, and holistic environmental protection and cleanliness through rural sanitation, solid and liquid waste programmes will be promoted as the next area of focus.
- Decentralized sanitation solid and liquid waste

management as business models under various employment and self-employment programmes with appropriate incentives will be encouraged.

URBAN SANITATION INCLUDING SWM

5.63 The major issues in urban sanitation are how to expand sewerage and sanitation facility to cover all the people in all cities and towns; how to find resources to do that; how to create awareness about the importance of sanitation and SWM; how to prepare and execute plans that keep up with growing population; and how to finance the O&M costs of the facilities created?

STATUS OF URBAN SANITATION AND SOLID WASTE DISPOSAL

5.64 On the basis of information furnished by the State agencies in charge of Urban Water Supply and Sanitation Sector, about 91% of the urban population has got access to water supply and 63% to sewerage and sanitation facilities (47% from sewer and 53% from low cost sanitation) as on 31.3.2004. However, adequacy, equitable distribution, and per capita provision of these basic services may not be as per prescribed norms in most of the cities. For instance, the poor, particularly those living in slums and squatter settlements, are generally deprived of these basic facilities.

5.65 As per assessment made by the Central Pollution Control Board on the status of wastewater generation and treatment in Class I cities and Class II towns during 2003–04 (Table 5.2), about 26254 MLD of wastewater is generated in 921 Class I cities and Class II towns in India (housing more than 70% of urban population). The wastewater treatment capacity developed so far is about 7044 MLD—accounting for 27% of wastewater generated in these two classes of urban centres.

5.66 The pollution effect of sanitation is enormous. Three-fourths of the surface water resources are polluted and 80% of the pollution is due to sewage alone. Poor sanitation conditions, particularly in slums, are often linked to outbreaks of cholera and gastroenteritis. Water-borne diseases are one of the major causes of mortality throughout India and impose a huge burden in terms of loss of life and productivity.

TABLE 5.2
Status of Water Supply, Wastewater Generation, and Treatment in Class I Cities/Class II Towns in 2003–04

Parameters	Class I Cities	Class II Towns	Total
Number (as per 2001 census)	423	498	921
Population (millions)	187	37.5	224.5
Water Supply (MLD)	29782	3035	32817
Water Supply (LPCD)	160	81	146
Wastewater generated (MLD)	23826	2428	26054
Wastewater generation (LPCD)	127	65	116
Wastewater treated (MLD)	6955 (29%)	89 (3.67%)	7044 (27%)
Wastewater untreated (MLD)	16871 (71%)	2339 (96.33%)	19210 (73%)

Water and sanitation diseases are responsible for 60% of the environmental health burden. The single major cause of this burden of disease is diarrhoea, which disproportionately affects the children under the age of five.

5.67 It is estimated that about 115000 MT of municipal solid waste is generated daily in the country. Per capita waste generation in cities varies from 0.2 kg to 0.6 kg per day depending upon the size of population. An assessment has been made that per capita waste generation is increasing by about 1.3% per year. With growth of urban population ranging between 3 to 3.5% per annum, the annual increase in overall quantity of solid waste generated in the cities is assessed at about 5%. The collection efficiency ranges between 70 to 90% in major metro cities, whereas in several smaller cities it is below 50%. It has been estimated that the ULBs spend about Rs 500 to Rs 1500 per tonne on solid waste collection, transportation, treatment, and disposal. About 60–70% of this amount is spent on street sweeping, 20–30% on transportation, and less than 5% on final disposal of waste, which shows that hardly any attention is given to scientific and safe disposal of waste. Landfill sites have not yet been identified by many municipalities and in several municipalities, the landfill sites have been exhausted and the respective local bodies do not have resources to acquire new land. Due to

lack of disposal sites, even the collection efficiency gets affected.

5.68 SWM is a part of public health and sanitation, and according to the Indian constitution, it falls under State list. Since this activity is non-exclusive, non-rivalled, and essential, the responsibility for providing the service lies within the public domain. As this activity is of local nature, it is entrusted to the ULBs. The ULB undertakes the task of solid waste service delivery, with its own staff, equipment, and funds. In a few cases, part of the said work is contracted out to private enterprises. The management of municipal solid waste is one of the most important obligatory functions of the urban local bodies, which is closely associated with urban environmental conditions. The 74th constitutional amendment gives constitutional recognition for local self government institutions specifying the powers and responsibilities.

5.69 Very few ULBs in the country have prepared long-term action plans for effective SWM in their respective cities. For obtaining a long-term economic solution, planning of the system on long-term sustainable basis is very essential. The Ministry of Environment and Forests (MoEF), GoI, has notified Municipal Solid Waste (Management and Handling) Rules, 2000 to tackle this problem. The increase in quantity of municipal solid waste generation with increase in the urban population is quite obvious. Efforts towards waste recycle, reuse, and resource recovery for reduction in waste and adoption of more advanced technological measures for effective and economical disposal of municipal solid waste is the need of the hour.

5.70 There has been no major effort in the past to create community awareness, either about the likely perils due to poor waste management or the simple steps that every citizen can take, which will help in reducing waste generation and promote effective management of solid waste generated. The degree of community sensitization and public awareness is low.

5.71 Since in most of our cities there are many unauthorized housing colonies that are not provided sewerage facilities, their waste go untreated polluting

the water bodies in which it is drained. Cities need to treat the sewage from the entire city.

5.72 Growing urbanization has made storm water draining systems inadequate increasing the frequency of flooding of cities like Mumbai.

PERFORMANCE REVIEW OF THE SECTOR IN TENTH PLAN

5.73 The Tenth Plan targeted a coverage of providing sewerage and sanitation facilities to 75% of the population from 57% at the beginning of the Plan. An investment requirement of Rs 23157 crore was worked out for sanitation and Rs 2322 crore for SWM. There was no scheme at the beginning of the Tenth Plan to assist the States in the sanitation sector and the Plan recommended an enhanced scope for the AUWSP to include sanitation. With the launch of JNNURM and UIDSSMT, the AUWSP programme is subsumed in UIDSSMT and the scheme now includes funding for sanitation also.

5.74 The Central Scheme of Solid Waste Management and Drainage in airfield towns was also launched in the Tenth Plan. Bird hits are among the major causes of air crashes in our country leading to the loss of costly defence aircrafts and loss of invaluable lives of pilots. An Inter-Ministerial Joint Sub-Group constituted by the Ministry of Defence recommended to provide proper sanitation facilities, including SWM and drainage to over-come the bird menace in the following 10 towns having airfields of the Indian Air Force at Gwalior (MP), Ambala (Haryana), Hindon (UP), Jodhpur (Rajasthan), Tezpur (Assam), Dundigal (AP), Sirsa (Haryana), Adampur (Punjab), Pune (Maharashtra), and Bareilly (UP).

5.75 All the schemes are under execution and are at different stages of execution and were expected to be completed in the Tenth Plan itself, but have not been completed.

ELEVENTH FIVE YEAR PLAN TARGETS FOR URBAN SANITATION

5.76 The target fixed for urban sanitation is 100% population coverage with 70% by sewerage facility and 30% by low-cost sanitation. For SWM 100%

population is proposed to be covered with appropriate SWM. It has been estimated that the fund requirement for these programmes is Rs 53168 crore for sanitation and Rs 2212 crore for SWM.

5.77 While funds to the tune of Rs 40000 crore would be available from the JNNURM for water supply and sanitation, at this stage it would be difficult to predict the availability for sanitation and SWM separately. External assistance could be tapped and States/UTs should increase their outlays in their regular budget for these programmes. Some amount of contribution by beneficiaries is desirable as it reflects their need. Leverage of funds through PPP should also be used.

5.78 The importance of effective administration and citizen cooperation in SWM cannot be overestimated. The case of Surat shows what these can be accomplished (see Box 5.7).

5.79 Initiatives Required in Eleventh Five Year Plan

- Recycling and reuse of sewage after the desired degree of treatment (depending upon the end use) for various non-potable purposes should be encouraged. Industries and commercial establishments must be persuaded to adopt reuse of treated sewage and recycle treated trade effluents to the extent possible in order to cut down the fresh water demand.

Box 5.7

Success in SWM—The Case of Surat

The outbreak of a plague-like disease in Surat in 1994 brought solid waste to the attention of the public. The contrast between the scrupulously clean Indian homes and the heaps of rubbish and filth commonly found in the urban public spaces was much discussed in the newspapers of the day. Urban filth was deemed to be bad for both public health and the urban economy.

Accordingly, the situation created an intense political will to clean up the city. Money and professional management was mobilized on a PSP/PPP basis and there was a major cleaning of the urban areas. Today, Surat is one of the cleanest cities in India, indicating how rapidly and effectively this can be achieved if political will and the organization are present.

Moreover, incentives in the form of rebate on water cess, concessions in customs and excise duty on equipment and machinery, tax holiday, etc., should be considered by the GoI for agencies dealing with planning, developing, and operating such reuse treatment plants as well as users of treated sewage and trade effluents. Similarly, for dense urban neighbourhoods, decentralized waste treatment systems that are cheaper and reduce the distance that the sewage is transported form a viable alternative to large treatment plants.

- Targeted subsidy may be made available to the SCs and STs, and other disadvantaged groups living in urban slums on taking house service connections for water supply/sewerage, metering, construction of latrine, subsidized water rates, etc. and accordingly adequate funds may be earmarked for the purpose so as to avoid any possible diversion of funds by the State Governments/ULBs. At the same time internal earmarking of funds for the urban slums under JNNURM/UIDSSMT schemes should be made mandatory. It is also very much necessary to monitor the physical and financial progress of the implementation of such programmes on a regular basis by the funding agencies so as to ensure fulfilment of the envisaged objectives.
- Comprehensive storm water drainage system has to be provided in all the cities and towns based on need, in order to avoid water logging in residential areas/flooding of streets during the monsoon period.
- There is a need to have a national centre for water excellence, which looks at especially the drinking water and sanitation sector in rural and urban water areas.
- We need to find a way to provide sewerage facilities to unauthorized housing colonies without giving them a right to the land by implication.

SOLID WASTE MANAGEMENT (SWM)

- Urban waste management by ULBs is already under stress because of paucity of resources and inadequacies of the system. Unless concerted efforts are made to improve the flow of resources to SWM and build up systems that incorporate the basic requirements of a proper waste management

practice, the problem of urban waste will be further aggravated and cause environmental health problems.

- It is recommended that all the cities and towns have to be provided with appropriate SWM facilities giving due emphasis to the magnitude of the problem.
- Soil fertility is being badly affected by excessive use of chemical fertilizers and inadequate use of organic fertilizers. Large quantities of urban waste can be a useful solution to this problem. Compulsory production of compost from urban solid waste in cities and towns and promotion of application of this organic manure in agriculture and horticulture should be implemented, as this may have a significant positive impact on soil fertility.
- The Report of the Inter Ministerial Task Force on the 'Integrated Plant Nutrient Management using city compost' constituted by the Ministry of Urban Development in March 2005 as per the directive of the Hon'ble Supreme Court of India has recommended technical, financial, qualitative, marketing, and sustainability aspects of utilization of Municipal Solid Waste for compost purpose. Recommendations of the Task Force need to be implemented through provision of various fiscal incentives/concessions.
- Quality standards for compost will have to be prescribed by Bureau of Indian Standards at the earliest. At the same time, it should be made mandatory that compost sold in the market should clearly indicate the exact chemical composition (Nitrogen, Phosphorus, and Potassium, NPK, etc.) on the bags for the benefit of users.
- To the extent possible materials such as metal, glass, plastic, rubber, tin, and paper available in the municipal waste must be recycled back as they have adequate salvage value. Inorganic and inert material such as sand, grit, stones, bricks, concrete, rubble, etc. may also be used for making low-cost bricks, road material, aggregates, etc. As such, efforts should be made to reuse the same and enough incentives in the form of tax concessions, subsidies, etc. may be given to the entrepreneurs dealing with such materials/processes.
- Our cities are littered with uncollected solid waste and no public place or street is free of litter. Though much recycling takes place by rag pickers and waste

collectors, a lot is left to be disposed off. To keep cities clean, citizen involvement is essential to sort waste at source and minimize waste that needs to be collected and disposed. A programme should be implemented to obtain citizens' cooperation. NGOs should be encouraged to provide organizational support and identity to the rag pickers so that better recycling occurs. Adequate land should be earmarked/allotted at the planning stage itself by the respective ULBs for setting up of sanitary landfills, compost plants, and other processing units including provision for future expansion.

- Awareness campaigns on various aspects of water quality, importance of safe drinking water, its handling and storage, water conservation in homes, use of sanitary toilets, separate storage of dry and wet garbage and its hygienic disposal, vector control, personal hygiene, etc. should be mounted.

PPP IN URBAN SANITATION AND SWM

5.80 Though privatization of water supply and sanitation sector could not make significant progress as of now, there is substantial potential and urgent need for the same in near future. By and large, the tariff rates being charged from the consumers are very low and there is a general reluctance for enhancing the same. Under the circumstances, without aiming at full cost recovery, privatization cannot be a successful proposition. It is felt that it would be easier and convenient to introduce privatization in new areas where the private companies will have a free hand to take up the task of planning, designing, execution, O&M, billing, and collection including tapping of raw water from the selected source either on Build Own Operate (BOO) or Build Own Operate Transfer (BOOT) basis. Few examples to infuse confidence in private entrepreneurs are—the successful award of Chennai service contract for O&M of 61 sewage pumping stations in the city, and of Rajkot and Surat contracting out a number of municipal services to private firms as well as community groups.

5.81 There were some public concerns on PPP projects in the water supply sector in the country because of which the projects were either stalled or dropped. If the community could be involved in PPP projects there would be more acceptability to such projects. PPP can

be redesigned as Public–Private Community Partnership to overcome the hurdle.

CLEAN LIVING CONDITIONS

INTRODUCTION

5.82 Achievement of health objectives involves much more than curative or preventive medical care. Many of the communicable diseases in India can be prevented through a combination of health and non-health interventions. We need a comprehensive approach that encompasses individual health care, public health, sanitation, clean drinking water, access to food and knowledge about hygiene and feeding practice, etc. A direct relationship exists between water, sanitation, and health. Safe drinking water and sanitation are critical determinants, which directly contribute nearly 70–80% in reducing the burden of communicable diseases. Inadequate provision of safe drinking water, improper disposal of human waste, and lack of adequate systems for disposal of sewage and solid wastes leads to unhealthy and unhygienic conditions. This coupled with overall ignorance of personal and environmental hygiene are the main causes of a large number of water-borne diseases in the country.

CLEAN WATER SUPPLY

5.83 The water supply and sanitation sector will face enormous challenges over the coming decades. In India, the groundwater is consumed directly without any sort of treatment and disinfection. Its quality is therefore a cause of concern. The national objectives of reducing morbidity and mortality largely depend on the reduction of diarrhoea, jaundice, etc. In fact, no water supply and sanitation programme can be successful if water-related illnesses are not reduced. It is a matter of concern that despite the progress made with water supply, the level of water-related illnesses continues to be high. Approximately 10 million cases of diarrhoea, more than 7.2 lakh typhoid cases, and 1.5 lakh viral hepatitis cases occur every year (Annexure 5.1). A majority of them are contributed by unclean water supply and poor sanitation. Micro-level studies revealed that availability of clean water; sanitation, and hygiene interventions reduce diarrhoeal diseases on average by between one-quarter and one-third.

5.84 Causes of contamination of water are indiscriminate use of chemical fertilizers and chemicals, poor hygienic environment of the water sources, improper disposal of sewage and solid waste, pollution from untreated industrial effluents, and over-exploitation leading to quality degradation. Thus, the supply of additional quantity of water by itself does not ensure good health, proper handling of water and prevention of contamination are also equally important.

SANITATION

5.85 Sanitation covers the whole range of activities including human waste disposal, liquid and solid wastes from household, and industrial waste. Lack of drains and the presence of ditches create unsanitary conditions, which contaminate water, breed mosquitoes, and cause water-borne diseases. Malaria, typhoid, jaundice, cholera, dengue, and diarrhoea are all connected to unsanitary conditions (Annexure 5.2). Chikungunya fever has emerged as an epidemic outbreak after more than three decades. These diseases can be prevented by appropriate sanitation system. Unfortunately, access to sanitation facilities continues to be grossly inadequate.

5.86 Census 2001 indicates that of the 200 million dwelling units across the country, only some 40 million dwelling units have a toilet inside the house. Only 61% households in urban areas and 17% households in rural areas have access to improved sanitation.¹ While households having bathroom facility within the house is abysmally low in rural areas and urban areas in the poor performing States, the position in respect of connectivity for wastewater outlet is even more alarming. While closed drainage is available in the urban areas at least in the developed States, a large percentage of bathrooms across all States in the country have no drainage system particularly in the rural areas. This percentage is as high as 73.88 in Orissa, 72.69 in Assam and 71.81 in Chhattisgarh. The non-availability of toilets within the house is as high in Bihar (71.94%), Chhattisgarh (76.78%), and in Jharkhand

(73.03%). In urban areas, the percentage of households not having toilet is marked in the case of Goa (15.26%), Maharashtra (17.75%), Chandigarh (17.83%), Delhi (19.58%), and Tamil Nadu (14.84%).² Top priority needs to be accorded to improving sanitary conditions and ensuring a clean microenvironment at home and at the workplace, which must now include factories, coalmines, quarries, and roads. The TSC aims to eliminate the practice of open defecation completely by 2012.

ENVIRONMENTAL POLLUTION

5.87 Serious environmental health problems affect millions of people who suffer from respiratory and other diseases caused or exacerbated by biological and chemical agents, both indoors and outdoors. Millions are exposed to unnecessary chemical and physical hazards in their home, workplace, or wider environment. Concern about the health effects of the high levels of air pollution observed in many mega cities is growing; moreover, it is likely that this problem will continue to grow because countries are trapped in the trade-offs of economic growth and environmental protection. Population in urban areas are at risk of suffering adverse health effects due to rising problems of severe air and water pollution.

5.88 Cooking and heating with solid fuels on open fires or traditional stoves results in high levels of indoor air pollution. Indoor smoke contains a range of health-damaging pollutants, such as small particles and carbon monoxide.

5.89 Indian women spend nearly 60% of their reproductive life in either pregnancy or breast-feeding.³ Most of the women keep their children in the kitchen when they are cooking, thereby exposing the children to the pollutants too. This, combined with malnutrition may retard growth and lead to smaller lungs and a greater prevalence of chronic bronchitis. There is an urgent need for the implementation of control programs to reduce levels of particulate and other

¹ Census of India 2001, Registrar General of India.

² Census of India 2001, Registrar General of India.

³ A. Kotwal (2007), Environment and Health, in O.P. Gupta and O.P. Ghai (eds), Text Book of Preventive & Social Medicine, 2nd edn, New Delhi: C.B.S Publishers.

pollutant emissions. To be effective, these programs should include the participation of the different stakeholders and initiate activities to identify and characterize air pollution problems, as well to estimate potential health impacts. A full understanding of the problem and its potential consequences for the local setting is essential for effectively targeting interventions to reduce the harmful impacts of air pollution.

5.90 Monitoring of air and water quality is crucial for devising programmes and policies related to pollution management. Establishing a reasonably adequate monitoring network with contemporary technology will be given priority. Ways of linking treatment of sewage and industrial effluents to the urban and industrial development planning need to be worked out. The goal should be to ensure that by the end of the Eleventh Plan no untreated sewage or effluent flows into rivers from cities and towns.

STRATEGIES DURING THE ELEVENTH FIVE YEAR PLAN

5.91 In order to achieve 100% coverage of clean water and sanitation in rural areas, rural sanitation programme will be linked with the NRHM. The strategies include:

- Convergence of health care, hygiene, sanitation, and drinking water at the village level

- Participation of stakeholders at all levels, from planning, design and location to implementation and management of the projects
- Instituting water quality monitoring and surveillance systems by involving PRIs, community, NGOs, and other CSOs
- Increased attention to IEC campaign

5.92 Efforts will be made to launch a *Sarva Swasthya Abhiyan* in the county that will cover the primary health care, safe drinking water, and sanitation in urban areas.

ELEVENTH FIVE YEAR PLAN RECOMMENDED OUTLAYS

5.93 The full coverage of rural drinking water supply is to be achieved by March 2009 and 100% sanitation coverage by the end of the Eleventh Plan (2012) with mass awareness and NGP. The Eleventh Plan Central sector GBS for rural water supply and sanitation is Rs 41826 crore (at 2006–07 prices) and Rs 47306 crore (at current prices) (including Rs 6000 crore for Nirmal Gram Puraskar) and this provision will draw matching provision in the State Plan to the tune of Rs 48875 crore. Thus the total outlays in the Eleventh Five Year Plan for Rural Water Supply and Sanitation sector would be close to Rs 100000 crore. The total outlay for Urban Water Supply and Sanitation sector would be Rs 75000 crore.

ANNEXURE 5.1
Cases and Deaths due to Water-borne Diseases in Various States

States	Diarrhoeal Disease (2006)		Viral Hepatitis (2006)		Typhoid (2006)	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Andhra Pradesh	1215659	124	17846	28	135550	12
Arunachal Pradesh	32032	30	553	6	9098	23
Assam	..	..	..	..	..	..
Bihar	..	..	..	..	..	..
Chhattisgarh	95202	13	1491	2	21474	6
Goa	7631	0	15	0	68	0
Gujarat	382056	4	9396	16	7290	0
Haryana	285342	42	3983	11	5688	4
Himachal Pradesh	347055	28	835	11	26327	5
J&K	519317	32	5882	0	42369	0
Jharkhand	14752	1	51	0	4707	284
Karnataka	939221	1279	14980	24	96147	5
Kerala	475510	4	7018	6	6219	2
MP	318935	88	2499	9	28654	29
Maharashtra	695723	93	43215	131	39663	8
Manipur	13614	17	346	0	2421	2
Meghalaya	178260	33	294	2	6709	1
Mizoram	18063	20	546	11	1392	2
Nagaland	9176	0	112	0	2328	0
Orissa	373748	40	2687	38	15387	9
Punjab	182451	64	3829	17	17008	3
Rajasthan	318169	21	3869	78	14084	131
Sikkim	51433	8	290	2	428	2
Tamil Nadu	116062	12	4523	0	36973	0
Tripura	150750	47	2520	14	18547	19
Uttarakhand	94746	6	3381	0	15020	2
UP	284709	55	3716	6	42648	13
WB	2622968	964	7433	205	110835	70
A&N Islands	22752	2	213	4	3055	0
Chandigarh	..	..	..	..	..	..
D&N Haveli	74661	4	126	3	646	0
Daman & Diu	109	0	3	0	33	0
Delhi	94398	85	4080	42	13774	18
Lakshadweep	7316	0	86	0	6	0
Pondicherry	137443	8	615	7	1936	1
Total	10079263	3124	146433	673	726484	651

Note: '..' means not reported.

Source: MoHFW, GoI, 2006.

ANNEXURE 5.2
Burden of Major Communicable Diseases in Various States

States	Malaria (2005)		TB (2006)		ARI	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Andhra Pradesh	39099	0	142057	1184	2465743	434
Arunachal Pradesh	31215	0	1593	38	43426	1
Assam	67885	113	..	..	..	..
Bihar	2733	1	..	..	..	..
Chhattisgarh	187950	3	8689	12	132276	25
Goa	3747	1	2228	0	25559	0
Gujarat	179023	54	41730	238	833339	17
Haryana	33262	0	29900	227	1269205	178
Himachal Pradesh	129	0	14705	140	1545057	161
J&K	268	0	2346	28	383069	0
Jharkhand	193144	21	15516	5	23470	1
Karnataka	83181	26	76687	745	2544300	196
Kerala	2554	6	13840	181	7897043	165
MP	104317	44	18866	132	478278	180
Maharashtra	47608	104	52998	795	657432	192
Manipur	1844	3	482	20	12602	1
Meghalaya	16816	41	1900	29	304097	25
Mizoram	10741	74	936	28	41018	26
Nagaland	2987	0	838	0	11792	0
Orissa	396573	255	11443	178	768445	69
Punjab	1883	0	20612	106	601038	66
Rajasthan	52286	22	71180	695	1299772	126
Sikkim	69	0	2155	36	65304	7
Tamil Nadu	39678	0	28979	73	380708	220
Tripura	18008	20	971	27	279702	98
Uttarakhand	1242	0	3522	8	130683	11
UP	105303	0	109898	161	502869	81
WB	185964	175	89276	820	2020983	894
A&N Islands	3954	0	2898	10	32405	13
Chandigarh	432	0	..	..	..	..
D&N Haveli	1166	0	1544	36	118461	0
Daman and Diu	104	0	25	3	0	0
Delhi	1133	0	13544	993	323392	276
Lakshadweep	0	0	39	0	32093	0
Puducherry	44	0	7738	125	584161	1
Total	1816342	963	789135	7073	25807722	3467

Note: ‘..’ means not reported.

Source: National Health Profile 2006, CBHI, DGHS—MoHFW.

6

Towards Women's Agency and Child Rights

INTRODUCTION

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

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

APPROACH TO THE ELEVENTH FIVE YEAR PLAN

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

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

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

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

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

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

MONITORABLE TARGETS FOR THE ELEVENTH PLAN

6.7 The Eleventh Plan lays down six monitorable targets

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

Box 6.1 Essence of the Approach

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

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

STATUS OF WOMEN: A BRIEF OVERVIEW

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

Box 6.2 Schemes (major) for Women during Tenth Plan

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

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

DEMOGRAPHY

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

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

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

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

HEALTH AND FAMILY WELFARE

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

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

¹ Registrar General of India 2003.

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

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

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

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

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

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

HAVE MONEY, WILL RAISE ONLY BOYS

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

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

THE NORTH-SOUTH DIVIDE

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

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

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

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

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

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

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

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

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

EDUCATION

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

WORK AND EMPLOYMENT

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

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

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

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

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

Source: NSSO.

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

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

⁶ Gender Statistics, World Bank 2004.

⁷ Census of India 2001.

⁸ NSSO 2004–05.

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

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

Source: NSSO 55th and 61st Round.

Unorganized Sector

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

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

Home-Based Workers

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

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

Services Sector

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

Government Sector

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

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

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

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

TABLE 6.3
Women in the Government Sector

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

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

Violence against Women (VAW)

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

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

CHALLENGES IN THE ELEVENTH PLAN

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

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

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

ENSURING ECONOMIC EMPOWERMENT

Employment

WOMEN IN THE UNORGANIZED SECTOR

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

WOMEN IN AGRICULTURE

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

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

¹² National Crime Record Bureau, 2005.

TABLE 6.4
Women's Political Participation: Global Picture

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

Source: Human Development Report 2006, UNDP.

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

LAND

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

IMPACT OF GLOBALIZATION AND ELEVENTH PLAN STRATEGY

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

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

WOMEN IN THE SERVICES SECTOR

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

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

SKILL DEVELOPMENT

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

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

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

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

ACCESS TO RESOURCES AND ECONOMIC ASSETS

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

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

Amenities for Urban Poor Women

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

Homes and Homesteads for Poor Women

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

¹³ World Bank, 2007.

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

ENSURING FOOD SECURITY

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

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

Self-help Groups (SHGs)

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

ENGINEERING SOCIAL EMPOWERMENT

Health

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

Box 6.4

Ordinary Women Who Did the Extraordinary

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

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

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

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

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

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

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

Curbing Increasing Violence against Women (VAW)

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

MENTAL HEALTH

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

Education

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

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

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

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

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

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

Women and Media

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

Reaching Marginalized and Vulnerable Women

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

Zero Tolerance for Discrimination against SC/ST Women

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

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

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

MINORITY WOMEN

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

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

Box 6.6

Leadership Development of Minority Women: A Proposed Pilot Scheme

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

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

INTERNALLY DISPLACED WOMEN

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

Box 6.7
Hope for Single Women

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

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

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

WOMEN WITH DISABILITY

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

WOMEN AFFECTED BY DISASTERS

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

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

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

ENABLING POLITICAL EMPOWERMENT

A. Panchayati Raj Institutions (PRIs)

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

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

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

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

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

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

EFFECTIVE IMPLEMENTATION OF WOMEN-RELATED LEGISLATIONS

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

Box 6.8

Panchayat Women: Ground Realities

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

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

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

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

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

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

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

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

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

CREATING INSTITUTIONAL MECHANISMS FOR GENDER MAINSTREAMING AND STRENGTHENING DELIVERY MECHANISMS

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

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

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

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

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

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

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

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

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

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

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

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

ELEVENTH PLAN SCHEMES

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

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

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

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

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

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

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

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

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

NATIONAL AND STATE MACHINERIES

Relief and Rehabilitation of Rape Victims

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

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

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

CHILD RIGHTS

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

STATUS OF CHILDREN: A BRIEF OVERVIEW

PROGRESS DURING THE TENTH PLAN

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

Box 6.9 Tenth Plan Schemes for Children

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

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

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

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

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

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

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

ICDS

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

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

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

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

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

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

Box 6.10
State of ICDS

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

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

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

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

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

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

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

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

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

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

SOCIO-ECONOMIC INDICATORS

Health

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

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

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

TABLE 6.6
Monitorable Targets for the Tenth Plan and Achievements

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

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

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

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

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

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

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

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

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

¹⁸ Stop HIV/AIDS in India Initiative, 2005.

Box 6.11
Socio-Economic Status of Children

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

Box 6.12
Child Immunization: South Asia Performance

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

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

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

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

Child Diabetes

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

Nutrition

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

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

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

¹⁹ Infochangeagenda-June 2007.

Education

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

Exploitation, Violence, and Abuse

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

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

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

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

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

Voicelessness

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

Box 6.13

Nutrition Status of Children

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

²⁰ RGI, Census of India 1991, 2001.

²¹ NCRB, 2005.

CHALLENGES, STRATEGIES, AND THE ROAD AHEAD

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

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

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

6.111 In the light of the above, the following strategies

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

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

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

ELEVENTH PLAN INITIATIVES

DEFINING AGE OF THE CHILD

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

ENSURING EARLY CHILDHOOD DEVELOPMENT AND CARE

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

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

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

ICDS

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

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

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

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

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

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

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

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

Box 6.14
Balwadis and Phoolwaris:
Focussing on Under Threes

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

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

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

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

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

Training, Monitoring, and Surveillance

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

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

Financial Allocation

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

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

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

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

RAJIV GANDHI CRÈCHE SCHEME

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

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

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

PROVIDING CHILD PROTECTION

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

Box 6.15 Child Protection

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

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

THE INTEGRATED CHILD PROTECTION SCHEME

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

6.131 Its several facets will be the following:

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

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

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

Components of ICPS

6.132 Towards integrating child protection

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

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

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

CHILD LINE

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

NATIONAL AND STATE COMMISSIONS FOR THE PROTECTION OF CHILD RIGHTS

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

ENDING DISCRIMINATION AGAINST GIRL CHILD

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

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

Ensuring a Balanced Sex Ratio

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

Education

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

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

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

Prevention of Girl Child Abuse, Exploitation and Violence

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

Trafficking for Commercial Sexual Exploitation

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

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

Prohibition of Child Marriage

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

CONSUMERISM AND THE GIRL CHILD

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

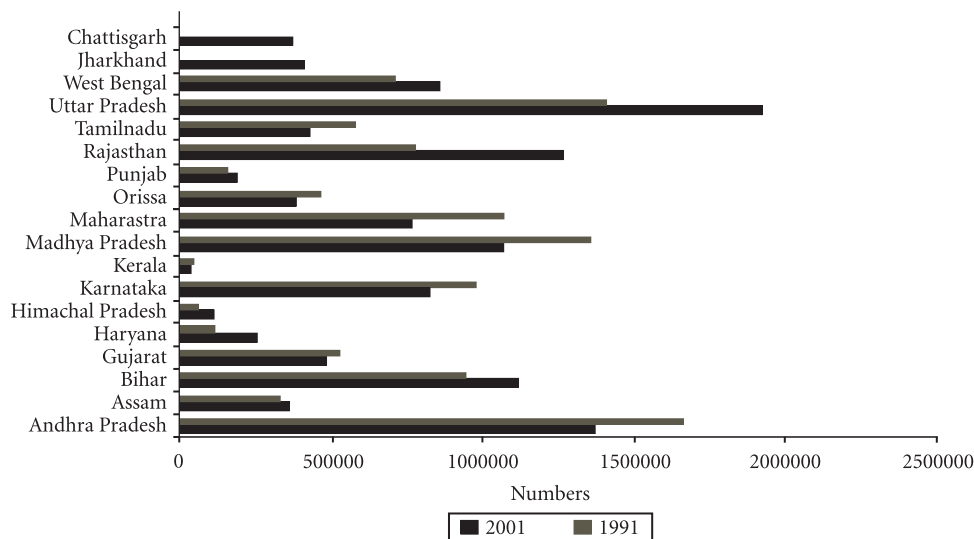
REACHING OUT TO THE MARGINALIZED AND MOST VULNERABLE

Child Workers

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

Eliminating Child Labour

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



Source: Census of India

FIGURE 6.1: Child Workers

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

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

HIV/AIDS-Infected/Affected Children

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

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

Children in Conflict with Law— Social Integration

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

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

²³ UNAIDS 2004.

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

Special Provisions for Children in Distress/ Difficult Circumstances

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

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

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

Providing for Special Needs of Differently Abled Children

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

Rehabilitating Children Affected by Substance Abuse

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

Ensuring Child Mental Health

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

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

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

²⁶ ICMR, 2001; Malhotra, 2005.

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

Simplifying Adoption Procedures and Preventing Unscrupulous Practices

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

Promoting Inter-Sectoral and Inter-Ministerial Action

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

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

CHILD BUDGETING

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

CONCLUSION

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

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

ANNEXURE 6.1
Selected Development Indicators Relating to Women

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

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



Asian Development Bank

THE ASIAN DEVELOPMENT BANK'S COOPERATION WITH NGOs AND CIVIL SOCIETY

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¹ Although this paper draws directly from various Asian Development Bank (ADB) documents, the interpretations are those of the author and do not necessarily reflect the policies or views of ADB. Comments on this paper are welcomed, and can be sent to: ngocoordinator@adb.org

I. ADB AND NGO/CSO COOPERATION

The Asian Development Bank (ADB) has long recognized the contribution of nongovernment and other civil society organizations to the development process.² ADB considers NGOs/CSOs as significant actors in development at both the operational and advocacy levels. A recent report on ADB-NGO cooperation notes that “NGO activity now influences or will affect virtually every aspect of ADB’s operations, to an extent not experienced in the past and that will increase even more in the future.”³

ADB’s policy on NGO cooperation dates from 1987, and was substantially broadened in 1998.⁴ The policy mandates expanded ADB cooperation with NGOs and other civil society groups so as to strengthen the effectiveness, sustainability, and quality of the products and services ADB provides to its developing member countries (DMCs). As per the 1998 policy, the objective of ADB’s cooperation with NGOs/CSOs is, where appropriate, to integrate NGO/CSO experience, knowledge, and expertise into Asian Development Bank operations, such that ADB-supported development activities will more effectively address the issues, priorities, and needs of the people of Asia and the Pacific.

ADB recognizes that diversity is an important characteristic of the NGO/CSO sector. Given the wide range of NGOs/CSOs that exists and with which ADB works, there are many possible interactions. A single view of NGOs or of civil society is not realistic, and a single approach to NGO/CSO cooperation will not be successful. Measures for ADB’s cooperation with NGOs/CSOs therefore must be appropriate to the country, the type of organization, the set of circumstances that exist, specific development objectives, as well as other factors that may be relevant.

Engagement with and participation of civil society and civil society organizations such as NGOs is a significant element of ADB’s current and emerging development strategies and the supporting framework of policies and business practices. As the most visible and most active representatives of civil society, in both donor countries and DMCs, NGOs are considered an important external constituency and stakeholder group. In this context, there is a serious desire within ADB – with the full backing of ADB’s Board of Directors and Management – to develop new and effective modalities for engagement with and participation of NGOs, including strategies for improving communication with NGOs and establishing channels for effective two-way flow of information. ADB’s overarching goal of poverty reduction through the Asia and Pacific region also provides an important impetus for increased cooperation with NGOs and

² ADB is concerned primarily with developmental NGOs/CSOs. Under ADB’s NGO cooperation policy, “Developmental NGOs can be regarded as private organizations entirely or largely independent of government, not created for financial and material gain, and addressing concerns such as social and humanitarian issues of development, individual and community welfare and well-being, disadvantage, and poverty, as well as environmental and natural resources protection, management, and improvement. While ADB’s interest is directed primarily toward organizations that do not exist to serve their members’ self-interests, ADB still must be concerned with organizations such as self-help, and people’s and community-based organizations formed by or around disadvantaged persons, groups, and communities.” ADB’s definition of “nongovernment organization” includes the following groups: voluntary organization, private voluntary organization, or private voluntary development organization; people’s organization; community organization or community-based organization; community group or community association; grassroots organization; intermediary organization; and public interest group. ADB. 1999. *Cooperation Between Asian Development Bank and Nongovernment Organizations*. Manila. p. 3.

³ ADB. 2001. *Report of the Task Force on Institutional Arrangements for Cooperation with Nongovernment Organizations*. Manila. Paragraph 1. The Task Force was mandated “not to specify new strategies for ADB cooperation with NGOs but to determine the institutional structures that will enable the development and implementation of effective action plans to carry out ADB’s cooperation policy.”

⁴ ADB. 1999. *Cooperation Between Asian Development Bank and Nongovernment Organizations*. Manila.

other civil society groups. The operating principle of enhancing strategic alliances with other development partners in ADB's developing member countries – including NGOs, civil society, and the private sector – thus figures prominently in ADB's long term strategic framework for 2001-2015.⁵

ADB's cooperation with NGOs/CSOs generally is realized through two parallel streams: strategic or thematic institutional cooperation and operational cooperation.⁶

At a strategic or thematic level, ADB considers NGOs and other civil society bodies as important stakeholders and/or development partners. Because of their demonstrated experience and expertise, including local level knowledge, ADB policy emphasizes the importance of engaging civil society groups in consultation and dialogue with respect to ADB's overall policy and strategy at the regional and country levels. The objectives of such consultation are to share information, to discuss strategic/thematic issues of mutual concern, and to explore directions toward more effective and mutually beneficial engagement. Such consultation is focused on how ADB can best contribute to poverty reduction in the Asia and Pacific region with emphasis on ADB's three strategic "pillars": pro-poor, sustainable economic growth; social development; and good governance

At the operational level, ADB pursues cooperation with NGOs/CSOs in the design, implementation, and monitoring of ADB-supported project and technical assistance activities. In most countries, NGO/CSO consultation has become a regular part of ADB country strategy and program processes. Some Resident Missions and Representative Offices have established systematic interactions with NGOs at the country level. In loan and technical assistance processing, NGOs and community-based groups are engaged in several ways, from serving as advisors or sources of information with respect to project identification and project design, to roles as consultants, implementing agencies, monitoring agencies, and evaluators. Such NGO/CSO cooperation has expanded significantly over the past decade, although the depth of such interaction could be further enhanced.

ADB also recognizes the importance of capacity building and institutional development support to its DMCs as part of the overall effort to improve human and social capital required to support effective poverty reduction. ADB's NGO/CSO cooperation policy is specific in this regard, citing the policy objective of providing capacity building and institutional development support to governments as well as NGOs/CSOs so as to strengthen government-NGO/CSO cooperation, as well as to build productive trilateral development partnerships.

In terms of advocacy, civil society organizations are demanding greater voice and larger roles in decision-making as well as in governance processes in general. In many countries throughout Asia and the Pacific region, NGOs and other civil society groups have been given increased legitimacy as representatives of wider society, and particularly of marginalized or otherwise disadvantaged groups. Given such recognition, ADB and other multilateral development banks must embrace expanded interaction with NGOs/CSOs in relation to their overall policy frameworks as well as their operational activities. This is particularly true of the growing number of "technical" NGOs—NGOs that specialize in sophisticated analysis and information dissemination on a range of development, environmental, and sector-specific issues.

⁵ ADB. 2000. *The Long-Term Strategic Framework of the Asian Development Bank (2001-2015)*. Manila.

⁶ By way of comparison, the World Bank states that its interaction with civil society similarly falls into two broad categories: policy dialogue and operational collaboration. World Bank. 2000. *Working Together: The World Bank's Partnership with Civil Society*. Washington, D.C.

By way of comparison, the United Nations similarly looks to civil society organizations to enhance the scope and effectiveness of UN projects and programs. Box 1, below, summarizes how NGOs/CSOs contribute to the work of the UN.

Box 1: MODES OF CIVIL SOCIETY ORGANIZATION INFLUENCE IN THE UNITED NATIONS AND GLOBAL GOVERNANCE

- **Operational engagement and partnership** – drawing on the operational and grassroots experience of NGOs and other CSOs to enhance the scope and effectiveness of UN projects and programs, including:
 - Participation in **NGO consortiums** involved in the operational delivery of humanitarian and relief operations
 - Involvement with **multi-stakeholder operational partnerships**
 - Direct involvement with **project execution** at the regional or country level
 - **Co-funding** UN programs and funds

- **Influencing policies and policy-dialogue** – engaging in the deliberative process relating to UN policies and major programs, by
 - Placing or elevating issues on the global political agenda through **advocacy** in UN forums, in areas such as human rights, gender, racism, social justice, and the environment
 - **Mobilization of world opinion** and political pressure through campaigns and protests
 - **Dialogue and consultation** on a regular basis with the UN and other multilateral bodies
 - Participation at **World Conferences** and involvement with the negotiation process leading to the setting of new international norms and standards
 - Dialogue and influence in **governmental policy-making** at national and regional levels
 - Raising of **new issues and concerns**, innovation and experimentation, provision of fresh knowledge and information

- **Influencing processes of governance in international institutions**
 - **Engaging in the debate** about the “new global architecture”
 - **Proposing reforms** in how the UN works and makes decisions
 - Being a party in the **governance of UN activities**

SOURCE: United Nations, UN Website Section of the Department of Public Information. “Modes of CSO Influence in the UN and Global Governance”, Background Papers and Documents, Report of the Secretary-General’s Panel of Eminent Persons on Civil Society and UN Relationships. 2003. <http://www.un.org/reform/panel>

II. ADB'S INSTITUTIONAL ARRANGEMENTS FOR NGO/CSO COOPERATION

In May 2000, ADB's President established a High Level Committee to undertake a comprehensive review of ADB's institutional arrangements for cooperation with NGOs, and to consider whether such arrangements were adequate. The Committee directed a smaller Task Force charged with examining ADB's institutional arrangements for NGO/CSO cooperation and then developing specific proposals for improvement.

The Task Force's findings, based on a series of earlier reports and studies as well as extensive in-house discussions, resulted in the *Report of the Task Force on Institutional Arrangements for Cooperation with Nongovernment Organizations*.⁷ This report determined that ADB's cooperation with NGOs/CSOs could be made more effective and also indicated that the scope of operation and level of resource allocation for effective ADB-NGO/CSO cooperation was inadequate. Other findings from the *Report of the Task Force* are provided in Box 2, below.

Box 2: ADB's Institutional Cooperation with NGOs

- Institutional Openness to NGOs: ADB should become more open to NGOs in its operations and take specific measures toward establishing sustainable relationships
- Institutional Action Plan: ADB should adopt an overall, positive, and proactive institutional action plan for NGO cooperation, guided by its existing policy on cooperation
- Institutional Arrangements for NGO Cooperation: ADB should strengthen its institutional arrangements and organizational capacity for NGO cooperation
- Internal Capacity: ADB should strengthen its internal capacity for NGO cooperation, especially the strengthening of staff skills.
- NGO Consultation and Dialogue: ADB should adopt a mechanism for sustained consultation and dialogue with NGOs
- Capacity Building: As specified under ADB's existing policy, ADB should provide capacity building and institutional development support for NGOs, and for governments to strengthen their relationships with NGOs

SOURCE: ADB. 2001. *Report of the Task Force on Institutional Arrangements for Cooperation with Nongovernment Organizations*.

A key recommendation of the *Report of the Task Force* was the establishment of an "NGO Center" that would "be recognized both internally and externally as the authoritative focal point for institutional ADB interaction and communication with NGOs" and other civil society organizations. In addition to having "first-hand NGO knowledge and experience", the NGO Center must have "the capacity to manage a continuing strategic/thematic institutional discourse with NGOs, and the ability to transform ADB's interactions from reactive to proactive by initiating strategic alliances with key NGOs."⁸

ADB's NGO Center was established in early 2001. As determined by the Task Force, all institution-level responses to and initiatives within the NGO/CSO community of a

⁷ ADB. 2001. *Report of the Task Force on Institutional Arrangements for Cooperation with Nongovernment Organizations*. Manila. The draft report was posted on ADB's website for external comment prior to its finalization and formal endorsement by ADB's President in September 2001.

⁸ ADB. 2001. *Report of the Task Force on Institutional Arrangements for Cooperation with Nongovernment Organizations*. Manila. Paragraph 34.

strategic/thematic nature are managed by the NGO Center, which since early 2002 has been a stand-alone unit within ADB's Regional and Sustainable Development Department (RSDD) with 3 professional and 1 national officer staff. The NGO Center's key responsibilities are outlined in Box 3, below.

Box 3: **ADB NGO Center Responsibilities**

- Prepare a comprehensive and budgeted medium-to-long term action plan for ADB-wide cooperation with NGOs/CSOs, across a full range of activities from policy development to project implementation (including studying possible NGO/CSO funding modalities and NGO/CSO capacity building activities), incorporating inputs from within ADB as well as inputs from NGOs/CSOs and DMC governments; and closely monitor implementation of that action plan;
- Identify and develop strategic alliances with key NGOs, international and regional, with whom cooperation will have long-term relevance to ADB;
- Anticipate and study the next generation of global and regional issues and keep ADB Management and staff informed of these on a timely basis so that ADB can be a step ahead;
- Regularly inform NGOs with a known stake or interest in ADB policies, on new ADB policy and thematic initiatives, explaining ADB papers in NGO/CSO-meaningful language as necessary;
- Receive and consider external inquiries, public complaints, or protests by NGOs/CSOs addressed at ADB as a whole, and prepare all formal ADB responses, including media-based responses and statements by Management;
- Plan and organize overall NGO participation at ADB Annual Meetings (in close collaboration with and in support of the Secretary's Office), including accreditation of NGOs and management and facilitation of meetings with NGOs;
- Organize and facilitate external feedback mechanisms such as annual consultation forums at Headquarters with key NGOs (apart from forums at the Annual Meeting) both to listen to the invited NGOs acting as an informal advisory panel to ADB, and to promote an active exchange of ideas;
- Represent ADB proactively in external NGO/CSO-related networking among international financial institutions, initiating such external networking where absent, to share best practices;
- Develop and implement the required training programs as well as good practice based training materials for line staff, whenever possible through the expertise of experienced NGOs;
- Develop and maintain a central internet-based data bank on international and regional NGOs, their agenda, and ADB's experience and relationship with them (the databank should include links to existing NGO information bases or websites);
- Outreach to media, international as well as local, for constructive coverage of ADB/NGO cooperation;
- Review non-operational (back-end) business processes in ADB with a view to making them more "NGO/CSO friendly" while maintaining competition criteria (e.g. the consultant selection process as applied to NGOs/CSOs); and
- Prepare an annual report to Management and the Board on ADB's NGO/CSO-related activities.

SOURCE: ADB. 2001. *Report of the Task Force on Institutional Arrangements for Cooperation with Nongovernment Organizations*. Manila. Paragraph 40.

Subsequent to the establishment of the NGO Center, as well as in connection with ADB's organizational restructuring in January 2002, an NGO Cooperation Network was established consisting of designated focal points in each of ADB's five regional departments plus its Private Sector Operations Department, as well as civil society focal points in most ADB resident missions. The terms of reference for the NGO Cooperation Network include: (i) continuous monitoring of NGO-related needs in the operational departments; (ii) providing the main inputs for developing the annual workplan of the NGO Center and prioritizing its support work; (iii) ensuring consistency and synergy in NGO cooperation initiatives across ADB; and (iv) enabling active exchange on good practice within the Network and throughout ADB.

It is to be noted, however, that with the exception of two Civil Society/External Relations national officer staff in ADB's Indonesia and Nepal Resident Missions, designated NGO focal points in regional departments and resident missions all have other full-time responsibilities. In addition, only limited ADB resources currently are committed for NGO/CSO collaboration activities.

III. ADB-GOVERNMENT-NGO COOPERATION: A FRAMEWORK FOR ACTION

In addition to the establishment of the NGO Center, another key recommendation of the *Report of the Task Force* was the preparation of a medium-term action plan for enhanced ADB-NGO/CSO cooperation. Towards this end, in 2002 the NGO Center initiated a regional technical assistance (RETA) project as a platform for broad-based stakeholder dialogue on ADB's cooperation with NGOs/CSOs. The RETA, with co-funding from the Governments of Australia and the United Kingdom, started with the dissemination of an "Issues Note" that addressed key elements of the relationship between ADB, NGOs/CSOs, and ADB's member governments and that provided opportunity for feedback. Between June and October 2002 one-day national-level workshops were held in 10 countries (Bangladesh, Cambodia, India, Indonesia, Kazakhstan, Mongolia, Nepal, Pakistan, the Philippines, and Thailand). Stakeholders were identified in two tiers: a broad, more exhaustive list of government, NGO, civil society, and private sector representatives who were invited to provide written comments on the "Issues Note", and a sub-set of stakeholder representatives who were invited to attend the national workshops. A workshop also was held for a cross-section of ADB staff.

Each national-level workshop devoted considerable time to small group discussions, with participants actively working together to develop pragmatic suggestions and to propose activities for enhanced tripartite cooperation. Group members then presented and discussed their ideas in full plenary sessions. Based on their experience with ADB and other donor-supported development activities, workshop participants also were asked to identify the success factors critical for effective cooperation, as well as to develop goal statements pertaining to the desired future for ADB-Government-NGO/CSO cooperation.

In addition to the national workshops, sub-regional workshops were organized for Australia and the Pacific, East and Central Asia, the Mekong, and South Asia. These consultations brought together selected individuals who had participated in earlier national workshops, and engaged new participants from DMCs where a national workshop had not been held. This gave participants an opportunity to elaborate on national workshop recommendations. Since the sub-regional workshops were held over two days, participants had more time to reach consensus on goals for tripartite cooperation. Selected participants from each of the sub-regional workshops were then invited to a regional workshop in Manila.

The proceedings of each workshop were produced and posted on ADB's "NGO Cooperation" website, together with an updated synthesis of issues and trends. Drawing upon this synthesis, as well as other background material, NGOC staff prepared a preliminary or "zero draft"

document that included a compilation of recommendations received during all of the national and sub-regional workshops.

In mid-November 2002 ADB hosted a regional “writeshop” with selected government, NGO/CSO, and private sector representatives and ADB staff who had taken part in the earlier national and sub-regional workshops. The “writeshop” group broadly represented all key stakeholders, including nine NGO representatives, four government representatives, two from the private sector, as well as eight ADB staff. Using the “zero draft” as a starting point, “writeshop” participants worked collectively to revise or supplement sections of a “Framework for Cooperation” (*Framework*). The resulting document was again circulated for comment within ADB and to participants of the country and sub-regional workshops. The document also was reviewed against written comments received on the “Issues Note” so as to ensure that such comments were broadly reflected in the *Framework* document. As part of this exercise, each workshop participant, as well as those who responded to the “Issues Note”, was sent a letter indicating how their comments or ideas were incorporated in the draft *Framework*.⁹

Altogether, 520 external stakeholders contributed to the elaboration of the *Framework*, with 439 attending at least one of the workshops and a further 89 providing comment on either the “Issues Note” or the draft *Framework*. Overall, 76% of the participants represented NGOs/CSOs, 17% government agencies, 4% private sector, and 3% other agencies. The resulting document, *ADB-Government-NGO Cooperation: A Framework for Action, 2003-2005*, was formally approved by ADB’s President in May 2003. Copies of the printed document have been widely distributed to stakeholder groups; copies also were provided to all ADB staff. The *Framework* is posted on ADB’s “NGO Cooperation” website, including several local language versions (Bangla, Mandarin, Khmer, Lao, Mongolian, Nepali, and Russian).¹⁰

The *Framework* seeks to give full effect to relevant ADB policies, in particular, the 1998 policy on ADB’s Cooperation with Nongovernment Organizations. The *Framework* puts in an operational context the directives contained in ADB’s Long-Term Strategic Framework and Medium-Term Strategy, especially in terms of promoting “improved conditions for wider and more effective participation in decision making, including decision making by civil society.”¹¹ As noted earlier, the *Framework* also fulfills a major recommendation of the 2001 *Report of the Task Force on Institutional Arrangements for Cooperation with Nongovernment Organizations*: to prepare an “action plan” that will make ADB-NGO cooperation a Bank-wide concern.

The *Framework* articulates a long-term vision of ADB-Government-NGO cooperation that takes into account the diversity of views, experiences, and conditions across the Asia and Pacific region. This vision corresponds to the common poverty reduction objectives of the three stakeholder groups:

Improved cooperation among the Asian Development Bank, NGOs, and governments to reduce poverty in the Asia and Pacific region through collaborative efforts to promote pro-poor sustainable growth, social development, and good governance

⁹ The process used to develop the Framework was fully documented by the NGO Center, including sample invitation letters, indicative workshop budgets, contract templates for workshop facilitators, etc. A video outlining the various steps in the process also was prepared. These materials were included in a CD-ROM distributed to all ADB staff as a “toolkit” guide for planning and implementing a participatory planning process. Copies of the CD-ROM can be obtained from ADB’s NGO Center: ngocoordinator@adb.org

¹⁰ http://www.adb.org/NGOs/Framework/framework_asian_languages.asp

¹¹ ADB. 2000. *The Long-Term Strategic Framework of the Asian Development Bank (2001-2015)*, Appendix 2, p.1. Manila.

While cognizant of the breadth of ADB's operations and the variable conditions and attitudes that prevail across the region concerning NGOs' role in development and decision making, the *Framework* sets out five key challenges to achieve this vision, including the need to:

- Strengthen stakeholder participation in ADB-supported activities
- Enhance transparency and interaction through access to information
- Develop ADB's capacity for NGO/CSO cooperation
- Build NGO/CSO capacity and provide institutional support
- Strengthen government-NGO/CSO cooperation and collaboration

Against these challenges, the *Framework's* implementation matrix details a series of 24 recommended actions towards enhanced ADB-Government-NGO/CSO collaboration, many of which will be implemented selectively in different countries throughout the Asia and Pacific region to serve as demonstration or good practice examples. The implementation matrix outlines organizational roles and implementing responsibilities, planned activity timeframe, main outputs, as well as performance indicators. Figure 1, below, indicates the envisaged role for each stakeholder group.

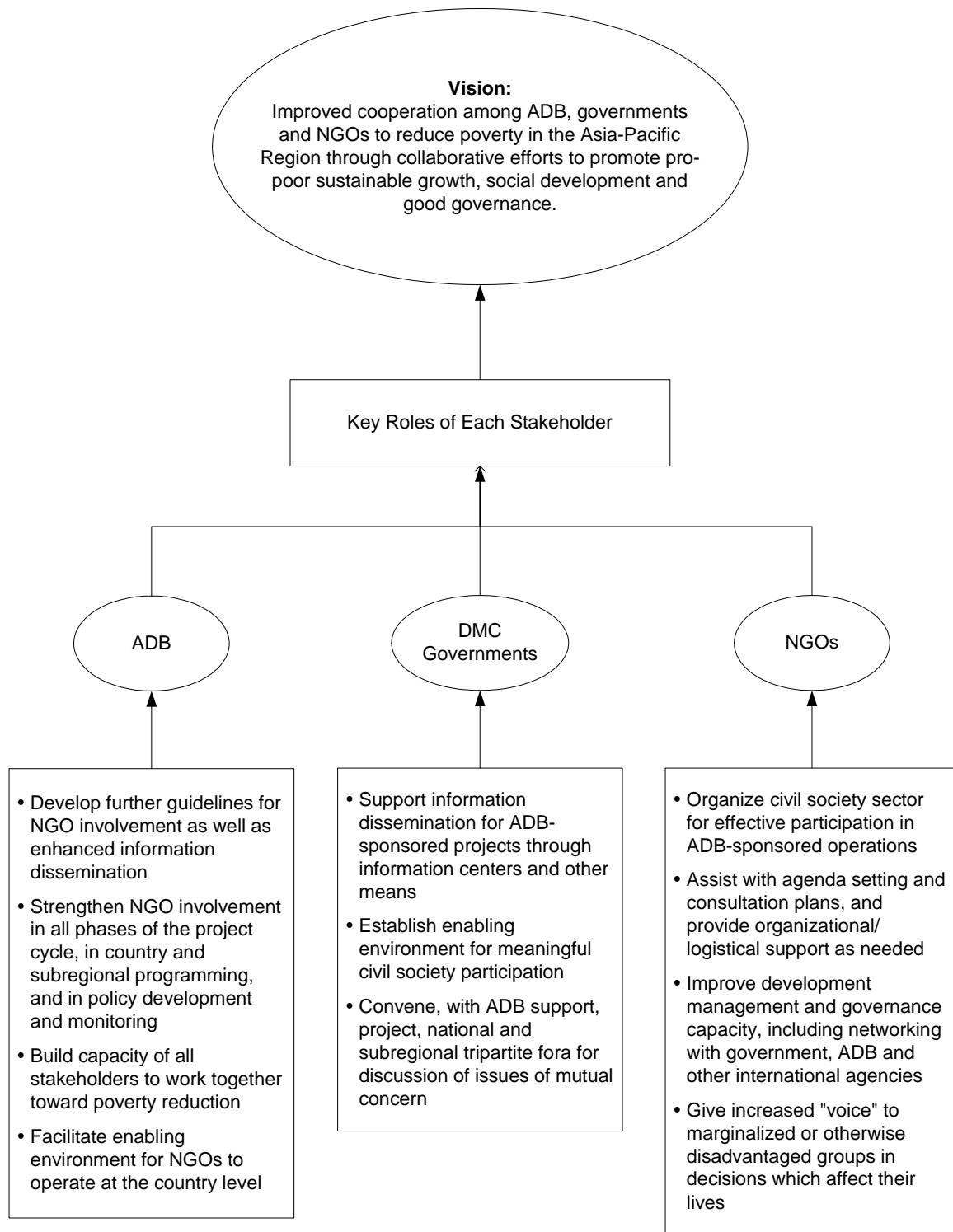
Since the adoption of the *Framework*, efforts have been made to develop detailed country-based ADB-Government-NGO cooperation plans in selected countries. The NGO Center also has funded or supported other country-level activities that promote trilateral development cooperation.

In recent months the NGO Center has undertaken an internal assessment of the first year of the implementation of the *Framework*, including focus group discussions as well as the NGO Center's "report card" score for each of the *Framework's* 24 recommended actions. The "report card" shows that most of the actions planned for the first year of *Framework* implementation were undertaken, although more work is required at the country level, particularly with respect to NGO/CSO and government action.

Somewhat disappointingly, the focus group discussions with ADB staff revealed that few staff were fully familiar with the *Framework*; many staff did not recall they have received a printed version of the document in July 2003. The assessment also found that few operational staff had used the *Framework* in their daily work. In addition to pointing out the need for the NGO Center and ADB's NGO and Civil Society Thematic Committee to more proactively reach out to regional management teams and operational staff, further effort is required to "make NGO/CSO cooperation an ADB-wide concern."

Staff involved in the assessment exercise also noted that although the *Framework* was approved by ADB's President, it does not have the more commonly understood status of either a policy or a strategy. This points to the need for continuing strong ADB Management endorsement of the *Framework* and its recommended actions, as well as the establishment of improved benchmarks for the implementation of both the *Task Force* and *Framework* recommendations. The internal assessment also confirmed the need for staff guidelines and "sourcebook" materials to help implement the *Framework's* recommendations with respect to NGO/CSO involvement in country strategy and program (CSP) and project design processes. More work also is required to strengthen DMC government understanding of the benefits of enhanced cooperation with nongovernment and civil society bodies, and to provide capacity development assistance to both DMCs (developing member countries) and NGOs/CSOs (both actions are underway).

Figure 1: ADB-Government-NGO Cooperation: A Framework for Action, 2003-2005
Primary Roles of Each Stakeholder Group



IV. CONSTRAINTS TO ENHANCED COOPERATION WITH NGOS/CSOS

As outlined above, further embedding cooperation with NGOs/CSOs into ADB-supported activities represents a major institutional challenge. In addition, there are a number of other difficulties with respect to ADB's interaction with civil society organizations, some internal to ADB, others relating to ADB's overall relationship with its donor and developing member countries and with NGOs and civil society groups

1. ADB's Primary Relationship with Governments

The most fundamental constraint to greater ADB cooperation with NGOs/CSOs relates to the primary relationship between ADB and its member governments. ADB is a multilateral development finance institution owned by its 63 member countries. Each member country nominates a Governor and an Alternate Governor to vote on its behalf. The Board of Governors (most commonly Ministers of Finance) elects ADB's 12 resident Directors (each with an alternate) – eight representing countries within the Asia-Pacific region and four representing countries outside the region. The Board of Governors also elects the President for a term of five years, with the possibility of re-election. The President chairs the Board of Directors and follows its directions in conducting the business of ADB. ADB thus is directly accountable to its member governments, and only indirectly to wider civil society.

A related constraint is how governments perceive and interact with civil society bodies. Some of ADB's member countries perceive nongovernment organizations to be, by definition, "against" the government. Others tightly control the "space" given to civil society voices. Whereas some DMC governments consult widely on national development priorities, including national poverty reduction strategies and programs, others remain less open to civil society interaction. In addition, in many countries the capacity of local NGOs and other civil society groups to engage with governments as well as donor institutions is still somewhat limited.

ADB's 1999 *Special Evaluation Study of the Role of Nongovernment Organizations and Community-Based Organizations in Asian Development Bank Projects* found that a key success factor is to foster a conducive environment for NGOs/CSOs as legitimate and valued partners by putting in place effective legislative and regulatory frameworks.¹² The *Special Evaluation Study* also found that in several countries in the Asia and Pacific region, the capacity to implement legislation and regulation is a constraint, along with the unwillingness of executing agency managers to embrace NGOs/CSOs. The *Study* recommended that ADB should promote and facilitate activities to improve the enabling environment, providing selective capacity building assistance where appropriate (or, more to the point, when requested by DMC governments).

The International Monetary Fund's October 2003 *Guide for Staff Relations with Civil Society Organizations* states that: "The IMF is accountable to its member governments. Dialogue with and transparency toward citizens are important contributions to this accountability". The document also notes, however, that the IMF should "keep the initiative with the government, whose responsibility it is to engage with CSOs. IMF contacts with CSOs supplement, and do not substitute for, government dialogue with citizen groups".¹³ Other international financial institutions, including ADB, generally subscribe to this principle, and encourage enhanced Government-NGO/CSO engagement, including by providing technical assistance for the

¹² ADB. 1999. *Special Evaluation Study of the Role of Nongovernment Organizations and Community-Based Organizations in Asian Development Bank Projects*. Manila.

¹³ International Monetary Fund, "Guide for Staff Relations with Civil Society Organizations," 10 October 2003, p. 3.

establishment of legal frameworks or other relationships that promote dialogue between civil society groups and governments.

2. NGO/CSO Cooperation as a Cross-Cutting Issue

ADB policy acknowledges that the engagement of civil society groups in policy dialogue and project-level activity contributes to development effectiveness, as well as to wider ownership of the development process. Such engagement, however, is but one of several cross-cutting issues that “good development” dictates should be reflected in sound project design and effective implementation (e.g., gender, environment, governance, indigenous peoples, social safeguards/resettlement, etc.). While ADB’s policy on NGO cooperation aims to make such cooperation “an ADB-wide concern”, ADB’s operational staff often face time and resource constraints with respect to NGO/civil society engagement, particularly in circumstances where NGO/CSO capacity is weak, or where governments are not fully supportive of such engagement.

The 1999 *Special Evaluation Study* found that the most successful ADB projects with NGO/CSO involvement are more a consequence of the individual interest, knowledge, and experience of ADB project officers than any systematic mainstreaming of NGO/CSO considerations within ADB project preparation procedures. This again points to the need to further enhance the capability of ADB staff to assess and to plan for NGO/CSO involvement in ADB-supported activities, including through targeted training as well as through the preparation of good practice guidelines or other “sourcebook” materials. ADB’s NGO Center has given high priority to both these tasks as key elements of *Framework* implementation.

3. Selection of NGO/CSO Partners and NGO/CSO Legitimacy

A key problem for ADB and other international institutions in effecting enhanced civil society engagement is the question “with whom should we work?” Across Asia and the Pacific there are thousands, or perhaps even hundreds of thousands of developmental nongovernment and civil society organizations, and with huge diversity in terms of organizational capacity, experience, and scope. How best should an institution like ADB engage with such a huge number of organizations and groups? What criteria should it use in selecting its NGO/CSO development partners? How can it ensure that such groups are truly representative of particular interest groups, much less “civil society” as a whole?

As noted by the Chairman of the Secretary-General’s Panel of Eminent Persons on Civil Society and United Nations Relationships:

In a complex world, the answer to the question ‘who speaks for whom’ calls for new perspectives. The legitimacy of civil society organizations derives from what they do and not from whom they represent or from any kind of external mandate. In the final analysis, they are what they do. The power of civil society is a soft one. It is their capacity to argue, to propose, to experiment, to denounce, to be exemplary. It is not the power to decide. Such legitimacy is, by definition, a work in progress. It is never attained once and for all. It is gained in the arena of public debate and must be continually renewed and revitalized.¹⁴

¹⁴ Fernando Henrique Cardoso, “Civil Society and Global Governance – Contextual Paper”, Chairman, Secretary-General’s Panel of Eminent Persons on Civil Society and UN Relationships. See: <http://www.un.org/reform/pdfs/cadosopaper13june.htm>

Identifying or selecting NGOs and CSOs for purposes of policy dialogue, as well as for active involvement in ADB-supported activities represents an ongoing problem, and one that is unlikely to be addressed by internal databases, or lists of registered NGOs. To the greatest extent possible, ADB strives for maximum “representativeness” in its engagement with NGOs and other civil society groups. In many cases, ADB depends on NGO umbrella groups to help identify NGOs/CSOs that can broadly represent different stakeholder groups. Given the wide range of civil society voices and interests, civil society groups must organize themselves to serve as effective dialogue partners, and also must be able to demonstrate that they represent particular stakeholder groups.

4. Measuring the Level of NGO/CSO Involvement in ADB Activities

A key and ongoing institutional problem is identifying the level of NGO/CSO involvement in ADB-supported activities. The 1999 *Special Evaluation Study* noted: “Since 1990, 150 projects (25% of all ADB projects) have had some form of NGO/CBO involvement. In 1998, 28 projects worth more than \$2 billion (49% of all approved projects) incorporated NGO/CBO activities.¹⁵ A similar review of loan projects approved by ADB in 2003 indicated that 47 out of 72 projects, or 65%, contained elements of NGO cooperation, up from 55% in 2002. NGO/CSO involvement – as determined by specific mention of NGOs or CSOs in project documentation – included one or more of the following modes of cooperation: general consultation, information provider, policy and advocacy work, co-financier, beneficiary, implementing agency, monitoring and evaluation, and/or expert/consultant/trainer.

However, the *Special Evaluation Study* found a shortfall between intended and actual NGO/CSO involvement in ADB-supported activities. One shortfall related to a difference between anticipated or planned NGO/CSO involvement as outlined in project documentation and what subsequently was recorded in project implementation reports. The *Special Evaluation Study* found that in roughly one quarter of the case study projects, the summary Report and Recommendation of the President (RRP) provided an unreliable indication of even the intended NGO/CSO involvement. The *Study* found that this shortfall frequently was very apparent in early project performance reports (PPRs) that made little reference to NGO/CSO participation, concluding “in practice, actual NGO/CSO involvement falls short of reported intentions.”¹⁶

The *Special Evaluation Study* also determined that that ADB’s project reporting does not record measures of ownership, beneficiary consultation, confidence, capacity building, or sustainability, and noted “these are areas where NGO/CSO involvement could produce long-term project benefits”.¹⁷ The *Special Evaluation Study* also found that “ADB’s capacity to manage and exchange information on the progress of NGO/CBO involvement and lessons learned from previous projects remains underdeveloped”.¹⁸ The *Special Evaluation Study* suggested “It should be mandatory to include an agreed upon and verifiable monitoring system for NGO/CSO involvement in a project or program before it is approved. Project designs [also] should include funds for NGO/CSO monitoring and beneficiary consultation”.¹⁹ The *Study* further recommended “the existing NGO database needs to be expanded to incorporate information on NGO/CBO achievements and involvement rather than only the intentions stated in the Report and Recommendation to the President (RRP).”²⁰

¹⁵ ADB. 1999. *Special Evaluation Study of the Role of Nongovernment Organizations and Community-Based Organizations in Asian Development Bank Projects*. Manila, p. 5.

¹⁶ ADB. *Special Evaluation Study*, p. 38.

¹⁷ ADB. *Special Evaluation Study*, p. 6.

¹⁸ ADB. *Special Evaluation Study*, p.6.

¹⁹ ADB. *Special Evaluation Study*, p. 8.

²⁰ ADB. *Special Evaluation Study*, p.44.

Three years after the *Special Study*, ADB continues to have difficulty in accurately measuring NGO/CSO “involvement” in its activities, with few ADB projects specifically including significant funding for NGO/CSO engagement.²¹ Nor has ADB made much progress in gauging how, or to what extent NGO/CSO involvement has contributed to improved effectiveness, sustainability, or overall quality of ADB products and services.

Efforts to improve such tracking are complicated by the sheer number of ongoing ADB loans and technical assistance projects across the region. In addition, it often is very difficult to determine the extent to which NGOs contribute to project effectiveness. It is to be noted that the World Bank similarly suffers a lack of reliable and/or easily accessible data to monitor its engagement with CSOs, including the amount of funds channeled through or earmarked for NGOs/CSOs. In addition, “high demands on World Bank staff, and disincentives such as ambiguous guidance and poor systems for monitoring and evaluating participation, fuel the tendency among task managers to ‘tick the box’ that they have involved CSOs rather than take proactive steps to ensure that engagement that is viewed as satisfactory by all stakeholders”.²²

5. ADB and Advocacy NGOs

Although ADB strives for effective development partnerships with NGOs/CSOs, the relationship is not always easy or harmonious. The fact that ADB as an institution is accountable first to its member governments, and only secondarily to other stakeholder groups, already has been mentioned. Equally, difficulties in the relationship between ADB and NGOs/CSOs can be attributed to differences in size, resources, and orientation or focus. In particular, the relationship between ADB and advocacy-based NGOs/CSOs can be problematic, in that their approaches to developmental issues can differ, or even be diametrically opposed. The very contentious issue of multilateral development bank (MDB) financing of hydropower projects is a case in point. Given problems with such projects in many parts of the world, some advocacy NGOs are opposed to any and all hydropower schemes. Because of such opposition, and particularly in the context of the findings of the World Commission on Dams, ADB and other multilateral development banks take a very cautious approach to hydropower projects. But what if ADB, at the request of one of its developing member countries, and as a result of detailed economic and financial analysis, environmental impact assessment, and the development of resettlement or indigenous peoples plans, determines that the development benefits of a hydropower project exceed the environmental or other costs? Equally, which is preferable: MDB financial involvement in a hydropower project governed by MDB environmental and other safeguard measures, or a developing country independently undertaking the same project with no guarantee of standards and no provision for the mitigation of adverse impacts?

Advocacy groups such as the Washington-based Bank Information Center (BIC) or the Manila-based NGO Forum on ADB attempt “to empower citizens in developing countries to influence Multilateral Development Bank financed operations and policies in a manner that fosters social justice and ecological sustainability”.²³ The Bank Information Center aims to “democratize the International Financial Institutions to ensure citizen participation, information disclosure, full

²¹ The NGO Center recently supported a pre-project assessment of local NGO capacity in Punjab, Pakistan, in connection with a proposed sustainable livelihoods project in *barani* (rain-fed) districts. The assessment is expected to facilitate the involvement of capable NGOs into project-related activities by providing a better understanding of the nature and capacities of NGOs in the target districts. In addition to contributing to the design and ultimate implementation of the project, the assessment exercise—costing only \$30,000—is expected to provide a good practice example of how NGO/CSO involvement in project operations can be upstreamed.

²² The World Bank. 2003. *Issues and Options for Improving Engagement Between the World Bank and Civil Society Organizations A Discussion Paper*. Washington, D.C.

²³ http://www.bicusa.org/bicusa/issues/about_the_bank_information_center/index.php

adherence to environmental and social policies, and public accountability,”²⁴ whereas the NGO Forum on ADB aims “to stimulate public awareness and action and consequently develop closer working ties with other Asia-Pacific people's organizations, nongovernment organizations and other public interest groups on issues related to the Asian Development Bank so as to sharpen public debate and understanding of ADB's program and project activities in the Asia and Pacific region.”²⁵

ADB's relationship with these two “watch dog” groups is generally good, and BIC and the NGO Forum on ADB comment on draft ADB policies and strategies, or feedback with respect to specific projects is taken very seriously by ADB management and staff. ADB's NGO Center also has made a particular effort to work with the NGO Forum on ADB, including through an annual “Lobby Day” (timed in conjunction with the Forum's Annual Meeting) when representatives of the Forum's member agencies are able to meet with ADB operational staff to discuss issues and projects of particular concern to NGOs and stakeholder groups. The “Lobby Day” was further institutionalized in March 2004 with a full day of project and policy-related meetings coordinated by the NGO Center, including efforts to jointly document each meeting as a basis for ongoing dialogue between ADB staff and representatives from the NGO Forum on ADB's member agencies.

Given such generally good working relationships, it was somewhat disappointing that the members of the NGO Forum on ADB subsequently decided to boycott ADB's 13 May 2004 Annual Meeting due to “frustrations with the way consultations are being carried out at ADB, which in our opinion often serve to validate rather than challenge the status quo and in any case serve to reinforce the power of the Asian Development Bank and governments over local communities.”²⁶

6. Public Communications, Disclosure, and Transparency

In recent years issues of communications, transparency, and accountability have assumed increased importance. The global movement toward greater transparency carries with it important implications for international financial institutions, nearly all of which have responded by reviewing and updating their information and disclosure policies.

The need for effective communications between ADB, the governments of its developing member countries, and persons affected by ADB-finance projects and programs is clearly spelled out in ADB's *Long-Term Strategic Framework*: “Strengthening the participation of stakeholders in the development process will improve efficiency in the implementation of ADB interventions.”²⁷ To ensure development effectiveness impact, ADB also must create opportunities for persons affected by ADB-assisted operations to be informed about, and influence, the decisions that affect their lives. To facilitate greater community-level participation in decision-making, ADB and governments need to further develop a communication process that informs stakeholders and offers structures for them to give feedback and other inputs. Development of activity-specific communication plans strengthens this process. Furthermore, the success of ADB-financed projects often depends upon building trust with diverse peoples, communities and organizations; explaining project aims; receiving local inputs; and securing commitment of those residing in the project areas. Strengthening ADB's connection with project beneficiaries to improve project quality and sustainability requires that ADB upgrade its communications policies, practices, and capacities.

²⁴ http://www.bicusa.org/bicusa/issues/about_the_bank_information_center/index.php

²⁵ http://www.forum-adb.org/about_us.html

²⁶ A Betrayal of Asia and the Pacific – Boycott of the 37th Annual Meeting of the Asian Development Bank,” NGO Forum on ADB Press Release, 13 May 2004.

²⁷ ADB. 2000. *The Long-Term Strategic Framework of the Asian Development Bank (2001-2015)*. Manila.

ADB's *Disclosure Policy*, considered progressive a decade ago, today provides inadequate support to the goals of enhancing participation, nurturing local ownership of projects, and making ADB a leading provider of knowledge for development in Asia and the Pacific. ADB similarly faces immediate and pressing challenges in the areas of outreach, visibility, and institutional profile. Meeting these challenges will require an updated *Information Policy* that features proactive dissemination of information about ADB's operations to ensure growing public understanding and support for ADB's role, objectives and operations.

A review of ADB's 1994 *Policy on Confidentiality and Disclosure of Information (Disclosure Policy)* and its 1994 *Information Policy and Strategy of ADB (Information Policy)* currently is underway, and is expected to result in the adoption of a new, unified *Public Communications Policy*. A draft policy has been posted on ADB's website for comment, and a series of public consultations in ADB's developing and donor member countries currently is underway. A new policy – which surely will maintain “a presumption in favor of disclosure of information” – is expected to be adopted by early 2005. In addition, the new *Public Communications Policy* is expected to include a new strategy or mechanisms to proactively disseminate information about ADB and its activities and to better seek the views of stakeholders.²⁸

It is unlikely that the new, unified policy will fully satisfy NGOs and other groups advocating for complete transparency through public access to all ADB correspondence and project documentation as well as transcripts of Management and Board discussions. A May 2004 “collective statement” of the NGO Forum on ADB stated that

Despite ADB's lip service to the benefits of transparency, stakeholders are often denied access to information while ADB projects impact their lives and livelihoods with impunity. We demand that all stakeholders have access to project-related documents in local languages. We further demand that all documents submitted to the Board of the ADB be in the public domain, and that Board meetings and transcripts be open to the public.²⁹

ADB's counter-argument is that there must be balance between transparency and certain legal and practical constraints, as well as the legitimate interests of other parties with whom ADB interacts. In order to avoid injuring such interests, ADB maintains that certain types of information cannot be made publicly available, including information that is in ADB's possession but which legally belongs to someone else, such as business proprietary information. ADB also takes the position that just as internal information must flow on a free and confidential basis to ensure frank and candid discussions, so borrowing members and ADB must be able to undertake free and candid discussions on the basis of reciprocal respect for the confidential character of information. ADB also believes it has a general obligation to safeguard the personal privacy of its staff, and to protect the confidentiality of personal information.

What is agreed, is that more effort is required to involve stakeholders – including NGOs/CSOs and project-affected groups – in the design, implementation, and monitoring of project activities, as well as to make key project information more readily available.

²⁸ <http://www.adb.org/Disclosure/default.asp>

²⁹ “A Betrayal of Asia and the Pacific – Boycott of the 37th Annual Meeting of the Asian Development Bank,” NGO Forum on ADB Press Release, 13 May 2004.

7. ADB Accountability

Closely related to the issue of transparency is the matter of accountability. As an international financial institution, ADB is accountable to its member countries. But it also is accountable to a wider public constituency – the peoples of Asia and the Pacific region that it serves (and who ultimately must repay loans provided by ADB) as well as taxpayers in ADB's donor member countries. Increased focus on development effectiveness, including through the new “reform agenda” recently launched by ADB's Management, is expected to improve results on the ground; improve ADB's openness, accountability, and responsiveness; and to enhance ADB's organizational capacity – thus improving the way ADB is managed to achieve real development results.

ADB's Operations Evaluation Department (OED) is responsible for administering ADB's independent operations evaluation functions, which aim to improve the design and execution of ADB's future activities in light of the lessons learned from its operations, and to enable ADB to account to its shareholders for the effectiveness of its development assistance to its developing member countries. A major activity of OED is preparing project and program performance audit reports (PPARs) of completed projects/programs for which project/program completion reports have been prepared by the operational departments responsible for the processing and implementation. PPARs involve the comprehensive evaluation of project/program effectiveness in achieving objectives and provide analytical commentary focusing on lessons of operational significance.

OED also undertakes various intensive studies of broader relevance to ADB's operations, such as preparing technical assistance performance audit reports, impact assessment and special evaluation studies, reevaluation studies, and country assistance program evaluations. To ensure the usefulness of operations evaluation, OED provides ADB with effective feedback of lessons learned through several channels, including the computerized operations evaluation information system, the annual review of evaluation activities, country/sector syntheses of operations evaluation findings, and feedback sessions with operational departments. Through technical assistance, OED also assists DMCs in developing and strengthening their independent evaluation capabilities.

As of 1 January 2004, OED became an independent Department reporting to ADB's Board of Directors through the Board's Development Effectiveness Committee (OED formerly had a reporting relationship through ADB's President, as with other operational departments).

In terms of ADB accountability, much recent attention has focused on “Inspection”. ADB's “Inspection Function” was established by its Board of Directors in late 1995 as a complement to ADB's existing audit, supervision, and evaluation systems. The Inspection Function was to provide a forum for project beneficiaries to appeal to an independent body with respect to ADB's compliance with its own operational policies and procedures. The first full inspection process, relating to the Samut Prakarn Wastewater Management Project in Thailand, was conducted from April 2001 to March 2002, and it became evident that the inspection process and procedures were lengthy, confusing, and complex for most stakeholders inside and outside ADB. The first full Inspection also raised concerns about independence, credibility, transparency and information dissemination, as well as the overall effectiveness of the Inspection Function. As a result of such concerns, ADB launched a review of the Inspection Function, including an extensive public consultation process.

The review resulted in the May 2003 approval of a new accountability mechanism to address the concerns of persons affected by ADB-assisted projects. The new Accountability Mechanism

consists of two complementary functions – a consultation phase and a compliance review phase. The new Accountability Mechanism became effective from December 2003.³⁰

The **consultation** phase is to assist project-affected people with specific problems caused by ADB-assisted projects through a range of informal, consensus-based methods with the consent and participation of all parties concerned, such as consultative dialogue, good offices, or mediation. The Special Project Facilitator appointed under the Mechanism is responsible for the consultation phase and reports directly to the President.

The **compliance review** phase is to establish ADB's accountability in its operations by providing a forum in which project-affected people (and in special circumstances, any Board member) can file requests for compliance review. A three-person Compliance Review Panel (CRP) established under the Mechanism investigates alleged violations by ADB of its operational policies and procedures in any ADB-assisted project that directly, materially, and adversely affects local people in the course of the formulation, processing, or implementation of the ADB-assisted project. The CRP is responsible for the compliance review phase. The CRP reports directly to the ADB Board on all activities, including post-compliance review monitoring and its outcomes, except on specific activities where reports are made to the Board Compliance Review Committee. In addition to public sector operations, the Accountability Mechanism also applies to ADB's private sector operations.

While the Operations Evaluation Department, the Office of the Compliance Review Panel, and the Office of the Special Project Facilitator are intended to enhance ADB's development effectiveness and project quality, and to ensure that ADB is both responsive to the concerns of project-affected people and fair to all stakeholders, some of ADB's stakeholders believe that ADB has not gone far enough. The May 2004 "collective statement" by the NGO Forum on ADB, for example, "demands that ADB commission independent monitoring and evaluation of its projects."³¹ The statement also notes that:

Civil society organizations demand that the ADB be held accountable for the consequences of its lending. ADB claims to agree in principle with this statement, but views accountability only in terms of compliance with its own operational policies for safeguards, governance, and quality. While such a view of accountability is extremely limited, experience has repeatedly shown that the ADB is incapable of living up to even this narrow concept.³²

Therefore, despite the concrete steps that ADB has taken in the recent past, questions about ADB's accountability, both as an institution and in terms of its operations and activities, are likely to continue to come from the NGO Forum. At the same time, it is possible to question the "representativeness" of some advocacy groups, including their connections to the people they claim to represent. Also important in the dialogue with such groups, as well as with civil society as a whole, is the primary role of governments – both donor and developing member country – as the "owners" of ADB and the activities it undertakes in the Asia and Pacific region.

³⁰ An Inspection of the Chasma Right Bank Irrigation Project in Pakistan was initiated under the former Inspection Function, and has not yet been completed (July 2004).

³¹ NGO Forum statement.

³² NGO Forum statement.

8. ADB Funding for NGO/CSO Initiatives

NGOs have long advocated that ADB should develop a mechanism to provide funding support for NGO initiatives. NGOs feel that ADB should recognize the viability of many NGO programs by providing financial support for up-scaling or replication.

ADB currently has no ongoing direct funding mechanism to support NGO/CSO activities. Furthermore, provision of ADB's lending and non-lending products and services (including technical assistance funding) is undertaken upon request and/or approval of ADB's developing member countries. In principle, a DMC could request that ADB support be provided directly to an NGO or other civil society group, but given limited ADB resources, governments are unlikely to make such requests. Thus, any ADB financial or other support to NGOs/CSOs is provided in the context of government-approved and executed loan or technical assistance projects. In such cases, NGOs serve as project implementers, or otherwise are contracted to undertake specific component activities or to provide project-related services.

ADB's *Medium-Term Strategy, 2001-2005* calls for the development of new modalities for working together with NGOs, in addition to those undertaken through the Japan Fund for Poverty Reduction (as a direct complement to other ADB-supported activities). The *Medium-Term Strategy* indicates that

The development of partnerships is becoming increasingly important to draw upon expertise essential for delivering many targeted interventions, expertise that is not always available within ADB. These will include developing funding (and control) mechanisms that will allow NGOs to directly access ADB funds...Methods that will allow NGOs to implement a wider range of ADB projects and programs, particularly targeted poverty interventions, will also be developed.³³

One of the *Framework's* key recommended actions is a review of current modalities for funding NGOs as well as the establishment of a small grants window to support development initiatives of NGOs involved in ADB-sponsored activities. A consultant study detailing ADB experience in providing funding support to NGOs/CSOs recently has been completed. In addition, the NGO Center currently is administering a \$1 million regional technical assistance (RETA) project, "NGO Partnerships for Poverty Reduction". The RETA, financed on a grant basis through the Poverty Reduction Cooperation Fund, provides grant funding support for NGO/CSO poverty reduction and/or capacity development projects. As of June 2004, 35 projects had been approved in 13 DMCs. This RETA serves as a pilot for the establishment of a larger ADB NGO/CSO direct funding mechanism.

It is to be noted, however, that the establishment of such a direct funding mechanism in support of NGO/CSO activities will require additional donor funding or, alternatively, some reallocation of ADB's limited grant and technical assistance funding.

9. ADB and NGO/CSO Capacity Development

ADB's NGO Cooperation policy indicates that "Institutional development and capacity building support for NGOs will be pursued, consistent with overall strategies and existing policy and practice. Institutional development and capacity building for governments in NGO-related matters similarly also will be pursued."³⁴ The *Framework* similarly indicates that ADB will

³³ ADB. 2001. *Medium-Term Strategy, 2001-2005*. Manila. Paragraph 46.

³⁴ ADB. 1999. *Cooperation Between Asian Development Bank and Nongovernment Organizations*. Manila. p. 34.

provide technical assistance to build NGO capacity in project management and governance. What hasn't been clearly determined is what kind or what level of capacity development is required and for which groups in which countries, how best ADB might provide or support such capacity development initiatives, as well as the level of financial and other resources likely to be required.

In early 2004 the NGO Center began with a modest first step: a pilot workshop for a group of senior NGO managers from across the Asia and Pacific region to familiarize them with ADB, its policies, its operations, as well as opportunities for cooperation and collaboration – a primer on “how to work with ADB” (and akin to NGOC-organized trainings for ADB staff on “how to work with NGOs”). Given the success of this pilot information/orientation workshop, ADB must now consider how to scale-up the activity so as to reach a wider NGO/CSO audience.

With respect to developing DMC capacity to engage with NGOs/CSOs, upon request by DMCs, ADB technical assistance can be used to help governments develop appropriate legal and other frameworks promoting effective government-NGO/CSO collaboration, including with respect to the elaboration, implementation, and monitoring of national development and poverty reduction programs.

10. The Private Sector and NGO/CSO Collaboration

In addition to promoting enhanced civic society engagement; ADB also works to strengthen the private sector in its developing member countries. The key premises for ADB's work toward strengthening the private sector are as follows:

- Private sector development is crucial to economic growth
- Sustainable economic growth creates jobs and can reduce poverty
- The private sector is the largest source of investment and employment
- Expanding the private sector increases the tax base for the delivery of social services

Less clear in ADB policy as well as in ADB operations is the relationship between civil society and the private sector, their mutual relationship with government, and ADB's role in promoting dynamic development partnerships. Although representatives of the private sector were involved in the elaboration of the *Framework*, none of the *Framework's* 24 recommended action items specifically address collaboration between the private sector and NGOs/CSOs. Is the private sector part of civil society, or are market forces firmly outside the third sector? Given the difficulties in promoting trilateral cooperation among ADB, governments, and NGOs/CSOs, how best should quadrilateral cooperation be promoted? In this regard ADB's NGO Center has made some initial efforts to encourage corporate sector support for NGO/CSO-led development efforts, including a March 2004 “Building NGO-Private Sector Partnerships Against Poverty”.

V. CONCLUSION

This paper has summarized the Asian Development Bank's recent efforts to engage with NGOs and other civil society groups, including through institutional arrangements that promote effective development partnerships. The paper also has highlighted some of the constraints to enhanced cooperation among ADB, its member governments, and NGOs/CSOs.

Although constraints and difficulties exist, there also are many opportunities for constructive engagement. Through joint efforts to implement the 24 recommended “action items” in *ADB-Government-NGO Cooperation: A Framework for Action, 2003-2005*, ADB looks forward to working with NGOs/CSOs as well as governments to achieve the common vision of “improved

cooperation among the Asian Development Bank, NGOs/CSOs and government to reduce poverty in the Asia and Pacific region through collaborative efforts to promote pro-poor sustainable growth, social development, and good governance”.

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REDEN BEFREIT VON SCHULD

Mütter, die ihre Töchter früher getötet oder zugesehen haben, wie ihre kleinen Mädchen ermordet wurden, feiern nach Jahren des Stillschweigens in Karukkattanpatty die Geburt von Töchtern.



Aufstand der Mädchenmörderinnen

Indien ist das Land mit der aktivsten Frauenbewegung der Welt. Zwar gelten Frauen immer noch als Menschen zweiter Klasse, aber jetzt begehren sie auf, kämpfen gegen Mädchenmorde, Tempelprostitution, Kastensystem – und verändern ihre Gesellschaft.



hatten ihr die Frauen im Dorf gesagt. Reden fällt ihr schwer, sie streicht ihren dunkelroten Sari glatt, knetet die Hände. Ihr Mann steht daneben und schweigt. Sie holt tief Luft, steigt über das Grab in ihr Haus, steht in einer winzigen Kammer und weint.

Sie spricht über ein Tabu, ein schreckliches Verbrechen, und während sie spricht, zum ersten Mal, schlagen sie drüben auf dem Marktplatz schon die Trommeln. Zwei Tage und zwei Nächte dauerte die Geburt, der Mord nur zehn Minuten. Sangara krallt sich an ein Seil, das von der Decke hängt, wie damals, als sie im Stehen ihr Kind in die Welt presste. Die Hebamme kniete zwischen ihren Beinen, schob ihr Pfefferschoten in den Mund, damit die Wehen einsetzten, rief aufmunternde Worte, feuerte sie an. Als das Kind kam, wurde sie wütend: „Ein Mädchen, schon wieder, du solltest dich schämen!“

Sangara hatte versagt, ein Mädchen, schon wieder, sie wusste, was folgen würde – und ließ es geschehen. Ihr Mann und ihre Schwiegermutter nahmen das Kind, gingen hinter das Haus, den Feldweg hinunter zum Fluss. Schnitten Zweige vom Oleander, weißer Milchsaft quoll hervor. Ließen das Gift auf ihre Fingerkuppen tropfen und steckten sie dem saugenden Mädchen in den Rachen. Es wurde von Krämpfen geschüttelt, Blut drang aus Mund und Nase, es starb.

Ein Jahr nachdem sie die Leiche verscharrt hatten, bekam Sangara einen Sohn, Jebaraj, er sitzt jetzt nackt auf den Treppenstufen und brüllt. Sangara sagt, er sei ihre Altersvorsorge. Dann läuft sie los, sie folgt dem Klang der Trommeln. Denn heute wird im Dorf ein Fest gefeiert, das Fest für die neugeborenen Mädchen.

Sangara trifft die Frauen auf dem Marktplatz von Karukkatanpatty, Tamil Nadu, Südindien. Sie tragen festliche Saris, Jasminblumen schmücken ihr Haar, sie sitzen im Halbkreis auf billigen Plastikstühlen und erzählen ihre Geschichten, sie müssen. Nach jeder Beichte prasselt Applaus.

Fast alle haben eine Tochter getötet oder den Mord geschehen lassen, wie Sangara. Sie haben ihnen nasse Tücher über den Mund gelegt, damit sie ersticken, sie verbrüht mit kochend heißer Hühnersuppe, ihnen Schädlingsbekämpfungsmittel in die Ohren geträufelt, sie erdrosselt, erschlagen, verhungern lassen, ein Dutzend Tötungsarten zählen sie auf.

Warum?

„Weil mein Mann mich sonst verlassen hätte“, sagt Pandiannal, 30.

„Weil mein Vater drohte, meine Mitgift nicht zu bezahlen“, sagt Amsu, 32.

Weil in diesem Dorf und in den umliegenden Dörfern in der Nähe der Stadt Madurai seit Jahrhunderten dieser Satz durch die Köpfe der Menschen geistert: „Mädchen großzuziehen ist wie den Garten des Nachbarn zu gießen.“ Ein Sohn gilt als Ernährer seiner Familien. Nach dem Tod der Eltern vollzieht er die hinduistischen Bestattungsriten, trägt ihren Namen, erbt ihren Besitz. Eine Tochter hingegen bedeutet Ruin: Sie trägt das Vermögen aus dem Haus, als Mitgift, 100 Gramm Gold meist und 100 000 Rupien, knapp 2000 Euro. Gibt es kein Vermögen oder mehrere Töchter, muss sich die Familie verschulden – bisher zumindest war es hier so.

Jedes Mal, wenn Sangara ihr Haus betritt, steigt sie über das Grab ihrer Tochter. Sie kann nicht vergessen, aber sie muss, sonst wird sie verrückt. Es war ihr drittes Kind, ihre dritte Tochter, sie hatte keinen Namen. Jetzt liegt sie verscharrt unter den Treppenstufen.

Sie wurde vergiftet wenige Stunden nach ihrer Geburt vor zwei Jahren, kurz bevor der Monsun die Reisfelder flutete. Ein Brauch der Kallar-Kaste besagt: „Töte deine Tochter, und du wirst den Fluch brechen und endlich einen Sohn gebären.“

Sangara hockt im Schatten eines Tamarindenbaums, eine schmale Inderin mit leeren Augen, 22 Jahre alt. Reden hilft, es befreit von der Schuld,

Regierende Witwe

Nach der Ermordung ihres Ehemannes wurde Sirimavo Bandaranaike (1916 bis 2000) an der Spitze der sozialistischen Friedenspartei



Ceylons 1960 zur weltweit ersten Premierministerin gewählt.

1972 wurde Ceylon zur Republik Sri Lanka erklärt. Die abgewählte Regentin wurde später wegen Machtmissbrauchs angeklagt.

Bandaranaikes Bevorzugung der Singhalesen beförderte den Bürgerkrieg mit den Tamilen.

Als ihre Tochter Chandrika 1994 Präsidentin wurde, übernahm die Mutter erneut bis kurz vor ihrem Tod das Amt des Premiers.

Als das Kind kam, wurde die Hebamme wütend:

„Ein Mädchen, schon wieder. Du solltest dich schämen.“



WITWENVERBRENNUNG
Der Feuertod, ursprünglich ein rituelles Selbstopfer von Witwen, später häufig eine eingeforderte Praxis, ist seit langem verboten (hier ein Foto aus dem Jahr 1972). Aber in kaum einem anderen Land gibt es mehr Frauenfeindlichkeit, und alle drei Minuten wird in Indien eine Frau Opfer einer Straftat.

Die meisten Inderinnen leben wie in der Steinzeit, sie haben sich unterzuordnen. Brechen sie aus, sind sie verloren.

Jetzt haben sich diese Frauen, diese Kindsmörderinnen von Karukkatanpatty, verbündet. In einer von 22 Frauengruppen im Ort wehren sie sich gegen überholte Bräuche und gegen Männer, die behaupten, diese Bräuche seien von Gott gewollt.

Sie treffen sich täglich, lassen Schwangere vom Arzt registrieren, sorgen dafür, dass Frauen, die sitzengelassen wurden, nähen lernen und Geld verdienen. Und wenn eine, die eben noch schwanger war, sagt, es war eine Tochter, sie hatte Fieber, jetzt ist sie tot, gehen sie zur Polizei und zeigen sie an. Sie befreien sich selbst, und niemand hat damit gerechnet.

Am Nachmittag, wenn kühler Wind die staubige Hitze vertreibt, beginnt das Fest für die neugeborenen Mädchen. Auf ihrem Kopf balancieren die Frauen Silbertablets mit rosa Tüllkleidchen und kleine Kokosnusspalmen. Sie machen viel Lärm, schlagen Trommeln, blasen in Muschelhörner, das ganze Dorf rennt herbei, Männer in Wickelröcken, neugierige Jungs.

Die Frauen von Karukkatanpatty stürmen in die Häuser der Mütter, die in den letzten Tagen eine Tochter geboren haben, drei sind es diesmal. Sie streifen den Babys die Kleidchen über, tupfen ihnen heilige Puderpunkte ins Gesicht und befehlen den Vätern, Palmen vor die Häuser zu pflanzen. In fünf Jahren, so ihre Rechnung, werden sie Früchte tragen, 50 Kokosnüsse im Monat, macht 2000 Rupien im Jahr. Ein Sparbuch für die Mädchen, damit sie überleben.

Die Idee mit den Palmen stammt von der Andheri-Hilfe, einer deutschen Organisation für Entwicklungszusammenarbeit, die auch die Frauengruppen gründete. Sie hilft offenbar wirklich: Seit ein paar Jahren ist in zwei Dritteln von 80 Dörfern der Kallarkaste kein einziges Mädchen mehr getötet worden, behaupten die Frauen. Davor starben zwei von dreien. „Eine Ausbildung ist sinnvoller als Mitgift“, findet heute Pandiammal, „meine Tochter wird zur Hochzeit keine einzige Rupie bekommen.“ „Ein Leben lang wurde ich benachteiligt“, sagt Jeyanthi, 39, „jetzt nehme ich, was mir zusteht. Wenn mein Mann was dagegen hat, soll er doch gehen!“ Und die Sozialarbeiterin Daisy Vincent sagt, es komme ihr vor, als könnten die Frauen plötzlich fliegen. „Wir befürchten, sie könnten stärker werden als ihre Männer.“ Deshalb haben sie vor ein paar Monaten auch eine Gruppe für die Jungs gegründet.

Bisher waren diese Frauen öffentlich unsichtbar, sie waren im Haus, am Herd. Heute sind sie Teil einer landesweiten Bewegung, eine von Hunderttausenden Frauengruppen in Indien, die ihre Welt in den Dörfern und in den Slums auf den Kopf stellen. An Hilfe vom Staat glauben sie nicht. Als die Ministerin für Frauen und die Entwicklung des Kindes, Renuka Chowdhury, im vergangenen Jahr in Neu-Delhi ihr neues Projekt bekanntgab, die indische Kinderkrippe – ungewollte Mädchen sollen nach der Geburt in ein Waisenhaus, anonym, lachten sie nur. „Eine Babyklappe, wie albern, wir helfen uns selbst.“

In einem Büro voller Bücher in Neu-Delhi, der Hauptstadt, sitzt die Frauenrechtlerin Urvashi Butalia, herzlich, warme Stimme, 55 Jahre alt. Sie blättert in einem Bildband und zeigt eine Karikatur. Eine Misswahl ist dargestellt, sehr beliebt bei Indern. Doch keine Schönheiten stehen auf dem Siegtreppchen, sondern klapprige Alte mit Augenringen, in Lumpen gehüllt: „Miss Landlos“, „Miss Obdachlos“, „Miss Armut“. Das letzte Treppchen bleibt leer, die Schärpe flattert zu Boden. „Miss Mädchen konnte nicht teilnehmen“ steht da. „Sie wurde kurz nach ihrer Geburt getötet.“ Es ist das Plakat einer Demonstration, bei der Urvashi Butalia mitmarschierte, damals, als der Kampf der indischen Frauen begann und Sangara noch gar nicht geboren war.

Indien, sagt Urvashi Butalia, sei voll von diesen Geschichten. Sie spielen ganz oben und tief unten im Dreck. Sie erzählen von einem Land, das seine Frauen vergöttert – als Bollywood-Stars, in der Politik oder in der Wirtschaft. In den meisten Fällen aber erzählen sie von furchterlicher Gewalt.

Urvashi Butalia sammelt diese Geschichten. Sie will, dass sich etwas bewegt in ihrem Land, dass Frauen über ihr Leid sprechen. Vor 23 Jahren gründete sie Indiens ersten feministischen Verlag, heute so etwas wie das Archiv der Frauenbewegung. Sie nannte ihn Kali, nach der strafenden Göttin.

Wie funktioniert Befreiung der Frauen in einem Land, das seine Töchter tötet? „Es ist ein zäher Kampf“, sagt Urvashi Butalia, „aber wir kommen voran, wir sind die aktivste Frauenbewegung der Welt.“ Das sei erstaunlich für Indien und andererseits auch wieder nicht.

Inderinnen leben in einem Land, das sich rühmt, die größte Demokratie der Welt zu sein. Sie sind es gewohnt, Macht zu haben und Rechte und Chancen. Zu einer Zeit, als Schweizerinnen noch gar nicht wählen durften, fast 40 Jahre vor Angela Merkel, war Indira Gandhi Premierministerin, 15 Jahre lang. Heute führt deren Schwiegertochter Sonia Gandhi die Kongresspartei, Inderinnen managen Banken, IT-Firmen, Callcenter. Laut Gesetz sind Frauen den Männern gleichgestellt, Indien hat eine der fortschrittlichsten Verfassungen der Welt und mehr Gesetze zum Schutz von Frauen als viele andere Länder.

„Andererseits“, sagt Urvashi Butalia und lächelt sanft, „andererseits ist Indien ein Land voller Gegensätze, ein gigantischer Subkontinent, der in vielen Jahrhunderten gleichzeitig existiert.“

Die Mehrzahl der Inderinnen lebt wie in der Steinzeit, in einer von Männern dominierten, hierarchischen Gesellschaft. Sie gelten als Menschen zweiter Klasse, sie haben sich unterzuordnen, der Kaste, dem Glauben, dem Ehemann und der Schwiegermutter. Brechen sie aus, sind sie verloren.

In kaum einem anderen Land, so die Statistik, gibt es mehr Frauenfeindlichkeit. Alle drei Minuten wird eine Frau Opfer einer Straftat, alle neun Minuten wird eine Frau von einem Familienmitglied misshandelt. Jede zweite Inderin ist Analphabetin, in einigen Regionen werden Mädchen mit zehn Jahren verheiratet, und wenn sie den Mitgiftforderungen auch nach der Hochzeit nicht nachkommen – ein neues Auto, eine Reise nach Europa –, werden



AFP (L.); ULF ANDERSEN / GAMMA / STUDIO X (R.)

sie mit Kerosin übergossen und angezündet. Mitgiftmord, Witwenverbrennung, diese Geschichten sind bekannt, seit Frauen wie Urvashi Butalia sie publik gemacht haben.

Der Widerstand formierte sich Mitte der siebziger Jahre. Anlass war ein Regierungsbericht zur Lage der Frau. Urvashi Butalia, obere Mittelschicht, exzellent ausgebildet, begriff, dass sie nichts wusste über die Lebensumstände von Frauen in Indien. Trotz Gleichberechtigung, trotz Frauenrechten – die Lage war verheerend.

Urvashi Butalia und ihre Mitstreiterinnen verließen die Universitäten, fuhren im Zug kreuz und quer durch das riesige Land, wie einst Mahatma Gandhi, und ließen Frauen berichten. Auf Neu-Delhis Straßen demonstrierten sie gegen Kastensystem und Mitgift, stürmten Kioske, zertrümmerten Schnapsflaschen der Männer, zogen vors Parlament, belagerten Polizeiwachen. Später gründeten sie Anwaltskanzleien, Zeitungen, Notunterkünfte und Sewa, eine Frauengewerkschaft. Die erste Massenkundgebung von Frauen fand 1980 statt, nachdem zwei Polizisten auf einer Wache eine 16-Jährige vergewaltigt hatten und freigesprochen wurden.

So entstand eine der dynamischsten Frauenbewegungen der Welt. Die Aktivistinnen leben in der Provinz oder in Megacities, sind Musliminnen oder Hindufrauen, Höherkastige oder Unberührbare. Oft gibt es Rückschritte, Streit mit religiösen Fanatikern, Verzweiflung, wenn Hindus gegen Muslime kämpfen und Frauen die Opfer sind. Was sie eint, ist der Wil-

ERBITTERTER WIDERSTAND

Die Verlegerin Urvashi Butalia gründete Indiens ersten feministischen Verlag und ist aktiv in der Frauengewerkschaft Sewa, die sich für gerechte Löhne, Sicherheit am Arbeitsplatz, ein besseres Gesundheitswesen und Kinderbetreuung einsetzt. „Es ist ein zäher Kampf“, sagt die Feministin, „aber wir kommen voran.“



PROTEST DER HUREN
Die Filmtrilogie „Fire“, „Earth“, „Water“ der in Indien geborenen Regisseurin Deepa Mehta zeigt ein schonungsloses Bild indischer Vergangenheit und Gegenwart. Als die Produktion wegen hindu-nationalistischer Angriffe abgebrochen werden musste, demonstrierten maskierte Prostituierte für die Fortsetzung der Dreharbeiten.

Seit 20 Jahren, seit es hier Ultraschall gibt, landeten mindestens zehn Millionen weibliche Föten im Müll der Abtreibungskliniken.

le zu Macht, zu Mitbestimmung und die Hoffnung auf Veränderung.

Und heute? „Heute haben wir eine Frauenquote“, sagt Urvashi Butalia, „ein Drittel der Sitze in Dorf- und Gremienräten gehört uns“, das sei schon etwas wert. Seit einer Verfassungsänderung 1992 bestimmen mehr als eine Million Inderinnen die Zukunft ihrer Kommunen, bisher recht erfolgreich, seit Jahren fordern sie die Frauenquote auch für das Parlament in Neu-Delhi, bisher vergebens.

Indien hat Frauen, die berühmt sind im Land, weil sie ihren Ruf riskieren und manchmal auch ihr Leben. Aktivistinnen der Chipko-Bewegung etwa, einfache Landfrauen, die sich an Bäumen festkrallten, damit man diese nicht fällt. Die Schriftstellerin Arundhati Roy, die gegen den Bau des Narmada-Staudamms anscrieb. Als eine der wenigen ist sie bekannt im Westen, weil sie hübsch ist und klug und in viele Sprachen übersetzte Bücher geschrieben hat, die anderen kennt man kaum. Flavia Agnes etwa, die von ihrem Mann geschlagen wurde, das Haus verlassen musste, ohne ihre Kinder, Jura studierte und heute für die Modernisierung des Scheidungsrechts kämpft. Oder Shabana Azmi, Bollywood-Diva, bekannt seit „Fire“, einem Film über lesbische Liebe. Heute lässt sie Häuser bauen im Slum neben Mumbais Filmcity und streitet mit Drehbuchautoren, weil sie sich ihre Rollen nicht gern vorschreiben lässt.

Alle diese Frauen verändern ihr Land, langsam, aber dauerhaft, und doch sind die Schlachten längst nicht geschlagen. Denn Indien, so viel steht heute schon fest, werden in Zukunft die Frauen fehlen, nie zuvor wurden weniger Mädchen geboren. Laut

letztem Regierungszensus kommen landesweit nur noch 927 Mädchen auf 1000 Jungen, im nördlichen Punjab sind es sogar weniger als 800. Schon berichten die Zeitungen von „Heiratskrise“ und „frustrierten Junggesellen“, was noch mehr Gewalt zur Folge haben wird.

Mädchenmorde sind nicht auszurotten durch die Moderne, sie nehmen zu. Hauptursache ist die Technik: Gezielte Abtreibung von Mädchen ist ein Massenphänomen in Indien, fast so extrem wie in China. In den vergangenen 20 Jahren, seit es hier Ultraschall gibt, landeten mindestens zehn Millionen weibliche Föten im Müll der Abtreibungskliniken. Obwohl Geschlechtsbestimmung vor der Geburt seit 1994 verboten ist, geben Ärzte Tipps gegen Trinkgeld und werben mit Slogans wie: „Zahle jetzt 500 Rupien und spare später 500 000“. Es ist nicht nur die Angst vor Armut, die Töchtervermeidung zum Trend werden lässt – vor allem die wohlhabende, aufstrebende Mittelschicht empfindet Mädchen als Last und geht die unheilige Allianz ein zwischen Tradition und Fortschritt.

Wenn Mädchen überleben, müssen sie ihr Leben selbst in die Hand nehmen. Es geht um „Empowerment“, sagt Urvashi Butalia, Frauen sollen selbstbewusst werden.

Man kann das auf einem Fischmarkt am Pulicat-See bei Chennai besichtigen, es ist drei Uhr morgens, und es stinkt bestialisch. 40 Frauen in Saris hocken auf Bastmatten zwischen silbrigen Aalen und Shrimps. In einer Ecke sitzt ein Geldverleiher, dicker Bauch, Schnauzbart, er zählt ein paar Rupienscheine, steckt sie zurück in den Bund seines Wickelrocks, er ärgert sich. Weil diese Fischerfrau-

en früher Geld bei ihm geliehen haben, viel Geld, um den Fisch zu bezahlen, den sie dann ab sechs Uhr morgens in den Dörfern weiterverkauften. Dafür verlangte er bis zu 80 Prozent Zinsen, aber jetzt haben diese Frauen eigenes Geld, sie brauchen ihn nicht mehr.

Die Frauen sind Dalits, Unberührbare, „gebrochene Menschen“, wie sie sich selbst nennen. Rund 200 Millionen Unberührbare gibt es in Indien, sie gelten als unrein. Dalit-Frauen handeln mit stinkendem Fisch oder schaufeln Kloaken frei, tiefer unten kann man nicht stehen in der indischen Gesellschaft. Höherkastige ekeln sich vor ihren Berührungen, ja sogar vor ihrem Schatten. Sie dürfen nicht in ihren Tempeln beten, müssen barfuß laufen, ihre Häuser liegen abseits. In Banken bekamen Dalits früher nie Kredite, sie durften Banken früher nicht mal betreten.

Und nun kommen gutgekleidete Beamte in ihr Dorf, plaudern höflich und drücken ihnen Karten für Geldautomaten in die Hand und kleine blaue Sparbüchlein. Weil auch Banken begriffen haben, dass Frauen fleißiger sind als Männer und Kredite zuverlässiger zurückzahlen, mit einer Wahrscheinlichkeit von 98 Prozent.

Seit ein paar Monaten haben die Frauen aus Bhimnivar Palem eine Kleinspargruppe eröffnet, zunächst mit Hilfe nichtstaatlicher Organisationen wie der Andheri-Hilfe aus Deutschland, dann mit Banken. Jetzt sitzen die Frauen wichtig in Ausschüssen, bekommen Kredite und kaufen damit eine Milchkuh oder einen kleinen Teeladen. Jetzt müssen sogar ihre eigenen Männer nett zu ihnen sein, wenn der Fang mal wieder mager ist und die Haushaltskasse klamm. Nett zu sein fällt ihnen schwer.

Am Abend spielen Studenten aus Chennai, dem ehemaligen Madras, Straßentheater im Dorf, eine Art Volksaufklärung für Analphabeten. Es geht um Probleme, die Männer haben, wenn Frauen ihr Dorf umkrempeln: ein Mann, der trinkt und seine Frau schlägt, weil er eifersüchtig ist auf ihren Erfolg; ein Geldhai, der seine Zinsen einfordert. Am Ende liegt der Mann wimmernd am Boden, seine Frau triumphiert.

Nach dem Stück wollen die Fischerfrauen mit ihren Männern diskutieren. Sie sind laut und aufgekratzt, sie stemmen ihre Arme in die Hüften, reden über die Zukunft ihres Dorfs, die Fischfarm, die sie aufziehen wollen, einen neuen Tempel. Schnaps und Poker könnt ihr vergessen, sagen sie, ihr müsst uns unterstützen. Die Männer rutschen auf ihren Plastikstühlen herum, husteln verlegen. Dann fällt der Strom aus, stockdunkle Nacht. Und weil die Frauen immer weiterreden, erheben sich die Männer und beleuchten sie mit dem bläulichen Licht der Displays ihrer Handys. Es ist nicht mehr ihre Veranstaltung, sie sind jetzt Statisten. Es ist nicht mehr so leicht, ein Mann zu sein in Indien.

1700 Kilometer nördlich vom Dorf der Dalits, im Stadtzentrum von Neu-Delhi eilt eine Frau auf flachen, gummibesohnten Schuhen über lange Flure, es ist Kiran Bedi, 58, bis vergangenen Dezember war sie Indiens ranghöchste Polizistin. Wir trafen sie einige Monate, bevor sie ihr Amt niederlegte. Sie trägt einen braunen Kurta Pajama, das hochgeschlossene Hemd der Männer, das Haar kurz wie



BIKAS DAS / AP (L.); TIM GEORGESON / COSMOS / AGENTUR FOCUS (R.)

mit dem Scherapparat geschnitten. Sie betritt einen Konferenzsaal, von hier oben sieht man Regierungspaläste und Bürotürme, und unten im Hof parken die Autos der Mächtigen, weiße Ambassadors mit Tüllgardinen und Chauffeur.

Kiran Bedi hat es bis an die Spitze geschafft. Von den Massen wird sie verehrt wie eine Erlöserin in Uniform. Auch diese Geschichte ist möglich in Indien, eine Polizistin, die gegen Korruption und Beamtenfilz kämpft und Bücher schreibt, die „It’s always possible“ heißen oder „I dare!“, ich wage es. Sie handeln von Ehrgeiz und Lust an der Macht.

Die Konferenz beginnt pünktlich, Bedi hasst Unpünktlichkeit, sie muss entscheiden, welche Firma den Auftrag bekommt, schussichere Westen für Indiens Polizisten zu produzieren, es geht um sehr viel Geld. Geschäftsmänner sind eingeflogen aus Mumbai und Bangalore, sie buhlen um Bedis Gunst, fordern Chancengleichheit, keiner dürfe benachteiligt werden. „Kommen Sie zum Punkt“, sagt Bedi. „What else? Quick! Noch Fragen? Schmeckt der Tee?“ Einem der Männer platzt der Kragen: „Es stimmt also doch, Frauen regieren die Welt!“ – „No, Sir“, sagt Bedi zackig und kühl. „Erstens ist das blanker Unsinn, zweitens müssen wir gemeinsam unserem Land dienen. Noch Fragen, ja oder nein?“

„No, Madam!“

„Excellent! Noch Tee?“

Sie eilt zurück in ihr Büro, zehn Minuten hat sie bis zum nächsten Termin, ein TV-Sender möchte ein Grußwort zum Muttertag, sie verschlingt drei Dörripflaumen, blättert in fünf Zeitungen, CNN läuft, der Polizeifunk, ihre Tochter Saina ruft an und fragt, ob sie ihre Yoga-Übungen gemacht hat. „Män-

LUST AN DER MACHT

Kiran Bedi war bis Ende 2007 Indiens ranghöchste Polizistin. Sie kämpfte gegen Korruption und Beamtenfilz und prangert in Büchern, Artikeln und Radiosendungen häusliche Gewalt an. „Ich musste mich selbst erfinden“, sagt die ehemalige indische Tennis-Juniorenmeisterin.



TINA HÄGER / DER SPIEGEL / AGENCY FOCUS

FISCH AUF KREDIT

Weil Frauen zuverlässige Bankkunden sind, können auch sogenannte Unberühbare ihren Fisch heute ohne die Hilfe von Geldwuchern kaufen und verkaufen.



Kitzelkämpferin

Bei ihrem Einsatz für den Verbleib ihrer Heimatinsel Mayotte beim „Mutterland“ Frankreich und gegen die Abhängigkeit von den Komoren erfanden Zéna M'Déré (1920 bis 1999) und ihre Mitstreiterinnen eine ungewöhnliche Waffe: Sie kitzelten ihre Gegner buchstäblich in die Flucht – und gewannen den Volkstentscheid von 1975.

ner sind Könige in diesem Land, Frauen eine Last“, sagt Bedi. „Ich musste mich selbst erfinden.“

Kiran Bedi ging zur Polizei, als erste Frau in Indien. Auch sie hat eine Welt verändert. Über 35 Jahre sorgte sie für Aufsehen, trieb mit dem Schlagstock eine Demonstration militanter Sikhs auseinander, düste im offenen Geländewagen durch Delhis Verkehrschaos und erteilte Fahrstunden per Megafon. Wurde Direktorin von Tihar, einem der berüchtigtsten Gefängnisse der Welt. Man wollte sie loswerden, dachte, sie würde zerbrechen an diesem Posten.

Tihar wurde ihr größter Triumph: Aus dem Knast machte sie nebenbei einen Ashram, eine Art Meditationszentrum, engagierte Gurus, Yoga-Meister, erlaubte den knapp 9000 Insassen Fernsehen, Radio und Kummerkästen, nur keine Kondome, die fand sie zu modern. Kiran Bedi wurde weltberühmt. Für ihre Gefängnisreform verlieh man ihr im Ausland den renommierten Magsaysay-Preis, Bill Clinton lud sie zum Frühstück ins Weiße Haus.

Natürlich, Kiran Bedi war nie eine vergessene Tochter vom Land. Sie hatte einen Vater, der niemals heiraten wollte, weil er es nicht ertrug, wie Frauen in seiner Großfamilie unterdrückt wurden. Als eine Tante in den Hungerstreik trat, fügte er sich und nahm die Frau, die man für ihn vorgesehen hatte. Als er vier Töchter gezeugt hatte, keinen Sohn, nahm er das als Wink des Schicksals. Er schickte sie auf beste Schulen und verordnete Leistungssport. Kiran war indische Tennis-Juniorenmeisterin, eine Schwester schaffte es bis Wimbledon. Den Traum ihres Vaters, ein freies, selbstbestimmtes Leben, erfüllten alle vier.

Heute hilft Bedi Menschen, die nichts haben außer ihrem missratenen Leben. In „What went

wrong?“, (Was lief schief?), ihren Zeitungskolumnen und Radiosendungen schildert sie Fälle häuslicher Gewalt, Drogenkonsum, Kinderprostitution und kommentiert das in schlichten Sätzen. „Männer sind Raubtiere, sobald es um Sex geht“, so lauten ihre Sätze, oder auch: „Die schlimmsten Feinde der Frau sind Frauen.“ Kiran Bedi ist keine Feministin, klar, viele finden sie eitel und ihre Erkenntnisse banal, aber Frauen wie Juanita hätte sie vielleicht vor Unglück bewahren können.

Juanita kann nicht lesen, von Kiran Bedi hat sie nie gehört. Sie war eine Tempeltänzerin, und sie brauchte 15 Jahre, bis sie den Mut fand, Schluss zu machen mit Aberglaube und Prostitution. Ihre Mutter versprach sie der Göttin Mathamma, sie sollte dem Dorf Glück bringen, Söhne, fette Ernten, Juanita war sechs Jahre alt.

Zuerst tanzte sie nur, vor dem Tempel auf Dorf-festen, mit offenem Haar und Ketten aus klingenden Schellen. Als sie zwölf war und ihre Menstruation bekam, gehörte sie allen. Männer zerrten sie in ihre Häuser, vergewaltigten sie, fast jede Nacht. Juanita ist heute 36, eine fröhliche Frau von fülliger Statur. Sie hilft jetzt aus in einer Schule im Bundesstaat Andhra Pradesh, wo Prostituierte Zuflucht finden und ihre Kinder schreiben und lesen lernen.

Manchmal wird die Schule angezündet und der Brunnen vergiftet, an eine Wand hat der Schulleiter „Des Mannes bester Freund sind seine zehn Finger“ geschrieben, selbst ist der Mann, soll das heißen, und Tempeltanz ein grässlicher Brauch. Tausende Tempelprostituierte soll es in Andhra Pradesh noch geben, bei Goa und im Norden weit mehr. Wer hier nicht den Ausstieg schafft, landet in Mumbai, auf Hinterhofpritschen im Rotlichtviertel, und wartet auf Kunden und den Tod.

Juanita fährt mit dem Bus durch die Nacht, steigt aus an einem Reisfeld, dort lebt sie in einer Hütte mit ihrem Mann, einer Tochter und einem Sohn.

Sie sagt, sie müsse sich nicht mehr verstecken, sie wolle jetzt etwas Besseres werden. „Politikerin“, sagt sie, eine von einer Million weiblicher Dorfräte, bei der nächsten Wahl werde sie kandidieren. „Damit sie da“, sie zeigt auf ihre Tochter, „es einmal besser hat.“ „Weil ich“, sie fasst sich ans Herz, „einiges zu sagen habe.“ Über Frauen in Indien, einem Land, das in vielen Jahrhunderten gleichzeitig lebt.

FIONA EHLERS



**Country
Progress
Report**

March 31

2010

UNGASS

INDIA

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FOREWORD

India adopted the *Declaration of Commitment on HIV/AIDS* in the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001. This Country Progress Report (CPR India 2010) for the period January 2008 to December 2009 reflects our country's commitment to that Declaration.

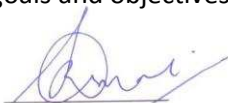
India's response to the changing nature of the epidemic is reflected in the policy framework and approaches of the National AIDS Control Programme. The third National AIDS Control Programme Strategy and Implementation Plan (2007-2012) is based on and builds upon the lessons learnt and achievements made in Phase I and II. The CPR India 2010 presents an overview of the epidemic, the strategic national response and its impact, and the challenges that lie ahead. India is a large diverse country and the epidemic is concentrated in six states among high risk populations. Complex social issues and entrenched social positions pose significant challenges for the policy makers, donors and the civil society engaged contributing to the national response.

India's response to AIDS has made substantial strides as is evident from the report. There has been a significant scale up in coverage and infrastructure: i) targeted Interventions among high risk groups, ii) care, and treatment and support services and iii) counselling and testing services. The accelerated roll-out of the programme and regular use of data for monitoring and evaluation of programme implementation at state and district level have been important focus areas.

Reflecting our faith in the 'Three Ones' principle, a number of processes were undertaken to get the views and inputs of the wide range of stakeholders who are responsible for the HIV and AIDS response in the country including national Civil Society Organisations working in a variety of thematic areas, the UN and other multilateral organisations, bilateral organisations, donors, and international non-governmental organizations working with the country to strengthen its response. I would like to acknowledge the contributions made by civil society and development partners who participated in the consultation process and provided feedback and technical inputs in shaping the report.

This report has been developed by the National AIDS Control Organisation. The Strategic Information Management Unit began work on the report in November 2009 and was supported by the UNAIDS and WHO country offices. I appreciate the efforts of Dr. S. Venkatesh, Deputy Director General (M&E), Mr Ugra Mohan Jha, M&E Officer and Dr Yujwal Raj, Technical Officer (Surveillance) from the Strategic Information Management Unit. Heads of divisions and other officers from NACO and State AIDS Control Societies have provided technical material for the various sections of the report. Representatives of Civil Society Organisations have provided valuable inputs for the National Composite Policy Index.

I acknowledge the contributions of all those who are supporting NACO in strengthening the National Response in India. We are committed to developing and implementing effective evidence-based strategy with active involvement of all the stakeholders to effectively respond to the challenges and achieving the goals and objectives set for the programme.



(K. Chandramouli)
Secretary, Department of AIDS Control &
Director General, National AIDS Control Organisation
Ministry of Health and Family Welfare, Government of India

ACRONYMS

ANC	:	Antenatal Clinic
ART	:	Anti-Retroviral Treatment
ARV	:	Anti- retroviral
BCC	:	Behaviour Change Communication
BMGF	:	Bill and Melinda Gates Foundation
BSS	:	Behavioural Surveillance Survey
CBO	:	Community Based Organisation
CCC	:	Community Care Centres
CDC	:	Centres for Disease Control and Prevention
CII	:	Confederation of Indian Industry
CMIS	:	Computerised Management Information System
CoE	:	Centre of Excellence
CPR	:	Country Progress Report
CSO	:	Civil Society Organisation
CST	:	Care, Support and Treatment
DAPCU	:	District AIDS Prevention and Control Unit
DFID	:	Department for International Development
DIC	:	Drop in Centres
EQAS	:	External Quality Assessment Scheme
FICCI	:	Federation of Indian Chambers of Commerce and Industry
FSW	:	Female Sex Worker
GFATM	:	Global Fund for AIDS, TB and Malaria
HIV	:	Human Immunodeficiency Virus
HRG	:	High Risk Group
HSS	:	HIV Sentinel Surveillance
IBBA	:	Integrated Biological and Behavioural Assessment
IBBS	:	Integrated Biological and Behavioural Surveillance
ICTC	:	Integrated Counseling and Testing Centre
IDU	:	Injecting Drug Users
IEC	:	Information, Education and Communication
ILO	:	International Labour Organization
INP+	:	Indian Network of Positive People
INR	:	Indian Rupee
LAC	:	Link ART Centre
LFU	:	Lost to Follow Up
M & E	:	Monitoring & Evaluation
MHRD	:	Ministry of Human Resource Development
MTR	:	Mid Term Review
MWCD	:	Ministry of Women and Child Development
MSM	:	Men who have sex with men
OI	:	Opportunistic Infections
NACO	:	National AIDS Control Organisation
NACP	:	National AIDS Control Programme
NARI	:	National AIDS Research Institute
NCA	:	National Council for AIDS
NCPI	:	National Composite Policy Index
NGO	:	Non Governmental Organisation
NRHM	:	National Rural Health Mission

NTSU	:	National Technical Support Unit
NYKS	:	<i>Nehru Yuva Kendra Sangathan</i>
OST	:	Oral Substitution Therapy
PCR	:	Polymerase Chain Reaction
PEPFAR	:	President's Emergency Plan for AIDS Relief(US)
PHFI	:	Public Health Foundation of India
PLHA	:	People Living with HIV/AIDS
PLHIV	:	People Living with HIV
PPP	:	Public Private Partnership
PPTCT	:	Prevention of Parent to Child Transmission
RCH	:	Reproductive Child Health
RFD	:	Results Framework Document
RNTCP	:	Revised National TB Control Programme
RRE	:	Red Ribbon Express
S&D	:	Stigma and Discrimination
SACS	:	State AIDS Control Society
SIMS	:	Strategic Information Management System
SIMU	:	Strategic Information Management Unit
SMO	:	Social Marketing Organisations
STD	:	Sexually Transmitted Diseases
STI	:	Sexually Transmitted infections
STRC	:	State Training and Resource Centres
TB	:	Tuberculosis
TG	:	Transgender
TI	:	Targeted Intervention
TRG	:	Technical Resource Groups
TSU	:	Technical Support Units
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
UNDAF	:	United Nations Development Assistance Framework
UNDP	:	United Nations Development Programme
UNGASS	:	United Nations General Assembly Special Session
UNICEF	:	United Nations Children's Fund
UNIFEM	:	United Nations Development Fund for Women
USAID	:	United States Agency for International Development
VCTC	:	Voluntary Testing and Counselling Centres
WHO	:	World Health Organisation

II. STATUS AT A GLANCE

The HIV epidemic in India, first recognised in 1986, is now just under 25 years old and is counted among the most serious public health problems in the country. In 2008, an estimated 2.27 million people between the ages of 15-49 years of India's 1160 million population was living with HIV (PLHIV). India carries the largest burden of HIV behind South Africa and Nigeria.

India is deeply conscious of its international commitments on the *Declaration of Commitment on HIV/AIDS 2001* and the *Political Declaration on HIV/AIDS 2006*. In accordance with them, the country has striven to improve and expand its efforts to halt and reverse the HIV epidemic and to fulfil its obligations on reporting the status of its response. This Country Progress Report India 2010 (CPR India 2010) has been developed by the National AIDS Control Organisation (NACO) of India. Work on the report was led by the Strategic Information Management Unit (SIMU) of NACO in close cooperation with the UNAIDS office located in country and consultants provided through their aegis.

II. A. INVOLVEMENT OF STAKEHOLDERS IN THE REPORTING PROCESS

NACO undertook a number of processes to obtain views and inputs from a wide range of stakeholders who are partners in the HIV and AIDS response in the country. In addition to obtaining inputs from key government officials responsible for implementing and monitoring various components of NACP III, a *set of stakeholders were consulted* including national Civil Society Organisations (CSO) working in a variety of thematic areas, the UN and other multilateral organisations, bilateral organisations, donors, and international non-governmental organizations (NGO).

For feedback particularly on the National Composite Policy Index Part B (NCPI-B), *CSO consultations were held in Bangalore and Bhopal* in the later part of 2009 with 43 CSO. Just below 60 persons from these organisations participated, bringing to bear their considerable grassroots experience to this documentation. Representatives were identified from the participants to take part in further discussion of the report especially those relating to the finalization of the National Composite Policy Index part B (NCPI-B). These representatives and others from the north-eastern part of India; PLHIV; the UN; and multilateral and bilateral organisations were invited to participate in a consultation in New Delhi in March 2010. At the March consultation the NCPI-B was reviewed. Scores and views expressed in the two prior CSO consultations were harmonised. Further, through a process of posting the draft NCPI-B on an electronic platform provided by the HIV Solutions Exchange which has a wide and diverse membership, the reach of consultation was greatly extended to potentially 4300 interlocutors.

The *CPR India 2010* has also drawn from a mid-term review (MTR) of the National AIDS Control Programme phase III (NACP III) undertaken by the Government of India with the support of its partners. The MTR fortuitously took place in November-December 2009 and has reviewed the performance of the programme in detail. The Aide Memoire provided by development partners to the government concisely captures their key findings and recommendations. This report also draws upon the numerous activities being undertaken by various individuals and institutions working on HIV and AIDS in India; key interviews with NACO staff and those of its allied institutions such as the National Technical Support Unit (NTSU); the knowledge of the consultants; and inputs from the UNAIDS India team. Inputs from senior officers were especially useful in providing a view of the efforts that the programme in India is

making to focus efforts both broadly on thematic imperatives as well as to respond to the local granularity of the epidemic as it plays out in this populous country.

Finally, this report has been reviewed by the highest levels within the administration of the Government of India and represents the response of the country to the HIV and AIDS epidemic.

II. B. THE FRAMEWORK OF THE RESPONSE

The *policy framework for the NACP* is anchored in the National AIDS Prevention and Control Policy (NAPCP) of 2002. India has a well articulated national strategy and approach which is described in the NACP III. The current phase III of the *National AIDS Control Programme* (NACP) began in 2007 with the overall goal of halting and reversing the epidemic in India over a period of five years. Bearing in mind that over 99.5 percent of the population in the country is free of infection, NACP III places the highest priority on preventive efforts while seeking to integrate prevention with care, support and treatment. The NACP III recognises that the reach of services in a country the size of India and with the extreme marginalization of the most affected communities is difficult to achieve. It hence utilizes public, nongovernmental and private health institutions to carry out its functions of prevention and care, support and treatment.

Given the size and total population of the country, an important focus is on *decentralizing responsibility* for prevention, support and supervision to the state, district and the sub-district levels. Administratively, NACO relies on State AIDS Control Society (SACS) set up in each state to perform its mandate. The NACP III seeks to differentiate the requirements of different geographical locations in respect of risk and vulnerability to HIV. District AIDS Prevention and Control Units (DAPCU) are set up in some of the most vulnerable districts to provide management oversight to HIV and AIDS activities in the districts. The DAPCU will work seamlessly with the district administration and programmes provided under the National Rural Health Mission (NRHM) with which the NACP will converge. *Convergence of the NACP III with the NRHM* has been aimed in six areas namely: Integrated Counselling and Testing Centres (ICTC); Prevention of Parent to Child Transmission (PPTCT); Blood safety; services for Sexually Transmitted Infections (STI); Condom programming; and Anti-retroviral Treatment (ART).

Owing to the intensive efforts to scale up HIV services across the country, there has had to be a concomitant *scaling up of the capacity available at various institutions*. A large part of the efforts in these two years has been to recruit, place, build skills and provide supportive supervision to new staff within the system, both in the public and private sectors.

The *total outlay for NACP III (2007-2012)* is approximately USD 2574 million which includes support from the World Bank, UK's Department for International Development (DFID) and Government of India contributions (Pooled fund), Global Fund against AIDS, TB and Malaria (GFATM), and contributions from bilateral agencies and private initiatives such the Bill and Melinda Gates Foundation (BMGF). About 25% of this allocation is from direct budgetary sources, 35% is from external sources through the budget, and 30% extra-budgetary. The outlay has a funding gap of 10% for which resource mobilization efforts are underway.

Allocations under NACP III is consistent with programme focus. Expenditures have likewise also been fairly consistent. In the past two years, the distribution of expenditure between the four major activities of the programme was i) Prevention: 61.9 as against 67 percent allocated; ii) Care Support and

treatment: 26.8 against 17 percent allocated; iii) Capacity Building: 10.8 against 8 percent allocated; and iv) Strategic Management Information: 0.5 / against 3 percent allocated.

II. C. THE EPIDEMIC IN INDIA

The epidemic in India shows a declining trend overall. HIV prevalence among adult population in 2007 was 0.34 percent and in 2008 was 0.29 percent. There is also a declining number of PLHIV in the country, with an estimated 2.27 million PLHIV in 2008 vis-à-vis 2.31 million in 2007.

The *primary drivers of the HIV epidemic in India* are unprotected paid sex/commercial sex work, unprotected anal sex between men and IDU. Given that condom use is not optimal or consistent; men who buy sex are the single most powerful driving force in India's HIV epidemic. As more than 90 percent of women acquired HIV infection from their husbands or their intimate sexual partners, they are at increased risk for HIV not due to their own sexual behaviour, but because they are partners of men who are within a high risk group (HRG) i.e., clients of female sex workers (FSW), men who have sex with men (MSM) or IDU. The wider implication of this situation is that in almost 6 percent of cases in 2008, the route of transmission of infection was from mother to child.

II. C. 1. HIV prevalence among various groups

There was a *gradual scale up of the HIV Sentinel Survey (HSS)* by an increase in the number of sites from 176 in 1998 to 1215 in HSS 2008/09 across the country. Technical changes were made to the recruitment strategy and the sample collection method for testing at HRG sites. Operational changes were also made by establishing an effective and structured training programme and institutionalizing a strong monitoring and supervision system.

Six states with high HIV prevalence account for over two thirds of the HIV burden of the country. India has 195 priority districts that are identified according to HIV prevalence rates over the last three years for focused programmatic interventions. While *an overall decline in HIV prevalence among antenatal care clinic (ANC) attendees is noted especially in high prevalence states*; however, there is an increase in some low and moderate prevalence states.

While there is a decline in the epidemic among FSW in south Indian states, rising trends are evident in the North East where the epidemic is increasingly driven both by IDU and sexual transmission. A *steady decline in HIV prevalence amongst FSW has been noted*, resulting it may be argued, from focused government and stakeholder interventions. *HIV prevalence among MSM is stable. A varied trend in prevalence has emerged among IDU* however. The prevalence amongst FSW is highest in the state of Maharashtra at approximately 18 percent. Pockets of high HIV prevalence among MSM are identified in high prevalence states as well as in the low prevalence states of Delhi, Gujarat and West Bengal. The highest HIV prevalence amongst IDU was reported in Amritsar, Punjab at approximately 30 percent.

II. C. 2. Behavioural tracking of the population

Until date, three rounds of *Behavioural Surveillance Surveys (BSS)* have been conducted; two at the national level in 2001 and 2006 and one at state level (both rural and urban areas) in 2009 in the

following five high prevalence states: Andhra Pradesh, Karnataka, Manipur, Tamil Nadu, Maharashtra and in Uttar Pradesh among the general population, youth, HRG and male migrants. The objectives for the 2009 round was to measure changes in key knowledge and behavioural indicators among general population, HRG and bridge population on HIV/AIDS and related areas since 2006. In addition, two rounds of Integrated Behavioural and Biological Assessment (IBBA) were conducted in 29 districts in six high prevalence states in round one and in all districts of Karnataka in round two.

There was *considerable variation on the level of HIV knowledge* between the high prevalence states which have been the focus of the programme, and the lower prevalence states. This was seen among all sampled groups although it was lower in the case of knowledge regarding possible infection from a mother to her child.

About 2.5 percent of adult males in the BSS 2006 reported visiting a commercial sex worker in the previous year. Male migrants form the largest clientele varying widely between states such as Uttar Pradesh in the north and Andhra Pradesh in the south. A major success was the very high rate of condom use with last client reported by FSW in high prevalence states such as Andhra Pradesh. This is mirrored by rates of condom use reported by other groups such as migrants, thus providing for a lower risk of transmission. However, rates were lower in the northern state of Uttar Pradesh, suggesting that attention may now need to be paid to these areas. Perception of risk was likewise much higher among HRG as compared to migrants. HIV testing rates were high among FSW and low among migrants.

II. D. PREVENTION

II. D. 1. Prevention efforts among high risk groups

There is *improved access by HRG to services* through an increase in number, geographical distribution and coverage of TI. There has also been a greater focus on the complement of services now available to HRG through these interventions, especially around counselling and testing services, STI care and behaviour change communication (BCC). There is evidence of early impact in respect of condom use by FSW and MSM and adoption of safer injecting and condom use behaviour by IDU. In some high prevalence states, this can be correlated to the decline in HIV prevalence among FSW and MSM. *Link workers* have been appointed to address the prevention and care needs of HRG in rural communities. Quality assurance is carried out through use of standardized guidelines and an annual evaluation of TI through independent observers.

II. D. 2. The bridge populations

Two main bridge groups are the attention of the NACP III: *migrants and truckers*. The programme has sharpened its focus on short stay single male migrants on the basis of evidence from critical studies undertaken and experience from TI programming. Two million of the 8.9 short stay migrants are identified as being at significant risk. These are amongst the over 200 million migrants in India, taken as a whole. A similar sharpening of focus has been applied to truckers who are the other large bridge group in India. The 2 million long distance truckers of the total 5 million are targeted through TI programmes instituted by the Transport Corporation of India Foundation, a private sector partner of the government.

Both programmes have achieved about 30 percent coverage of these groups and require further strengthening.

II. D. 3. Prevention interventions for the general population

Several activities have been instituted within the programme to reduce the risk of infections among the general population. Many of these activities are carried out in collaboration with the NRHM (i.e., general health services) and other Ministries of the Government of India.

The government provides for the *safety of all blood* used for transfusion purposes in India through the establishment of good quality testing facilities, use of blood products and increased amount of voluntary blood donation. Voluntary blood donation now provides about three fourths of all blood available in the country and is supplemented through camps held at colleges and youth clubs in all states.

India has adopted a *new approach to counselling and testing* in establishing an integrated facility that undertakes these services for all sections of the population that access it. Termed ICTC, 5069 have been put in place with assistance from the GFATM. Almost 600 have been placed in primary health centres in the rural areas of the country. Over 9 million HIV tests were carried out in 2009 with approximately 300,000 being among persons from the HRG. The quality of these ICTC is maintained through the operational guidelines used across the centres and an external quality assurance system for testing quality.

The *PPTCT programme* provides *nevirapine* to mothers and babies at each of the 5135 ICTCs as early infant diagnosis is an important component of the programme. However, the low proportion of institutional deliveries among the 27 million deliveries that take place in the country each year is a challenge as is the follow up of babies until the age of 18 months. Only 20 percent (5.5 million) of the 27 million pregnant women are tested under the programme in 2009, and only a third of the estimated HIV positive mothers could be detected.

NACO works closely with the general health services to *provide treatment for STI*. The programme has a target of 15 million episodes of STI to be treated annually by 2012, taken at 50 percent of national estimated episodes. Enhanced syndromic case management is taken as the cornerstone of this service which is delivered through 694 designated clinics located within district and teaching hospitals. Quality is supported through regional centres.

Condom is the most effective prophylaxis for preventing HIV transmission. During 2009-10, the condom social marketing programme has been successfully scaled up to 294 districts; 4.64 lakh condom outlets serviced by the programme distributed 23.4 crore pieces of condoms till January 2010.

The NACP III has a *strategic focus on behaviour change* to primarily target HRG and bridge populations, youth and women and other communication strategy. It is designed to increase demand for health services as well as to create an enabling environment. NACP III has developed the first of its kind Operational Guidelines for this area. Various mass media campaigns are directed to specific sections of the response, such as the campaign on condom promotion; campaign for voluntary blood donation and the *Red Ribbon Express* (RRE). The RRE is one of the world's largest social mobilization campaigns on HIV and AIDS. A special train with educational, counselling and testing facilities onboard, flagged off on World AIDS Day 2007, travelled over one year in 2008, stopping at 180 stations, and reached 6.2 million

people with HIV messaging and provided counselling to over 1.16 million persons on HIV and AIDS. A second round of the RRE's journey across India was initiated in 2009.

Youth were also reached through interventions in collaborations with the Ministry of Human Resource Development (MHRD) and various development partners. In school, children receive the Adolescence Education Programme (AEP) and over 1.14 million high schools have been covered and 288,000 teachers trained in counselling for HIV and AIDS. A Life Skills Education Programme is a key intervention with out of school and college youth.

NACP also has crucial *multi-sectoral collaborations through mainstreaming* across a wide range of Ministries such as Women and Child Development, Labour and Employment, Social Justice & Empowerment, Railways, Defence, Surface Transport, and Human Resource Development; and private sector bodies. The *National Council on AIDS* (NCA) chaired by the Prime Minister and with representation from 31 central ministries, state governments, private sector, media and academia provides the political impetus and guidance to this aspect of the programme. *State Councils on AIDS* have been constituted in 25 states and a third of states also have a *Legislative Forum*.

II. E. CARE, SUPPORT AND TREATMENT

The *implementation of the ART programme* has been very successful in the programme. Some targets set for the programme under the NACP III are likely to be exceeded, for example, the number of ART centres (which may well reach 300 by 2010) and adults alive and on ART. A significant number of NGO provide care, support and treatment (CST) services and other support to people living with HIV and AIDS.

In response to limited or poor access to ART centres, 208 *Link ART Centres* (LAC) are established and fully functional. In addition to addressing accessibility constraints, the LAC are expected to decongest ART centres and provide decentralized replenishment of treatment supplies to stable patients on prescription.

The ART centres are linked to *Community Care Centres* (CCC) which are set up with the mandate of providing a comprehensive package of CST services. These were set up in the NGO sector with the main objective of providing psycho-social support, ensuring drug adherence and providing home-based care. At present, 266 CCC are fully functional. *Cumulative lost to follow up* (LFU) was reduced to nearly 7 percent due an effective system of follow up and provision of home based counselling for LFU by district level PLHA networks, CCC and counsellors of ICTC. Other initiatives include SMART cards and monitoring and supervision by Regional Coordinators.

There are 198 CD4 machines servicing 226 ART centres and another 13 CD4 machines under installation. In 2008-2009, approximately 658,143 CD4 tests were performed. A national CD4 External Quality Assessment Scheme (EQAS) for Indian testing laboratories developed in 2005 is operational with support from the Clinton Foundation. Now, an Indian database *India.qasi-lymposite* is being developed and will be piloted for data entry, online submission analysis and report preparation.

The *supply chain management of Anti-retroviral (ARV) drugs* is managed through a dedicated Logistic Coordinator appointed at NACO. As a result of a well monitored system, there has been regular and uninterrupted supply of ARV drugs without any stock-out situation.

Based on the recommendations of the Technical Resource Group (TRG) on ART on the provision of second line treatment in the national programme, *second line ART* was started on a pilot basis at two

centres in January 2008. On completion of this pilot project it was then launched across 10 Centres of Excellence (CoE) in January 2009. As of January 2010, there are 970 patients on second line ART across the country.

There is provision of prophylaxis and treatment of opportunistic infections (OI) at tertiary and district hospitals. A system for line listing has been established between NACP and RNTCP, ensuring fast tracking of patients co-infected with HIV and TB. Guidelines are in place for the intensified HIV/TB package in 9 states which includes routine offer of HIV counselling and testing for all TB patients and linking all the identified HIV/TB patients to CST including treatment for TB, other OI and ART.

The country has adopted the terminology *Children affected by AIDS (CABA)*, jointly developed by NACO, UNICEF and other development partners. NACO estimates that 57,000 children are infected at birth in India each year, but is yet to finalise estimates of Children living with HIV/AIDS. A total of 63,889 children living with HIV are registered, out of which, 18,763 are receiving ART as on January 2010. Ten orphanages have been developed in collaboration with Ministry of Women and Child Development and Ministry of Social Justice and Empowerment.

II. F. ENABLING ENVIRONMENT AND IMPACT ALLEVIATION

India has taken several steps to ensure that the environment within which HRG groups and PLHIV must live and survive is conducive to their easy access to prevention and CST services but equally to livelihood and dignity. NACO has undertaken training in *Stigma and Discrimination (S&D)* of its staff at national and state levels as well as of personnel who will directly interact with persons accessing services under the NACP.

Another key action has been the effort made to *establish TI programmes through Community Based Organisations (CBO)*. In order to ensure peer support and learning, networks of these institutions supported in particular through Bill and Melinda Gates Foundation work in country. State Training and Resource Centres (STRC) have also been established in institutions known to be well versed with their issues to ensure adequate relevant attention to their needs.

An important feature of the programme is its attention to the *support of PLHIV networks*; supporting the national network; strengthening 22 state level networks; and helping establish 221 district level networks of PLHIV. The GIPA Policy has been developed through a consultative process and is likely to be finalized soon. There are 208 Drop In Centres (DIC) run by PLHIV networks, operational across the country.

Hindu *faith leaders came together* at the 'Art of Living' International Centre to sign a joint declaration against AIDS; they committed themselves to working with the Department of AIDS Control to spread HIV awareness among youth and to end stigma and discrimination against people affected by HIV. Since then a number of leaders have incorporated HIV messaging into their religious discourses at large gatherings.

There have been *several state level initiatives*. States such as Orissa have issued Below Poverty Line (BPL) cards to PLHIV as a mechanism to ensure access to free/subsidized food and housing facilities. In Tamil Nadu and Andhra Pradesh, 10 legal aid centres each have been established. The SACS in West Bengal and Andhra Pradesh include PLHIV in the Executive Committee of the quasi-government society. Nagaland approved a new State AIDS Policy on 29 April 2009 delineating the state government's commitment to scale up prevention, harm-reduction, treatment and care programmes through ensuring

quality health care delivery system. In Andhra Pradesh, at a special all-party meeting organised on 21 February 2009 by the Legislators Forum on AIDS, legislators signed a joint declaration of intent to integrate HIV issues into their official electoral campaigning as they geared up for the state's next election.

II. G. BEST PRACTICES AND CHALLENGES

This CPR India 2010 has captured several Best Practice models developed through the efforts of the Government of India, State Legislatures, NACO, development partners and local NGO/CBO partners in the narrative and text boxes throughout the report. In particular, India's experiences with the Red Ribbon Express, Legislators' Forums in several states, reading down of a discriminatory provision in the Indian Penal Code stand out as landmark achievement.

India has tackled many challenges facing the programme and currently faces the following challenges:

1. Enhance scale up based on revised estimates. Need for flexible planning to account for new typologies of HRG – new, young, and engaged in multiple partner sex.
2. Improving basic services for the general population that includes better information, identification of key target populations and capacity development of general health services staff.
3. Demand generation for condoms and identification of adequate delivery mechanisms to ensure supply.
4. The ability of CST programmes to reach those most in need to be improved, especially HRG. Focus is needed on the quality of delivery of service.
5. Increased granularity, quality and regularity of data to help ensure better planning of services.

II. H. SUPPORT FROM DEVELOPMENT PARTNERS

Several donors, bilateral organizations and private foundations support NACP III or specific interventions in India. The principal support comes from the World Bank, DFID, the President's Emergency Plan for AIDS Relief (PEPFAR) of the US Government, the UN and private foundations such as BMGF and the Clinton Foundation. A major recent funding organisation is the GFATM. Smaller bilateral agencies support NACP through UNAIDS, international and national NGO and private sector players.

According to the very broad classification based on the round-specific funding, GFATM (all rounds put together) has slightly higher focus on prevention (57 percent), with the rest (43 percent) comprising care and support activities. This distinction, however, is not strictly correct as many capacity building activities such as training programmes does happen under other NACP III objectives such as Prevention and Care. The pooled fund largely focuses on prevention activities (81 percent), with some proportion of it allocated for capacity building as well. PEPFAR's bilateral support is a part of external aid component. Half of its funds are spent on prevention activities with another fourth for capacity building. The UNDP funds prevention (59 percent) and capacity building (41 percent) services.

II. I. THE M&E ENVIRONMENT

Following the 'Three Ones' principle, a *SIMU is established at NACO* with the main focus on generating quality information on the programme and the epidemic and on strengthening the national M&E framework. NACP collects routine information on programme components from all states and union territories including Blood Banks, ICTC, STI clinics, ART centres and from NGO implementing TI and CCC. This information is collected monthly through the comprehensive software of Computerized Management Information System (CMIS) which is installed in all SACS.

Significant investment has been made to *build the capacity of managers and technical staff* at the state level. A total of 495 M&E officers at national level, 2535 M&E officers at state level and 12,393 civil society representatives have undergone M&E training during 2008 and 2009. From 2008 onward, a series of regional training for advancing national and state officers' knowledge on M&E, epidemiology and bio-statistical methods using SPSS was conducted.

Three interesting initiatives have been the new *Strategic Information Management System (SIMS), the Smart Card Project* and the *data triangulation exercise*. SIMS is a web-based application with a central server and sophisticated tools aiding in data analysis and integration from different data sources/platforms. It is proposed to increase the efficiency of computerized M&E system by having adequate data quality through centralized validated data. The Smart Card is a portable medical record that would facilitate easy storage and analysis of the medical data of patients on ART. The project titled "Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level using Data Triangulation" in 182 districts has the objective of consolidating the epidemiological profiles (epidemic scenario and programme response) at district and sub-district level with respect to HIV/AIDS.

India has established a *national Evaluation and Research Agenda* in consultation with its partners which will set priorities for programme evaluation and research related to HIV in the country and establishes systems that will ensure good quality research and proper data dissemination and use by the national programme. The Network for Indian Institutions for HIV/AIDS Research (NIIHAR) was established and a NACO Ethics Committee constituted to consider and provide ethical clearance for those research proposals and projects that involve participation and experimentation on human participants. Data generated from NACO funded HIV and AIDS research is placed on the NACO website and is free for all institutions/organizations/stakeholders to access.

II. J. OVERVIEW TABLE OF UNGASS INDICATORS

No.	Indicator	UNGASS 2008	Current Status	
			2008	2009
1.	Domestic and international AIDS spending by categories and financing	USD 171 million during 2006-2007 (April 2006 to March 2007) Source: NACO	USD 146 million (rounded off) (April 2008 to March 2009) Source: NACO	USD 140 million (rounded off) (April 2009 to January 2010) Source: NACO
2.	National Composite Policy Index	Annex	Annex	Annex
3.	Percentage of donated blood units screened for HIV in a quality assured manner	100% (January 2006 to November 2007) Source: NACO-CMIS	100% Source: NACO-CMIS	100% Source: NACO-CMIS
4.	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	19.6% of adults and 35.1% of children with advanced HIV infection are receiving ART by December 2007 Source: NACO-CMIS	32.2% of adults (15+) Source: NACO-CMIS & Provisional Estimates from EPP-Spectrum	45.3% of adults (15+) Source: NACO-CMIS & Provisional Estimates from EPP-Spectrum
5.	Percentage of HIV infected pregnant women who received antiretroviral to reduce the risk of mother to child transmission	In 2006, 7.5% of HIV infected pregnant women received Nevirapine Prophylaxis to reduce the risk of transmission to child and it increased to 8.3% in 2007 Source: NACO-CMIS	16.42% Source: NACO-CMIS	17.39% Source: NACO-CMIS
6.	Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV	Of the 85,000 patients with co-infection, 23% (14,200 in 2006 and 19,400 up to October 2007) are estimated to be under treatment	4.3% Source: RNTCP programme monitoring data and NACO-CTD study in 13 states	Data not available
7.	Percentage of women and men aged 15-49 years who received an HIV test in the last 12 months and who know their results	3% women and 3.3% men had an HIV test and know their results Source: NFHS 3 40.3 lakh were tested in 2006 and 54.7 lakh were tested in this year till October 2007	3.2% males and 3.2% females had an HIV test in last one year and know their results *Source: BSS Manipur, 2009 Andhra Pradesh : 3.3% ; Karnataka : 0.8% ; Tamil Nadu : 1% ; Uttar Pradesh : 1.2%	

8.	Percentage of most at risk populations who received an HIV test in the last 12 months and who know their results	<p>Female sex workers (FSW) : 34.2%</p> <p>Men who have sex with men (MSM) : 3 to 67% across survey locations</p> <p>Injecting Drug Users (IDU): 3 to 70% across survey locations</p> <p>Source: BSS 2006</p>	<p>FSW: 31.8%</p> <p>MSM: 17.0%</p> <p>IDU: 20.7%</p> <p><i>*Source: BSS Manipur, 2009</i></p> <p>FSW :</p> <p>Andhra Pradesh = 74.1%</p> <p>Karnataka = 54.7%</p> <p>Tamil Nadu = 73.7%</p> <p>Uttar Pradesh: 10.7%</p> <p>MSM :</p> <p>Tamil Nadu = 46.3%</p> <p>IDU :</p> <p>Uttar Pradesh : 2.9%</p> <p><i>Source : BSS 2009</i></p>
9.	Percentage of most at risk populations reached with HIV prevention programmes	<p>56% of the FSW, 17-97% of the MSM (across survey locations) and 10-83% of the IDU (across survey locations) received interpersonal communication on HIV-AIDS in the last one year</p> <p>Source: BSS 2006</p>	<p>FSW: 31.1%</p> <p>MSM: 18.1%</p> <p>IDU: 14.8%</p> <p><i>*Source: BSS Manipur, 2009</i></p> <p>FSW :</p> <p>Andhra Pradesh = 80.7%</p> <p>Karnataka = 49.4%</p> <p>Tamil Nadu = 89.5%</p> <p>Uttar Pradesh: 10.2%</p> <p>MSM :</p> <p>Andhra Pradesh = 1.8%</p> <p>Karnataka = 5.6%</p> <p>Tamil Nadu = 63.4%</p> <p>IDU :</p> <p>Uttar Pradesh : 5%</p> <p><i>Source : BSS 2009</i></p>
10.	Current school attendance among orphans and non-orphans aged 10-14	Data not available	Data not available
11.	Percentage of schools that provided life skills based HIV education in the past academic year	<p>114,345 schools (79%) have been covered out of 144,409 government secondary schools in the country (Programme started in 2006-07)</p> <p>Source: NACO-CMIS</p>	<p>30.9% (47,000 schools out of 1,52,051) were covered during 2008-09 under Adolescence Education Programme.</p>
12.	Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child	Not applicable: Only for high prevalence country. Please see text for national policy on children affected by AIDS	Data not available

13.	Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about the HIV transmission	Comprehensive correct knowledge about HIV transmission and prevention: 28% Source: BSS 2006	39.8%* <i>Source: BSS Tamil Nadu, 2009*</i> Andhra Pradesh: 18.6% Karnataka: 9.8%
14.	Percentage of most at risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about the HIV transmission	FSW: 38% MSM: 16-75% IDU: 14-77% Source: BSS 2006	- FSW who answered all five questions correctly : Manipur: 23.9% Andhra Pradesh : 47.4% Karnataka : 39.7% Uttar Pradesh: 20.1% - MSM who answered all five questions correctly : Manipur MSM: 30.3% Andhra Pradesh : 56.7% Karnataka : 20.7% Uttar Pradesh: 17.4% - IDU who answered all five questions correctly : Manipur IDU: 26.9% Uttar Pradesh : 17.8% Source: BSS, 2009
15.	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Youth BSS shows that 3% of the young men and women aged 15-24 years had first sexual intercourse before the age of 15 years Source: BSS 2006	0.04% <i>*Source: BSS Tamil Nadu, 2009</i>
16.	Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	Overall: 6% Men: 9% Women: 3% Source: BSS 2006	Andhra Pradesh 5.2%, Karnataka 0.3%, Tami Nadu 0.5%, Manipur 1.1% <i>Source: BSS 2009</i>
17.	Percentage of women and men aged 15-49 who have more than one partner in the past 12 month reporting the use of a condom during their last sexual intercourse	58% Source: BSS 2006	Andhra Pradesh 77%, Karnataka 87%, Tami Nadu 78%, Manipur 73%, Maharashtra 80% and Uttar Pradesh 67% <i>*Source: BSS 2009</i>
18.	Percentage of female and male sex workers reporting the use of a condom with their most recent client	FSW with the paying client: 88% used condoms Source: BSS 2006	Condom use during last sex with occasional client: Manipur: 83.0% Andhra Pradesh: 99.6% Karnataka: 98.7% Tamil Nadu: 92.6% Uttar Pradesh: 84.5%

			* Source: BSS 2009
19.	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	13-87% across survey locations Source: BSS 2006	Condom during the last anal sex with regular male partner: Manipur: 57.6%* Tamil Nadu: 48.9% *Source: BSS 2009
20.	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	44-100% across survey locations Source: BSS 2006	Manipur: 15.9% Uttar Pradesh: 94% Andhra Pradesh: 95% Karnataka: 92% Tamil Nadu: 79% Maharashtra: 77% *Source: BSS 2009
21.	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	29-88% across survey locations (BSS 2006)	Manipur: 86.5%* Uttar Pradesh: 73.1% *Source: BSS 2009
22.	Percentage of young women and men aged 15-24 who are HIV infected	HIV prevalence among ANC clinic attendees aged 15-24 years is 0.57% Source: HIV Sentinel Surveillance 2006	0.49% Source: Provisional estimate of 2008-2009 HSS (ANC clinic attendees)
23.	Percentage of most at risk populations who are HIV infected	FSW show a percent positivity of 4.9 percent, IDU highest prevalence at 6.92% and MSM at 6.41% Source: HIV Sentinel Surveillance 2006	FSW: 4.9% MSM: 7.3% IDU: 9.2% Source: Provisional estimate of 2008-2009 HSS
24.	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	WHO Cohort Study at 11 centres show that 80.1% patients were alive after 12 months on ART Source: WHO Cohort Studies, CMIS	89.3% Source: Cohort Study of PLHA from PLHA Software
25.	Percentage of infants born to HIV infected mothers who are infected	Not reported	Data not available

* BSS 2009 was conducted in six states of India - Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Uttar Pradesh and Manipur - and is not a nationally representative sample. The results from these surveys cannot be combined to provide a value for the country. Hence, individual state figures are provided.

III. OVERVIEW OF THE AIDS EPIDEMIC

This chapter is broadly divided to two sections. Part A provides a detailed overview of the HIV-AIDS epidemic at national level; the transmission routes and geographic diversity; and an analysis of HIV prevalence amongst HRG and the general population. Part B highlights existing knowledge on HIV-AIDS, STD treatment, condom use and sexual behaviour to reflect behaviour patterns.

The 2008-09 national HIV Sentinel Surveillance (HSS) and 2009 BSS — conducted in six states is the basis for analysis. Whilst there is reference to HSS and BSS in section eight of this report; there is need for referring briefly to the methodology of the surveys.

HIV Sentinel Surveillance and Behavioural Surveillance Survey: India conducts HSS annually to monitor outcomes and impacts of national efforts and monitor trends in HIV prevalence amongst various population groups. It involves conducting cross-sectional sero-surveillance surveys of selected populations drawn from relevant facilities and TI. It is aimed at providing data on dynamics of the HIV and AIDS epidemic at national and state levels. Among the principal objectives of HSS in India are generating data for use in estimations and projections, and determining the type of input required for strengthening prevention and control activities for different population groups and geographical regions.

In India, surveillance activities have witnessed phased scale up in the network of sentinel sites over the years. For the HSS 2008/2009, the emphasis was on expanding surveillance among most at risk populations although focus remains on ANC and Sexually Transmitted Infections HSS.

In 2006-2007, HSS was conducted at 1134 sentinel sites. The number of general population sites was 646 sites whilst the number of sites for HRG — FSW, MSM and IDU — and bridge populations — migrants and truckers — was 488. In comparison, in 2008-2009 HSS was conducted at 1215 sites of which 660 sites were for the general population and 555 for HRG.

It is important to note here that the latest round of HIV Sentinel Surveillance was conducted over two years (2008 and 2009). The HSS data for this round is still provisional.

III. A. THE HIV AND AIDS EPIDEMIC IN INDIA

III. A. 1. Pattern of the HIV Epidemic at National Level

This section provides an overview of the HIV epidemic in India through a discussion of the adult HIV prevalence rates in the country; the estimated number of total adults and women living with HIV; and the major routes of transmission.

III. A. 1. A. ADULT PREVALENCE

HIV estimates derived using globally comparable methods, find the NACP progressing steadily towards the objective of halting and reversing the HIV epidemic in India over the period 2007-2012.

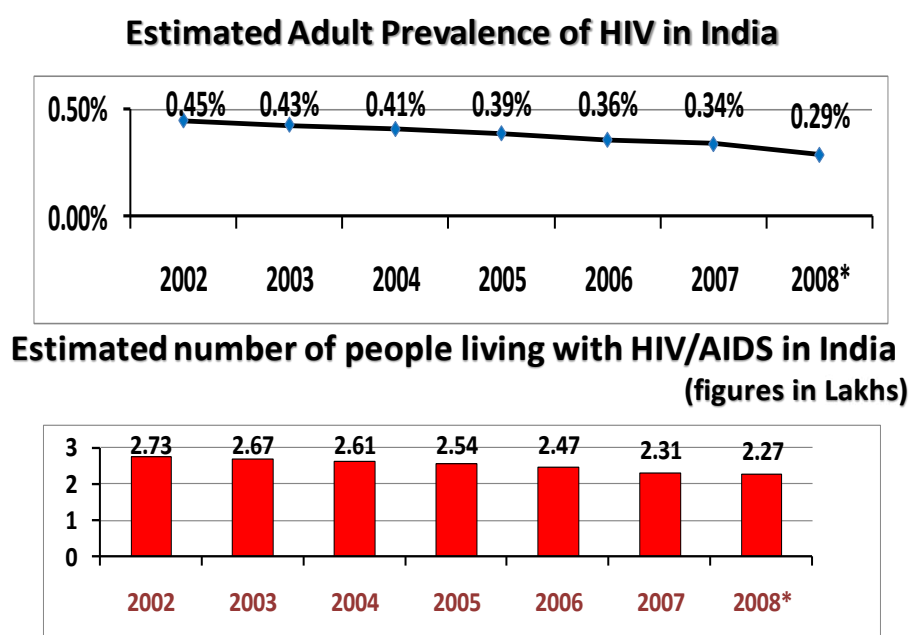
Various rounds of HIV prevalence estimates find a steady decline in the adult HIV epidemic in India. The Provisional estimate of 2008 shows an adult HIV prevalence of 0.29% in India.

While the reduction of the overall adult prevalence in India is largely attributable to the impact of the programme scale up and increased coverage of services under NACP III — especially in the high prevalence states where a steady decline is observed — improvements in surveillance coverage, quality of data, and methods used for estimation were key to a more valid estimation process.

III. A. 1. B. ESTIMATED PLHIV IN INDIA

There is a steady decline in the number of people living with HIV in the country, from 2.73 million in 2002 to 2.27 million in 2008 (provisional). Women account for 39 percent of PLHA while children account for 3.8%. 60% of the PLHA burden is in the six high prevalence states.

Figure 3.1: Trends of Estimated Adult HIV Prevalence and Estimated Number of PLHA, 2002-08

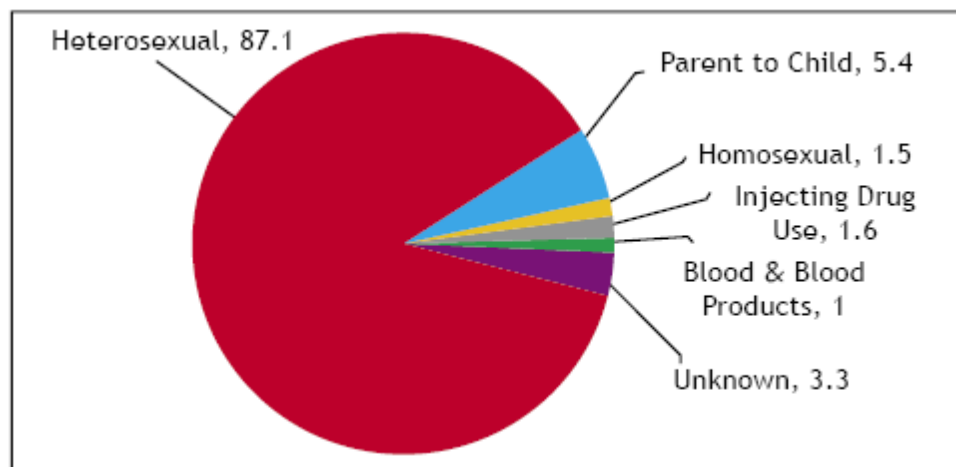


Source: HIV Sentinel Surveillance & HIV Estimation 2007 – A Technical Brief
*2008 Estimates are Provisional.

III. A. 1. C. ROUTES OF HIV TRANSMISSION

Analysis of information from around 300,000 persons tested HIV positive at various counselling and testing centres confirm the main mode of HIV transmission in the country as unprotected heterosexual intercourse. In 2009-10, this transmission mode accounted for 87 percent of all reported HIV cases (figure 3.2). In 5.4 percent of cases, the route of transmission was from mother to child. Whilst 1.5 percent of all HIV cases reported homosexual sex; IDU accounted for 1.6 percent of infections. Thus, the primary drivers of the HIV epidemic in India are unprotected paid sex/commercial sex work, unprotected anal sex between men, and IDU.

Figure 3.2: Routes of HIV transmission, India, 2009-10



Source: CMIS, NACO, 2009-10

It is estimated that there are 1.26 million FSW; 351,000 higher risk MSM; and 186,000 IDU in India. Sex work continues to act as the most important source of HIV infections in India though due to the large number of clients that gets infected from sex workers. According to BSS 2006, 2.4 percent adult males had sex with a FSW during the last twelve months prior to the survey. Men who buy sex constitute one of the largest infected population groups in the country. Given that condom use is not optimal or consistent in many places; men who buy sex or clients of sex workers are the single most powerful driving force in India's HIV epidemics. It is noted also that long-distance truckers and single male migrants form a significant clientele of sex workers.

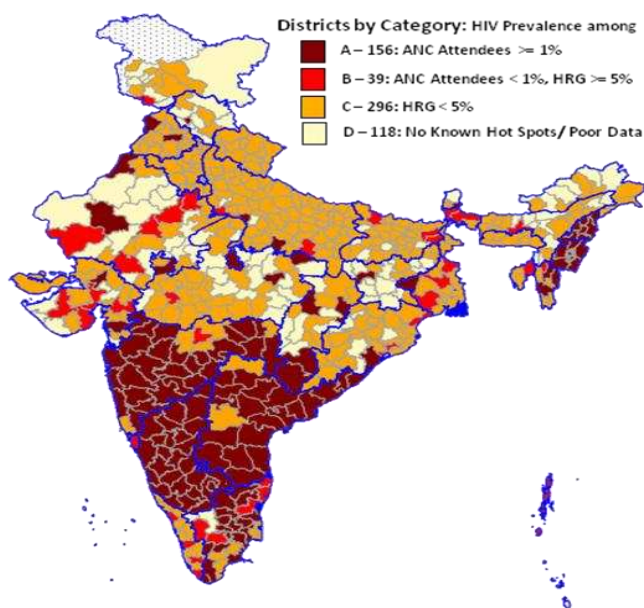
Intimate partner sexual relationships: The HIV epidemic in India is entering a phase where new infections are increasingly occurring within intimate partner sexual relationships. As detailed in preceding sections, women account for a considerable proportion of the total HIV infected population and more than 90 percent of these women acquired HIV infection from their husbands or their intimate sexual partners. They are at increased risk for HIV not due to their own sexual behaviour; but because they are partners of men who are clients of FSW, MSM or IDU.

III. A. 2. State-wise estimated adult HIV prevalence

HIV in India is heterogeneous: both in terms of what factors drive of the HIV epidemic and the geographic variance. A brief discussion on each of these sub-components is below.

Six states with high HIV prevalence account for an approximate 66 percent of the HIV burden in the country—although sustained initiatives of Government and stakeholders under NACP III has resulted in reduced adult prevalence estimates in these states. Contrarily, a comparison of 2007 and 2008 HSS data finds a reverse trend emerging in some of the low prevalence categorised states.

Figure 3.3: Map with district categories to highlight the geographical diversity of HIV 2007



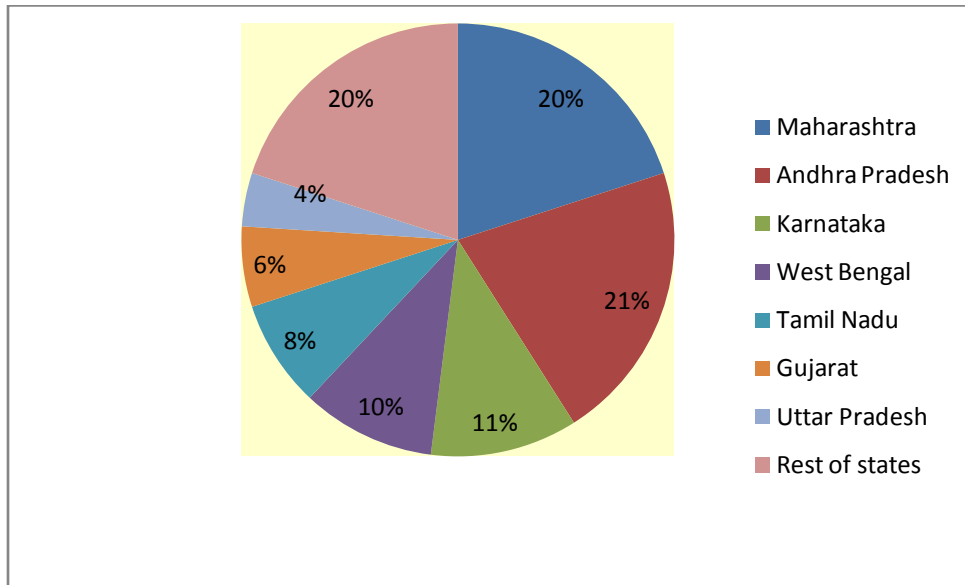
HSS 2007 points towards a diverse geographic spread of HIV across states and across districts as well (figure 3.3, 3.4). India has 195 priority districts identified according to the prevailing HIV prevalence rates for focused programmatic interventions. Of these, 156 districts are category ‘A’ districts that have over or equal to 1 percent prevalence amongst ANC attendees. Another 39 districts are category ‘B’ districts with less than 1 percent HIV prevalence amongst ANC attendees but more or equal to 5 percent prevalence amongst HRG.

The preliminary results of the 2008-09 HSS revealed different trends among the various districts, pointing to a continuously changing distribution of the HIV epidemic in India. While an overall decline in HIV prevalence among ANC attendees is noted especially in high prevalence states; an increased trend is observed in some low and moderate prevalence states such as Gujarat, Rajasthan, Orissa, Uttar Pradesh, Bihar and West Bengal. Of the 108 districts that have shown 1 percent or more HIV prevalence among ANC attendees, a third of them (34 districts) are in low prevalence states and 87 districts have shown 5 percent or more HIV prevalence among HRG.

Among sex workers, there is a decline in south Indian states indicating a possible impact of interventions, while rising trends are evident in the North East suggesting a dual nature of the epidemic

now driven both by IDU and sexual transmission. Fifty five districts have shown greater than 5 percent HIV prevalence among FSW in 2008-2009.

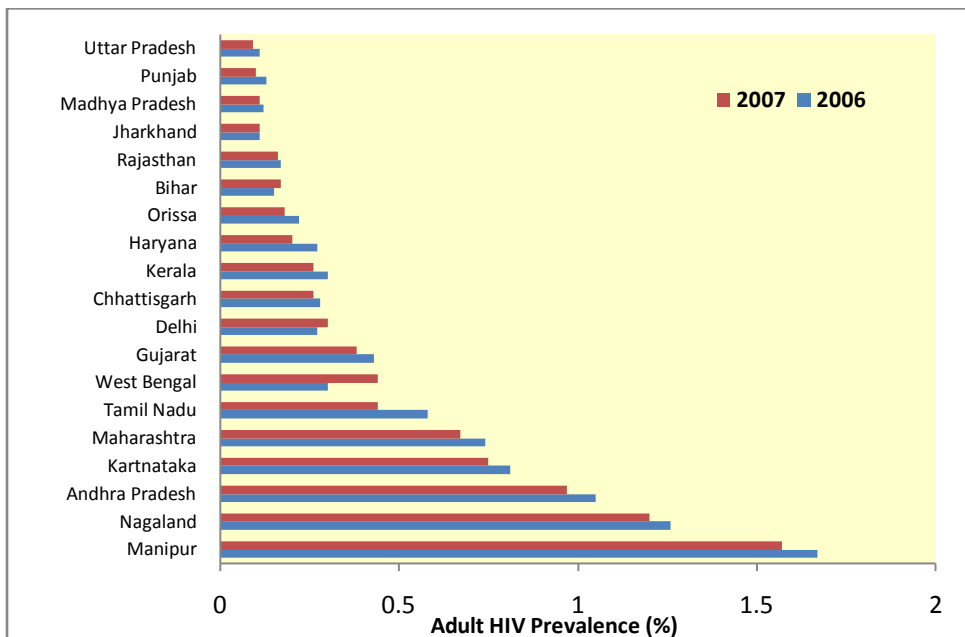
Figure 3.4: Distribution of PLHIV by states 2007



Source: HIV sentinel surveillance and HIV estimation in India, 2007

The latest round of surveillance provides evidence that while there is an overall decline in adult HIV prevalence — particularly in the high prevalence states — there is an increase in many of the low prevalence states especially among the HRG. The low prevalence states in India account for approximately one third of the country’s HIV burden (figure 3.5).

Figure 3.5: State wise estimated adult HIV prevalence, 2006 & 2007

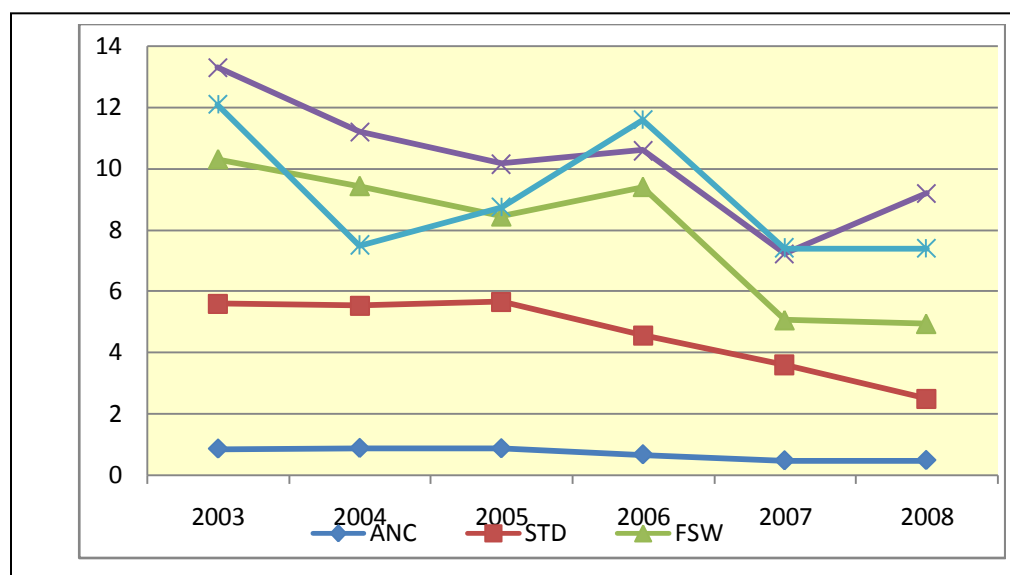


Source: HIV sentinel surveillance and HIV estimation in India, 2007

III. A. 3. HIV Epidemic among High Risk Groups

As evident from the comparison of HSS 2008, 2007 and 2006 data — there is a steady decline in HIV prevalence amongst FSW resulting from government and stakeholder interventions. Amongst FSW this is a notable decline by 4.34 percentage points from 2006 to 2007 and by 0.12 percentage points from 2007 to 2008. HIV prevalence amongst MSM is stable in the last two rounds at 7.3 percent with variation in different states. Among IDU, however, a varied trend in prevalence has emerged. Whilst from 2006 to 2007 HIV prevalence amongst this sub population declined by 3.37 percent; it has increased by 2.68 percent from 2007 to 2008 (figure 3.6).

Figure 3.6: Trend Analysis of HIV prevalence 2003-2008



Source: NACO, 2009

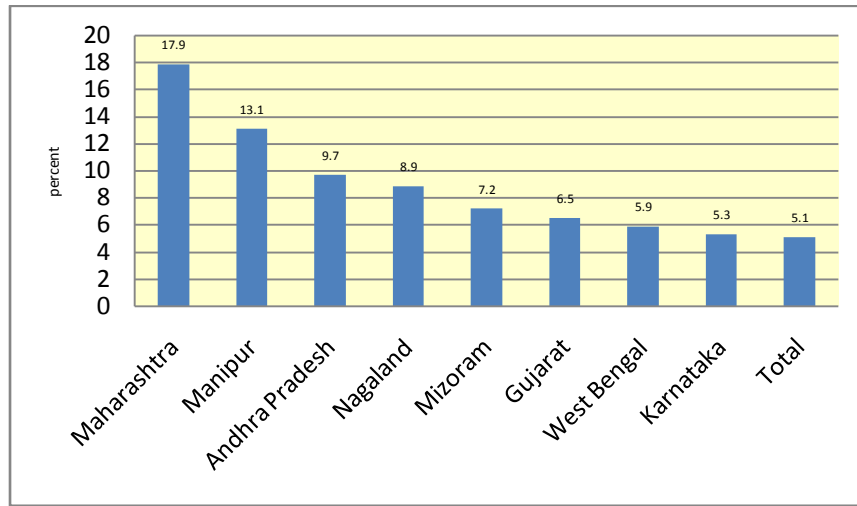
A more detailed analysis of state wise HIV prevalence amongst HRG is presented in the sub-sections below.

III. A. 3. A. FEMALE SEX WORKERS

The HSS 2008/09 found 3 districts – out of 129 districts with FSW sites — with HIV prevalence amongst FSW at levels higher than 30 percent and 5 districts with a FSW prevalence of over 15 percent.

In 47 districts HIV prevalence amongst FSW is at levels higher than 5 percent, and 15 of these are in from 5 low prevalence states. The mean HIV prevalence amongst FSW is highest in the state of Maharashtra at 17.91 percent (figure 3.7). This is followed closely by the states of Manipur, Andhra Pradesh, Nagaland and Mizoram where the mean HIV prevalence amongst FSW is at estimated levels of 13.07 percent, 9.74 percent, 8.91 percent, and 7.20 percent respectively.

Figure 3.7: HIV prevalence among FSW in select states 2007-2008



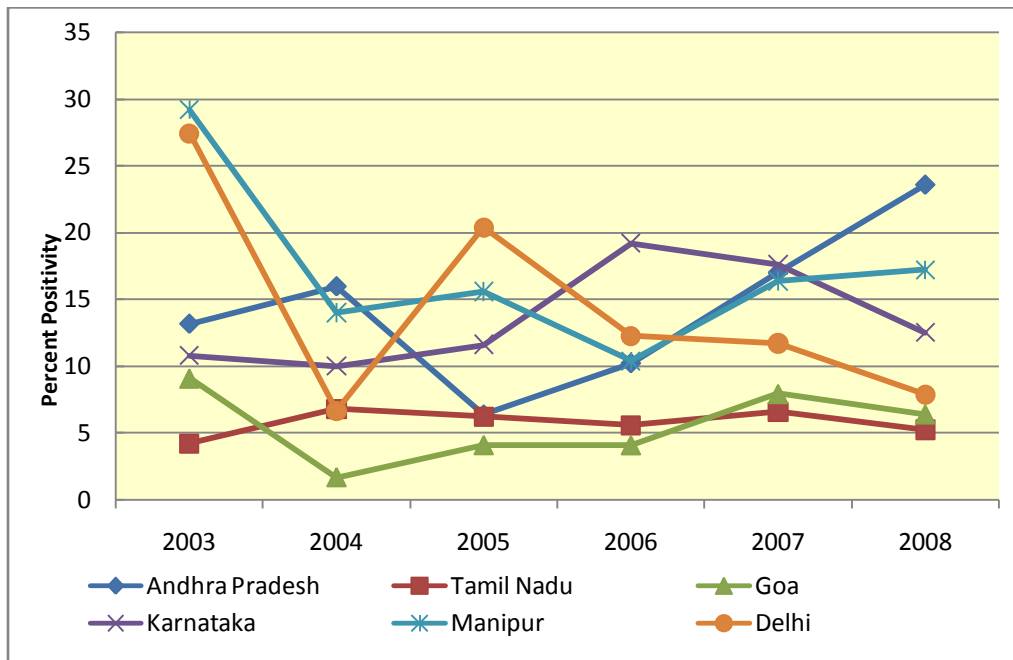
Source: HIV sentinel surveillance and HIV estimation in India, 2007-2008

III. A. 3. B. MEN WHO HAVE SEX WITH MEN

In India, pockets of high HIV prevalence among MSM are identified in high prevalence states as well as in Delhi, Gujarat and West Bengal. 28 districts have 5 percent or more HIV prevalence among MSM according to the BSS 2009.

The states that have the highest mean HIV prevalence amongst MSM in 2008 are: Karnataka, Andhra Pradesh, Manipur, Maharashtra, Delhi, Gujarat, Goa, Orissa, Tamil Nadu and West Bengal (figure 3.8). Whilst overall, HIV trends amongst this population group is stable in India; there is an increasing trend among south Indian states and Delhi.

Figure 3.8: Trends of HIV prevalence among MSM in select states 2003-2008



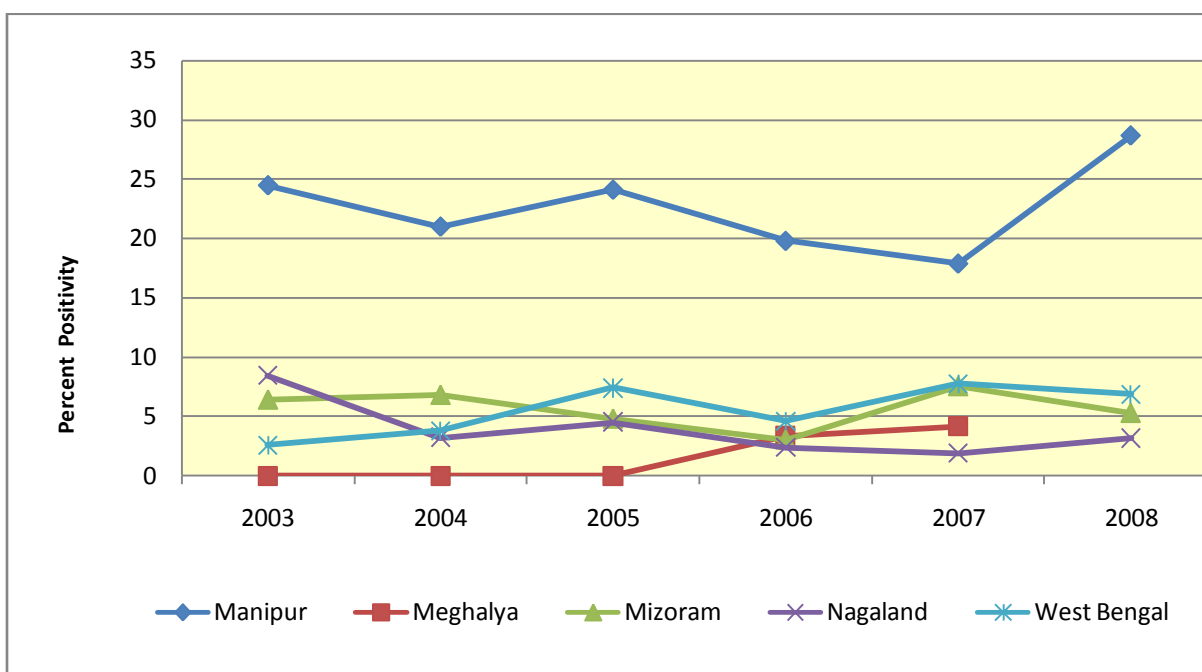
Source: HIV sentinel surveillance and HIV estimation in India, 2007-2008

III. A. 3. C. INJECTING DRUG USERS

In 2008 India had 7 districts of a total of 49 districts with IDU sites—where HIV prevalence among IDU was over 15 percent. The highest HIV prevalence amongst this population group was reported in Amritsar at 30.40 percent, followed by two sites at Churachandpur¹ and Chennai at 28 percent and 27.2 percent. In Delhi North and Aizwal the prevalence estimate is 20 percent and 16.6 percent respectively.

Overall, the nationwide trend among IDU is varying (figure 3.9) Injecting drug use is the principal driver of the HIV epidemic in north-eastern states of India. Approximately 25% of the IDU reside in the North-eastern states. Trends among IDU are on a decline in two of these North-Eastern states — Manipur, Nagaland – and in Chennai (Tamil Nadu) indicating a possible impact of interventions. At the same time, there is a rise of HIV infection among IDU in other states such as Meghalaya, Mizoram in the North-East and in West Bengal, Mumbai (Maharashtra), Kerala, Delhi, Punjab and Chandigarh where 20 districts have shown 5 percent or more HIV prevalence among IDU in 2008-2009.

Figure 3.9: Trends of HIV prevalence among IDU in select states 2003-2008



Source: HIV sentinel surveillance and HIV estimation in India, 2007-2008

III. B. BEHAVIOURAL PATTERNS AMONG ADULT POPULATION AND HRG

An understanding of behavioural patterns and trends is imperative for firstly, providing direction to programme efforts for HIV-AIDS response and secondly, to highlight the degree and impact of current interventions. Behavioural surveillance has aided national and sub-national level programmers for planning, implementing, monitoring and evaluating interventions and is constantly referred to. The first

¹ According to 2008 HSS, the district of Churachandpur not only has a high HIV prevalence estimated at over 15% amongst IDU, but also amongst FSW.

Behavioural Surveillance Survey was commissioned in 2001 — under NACP II — and repeated in 2006 after a five year gap.

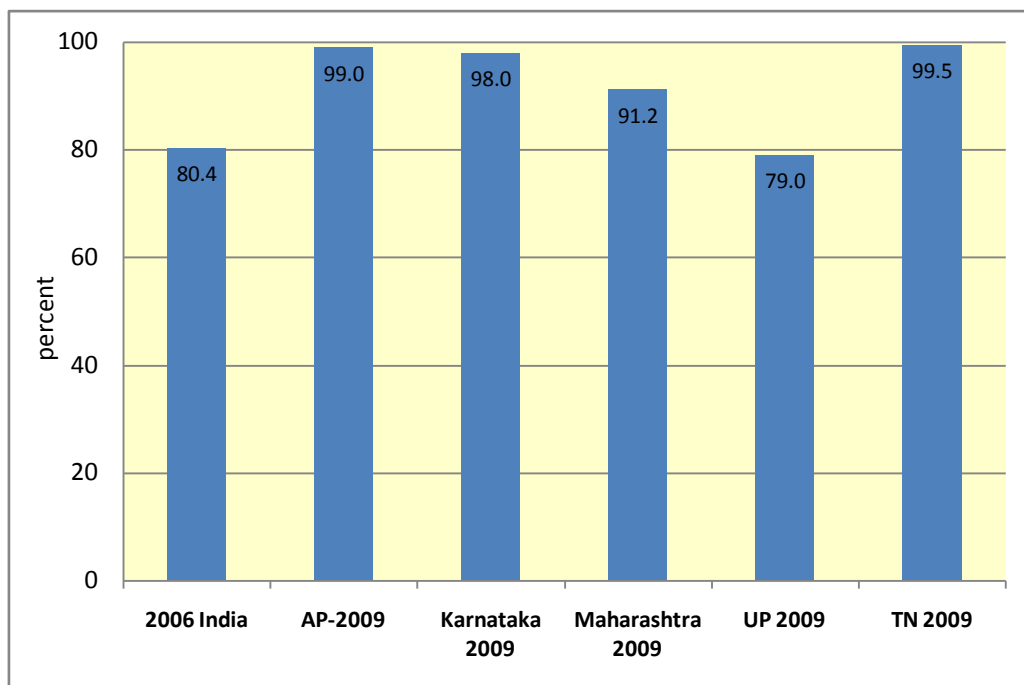
In 2009, BSS were conducted in 6 states. These are Andhra Pradesh, Karnataka, Maharashtra, Manipur, Tamil Nadu and Uttar Pradesh. The results of the surveys are intended to give an understanding of the key behavioural patterns and inform program development for the expansion of interventions leading to reduction in the transmission of HIV. These BSS were implemented during July – November 2009.

The BSS was conducted amongst the general population, youth, HRG and male migrants. This section will discuss initial results from these six surveys which were implemented independent of each other, using the same methodology as provided by NACO and implemented by different agencies at state level.

III. B. 1. KNOWLEDGE OF HIV

Overall, this round of BSS revealed an increase in awareness levels on HIV and STI among the general population and the HRG. The 2006 survey revealed, however, diversity in levels patterns of behaviours between the high prevalence states which were the main focus of the programme during previous years, and the low prevalence states where prevention coverage remained relatively at lower levels. The 2001 and 2006 BSS surveys already revealed that general awareness of HIV at national level was on the rise, increasing by 13 percentage points to an average of 80.4 percent in 2006.

Figure 3.10: Knowledge of HIV - General population 2006, 2009



Source: BSS 2006, BSS 2009.

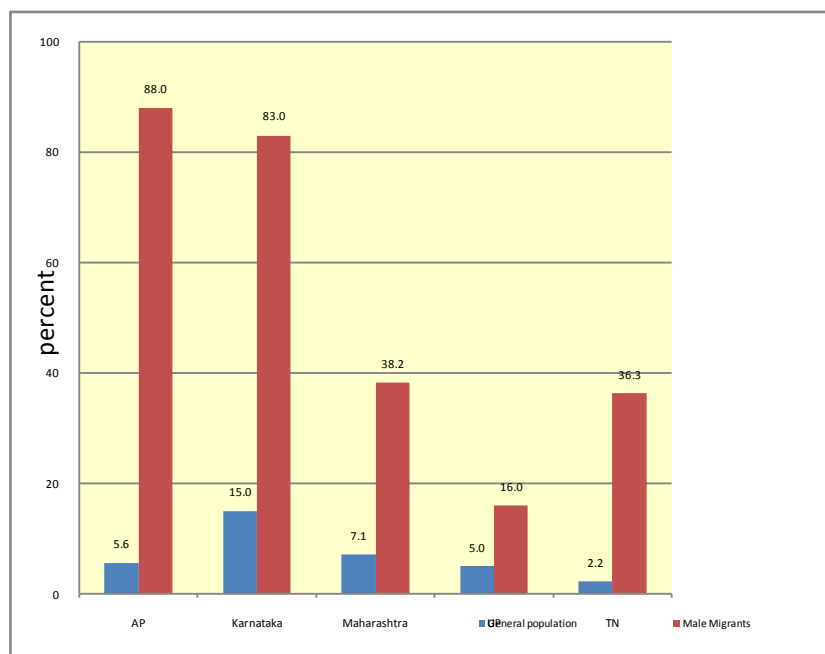
On knowledge of HIV among the general population (BSS 2009), the levels of awareness of HIV are high across all states — excepting Uttar Pradesh — remains at a relatively lower level (79 percent). This pattern is constant for all groups surveyed, for example, youth, FSW, MSM, IDU and migrants. However, the survey revealed relatively lower levels of awareness across the groups regarding sexually transmitted infections (STIs) — specifically in Uttar Pradesh and Maharashtra — and among migrants in Karnataka (figure 3.10). While awareness of STI among general population in 2006 was at 37.7 percent, the new round of BSS revealed levels ranging between 66 percent in Andhra Pradesh and 29 percent in Uttar Pradesh.

On the transmission routes, while there are general high levels of awareness regarding HIV transmission through sexual contact among all surveyed categories, there are relatively lower levels of knowledge of possible transmission from an infected mother to her child. Among the general population, the proportion of the population aware of this mode of transmission ranged between 62 percent in Maharashtra and 84.6 percent in Tamil Nadu.

III. B. 2. INVOLVEMENT WITH COMMERCIAL SEX PARTNERS

As per national BSS in 2006, 2.4 percent of adult males had visited commercial sex worker in the year prior to the survey. Men who buy sex, i.e., clients of sex workers are the single most powerful driving force in India’s HIV epidemic and form the country’s largest infected population group.

Figure 3.11: Involvement with commercial sex partners 2009



Source: BSS 2009.

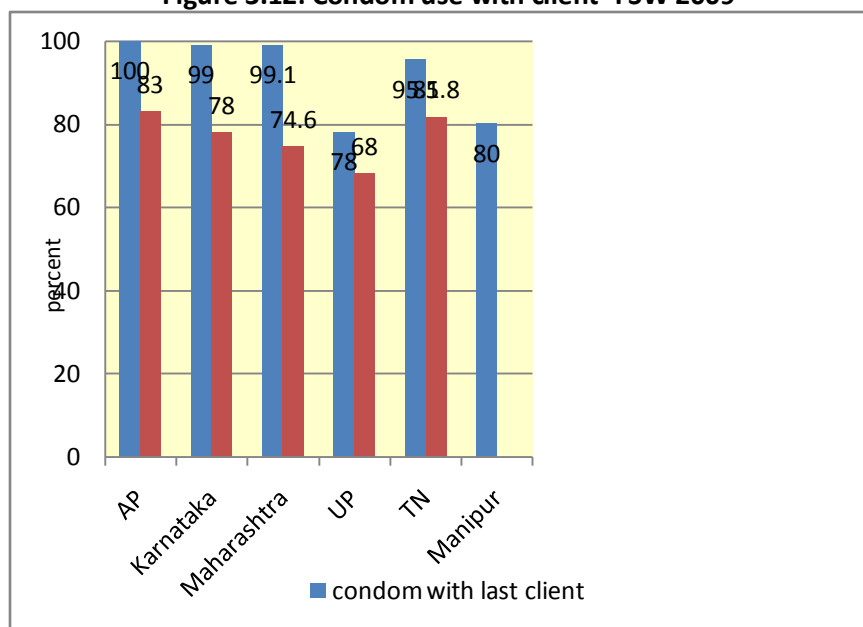
The BSS-2009 indicates also high levels of involvement with female commercial sex workers among the general population, with proportions ranging from 2.2 percent in Tamil Nadu to 15 percent in Karnataka (figure 3.11). The BSS among male migrants find that these constitute the largest clientele of sex workers. While the percentage of migrants visiting sex workers remains much higher than that observed among the general population, there is a great discrepancy between the levels observed in

different states. While 16 percent of migrants in Uttar Pradesh declare having visited a sex worker in the last twelve months, this proportion levels at 36.3 percent and 38.2 percent respectively in Tamil Nadu and Maharashtra, and reaches 83 percent and 88 percent respectively in Karnataka and Andhra Pradesh.

III. B. 3. CONDOM USE

One of the major successes of the programme is reflected through the high level of condom use reported by sex workers, especially in the high prevalence state. Levels of reported condom use with last paying client reached 100 percent in Andhra Pradesh, and exceeded 99 percent in Karnataka and Maharashtra (figure 3.12). The surveys revealed relatively lower levels for that same indicator at around 78 percent in Uttar Pradesh and 80 percent in Manipur. However, consistency of condom use with non regular paying clients remains at lower levels ranging between 68 percent in Uttar Pradesh and 83 percent in Andhra Pradesh.

Figure 3.12: Condom use with client- FSW 2009



Source: BSS 2009.

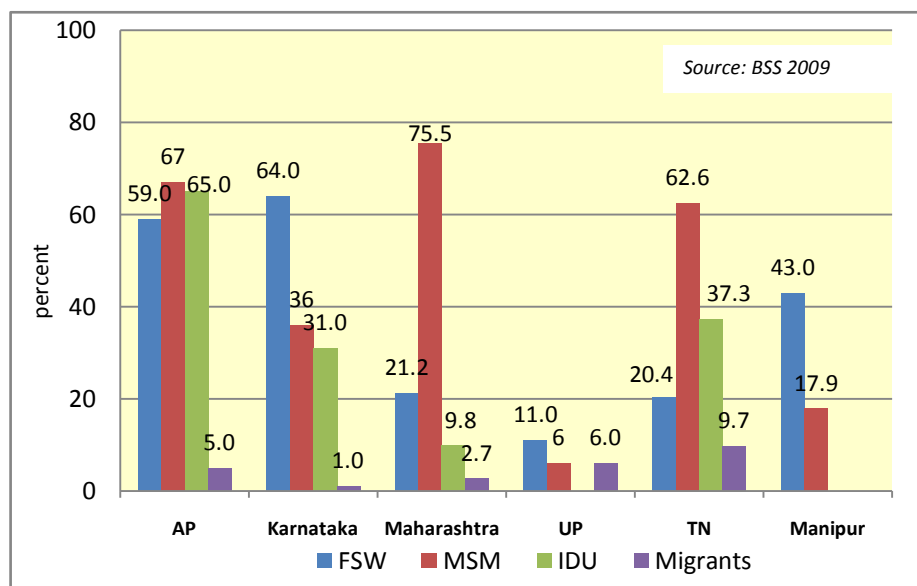
There is also great consistency of this data with the levels of condom use reported by other categories of the population such as migrants. Among migrants who reported visiting a sex worker during the last 12 months preceding the survey, high percentages declared use of condoms. This number ranged between 91 percent in Maharashtra and 96 percent in Andhra Pradesh. Lower levels were reported from Uttar Pradesh not exceeding 70 percent.

While the relatively high proportions of the general population and specifically migrants visiting sex workers points towards their increased vulnerability for HIV and increased risk for the epidemic's proliferation, the reported high levels of condom use by sex workers attenuate these worries. It is however required to sustain the programme and intensify efforts of improve quality of services and condom distribution and ensure higher consistency of condom use among this category of the population and their clients. Also, these data calls for greater attention to low prevalence states with strategic investments to reduce risk behaviours.

III. B. 4. PERCEPTION OF RISK AND HIV TESTING

In general, data shows that there is a relatively higher level of perception of risk for HIV by the HRG (FSW, MSM and IDU) as compared with the perception held by the bridge population which include migrants. In a state such as Andhra Pradesh, this difference is very apparent as only 5 percent of the migrants perceive that they are at risk for HIV, while almost 60 percent of the FSWs have that perception.

Figure 3.13: Perception of risk of HIV infection 2009

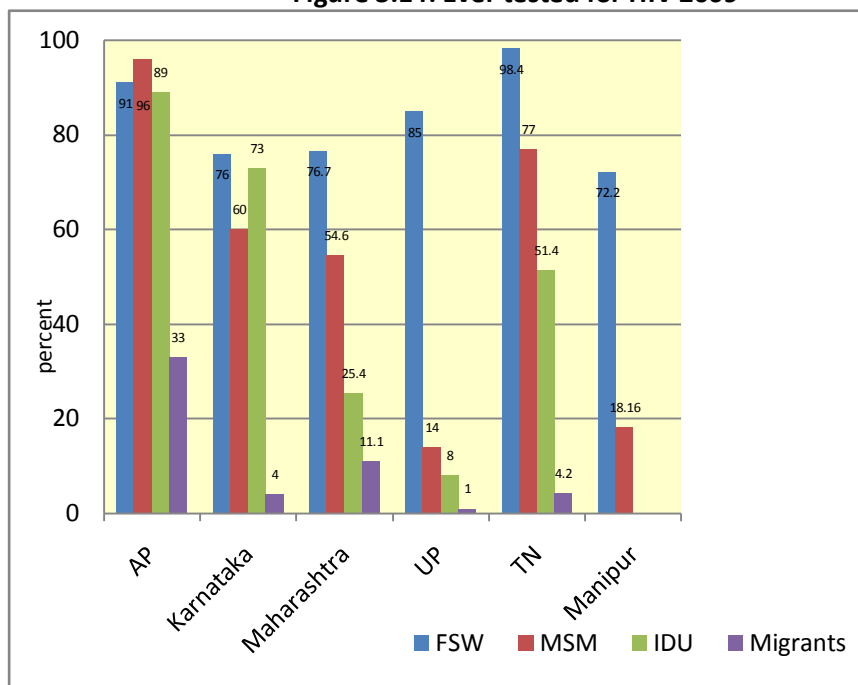


In the states of Andhra Pradesh, Maharashtra and Tamil Nadu, it is the MSMs who have the higher perceptions of risk with 67 percent, 75.5 percent and 62.6 percent respectively reporting thus (figure 3.13).

As for Uttar Pradesh, the levels of perception of risk remains very low, which would explain partly the relatively lower levels of condom use with non regular or paying partners across the population groups. It is also possible that the perception of risk by the population depends on the spread of HIV in that specific state or group. In each state, IDU have relatively lower perception of risk as compared with the other HRG.

It is expected that the perception of risk would determine the testing behaviour among these categories of the population. The surveys revealed that regardless of the differentials in perception of risk it is observed that high proportions of sex workers have tested for HIV across all states, ranging between 76 percent in Karnataka and 98 percent in Tamil Nadu (figure 3.14).

Figure 3.14: Ever tested for HIV 2009



Source: BSS 2009

However, it is observed that very small percentage of the surveyed migrants had ever tested for HIV especially in Karnataka, Uttar Pradesh, Maharashtra, and Tamil Nadu, where the percentage varies between 1 percent and 4 percent, while 33 percent of the surveyed migrants in Andhra Pradesh declared having had a test for HIV in the past.

IV. THE NATIONAL RESPONSE TO THE AIDS EPIDEMIC

IV. A. POLICY AND FRAMEWORK

With the epidemic first reported 25 years back in 1986, response to HIV in India continues to be a priority and focused action area particularly as in 2007 an estimated 2.31 million people aged 15-49 years were living with HIV (PLHIV). This makes the country third — after South Africa and Nigeria — in the international ranking for numbers of PLHIV in a country. As a signatory to the *Declaration of Commitment on HIV/AIDS 2001* and the *Political Declaration on HIV/AIDS 2006*, India remains committed to AIDS prevention and roll-back and reaching Universal Access targets. The country has striven to improve and expand its efforts to halt and reverse the HIV epidemic and to fulfil its obligations on reporting its status. India has methodically developed and moulded its HIV-AIDS programme according to the epidemic's current pattern — taking reference of an emerging evidence base — and in collaboration with its partners.

For highlighting current national response to HIV-AIDS, this section is focused on the policy framework adopted by the country — which is basis for national strategy — and initiatives for HIV-AIDS prevention; care, support and treatment; and to creation an enabling environment for impact alleviation.

IV. A. 1. The strategy

The policy framework for the NACP is anchored in the National AIDS Prevention and Control Policy (NAPCP) of 2002. NACP III seeks to assemble the efforts of all stakeholders — public and private — in addressing the epidemic which is a significant shift from the first and second phase of the programme. NACP III is marked with sustained, coordinated support by partners under "Three Ones principle," for effective and efficient programme implementation.

NACP III has a defined strategic for implementing the national programme from 2007 to 2012 with an implementation approach guided by policy framework. Given that over 99.5 percent of the population in is free of infection, NACP III places the highest priority for preventing HIV proliferation from HRGS and bridge populations — considered as highly vulnerable for HV and amongst whom the epidemic currently remains concentrated — to the general category. For achieving this, a plan of action is developed through experience with NACP I & II implementation: drawing particularly from their strengths. The plan of action rests on four fundamental principles which are listed below:

- i. Prevent infection by saturating coverage of HRG through TI and scaled up interventions in the general population.
- ii. Provide greater care, support and treatment to larger numbers of PLHIV.
- iii. Strengthen the infrastructure, systems and human resources in prevention, care, support and treatment programme at district, state and national levels.
- iv. Strengthen the nationwide strategic information management system.

For achieving the above mandate, mainstreaming HIV and Health and partnering with private health institutions was considered imperative for expanding the reach of services otherwise considered insufficient. Additionally, NGO and CBO were co-opted for preventing HIV transmission amongst HRGs

and bridge populations which were the migrants and truckers through counselling and testing for care and support provision.

Since 2007 NACP III has achieved considerable reach, coverage and outputs. Much of the effort of planning and initiation during the previous years has borne result in 2008 and 2009 as noted during the MTR 2009.

IV. A. 2. Decentralizing Responsibility for Support and Supervision

Given the size and total population of the country, an important focus of NACP III is decentralization of prevention and other services — particularly regarding support for their implementation — to state, district and the sub-district levels.

At the national level, NACO — the institution responsible for the country's response to the HIV epidemic, and is the equivalent of the National AIDS Commissions of other countries — is responsible for implementing the policy framework through strategies set out in the NACP III. NACO is assisted by the National Technical Support Unit (NTSU) in realising this through supports for implementing TI and by the Technical Resource Groups (TRG) that advice on specific intervention areas such as blood safety, laboratory services, ART etc.

Administratively, NACO relies on State AIDS Control Societies set up in each state (SACS). These structures are also the sub-recipient for several GFATM rounds. NACP III has established Technical Support Units (TSU) to assist SACS to monitor, supervise and mentor TI. SACS are supported through TSU in most states which are primarily responsible for support on the critical TI component of the programme. The TSU also support the newly created cadre of Programme Officers, each supervising the work of 10 TI at local level.

The NACP III has categorised the districts based on HIV prevalence and vulnerability as follows:

Category A: More than 1 percent prevalence among ANC in district in any of the sites in the last 3 years.

Category B: Less than 1 percent ANC prevalence in all the sites during last 3 years with more than 5 percent prevalence in any HRG site (attendees of sexually transmitted diseases (STD) clinics/FSW/MSM/IDU).

Category C: Less than 1 percent ANC prevalence in all sites during last 3 years with less than 5 percent in all HRG sites, with known hot spots (Migrants, truckers, large aggregation of factory workers, tourist etc).

Category D: Less than 1 percent ANC prevalence in all sites during last 3 years with less than 5 percent in all HRG sites with no known hot spots OR no or poor HIV data.

A District AIDS Prevention & Control Unit (DAPCU) is set up in all A & B districts to provide management oversight to HIV and AIDS activities in the districts. The DAPCU works seamlessly with the district administration and programmes provided under the National Rural Health Mission (NRHM) with which the NACP will eventually be merged.

IV. A. 3. Convergence with NRHM

Convergence of NACP III with NRHM is a key strategy for ensuring decentralization of the programme as district and sub-district level public health systems is managed within a framework for the health and family welfare sector developed in 2005. This framework set in place by the NRHM proposes to address gaps effective health care service provision in the least developed areas of the country; create a common architecture for all health care programmes at the district level; strengthen local public health provision with infrastructure and manpower; and facilitate the participation of the not-for-profit and for-profit sectors more fully in achieving desirable health outcomes. The NRHM thus aims at providing an overarching superstructure for existing programmes of Health and Family Welfare including Reproductive and Child Health-II, Malaria, Blindness, Filariasis, Kala Azar, T.B., Leprosy and Integrated Disease Surveillance. There are six areas which are the focus of convergence efforts namely, ICTC; PPTCT; Blood safety; STI/RTI; Condom programming; and ART. The administration of the public health system takes place through District Health Societies which comprise of the staff functions at the district level. NACO and NRHM are working together in planning, developing operational guidelines and co-ordinating the district level through the DAPCU.

IV. A. 4. Capacity Development

Recognizing the criticality of well-trained human resources at all levels of programme implementation, NACP-III had developed plans for building capacity of the programme managers and health personnel at the various levels, in leadership and strategies management, and technical and communication skills an also community level workers. The plan targets all levels of care and health care organizations, CBOs and NGOs, as well as grass-root levels functionaries and workers of various government departments. A total number of 972,844 health personnel including doctors, counselors and community level workers have been trained in NACP-III so far.

STRC are designed to provide training and develop the capacity of TI projects staff to ensure the quality of interventions. Fourteen STRC have been established and seven more are being formed. They work closely with states and TSU to develop the capacity of partner organisations. STRC also work with NGO and CBO to develop learning or best practice sites in each state. NACO has conducted the evaluation of STRC with external experts. Out of 13 evaluated, the duration of nine STRC was extended because of satisfactory performance. Based on evaluation report recommendations, the TOR and deliverables have been revised to focus on developing local resources and learning sites at State level.

Seven Regional STI Training, Reference and Research centres have also been strengthened for providing necessary laboratory support and generating scientific evidence towards ensuring good quality services.

In order to facilitate the provision of tertiary level treatment, training and mentoring and operations research, Centre of Excellence (CoE) are set up. At present, 10 CoE and 7 Regional Paediatric ART Centres are functioning and work is ongoing for strengthening them.

IV. A. 5. Financial Allocations and Expenditure

The total outlay for NACP III is INR 115,850 million which includes support from the World Bank, DFID and Government of India contributions (Pool fund), GFATM, and contributions from bilateral agencies and private initiatives such as Bill and Melinda Gates Foundation (table 4.1). The main sources of funds for NACP III are below:

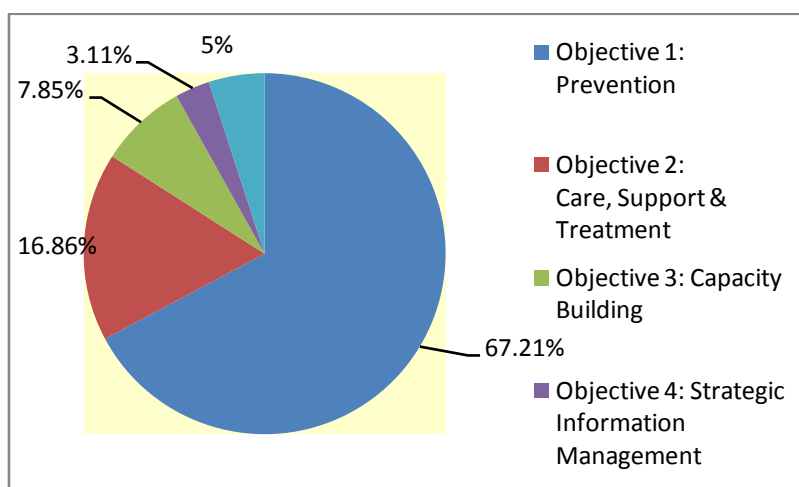
- **Direct Budgetary Support:** — including funds allocated under NRHM — for meeting expenditures for Establishment, Blood Safety, Condom Promotion and STD.
- **External Aid Component (EAC)** that includes GFATM grants (Rounds 2, 3, 4 ,6, 7), pooled funds (comprising funds from the World Bank, DFID and Government of India), USAID, Bilateral and UNDP.
- **Extra Budgetary Resources** that includes monies from various Development Partners and GFATM grants to NGO (Population Foundation of India, India AIDS Alliance, Tata Institute of Social Science and Indian Nursing Council).

Table 4.1: Resource Envelope for NACP III			
Source	Investment Plan		Percent
	USD million	INR million	%
Direct Budgetary Support	636	28,610	25
External AID Component	892	40,160	35
Funding Gap	255	11,460	10
Extra Budgetary Resources	792	35,620	30
Total	2,574	115,850	100

Source: Indrani Gupta, Mayur Trivedi. Analysis of Resource Envelope for NACP III. Institute of Economic Growth. Delhi, 2010.

The budget is aligned with project goals and priority activities (figure 4.1).

Figure 4.1: Resource envelope of NACP III by objectives



Source: Indrani Gupta, Mayur Trivedi. Analysis of Resource Envelope for NACP III, Institute of Economic Growth. Delhi, 2010.

In the past two years, the distribution of expenditure has in fact, been distributed between the 4 major activities of the programme which is: i) Prevention: 61.9 percent; ii) Care Support and treatment: 26.8 percent; iii) Capacity Building: 10.8 percent; and iv) Strategic Management Information: 0.5 percent.

Special efforts are taken for building in systems — both at NACO and SACS level — towards effective management and mobilisation of funds and resources. Monitoring resource utilisation at SACS and even at NGO and peripheral units is through a dedicated computerized financial management system.

The central achievements in the financial systems are:

- Improvement in staffing, capacity building.
- Timely issuance of sanctions and its upload on websites for use by states for their respective Annual Action Plans.
- Instant releases through E-transfer.
- Monitoring of financial data by concurrent entries through the computerized financial management system.
- Multi-donor facilities established in the computerized financial management system.

There also are audit systems in place for monitoring the performance of SACS and recipients of the resources. There is also detailed account of status of allocations and expenditure in the past years (table 4.2)

Table 4.2: Status of allocation and expenditures in the past 4 years					
	Revised Estimate		Expenditure Incurred		
Year	(in INR millions)	(in USD millions)	(in INR millions)	(in USD* millions)	Percent spending
2005-2006	5335.0	115.9	5326.9	115.8	99.9%
2006-2007	7056.7	153.3	6826.3	148.3	96.7%
2007-2008	9433.4	205	9175.6	199.4	97.3%
2008-2009	11233.6	244.1	10370.0	225.4	92.3%
2009-2010	9801.5	213.1	9616.5	209.1	98.1%

Source: Annual Report 2008-2009, NACO. (* At the conversion rate of INR 46 to USD)

IV. B. PREVENTION

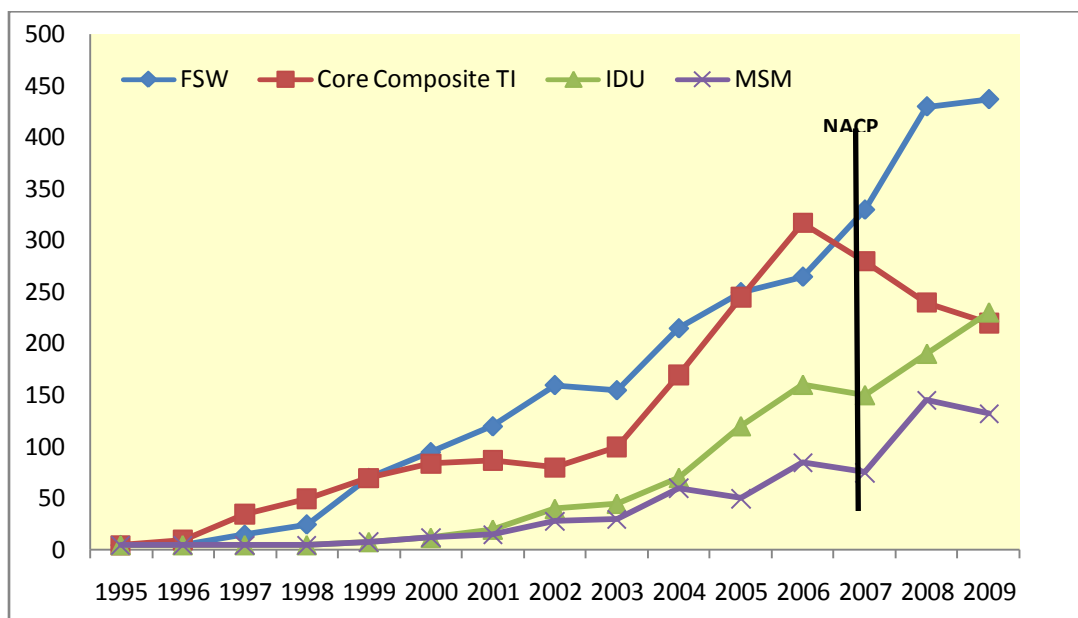
A central strategy under NACP is using TIs to focus efforts for containing the epidemic. These services — and which as internationally acknowledged as the best way for increased accessibility of HRG to HIV prevention services — is provided through NGO and CBO. Under NACP III to the aim is saturating coverage of HRG through the TI.

IV. B. 1. High Risk Groups

IV. B. 1. A. SCALE UP OF HRG COVERAGE TO THE FULL BASKET OF SERVICES

Number of TI: NACO has significantly scaled up of the number of TI — from 789 in NACP II to over 1290 by 2009 — covering over 1.1 million HRG and representing approximately 60 percent of the mapped estimate (figure 4.2).

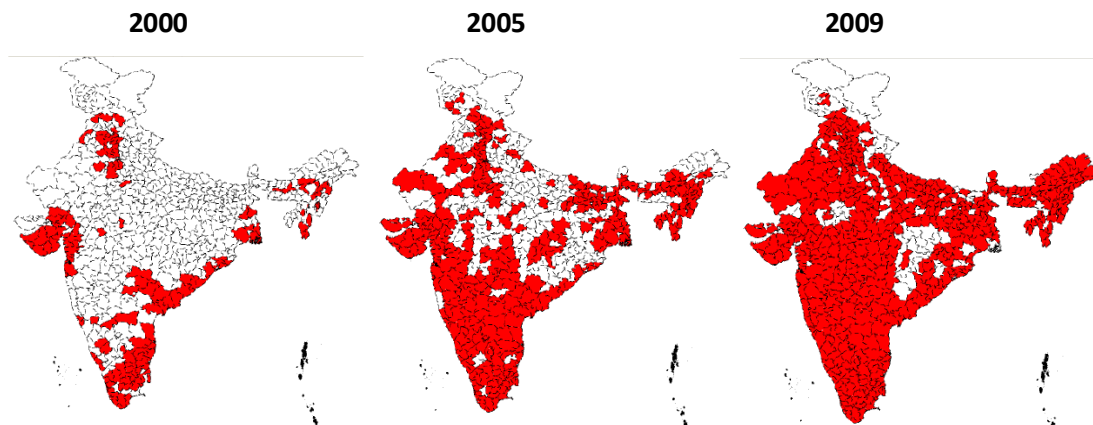
Figure 4.2: Scale up of targeted interventions 1995-2009



Source: *Scaling Up Targeted Interventions NACP III, India, Presentation by NACO, March 16, 2010*

Geographical distribution of TI: There is significant scale up in the number of TI under the national programmes; particularly at the district coverage as evident from maps of 2000, 2005 and 2009 (figure 4.3). In 2009, approximately 95 percent of the districts were reached via prevention interventions.

Figure 4.3: Targeted Interventions by district 200, 2005 & 2009

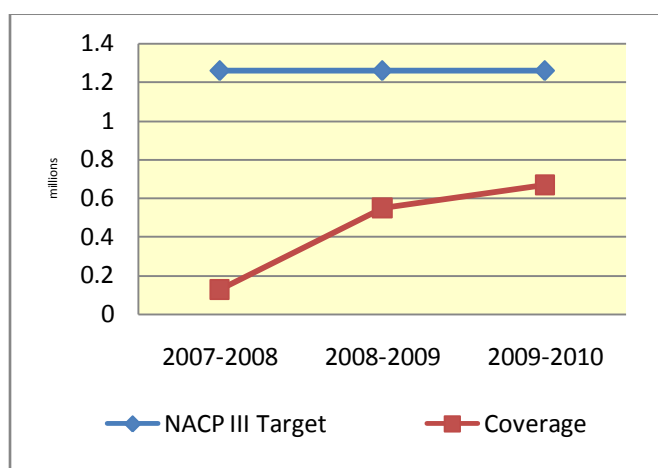


Coverage of TI: The extensive scale up of the TI programme has resulted in increased coverage of HRG. Ambitious targets are also set for each of the HRG sub-populations (table 4.3).

Table 4.3: Distribution of TIs by Typology and Coverage			
Type of intervention	Estimated population in millions	Coverage in millions (%)	No. of TIs (Jan. 2010)
FSW	1.26	0.67 (53.1)	437
MSM	0.35	0.28 (78)	132
IDU	0.18	0.14 (74)	230
Core composite *	-	-	220
Migrants	8.4	1.8 (21.4)	204
Truckers	2.4	1.6 (66.6)	67
Total			1,290

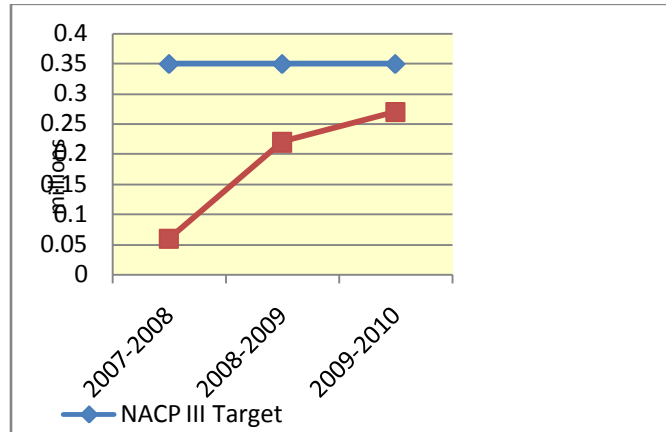
There is progress made in TI scale up for increased HGR coverage (figures 4.4, 4.5, 4.6). 53.1 percent of the estimated FSW population was covered up to 2009. The percentage coverage of MSM population was the highest at 78 percent. The second highest proportion of coverage was for IDU with approximately 74 percent of the estimated population (186,000) covered.

Figure 4.4: Coverage of FSW in NACP III 2007-2009



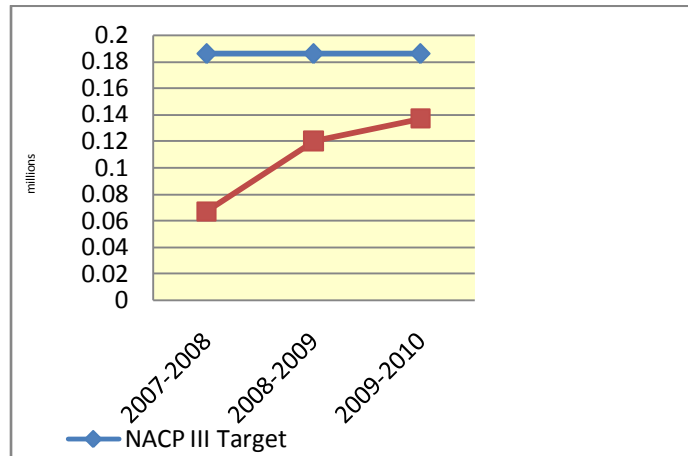
Source: NACO Annual Report 2009-2010

Figure 4.5: Coverage of MSM in NACP III 2007-2009



Source: NACO Annual Report 2009-2010

Figure 4.6: Coverage of IDU in NACP III 2007-2009



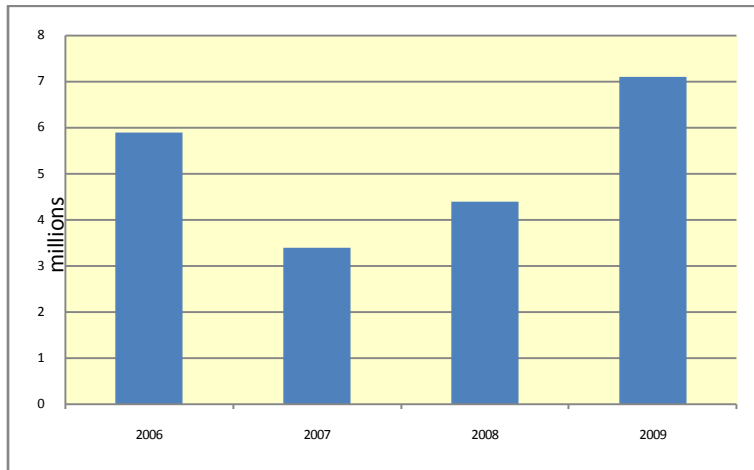
Source: NACO Annual Report 2009-2010

Complement of services: There is an increased focus for ensuring availability of the full complementary services available under the TI programme for HRGs. Resultantly, more HRGs are referred to STI clinics located within the TI or with which arrangements are set up. Reference to ICTC — and when necessary to ART — is increased for their greater access to CST.

Thus there is an increasing number of persons tested (7.6 million in 2007 to 13 million in 2009) with a concomitant increase in the referral of persons belonging to the HRG from 20,000 to 300,000 (CMIS data). Critical gains were made in certain states through this approach. For example, Andhra Pradesh was able to provide counselling and testing services to 65,000 HRG populations in 2008.

The number of BCC sessions conducted with HRG increased from 3.5 million in 2007 to 6.3 million in 2008 and approximately 7 million in 2009 (Figure 4.7). During 2009-10, the condom social marketing programme has been successfully scaled up to 294 districts; 4.64 lakh condom outlets serviced by the programme distributed 23.4 crore pieces of condoms till January 2010. (figure 4.8).

Figure 4.7: Number of one to one BCC sessions 2006-2009



Source: NACO Annual Report 2009-2010

Figure 4.8: Condom Distribution (social marketing and commercial) 2006-2009



Source: NACO Annual Report 2009-2010

Early Evidence of Impact of TI: There is an early impact of the TI programme as the Integrated Biological and Behavioural Surveillance (IBBS) 2009 finds 91 percent of FSW reporting condom use with their most recent clients. This indicator shows a significant increase in 2009 against the reported 50 percent indicated in BSS 2006. Similarly 86 percent of the MSM reported using a condom with their most recent client in 2009 as against 20 percent in 2006.

The percentage of IDU who adopted behaviours for reducing HIV transmission (as measured by those who avoid both sharing injecting equipment during the last month and report using a condom with their most recent partner) was 30 percent in 2006. This has increased to a significant 62 percent who avoided sharing injecting equipment and 88 percent who reported using a condom with their last sexual partner.

Evaluation of TI quality and functioning: NACO has institutionalised a system of annual evaluation of TI. Three rounds of annual evaluations covering programmatic, management and financial aspects were conducted in 2007, 2008 & 2009. The standard evaluation tool and a manual developed in January 2009 was utilised for ensuring uniformity of evaluations across the country. The results of the

evaluations are available on the NACO website to ensure transparency.² In addition, annual HIV Sentinel Surveillance Survey (HSS) and monitoring data is analysed to plan and implement TI.

Institutionalization of Guidelines for prevention services: NACO has developed and disseminated several key Guidelines for the institutionalization of high quality prevention services for each of the HRG populations. These are reviewed in detail with representatives of various partner NGO and CBO and revised when necessary.

Operational guidelines for TI with HRG and Bridge populations are published and widely disseminated. These guidelines provide detailed guidance on the minimum standards of service delivery for NGO/CBO. NACO has built an independent annual evaluation of TI to assess the progress, identify gaps for strengthening, and provide support for addressing weak areas of the NGO/CBO.

IV. B. 1. B. REACHING RURAL FSW THROUGH LINK WORKERS

The Link Workers' scheme is a short term community based intervention to address the HIV prevention and care needs of the rural community with special focus on HRG and other vulnerable groups. This community based intervention addresses HIV prevention and care needs of the rural community with special focus on High Risk population and other vulnerable groups. The scheme is operational in 100 selected villages in each of the 126 identified districts in 18 states through 9 lead agencies.

IV. B. 2. Bridge populations

An important focus of the NACP III has been preventing HIV transmission from HRG to the general population via groups via the migrants and truckers: also categorised as the bridge population. Focused interventions thus are aimed for migrants and truckers. Following revision of estimates, it is determined that over 4 million migrants and 2 million truckers require interventions.

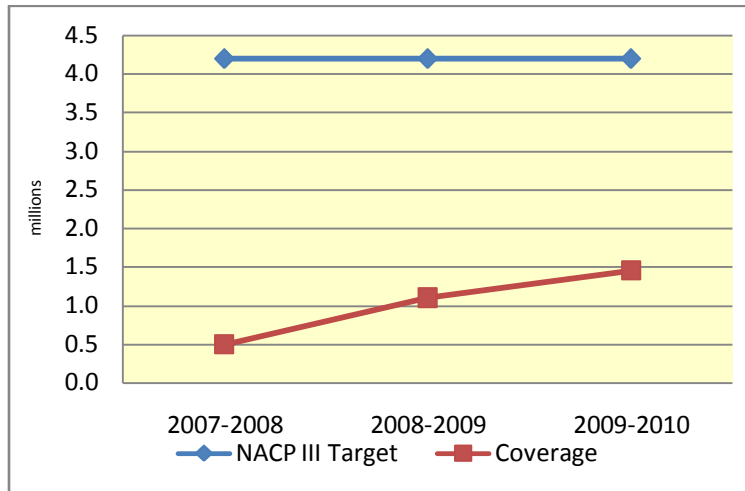
IV. B. 2. A. MIGRANT SERVICES

Sharpening of strategy for high risk migrants: There are over 200 million migrants in India. Based on evidence generated through pilot programmes with migrant groups, NACP III makes a strategic focus on short stay migrants who number approximately 9 million. Review of the programme from 2008 to 2009 indicated that the approach of contacting these populations at their place of origin (home) or destination (work) had relatively low reach and impact. Thus the approach was revised to focus on contacting migrants in sex work hot spots through high-intensity BCC and mid-media education. Furthermore, maximize condom supply through increased outlet coverage and retail visibility in districts that have high in-migration and high HIV prevalence amongst ANC clinic attendees.

Coverage: Revision of the "migrant" definition has resulted in greater conceptual clarity and sharpness of term and lead to the government re-focusing and or scaling up migrant TI interventions accordingly. The strategy for migrant TIs was also accordingly revised. This though resulted in some delays in contracting NGO to deliver these services and affected the extent of coverage. Currently, the coverage of migrants in NACP III is 34 percent (figure 4.9)

² Link: http://www.nacoonline.org/Divisions/NGO__Targeted_Interventions2/Evaluation_Reports_2008-09

Figure 4.9: Coverage of Migrants in NACP III 2007-2009



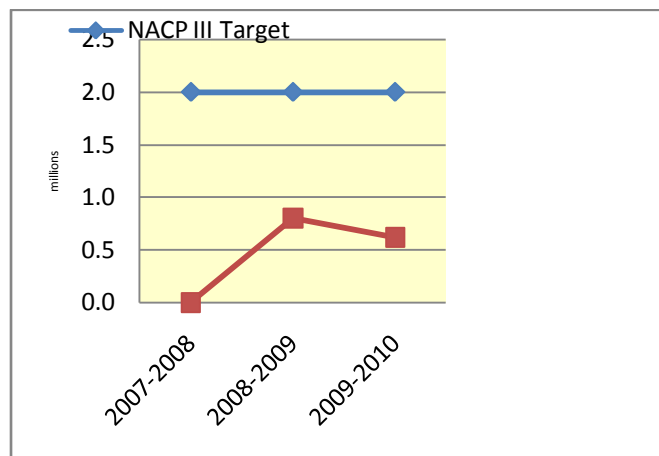
Source: NACO Annual Report 2009-2010

IV. B. 2. B. SERVICES FOR TRUCKERS

Focus on long distance truckers: As highlighted previously, truckers are identified as a critical bridge population. About half of an estimated 5 million truck drivers ply on long distance routes across the country.³ The living and working conditions, sexually active age group and separation from regular partners for extended periods of time are factors that increase their vulnerability to contracting and transmitting HIV.

Partnering with the private sector: Management of the TI for truckers is outsourced to a private foundation — the Transport Corporation of India Foundation — which is also the designated TRG for this subsector. Micro-level planning and feasibility assessment studies have informed the selection of 131 sites as per the monthly volume of truckers in these sites. Condom social marketing and mass media activities are the critical components of the interventions.

Figure 4.10: Coverage of Truckers in NACP III 2007-2009



Source: NACO Annual Report 2009-2010

³ Strategy and Implementation Plan, NACP-Phase III, 2007, Pg 33

The coverage of bridge population in NACP III is low (34 percent for Migrants and 30 percent for truckers) given that TI for truckers is terminated after a recent mapping report found the number of truckers reduced from 3.5 million (NACP III estimates) to 2 million long distance truckers (figure 4.10).

IV. B. 3. The general population

Several efforts are underway for preventing HIV proliferation from HRGs and bridge populations to those in the general category. For this, interventions are initiated for breaking the chain of HIV transmission through infected blood; ensuring that those at higher risk are aware of their HIV status; from mother to child during delivery; treatment for STI and RTI; provision of condoms and education for youth and the general public.

IV. B. 3. A. PROMOTION OF ACCESS TO SAFE BLOOD

The objective of the Blood Safety programme is ensuring provision of safe, quality blood — even in geographically remote areas of the country — in the shortest possible time through a well-coordinated National Blood Transfusion Service. The specific objective is ensuring reduction in HIV transmission through blood transfusion associated to less than 0.5 percent. For this a multi approach strategy is implemented that centres on strengthening laboratory capacity with initial focus on serological testing). Implementation of this systems strengthening approach will benefit capacity for laboratory diagnosis more broadly, and contribute to improved health outcomes across a variety of infectious and non-communicable diseases. Key activities under this approach included the definition of the national laboratory structure, development of guidelines and standard operating procedures and assessments, and training in essential elements of quality management. A Blood Transfusion Services Bill is proposed to be tabled during 2009-2010.

Good quality testing facilities: NACP III has addressed the critical issue of quality control of HIV testing with a concerted and multi-faceted strategy based on evidence generated through the quality management support structure. The management support structure is a four-tiered laboratory comprising apex, national reference, state reference and ICTC laboratories. Activities included: i) the establishment of a laboratory services division at NACO, ii) national quality management assessments at multiple tiers in the laboratory system, iii) the convening of an expert Technical Resource Group at the national level, iv) significant efforts in training and capacity building, v) institution of a national External Quality Assessment scheme, vi) development and support of a laboratory consortium with the capacity for validation and performance monitoring of key diagnostics and vii) expansion of services for CD4 testing, viral load and early infant diagnosis.

New facilities for blood products: In addition to modernizing district level blood banks, large investments are made for establishing Centres of Excellence in transfusion medicine and a national Plasma Fractionation Centre. The latter will reduce the national reliance on expensive imported blood component products, and bring the quality monitoring of these medicines more immediately under national control.

Increasing voluntary blood donation: The voluntary blood donation strategy has demonstrated good results as voluntary donations show a steady increase (54 percent in 2006-07, 59 percent in 2007-08 and 73.4 percent as of September 09). States where over 75% blood units are collected voluntarily are: West Bengal, Maharashtra, Tamil Nadu, Gujarat, Tripura, Mizoram, Chandigarh and Himachal

Pradesh. Other states are working to augment their blood stores through involvement of various stakeholders such as NYKS, National Service Scheme, National Cadet Corps and NGO.

IV. B. 3. B. INTEGRATED COUNSELLING AND TESTING CENTRES

The Voluntary Testing and Counselling Centres (VCTC) and PPTCT service was re-modelled into ICTC in India. Funded through GFATM grants; ICTC is the entry point for ensuring continued care provision through following services:

- Counselling all clients visiting the ICTC (general /walk in/high risk/antenatal women) on HIV
- HIV testing of the general clients/HRG/walk in clients
- HIV testing of pregnant women (PPTCT programme)
- Screening clients for TB and referring them to RNTCP services (HIV/TB Collaborative Activities)
- Post test counselling and linkage with other HIV care & support services

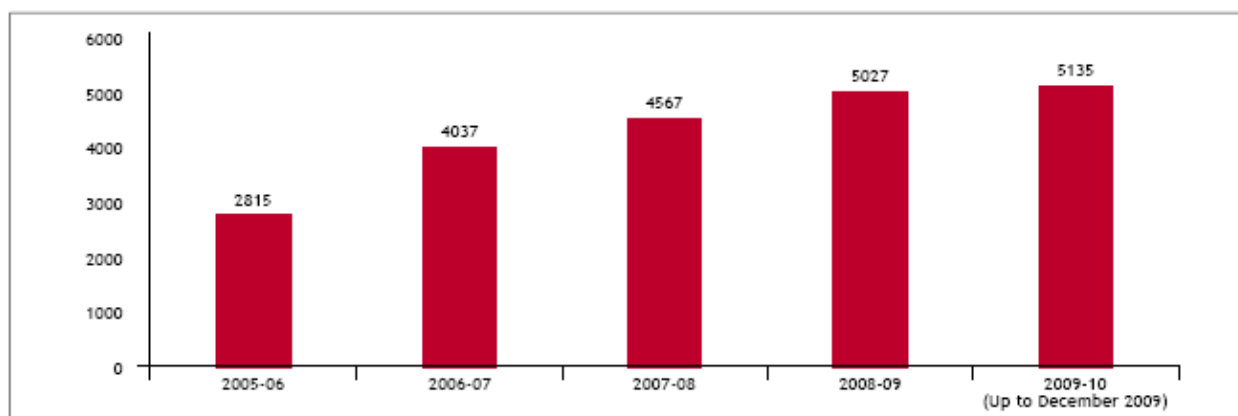
Figure 4.11: Integrated Counseling and Testing Centre



ICTC provides the first interface of the general population for HIV services for allowing HIV infected people to become aware of their status and that they may: adopt a healthy lifestyles, prevent further HIV transmission, and access life saving care and treatment services. Provider Initiated Testing and Counselling were recently introduced for clients referred to by medical providers such as people with TB, STI, pregnant women in all high prevalence districts (figure 4.11)

Increasing availability both rural and urban: The number of ICTC services across India is expanded from 2815 in 2005-06 to 5135 in 2009-10 (figure 4.12).

Figure 4.12: Scale-up of Counselling and Testing services in India 2005-06 to 2009-10



Source: Annual Report 2009-10, NACO

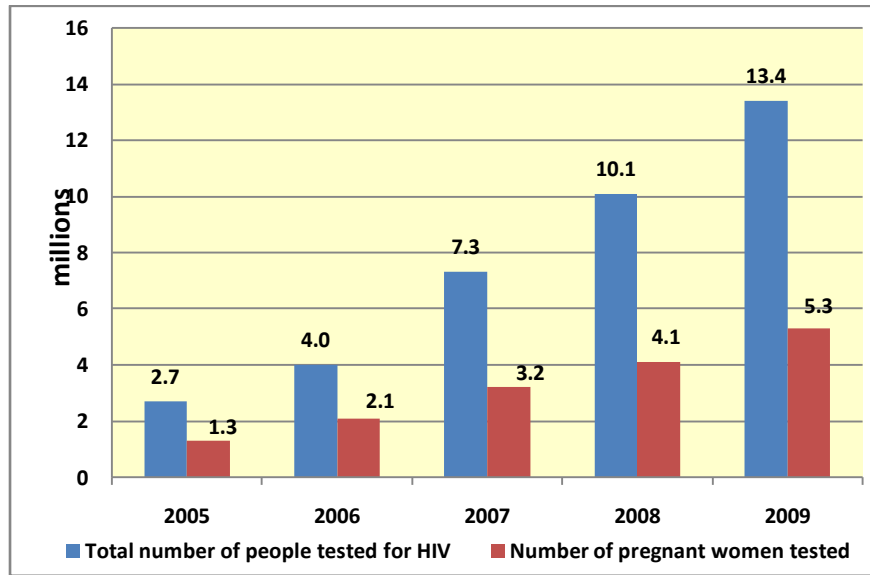
The number of people tested at these centres also has increased from 4 million in 2006 to 7.3 million in 2007 (figure 4.13). By 2008, 10.1 million were tested which was further scaled up by 3 million to reach a total of 13.4 million in 2009. This significant increase was possible due to the concerted efforts of NACP III to address certain barriers such as timing of ICTC, staff attitudes towards HRG, inconvenient location of testing facilities.

Counselling and testing services are expanded to 578 Primary Health care Centres through integration with NRHM in rural areas of the high prevalence districts.

Operational Guidelines and training modules: Important operational guidelines and training materials for ICTC, HIV-TB, and Whole Blood Testing is developed and disseminated. The guidelines lay down the minimum requirements for an ICTC in terms of area, infrastructure, equipment and staff. In 2009-2010, around 8 million general clients will be tested of which 300,000-320,000 (around 4%) are expected to be HIV positive.

Ensuring quality of service: Quality assurance is a key element in the delivery of HIV counselling and testing services. To ensure quality of HIV testing an EQAS is implemented in most states. All ICTC are expected to participate in this. Under this, coded samples are sent from State Reference Laboratories (SRL) to the ICTC twice a year for testing. In addition ICTC are directed to send 20 percent of all positive samples and 5 percent of all negative samples collected in the first week of every quarter for cross checking to the SRL once every quarter.

Figure 4.13: Number of persons tested for HIV in India 2001- 2009



Source: Annual Report 2009-10, NACO

IV. B. 3. C. PREVENTION OF PARENT TO CHILD TRANSMISSION

In India, the annual number of pregnancies is 27 million, of which 25 million proceed to delivery and birth. Forty percent of deliveries are institutional. Out of the institutional deliveries, rural areas account for 31 percent whereas urban areas account for the remaining 69 percent.

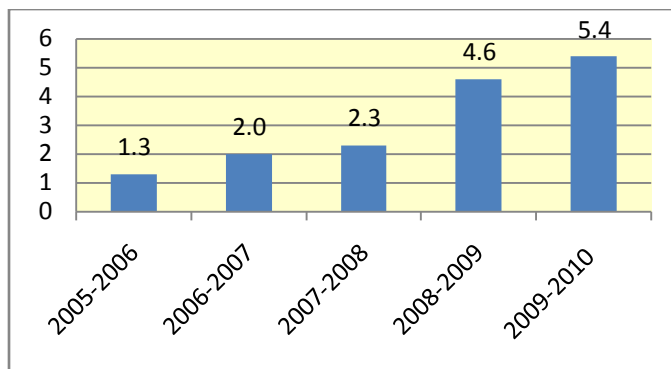
Services under the programme: Under the PPTCT programme — initiated in 2001 — counselling and testing services are provided to pregnant women. This includes administration of prophylactic *Nevirapine* to HIV positive pregnant women and their babies for preventing perinatal transmission of HIV. Further, all babies are to be followed up for a period of 18 months to facilitate Early Infant Diagnosis. PPTCT services are provided at all 5135 ICTC to pregnant women who access hospital/health facilities where these centres are located.

Figure 4.14: Pregnant Women Receiving Counseling on HIV Prevention and Care at Integrated Counseling & Testing centre



There is a rapid scale up in the number of pregnant mothers tested and counselled under PPTCT centres in India till 2009 (figure 4.14). Whilst in 2007 approximately 3 million women were counselled and tested; it increased to 4 million in 2008 and 5.5 million approximately in 2009 . This falls slightly short of the national target of 2009 that is set at 6.3 million.

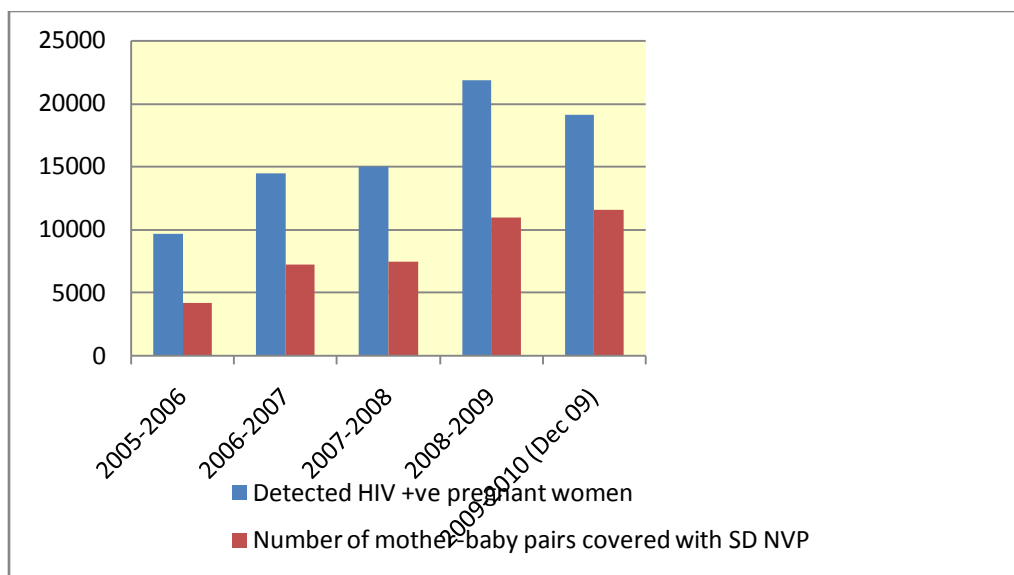
Figure 4.15: Uptake of Pregnant Women under National PPTCT Programme 2005-2009



Source: NACO 2009

Follow up of mother-baby pairs: The exhibit above highlights the coverage of HIV positive pregnant women with prophylactic *nevirapine*. From 2005-06 to 2009-10 there is a noted increase in the number of pregnant women detected with HIV at PPTCT centres. Whereas in 2005-06 11,817 pregnant mothers were detected with HIV, the number increased to 16,860 in 2006-07 and 20,250 in 2007-08 at PPTCT centres. By 2008-09 21,349 pregnant women were tested at PPTCT centres in comparison with the 19,357 in 2009. There is progression over the years also in the number of mother-baby pairs receiving treatment although there is a gap when compared with the total number of mothers tested highlighting possible missed cases to follow up.

Figure 4.16: Detection of HIV positive pregnant women and coverage of MB pairs with single dose Nevirapine 2005-2009



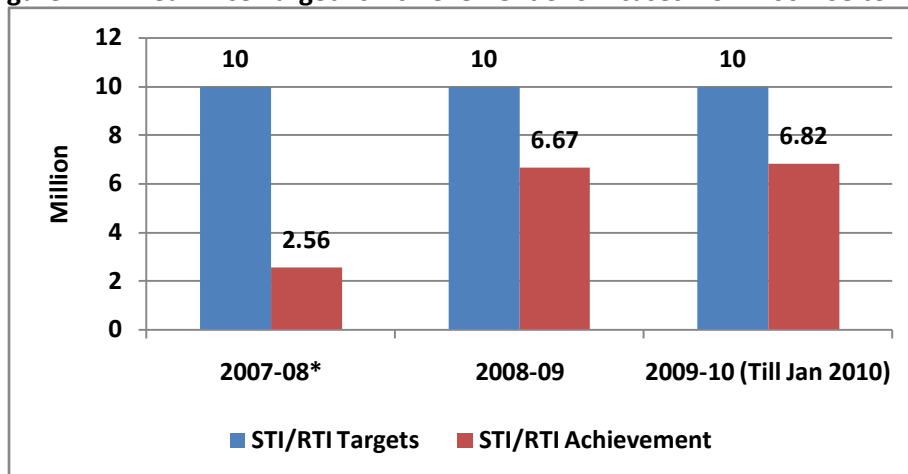
Source: NACO Annual Report, 2009 - 2010

Despite the scale up in programme, only 20% of the estimated annual pregnancies of 27 million were counselled and tested for HIV in 2009. Further, only 30% of the annual load of 65,000 HIV positive pregnant women was detected in the same year. NACO thus aims at new initiatives for early detection among pregnant women and eliminate mother to child transmission. For achieving this, community based HIV screening will be conducted by Auxiliary Nurse Midwife to identify HIV positive cases among pregnant women who do not come to health facilities for antenatal checkups. Additionally, ICTC services are being expanded to twenty four hour Primary Health Centres under the ‘facility integrated model’ for improving access to populations living in hard-to-reach areas. Collaboration with NRHM would be essential for this and Accredited Social Health Activist (ASHA) will be involved in demand generation for PPTCT services through Incentive-based schemes.

IV. B. 3. D. MANAGEMENT OF STI/RTI

This is an area where NACO collaborates closely with the NRHM. It is estimated that 5 percent of adult population in India has STD symptoms and NACP III plans to cover 50 percent of those with symptoms — about 15 million episodes — annually by 2012. The national level convergence with NRHM has been strengthened over the past 2 years and resultantly, during the financial years 2007 – 08, 2008-09 and 2009–10; approximately 2.6 million, 6.7 million and 6.8 million people with STII infection were managed across the country respectively (figure 4.16).

Figure 4.17: Year wise Target vs Achievement of STI cases from 2007-08 to 2009-10



Source: NACO Annual Report 2009-10. *No NRHM data is available for the financial year 2007-08.

Syndromic case management: The cornerstone of STI/RTI management under NACP III is enhanced syndromic case management with minimal laboratory tests. Over 5,744 **Preferred Private Providers** are identified for service delivery and training on enhanced syndromic case management to provide STI/RTI services to HRG population under TI. Provision of the standardized package of STI/RTI services to HRG is an important component of the TI projects. Essential STI/RTI drugs are made available with these providers. Service delivery has been initiated in the states of Kerala, Chandigarh, Gujarat, West Bengal, Uttar Pradesh, Rajasthan, Chhattisgarh, Maharashtra, Haryana, Goa, and Delhi.

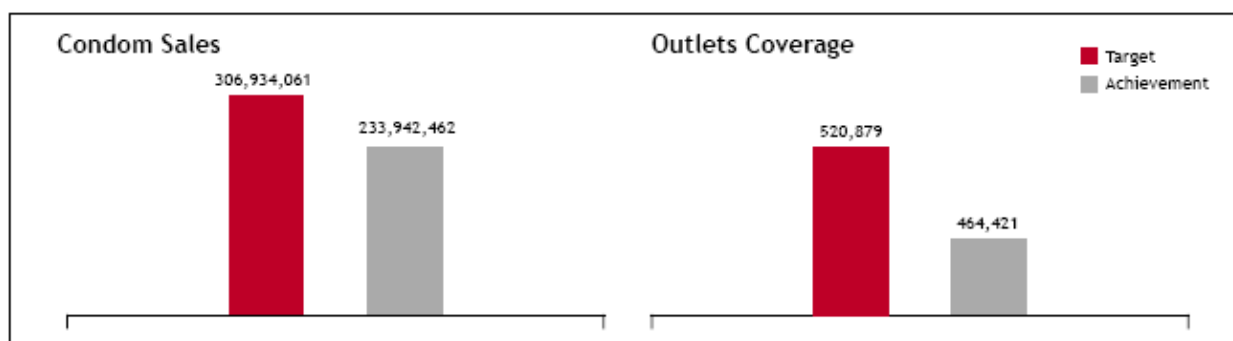
Capacity enhancement: NACO supports 916 designated STI/RTI clinics located at district and teaching hospitals. Another 7 Regional STI Training, Reference and Research centres have been strengthened for providing necessary laboratory support and generating scientific evidence for good quality service provision.

IV. B. 3. E. CONDOM PROMOTION

The NACP III has a defined strategic framework with audience specific strategies and milestones for condom promotion. With an overall objective of increasing condom distribution from 1.6 billion pieces in 2006-07 to 3.5 billion pieces by 2010; the strategy focuses on three channels of condom supply — free, social marketing and commercial scale — to work in a complementary manner for providing products to different target groups. The current supply levels of condoms are 2.2 billion pieces. In 2008-09, although three quarters of the condoms were distributed free or through social marketing — and availability of condoms remains dependent on these two methods — condoms sale has increased. On comparison with 2006-07 and 2008-09 data, an 11 point percent increase is evident (figure 4.17).

Condom Social Marketing Programme: The condom social marketing programme was successfully implemented in 194 districts in 15 states during phase-I (2008-2009). In addition, new initiatives such as Condom Vending Machines programme and Female condom (FC) programme were initiated at the time to enhance the accessibility of condoms and empower female population to protect themselves by using female condom. During 2009-10, the condom social marketing programme has been successfully scaled up to 294 districts; 4.64 lakh condom outlets serviced by the programme distributed 23.4 crore pieces of condoms till January 2010. As the programme focused at ensuring easy condom accessibility even in remote geographical areas; it was ensured given that 72 percent non-traditional outlets were established in relatively inaccessible regions. (Fig. 4.18)

Figure 4.18: Targets and Achievements for Condom sales and Outlets coverage in Social Marketing Programme Phase-II, 2009-10



Source: NACO Annual Report 2009-2010

Condom Vending Machine Programme: For ensuring a twenty four hour access to condoms, NACO initiated the Condom Vending Machine Programme Phase II that is now implemented in four big metros and a few large towns of Uttar Pradesh. Under Phase-II (2009-2010), nearly 9,000 condom vending machines were strategically placed near high risk activity areas so that condoms can be procured without human interaction. Around 600,000 condom pieces have been reportedly sold from 8,770 condom vending machines placed across Delhi, Mumbai, Chennai, Kolkata, Kanpur, Lucknow and some more towns of Uttar Pradesh.

Scale Up of Female Condom Programme: HLFPPPT, a social marketing organisation receives funding from NACO for implementing the female condom programme in four states: Andhra Pradesh, Tamil Nadu, West Bengal and Maharashtra. Through the programme around 200,000 FSWs are reached thereby ensuring 100 percent TI NGO coverage. The programme focuses on capacity building, training and BCC activities for increasing use of female condoms. In addition to this, with funding from UNFPA, PSI is also implementing female condom scale up programme in Rajasthan, Bihar, Jharkhand and Orissa. Till January 2010 approximately 600,000 female condoms were reported sold.

Structures for delivery: Country wide sales infrastructure is through 6 Social Marketing Organisations (SMO) that run the programmes with 1100 SMO salesmen, 870 stockists and 1200 stockist salesmen. This infrastructure has resulted in the market for paid condom market (Commercial and Social market) increasing by 65 percent volume over the period 2007-2009. Quality testing of condoms⁴ is conducted through the Condom Social Marketing program established in 303 districts in 25 states (covering all high prevalence/high fertility districts).

IV. B. 3. F. STRATEGIC FOCUS ON BEHAVIOUR CHANGE

The NACP III has a well defined Communication Strategic Framework for Information, Education and Communication (IEC) with a set of priority objectives. The strategy focuses on i) motivating behaviour change in a cross section of identified populations at risk, including HRG and Bridge populations, ii) raising awareness level on risk and the need for behaviour change and use of condoms among youth and women in general population iii) generating demand for health services; and iv) creating an enabling environment for prevention as well as institutional and community care support.

During 2007-2009 there was a shift in IEC from awareness generation to a creation of a more comprehensive understanding of strategic communication with its three complementary and mutually reinforcing approaches of BCC, social mobilization and advocacy. There has also been a clear plan to link demand creation with services. The success of IEC can be seen from the large service delivery numbers in all programme components (e.g. ICTC, PPTCT, ART). NACO has developed the first of its kind IEC Operational Guidelines aimed at providing a roadmap for facilitating standardized communication response across the country. There is strong collaboration with partners to undertake joint communication initiatives. With UNICEF, Centre for Advocacy and Research, BMGF and BBC-World Service Trust the process of planning, implementation and monitoring of media interventions is streamlined as is addressing the capacity issues within SACS.

IV. B. 3. G. MASS MEDIA CAMPAIGN

Multiple large scale communication campaigns were launched during the reporting period such as *Red Ribbon Express* (RRE), *Zindagi Zindabad* or “Life is to Live” which have reached millions of people and created demand for services. Condom promotion campaigns such as *Jo Bola/Samjha Wohi Sikander* helped in establishing a social norm for condom use. These national campaigns are supplemented by advertisements in the provincial newspapers (in regional languages) and ground level activities such as rallies, poster and essay competitions, partnerships with the youth groups (*Nehru Yuva Kendra*) and other community based groups. Supportive activities are coordinated through the SACS.

Communication activities for normalising condom use: NACO has implemented a phased multi-media campaign on condom promotion. Initially, the campaign focused on normalising condom use through radio and TV channels. Through these initiatives around 150 million people were reached. A campaign was subsequently launched —using creative spot messages —for downloading a condom ring-tone for mobile phone users. Reflecting the success of this particular campaign was the volume of people with requests to download the condom ring-tone. Nearly 500,000 requests for downloading the ring-tone were from within India; whilst 160,000 requests from abroad were received at the website for the ring-tone (www.condomcondom.org). The website was visited by approximately 4million people over three months.

⁴ Quality testing of condoms is stipulated in the national standard (Schedule R) of the Indian Pharmacopeia. According to NACO it comprehensively meets WHO criteria.

Additionally, NACO contracted social marketing organisations for conducting communication activities such as mid-media, road shows etc. in their respective states for first, generating demand for condoms and second, strengthening supply side by motivating retailers to stock up on supplies. These were considered as essential initiatives particularly as previously condom use was strongly associated with promiscuity and reinforced negative image of users. It resulted in stigma; and condoms were not considered acceptable by a large population.

Campaign for National Voluntary Blood Donation: As NACO considers the need for voluntary blood donation to constitute the largest blood supply source, activities are augmented for voluntary blood donation. Not in the least is utilising multimedia for encouraging voluntary donations whilst dispelling its surrounding myths. In 2008, a new TV spot was developed with a call for voluntary blood donation by Olympic boxing medallist Vijender Singh. A three week campaign was conducted on the occasion of Voluntary Blood Donation Day (1 October 2008) and was repeated again in February 2009. On the occasion of Voluntary Blood Donation Day 2009, a new TV spot was developed and a three week campaign was run on mass media channels across the country.

Red Ribbon Express: The first Red Ribbon Express (RRE) campaign was launched on World AIDS Day 2007. RRE demonstrated a communication innovation that could mobilize large numbers of people and be a powerful catalyst for social change and HIV prevention. The RRE is one of the world's largest social mobilization campaigns on HIV-AIDS. Conceptualized by the national NGO Rajiv Gandhi Foundation, the campaign was implemented by NACO in collaboration with the Ministry of Railways, Ministry of Youth Affairs and UNICEF. The RRE spread awareness on HIV-AIDS and promoted safer behavioural practices. The train was flagged off by Mrs. Sonia Gandhi, Chairperson United Progressive Alliance (UPA), on December 1, 2007 from Delhi. It completed its journey on December 1 2008 after travelling over 27,000 kilometers during the year covering 180 halt stations. The cultural troupes of *Nehru Yuva Kendra* — a nationwide youth club — travelling in the train performed in villages where the train halted to spread HIV-AIDS messages. The project covered 41,334 villages and reached 6.2million people. Over 68,000 people were trained on board the train in the districts through which it passed and 116,183 people were counselled on HIV/AIDS.

Figure 4.19: The Red Ribbon Express

The Red Ribbon Express (RRE) is the world's largest mass mobilization drive on HIV and AIDS. Through the RRE, NACO intended breaking the silence on HIV and AIDS by taking the messages on prevention, treatment, care and support to people living at the sub-district level across the country. The aim is also to create an environment free of stigma and discrimination so that PLHIVs can access services without fear or prejudice while living a life of dignity.

The train launched on World AIDS Day 2007 travelled across the length and breadth of India reaching 6.2 million people. Regular newspaper reports highlighted its impact on creating awareness on HIV and AIDS and improving service utilisation. It thus has proved to be a successful multi- sectoral initiative by NACO and a powerful advocacy tool — both at the state and district levels — enhancing local capacities to deal with HIV prevention. Owing to its success, the RRE was re-launched on World AIDS Day 2009. This time, train will traverse 22 states by November 2010 halting at 152 stations.

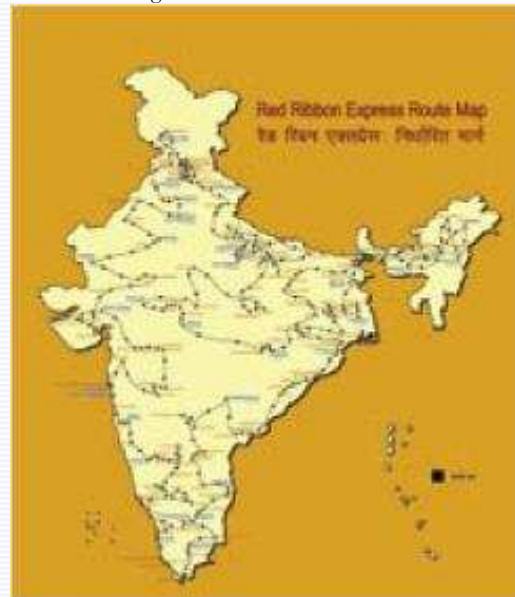


Figure 4.20. Smt Sonia Gandhi, UPA Chairperson, flagging off the Red Ribbon Express on 1st December 2009 at Safdarjung Station, New Delhi



Building upon the success of the first phase of the Red Ribbon Express project (2007-08), NACO launched the second phase of the project on 1st December 2009 to commemorate the World AIDS Day. The specially designed 8 coach exhibition train was flagged off from Delhi's Safdarjung station by Hon'ble Chairperson, Rajiv Gandhi Foundation and Chairperson, United Progressive Alliance, Smt. Sonia Gandhi. During its year long journey, the RRE will travel across 22 states, covering 152 halt stations.

This time, the National Rural Health Mission has also come on board with NACO. Apart from three exhibition coaches with exhibits on HIV and AIDS, the fourth exhibition coach is on NRHM with exhibits on H1N1, Tuberculosis, Malaria, Reproductive and Child Health services, general health and hygiene. There is one coach for counseling and another one for conducting trainings of district level resource persons such as members of Panchayati Raj Institutions, Self Help Groups, government officials, health workers, youth organizations, teachers, defense and police personnel etc.

During the second phase of the project, services for HIV testing, treatment of STI and general health check-up are also being provided at the halt stations. Mobile health units have also been deployed at many halt stations. IEC exhibition vans and folk troupes have been deployed to carry messages into rural areas, particularly to reach out to those who are not able to come to the railway station.

The daily coverage is monitored through a monitoring agency. The inbuilt evaluation system has been put in place through an external agency for assessing the impact of the project.

The response to the RRE is overwhelming with thousands of people visiting the train exhibition everyday at the train halt stations. Moreover, political leaders including Ministers, Members of Parliament and MLAs are actively participating in the project by mobilizing the people to the train at local level and attending the functions at the halt stations.

IV. B. 3. H. INTERVENTIONS WITH YOUTH: IN COLLEGE, IN SCHOOL AND OUT OF SCHOOL

The Adolescence Education Programme (AEP) is a key intervention to build life skills of the young people and help adolescents cope with negative peer pressure, develop positive behaviour, improve sexual health and prevent HIV infections. Under the programme, sixteen (16) hours sessions are scheduled during the academic sessions in classes IX and XI. 47,000 schools have been covered to impart the knowledge and skills to their students during 2009-10.

IV. B. 3. I. MULTI-SECTORAL COLLABORATIONS

Multi-sectoral collaboration is an important strategy espoused by the NACP III. The NCA established in 2006, has met once. As the NCA is a platform involving the Prime Minister and Ministers of 31 ministries, and 9 Chief Ministers of various states; organizing a meeting of such a body is a significant undertaking.

Initiatives with respective ministries — as mandated under NCA — are continuing. Subsequent to the formation of NCA, State Councils of AIDS are formed in 25 states.⁵ There is collaboration across a wide range of Ministries and private sector bodies which continues at national and state levels through involvement of private sector federations such as the Confederation of Indian Industry (CII), ASSOCHAM, and the Federation of Indian Chambers of Commerce & Industry (FICCI) under the aegis of the State AIDS Councils.

The focus of NACP III's strategic plan is advocacy and coordination with 11 key ministries. In accordance with this plan, NACO has enhanced coordination with Ministries including Home, Panchayati Raj, Women and Child Development, Rural Development, Labour and Employment, Housing and Poverty Alleviation, Surface Transport and Roadways, Defence, Tourism, Sports and Youth, Social Justice and Empowerment, and Science and Technology.

Multi-sectoral activities: Various activities taken up by these Ministries include: i) addressing HIV issues in rural income schemes; ii) training half a million members of occupational cooperatives on HIV/AIDS; iii) training elected local representatives; and enhancing CST through linkage with local bodies; iv) preparing the National Policy on World of Work jointly with the International Labour Organization (ILO); v) incorporating HIV-AIDS issues in the National Policy on Children, 2007 and social welfare schemes; vi) research and development with the Indian Council for Medical Research for developing and testing microbicides; vii) integrating prevention, counselling and testing, and CST in Defence hospitals; viii) sensitizing police staff; ix) training service providers and youth; and x) extending social security support to PLHIV.

⁵ These include: Andhra Pradesh, Arunachal Pradesh, Assam, Andaman & Nicobar Islands, Bihar, Daman & Diu, Delhi, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Karnataka, Maharashtra, Manipur, Mizoram, Nagaland, Orissa, Punjab, Sikkim, Tamil Nadu, Tripura, Uttar Pradesh and West Bengal

Figure 4.21: Select Achievements of the Multi-Sectoral Strategy

During 2008 and 2009, UNICEF, UNDP, ILO and UNIFEM have collaborated closely with NACO in implementing the multi-sectoral strategy.

The NACP III identified men and women as equal stakeholders in the national response and has committed to gender sensitive programming as a central and cross cutting theme. A national policy on gender and HIV in the women empowerment framework has been developed. The policy guidelines would be finalised shortly. UNDP and UNIFEM have helped to set up a gender desk at NACO.

UNICEF had worked with the Ministry of Women and Child Development (MWCD) to launch the first comprehensive National Policy on Children and AIDS in June 2007 which is currently being rolled out. Nutrition supplements for children and women living with HIV are included in the Integrated Child Development Scheme implemented by MWCD in Gujarat, Tamil Nadu, Rajasthan and Orissa. Content of HIV-AIDS prevention including PPTCT has been integrated into the training of grass root level workers.

The Ministry of Labour and Employment in association with NACO and ILO, has prepared a policy on HIV-AIDS in the World of Work. This has formally been approved by the Cabinet and launched on 30 October 2009. The policy protects workers from discrimination at workplace, ensures confidentiality of their status and provides access to information and services related to HIV.

The Ministry of Railways has announced a concession of 50 percent in second class passenger fares for rail travel by AIDS patients to nominated ART centres for treatment. Many (35) Integrated and Counselling Centres (ICTC) are presently functional in railway hospitals and ART is being provided to 1227 persons. The ART drugs are procured from the Ministry of Railways budget.

The Ministry of Surface Transport and Roadways has provided free bus travel to PLHIV in 5 states in order to facilitate travel to ART centres.

IV. C. CARE, SUPPORT AND TREATMENT

There is significant progress in service provision through the network of facilities CST developed in the country. A decentralized supporting and supervision system is operational. Systematic collaboration between ART centres, CCC as well as PLHIV networks is helping reduce the lost to follow up and missed cases. Improved links with ICTC and enhanced IEC campaigns have resulted in earlier detection. The main services provided to PLHIV include the following:

- Registration for ART and pre-ART services
- Assessment of eligibility of ART based on Physical Examination and CD4 count
- Provision of first line ART to eligible PLHA and Children Living with HIV/AIDS (CLHA)
- Follow-up of ART by assessing drug adherence, regularity of visits and periodic examination and CD4 count every 6 months
- Care, support and home-based services
- Treatment of opportunistic infections
- Provision of alternate first line and second-line ART to those expressing drug toxicities and treatment failure, respectively.

IV. C. 1. The provision of ART

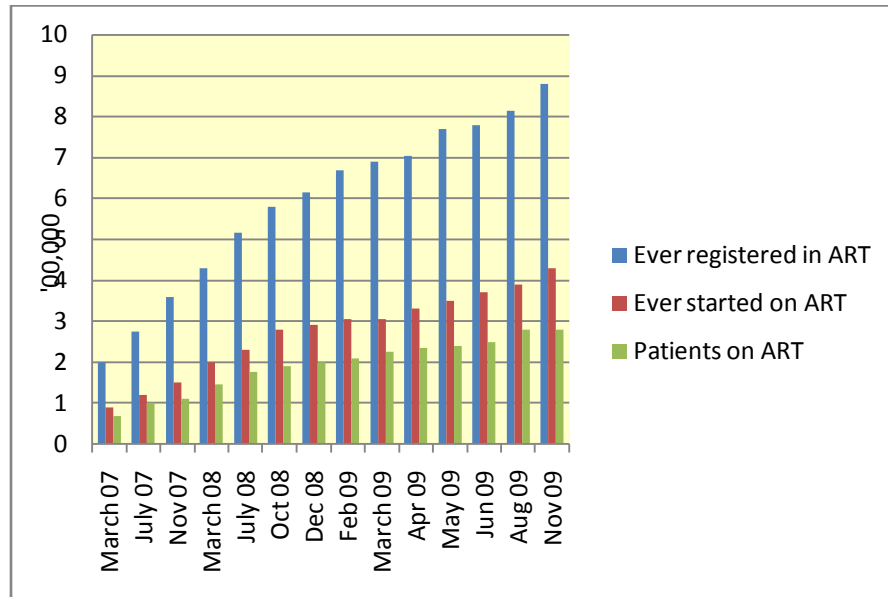
ART for eligible PLHIV was launched on April 1 2004 in 8 government hospitals located in 6 high prevalence states. Since then, the programme is scaled up both in terms of facilities for treatment and number of beneficiaries seeking ART — especially in districts with a high number of PLHIV. First line ART drugs is provided to PLHIVs as per the WHO-NACO guidelines. NACP III envisaged that public health facilities will provide ART to: i) PLHIV referred from TI; ii) Sero-positive women tested under the PPTCT programme; and iii) infected children.

The implementation of the ART programme has been successful (figure 4.20). Some targets set for the programme under the NACP III are likely to be exceeded, for example, the number of ART centres and adults alive and on ART. NACP III estimated that in order to meet the targets for ART, 250 ART centres across the country will have to be set up. As of January 2010, there were 239 fully functional ART Centres against the target of 250 by March 2012. However, based on need and demand of ART, the actual number of ART centres may well reach 300 by 2010.

Due to rapid scaling up, the GFATM has advanced termination of projects under Round 4 by six months and invited India to submit proposal under Revolving Continuation Channel — as recommended by Country Coordination Mechanism — which India has done. NACO is partnering with Confederation of Indian Industries (CII), IBT, FICCI & other corporate sectors on workplace intervention & providing of

care, treatment & other support to people living with HIV/AIDS. The MOUs have been signed with ACC and BILT, Bajaj Auto Limited, L&T and Godrej and ART centres have been set up.

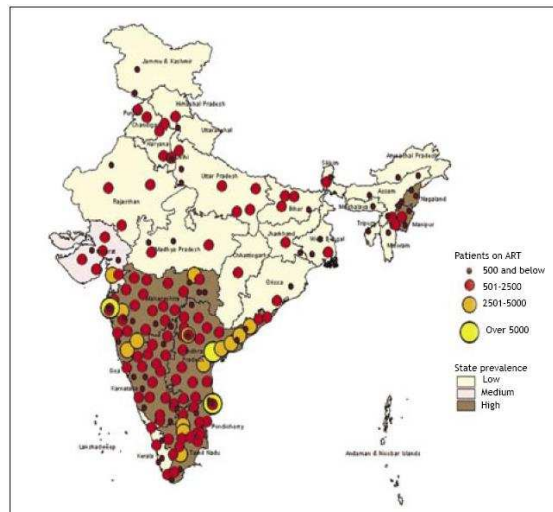
Figure 4.22: ART scale up in India 2007-2009



Source: Mid Term Review of NACP –III, NACO, 2009

All the patients who require ART will not necessarily be accessing government health set-up and a significant number will be getting treatment from private sector, NGOs & other institutional/workplace health care facilities. Therefore, NACO is working to establish linkages with other departments and strengthen the public private partnership by involving the corporate sector and NGOs. NACO is in regular interaction with the Army, Railways, SAIL, paramilitary forces and NGOs like YRG Care, Freedom Foundation, Swami Vivekananda Youth Movement, Private Medical Colleges, for Care & Support activities including ART.

Figure 4.23: ART Services Organized to respond to Disease Burden

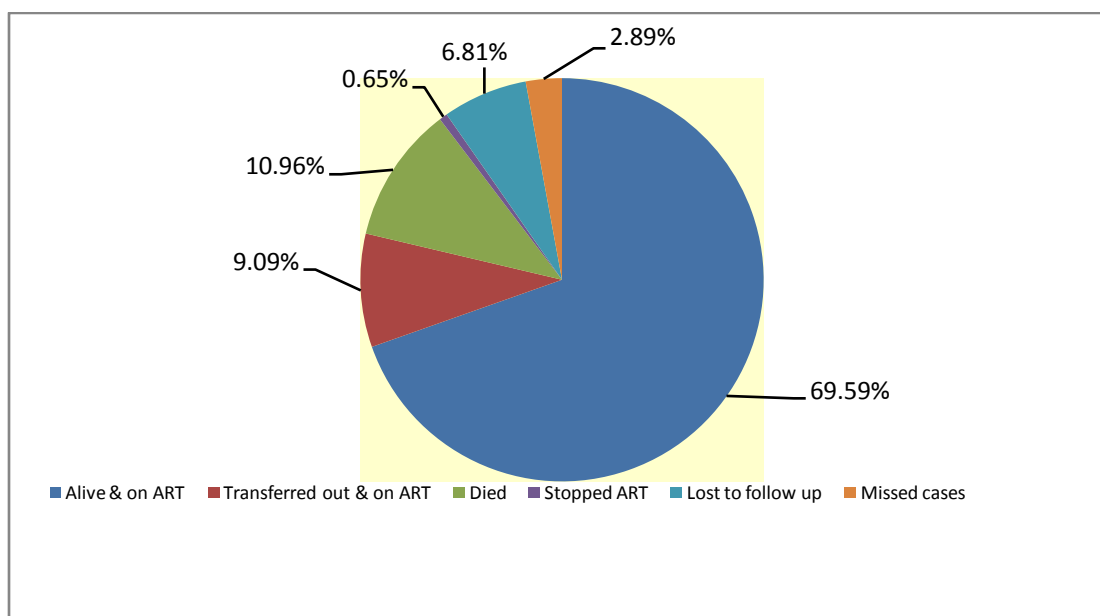


IV. C. 2. Link ART centres

Link ART Centres (LAC) were not originally envisaged under NACP III. Their creation was in an effort to first, address issues of distance, travel time and costs for various beneficiaries — which were major constraints to PLHIV’s access to ART services and highlighted by the study “Assessment of ART centres: Clients’ and Providers’ Perspectives.” Second, decongest ART centres. Finally, provide decentralized replenishment of treatment supplies to stable patients on prescription. Presently 300 LACs are established and functional.

Lost to follow Up: Overall infrastructure scale up has resulted in reduction in number of LFU cases (figure 4.22). The outcome of people living with AIDS (PLHA) on ART during 2007-(September) 2009 shows that the cumulative LFU is reduced to nearly 7 percent. One of the major contributing factors for this significant reduction is the effective follow up and provision of home based counselling for LFU by district level PLHA networks, CCC and counsellors of ICTC. Several other initiatives have been taken up for strengthening monitoring and evaluation for LFU. These include SMART cards —which is described in the section on Monitoring and Evaluation Environment — and monitoring and supervision by Regional Coordinators.

Figure 4.24: Cumulative outcome of people on ART 2007-09



Source: Mid Term Review of NACP-III, NACO, 2009

IV. C. 3. Community care centres

ART centres are linked with CCC and established with the mandate of providing a comprehensive package of CST services including psycho-social support, ensuring drug adherence and providing home-based care. Also, tracing lost to follow-up (LFU); those missing ART as per respective prescribed schedules. Presently, 287 CCC are fully functional.

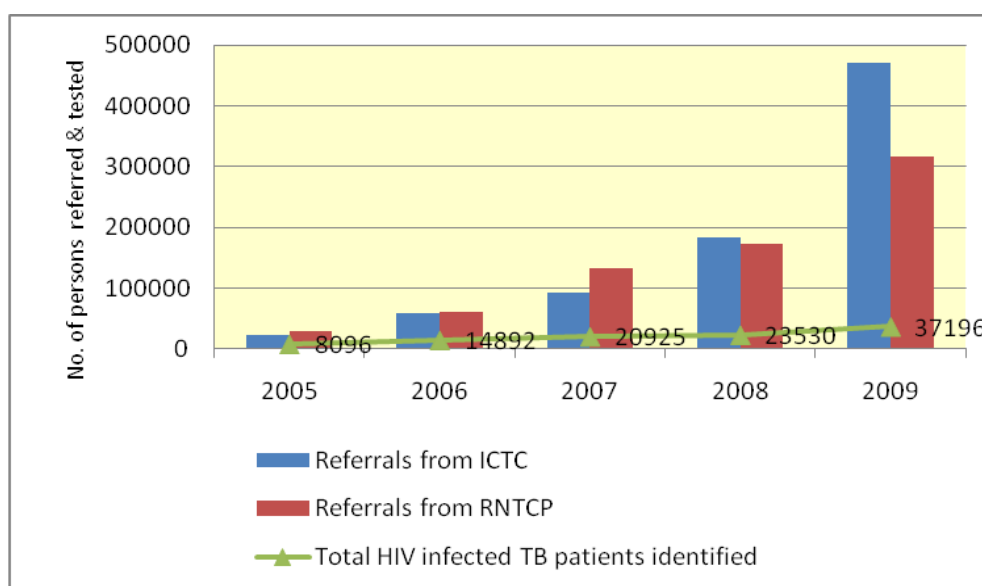
IV. C. 4. Treatment and prophylaxis of Opportunistic Infections

A key emphasis under the CST services is on the availability of prophylaxis and treatment of opportunistic infections (OI) at tertiary and district hospitals. This is critical for improving the quality of life of PLHA, postponing the onset of AIDS by keeping the viral load under significant control and thereby postponing ART requirement. The availability of OI drugs is at tertiary and district hospitals providing ART as well as through the CCC.

IV. C. 5. HIV-TB collaborative services

It is estimated that in India, 55-60 percent of reported PLHA have TB. HIV-TB co-infection is one of the leading causes of death among PLHIV. It is estimated that an HIV positive person has 50-60 percent lifetime risk of developing TB as compared with an HIV negative person who has a lifetime risk of 10 percent of developing TB. For responding to this, India has established and expanded strong cross-referrals and linkages between the existing service delivery sites of Revised National TB Control Programme (RNTCP) and NACP at Microscopy Centres, ART centres, CCC and ICTC.

Figure 4.25: Scale-up of HIV-TB Collaborative Activities



Source: Mid Term Review of NACP –III, NACO, 2009

Under the joint initiative of NACO & RNTCP, the 'National Framework for Joint HIV/TB Collaborative Activities' was revised for strengthening HIV-TB collaborative activities across the country. The National Technical Working Group for HIV/TB — comprising of key officials from NACO and the Central TB Division — regularly monitor the programme through a system for line listing. The Technical Working Group ensures: 1) fast tracking of patients co-infected with HIV and TB; 2) adherence to treatment Guidelines; 3) appropriate training of medical officers posted at ART centres on TB diagnosis and treatment. The intensified HIV/TB package of activities includes routine offer of HIV counselling and testing for all TB patients and linking all the identified HIV/TB patients to CST including treatment for TB, other OI and ART.

Cross-referrals: An increase in cross-referrals is noted due to intensified roll out of HIV/TB package services in 9 states with higher HIV burden (Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Goa, Manipur, Nagaland, Mizoram, Delhi, Gujarat and Puducherry). This package also includes enhanced monitoring of all identified HIV/TB patients with provision of *cotrimoxazole* preventive therapy through the decentralized drug delivery mechanism of RNTCP (figure 4.23).

IV. C. 6. Strengthening Laboratory Services for ART

In view of the massive requirement for testing in India, a concerted effort is made to scale up CD4 testing capabilities and capacity in the country. There are at present, 198 CD4 machines installed servicing 226 ART centres and another 13 CD4 machines under installation. Whilst in 2007-2008, 393,039 CD4 tests were performed; this increased to 658,143 tests in 2008-09. CD4 training institutions were identified in 2009 for training laboratory technicians. A training of trainers was held in May and June 2009 for CD4 machine technicians so that they may further impart training.

NACO with support from Clinton Foundation has initiated the development of the national CD4 EQAS for Indian testing laboratories in 2005. The National Institute for AIDS Research (NARI) functions as an apex laboratory for conducting the EQAS. QASI, Canada was identified as a provider of the CD4 EQAS. Three QASI rounds were carried out each in 2008 and 2009. A technology transfer workshop was conducted for 4 Regional Centres at NARI in September 2009. QASI would continue to send the samples at expanded sites for the near future. An Indian database *India.qasi-lymphosite* was developed and will be piloted for data entry, online submission analysis and report preparation.

IV. C. 7. Supply chain management for ARV drugs

One of the most vital components of drug adherence is ensuring continued drug supply to ART centres. Monitoring is done centrally for all ARV drugs based on monthly consumption and stocks at the centres. As per guidelines, all ART centres must have a minimum of 3 month stock of drugs. In case of shortage, drugs are re-located to ensure absence of stock outs. The supply chain of ARV drugs is managed through a dedicated Logistic Coordinator appointed at NACO. As a result of a well monitored system — involving good management of information, projections of ARV drugs based on new

enrolment rates and consumption patterns and close monitoring of stocks — there is a regular and uninterrupted supply of ARV drugs without any stock-out situation.

IV. C. 8. Second line ART

The levels of primary drug resistance in the population vary from country to country. Though at present there is no concrete data on primary resistance of HIV to first line ARV drugs, it is estimated to be in range of 2 to 3 percent. Regarding secondary resistance, the global experience shows that the development of drug resistance occurs at a rate of 5 percent per year, after three years of treatment. It is estimated that presently around 3000 patients may be in need of second line ART.

The main issues related to provision of second line drugs under the programme are:

- The cost of second line ART regimen under the national program is around INR 35,000 per patient per year.
- There are 7-9 pills to be taken in the second line ART regimen compared to just 2 in first line ART and thus supporting patient adherence is likely to be challenging.
- Special training of health care providers is required prior to roll out of second line drugs.
- Institutional strengthening is necessary particularly at laboratories for viral load and drug resistance testing.
- Regulatory mechanisms for rational prescriptions by private practitioners need to be in place to minimize the chances of resistance due to wrong prescriptions.

NACO initiated the process for rolling out second line treatment over two years back by first executing national consultations on the need and feasibility of introducing second line drugs. This was followed by the formation of a Technical Resource Group on ART which deliberated on various issues related to the provision of second line in the national programme. The WHO, Clinton Foundation, Centres for Disease Control's programme in India, I TECH, private physicians, NGO and Indian Network of Positive People (INP+) were involved in the development process.

Provision of second line ART rolled out on a pilot basis at two centres in January 2008. On completion of this pilot the project was launched across 10 centres in January 2009. Following targeted viral load testing — for an assessment on requirement for second line ART — there are 970 people on second line treatment.

IV. C. 9. Children living with HIV/AIDS

IV. C. 9. A. ORPHANS AND VULNERABLE CHILDREN

As the epidemic in India is not generalized the concept of Orphans and Vulnerable Children (OVC) as described in the African context is not applicable in the same way. The country has adopted the preferred terminology of Children affected by AIDS (CABA) jointly developed by NACO, UNICEF and other development partners.

While there are no reliable estimates of 'affected' children in the country, a UNICEF report summarises that India possibly has 150,000 vertically infected children; 1,500,000 children orphaned by AIDS; and 7,000,000 children with HIV-positive parents. These categories are not mutually exclusive. An infected child will usually have a positive parent, and may also be orphaned by AIDS, while an AIDS orphan will often have another HIV-positive parent. NACO estimates that 57,000 children are infected at birth in India each year, and is yet to finalise the estimates of Children infected with HIV. Out of over 70,000 children living with HIV registered in 2009, only approximately one third received ART. NACO has instituted 10 orphanages for HIV positive children and has plans to scale up with the support of Ministry of Women and Child Development and the Ministry of Social Justice and Empowerment.

IV. C. 9. B. PAEDIATRIC SECOND LINE

While the first line therapy is efficacious, a certain proportion of children will show evidence of treatment failure. There is not much data on the failure rate on the *nevirapine* based ART in children. However, the WHO estimates an average switch rate from first to second line ART of 3 percent per year for adults. It is likely that the similar rates are applicable for children as well. The current WHO guidelines for switching stipulate that clinical disease progression or a drop in CD4 cell count to pre-treatment baseline or fall of 50 percent from peak value are signs of treatment failure. They are not sensitive for detecting early replication of HIV due to emerging HIV drug resistance. It is important to have reliable estimates of the failure rate so as to plan roll out of second line therapy and plan the logistics. Until these estimates become available, the figure of 3 percent rate for switch from first line to second line ART is being used for the planning of the programme.

IV.D. ENABLING ENVIRONMENT AND IMPACT ALLEVIATION

India has taken several steps to ensure that the environment within which HRG and PLHIV must live and survive is conducive to their easy access to prevention and CST services but equally to livelihood and dignity.

IV. D. 1. STIGMA AND DISCRIMINATION

A 2009 UNDP study on Stigma and Discrimination (S&D) and field experiences showed that “enacted stigma” adversely affected the lives of PLHIV whereas S&D in general, threatened effectiveness of counselling, testing and CST services. PLHIV suffered shame, blame, and exclusion on account of the purported causes of their HIV positive status (transgression of sexual norms) and as carriers of infection (fear of casual infection). The majority attitude (45 percent) towards PLHIV — especially in low prevalence states — was a mixture of sympathy, disgust, sadness and fear of infection. S&D had less to

Figure 4.26: Manipur and Nagaland Legislators complement efforts of State AIDS Control Organisations

In a significant step forward in the HIV response in the North-East, legislators from across party lines in Manipur and Nagaland decided to contribute up to INR 100,000 each from the Local Area Development Fund to support the AIDS effort. By pooling their resources, the Government of Manipur and Nagaland have altogether raised at least Rs. 12 million for the AIDS effort to demonstrate political commitment on AIDS.

All 120 Legislators from Manipur (60) and Nagaland (60) are members of Legislators Forum on AIDS (LFA) in their respective states. The members use these resources to conduct public meeting on HIV in their own constituencies, hold public hearings, engage with PLHIV and HRG in public platform to address issues of stigma and discrimination and complement the efforts of SACS to scale up prevention, care and treatment.

do with age, sex, or marital status than with attitude, education and media exposure calling for stronger IEC strategy to fight S&D.

S&D continue against those who are infected and their families. HIV infection often becomes a defining characteristic in the lives of those affected. It becomes a determinant for their access to services, livelihood options, medical attention, and simple social exchanges. NACO has undertaken training of its staff at national and state as well as of personnel who will directly interact with persons accessing services under the NACP in S&D. However, despite NACO’s directives, states such as Karnataka are yet to establish grievance redressal mechanism.

IV. D. 2. ESTABLISHMENT OF CBO AND CBO NETWORKS

There is an effort to establish TI programmes through CBO. A total of 59 TIs for FSW and MSM is established and functional in the high prevalence states of Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu and low prevalence states of Gujarat, Kerala and West Bengal (table 4.4). In order to ensure peer support and learning, networks of these institutions are supported in particular through Bill and

Melinda Gates Foundation work in country. Further, this initiative is being supported in diverse ways depending on the nature of the marginalized population that needs to be supported. Separate guidelines are in place for each of the HRG and for migrants and truckers. Technical Support Groups are also established in institutions that are well versed with their issues and considered able to ensure adequate relevant attention to their needs.

Table 4.4: CBO led TI			
SACS/DACS	Number of CBO led TI		
	FSW	MSM	Total
Andhra Pradesh	5	1	6
Tamil Nadu	-	3	3
Ahmedabad	1	1	2
Gujarat	2	10	12
Kerala	6	4	10
Karnataka	7	2	9
Mumbai	4	7	11
West Bengal	4	2	6
Total	29	30	59

IV. D. 3. GREATER INVOLVEMENT OF PEOPLE LIVING WITH AIDS

NACP III outlines steps for establishing systems, structures and various activities to meaningfully involve PLHIV in programme design and implementation. In addition, reduce S&D associated with the infected and affected persons and enhance their access to prevention and quality treatment, care, insurance and legal services.

Support for networks of PLHIV: An important feature of the programme is its attention to the support of district, state and national networks of PLHIV. PLHIV are seen as an important resource in mobilizing HRG's access to prevention; counselling and testing; and CST services. They also advise SACS and at times serve on their Boards and Committees. They also run several services: in particular CCC and Drop In centres.

Support from NACO has enabled INP+ in establishing and strengthening 22 state level networks and 221 district level networks of PLHIV for mobilising communities and ensuring their access to services, such as ART centres, CCC, and Drop-in Centres. The Greater Involvement of People living with HIV/AIDS (GIPA) Policy was developed through a consultative process and is likely to be finalized soon.

Drop in centres: Drop in Centres (DICs) have been set up, with support from NACO primarily in A & B category districts in the country. There are currently 208 DICs in the country managed by PLHIV district

level networks and NGOs. NACO has encouraged PLHIV networks to manage DICs in the districts, which provide a platform for psycho-social support to PLHIV and linkages to services. They are also given counseling on nutrition, adherence and legal issues.

IV. D. 4. FAITH IN ACTION

On 2 June 2008, over 70 prominent faith leaders from Hindu religious groups across India united at the first meeting of 'Faith in Action: Hindu Leaders Caucus on HIV and AIDS' — held at the Art of Living International Centre in Bangalore — to declare their support for incorporating HIV information to their discourses, rituals, festival celebrations, religious education and training of future faith leaders. The leaders agreed to collaborate in the national efforts and reverse the AIDS epidemic. A joint declaration against AIDS was signed wherein Hindu leaders committed to working with the NACP to spread HIV awareness among youth and end stigma and discrimination against people affected by HIV. Since then a number of leaders have incorporated HIV messaging to their religious discourses in large gatherings. In order to synergise these responses and organise them in a sustainable manner at the state and district levels, Art of Living Foundation specially identified coordinators from their youth body — World Alliance of Youth Empowerment — to work in partnership with SACS in 16 states.

IV. D. 5. STATE INITIATIVES FOR MAINSTREAMING HIV

For a strong multi-sectoral response to HIV-AIDS, State councils on AIDS are constituted in 25 states and Union Territories. Their aim is mainstreaming HIV and AIDS issues into policies and programmes of Government Ministries and Departments, corporate sector and civil society organisations to make the response to the epidemic as everyone's agenda. Over 200,000 people from different Ministries and Government Departments are trained and sensitised on HIV-AIDS. Some of the key initiatives undertaken at state level for generating cohesive response to the epidemic is provided below.

Tribal Action Plan: NACO — with the Tribal Welfare Department — has finalised the Tribal Action Plan that aims at specifically addressing the vulnerabilities of tribal population to HIV-AIDS given their limited access to and knowledge of HIV-AIDS and poor access to health services. Reaching this population is a challenge as majority reside in geographically remote areas. It is envisaged that through the Tribal Action Plan — which is rolled out in 44 category A and B districts across 9 states — and the 192 Integrated Tribal Development Projects to be executed in priority districts; this population group's vulnerabilities will be reduced substantially.

Below poverty line cards: Certain states such as Orissa have issued Below Poverty Line cards (BPL) to PLHIV as a mechanism for ensuring access to free/subsidized food and housing facilities. In Tamil Nadu and Andhra Pradesh, 10 legal aid centres are established in each state. The SACS in West Bengal and Andhra Pradesh include PLHIV in the Executive Committee of the quasi-government society.

Nagaland institutes AIDS friendly actions: In a landmark decision, the Nagaland State Council on AIDS — the highest decision-making body on HIV-related issues in the state — on 29 April 2009 approved a new State AIDS Policy under the chairmanship of Chief Minister Neiphiu Rio. The new policy fulfilled a long standing demand from networks of people living with HIV and the civil society organizations. It delineates the state government's commitment to scale up prevention, harm-

reduction, treatment and care programmes through ensuring quality health care delivery system. The policy provides special emphasis on women and children to protect human rights issues and reduce vulnerability to HIV. Nagaland being one of the six high prevalence states in India, the new state policy on AIDS better equips the state's response in allocating appropriate resources for HIV as a priority issue in the state.

Incorporation of HIV-AIDS in their Party manifestos by Political parties in Andhra Pradesh: In a milestone in the political response to HIV in India, over 100 elected state legislators in Andhra Pradesh pledged to incorporate the goal of Universal Access to HIV services in their political manifestos. The legislators, hailing from 15 major political parties in the state, met at a special all-party meeting organised on 21 February 2009 by the Legislators Forum on AIDS and the State AIDS Control Society. They signed a joint declaration of intent to integrate HIV issues to their official electoral campaigning during the state's next election. This action ensured that HIV would be high in the political priorities, irrespective of whichever party came to power in the state. The all-party pledge was preceded by several consultations and interactions between legislators and affected communities including sex workers and sexual minorities and signified a major step forward in the political response.

National Policy on HIV and AIDS and the World of Work: The world of Work becomes the most suitable platform for mainstreaming HIV and AIDS because more than 90 % of HIV infections are in the productive age group. With this view, the Government of India has adopted the "National policy on HIV/AIDS and the World of work", which was launched by Shri Mallikarjun Kharge, Hon'ble Union Minister of Labour and Employment, on 30 October, 2009 in New Delhi. It is broadly based on code of conduct prescribed by the International Labour Organisation and aims to minimize the discrimination of PLHIV at places of work. It covers both organized and unorganized sectors and will help generate awareness about HIV/AIDS, encourage action to prevent its spread and further improve and develop the support and care initiatives at the workplace. The policy aims at preventing transmission of HIV infection amongst workers and their families; protect right of those who are infected and provide access to available care, support and treatment facilities, deal with issues relating to stigma and discrimination related to HIV/AIDS by assuring them equity and dignity at the workplace and ensure safe migration and mobility with access to information services on HIV/AIDS.

Trainings of Self Help Groups: For increased awareness, addressing HIV associated stigma and discrimination, and empowering rural women to protect themselves, Women Self Help Groups are being trained on HIV-AIDS issues through a systematic three step approach. The training involves support from State Institutes of Rural Development and NGO. Three trainings of master trainers have been executed at the national level. These master trainers thus empowered are vested with the responsibility to conduct trainings across fifteen states and 80 districts: ultimately reaching over 100,000 women.

IV. D. 6. CAPACITY BUILDING OF HUMAN RESOURCES THROUGH MULTISECTORAL COLLABORATION

Recognizing the importance of well-trained human resources at all levels of programme implementation, NACP-III developed a plan for building capacity of the programme managers and health personnel at the various levels — through partnership with Ministries and stakeholders — in leadership and strategies management, and technical and communication skills and also community level workers. The plan targets all levels of care and health care organizations, CBO and NGO, as well as grass-root levels functionaries and workers of various government departments. The progress in capacity building of various health personnel including community level workers through induction, refresher and other

training programmes during NACP is highlighted in the exhibit below. The scale up in induction and refresher courses for doctors, counsellors, lab technicians, NGO workers, data entry operators and community level workers is evident with a total 972,844 trainings executed during 2007 – 2010 (table 4.5)

Table 4.5: Progress in capacity building of health personnel under NACP-III (April, 2007-January 2010)				
Category	No. trained			
	Induction	Refresher	Others	Total
Doctors	45,524	16,636	21,763	83,923
Counsellors	49,172	39,215	11,201	99,588
Nurses	10,158	44,881	507	55,546
Lab Technicians	10,399	35,605	783	46,787
NGO Workers	30,426	10,095	31,072	71,593
Data Entry Operators	5,036	346	1,085	6,467
Community level workers	1,53,565	18,721	4,36,654	6,08,940
Total	3,04,280	1,65,499	5,03,065	9,72,844

IV. D. 7. NEW INITIATIVES FOR CAPACITY BUILDING

Indian Institute of Advanced Nursing: Through a unique public-private partnership between the Ministry of Health and Family Welfare, the Tamil Nadu State Government, the Indian Nursing Council and the Clinton Foundation; the Indian Institute of Advanced Nursing will be the first postgraduate nursing institute specializing in HIV-AIDS in the world. The Yale University School of Nursing, as the technical partner, will develop curricula for a range of post-graduate nursing courses on offer at the nursing instituted.

Once the institute becomes fully functional; it is expected that within three years, it will train around 15,500 nurses from India and other countries. This will either be directly or through Training of

Trainers. It is envisaged that the training thus imparted to nurses will contribute to an increase in the number of PLHAs receiving treatment through ART Centres by 35%.

Diploma Programme in HIV Medicine: The National AIDS Control Board on 23 December 2009 approved a proposal for launching a post-graduate Diploma programme in HIV Medicine. This one-year course is planned to be rolled out in 2010 by NACO in collaboration with the Indira Gandhi National Open University which will have a dedicated 'HIV Medicine Cell'. This educational programme will help standardise HIV Medicine training and bridge the gap in availability of trained manpower for ART centres.

M&E System Strengthening Tools (MESST) Workshop: The Department of AIDS Control, in collaboration with UNAIDS, organized a National Stakeholders Workshop on assessment and strengthening of MESST suggested by the Global Fund on 18 and 19 February, 2010 in New Delhi. The workshop, inaugurated by Secretary & DG, NACO, was attended by 73 participants including State M&E Officers from selected SACS (Andhra Pradesh, Karnataka, Delhi and Gujarat), and M&E representatives from all the Principal Recipients and selected Sub-Recipients of Global Fund projects, and NACP-III Development Partners, and officers from the Department of AIDS Control.

Fig 4.27: Shri K. Chandramouli, Secretary & Director General, NACO with participants and resource persons at the inaugural of the MESST workshop on 18 February, 2010



V. BEST PRACTICES

Several Best Practice models have been developed through the initiatives and efforts of the Government of India, State Governments, NACO, SACS, development partners and local NGO/CBO partners. These include India's experience with the Red Ribbon Express, Parliamentarian Forum and Legislators' Forums in several states, reading down of Section 377 of the Indian Penal Code, development of a national policy on HIV and AIDS and the world of work, establishing Link ART Centres and provision of pensions and railway concessions for PLHAs.

V. A. RESULTS FRAMEWORK DOCUMENT OF THE PRIME MINISTER'S OFFICE

The Hon'ble Prime Minister has approved a 'Performance, Monitoring and Evaluation System' as an important initiative of the Government of India for vision-driven results. The Results Framework Document (RFD) for individual departments is the cornerstone of this initiative and is required to be submitted every quarter.

The RFD of the Department of AIDS Control provides a summary of most important results that the department expects to achieve. It has the following five sections:

1. Vision, mission, objectives and functions
2. Priorities among key objectives, success indicators and targets
3. Trend values of the success indicators
4. Description and definition of success indicators and proposed measurement methodology
5. Specific performance requirements from other departments

The RFD for January-March 2010 developed by the Department of AIDS Control and finalised in December 2009 after incorporating recommendations of the Ad-hoc Task Force. It has been signed by Mr. Ghulam Nabi Azad, Hon'ble Union Minister for Health & Family Welfare and Shri K Chandramouli, Secretary, Department of AIDS Control & Director General, NACO. A Results Framework Management System developed by the Department of Performance Management in collaboration with the National Informatics Centre helps in monitoring the progress on the indicators identified in the RFD. The RFD for the year 2010-11 has been finalised in March 2010. The RFDs are also shared with the public and have been put up on the NACO website for wider dissemination.

V. B. DIRECTIVE OF THE SUPREME COURT OF INDIA

In response to a Public Interest Litigation, the Hon'ble Supreme Court of India reviewed the steps taken by NACO to respond to HIV-AIDS and the services being provided to PLHA. In this regard, the Hon'ble Court has issued directives for enhancing the extent and efficacy of treatment administered to PLHA. NACO has therefore taken the following steps to ensure compliance with the Court's directives:

- Ensuring that all A & B category districts have at least one fully functional ART centre in the states by 2009.
- Identifying sites for Link ART Centres(LAC), based on guidelines. NACO informed the concerned SACS so that necessary administrative sanction is issued and required refurbishment, training of LAC's manpower, etc., are carried out. LAC will need to be operational at the earliest so that PLHA do not have to travel long distance to access ART.
- All states to identify sites for future ART centres — as per GFATM Rounds 4 and 6 targets — so that CD4 machines can be procured accordingly. NACO has entered into a comprehensive maintenance contract for CD4 machines so that any fault or breakage in the machines is rectified at the earliest. The aim is to ensure that all PLHA and Children living with HIV/AIDS registered with ART centres undergo a CD4 test as per National ART Guidelines.
- All ART centres have a complaint box so that the PLHA can enter their grievances. The Nodal officers are expected to review the complaints weekly and take the necessary action in a timely manner. Further, a state level committee is being constituted in all states for addressing grievances at ART centre and routinely reviewing its functioning.
- NACO has already initiated procurement of drugs for Opportunistic Infections at regional level through State agencies having experience in this regard. Project Directors of SACS are required to ensure that these drugs are procured and supplied to all ART centres on priority basis.
- SACS are responsible for ensuring availability of adequate quantity of HIV test kits at all ICTCs and that there are adequate buffer stocks of test kits. Access to testing is a crucial component of NACP and availability of kits is the key factor for increasing HIV testing.

V. C. DECISION BY THE HON'BLE HIGH COURT OF DELHI

Through coordinated efforts of NACO, civil society and development partners for reforming structural impediments to HRG interventions; an affidavit was submitted to the Hon'ble High Court of Delhi in support of decriminalising article 377 on the Indian Constitution which criminalised homosexual relations. On 2 July 2009, the Hon'ble Court annulled the 150-year-old law — drafted during British rule of India — which criminalized “carnal intercourse against the order of nature” punishable by up to 10 years in prison. The court declared that section 377 of the Indian Penal Code violated the Fundamental Rights enshrined in Articles 14, 15, 19 and 21 of the Constitution of India and that consensual sexual acts of adults in private should not be criminalized. Chief Justice A.P Shah and Justice S. Muralidhar of the Division Bench have mentioned in their judgement that “The inclusiveness that Indian society traditionally displayed, literally in every aspect of life, is manifest in recognizing a role in society for everyone.” Relaxation of article 377 has facilitated scale up of Targeted Interventions (TI) for MSM and Trans-gender (TG) population. 132 TIs are now functioning exclusively for these groups.

V. D. PRESS COUNCIL OF INDIA

In November 2008, the Press Council of India — following revision of guidelines compiled in 1993 through a consultative process involving Indian media, government representatives, positive people's

network, health professionals and civil society organisations — issued a new set of media guidelines for reporting on HIV and AIDS. The guidelines were released on the occasion of the National Press Day at a function presided over by the Hon'ble President of India, Mrs. Pratibha Devisingh Patil. The revised Press Council of India guidelines form a major step forward in the HIV response by setting a benchmark for qualitative and responsible coverage of HIV-related issues.

V. E. MONTHLY PENSION FOR BELOW-POVERTY LINE ART PATIENTS

On 5th January 2009, the Cabinet of the south Indian state of Andhra Pradesh approved a monthly pension of INR 200 for each person living with HIV from below-poverty line families and undergoing ART treatment for a minimum of six months at the designated ART centres, and possessing white ration cards. This welfare initiative followed a public hearing in April 2008 and the presentation of a memorandum by the member of the Andhra Pradesh Legislators' Forum on AIDS to the Chief Minister seeking pensions for those on ART treatment. An estimated 40,000 people living with HIV from Below Poverty Line families in the state are expected to benefit from the pension scheme. The landmark measure will also help remove stigma and discrimination against people living with HIV.

V. F. TRAVEL & OTHER CONCESSION FOR PEOPLE LIVING WITH HIV

The Railways Ministry of the Government of India announced a 50% train fare waiver for PLHIV accessing ART services in February 2008. The Railway Ministry had, in September 2009, also agreed to extend this concessional travel arrangement to an escort of PLHIV.

In July 2009, the Government of India decided to provide *Antyodaya Annayojna* cards to poor PLHAs, making them eligible for getting subsidised ration.

These decisions resulted from NACO's sustained focus on mainstreaming HIV-AIDS and is a significant advance in provision of a supportive environment for PLHIV. Both the railway ministry and the food ministry have also agreed not to refer to such persons as HIV or AIDS infected but as persons with "immune deficiency".

V. G. RED RIBBON EXPRESS - A MASS MOBILIZATION DRIVE ON HIV AND AIDS

The Red Ribbon Express (RRE) is the world's largest mass mobilization drive on HIV and AIDS. The train will travel through 22 states, during its one year long journey, halting at 152 stations. Through the RRE, NACO intends to break the silence surrounding the issue of HIV and AIDS, by taking the messages on its prevention, care and support to people living in small towns and villages across the country. The aim is also to create an environment, free from stigma and discrimination faced by people living with HIV, so they can access the services, without fear and prejudice, and live a life of dignity. Regular newspaper reports suggest that the RRE has helped increase not only the awareness on HIV and AIDS, but also the utilisation of services. It has proved to be a successful multi-sectoral initiative of the NACO and a powerful advocacy tool, both at the state and district level, besides enhancing local capacity to deal with HIV prevention.

V. H. NATIONAL POLICY ON HIV AND AIDS AND THE WORLD OF WORK

The world of Work becomes the most suitable platform for mainstreaming HIV and AIDS because more than 90 % of HIV infections are in the productive age group. With this view, the Government of India has adopted the “National policy on HIV/AIDS and the World of work”, which was launched by Shri Mallikarjun Kharge, Hon’ble Union Minister of Labour and Employment, on 30 October, 2009 in New Delhi. It is broadly based on code of conduct prescribed by the International Labour Organisation and aims to minimize the discrimination of PLHIV at places of work. It covers both organized and unorganized sectors and will help generate awareness about HIV/AIDS, encourage action to prevent its spread and further improve and develop the support and care initiatives at the workplace. The policy aims at preventing transmission of HIV infection amongst workers and their families; protect right of those who are infected and provide access to available care, support and treatment facilities, deal with issues relating to stigma and discrimination related to HIV/AIDS by assuring them equity and dignity at the workplace and ensure safe migration and mobility with access to information services on HIV/AIDS.

V. I. LINK ART CENTRES

A NACO study on “Assessment of ART centres: Clients’ and Providers’ Perspectives” revealed that distance, travel time and costs were main constraints faced by PLHA. Based on these findings, NACO decided to set up Link ART Centres (LAC) to facilitate the delivery of ART services nearer to the beneficiaries. This is a low cost intervention which by ensuring easy access to ART, improves ARV drug adherence; as the LAC is set up in an Integrated Counseling and Testing Centre already functioning in Government health institutions –hospitals and Community Health Centres, expenditure is only on facility development, training and operational costs. Presently, 300 Link ART centre (LAC) have been made functional, and this number is likely to go to 450 by 2010.

V. J. SCORING GOALS AGAINST HIV /AIDS

Football matches with a difference. NACO could not have found a more innovative way of reaching out to the youth of Mizoram to give message on drugs, HIV and AIDS, than by using the competitive power of football matches. Aply called the Red Ribbon Inter village Football Tournament, it involved 212 teams, divided into four groups with 53 teams each. The total number of matches played were 207, more powerful was the fact that it was the first time that state level football matches were organised at the Village Council level. It was the biggest football tournament ever organized for the social cause of HIV and AIDS in the state of Mizoram. The matches started from January 2010 and concluded on 19 February 2010. 4,000 players who participated in the tournament wore jerseys with HIV and AIDS message written on it “Healthy living to prevent HIV/AIDS”. They took pledge to work towards stopping HIV and AIDS. They also willingly underwent HIV testing and donated blood. The football matches not only drew immense political support but also involved civil society, creating a collective ownership for all, on not just the football tournament but on the whole issue of HIV and AIDS. Nine matches were played after the quarter-finals; each was accompanied by a banner

competition. Besides this, SMS quiz competition on HIV and AIDS was organized for the spectators and the first correct SMS received a prize. Prizes were also given to the best supporting fans.

V. K. LINK WORKER SCHEME (LWS)

Under NACP-III, the Link Worker Scheme (LWS) was launched to saturate the reach of the HIV related services to the high risk groups based in the rural areas. The Link Worker Scheme was formulated for the rural areas of 187 highly vulnerable districts of the country. The LWS aims to address the complex needs of the rural HIV prevention, care and support through Identifying and training village level workforce of Supervisors, Link Workers and volunteers on issues of HIV/AIDS, gender, sexuality, STIs, mobilizing difficult-to-reach, especially vulnerable sub-populations including high risk individuals, youth and women, linking the HRG and vulnerable populations to STI, ICTC, ART services, generating volunteerism among the community for fighting HIV & AIDS, addressing issues regarding stigma and discrimination, condoms and behaviour change among youth. At present, the scheme is being implemented in 126 districts with support from GFATM, UNDP, UNICEF and USAID. It is proposed to expand the scheme to another 61 districts with support from GFATM Rd VII.

VI. MAJOR CHALLENGES AND REMEDIAL ACTIONS

VI. A. PROGRESS MADE ON KEY CHALLENGES REPORTED IN THE CPR 2008

In the CPR 2008, India had identified the main challenges facing the programme as:

1. Decentralized data: Specifically, the capacity of the states and the districts to effectively implement the strategies of Strategic Information Management and to appoint skilled human resource to manage the system. Ensuring the quality of data at all levels, and capturing data from private providers and civil society led programmes further add to the challenge.

Response: India has been able to make significant progress in meeting these challenges. Strategic Information Management Units has been put in place at the national and state levels. The MIS has been revamped using core indicators which have been agreed across a variety of development partners, and this system is beginning to yield data disaggregated by age and sex from CSO-run units in addition to SACS-run interventions. Finally, capacity development has been undertaken and training provided to a large number of key staff. The Strategic Information Management System project which is expected to be operational in 2010 is expected to streamline the collection and effective use of strategic management information.

As part of the ongoing efforts to improve data collection, data quality and address analysis gaps, a data quality assessment plan is being put in place which will help institutionalise routine data quality and gap checks. The recent initiative to develop epidemiologic profile of HIV situation in district/sub-district level using data triangulation involved data analysis/validation of various sources of data at the district level from 2002-2008 has yielded several benefits, including the finalization of district level information as well as capacity building of district level staff. It is also expected to address challenges with regard to quality issues. Efforts are being pursued with regard to collection of data from other sectors of the government and also the private sector.

2. ART cohort tracking specifically, difficulty with cohort tracking of ART and private sector data.

Response: Sustained progress is being made. Cohort tracking has been pursued vigorously with better results than before. Efforts have focused on addressing stigma and discrimination issues, the institution of LAC, and responsibility sharing with networks of PLHIV has improved the LFU rates. The project for introduction of the Smart Card across many geographic locations planned under GFATM Round VI will enhance tracking. The project when it becomes fully operational is envisaged as a key intervention to facilitate ART cohort tracking.

3. Capacity building specifically, in numbers and quality is a key challenge. The number of persons to be trained runs into millions. The subjects are very diverse and many times about attitudes more than skills. **Human resources**, i.e., making available in adequate number, skilled and effective human resource at all levels of programming.

Response: While the task before India was enormous, the progress in the past two years has been massive. NACO had planned and implemented systematic capacity building activities in collaboration with SACS and development partners. Huge numbers of staff and other personnel, volunteers and supervisors have been recruited and trained through an unprecedented capacity development effort. Around 973,000 personnel including doctors, counsellors, nurses, laboratory technicians, NGO and community level workers have been trained through induction, refresher and other training activities

between April 2007 and January 2010. Facilities that have been identified and developed for ensuring that the country could mount a satisfactory response include the State Training Resource Centres, the Centres of Excellence, the STI Apex and Regional Institutes, and the ART Training Centres. Outsourcing of selected programmes, such as training of Self Help Groups to National and State Institutes of Rural Development, also contributed in this respect.

The Department of AIDS Control organised a 4-day training retreat for Project Directors of SACS in September 2009. In recognition of their pivotal role in planning, training and effectively harnessing the work of human resources for HIV/AIDS control activities, two days were devoted for human resource management with resource drawn from faculty of the Xavier Labour Research Institute, Jamshedpur.

The same effort will be continued to ensure adequate trained manpower to support the activities as India moves ahead with its ambitious plans to saturate all HRG and the general population with high quality services. New initiatives underway include the setting up of Indian Institute of Advanced Nursing as a unique public-private partnership between the Ministry of Health and Family Welfare of the Government of India, the Tamil Nadu State Government, the Indian Nursing Council and the Clinton Foundation. Envisaged as the first postgraduate nursing institute specializing in HIV/AIDS in the world, the new institute, within just three years after becoming operational, is expected to train around 15,500 nurses from India and other countries either directly or through Training of Trainers, and contribute to an increase in the number of PLHAs receiving treatment through ART Centres by 35%.

4. Governance: This specifically referred to the challenge of ensuring operation and functioning of governance structures and that civil society federation or networks that adequately represent the voice of civil society across the regions and typologies are supported.

Response: Every effort has been made to ensure that the governance structures that were put in place functioned effectively. A third of all states report having a functioning Legislative Forum and several have taken steps in support of PLHIV as reported elsewhere in this report. State Councils on AIDS have been formulated in 25 states and these are also functioning. Nevertheless, more needs to be done and the programme shall endeavour to do more and better.

Networks of HRG have been supported in the country. The Integrated Network for Sexual Minorities (INFOSEM), the Indian Harm reduction Network (IHRN) and a network of FSW have been supported directly by the government or through development partners. The INP+ and the Positive Women's Network have been at the forefront of the country's response to HIV and function as watchdogs. Finally, all of these various mechanisms have woven into a seamless pattern that has stitched together such achievements as the reading down of the regressive law on same sex partnerships.

VI. B. CHALLENGES FACED THROUGH THIS REPORTING PERIOD

Challenges that face the country during the reporting period include:

1. Need for greater scale up based on revised estimates. Need for flexible planning to account for new typologies of HRG – the youth and those engaged in multiple partner sex

While there was a renewed focus on HIV testing for HRG, monitoring of TI continued with attention on line listing of beneficiaries, ensuring adequate free supplies of condoms, effective outreach focused on those at highest risk, i.e., the youth and those engaged in multiple partner sex. While proposing their Annual Action Plans for 2010-11, some SACS have adjusted their TI Target taking into account the new

size estimates based on the findings reported by mapping studies in those states. Revision of TI norms has been undertaken to be able to reach those less accessible, but at high risk.

Migrant strategies are receiving increasing attention with the Behavioural Surveillance Survey-2008 indicating an impact of migration contributing to HIV epidemic in Uttar Pradesh, Bihar, Orissa and West Bengal. Recognising the need for stronger and focussed intervention both at source and destination districts, NACO has planned to design interventions targeting high-risk behaviour. The migrant interventions will address unmet needs of returnee migrants, their spouses, and the potential ones at source by linking up existing services of Integrated Child Development Services (ICDS), *Rashtriya Swasthya Bhima Yojana* and HIV-related health care. Intensification of interventions at destination through engaging management structures, informal networks of labourers and contractors is also undertaken.

Under the Opioid Substitution Therapy (OST) initiative, a medical intervention that helps IDUs stop injecting drug use, 53 OST centres have been contracted by SACS to implement the programme after accreditation by an independent body, the National Accreditation Board for Health Providers (NABH). The National AIDS Control Board (NACB) decided, at its meeting held on 23 December 2009, that the contracting of TI NGOs will be for a period of 24 months with evaluation conducted in 21st or 22nd month.

Following the successful completion of epidemiological profiling of HIV situation using data triangulation in 182 districts of seven states, a Working Group on Reprioritisation of Districts has been constituted on the directions of the Secretary and DG, NACO in December 2009 to *inter alia* develop a framework for prioritization of districts based on multiple data sources used in data triangulation.

2. Disseminate HIV-AIDS information and improve quality of basic services for key target populations by capacity building of health service centres' staff.

Further IEC activity is necessary to ensure that the populations at lower risk of HIV are well informed about the epidemic and the steps that they can take to avoid infection. There is also need to ensure that those amongst them who are at some risk have access to basic services including provision of condoms, management of STI/RTI, PPTCT and ICTC. Accurate estimation of need is necessary to ensure that efforts to reduce risk through various interventions are accurately directed and counted, so as to ensure optimum uptake of services. Finally, it is important that the capacity of the general health services be enhanced to take up basic services under this programme as they become mainstreamed.

3. Demand generation for condoms and identification of adequate delivery mechanisms to ensure supply.

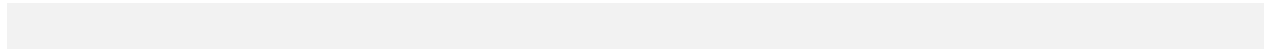
Following the encouraging results achieved in NACO's Targeted Condom Social Marketing phase-I, the programme has been further scaled up to cover 294 high HIV prevalence, high fertility districts in 25 states of India. 464,000 condom outlets serviced by the programme distributed 234 million pieces of condoms from April 2009 to January 2010. Six social marketing organisations are implementing the programme effectively from April 2009. Clear strategies for improved condom offtake and supply are necessary as the country moves forward in the HIV programme. Close coordination between the condom and TI divisions is important as is be the coordination with the National Rural Health Mission.

4. Monitoring of CST programmes on the ground needs to be improved as also its ability to reach those most in need. Increased access to ART by HRG is necessary.

Coordination between ICTCs and ART centres requires to be further strengthened, as do efforts on reduction of stigma and discrimination. Guidelines for confidentiality also need to be in place. The gender gap among children on ART requires to be examined. The country needs to review its options in respect of providing second line ART.

5. Increased granularity of data would help to ensure better planning of services. Improvement in quality and regularity of data is necessary.

There is need to strengthen M&E capacity and institutionalize systematic capacity building at state and district level. Existing databases require updation and cleaning up through exercises, such as data triangulation recently undertaken; data dictionaries need to be developed to facilitate data analysis.



VII. SUPPORT FROM THE COUNTRY'S DEVELOPMENT PARTNERS

VII. A. DEVELOPMENT PARTNERS IN THE COUNTRY

Several donors, bilateral organizations and private foundations support NACO or specific interventions in India. The principal support comes from the World Bank, the DFID, the PEPFAR, the Centres for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID), besides private foundations such as the Bill and Melinda Gates Foundation (BMGF) and the Clinton Foundation. A major recent funder is the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). Smaller bilateral agencies support NACP through UNAIDS, international and national NGO and private sector players.

Budgetary allocation: The total budgetary allocation for NACP-III for 2007-12 is INR 115,850 million. Of this, 67.2 percent is allocated for prevention among high-risk groups and general population, 17 percent for care, support and treatment of people living with HIV-AIDS, 8 percent for programme capacity strengthening, 3 percent for strategic information management including monitoring and evaluation, surveillance and research, and 5 percent for contingency.

The External Aid Component represents 69 percent of the total budget for NACP-III (Table 7.1).

Table 7.1: Sources of NACP III budget

Sources		Amount (INR million)	Amount (USD ⁶ million)
Government of India		28,610	621.9
External Aid Component			
	World Bank	13,280	288.6
	DFID	8,080	175.6
	GFATM (II, III, IV & VI)	17,870	388.4
	GFATM Future Rounds	10,140	220.4
	USAID	2,250	5.4
	<i>Subtotal</i>	51,620	1122.1
Outside Government (Direct Funding from other donors)			
	UN	2,520	54.7
	DFID	540	11.7
	BMGF	14,250	309.7
	USAID	4,500	97.8
	Clinton	1,130	24.5
	Other Bilateral	630	13.6
	Other Foundations	1,550	33.6
	EU	770	16.7
	<i>Sub Total</i>	25,890	562.8
	Private	4,500	97.8
	Other Sources (to be identified)	5,230	
	Grand Total	115,850	

⁶ At the conversion rate of INR 46 to USD 1.

VII. B. DETAILS OF PARTNER SUPPORT

The UNDAF and NACP-III framework form the guiding documents for the UN support. The **joint UN support plan** (including 11 UN organizations) details the technical support that the UN system is providing to all four components of the AIDS control programme at national, state and district levels. This includes support to the TI Programme, to IEC, ART including paediatric ART, PMTCT and C&T, Education, Gender, STI, Blood safety, and to surveillance and M&E. The focus of the UN support is primarily in the Northeast region and the 6 UNDAF states.

The **GFATM** supports the following NACP programme areas: PPTCT, TB/HIV collaboration, Care and Support including ART, DIC, and CCC. In addition GFATM funds are used for capacity building of nursing schools, counsellors, and for the rural link worker scheme in high prevalence districts. GFATM support is also used for capacity building of PLHIV networks, MSM, IDU TI and strengthening of the informal sector.

The **World Bank and DFID** have pooled funds with the Government of India to support the NACP III in India. They provide support for the entire range of activities under the programme.

The **US Government** support, through the US President's Emergency Plan for AIDS Relief (PEPFAR), to Government of India's HIV control efforts is on key priority areas are health systems strengthening, integration of HIV/AIDS services within general health systems and gender equity. The programme focuses on four priority states: Tamil Nadu, Maharashtra, Andhra Pradesh and Karnataka with additional technical support to the North-East, Kerala, Goa, Uttar Pradesh and Uttarakhand. India became a part of the PEPFAR initiative in May 2005. Funding for PEPFAR in India averages \$30 million annually.

The USAID supports several initiatives including the AIDS Prevention and Control Project implemented in Tamil Nadu, the AVERT society in Maharashtra to reduce transmission among sex workers and mitigate the impact of sexually transmitted infections, work in Karnataka through the *Samastha* project. USAID provides assistance for Private Public Partnership through the Connect project and further provides technical assistance at national and state level through the Samarth project.

The Centers for Disease Control and Prevention (CDC) provides technical assistance at the national level by supporting health systems strengthening in laboratories, use of strategic information, and building human capacity. Key human capacity building efforts support training of nurses to improve HIV prevention and care and training of HIV epidemiologists to support the use of data for decision making. Additional support is provided to the ILO by the US Department of Labour for workplace HIV prevention and to the uniform services by the US Department of Defense for care and treatment.

The **Bill and Melinda Gates Foundation** (BMGF), through its India AIDS Initiative *Avahan*, supports prevention interventions among key HRG. Technical and management support is extended in the areas of FSW, MSM/TG, IDU interventions and for truckers and condoms, STI management and M&E, and technical and planning support for IEC for condoms and STI. BMGF also supports the National Technical Support Unit, State Technical Support Units in Andhra Pradesh and Tamil Nadu, and the North East Regional Office of NACO.

Avahan supports a programme for truck drivers on highway and strategic initiatives including integrated communications, advocacy, knowledge building and impact monitoring and capacity building. *Avahan* has successfully implemented prevention programmes in six states, with a combined population of 300 million people. Within these states, it provides prevention services to nearly 200,000 FSW, 60,000 high-risk MSM and 20,000 IDU, together with 5 million men at risk. *Avahan's* implementation of HRG interventions is a critical component of NACP III's main focus: prevention, especially prevention with HRG – *Avahan* operates in over 75 districts in the six high prevalence states. *Avahan* is beginning to

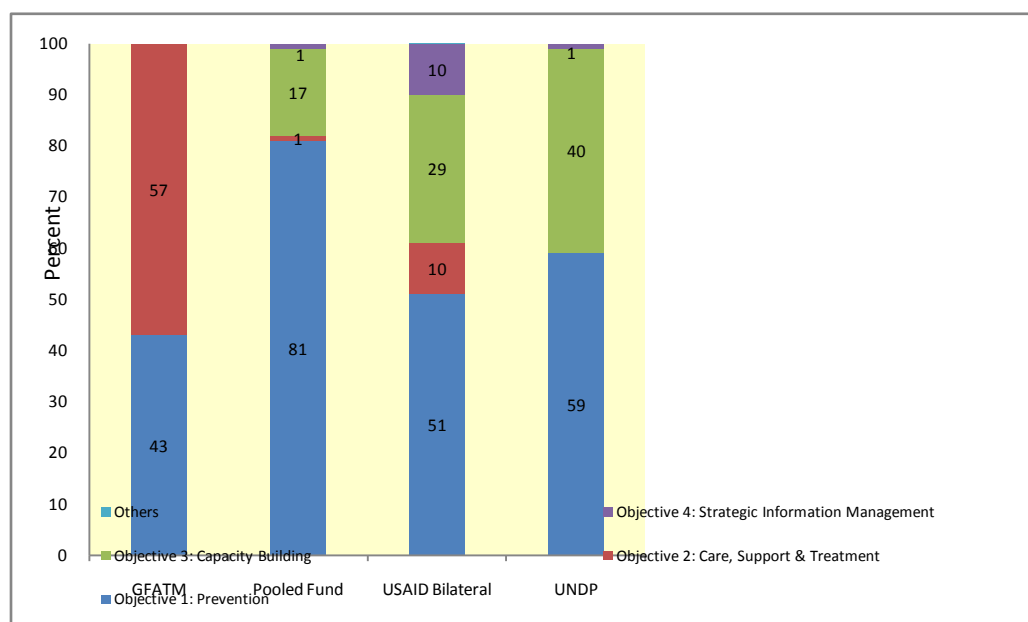
hand over the programme to the Government of India and communities and has also begun disseminating the key learning.

The **Clinton Foundation** supports the Paediatric ART intervention in India besides rehabilitation of the infected and affected children. It also assists NACO in training private sector doctors in HIV/AIDS care and treatment and is collaborating with NACO to establish a Centre of Excellence in HIV Nursing on a PPP model to provide in-service training to nurses.

VII. C. DISTRIBUTION OF EXTERNAL FUNDING SUPPORT

The major donors include i) Pooled fund contributors, i.e., World Bank and DFID, ii) GFATM grants (round 2, 3, 4, 6 and 7) where Government of India is a principal recipient, iii) USAID, and iv) UNDP. As can be seen from Fig 7.1, the GFATM grant is focusing only on Objective 1, i.e., Prevention and Objective 2, i.e., Care, Support and Treatment. According to the very broad classification based on the round-specific funding, GFATM (all rounds put together) has slightly higher focus on prevention (57 percent), with the rest (43 percent) comprising care and support activities.

Figure 7.1: Distribution of mobilized funds under External Aid Component by NACP III objectives

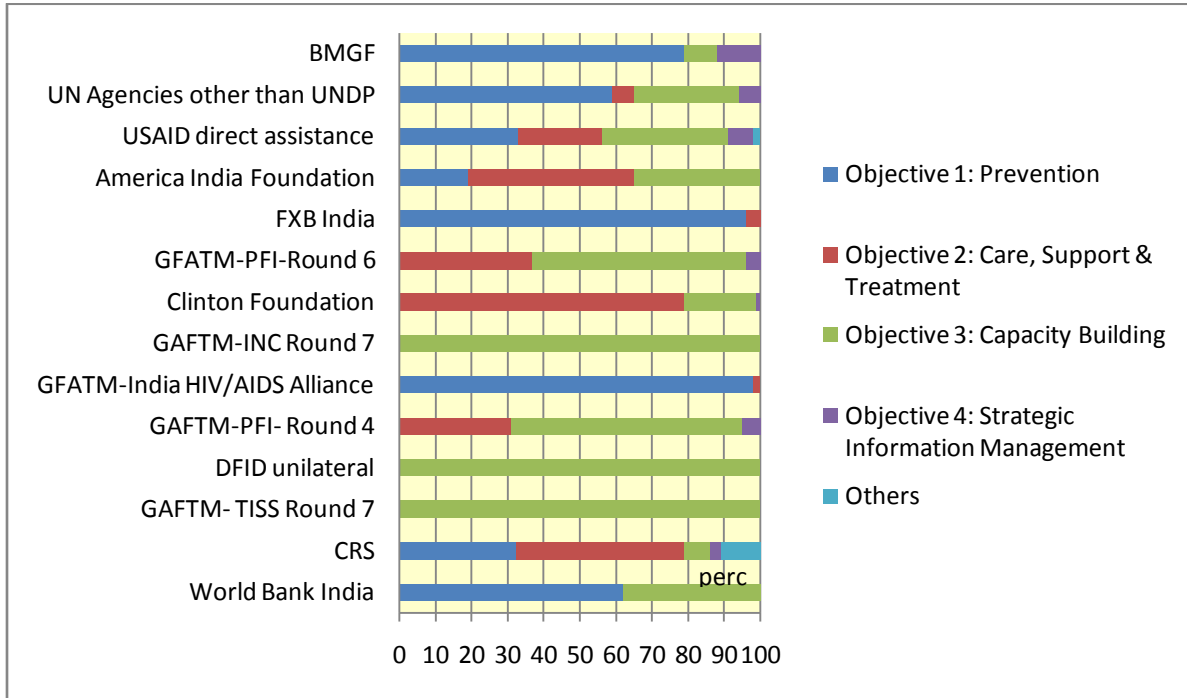


This distinction, however, is not strictly correct as many capacity building activities including training does happen under other NACP objectives as for example Prevention and Care. The pooled fund largely focuses on prevention activities (81 percent), with some proportion of it allocated for capacity building as well. USAID's bilateral support is a part of external aid component; it spends half of its funds for prevention activities with another fourth for capacity building. The UNDP spends on prevention (59 percent) and capacity building (41 percent).

In terms of distribution of funds by the NACP objectives, while DFID Unilateral and GFATM Round 7 focus mainly on capacity building, the BMGF, FXB International, and India HIV/AIDS Alliance heavily focus on prevention. The Population Foundation of India (GFATM Round 4/6) focuses on care & support

and capacity building, and the UN agencies as well as USAID unilateral support are evenly distributed across all four objectives (Figure 7.2).

Figure 7.2: Distribution of extra-budgetary resources by NACP III Objectives



VIII. MONITORING AND EVALUATION ENVIRONMENT

Establishing a nationwide strategic information management system for HIV is one of the four core programme components laid out in the NACP III. Following the “Three Ones” principle, The NACP III considers a strong Strategic Information Management System (SIMS) as an ‘early warning mechanism,’ for effective evidence-driven management. NACO is committed to strengthening the Monitoring and Evaluation (M&E) system countrywide so that issues related to data collection; compilation; analysis and use are effectively addressed. This involves establishing and strengthening institutional mechanisms and capacities at National and state level.

To maximize effective use of all available information and implement evidence based planning, NACP-III has established a Strategic Information Management Unit (SIMU). Whilst it is set up at national level; it is being institutionalised at state levels for maximizing effective use of all available information and inform evidence based planning. SIMU aims at guiding data collection, compilation, analysis and its use. It involves establishing and strengthening institutional mechanisms and capacities at National and sub-national levels. SIMU assists in programme implementation by tracking the epidemic, assessing the effectiveness of the response to evaluate achievement by NACO, SACS and all partner organizations in fulfilling their commitment to meet agreed objectives.

The M&E system is set up at national and state and select district level and consists of the three components of strategic planning, monitoring and evaluation, surveillance and research. It supports tracking the epidemic and the effectiveness of the response and helps assess how well NACO, SACS and all partner organizations are fulfilling their commitment to meet agreed objectives. Under NACP III, the five focus areas of work have been: i) support the development of national M&E frameworks, operational plans and budgets; ii) improve data use for programming and decision-making; iii) improve evidence-based results information; iv) renewing national and international partnerships; and v) generate and disseminate knowledge.

The main focus of SIMU in 2008 and 2009 continued to be on strengthening the national M&E framework and on generating quality information on the programme and the epidemic as highlighted below:

VIII. A. STRENGTHENING OF THE NATIONAL M&E FRAMEWORK

There is commitment for strategic collection and use of information for programme accountability and improvement to ensure quality and sustainability of programmes. With each year of implementation, the national programme has expanded its knowledge base of best practices and lessons learned which drives funding decisions and adjustments to ongoing programmes.

For improving quality of data collected and analysed—which was a challenge previously—during the previous two years, SIMU has continued strengthening its capacity to monitor the implementation of the programme and track outcomes and impacts of national efforts while giving strategic importance to generating new knowledge and finding improved approaches to strengthen data use and data dissemination. Through supportive supervision it aims at strengthening systems for better M&E.

VIII. A. 1. Strengthening and standardizing country information systems at decentralized levels

This section reports measures taken by the Government of India for strengthening decentralised programme implementation at two levels: at one level to develop capacity of programmers and officials in states and districts; and at the other level, to ensure efficient data entry and reporting through the CMIS — and the soon to be launched Strategic Information Management System (SIMS) — and collaborate with stakeholders to align national M&E core indicators.

VIII. A. 1. A. CAPACITY BUILDING OF OFFICIALS

With greater responsibilities allocated to the state and district level through SACS and DAPCU, NACO's role increasingly is focused on coordination; and guiding, monitoring and facilitating sharing of best practices and innovations across the SACS programmes. In order to assume this role, significant investment is required for building the capacity of managers and technical staff at the state level. NACO has a system for quarterly review and training based on assessment and updating the skill base. A total of 495 M&E officers at national level, 2535 M&E officers at state level and 12,393 civil society representatives have undergone M&E training during 2008 and 2009.

From 2008 onward, a series of regional training was conducted for enhancing the knowledge of national and state officers on M&E and epidemiology and strengthening their capabilities in application of bio-statistical methods using SPSS (Table 8.1). Following an induction training programme, two batches of advanced trainings for SACS M&E officers was executed in 2009 for capacitating over 30 officials. The trainings were modelled on the global M&E training programme held in Bangkok in October 2008 although moulded to ensure country relevance.

Table 8.1: M&E Training Programmes Conducted for Capacity Development

Training organized for:	Name of the training	No. of Participants	Date & Duration of the training	Venue
Monitoring & Evaluation Officer and TSU Team Leader (Strategic Planning)	Training on Bio-statistical methods & Analysis through SPSS	23	20-24 April 2009	CMC, Vellore
Newly appointed Monitoring & Evaluation Officer of Delhi, Goa, Madhya Pradesh, Himachal Pradesh & Orissa	Induction training	5	26-28 May, 2009	NACO, New Delhi
Monitoring & Evaluation Officer of North Eastern States and Union Territories	Training on Bio-statistical methods & Analysis through SPSS	17	3 - 6 August, 2009	Guwahati
Monitoring & Evaluation Officer of North Eastern States	Workshop for CMIS troubleshooting	8	3-5 September, 2009	Guwahati

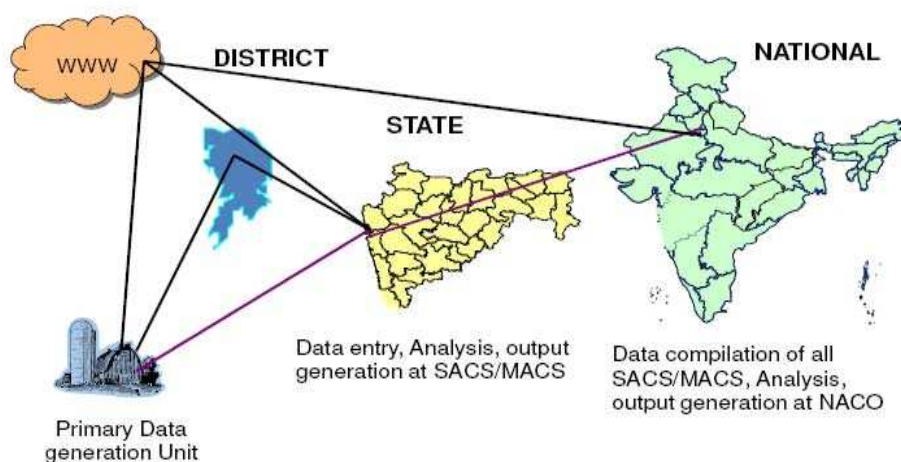
In addition, component specific consultations with M&E officers are undertaken — as part of NACO strategy of supportive supervision for capacity development — for assessing various officials' information needs, the current information sources with gaps and tools to address gaps for improving programme outcomes.

VIII. A. 1. B. COMPUTERIZED MANAGEMENT INFORMATION SYSTEM

NACP collects routine information on programme components from all states and union territories from Blood Banks, ICTC, STD Clinic, ART centres and from NGO implementing TI and CCC. This information is collected monthly through a comprehensive software called CMIS which is installed in all SACS. This routine data provides a wealth of information on health service statistics that informs decision making and day to day management decisions for making program results more effective. CMIS is an important source of data which gives early warning on non performances or issues.

Through the CMIS standardized reports and graphs and data are generated and extracted into MS Excel for a more detailed analysis. The reports, though generated at national level, can provide details of any reporting unit level for any selected period. The data flow is shown in Fig. 8.1.

Figure 8.1: CMIS data gathering



For improving timeliness and completeness of CMIS reporting — which was a challenge — a systematic approach was undertaken involving visits to major non-reporting states. This has resulted in rectification of problems of non-reporting. It has helped reinforce uniform tools through CMIS trainings along with ongoing mentored support.

Currently, CMIS is installed at all 35 SACS and 3 Municipal AIDS Control Societies. In the past year, many states have decentralized the systems and data gets computerized at district or facility level. The ART CMIS module is web-based and data from all ART Centres is directly uploaded on NACO server.

For enabling standardized recording and reporting from different centres; a set of Monitoring and Evaluation Tools and Formats are developed—example: Pre-ART register, ART enrolment register, patient ART record (White Card), patient ID card (Green Book), drug stock register, etc. Through these formats improved relevant information is made available and programme response better tailored. Its impact to the ART programme is briefly discussed ahead.

VIII. A. 1. C. STRATEGIC INFORMATION MANAGEMENT SYSTEM (SIMS) & ALIGNMENT OF NATIONAL M&E INDICATORS

The SIMS was developed as a mechanism for improving on the CMIS. Under CMIS, data are aggregated at national, state, district and sub-district levels through the various government reporting units; the challenge is integrating HIV data generated or captured by non-NACO funded HIV projects. It is envisaged that following the launch of SIMS; data generated at different levels could be

comprehensively utilised for guiding effective response formulation. Concerns over gaps in data reporting, data quality issues will also be addressed.

SIMS is a web-based application with a central server and sophisticated tools aiding in data analysis and integration from different data sources/platforms. It is proposed to increase the efficiency of computerized M&E system by having adequate data quality through centralized validated data. Data transfer mechanisms shall be improved by using the web-enabled application and efficient data management rights (Access Rights Control) from reporting unit to national level will be there. It will provide evidence to track the progression of epidemic with respect to demographic characteristics, geographical area including GIS support. It provides tools for better decision making through data triangulation from different sources and thereby facilitates ease of evaluation, monitoring and taking policy decisions at strategic or tactical level. The Built in rules, regulations and policies to facilitate alerts and data integrity checks, The Ad-hoc reporting through data warehousing, drill-down and slice-n-dice facility shall also be available through cubes.

It will be functional in 2010. For rolling out this system, a detailed systems requirement study was conducted in 2009. Data input tools —developed in consultation with all programme divisions — were submitted to the System Requirement Specifications (SRS) and Design Document for review to NACO. The User acceptance test was completed on November and pilot tested in the December 2009. The SIMS is expected to replace the CMIS in 2010.

The success of this strategy is dependent upon coherent alignment of all stake holders' indicators to form a set of national indicators for M&E reporting. Responding to the request made by civil society and development partners at the *National M&E Stakeholders' Workshop on Assessment and Strengthening of M&E Systems in India* (February 2010); NACO has taken the lead on this initiative.

For improved coverage and ensuring people's access to treatment, NACO is in process of implementing the "Smart Card" Project. This card would act as a portable medical record and would facilitate easy storage and analysis of data. To ensure electronic data for all PLHIV on ART, a drive was launched with the twofold objectives of improving the quality of the present system of the data entry at the ART Centres and to provide an impetus to complete the backlog of the existing incomplete records. The vision is to inculcate the importance of complete and correct record filling in the ART centre staff. After successful pilot project, the Smart Card system has been planned under GFATM Round 6.

VIII. A. 2. Monitoring trends in behaviours and HIV-AIDS prevalence

This section focuses on efforts for scaling up sentinel sites; undertaking HIV sentinel surveillance and behavioural surveys for guiding programme response and feeding towards planning of the NACP IV.

VIII. A. 2. A. SCALE-UP OF SENTINEL SITES FOR HSS 2009

The first HIV surveillance in India can be traced to 1985 when the Indian Council of Medical Research (ICMR) conducted surveillance on blood donors and people with STD. Subsequently, from 1992 — when NACO was established — periodic data generated therein through surveillance became an essential base for guiding programme response and ensuring the basic M&E function of the NACO. Whilst initial sentinel surveillance was confined to selected cities; subsequent to 1998, when NACO formalized annual HSS across the country, there has been a gradual scale up in the number of sentinel sites from 176 in 1998 to 1,215 in HSS 2008/09 across the country.

Given the importance of HSS data for understanding epidemic trends across geographic lines and population groups — pregnant women attending ANC, patients attending STD clinics, FSW, MSM, IDU, Single Male Migrants and Long distance Truckers — and estimating the number of HIV infected persons in the country for the programme; there is great stress laid by SIMU on data quality. This is aimed at through improvement in quality of the surveillance system by addressing technical and operational issues.

The following changes were successfully effected: initially, on the technical side in the recruitment strategy and the sample collection method at HRG sites; and, then, on the operational side through establishment of an effective and structured training programme and institutionalizing a strong monitoring and supervision system.

VIII. A. 2. B. BEHAVIOURAL SURVEILLANCE SURVEY

Three rounds of BSS have been conducted till 2009 - two at the national level in 2001 and 2006 and one at state level (both rural and urban areas) in 2009 in five high prevalence states: Andhra Pradesh, Karnataka, Manipur, Tamil Nadu and Maharashtra, and in selected districts of Uttar Pradesh. The objectives for the 2009 round was to measure changes in key knowledge and behavioural indicators among general population, HRGs and bridge population on HIV/AIDS and related areas since 2006. Additionally, highlight the impact of the interventions, identify problem areas, and provide data to be used for cross-country and cross regional comparisons of behavioural risks.

The population groups surveyed include FSW (brothel based and non-brother based), MSM, IDU including female IDU in Manipur, single male migrants, youth in general population (Urban and Rural) and male and female in general population (urban and rural). Thematic areas surveyed include knowledge of HIV-AIDS, transmission modes and prevention methods, stigma and discrimination, STIs, substance use, sex work and migration, sexual behaviour and condom use, injecting practices and needle sharing behaviour and practices, awareness of HIV and AIDS Programmes and exposure to interventions, risk perception and HIV testing, empowerment and community mobilisation. Key provisional data from the survey have been highlighted in Chapter II.

Integrated Biological & Behavioural Assessment: In addition, two rounds of IBBA were conducted in 29 districts in six high prevalence states in round one in 2006 and in all districts of Karnataka in round two in 2009. The IBBA covered FSW, Clients of FSW, MSM, TG, IDU, and Long Distance Truckers.

VIII. A. 3. Operational Research

NACO has led efforts to develop a national Evaluation and Research Agenda which will set up priorities for programme evaluation and research related to HIV in the country. Moreover, establish a system for ensuring good quality research and proper data dissemination and use by the national programme.

The main objective of the Evaluation and Research Agenda is to position NACO as the leading national body, promoting and coordinating research on HIV-AIDS nationally and in the South Asia region through partnership and networking with stakeholders, supporting capacity building for research through established national academic and other research institutions, and as the central repository of all relevant resources, research documents and data base on HIV-AIDS in the country.

NACO has taken the initiative to establish the network and put in place committees to support and oversee this process.

VIII. A. 3. A. NETWORK OF INDIAN INSTITUTIONS FOR HIV/AIDS RESEARCH

NACO has constituted a national consortium of research institutions for undertaking operational, epidemiological and bio-medical research in the field of HIV/AIDS. This consortium named the 'Network of Indian Institutions for HIV/AIDS Research (NIIHAR)' has linkages with universities, ICMR, CSIR, DST, ICSSR and others stakeholders including donor organizations engaged in the HIV/AIDS response. By pooling in resources and expertise to conduct high quality, collaborative, multi-centric research; evidence-based decision making on policy, management and evaluation of interventions will be enabled. During 2009-10, 15 Institutes joined as the member of NIIHAR taking the total membership to 42.

VIII. A. 3. B. NACO ETHICS COMMITTEE

The NACO Ethics Committee was constituted in 2008-09 to consider and provide ethical clearance for those research proposals and projects that involve participation and experimentation on human participants. That is, where their mental, physical, social and emotional health and well-being may be affected by the proposed research. The Committee thus is responsible for ensuring ethical implications of any research proposed to be undertaken are afforded serious consideration prior to the commencement of the project, and that such research is consistent with legislative and statutory requirements. The rationale for ethical approval is to ensure that the process of research is conducted 'ethically', responsibly, protects privacy and is not exploitative of participants. This involves establishing procedures for the informed consent of the subjects involved in research, as well as appropriate handling of the research findings (e.g., secure storage of data).

The NACO Ethical Committee consists of experts in bio-medical, clinical, epidemiological, behavioural and social disciplines. A legal expert and a civil society representative are included. Draft guidelines for NACO-Ethics committee and Standard Operating Procedures are developed and shared with the experts for further improvement. The Committee meets on a periodic basis. In 2009-10 they met thrice. The National Ethics Guidelines for Research in HIV/AIDS was finalized at a joint meeting of Technical Resource Group – Research and Development in January, 2010. A total 16 protocols have been recommended by the TRG on Research and Development and NACO Ethics Committee.

VIII. A. 3. C. TECHNICAL RESOURCE GROUP

The Technical Resource Group on 'Research and Development' meets at least once a year for identifying and agreeing on priority areas for evaluation and operational research in effort to better understand the dynamics of the epidemic and appropriate responses required. These priorities are determined following consultation with the various stakeholders: development partners, donors, members of the technical resource group and heads of various programme divisions. A range of disciplines are covered under this and include epidemiological, clinical, behavioural and social sciences.

Under the **Research Fellowships Scheme**; NACO awards fellowships to MPhil/MD/PhD scholars and helps build their capacity as young scientists undertaking HIV research or in inter-disciplinary fields. This includes operations research and for increasing skills in communicating research findings for impacting policy and programme. Research fellowships provide opportunities to young researchers to pursue research under experienced academicians and researchers. Any young scientist, below 35 years and with requisite educational qualifications can apply for the fellowship to carry out research relevant to

HIV-AIDS in bio-medical/clinical, epidemiological, behavioural and social disciplines. NACO awards up to 20 fellowships every year. The maximum grant for each fellowship is limited to Rupees 150,000.

Through coordinated efforts in **operational research**—and ensuring adherence with ethics standards—several studies have been completed whilst others are ongoing. Many studies were initiated in 2009 to inform the NACP-III Mid Term Review. Those concluded include: i) Assessing the coverage, efficiency and quality of STI services. ii) Assess the access and utilisation of PPTCT services as per the National package. iii) Assess how social inclusion and equity issues are being addressed in the programme; iv) Review the organisational capacity of NACO and SACS including efficiency, workload and cost; v) Analyse programme target and expenditure; vi) Assess quality of IEC strategy; and vii) Epidemiological profiling of HIV/AIDS situation at district and sub-district level using data triangulation.

Ongoing studies are on: i) Resistance to first line ARV drugs; ii) Baseline CD4 count of healthy adult population; iii) Factors affecting enrolment for ART; iv) Determinants of ARV drug adherence; v) Early Warning Indicators for Drug Resistance; vi) Assessment of Community Care Centres in India; and vii) HIV Case Reporting and Cohort Analysis of PLHA on ART.

NACO also reviews proposals on HIV/AIDS for research funding from foreign institutes/organizations received by the Department of Health Research and provides its comments to the Health Ministry's Screening Committee chaired by the Secretary, Department of Health Research and Director General, Indian Council of Medical Research.

VIII. A. 4. DISSEMINATION AND USE OF INFORMATION

For ensuring greater collaboration through information sharing and data resources; data sharing guidelines are developed. This is placed on the NACO website and is free for all institutions / organizations / stakeholders to access. If in need of data they can complete the data sharing request form and apply for data access. This request, once reviewed by the NACO officer is transferred to the designated approving authority that will either authorize or deny access depending on data availability.

Additionally, and for timely update and information availability of strategic information by M&E officers and stakeholders, the Strategic Information Management Division oversees periodic uploading — whilst ensuring quality — of correct and authentic data to the NACO website (www.nacoonline.org) Efforts are also underway to develop the website as a knowledge hub, provide more interactive features including Dashboard and Key Process Indicators (KPI's), Geographical Information System (GIS). Portal facility would provide Interactive Data; Messaging solution, Document Management Facility, Bulletin Board and Chatting Facility, Effective Feedback and Communication Facility.

In the context of increased availability of data and decentralized planning at the district level, NACO has recently undertaken the project titled "Epidemiological Profiling of HIV/AIDS Situation at District and Sub-district Level using Data Triangulation". During July – November 2009, the first phase was implemented in seven states (182 districts) and the second phase is in progress in twenty other states. The Broad objective of the project is to consolidate the epidemiological profiles (epidemic scenario and programme response) at district and sub-district level with respect to HIV/AIDS.

Specific objectives include:

- Identifying districts and focus areas within a district for priority attention in the Programme.
- Resource & information collection in a systematic manner to understand the epidemic and response gaps in the district and facilitate evidence-based planning at district and state level.

- Capacity building of district and state programme managers and M&E personnel in data analysis, triangulation, data quality assessment and use of data for planning & program review.

The exercise has been very successful and the experience has given some important lessons in terms of technicalities and operational issues.

Annex 1: National Funding Matrix

NASA was not carried out in India for the reporting years, hence details are set out in the UNGASS Guidelines are not available. The following table presents the expenditure in the programme under main activity categories.

Expenditure Consolidated Yearwise - NACO				
Components / Subcomponents	Expenditure from 1 April 2008 to 31 March 2009		Expenditure from 1 April 2009 to January 2010	
	(INR)	(USD*)	(INR)	(USD*)
Prevention (1)	4,749,841,000	103257413	3379644000	73470521.74
Civil works under PI	4,977,000	108195.6522	72000	1565.217391
STD Control	126,399,000	2747804.348	173788000	3778000
Condom Promotion	146,179,000	3177804.348	14544000	316173.913
NGO services for priority interventions	1,291,641,000	28079152.17	766882000	16671347.83
Mapping and other related activities	189,764,000	4125304.348	41657000	905586.9565
Technical Resource Groups (TRGs)	3,860,000	83913.04348	-157000	-3413.043478
Evaluation and JAT	7283000	158326.087	26488000	575826.087
IEC, Social mobilisation and Mainstreaming ^(a)	857742000	18646565.22	438124000	9524434.783
School/Colleges AIDS education programmes/formation	57034000	1239869.565	51648000	1122782.609
Integrated Counseling and Testing Centres under PI ^(b)	1004793000	21843326.09	649053000	14109847.83
Blood Safety	565855000	12301195.65	878154000	19090304.35
Family Health Awareness Campaign (FHAC) under PI	15939000	346500	2799000	60847.82609
Implementation of PMTCT Programme under PI	3254000	70739.13043	87000	1891.304348
External Quality Assessment Programme	144254000	3135956.522	8075000	175543.4783
Training under TI	62424000	1357043.478	39607000	861021.7391
Link worker scheme under TI ©	5924000	128782.6087	53836000	1170347.826
APAC/AVERT ^(d)	262519000	5706934.783	234987000	5108413.043
Care, Support and Treatment (2)	1111852000	24170695.65	2403253000	52244630.43
Civil Works under LA	0	0	0	0
Purchase of Equipment under LA	53000	1152.173913	0	0
Drugs for Opportunistic Infections/PEP/CD4/CD8 under LA	2730000	59347.82609	313000	6804.347826
Community Care Centres under LA	19626000	426652.1739	189000	4108.695652
IEC and Awareness Related to PLWAs under LA	195000	4239.130435	1477000	32108.69565
Consultant Services under LA	2004000	43565.21739	2300000	50000
Technical Resource Groups (TRGs) under LA	0	0	0	0
ART/CCC/COE ^(e)	1087244000	23635739.13	2398974000	52151608.7
Capacity Building (3)	783027000	17022326.09	637683000	13862673.91
Civil Works under IS	9115000	198152.1739	370000	8043.478261
Vehicles under IS	354000	7695.652174	139000	3021.73913
Sentinel Surveillance under IS	9898000	215173.913	0	0
Training and Fellowship under IS	33004000	717478.2609	6152000	133739.1304
HMIS and Monitoring and Evaluation under IS	1149000	24978.26087	0	0
Operation Research/Policy and Other Studies/Cause of Death Studies/Research and Development under IS	96000	2086.956522	0	0
Technical Resource Groups (TRGs) under IS	0	0	0	0
Salary of Staff under IS	288015000	6261195.652	304245000	6614021.739
Administrative cost of DAPCU staff	11396000	247739.1304	51428000	1118000
Furniture & Supplies and Office Equipment under IS	26689000	580195.6522	15143000	329195.6522
Equipment Maintenance under IS	6458000	140391.3043	8635000	187717.3913
Building Maintenance under IS	16365000	355760.8696	3948000	85826.08696
Vehicle Maintenance under IS	16677000	362543.4783	15758000	342565.2174
Operational expenses under IS	214575000	4664673.913	217032000	4718086.957
Meeting expenses	5112000	111130.4348	1197000	26021.73913
Consultancy services under IS	5895000	128152.1739	0	0
Training & capacity building of staff & DAPCU	8468000	184086.9565	7624000	165739.1304
Infrastructure and computers	118528000	2576695.652	2460000	53478.26087
Need-based requirement for SACS office	11233000	244195.6522	3552000	77217.3913

Strategic Information Management (4)	52414000	1139434.783	19492000	423739.1304
IEC and Awareness under IC	21065000	457934.7826	0	0
Operational Research/Policy and other studies/Cause of Death Studies/Research analysis	82000	1782.608696	0	0
Sentinel Surveillance under IC	30641000	666108.6957	18616000	404695.6522
Training and Fellowship under IC	393000	8543.478261	0	0
HMIS and Monitoring and Evaluation under IC	233000	5065.217391	876000	19043.47826
Grand Total	6697134000	145589869.6	6440072000	140001565.2

* At a conversion rate of INR 46 to USD 1.

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CRIME

IN

INDIA

2008

STATISTICS



**NATIONAL CRIME RECORDS BUREAU
MINISTRY OF HOME AFFAIRS**

Crime in India 2008

Statistics



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Number of Complaints Received By Police & Cases Registered
Under IPC & SLL During 2008

Sl. No.	State/UT	Category of Complaints Received				No. of Cases Registered Under		Total (col 8 + col 9)	
		Oral	Written	Distress call over Phone 100	Complaints Initiated Suo-moto by Police	Total Complaints (Col.3 to 6)	IPC		SLL
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
STATES:									
1	ANDHRA PRADESH	124805	307329	14900	62866	509900	179275	246829	426104
2	ARUNACHAL PRADESH	3	2349	4	88	2444	2374	70	2444
3	ASSAM	187	54693	135	625	55640	53333	2307	55640
4	BIHAR	14237	110788	1113	6407	132545	122669	9876	132545
5	CHHATTISGARH	140978	146979	2080	8240	298277	51442	246835	298277
6	GOA	1374	927	0	2854	5155	2742	2413	5155
7	GUJARAT	112749	134124	2299	74951	324123	123808	200315	324123
8	HARYANA	0	100003	9235	2536	111774	55344	23155	78499
9	HIMACHAL PRADESH	3330	11805	383	2525	18043	13976	4067	18043
10	JAMMU & KASHMIR	3448	14336	122	4643	22549	20604	1945	22549
11	JHARKHAND	6729	34462	27	638	41856	38686	3170	41856
12	KARNATAKA	29922	99718	928	17930	148498	127540	19651	147191
13	KERALA	100411	222140	8298	147581	478430	110620	141788	252408
14	MADHYA PRADESH	289114	62138	182	39574	391008	206556	184452	391008
15	MAHARASHTRA	233929	499832	7307	404182	1145250	206243	120138	326381
16	MANIPUR	26	3302	0	1107	4435	3349	1086	4435
17	MEGHALAYA	446	2246	56	114	2862	2318	157	2475
18	MIZORAM	0	2536	0	145	2681	1989	692	2681
19	NAGALAND	95	1307	1	223	1626	1202	398	1600
20	ORISSA	1458	60729	3	5728	67918	56755	11163	67918
21	PUNJAB	5363	238283	6270	594	250510	35314	20044	55358
22	RAJASTHAN	12549	138247	1	40736	191533	151174	40359	191533
23	SIKKIM	739	2144	286	54	3223	730	81	811
24	TAMIL NADU	32053	214206	10037	412334	668630	176833	491797	668630
25	TRIPURA	138	5304	0	139	5581	5336	245	5581
26	UTTAR PRADESH	1070	173441	95	1896102	2070708	168996	1901712	2070708
27	UTTARAKHAND	342	15521	0	142619	158482	8856	149626	158482
28	WEST BENGAL	109984	94157	20694	5073	229908	105419	6956	112375
	TOTAL (STATES)	1225479	2753046	84456	3280608	7343589	2033483	3831327	5864810
UNION TERRITORIES:									
29	A & N ISLANDS	740	123	39	4880	5782	882	4900	5782
30	CHANDIGARH	0	6192	36356	14	42562	3931	605	4536
31	D & N HAVELI	366	46	0	5	417	401	16	417
32	DAMAN & DIU	153	86	0	21	260	248	12	260
33	DELHI	13747	256013	489679	2305	761744	49350	6754	56104
34	LAKSHADWEEP	0	177	0	0	177	95	7	102
35	PUDUCHERRY	1362	4070	0	661	6093	4989	1104	6093
	TOTAL (UTs)	16368	266707	526074	7886	817035	59896	13398	73294
	TOTAL (ALL-INDIA)	1241847	3019753	610530	3288494	8160624	2093379	3844725	5938104

Tables
Chapter



Executive Summary

TABLE-1.2

**Incidence & Rate of Total Cognizable Crimes Under Indian Penal Code (IPC)
And Special And Local Laws (SLL)(1998-2008)**

Sl. No.	Year	Estimated Mid-Year Population (In Lakhs)*	Incidence			Rate			Percentage of IPC Crimes to Total Cognizable Crimes
			IPC	SLL	Total	IPC	SLL	Total	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	1998	9709	1778815	4403288	6182103	183.2	453.5	636.7	28.8
2	1999	9866	1764629	3147101	4911730	178.9	319.0	497.8	35.9
3	2000	10021	1771084	3396666	5167750	176.7	338.9	515.7	34.3
4	2001	10270**	1769308	3575230#	5344538	172.3	348.1	520.4	33.1
5	2002	10506	1780330	3746198	5526528	169.5	356.6	526.0	32.2
6	2003	10682	1716120	3778694	5494814	160.7	353.7	514.4	31.2
7	2004	10856	1832015	4196766	6028781	168.8	386.6	555.3	30.4
8	2005	11028	1822602	3203735##	5026337	165.3	290.5	455.8	36.3
9	2006	11198	1878293	3224167	5102460	167.7	287.9	455.7	36.8
10	2007	11366	1989673	3743734	5733407	175.1	329.4	504.5	34.7
11	2008	11531	2093379	3844725@	5938104	181.5	333.4	515.0	35.3
12	Percentage Change in 2008 Over 1998	18.8	17.7	-12.7	-3.9	-0.9	-26.5	-19.1	22.5
13	Compound Growth Rate Per Annum	1.8	1.4	-0.2	0.3	-0.3	-2.0	-1.4	1.1

* Source: Registrar General of India

** Actual Population As Per 2001 Census

Excluding Jharkhand State

Variation In SLL Crimes Due To Exclusion Of Large Number Of Non-Cognizable Crimes Under SLL By Kolkata City

@ Andhra Pradesh excluded Motor Vehicle Act (Non-Cognizable) Cases from the year 2008

TABLE-1.3
Incidence And Rate of Cognizable Crimes (IPC) Under Different Crime Heads
And Percentage Changes During 2008

Sl. No.	Crime Head	Years					
		1998	2003	2004	2005	2006	2007
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	MURDER (Sec.302 & 303 IPC)	38584 (4.0)	32716 (3.1)	33608 (3.1)	32719 (3.0)	32481 (2.9)	32318 (2.8)
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	30577 (3.1)	25942 (2.4)	27890 (2.6)	28031 (2.5)	27230 (2.4)	27401 (2.4)
3	C.H. NOT AMOUNTING MURDER (Sec.304 , 308 IPC)	3681 (0.4)	4029 (0.4)	3935 (0.4)	3578 (0.3)	3535 (0.3)	3644 (0.3)
4	RAPE (Sec. 376 IPC)	15151 (1.6)	15847 (1.5)	18233 (1.7)	18359 (1.7)	19348 (1.7)	20737 (1.8)
5	CUSTODIAL RAPE	*	0@	2	7	2	1
6	OTHER RAPE	*	15847 (1.5)	18231 (1.7)	18352 (1.7)	19346 (1.7)	20736 (1.8)
7	KIDNAPPING & ABDUCTION (Sec.363-369,371-373 IPC)	23520 (2.4)	19992 (1.9)	23327 (2.1)	22832 (2.1)	23991 (2.1)	27561 (2.4)
	i) OF WOMEN & GIRLS	16351 (1.7)	13296 (1.2)	15578 (1.4)	15750 (1.4)	17414 (1.6)	20416 (1.8)
	ii) OF OTHERS	7169 (0.7)	6696 (0.6)	7749 (0.7)	7082 (0.6)	6577 (0.6)	7145 (0.6)
8	DACOITY (Sec.395-398 IPC)	8091 (0.8)	5303 (0.5)	5311 (0.5)	5141 (0.5)	4747 (0.4)	4579 (0.4)
9	PREPARATION & ASSEMBLY FOR DACOITY (Sec.399 to 402 IPC)	1266 (0.1)	2302 (0.2)	2340 (0.2)	2834 (0.3)	3129 (0.3)	3205 (0.3)
10	ROBBERY (Sec.392-394, 397,398 IPC)	23603 (2.4)	17512 (1.6)	18458 (1.7)	17673 (1.6)	18456 (1.6)	19136 (1.7)
11	BURGLARY (Sec.449-452,454,455,457-460 IPC)	119260 (12.3)	92827 (8.7)	92490 (8.5)	90108 (8.2)	91666 (8.2)	91218 (8.0)
12	THEFT (Sec.379 – 382 IPC)	287967 (29.7)	245237 (23.0)	273045 (25.2)	273111 (24.8)	274354 (24.5)	285043 (25.1)
	i) AUTO THEFT	*	69307 (6.5)	80682 (7.4)	85709 (7.8)	90951 (8.1)	100255 (8.8)
	ii) OTHER THEFT	*	175930 (16.5)	192363 (17.7)	187402 (17.0)	183403 (16.4)	184788 (16.3)
13	RIOTS (Sec.143-145, 147-151, 153, 153A,153B,157,158,160 IPC)	90767 (9.3)	57334 (5.4)	59971 (5.5)	56235 (5.1)	56641 (5.1)	59915 (5.3)
14	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	16157 (1.7)	13432 (1.3)	14176 (1.3)	13572 (1.2)	13636 (1.2)	15531 (1.4)
15	CHEATING (Sec.419,420 IPC)	38271 (3.9)	47478 (4.4)	51939 (4.8)	53625 (4.9)	58076 (5.2)	65326 (5.7)
16	COUNTERFEITING (Sec.231-254, 489A-489D IPC)	1353 (0.1)	2055 (0.2)	1529 (0.1)	2383 (0.2)	2169 (0.2)	2204 (0.2)
17	ARSON (Sec.435,436,438 IPC)	12913 (1.3)	9365 (0.9)	8637 (0.8)	8451 (0.8)	8480 (0.8)	9024 (0.8)
18	HURT (Sec.323-333,335-338 IPC)	235870 (24.3)	261444 (24.5)	276868 (25.5)	270861 (24.6)	264748 (23.6)	273067 (24.0)
19	DOWRY DEATHS (Sec.304B IPC)	6975 (0.7)	6208 (0.6)	7026 (0.6)	6787 (0.6)	7618 (0.7)	8093 (0.7)
20	MOLESTATION (Sec. 354 IPC)	30959 (3.2)	32939 (3.1)	34567 (3.2)	34175 (3.1)	36617 (3.3)	38734 (3.4)
21	SEXUAL HARASSMENT (Sec.509 IPC)	8053 (0.8)	12325 (1.2)	10001 (0.9)	9984 (0.9)	9966 (0.9)	10950 (1.0)
22	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	41375 (4.3)	50703 (4.7)	58121 (5.4)	58319 (5.3)	63128 (5.6)	75930 (6.7)
23	IMPORTATION OF GIRLS (Sec.366B IPC)	*	46 (0.0)	89 (0.0)	149 (0.0)	67 (0.0)	61 (0.0)
24	CAUSING DEATH BY NEGLIGENCE (Sec. 304A IPC)	*	60672 (5.7)	69423 (6.4)	71698 (6.5)	78513 (7.0)	86790 (7.6)
25	OTHER IPC CRIMES	744422 (76.7)	700412 (65.6)	741031 (68.3)	741977 (67.3)	779697 (69.6)	829206 (73.0)
26	TOTAL COGNIZABLE CRIMES UNDER IPC	1778815 (183.2)	1716120 (160.7)	1832015 (168.8)	1822602 (165.3)	1878293 (167.7)	1989673 (175.1)

1. Figures in brackets indicate rate of crime per lakh of population.

2. *indicates that the Crime Head was not introduced till that year.

3. @ After change of figures by Tamil Nadu

TABLE-1.3(Concluded)

Sl. No.	Crime Head	QUINQUENNIAL AVG.2003-2007 (Q.A)	2008	PERCENTAGE CHANGE IN 2008[(+) INCREASE/(-) DECREASE] OVER		
				1998	Q.A	2007
(1)	(2)	(9)	(10)	(11)	(9)	(10)
1	MURDER (Sec.302 & 303 IPC)	32768 (3.0)	32766 (2.8)	-15.1	0.0	1.4
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	27299 (2.5)	28598 (2.5)	-6.5	4.8	4.4
3	C.H. NOT AMOUNTING MURDER (Sec.304 , 308 IPC)	3744 (0.3)	3863 (0.3)	4.9	3.2	6.0
4	RAPE (Sec. 376 IPC)	18505 (1.7)	21467 (1.9)	41.7	16.0	3.5
	CUSTODIAL RAPE	2 (0.0)	0 (0.0)	-	-100.0	-100.0
	OTHER RAPE	18502 (1.7)	21467 (1.9)	-	16.0	3.5
5	KIDNAPPING & ABDUCTION (Sec.363-369,371-373 IPC)	23541 (2.1)	30261 (2.6)	28.7	28.5	9.8
	i) OF WOMEN & GIRLS	16491 (1.5)	22939 (2.0)	40.3	39.1	12.4
	ii) OF OTHERS	7050 (0.6)	7322 (0.6)	2.1	3.9	2.5
6	DACOITY (Sec.395-398 IPC)	5016 (0.5)	4530 (0.4)	-44.0	-9.7	-1.1
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec.399 to 402 IPC)	2762 (0.2)	3217 (0.3)	154.1	16.5	0.4
8	ROBBERY (Sec.392-394, 397,398 IPC)	18247 (1.7)	20522 (1.8)	-13.1	12.5	7.2
9	BURGLARY (Sec.449-452,454,455,457-460 IPC)	91662 (8.3)	93742 (8.1)	-21.4	2.3	2.8
10	THEFT (Sec.379 – 382 IPC)	270158 (24.5)	316761 (27.5)	10.0	17.3	11.1
	i) AUTO THEFT	85381 (7.7)	120032 (10.4)	-	40.6	19.7
	ii) OTHER THEFT	184777 (16.8)	196729 (17.1)	-	6.5	6.5
11	RIOTS (Sec.143-145, 147-151, 153, 153A,153B,157,158,160 IPC)	58019 (5.3)	66018 (5.7)	-27.3	13.8	10.2
12	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	14069 (1.3)	16487 (1.4)	2.0	17.2	6.2
13	CHEATING (Sec.419,420 IPC)	55289 (5.0)	66579 (5.8)	74.0	20.4	1.9
14	COUNTERFEITING (Sec.231-254, 489A-489D IPC)	2068 (0.2)	2991 (0.3)	121.1	44.6	35.7
15	ARSON (Sec.435,436,438 IPC)	8791 (0.8)	9249 (0.8)	-28.4	5.2	2.5
16	HURT (Sec.323-333,335-338 IPC)	269398 (24.4)	284969 (24.7)	20.8	5.8	4.4
17	DOWRY DEATHS (Sec.304B IPC)	7146 (0.6)	8172 (0.7)	17.2	14.4	1.0
18	MOLESTATION (Sec. 354 IPC)	35406 (3.2)	40413 (3.5)	30.5	14.1	4.3
19	SEXUAL HARASSMENT (Sec.509 IPC)	10645 (1.0)	12214 (1.1)	51.7	14.7	11.5
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	61240 (5.5)	81344 (7.1)	96.6	32.8	7.1
21	IMPORTATION OF GIRLS (Sec.366B IPC)	82 (0.0)	67 (0.0)	-	-18.7	9.8
22	CAUSING DEATH BY NEGLIGENCE (Sec. 304A IPC)	73419 (6.6)	92186 (8.0)	-	25.6	6.2
23	OTHER IPC CRIMES	758465 (68.7)	856963 (74.3)	15.1	13.0	3.3
24	TOTAL COGNIZABLE CRIMES UNDER IPC	1847741 (167.5)	2093379 (181.5)	17.7	13.3	5.2

1. Figures in brackets indicate rate of crime per lakh of population.
2. *indicates that the Crime Head was not introduced till that year.

TABLE-1.4
Percentage Distribution Of Cognizable Crimes (IPC) Under Different Crime Heads (2004-2008)

Sl. No.	Crime Head	2004	2005	2006	2007	2008
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	MURDER (Sec.302 & 303 IPC)	1.8	1.8	1.7	1.6	1.6
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	1.5	1.5	1.4	1.4	1.4
3	C.H. NOT AMOUNTING MURDER (Sec.304 , 308 IPC)	0.2	0.2	0.2	0.2	0.2
4	RAPE (Sec. 376 IPC)	1.0	1.0	1.0	1.0	1.0
	CUSTODIAL RAPE	0.0	0.0	0.0	0.0	0.0
	OTHER RAPE	1.0	1.0	1.0	1.0	1.0
5	KIDNAPPING & ABDUCTION (Sec.363-369,371-373 IPC)	1.3	1.3	1.3	1.4	1.4
	i) OF WOMEN & GIRLS	0.9	0.9	0.9	1.0	1.1
	ii) OF OTHERS	0.4	0.4	0.4	0.4	0.3
6	DACOITY (Sec.395-398 IPC)	0.3	0.3	0.3	0.2	0.2
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec.399 to 402 IPC)	0.1	0.2	0.2	0.2	0.2
8	ROBBERY (Sec.392-394, 397,398 IPC)	1.0	1.0	1.0	1.0	1.0
9	BURGLARY (Sec.449-452,454,455,457-460 IPC)	5.0	4.9	4.9	4.6	4.5
10	THEFT (Sec.379 – 382 IPC)	14.9	15.0	14.6	14.3	15.1
	i) AUTO THEFT	4.4	4.7	4.8	5.0	5.7
	ii) OTHER THEFT	10.5	10.3	9.8	9.3	9.4
11	RIOTS (Sec.143-145, 147-151, 153, 153A,153B,157,158,160 IPC)	3.3	3.1	3.0	3.0	3.2
12	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	0.8	0.7	0.7	0.8	0.8
13	CHEATING (Sec.419,420 IPC)	2.8	2.9	3.1	3.3	3.2
14	COUNTERFEITING (Sec.231-254, 489A-489D IPC)	0.1	0.1	0.1	0.1	0.1
15	ARSON (Sec.435,436,438 IPC)	0.5	0.5	0.5	0.5	0.4
16	HURT (Sec.323-333,335-338 IPC)	15.1	14.9	14.1	13.7	13.6
17	DOWRY DEATHS (Sec.304B IPC)	0.4	0.4	0.4	0.4	0.4
18	MOLESTATION (Sec. 354 IPC)	1.9	1.9	1.9	1.9	1.9
19	SEXUAL HARASSMENT (Sec.509 IPC)	0.5	0.5	0.5	0.6	0.6
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	3.2	3.2	3.4	3.8	3.9
21	IMPORTATION OF GIRLS (Sec.366B IPC)	0.0	0.0	0.0	0.0	0.0
22	CAUSING DEATH BY NEGLIGENCE (Sec. 304A IPC)	3.8	3.9	4.2	4.4	4.4
23	OTHER IPC CRIMES	40.4	40.7	41.5	41.7	40.9
24	TOTAL COGNIZABLE CRIMES UNDER IPC	100.0	100.0	100.0	100.0	100.0

TABLE-1.5
Incidence Of Total Cognizable Crimes (IPC) in States, UTs And Cities
During (2003-2007) Alongwith Percentage Changes During 2008

Sl. No.	State/UT	2003	2004	2005	2006	2007	Quinque- nnial Average (2003- 2007) (Q.A.)@	2008	Percentage Change In 2008 [(+ Increase (-) Decrease] Over	
									QA	2007
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<i>STATES:</i>										
1	ANDHRA PRADESH	156951	158756	157123	173909	175087	164365	179275	9.1	2.4
2	ARUNACHAL PRADESH	2061	2256	2304	2294	2286	2240	2374	6.0	3.8
3	ASSAM	38195	40675	42006	43673	45282	41966	53333	27.1	17.8
4	BIHAR	92263	108060	97850	100665	109420	101652	122669	20.7	12.1
5	CHHATTISGARH	38449	41927	43633	45177	45845	43006	51442	19.6	12.2
6	GOA	2244	2127	2119	2204	2479	2235	2742	22.7	10.6
7	GUJARAT	103709	105469	113414	120972	123195	113352	123808	9.2	0.5
8	HARYANA	38612	39096	42664	50509	51597	44496	55344	24.4	7.3
9	HIMACHAL PRADESH	12011	12326	12345	13093	14222	12799	13976	9.2	-1.7
10	JAMMU & KASHMIR	21233	21191	20115	20787	21443	20954	20604	-1.7	-3.9
11	JHARKHAND	32203	31439	35175	36364	38489	34734	38686	11.4	0.5
12	KARNATAKA	112405	114440	117580	117710	120606	116548	127540	9.4	5.7
13	KERALA	98824	104025	104350	105255	108530	104197	110620	6.2	1.9
14	MADHYA PRADESH	191078	196867	189172	194711	202386	194843	206556	6.0	2.1
15	MAHARASHTRA	164306	176302	187027	191788	195707	183026	206243	12.7	5.4
16	MANIPUR	2537	2535	2913	2884	3259	2826	3349	18.5	2.8
17	MEGHALAYA	1669	1757	1880	1935	2079	1864	2318	24.4	11.5
18	MIZORAM	3456	1515	2156	2073	2083	2257	1989	-11.9	-4.5
19	NAGALAND	976	984	1049	1103	1180	1058	1202	13.6	1.9
20	ORISSA	47281	48739	51685	52792	54872	51074	56755	11.1	3.4
21	PUNJAB	28756	25630	27136	32068	35793	29877	35314	18.2	-1.3
22	RAJASTHAN	145579	154859	140917	141992	148870	146443	151174	3.2	1.5
23	SIKKIM	443	631	552	703	667	599	730	21.8	9.4
24	TAMIL NADU	157186	166606	162360	148972	172754	161576	176833	9.4	2.4
25	TRIPURA	3514	3081	3356	3940	4273	3633	5336	46.9	24.9
26	UTTAR PRADESH	95073	130181	122108	127001	150258	124924	168996	35.3	12.5
27	UTTARAKHAND	7923	8634	8033	8412	9599	8520	8856	3.9	-7.7
28	WEST BENGAL	61174	69350	66406	68052	81102	69217	105419	52.3	30.0
	TOTAL (STATES)	1660111	1769458	1757428	1811038	1923363	1784280	2033483	14.0	5.7
29	A & N ISLANDS	644	748	682	676	807	711	882	24.0	9.3
30	CHANDIGARH	2806	2889	3133	3126	3643	3119	3931	26.0	7.9
31	D & N HAVELI	338	409	434	435	425	408	401	-1.8	-5.6
32	DAMAN & DIU	269	198	243	288	260	252	248	-1.4	-4.6
33	DELHI	47404	53623	56065	57963	56065	54224	49350	-9.0	-12.0
34	LAKSHADWEEP	31	70	42	80	56	56	95	70.3	69.6
35	PUDUCHERRY	4517	4620	4575	4687	5054	4691	4989	6.4	-1.3
	TOTAL (UTs)	56009	62557	65174	67255	66310	63461	59896	-5.6	-9.7
	TOTAL (ALL-INDIA)	1716120	1832015	1822602	1878293	1989673	1847741	2093379	13.3	5.2

@ Figures Are Rounded Off

TABLE-1.5 (Concluded)
Incidence of Total Cognizable Crimes (IPC) In States, UTs And Cities
During (2003-2007) Alongwith Percentage Changes During 2008

Sl. No.	City	2003	2004	2005	2006	2007	Quinque- nnial Average (2003-2007) (Q.A.)@	2008	Percentage Change In 2008 [(+) Increase (-) Decrease] Over	
									QA	2007
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<i>CITIES:</i>										
36	AGRA	2227	3442	3248	4410	4304	3526	4826	36.9	12.1
37	AHMEDABAD	16199	17553	17468	19238	17310	17554	18544	5.6	7.1
38	ALLAHABAD	1072	1551	1564	1589	1706	1496	2068	38.2	21.2
39	AMRITSAR	1143	1204	931	1295	2142	1343	2327	73.3	8.6
40	ASANSOL	1327	1062	1217	1699	1491	1359	1676	23.3	12.4
41	BENGALURU	29260	28526	29042	26284	27049	28032	29664	5.8	9.7
42	BHOPAL	11780	12268	8092	10468	11069	10735	11515	7.3	4.0
43	CHENNAI	8580	12436	20127	16168	16508	14764	11829	-19.9	-28.3
44	COIMBATORE	3187	3831	3845	3974	3924	3752	4180	11.4	6.5
45	DELHI (CITY)	41961	48677	51010	53007	50895	49110	44573	-9.2	-12.4
46	DHANBAD	1929	1726	1758	1577	1331	1664	1302	-21.8	-2.2
47	FARIDABAD	3987	3148	3153	4682	4520	3898	4516	15.9	-0.1
48	HYDERABAD	20252	18868	17276	17295	17391	18216	18567	1.9	6.8
49	INDORE	12286	11935	12556	12605	12992	12475	15430	23.7	18.8
50	JABALPUR	6990	6395	6082	6244	6543	6451	5128	-20.5	-21.6
51	JAIPUR	11579	13224	11790	13877	14102	12914	15407	19.3	9.3
52	JAMSHEDPUR	2550	2203	2538	2624	2767	2536	2685	5.9	-3.0
53	KANPUR	3618	4526	3718	4736	8008	4921	8885	80.5	11.0
54	KOCHI	6829	6756	5930	5699	6602	6363	7956	25.0	20.5
55	KOLKATA	10714	10757	9391	9381	10901	10229	13005	27.1	19.3
56	LUCKNOW	4277	6300	6147	6772	8468	6393	11735	83.6	38.6
57	LUDHIANA	4256	2551	2541	2817	3075	3048	2847	-6.6	-7.4
58	MADURAI	3253	3164	3384	2464	2325	2918	2470	-15.4	6.2
59	MEERUT	1641	2479	2439	2400	2441	2280	2765	21.3	13.3
60	MUMBAI	25686	29453	31432	31070	30481	29624	32770	10.6	7.5
61	NAGPUR	7357	8518	9605	9991	9791	9052	8661	-4.3	-11.5
62	NASIK	2542	2606	2776	2951	3115	2798	3813	36.3	22.4
63	PATNA	6545	7597	7888	8432	8944	7881	9014	14.4	0.8
64	PUNE	8813	10754	11817	11484	12818	11137	14467	29.9	12.9
65	RAJKOT	4802	4339	3934	3489	3912	4095	5525	34.9	41.2
66	SURAT	4401	4131	5273	8659	10986	6690	10741	60.6	-2.2
67	VADODARA	5712	5551	5276	5672	5109	5464	5386	-1.4	5.4
68	VARANASI	1146	1557	1214	1970	2802	1738	2734	57.3	-2.4
69	VIJAYAWADA	10084	7659	5791	5862	5587	6997	5127	-26.7	-8.2
70	VISHAKHAPATNAM	3261	3182	4455	5478	5480	4371	5015	14.7	-8.5
TOTAL (CITIES)		291246	309929	314708	326363	336889	315827	347153	9.9	3.0

@ Figures Are Rounded Off

TABLE-1.6
Incidence & Rate of Total Cognizable Crimes (IPC) In States, UTs & Cities During 2008

Sl. No.	State/UT	Incidence of Total Cognizable Crimes	Percentage Contribution to All-India Total	Estimated mid-Year Population (In Lakhs)	Rate of Total Cognizable Crimes	Rank of * Criminality
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>STATES:</i>						
1	ANDHRA PRADESH	179275	8.6	824.61	217.4	11
2	ARUNACHAL PRADESH	2374	0.1	12.04	197.2	16
3	ASSAM	53333	2.5	300.79	177.3	18
4	BIHAR	122669	5.9	943.06	130.1	27
5	CHHATTISGARH	51442	2.5	237.74	216.4	12
6	GOA	2742	0.1	16.44	166.8	19
7	GUJARAT	123808	5.9	566.65	218.5	10
8	HARYANA	55344	2.6	238.90	231.7	8
9	HIMACHAL PRADESH	13976	0.7	65.71	212.7	13
10	JAMMU & KASHMIR	20604	1.0	125.02	164.8	20
11	JHARKHAND	38686	1.8	301.44	128.3	28
12	KARNATAKA	127540	6.1	576.02	221.4	9
13	KERALA	110620	5.3	343.40	322.1	3
14	MADHYA PRADESH	206556	9.9	696.83	296.4	4
15	MAHARASHTRA	206243	9.9	1073.47	192.1	17
16	MANIPUR	3349	0.2	26.37	127.0	29
17	MEGHALAYA	2318	0.1	25.47	91.0	33
18	MIZORAM	1989	0.1	9.84	202.1	15
19	NAGALAND	1202	0.1	21.96	54.7	35
20	ORISSA	56755	2.7	400.33	141.8	23
21	PUNJAB	35314	1.7	266.89	132.3	25
22	RAJASTHAN	151174	7.2	649.94	232.6	7
23	SIKKIM	730	0.0	5.96	122.5	30
24	TAMIL NADU	176833	8.4	665.76	265.6	6
25	TRIPURA	5336	0.3	35.24	151.4	21
26	UTTAR PRADESH	168996	8.1	1920.49	88.0	34
27	UTTARAKHAND	8856	0.4	95.43	92.8	32
28	WEST BENGAL	105419	5.0	882.07	119.5	31
	TOTAL (STATES)	2033483	97.1	11327.87	179.5	
<i>UNION TERRITORIES</i>						
29	A & N ISLANDS	882	0.0	4.15	212.5	14
30	CHANDIGARH	3931	0.2	10.71	367.0	2
31	D & N HAVELI	401	0.0	2.65	151.3	22
32	DAMAN & DIU	248	0.0	1.89	131.2	26
33	DELHI	49350	2.4	172.50	286.1	5
34	LAKSHADWEEP	95	0.0	0.69	137.7	24
35	PUDUCHERRY	4989	0.2	10.80	461.9	1
	TOTAL (UTs)	59896	2.9	203.39	294.5	
	TOTAL (ALL-INDIA)	2093379	100.0	11531.26	181.5	

TABLE-1.6 (Concluded)
Incidence & Rate of Total Cognizable Crimes (IPC) In States, UTs & Cities During 2008

Sl. No.	City	Incidence of Total Cognizable Crimes	Percentage Contribution to All-City Total	Population** (In Lakhs)	Rate of Total Cognizable Crimes	Rank of * Criminality
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>CITIES:</i>						
1	AGRA	4826	1.4	13.21	365.3	17
2	AHMEDABAD	18544	5.3	45.19	410.4	12
3	ALLAHABAD	2068	0.6	10.50	197.0	31
4	AMRITSAR	2327	0.7	10.11	230.2	26
5	ASANSOL	1676	0.5	10.91	153.6	33
6	BENGALURU	29664	8.5	56.87	521.6	7
7	BHOPAL	11515	3.3	14.55	791.4	2
8	CHENNAI	11829	3.4	64.25	184.1	32
9	COIMBATORE	4180	1.2	14.46	289.1	23
10	DELHI (CITY)	44573	12.8	127.91	348.5	19
11	DHANBAD	1302	0.4	10.64	122.4	34
12	FARIDABAD	4516	1.3	10.55	428.1	11
13	HYDERABAD	18567	5.3	55.34	335.5	20
14	INDORE	15430	4.4	16.39	941.4	1
15	JABALPUR	5128	1.5	11.17	459.1	10
16	JAIPUR	15407	4.4	23.24	663.0	3
17	JAMSHEDPUR	2685	0.8	11.02	243.6	24
18	KANPUR	8885	2.6	26.90	330.3	22
19	KOCHI	7956	2.3	13.55	587.2	4
20	KOLKATA	13005	3.7	132.17	98.4	35
21	LUCKNOW	11735	3.4	22.67	517.6	8
22	LUDHIANA	2847	0.8	13.95	204.1	29
23	MADURAI	2470	0.7	11.95	206.7	28
24	MEERUT	2765	0.8	11.67	236.9	25
25	MUMBAI	32770	9.4	163.68	200.2	30
26	NAGPUR	8661	2.5	21.23	408.0	13
27	NASIK	3813	1.1	11.52	331.0	21
28	PATNA	9014	2.6	17.07	528.1	6
29	PUNE	14467	4.2	37.56	385.2	14
30	RAJKOT	5525	1.6	10.02	551.4	5
31	SURAT	10741	3.1	28.11	382.1	15
32	VADODARA	5386	1.6	14.92	361.0	18
33	VARANASI	2734	0.8	12.12	225.6	27
34	VIJAYAWADA	5127	1.5	10.11	507.1	9
35	VISHAKHAPATNAM	5015	1.4	13.29	377.4	16
TOTAL (CITIES)		347153	100.0	1078.80	321.8	

1. * Rank on the basis of Rate of total cognizable crimes (Col6.)

2. ** As per actual 2001 census

Note : Percentage less than 0.05 is also shown as 0.0

TABLE-1.7
Incidence & Rate of Total Cognizable Crimes (SLL) In States & UTs During 2008

Sl. No.	State/UT	Incidence of Total Cognizable Crimes	Percentage Contribution to All-India Total	Estimated Mid-Year Population (In Lakhs)	Rate of Total Cognizable Crimes	Rank of * Criminality
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>STATES:</i>						
1	ANDHRA PRADESH	246829	6.4	824.61	299.3	8
2	ARUNACHAL PRADESH	70	0.0	12.04	5.8	35
3	ASSAM	2307	0.1	300.79	7.7	30
4	BIHAR	9876	0.3	943.06	10.5	27
5	CHHATTISGARH	246835	6.4	237.74	1038.3	3
6	GOA	2413	0.1	16.44	146.8	10
7	GUJARAT	200315	5.2	566.65	353.5	7
8	HARYANA	23155	0.6	238.90	96.9	13
9	HIMACHAL PRADESH	4067	0.1	65.71	61.9	17
10	JAMMU & KASHMIR	1945	0.1	125.02	15.6	24
11	JHARKHAND	3170	0.1	301.44	10.5	26
12	KARNATAKA	19651	0.5	576.02	34.1	21
13	KERALA	141788	3.7	343.40	412.9	6
14	MADHYA PRADESH	184452	4.8	696.83	264.7	9
15	MAHARASHTRA	120138	3.1	1073.47	111.9	11
16	MANIPUR	1086	0.0	26.37	41.2	19
17	MEGHALAYA	157	0.0	25.47	6.2	33
18	MIZORAM	692	0.0	9.84	70.3	15
19	NAGALAND	398	0.0	21.96	18.1	23
20	ORISSA	11163	0.3	400.33	27.9	22
21	PUNJAB	20044	0.5	266.89	75.1	14
22	RAJASTHAN	40359	1.0	649.94	62.1	16
23	SIKKIM	81	0.0	5.96	13.6	25
24	TAMIL NADU	491797	12.8	665.76	738.7	5
25	TRIPURA	245	0.0	35.24	7.0	31
26	UTTAR PRADESH	1901712	49.5	1920.49	990.2	4
27	UTTARAKHAND	149626	3.9	95.43	1567.9	1
28	WEST BENGAL	6956	0.2	882.07	7.9	29
	TOTAL (STATES)	3831327	99.7	11327.87	338.2	
<i>UNION TERRITORIES</i>						
29	A & N ISLANDS	4900	0.1	4.15	1180.7	2
30	CHANDIGARH	605	0.0	10.71	56.5	18
31	D & N HAVELI	16	0.0	2.65	6.0	34
32	DAMAN & DIU	12	0.0	1.89	6.3	32
33	DELHI	6754	0.2	172.50	39.2	20
34	LAKSHADWEEP	7	0.0	0.69	10.1	28
35	PUDUCHERRY	1104	0.0	10.80	102.2	12
	TOTAL (UTs)	13398	0.3	203.39	65.9	
	TOTAL (ALL-INDIA)	3844725	100.0	11531.26	333.4	

TABLE-1.7 (Concluded)
Incidence & Rate Of Total Cognizable Crimes (SLL) In Cities During 2008

Sl. No.	City	Incidence of Total Cognizable Crimes	Percentage Contribution to All-Cities Total	Population (In Lakhs)**	Rate of Total Cognizable Crimes	Rank of * Criminality
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>CITIES:</i>						
1	AGRA	81712	12.8	13.21	6185.6	2
2	AHMEDABAD	11966	1.9	45.19	264.8	16
3	ALLAHABAD	65974	10.3	10.50	6283.2	1
4	AMRITSAR	1205	0.2	10.11	119.2	24
5	ASANSOL	128	0.0	10.91	11.7	34
6	BENGALURU	2661	0.4	56.87	46.8	27
7	BHOPAL	3385	0.5	14.55	232.6	18
8	CHENNAI	59287	9.3	64.25	922.8	10
9	COIMBATORE	2751	0.4	14.46	190.2	21
10	DELHI (CITY)	5919	0.9	127.91	46.3	28
11	DHANBAD	161	0.0	10.64	15.1	33
12	FARIDABAD	3821	0.6	10.55	362.2	15
13	HYDERABAD	2200	0.3	55.34	39.8	29
14	INDORE	3319	0.5	16.39	202.5	19
15	JABALPUR	28274	4.4	11.17	2531.2	5
16	JAIPUR	2980	0.5	23.24	128.2	23
17	JAMSHEDPUR	244	0.0	11.02	22.1	32
18	KANPUR	125708	19.7	26.90	4673.2	3
19	KOCHI	29181	4.6	13.55	2153.6	7
20	KOLKATA	897	0.1	132.17	6.8	35
21	LUCKNOW	56295	8.8	22.67	2483.2	6
22	LUDHIANA	1345	0.2	13.95	96.4	25
23	MADURAI	23340	3.7	11.95	1953.1	9
24	MEERUT	42415	6.6	11.67	3634.5	4
25	MUMBAI	4984	0.8	163.68	30.4	31
26	NAGPUR	14656	2.3	21.23	690.3	12
27	NASIK	770	0.1	11.52	66.8	26
28	PATNA	577	0.1	17.07	33.8	30
29	PUNE	5876	0.9	37.56	156.4	22
30	RAJKOT	2352	0.4	10.02	234.7	17
31	SURAT	11453	1.8	28.11	407.4	13
32	VADODARA	11287	1.8	14.92	756.5	11
33	VARANASI	25080	3.9	12.12	2069.3	8
34	VIJAYAWADA	1928	0.3	10.11	190.7	20
35	VISHAKHAPATNAM	4855	0.8	13.29	365.3	14
TOTAL (CITIES)		638986	100.0	1078.80	592.3	

* Rank on the basis of Rate of total cognizable crimes (Col6.)

** As per actual 1991 census

Note : Percentage less than 0.05 is also shown as 0.0

TABLE-1.8
Incidence (I) & Rate (R) Of Cognizable Crimes (IPC) Under
Different Crime Heads In States & UTs During 2008

Sl. No.	State/UT	Murder (Sec. 302, 303 IPC)		Attempt To Commit Murder (Sec. 307 IPC)		C.H. Not Amounting To Murder (Sec. 304, 308 IPC)	
		I	R	I	R	I	R
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	2690	3.3	1942	2.4	165	0.2
2	ARUNACHAL PRADESH	72	6.0	37	3.1	2	0.2
3	ASSAM	1426	4.7	417	1.4	71	0.2
4	BIHAR	3139	3.3	2954	3.1	386	0.4
5	CHHATTISGARH	1169	4.9	736	3.1	18	0.1
6	GOA	49	3.0	25	1.5	11	0.7
7	GUJARAT	1106	2.0	487	0.9	35	0.1
8	HARYANA	921	3.9	616	2.6	92	0.4
9	HIMACHAL PRADESH	129	2.0	59	0.9	5	0.1
10	JAMMU & KASHMIR	237	1.9	570	4.6	31	0.2
11	JHARKHAND	1697	5.6	1061	3.5	112	0.4
12	KARNATAKA	1698	2.9	1475	2.6	81	0.1
13	KERALA	362	1.1	434	1.3	95	0.3
14	MADHYA PRADESH	2322	3.3	2282	3.3	204	0.3
15	MAHARASHTRA	2795	2.6	1837	1.7	111	0.1
16	MANIPUR	187	7.1	498	18.9	4	0.2
17	MEGHALAYA	126	4.9	55	2.2	6	0.2
18	MIZORAM	35	3.6	10	1.0	6	0.6
19	NAGALAND	143	6.5	47	2.1	13	0.6
20	ORISSA	1250	3.1	1415	3.5	84	0.2
21	PUNJAB	769	2.9	956	3.6	146	0.5
22	RAJASTHAN	1297	2.0	1649	2.5	54	0.1
23	SIKKIM	9	1.5	7	1.2	3	0.5
24	TAMIL NADU	1759	2.6	2327	3.5	28	0.0
25	TRIPURA	155	4.4	53	1.5	2	0.1
26	UTTAR PRADESH	4564	2.4	4233	2.2	1493	0.8
27	UTTARAKHAND	223	2.3	217	2.3	40	0.4
28	WEST BENGAL	1811	2.1	1732	2.0	488	0.6
	TOTAL (STATES)	32140	2.8	28131	2.5	3786	0.3
UNION TERRITORIES							
29	A & N ISLANDS	8	1.9	11	2.7	2	0.5
30	CHANDIGARH	17	1.6	28	2.6	6	0.6
31	D & N HAVELI	9	3.4	2	0.8	0	0.0
32	DAMAN & DIU	2	1.1	2	1.1	0	0.0
33	DELHI	554	3.2	389	2.3	66	0.4
34	LAKSHADWEEP	1	1.4	0	0.0	0	0.0
35	PUDUCHERRY	35	3.2	35	3.2	3	0.3
	TOTAL (UTs)	626	3.1	467	2.3	77	0.4
	TOTAL (ALL-INDIA)	32766	2.8	28598	2.5	3863	0.3

TABLE-1.8 (Continued)
Incidence (I) & Rate (R) Of Cognizable Crimes (IPC) Under
Different Crime Heads In Cities During 2008

Sl. No.	City	Murder (Sec. 302, 303 IPC)		Attempt To Commit Murder (Sec. 307 IPC)		C.H. Not Amounting To Murder (Sec. 304, 308 IPC)	
		I	R	I	R	I	R
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>CITIES:</i>							
36	AGRA	52	3.9	74	5.6	26	2.0
37	AHMEDABAD	85	1.9	60	1.3	0	0.0
38	ALLAHABAD	43	4.1	37	3.5	9	0.9
39	AMRITSAR	46	4.5	71	7.0	9	0.9
40	ASANSOL	40	3.7	13	1.2	10	0.9
41	BENGALURU	253	4.4	297	5.2	8	0.1
42	BHOPAL	43	3.0	60	4.1	15	1.0
43	CHENNAI	100	1.6	130	2.0	0	0.0
44	COIMBATORE	20	1.4	28	1.9	0	0.0
45	DELHI (CITY)	451	3.5	343	2.7	42	0.3
46	DHANBAD	26	2.4	12	1.1	4	0.4
47	FARIDABAD	59	5.6	24	2.3	5	0.5
48	HYDERABAD	122	2.2	126	2.3	5	0.1
49	INDORE	97	5.9	164	10.0	2	0.1
50	JABALPUR	34	3.0	81	7.3	0	0.0
51	JAIPUR	46	2.0	89	3.8	3	0.1
52	JAMSHEDPUR	65	5.9	81	7.4	9	0.8
53	KANPUR	168	6.2	114	4.2	39	1.4
54	KOCHI	9	0.7	11	0.8	3	0.2
55	KOLKATA	51	0.4	77	0.6	23	0.2
56	LUCKNOW	95	4.2	127	5.6	27	1.2
57	LUDHIANA	65	4.7	66	4.7	10	0.7
58	MADURAI	39	3.3	38	3.2	0	0.0
59	MEERUT	54	4.6	68	5.8	9	0.8
60	MUMBAI	210	1.3	132	0.8	0	0.0
61	NAGPUR	100	4.7	57	2.7	4	0.2
62	NASIK	43	3.7	31	2.7	0	0.0
63	PATNA	146	8.6	68	4.0	9	0.5
64	PUNE	137	3.6	141	3.8	5	0.1
65	RAJKOT	37	3.7	33	3.3	1	0.1
66	SURAT	97	3.5	42	1.5	3	0.1
67	VADODARA	20	1.3	32	2.1	3	0.2
68	VARANASI	41	3.4	35	2.9	12	1.0
69	VIJAYAWADA	34	3.4	58	5.7	1	0.1
70	VISHAKHAPATNAM	32	2.4	36	2.7	1	0.1
TOTAL (CITIES)		2960	2.7	2856	2.6	297	0.3

TABLE-1.8 (Continued)

Sl. No.	State/UT	Rape (Sec. 376 IPC)					
		Total		Custodial		Others	
		I	R	I	R	I	R
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:							
1	ANDHRA PRADESH	1257	1.5	0	0.0	1257	1.5
2	ARUNACHAL PRADESH	42	3.5	0	0.0	42	3.5
3	ASSAM	1438	4.8	0	0.0	1438	4.8
4	BIHAR	1302	1.4	0	0.0	1302	1.4
5	CHHATTISGARH	978	4.1	0	0.0	978	4.1
6	GOA	30	1.8	0	0.0	30	1.8
7	GUJARAT	374	0.7	0	0.0	374	0.7
8	HARYANA	631	2.6	0	0.0	631	2.6
9	HIMACHAL PRADESH	157	2.4	0	0.0	157	2.4
10	JAMMU & KASHMIR	219	1.8	0	0.0	219	1.8
11	JHARKHAND	791	2.6	0	0.0	791	2.6
12	KARNATAKA	446	0.8	0	0.0	446	0.8
13	KERALA	568	1.7	0	0.0	568	1.7
14	MADHYA PRADESH	2937	4.2	0	0.0	2937	4.2
15	MAHARASHTRA	1558	1.5	0	0.0	1558	1.5
16	MANIPUR	38	1.4	0	0.0	38	1.4
17	MEGHALAYA	88	3.5	0	0.0	88	3.5
18	MIZORAM	77	7.8	0	0.0	77	7.8
19	NAGALAND	19	0.9	0	0.0	19	0.9
20	ORISSA	1113	2.8	0	0.0	1113	2.8
21	PUNJAB	517	1.9	0	0.0	517	1.9
22	RAJASTHAN	1355	2.1	0	0.0	1355	2.1
23	SIKKIM	20	3.4	0	0.0	20	3.4
24	TAMIL NADU	573	0.9	0	0.0	573	0.9
25	TRIPURA	204	5.8	0	0.0	204	5.8
26	UTTAR PRADESH	1871	1.0	0	0.0	1871	1.0
27	UTTARAKHAND	87	0.9	0	0.0	87	0.9
28	WEST BENGAL	2263	2.6	0	0.0	2263	2.6
	TOTAL (STATES)	20953	1.8	0	0.0	20953	1.8
UNION TERRITORIES:							
29	A & N ISLANDS	12	2.9	0	0.0	12	2.9
30	CHANDIGARH	20	1.9	0	0.0	20	1.9
31	D & N HAVELI	6	2.3	0	0.0	6	2.3
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	466	2.7	0	0.0	466	2.7
34	LAKSHADWEEP	2	2.9	0	0.0	2	2.9
35	PUDUCHERRY	8	0.7	0	0.0	8	0.7
	TOTAL (UTs)	514	2.5	0	0.0	514	2.5
	TOTAL (ALL-INDIA)	21467	1.9	0	0.0	21467	1.9

TABLE-1.8 (Continued)

Sl. No.	City	Rape (Sec. 376 IPC)					
		Total		Custodial		Others	
		I	R	I	R	I	R
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
<i>CITIES:</i>							
36	AGRA	22	1.7	0	0.0	22	1.7
37	AHMEDABAD	44	1.0	0	0.0	44	1.0
38	ALLAHABAD	5	0.5	0	0.0	5	0.5
39	AMRITSAR	15	1.5	0	0.0	15	1.5
40	ASANSOL	20	1.8	0	0.0	20	1.8
41	BENGALURU	54	0.9	0	0.0	54	0.9
42	BHOPAL	80	5.5	0	0.0	80	5.5
43	CHENNAI	35	0.5	0	0.0	35	0.5
44	COIMBATORE	9	0.6	0	0.0	9	0.6
45	DELHI (CITY)	396	3.1	0	0.0	396	3.1
46	DHANBAD	17	1.6	0	0.0	17	1.6
47	FARIDABAD	46	4.4	0	0.0	46	4.4
48	HYDERABAD	62	1.1	0	0.0	62	1.1
49	INDORE	71	4.3	0	0.0	71	4.3
50	JABALPUR	72	6.4	0	0.0	72	6.4
51	JAIPUR	60	2.6	0	0.0	60	2.6
52	JAMSHEDPUR	17	1.5	0	0.0	17	1.5
53	KANPUR	72	2.7	0	0.0	72	2.7
54	KOCHI	12	0.9	0	0.0	12	0.9
55	KOLKATA	35	0.3	0	0.0	35	0.3
56	LUCKNOW	41	1.8	0	0.0	41	1.8
57	LUDHIANA	44	3.2	0	0.0	44	3.2
58	MADURAI	4	0.3	0	0.0	4	0.3
59	MEERUT	19	1.6	0	0.0	19	1.6
60	MUMBAI	218	1.3	0	0.0	218	1.3
61	NAGPUR	53	2.5	0	0.0	53	2.5
62	NASIK	14	1.2	0	0.0	14	1.2
63	PATNA	25	1.5	0	0.0	25	1.5
64	PUNE	92	2.4	0	0.0	92	2.4
65	RAJKOT	12	1.2	0	0.0	12	1.2
66	SURAT	28	1.0	0	0.0	28	1.0
67	VADODARA	7	0.5	0	0.0	7	0.5
68	VARANASI	8	0.7	0	0.0	8	0.7
69	VIJAYAWADA	30	3.0	0	0.0	30	3.0
70	VISHAKHAPATNAM	29	2.2	0	0.0	29	2.2
TOTAL (CITIES)		1768	1.6	0	0.0	1768	1.6

TABLE-1.8 (Continued)

Sl. No.	State/UT	Kidnapping & Abduction (Sec. 363-369, 371-373 IPC)						Dacoity (Sec. 395-398 IPC)	
		Total		of Women & Girls		of Others		I	R
		I	R	I	R	I	R		
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
STATES:									
1	ANDHRA PRADESH	1970	2.4	1396	1.7	574	0.7	110	0.1
2	ARUNACHAL PRADESH	79	6.6	47	3.9	32	2.7	14	1.2
3	ASSAM	2239	7.4	1789	5.9	450	1.5	312	1.0
4	BIHAR	3047	3.2	1789	1.9	1258	1.3	686	0.7
5	CHHATTISGARH	273	1.1	216	0.9	57	0.2	124	0.5
6	GOA	36	2.2	28	1.7	8	0.5	3	0.2
7	GUJARAT	1323	2.3	1119	2.0	204	0.4	256	0.5
8	HARYANA	854	3.6	644	2.7	210	0.9	120	0.5
9	HIMACHAL PRADESH	151	2.3	137	2.1	14	0.2	6	0.1
10	JAMMU & KASHMIR	704	5.6	656	5.2	48	0.4	3	0.0
11	JHARKHAND	792	2.6	499	1.7	293	1.0	416	1.4
12	KARNATAKA	758	1.3	405	0.7	353	0.6	270	0.5
13	KERALA	253	0.7	166	0.5	87	0.3	91	0.3
14	MADHYA PRADESH	929	1.3	736	1.1	193	0.3	160	0.2
15	MAHARASHTRA	1379	1.3	998	0.9	381	0.4	811	0.8
16	MANIPUR	176	6.7	87	3.3	89	3.4	1	0.0
17	MEGHALAYA	56	2.2	25	1.0	31	1.2	63	2.5
18	MIZORAM	9	0.9	1	0.1	8	0.8	4	0.4
19	NAGALAND	44	2.0	7	0.3	37	1.7	6	0.3
20	ORISSA	908	2.3	762	1.9	146	0.4	305	0.8
21	PUNJAB	718	2.7	514	1.9	204	0.8	40	0.1
22	RAJASTHAN	2358	3.6	1863	2.9	495	0.8	64	0.1
23	SIKKIM	4	0.7	4	0.7	0	0.0	1	0.2
24	TAMIL NADU	1375	2.1	1160	1.7	215	0.3	100	0.2
25	TRIPURA	146	4.1	110	3.1	36	1.0	13	0.4
26	UTTAR PRADESH	5428	2.8	4439	2.3	989	0.5	313	0.2
27	UTTARAKHAND	247	2.6	222	2.3	25	0.3	16	0.2
28	WEST BENGAL	2332	2.6	1907	2.2	425	0.5	184	0.2
	TOTAL (STATES)	28588	2.5	21726	1.9	6862	0.6	4492	0.4
UNION TERRITORIES									
29	A & N ISLANDS	17	4.1	13	3.1	4	1.0	0	0.0
30	CHANDIGARH	50	4.7	42	3.9	8	0.7	1	0.1
31	D & N HAVELI	17	6.4	11	4.2	6	2.3	1	0.4
32	DAMAN & DIU	4	2.1	1	0.5	3	1.6	2	1.1
33	DELHI	1567	9.1	1136	6.6	431	2.5	24	0.1
34	LAKSHADWEEP	1	1.4	1	1.4	0	0.0	0	0.0
35	PUDUCHERRY	17	1.6	9	0.8	8	0.7	10	0.9
	TOTAL (UTs)	1673	8.2	1213	6.0	460	2.3	38	0.2
	TOTAL (ALL-INDIA)	30261	2.6	22939	2.0	7322	0.6	4530	0.4

TABLE-1.8 (Continued)

Sl. No.	City	Kidnapping & Abduction (Sec. 363-369, 371-373 IPC)						Dacoity (Sec. 395-398 IPC)	
		Total		of Women & Girls		of Others		I	R
		I	R	I	R	I	R		
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
<i>CITIES:</i>									
36	AGRA	161	12.2	134	10.1	27	2.0	7	0.5
37	AHMEDABAD	172	3.8	137	3.0	35	0.8	14	0.3
38	ALLAHABAD	58	5.5	47	4.5	11	1.0	2	0.2
39	AMRITSAR	54	5.3	44	4.4	10	1.0	1	0.1
40	ASANSOL	18	1.6	12	1.1	6	0.5	1	0.1
41	BENGALURU	159	2.8	2	0.0	157	2.8	88	1.5
42	BHOPAL	38	2.6	33	2.3	5	0.3	2	0.1
43	CHENNAI	43	0.7	32	0.5	11	0.2	5	0.1
44	COIMBATORE	17	1.2	7	0.5	10	0.7	1	0.1
45	DELHI (CITY)	1317	10.3	948	7.4	369	2.9	17	0.1
46	DHANBAD	21	2.0	18	1.7	3	0.3	12	1.1
47	FARIDABAD	109	10.3	94	8.9	15	1.4	4	0.4
48	HYDERABAD	140	2.5	77	1.4	63	1.1	10	0.2
49	INDORE	49	3.0	36	2.2	13	0.8	4	0.2
50	JABALPUR	35	3.1	20	1.8	15	1.3	1	0.1
51	JAIPUR	185	8.0	174	7.5	11	0.5	6	0.3
52	JAMSHEDPUR	33	3.0	12	1.1	21	1.9	13	1.2
53	KANPUR	296	11.0	227	8.4	69	2.6	24	0.9
54	KOCHI	12	0.9	7	0.5	5	0.4	1	0.1
55	KOLKATA	116	0.9	92	0.7	24	0.2	14	0.1
56	LUCKNOW	309	13.6	266	11.7	43	1.9	13	0.6
57	LUDHIANA	110	7.9	76	5.4	34	2.4	5	0.4
58	MADURAI	24	2.0	14	1.2	10	0.8	1	0.1
59	MEERUT	84	7.2	63	5.4	21	1.8	1	0.1
60	MUMBAI	189	1.2	116	0.7	73	0.4	35	0.2
61	NAGPUR	43	2.0	28	1.3	15	0.7	14	0.7
62	NASIK	34	3.0	21	1.8	13	1.1	22	1.9
63	PATNA	230	13.5	51	3.0	179	10.5	34	2.0
64	PUNE	110	2.9	80	2.1	30	0.8	37	1.0
65	RAJKOT	54	5.4	40	4.0	14	1.4	9	0.9
66	SURAT	131	4.7	79	2.8	52	1.8	24	0.9
67	VADODARA	34	2.3	30	2.0	4	0.3	9	0.6
68	VARANASI	48	4.0	31	2.6	17	1.4	1	0.1
69	VIJAYAWADA	49	4.8	36	3.6	13	1.3	1	0.1
70	VISHAKHAPATNAM	34	2.6	26	2.0	8	0.6	3	0.2
TOTAL (CITIES)		4516	4.2	3110	2.9	1406	1.3	436	0.4

TABLE-1.8 (Continued)

Sl. No.	State/UT	Preparation & Assembly for Dacoity (Sec. 399-402 IPC)		Robbery (Sec. 392-394,397,398 IPC)		Burglary (Sec. 449-452,454,455, 457-460 IPC)	
		I (23)	R (24)	I (25)	R (26)	I (27)	R (28)
STATES:							
1	ANDHRA PRADESH	11	0.0	623	0.8	8332	10.1
2	ARUNACHAL PRADESH	0	0.0	79	6.6	245	20.3
3	ASSAM	74	0.2	568	1.9	3147	10.5
4	BIHAR	60	0.1	1592	1.7	3414	3.6
5	CHHATTISGARH	17	0.1	500	2.1	4112	17.3
6	GOA	0	0.0	23	1.4	302	18.4
7	GUJARAT	14	0.0	1322	2.3	5053	8.9
8	HARYANA	257	1.1	555	2.3	4249	17.8
9	HIMACHAL PRADESH	0	0.0	20	0.3	885	13.5
10	JAMMU & KASHMIR	0	0.0	67	0.5	1347	10.8
11	JHARKHAND	50	0.2	761	2.5	1375	4.6
12	KARNATAKA	248	0.4	1615	2.8	6258	10.9
13	KERALA	267	0.8	816	2.4	3882	11.3
14	MADHYA PRADESH	124	0.2	2234	3.2	11072	15.9
15	MAHARASHTRA	274	0.3	3031	2.8	16004	14.9
16	MANIPUR	212	8.0	7	0.3	76	2.9
17	MEGHALAYA	0	0.0	65	2.6	168	6.6
18	MIZORAM	0	0.0	6	0.6	338	34.3
19	NAGALAND	0	0.0	87	4.0	127	5.8
20	ORISSA	67	0.2	1345	3.4	3100	7.7
21	PUNJAB	122	0.5	167	0.6	2621	9.8
22	RAJASTHAN	77	0.1	829	1.3	4736	7.3
23	SIKKIM	0	0.0	7	1.2	81	13.6
24	TAMIL NADU	66	0.1	662	1.0	3849	5.8
25	TRIPURA	3	0.1	95	2.7	218	6.2
26	UTTAR PRADESH	76	0.0	2097	1.1	5418	2.8
27	UTTARAKHAND	2	0.0	144	1.5	423	4.4
28	WEST BENGAL	1055	1.2	613	0.7	462	0.5
	TOTAL (STATES) "	3076	0.3	19930	1.8	91294	8.1
UNION TERRITORIES							
29	A & N ISLANDS	0	0.0	14	3.4	78	18.8
30	CHANDIGARH	4	0.4	23	2.1	257	24.0
31	D & N HAVELI	0	0.0	0	0.0	49	18.5
32	DAMAN & DIU	0	0.0	4	2.1	45	23.8
33	DELHI	134	0.8	541	3.1	1926	11.2
34	LAKSHADWEEP	0	0.0	0	0.0	3	4.3
35	PUDUCHERRY	3	0.3	10	0.9	90	8.3
	TOTAL (UTs)	141	0.7	592	2.9	2448	12.0
	TOTAL (ALL-INDIA)	3217	0.3	20522	1.8	93742	8.1

TABLE-1.8 (Continued)

Sl. No.	City	Preparation & Assembly for Dacoity (Sec. 399-402 IPC)		Robbery (Sec. 392-394,397,398 IPC)		Burglary (Sec. 449-452,454,455, 457-460 IPC)	
		I (23)	R (24)	I (25)	R (26)	I (27)	R (28)
<i>CITIES:</i>							
36	AGRA	1	0.1	37	2.8	176	13.3
37	AHMEDABAD	2	0.0	538	11.9	778	17.2
38	ALLAHABAD	0	0.0	36	3.4	122	11.6
39	AMRITSAR	25	2.5	21	2.1	142	14.0
40	ASANSOL	29	2.7	3	0.3	4	0.4
41	BENGALURU	203	3.6	702	12.3	1787	31.4
42	BHOPAL	5	0.3	221	15.2	861	59.2
43	CHENNAI	0	0.0	41	0.6	322	5.0
44	COIMBATORE	0	0.0	11	0.8	78	5.4
45	DELHI (CITY)	116	0.9	493	3.9	1721	13.5
46	DHANBAD	1	0.1	16	1.5	106	10.0
47	FARIDABAD	51	4.8	32	3.0	276	26.2
48	HYDERABAD	0	0.0	115	2.1	1143	20.7
49	INDORE	7	0.4	323	19.7	1094	66.7
50	JABALPUR	3	0.3	123	11.0	309	27.7
51	JAIPUR	10	0.4	182	7.8	687	29.6
52	JAMSHEDPUR	2	0.2	51	4.6	107	9.7
53	KANPUR	4	0.1	144	5.4	279	10.4
54	KOCHI	0	0.0	31	2.3	114	8.4
55	KOLKATA	45	0.3	86	0.7	138	1.0
56	LUCKNOW	1	0.0	143	6.3	730	32.2
57	LUDHIANA	18	1.3	16	1.1	203	14.6
58	MADURAI	0	0.0	8	0.7	65	5.4
59	MEERUT	0	0.0	53	4.5	75	6.4
60	MUMBAI	27	0.2	328	2.0	2846	17.4
61	NAGPUR	41	1.9	321	15.1	941	44.3
62	NASIK	2	0.2	78	6.8	523	45.4
63	PATNA	0	0.0	265	15.5	554	32.5
64	PUNE	39	1.0	379	10.1	1395	37.1
65	RAJKOT	0	0.0	68	6.8	320	31.9
66	SURAT	4	0.1	146	5.2	544	19.4
67	VADODARA	2	0.1	23	1.5	366	24.5
68	VARANASI	1	0.1	18	1.5	148	12.2
69	VIJAYAWADA	0	0.0	24	2.4	189	18.7
70	VISHAKHAPATNAM	0	0.0	28	2.1	263	19.8
TOTAL (CITIES)		639	0.6	5104	4.7	19406	18.0

TABLE-1.8 (Continued)

Sl. No.	State/UT	Theft (Sec.379-382 IPC)						Riots (Sec.143-145,147-151,153,153A,153B,157,158,160 IPC)	
		Total		Auto Theft		Other Theft		I	R
		I	R	I	R	I	R		
(1)	(2)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
STATES:									
1	ANDHRA PRADESH	25362	30.8	7297	8.8	18065	21.9	1930	2.3
2	ARUNACHAL PRADESH	445	37.0	60	5.0	385	32.0	18	1.5
3	ASSAM	8012	26.6	2101	7.0	5911	19.7	2600	8.6
4	BIHAR	13206	14.0	2675	2.8	10531	11.2	8099	8.6
5	CHHATTISGARH	6079	25.6	2122	8.9	3957	16.6	1144	4.8
6	GOA	601	36.6	238	14.5	363	22.1	102	6.2
7	GUJARAT	20715	36.6	9947	17.6	10768	19.0	1809	3.2
8	HARYANA	12709	53.2	7674	32.1	5035	21.1	1184	5.0
9	HIMACHAL PRADESH	1152	17.5	332	5.1	820	12.5	627	9.5
10	JAMMU & KASHMIR	2198	17.6	689	5.5	1509	12.1	1782	14.3
11	JHARKHAND	7269	24.1	2165	7.2	5104	16.9	2576	8.5
12	KARNATAKA	17820	30.9	8960	15.6	8860	15.4	6013	10.4
13	KERALA	5818	16.9	1981	5.8	3837	11.2	8057	23.5
14	MADHYA PRADESH	24583	35.3	10533	15.1	14050	20.2	2768	4.0
15	MAHARASHTRA	52860	49.2	16900	15.7	35960	33.5	9388	8.7
16	MANIPUR	446	16.9	223	8.5	223	8.5	48	1.8
17	MEGHALAYA	669	26.3	137	5.4	532	20.9	8	0.3
18	MIZORAM	747	75.9	27	2.7	720	73.2	1	0.1
19	NAGALAND	345	15.7	182	8.3	163	7.4	4	0.2
20	ORISSA	7419	18.5	1975	4.9	5444	13.6	2721	6.8
21	PUNJAB	5563	20.8	2182	8.2	3381	12.7	1	0.0
22	RAJASTHAN	20411	31.4	9857	15.2	10554	16.2	1390	2.1
23	SIKKIM	127	21.3	9	1.5	118	19.8	17	2.9
24	TAMIL NADU	15019	22.6	3722	5.6	11297	17.0	2811	4.2
25	TRIPURA	499	14.2	43	1.2	456	12.9	197	5.6
26	UTTAR PRADESH	25946	13.5	12064	6.3	13882	7.2	4381	2.3
27	UTTARAKHAND	1622	17.0	726	7.6	896	9.4	509	5.3
28	WEST BENGAL	17334	19.7	2593	2.9	14741	16.7	5425	6.2
	TOTAL (STATES)	294976	26.0	107414	9.5	187562	16.6	65610	5.8
UNION TERRITORIES									
29	A & N ISLANDS	128	30.8	11	2.7	117	28.2	16	3.9
30	CHANDIGARH	1991	185.9	1094	102.1	897	83.8	85	7.9
31	D & N HAVELI	54	20.4	18	6.8	36	13.6	24	9.1
32	DAMAN & DIU	49	25.9	31	16.4	18	9.5	35	18.5
33	DELHI	18867	109.4	11020	63.9	7847	45.5	71	0.4
34	LAKSHADWEEP	8	11.6	1	1.4	7	10.1	12	17.4
35	PUDUCHERRY	688	63.7	443	41.0	245	22.7	165	15.3
	TOTAL (UTs)	21785	107.1	12618	62.0	9167	45.1	408	2.0
	TOTAL (ALL-INDIA)	316761	27.5	120032	10.4	196729	17.1	66018	5.7

TABLE-1.8 (Continued)

Sl. No.	City	Theft (Sec.379-382 IPC)						Riots (Sec.143-145,147-151,153,153A,153B,157,158,160 IPC)	
		Total		Auto Theft		Other Theft		I	R
		I	R	I	R	I	R		
(1)	(2)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
CITIES:									
36	AGRA	1551	117.4	1132	85.7	419	31.7	155	11.7
37	AHMEDABAD	5485	121.4	3239	71.7	2246	49.7	168	3.7
38	ALLAHABAD	464	44.2	307	29.2	157	15.0	68	6.5
39	AMRITSAR	466	46.1	211	20.9	255	25.2	0	0.0
40	ASANSOL	222	20.3	120	11.0	102	9.3	27	2.5
41	BENGALURU	9681	170.2	5605	98.6	4076	71.7	348	6.1
42	BHOPAL	2381	163.6	1290	88.7	1091	75.0	92	6.3
43	CHENNAI	1545	24.0	269	4.2	1276	19.9	55	0.9
44	COIMBATORE	621	42.9	166	11.5	455	31.5	24	1.7
45	DELHI (CITY)	17528	137.0	10256	80.2	7272	56.9	60	0.5
46	DHANBAD	281	26.4	136	12.8	145	13.6	47	4.4
47	FARIDABAD	945	89.6	691	65.5	254	24.1	145	13.7
48	HYDERABAD	5200	94.0	2106	38.1	3094	55.9	143	2.6
49	INDORE	4208	256.7	3154	192.4	1054	64.3	129	7.9
50	JABALPUR	823	73.7	125	11.2	698	62.5	84	7.5
51	JAIPUR	4816	207.2	3278	141.0	1538	66.2	243	10.5
52	JAMSHEDPUR	782	71.0	300	27.2	482	43.7	30	2.7
53	KANPUR	1293	48.1	821	30.5	472	17.5	220	8.2
54	KOCHI	312	23.0	95	7.0	217	16.0	141	10.4
55	KOLKATA	3365	25.5	546	4.1	2819	21.3	211	1.6
56	LUCKNOW	2850	125.7	1525	67.3	1325	58.4	354	15.6
57	LUDHIANA	537	38.5	289	20.7	248	17.8	0	0.0
58	MADURAI	532	44.5	174	14.6	358	30.0	19	1.6
59	MEERUT	607	52.0	309	26.5	298	25.5	43	3.7
60	MUMBAI	12972	79.3	4068	24.9	8904	54.4	377	2.3
61	NAGPUR	2062	97.1	871	41.0	1191	56.1	258	12.2
62	NASIK	1353	117.4	668	58.0	685	59.5	186	16.1
63	PATNA	1082	63.4	852	49.9	230	13.5	202	11.8
64	PUNE	5509	146.7	3262	86.8	2247	59.8	530	14.1
65	RAJKOT	1394	139.1	784	78.2	610	60.9	140	14.0
66	SURAT	3049	108.5	1939	69.0	1110	39.5	165	5.9
67	VADODARA	1415	94.8	827	55.4	588	39.4	123	8.2
68	VARANASI	827	68.2	632	52.1	195	16.1	56	4.6
69	VIJAYAWADA	1176	116.3	321	31.8	855	84.6	8	0.8
70	VISHAKHAPATNAM	1045	78.6	343	25.8	702	52.8	14	1.1
TOTAL (CITIES)		98379	91.2	50711	47.0	47668	44.2	4865	4.5

TABLE-1.8 (Continued)

Sl. No.	State/UT	Criminal Breach of Trust (Sec. 406-409 IPC)		Cheating (Sec. 419,420 IPC)		Counterfeiting (Sec. 231-254,489A-489D IPC)		Arson (Sec. 435,436,438 IPC)	
		I (37)	R (38)	I (39)	R (40)	I (41)	R (42)	I (43)	R (44)
STATES:									
1	ANDHRA PRADESH	990	1.2	8393	10.2	379	0.5	1021	1.2
2	ARUNACHAL PRADESH	43	3.6	28	2.3	1	0.1	10	0.8
3	ASSAM	680	2.3	996	3.3	91	0.3	443	1.5
4	BIHAR	1352	1.4	2741	2.9	69	0.1	772	0.8
5	CHHATTISGARH	169	0.7	562	2.4	71	0.3	302	1.3
6	GOA	47	2.9	105	6.4	22	1.3	27	1.6
7	GUJARAT	1167	2.1	1167	2.1	190	0.3	363	0.6
8	HARYANA	763	3.2	1150	4.8	40	0.2	139	0.6
9	HIMACHAL PRADESH	137	2.1	248	3.8	11	0.2	127	1.9
10	JAMMU & KASHMIR	87	0.7	392	3.1	23	0.2	230	1.8
11	JHARKHAND	269	0.9	900	3.0	24	0.1	164	0.5
12	KARNATAKA	424	0.7	3669	6.4	118	0.2	265	0.5
13	KERALA	435	1.3	3659	10.7	46	0.1	389	1.1
14	MADHYA PRADESH	570	0.8	1368	2.0	47	0.1	898	1.3
15	MAHARASHTRA	1880	1.8	7296	6.8	405	0.4	1288	1.2
16	MANIPUR	24	0.9	161	6.1	3	0.1	41	1.6
17	MEGHALAYA	32	1.3	104	4.1	10	0.4	28	1.1
18	MIZORAM	34	3.5	57	5.8	15	1.5	18	1.8
19	NAGALAND	16	0.7	31	1.4	4	0.2	14	0.6
20	ORISSA	342	0.9	1244	3.1	26	0.1	869	2.2
21	PUNJAB	236	0.9	3192	12.0	78	0.3	75	0.3
22	RAJASTHAN	737	1.1	12097	18.6	51	0.1	615	0.9
23	SIKKIM	6	1.0	46	7.7	0	0.0	23	3.9
24	TAMIL NADU	231	0.3	2349	3.5	599	0.9	610	0.9
25	TRIPURA	42	1.2	92	2.6	23	0.7	47	1.3
26	UTTAR PRADESH	4296	2.2	9327	4.9	420	0.2	228	0.1
27	UTTARAKHAND	171	1.8	463	4.9	31	0.3	15	0.2
28	WEST BENGAL	876	1.0	2938	3.3	148	0.2	150	0.2
	TOTAL (STATES)	16056	1.4	64775	5.7	2945	0.3	9171	0.8
UNION TERRITORIES:									
29	A & N ISLANDS	12	2.9	19	4.6	1	0.2	15	3.6
30	CHANDIGARH	37	3.5	213	19.9	0	0.0	2	0.2
31	D & N HAVELI	10	3.8	24	9.1	1	0.4	6	2.3
32	DAMAN & DIU	4	2.1	2	1.1	1	0.5	3	1.6
33	DELHI	355	2.1	1493	8.7	41	0.2	41	0.2
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0	2	2.9
35	PUDUCHERRY	13	1.2	53	4.9	2	0.2	9	0.8
	TOTAL (UTs)	431	2.1	1804	8.9	46	0.2	78	0.4
	TOTAL (ALL-INDIA)	16487	1.4	66579	5.8	2991	0.3	9249	0.8

TABLE-1.8 (Continued)

Sl. No.	City	Criminal Breach of Trust (Sec. 406-409 IPC)		Cheating (Sec. 419,420 IPC)		Counterfeiting (Sec. 231-254,489A-489D IPC)		Arson (Sec. 435,436,438 IPC)	
		I (37)	R (38)	I (39)	R (40)	I (41)	R (42)	I (43)	R (44)
<i>CITIES:</i>									
36	AGRA	111	8.4	262	19.8	34	2.6	4	0.3
37	AHMEDABAD	223	4.9	200	4.4	14	0.3	1	0.0
38	ALLAHABAD	64	6.1	148	14.1	18	1.7	0	0.0
39	AMRITSAR	20	2.0	321	31.8	6	0.6	5	0.5
40	ASANSOL	7	0.6	45	4.1	0	0.0	7	0.6
41	BENGALURU	190	3.3	2025	35.6	49	0.9	10	0.2
42	BHOPAL	27	1.9	112	7.7	6	0.4	21	1.4
43	CHENNAI	5	0.1	293	4.6	135	2.1	0	0.0
44	COIMBATORE	11	0.8	93	6.4	168	11.6	4	0.3
45	DELHI (CITY)	317	2.5	1377	10.8	36	0.3	36	0.3
46	DHANBAD	8	0.8	24	2.3	1	0.1	1	0.1
47	FARIDABAD	138	13.1	32	3.0	2	0.2	7	0.7
48	HYDERABAD	143	2.6	1875	33.9	42	0.8	44	0.8
49	INDORE	35	2.1	88	5.4	4	0.2	45	2.7
50	JABALPUR	9	0.8	65	5.8	5	0.4	9	0.8
51	JAIPUR	220	9.5	2012	86.6	11	0.5	23	1.0
52	JAMSHEDPUR	32	2.9	107	9.7	2	0.2	10	0.9
53	KANPUR	328	12.2	645	24.0	24	0.9	7	0.3
54	KOCHI	14	1.0	224	16.5	0	0.0	3	0.2
55	KOLKATA	246	1.9	1273	9.6	35	0.3	0	0.0
56	LUCKNOW	543	24.0	1041	45.9	20	0.9	0	0.0
57	LUDHIANA	20	1.4	268	19.2	4	0.3	2	0.1
58	MADURAI	3	0.3	117	9.8	26	2.2	5	0.4
59	MEERUT	65	5.6	171	14.7	20	1.7	0	0.0
60	MUMBAI	481	2.9	2025	12.4	124	0.8	22	0.1
61	NAGPUR	77	3.6	336	15.8	21	1.0	16	0.8
62	NASIK	28	2.4	166	14.4	11	1.0	10	0.9
63	PATNA	41	2.4	233	13.6	5	0.3	2	0.1
64	PUNE	82	2.2	600	16.0	30	0.8	21	0.6
65	RAJKOT	71	7.1	85	8.5	14	1.4	12	1.2
66	SURAT	39	1.4	178	6.3	29	1.0	10	0.4
67	VADODARA	20	1.3	119	8.0	6	0.4	5	0.3
68	VARANASI	104	8.6	198	16.3	24	2.0	0	0.0
69	VIJAYAWADA	52	5.1	326	32.2	13	1.3	23	2.3
70	VISHAKHAPATNAM	31	2.3	267	20.1	21	1.6	10	0.8
TOTAL (CITIES)		3805	3.5	17351	16.1	960	0.9	375	0.3

TABLE-1.8 (Continued)

Sl. No.	State/UT	Hurt (Sec.323-333,335-338 IPC)		Dowry Deaths (Sec.304B IPC)		Molestation (Sec.354 IPC)		Sexual Harassment (Sec.509 IPC)	
		I	R	I	R	I	R	I	R
(1)	(2)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)
STATES:									
1	ANDHRA PRADESH	48167	58.4	556	0.7	4730	5.7	3551	4.3
2	ARUNACHAL PRADESH	479	39.8	0	0.0	72	6.0	1	0.1
3	ASSAM	6107	20.3	103	0.3	1272	4.2	2	0.0
4	BIHAR	16644	17.6	1210	1.3	999	1.1	21	0.0
5	CHHATTISGARH	8565	36.0	106	0.4	1621	6.8	125	0.5
6	GOA	185	11.3	2	0.1	32	1.9	12	0.7
7	GUJARAT	10897	19.2	27	0.0	828	1.5	122	0.2
8	HARYANA	4504	18.9	302	1.3	435	1.8	605	2.5
9	HIMACHAL PRADESH	1258	19.1	3	0.0	295	4.5	41	0.6
10	JAMMU & KASHMIR	273	2.2	21	0.2	935	7.5	296	2.4
11	JHARKHAND	2826	9.4	266	0.9	271	0.9	23	0.1
12	KARNATAKA	19159	33.3	259	0.4	1954	3.4	44	0.1
13	KERALA	19178	55.8	31	0.1	2745	8.0	258	0.8
14	MADHYA PRADESH	36344	52.2	805	1.2	6445	9.2	758	1.1
15	MAHARASHTRA	29742	27.7	390	0.4	3619	3.4	1091	1.0
16	MANIPUR	301	11.4	1	0.0	57	2.2	0	0.0
17	MEGHALAYA	204	8.0	2	0.1	54	2.1	4	0.2
18	MIZORAM	118	12.0	0	0.0	78	7.9	0	0.0
19	NAGALAND	46	2.1	0	0.0	15	0.7	1	0.0
20	ORISSA	7013	17.5	401	1.0	2782	6.9	282	0.7
21	PUNJAB	5597	21.0	128	0.5	388	1.5	49	0.2
22	RAJASTHAN	21117	32.5	439	0.7	2520	3.9	19	0.0
23	SIKKIM	100	16.8	0	0.0	19	3.2	0	0.0
24	TAMIL NADU	20529	30.8	207	0.3	1705	2.6	974	1.5
25	TRIPURA	924	26.2	16	0.5	346	9.8	4	0.1
26	UTTAR PRADESH	11683	6.1	2237	1.2	2955	1.5	3374	1.8
27	UTTARAKHAND	937	9.8	73	0.8	120	1.3	306	3.2
28	WEST BENGAL	9033	10.2	451	0.5	2396	2.7	94	0.1
	TOTAL (STATES)	281930	24.9	8036	0.7	39688	3.5	12057	1.1
UNION TERRITORIES									
29	A & N ISLANDS	107	25.8	2	0.5	24	5.8	3	0.7
30	CHANDIGARH	73	6.8	3	0.3	19	1.8	2	0.2
31	D & N HAVELI	26	9.8	0	0.0	4	1.5	0	0.0
32	DAMAN & DIU	12	6.3	0	0.0	2	1.1	1	0.5
33	DELHI	1936	11.2	129	0.7	611	3.5	130	0.8
34	LAKSHADWEEP	12	17.4	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	873	80.8	2	0.2	65	6.0	21	1.9
	TOTAL (UTs)	3039	14.9	136	0.7	725	3.6	157	0.8
	TOTAL (ALL-INDIA)	284969	24.7	8172	0.7	40413	3.5	12214	1.1

TABLE-1.8 (Continued)

Sl. No.	City	Hurt (Sec.323-333,335-338 IPC)		Dowry Deaths (Sec.304B IPC)		Molestation (Sec.354 IPC)		Sexual Harassment (Sec.509 IPC)	
		I	R	I	R	I	R	I	R
(1)	(2)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)
CITIES:									
36	AGRA	270	20.4	38	2.9	62	4.7	91	6.9
37	AHMEDABAD	1335	29.5	1	0.0	78	1.7	19	0.4
38	ALLAHABAD	26	2.5	12	1.1	11	1.0	37	3.5
39	AMRITSAR	245	24.2	6	0.6	25	2.5	11	1.1
40	ASANSOL	94	8.6	9	0.8	20	1.8	0	0.0
41	BENGALURU	2497	43.9	52	0.9	179	3.1	1	0.0
42	BHOPAL	1203	82.7	21	1.4	160	11.0	34	2.3
43	CHENNAI	726	11.3	25	0.4	46	0.7	67	1.0
44	COIMBATORE	240	16.6	6	0.4	29	2.0	7	0.5
45	DELHI (CITY)	1753	13.7	110	0.9	553	4.3	123	1.0
46	DHANBAD	110	10.3	16	1.5	13	1.2	0	0.0
47	FARIDABAD	191	18.1	21	2.0	23	2.2	97	9.2
48	HYDERABAD	4244	76.7	41	0.7	231	4.2	148	2.7
49	INDORE	1287	78.5	25	1.5	231	14.1	45	2.7
50	JABALPUR	1075	96.2	27	2.4	175	15.7	35	3.1
51	JAIPUR	797	34.3	20	0.9	106	4.6	2	0.1
52	JAMSHEDPUR	36	3.3	11	1.0	16	1.5	5	0.5
53	KANPUR	505	18.8	86	3.2	136	5.1	578	21.5
54	KOCHI	355	26.2	1	0.1	59	4.4	5	0.4
55	KOLKATA	1470	11.1	12	0.1	211	1.6	81	0.6
56	LUCKNOW	32	1.4	37	1.6	147	6.5	328	14.5
57	LUDHIANA	250	17.9	9	0.6	36	2.6	21	1.5
58	MADURAI	91	7.6	5	0.4	11	0.9	2	0.2
59	MEERUT	11	0.9	14	1.2	51	4.4	101	8.7
60	MUMBAI	4155	25.4	11	0.1	436	2.7	121	0.7
61	NAGPUR	773	36.4	7	0.3	91	4.3	71	3.3
62	NASIK	276	24.0	5	0.4	42	3.6	10	0.9
63	PATNA	80	4.7	28	1.6	9	0.5	1	0.1
64	PUNE	1328	35.4	7	0.2	113	3.0	73	1.9
65	RAJKOT	417	41.6	1	0.1	30	3.0	19	1.9
66	SURAT	856	30.5	11	0.4	54	1.9	2	0.1
67	VADODARA	283	19.0	0	0.0	16	1.1	3	0.2
68	VARANASI	97	8.0	24	2.0	11	0.9	83	6.8
69	VIJAYAWADA	1482	146.6	9	0.9	104	10.3	252	24.9
70	VISHAKHAPATNAM	412	31.0	13	1.0	87	6.5	2	0.2
TOTAL (CITIES)		29002	26.9	721	0.7	3602	3.3	2475	2.3

TABLE-1.8 (Concluded)

Sl. No.	State/UT	Cruelty by Husband and Relatives (Sec. 498A IPC)		Importation of Girls (Sec. 366B IPC)		Causing Death by Negligence (Sec. 304A IPC)		Other IPC Crimes		Total Cognizable Crimes Under IPC	
		I	R	I	R	I	R	I	R	I	R
		(1)	(2)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)
STATES:											
1	ANDHRA PRADESH	10306	12.5	0	0.0	12861	15.6	43929	53.3	179275	217.4
2	ARUNACHAL PRADESH	13	1.1	0	0.0	104	8.6	590	49.0	2374	197.2
3	ASSAM	3478	11.6	0	0.0	2259	7.5	17598	58.5	53333	177.3
4	BIHAR	1992	2.1	22	0.0	4592	4.9	54370	57.7	122669	130.1
5	CHHATTISGARH	897	3.8	0	0.0	2800	11.8	21074	88.6	51442	216.4
6	GOA	12	0.7	0	0.0	230	14.0	886	53.9	2742	166.8
7	GUJARAT	6094	10.8	0	0.0	4934	8.7	65525	115.6	123808	218.5
8	HARYANA	2435	10.2	0	0.0	1323	5.5	21460	89.8	55344	231.7
9	HIMACHAL PRADESH	343	5.2	0	0.0	485	7.4	7837	119.3	13976	212.7
10	JAMMU & KASHMIR	162	1.3	0	0.0	293	2.3	10734	85.9	20604	164.8
11	JHARKHAND	851	2.8	39	0.1	1310	4.3	14843	49.2	38686	128.3
12	KARNATAKA	2638	4.6	1	0.0	572	1.0	61755	107.2	127540	221.4
13	KERALA	4138	12.1	0	0.0	37	0.1	59061	172.0	110620	322.1
14	MADHYA PRADESH	3185	4.6	0	0.0	6008	8.6	100513	144.2	206556	296.4
15	MAHARASHTRA	7829	7.3	0	0.0	12472	11.6	50183	46.7	206243	192.1
16	MANIPUR	28	1.1	0	0.0	2	0.1	1038	39.4	3349	127.0
17	MEGHALAYA	32	1.3	0	0.0	64	2.5	480	18.8	2318	91.0
18	MIZORAM	5	0.5	0	0.0	53	5.4	378	38.4	1989	202.1
19	NAGALAND	4	0.2	0	0.0	44	2.0	192	8.7	1202	54.7
20	ORISSA	1618	4.0	0	0.0	3535	8.8	18916	47.3	56755	141.8
21	PUNJAB	984	3.7	0	0.0	2845	10.7	10122	37.9	35314	132.3
22	RAJASTHAN	8113	12.5	0	0.0	7322	11.3	63924	98.4	151174	232.6
23	SIKKIM	5	0.8	0	0.0	40	6.7	215	36.1	730	122.5
24	TAMIL NADU	1648	2.5	0	0.0	12328	18.5	107084	160.8	176833	265.6
25	TRIPURA	735	20.9	0	0.0	195	5.5	1327	37.7	5336	151.4
26	UTTAR PRADESH	8312	4.3	0	0.0	10102	5.3	60242	31.4	168996	88.0
27	UTTARAKHAND	340	3.6	0	0.0	590	6.2	2280	23.9	8856	92.8
28	WEST BENGAL	13663	15.5	5	0.0	3789	4.3	38177	43.3	105419	119.5
	TOTAL (STATES)	79860	7.0	67	0.0	91189	8.0	834733	73.7	2033483	179.5
UNION TERRITORIES											
29	A & N ISLANDS	26	6.3	0	0.0	4	1.0	383	92.3	882	212.5
30	CHANDIGARH	49	4.6	0	0.0	11	1.0	1040	97.1	3931	367.0
31	D & N HAVELI	4	1.5	0	0.0	10	3.8	154	58.1	401	151.3
32	DAMAN & DIU	5	2.6	0	0.0	39	20.6	36	19.0	248	131.2
33	DELHI	1387	8.0	0	0.0	726	4.2	17896	103.7	49350	286.1
34	LAKSHADWEEP	1	1.4	0	0.0	0	0.0	53	76.8	95	137.7
35	PUDUCHERRY	12	1.1	0	0.0	207	19.2	2668	247.0	4989	461.9
	TOTAL (UTs)	1484	7.3	0	0.0	997	4.9	22230	109.3	59896	294.5
	TOTAL (ALL-INDIA)	81344	7.1	67	0.0	92186	8.0	856963	74.3	2093379	181.5

TABLE-1.8 (Concluded)

Sl. No.	City	Cruelty by Husband and Relatives (Sec. 498A IPC)		Importation of Girls (Sec. 366B IPC)		Causing Death by Negligence (Sec. 304A IPC)		Other IPC Crimes		Total Cognizable Crimes Under IPC	
		I	R	I	R	I	R	I	R	I	R
(1)	(2)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)
<i>CITIES:</i>											
36	AGRA	240	18.2	0	0.0	210	15.9	1242	94.0	4826	365.3
37	AHMEDABAD	1185	26.2	0	0.0	242	5.4	7900	174.8	18544	410.4
38	ALLAHABAD	107	10.2	0	0.0	76	7.2	725	69.0	2068	197.0
39	AMRITSAR	66	6.5	0	0.0	99	9.8	673	66.6	2327	230.2
40	ASANSOL	166	15.2	0	0.0	86	7.9	855	78.4	1676	153.6
41	BENGALURU	307	5.4	0	0.0	126	2.2	10648	187.2	29664	521.6
42	BHOPAL	149	10.2	0	0.0	188	12.9	5796	398.4	11515	791.4
43	CHENNAI	165	2.6	0	0.0	613	9.5	7478	116.4	11829	184.1
44	COIMBATORE	62	4.3	0	0.0	307	21.2	2444	169.0	4180	289.1
45	DELHI (CITY)	1310	10.2	0	0.0	696	5.4	15778	123.4	44573	348.5
46	DHANBAD	16	1.5	0	0.0	0	0.0	570	53.6	1302	122.4
47	FARIDABAD	173	16.4	0	0.0	12	1.1	2124	201.3	4516	428.1
48	HYDERABAD	1184	21.4	0	0.0	482	8.7	3067	55.4	18567	335.5
49	INDORE	290	17.7	0	0.0	264	16.1	6968	425.1	15430	941.4
50	JABALPUR	95	8.5	0	0.0	95	8.5	1973	176.6	5128	459.1
51	JAIPUR	451	19.4	0	0.0	512	22.0	4926	212.0	15407	663.0
52	JAMSHEDPUR	62	5.6	0	0.0	4	0.4	1210	109.8	2685	243.6
53	KANPUR	632	23.5	0	0.0	127	4.7	3164	117.6	8885	330.3
54	KOCHI	87	6.4	0	0.0	0	0.0	6562	484.3	7956	587.2
55	KOLKATA	405	3.1	4	0.0	427	3.2	4680	35.4	13005	98.4
56	LUCKNOW	647	28.5	0	0.0	392	17.3	3858	170.2	11735	517.6
57	LUDHIANA	88	6.3	0	0.0	211	15.1	864	61.9	2847	204.1
58	MADURAI	42	3.5	0	0.0	139	11.6	1299	108.7	2470	206.7
59	MEERUT	163	14.0	0	0.0	151	12.9	1005	86.1	2765	236.9
60	MUMBAI	502	3.1	0	0.0	709	4.3	6850	41.8	32770	200.2
61	NAGPUR	237	11.2	0	0.0	269	12.7	2869	135.1	8661	408.0
62	NASIK	141	12.2	0	0.0	293	25.4	545	47.3	3813	331.0
63	PATNA	126	7.4	0	0.0	256	15.0	5618	329.1	9014	528.1
64	PUNE	273	7.3	0	0.0	642	17.1	2924	77.8	14467	385.2
65	RAJKOT	312	31.1	0	0.0	128	12.8	2368	236.3	5525	551.4
66	SURAT	472	16.8	0	0.0	382	13.6	4475	159.2	10741	382.1
67	VADODARA	268	18.0	0	0.0	159	10.7	2473	165.8	5386	361.0
68	VARANASI	103	8.5	0	0.0	88	7.3	807	66.6	2734	225.6
69	VIJAYAWADA	395	39.1	0	0.0	291	28.8	610	60.3	5127	507.1
70	VISHAKHAPATNAM	488	36.7	0	0.0	313	23.6	1886	141.9	5015	377.4
TOTAL (CITIES)		11409	10.6	4	0.0	8989	8.3	127234	117.9	347153	321.8

TABLE-1.9
Incidence of IPC Crimes against Body during 2008

Sl. No.	State/UT	Murder (Sec.302, 303 IPC)	Attempt to Commit Murder (Sec.307 IPC)	C.H. Not Amounting to murder (Sec.304, 308 IPC)	Kidnapping & Abduction (Sec.363-369,371-373 IPC)	Hurt (Sec.323 -333, 335-338 IPC)	Causing Death by Negligence (Sec.304A IPC)	Total IPC Crimes Against Body	Percentage share	Crime Rate	Percentage To Total IPC Cog. Crimes
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	2690	1942	165	1970	48167	12861	67795	14.34	82.21	37.82
2	ARUNACHAL PRADESH	72	37	2	79	479	104	773	0.16	64.20	32.56
3	ASSAM	1426	417	71	2239	6107	2259	12519	2.65	41.62	23.47
4	BIHAR	3139	2954	386	3047	16644	4592	30762	6.51	32.62	25.08
5	CHHATTISGARH	1169	736	18	273	8565	2800	13561	2.87	57.04	26.36
6	GOA	49	25	11	36	185	230	536	0.11	32.60	19.55
7	GUJARAT	1106	487	35	1323	10897	4934	18782	3.97	33.15	15.17
8	HARYANA	921	616	92	854	4504	1323	8310	1.76	34.78	15.02
9	HIMACHAL PRADESH	129	59	5	151	1258	485	2087	0.44	31.76	14.93
10	JAMMU & KASHMIR	237	570	31	704	273	293	2108	0.45	16.86	10.23
11	JHARKHAND	1697	1061	112	792	2826	1310	7798	1.65	25.87	20.16
12	KARNATAKA	1698	1475	81	758	19159	572	23743	5.02	41.22	18.62
13	KERALA	362	434	95	253	19178	37	20359	4.31	59.29	18.40
14	MADHYA PRADESH	2322	2282	204	929	36344	6008	48089	10.17	69.01	23.28
15	MAHARASHTRA	2795	1837	111	1379	29742	12472	48336	10.23	45.03	23.44
16	MANIPUR	187	498	4	176	301	2	1168	0.25	44.29	34.88
17	MEGHALAYA	126	55	6	56	204	64	511	0.11	20.06	22.04
18	MIZORAM	35	10	6	9	118	53	231	0.05	23.48	11.61
19	NAGALAND	143	47	13	44	46	44	337	0.07	15.35	28.04
20	ORISSA	1250	1415	84	908	7013	3535	14205	3.01	35.48	25.03
21	PUNJAB	769	956	146	718	5597	2845	11031	2.33	41.33	31.24
22	RAJASTHAN	1297	1649	54	2358	21117	7322	33797	7.15	52.00	22.36
23	SIKKIM	9	7	3	4	100	40	163	0.03	27.35	22.33
24	TAMIL NADU	1759	2327	28	1375	20529	12328	38346	8.11	57.60	21.68
25	TRIPURA	155	53	2	146	924	195	1475	0.31	41.86	27.64
27	UTTAR PRADESH	4564	4233	1493	5428	11683	10102	37503	7.93	19.53	22.19
26	UTTARAKHAND	223	217	40	247	937	590	2254	0.48	23.62	25.45
28	WEST BENGAL	1811	1732	488	2332	9033	3789	19185	4.06	21.75	18.20
	TOTAL (STATES)	32140	28131	3786	28588	281930	91189	465764	98.54	41.12	22.90
UNION TERRITORIES											
29	A&N ISLANDS	8	11	2	17	107	4	149	0.03	35.90	16.89
30	CHANDIGARH	17	28	6	50	73	11	185	0.04	17.27	4.71
31	D&N HAVELI	9	2	0	17	26	10	64	0.01	24.15	15.96
32	DAMAN & DIU	2	2	0	4	12	39	59	0.01	31.22	23.79
33	DELHI	554	389	66	1567	1936	726	5238	1.11	30.37	10.61
34	LAKSHADWEEP	1	0	0	1	12	0	14	0.00	20.29	14.74
35	PUDUCHERRY	35	35	3	17	873	207	1170	0.25	108.33	23.45
	TOTAL (UTs)	626	467	77	1673	3039	997	6879	1.46	33.82	11.48
	TOTAL (ALL-INDIA)	32766	28598	3863	30261	284969	92186	472643	100.00	40.99	22.58

TABLE-1.10
Incidence of IPC Crimes against Property during 2008

Sl. No.	State/UT	Dacoity (Sec.395-398 IPC)	Preparation And Assembly For Dacoity (Sec.399-402 IPC)	Robbery (392-394, 397,398 IPC)	Burglary (Sec.449-452,454, 455, 457-460 IPC)	Theft (Sec. 379-382 IPC)	Total IPC Crimes Against Property	Percentage Share	Crime Rate	Percentage To Total IPC Cog. Crimes
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<i>STATES:</i>										
1	ANDHRA PRADESH	110	11	623	8332	25362	34438	7.85	41.76	19.21
2	ARUNACHAL PRADESH	14	0	79	245	445	783	0.18	65.03	32.98
3	ASSAM	312	74	568	3147	8012	12113	2.76	40.27	22.71
4	BIHAR	686	60	1592	3414	13206	18958	4.32	20.10	15.45
5	CHHATTISGARH	124	17	500	4112	6079	10832	2.47	45.56	21.06
6	GOA	3	0	23	302	601	929	0.21	56.51	33.88
7	GUJARAT	256	14	1322	5053	20715	27360	6.24	48.28	22.10
8	HARYANA	120	257	555	4249	12709	17890	4.08	74.88	32.33
9	HIMACHAL PRADESH	6	0	20	885	1152	2063	0.47	31.40	14.76
10	JAMMU & KASHMIR	3	0	67	1347	2198	3615	0.82	28.92	17.55
11	JHARKHAND	416	50	761	1375	7269	9871	2.25	32.75	25.52
12	KARNATAKA	270	248	1615	6258	17820	26211	5.97	45.50	20.55
13	KERALA	91	267	816	3882	5818	10874	2.48	31.67	9.83
14	MADHYA PRADESH	160	124	2234	11072	24583	38173	8.70	54.78	18.48
15	MAHARASHTRA	811	274	3031	16004	52860	72980	16.63	67.99	35.39
16	MANIPUR	1	212	7	76	446	742	0.17	28.14	22.16
17	MEGHALAYA	63	0	65	168	669	965	0.22	37.89	41.63
18	MIZORAM	4	0	6	338	747	1095	0.25	111.28	55.05
19	NAGALAND	6	0	87	127	345	565	0.13	25.73	47.00
20	ORISSA	305	67	1345	3100	7419	12236	2.79	30.56	21.56
21	PUNJAB	40	122	167	2621	5563	8513	1.94	31.90	24.11
22	RAJASTHAN	64	77	829	4736	20411	26117	5.95	40.18	17.28
23	SIKKIM	1	0	7	81	127	216	0.05	36.24	29.59
24	TAMIL NADU	100	66	662	3849	15019	19696	4.49	29.58	11.14
25	TRIPURA	13	3	95	218	499	828	0.19	23.50	15.52
26	UTTAR PRADESH	313	76	2097	5418	25946	33850	7.71	17.63	20.03
27	UTTARAKHAND	16	2	144	423	1622	2207	0.50	23.13	24.92
28	WEST BENGAL	184	1055	613	462	17334	19648	4.48	22.27	18.64
	TOTAL (STATES)	4492	3076	19930	91294	294976	413768	94.30	36.53	20.35
<i>UNION TERRITORIES:</i>										
29	A&N ISLANDS	0	0	14	78	128	220	0.05	53.01	24.94
30	CHANDIGARH	1	4	23	257	1991	2276	0.52	212.51	57.90
31	D&N HAVELI	1	0	0	49	54	104	0.02	39.25	25.94
32	DAMAN & DIU	2	0	4	45	49	100	0.02	52.91	40.32
33	DELHI	24	134	541	1926	18867	21492	4.90	124.59	43.55
34	LAKSHADWEEP	0	0	0	3	8	11	0.00	15.94	11.58
35	PUDUCHERRY	10	3	10	90	688	801	0.18	74.17	16.06
	TOTAL (UTs)	38	141	592	2448	21785	25004	5.70	122.94	41.75
	TOTAL (ALL-INDIA)	4530	3217	20522	93742	316761	438772	100.00	38.05	20.96

TABLE-1.11

Incidence of IPC Crimes against Public Order during 2008

Sl. No.	State/UT	Riots (Sec.143- 145,147- 151,153,153A, 153B, 157, 158,160 IPC)	Arson (Sec.435,436,438 IPC)	Total Crimes Against Public	Percentage Share	Crime Rate	Percentage to Total Cog. Crimes
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	1930	1021	2951	3.92	3.58	1.65
2	ARUNACHAL PRADESH	18	10	28	0.04	2.33	1.18
3	ASSAM	2600	443	3043	4.04	10.12	5.71
4	BIHAR	8099	772	8871	11.79	9.41	7.23
5	CHHATTISGARH	1144	302	1446	1.92	6.08	2.81
6	GOA	102	27	129	0.17	7.85	4.70
7	GUJARAT	1809	363	2172	2.89	3.83	1.75
8	HARYANA	1184	139	1323	1.76	5.54	2.39
9	HIMACHAL PRADESH	627	127	754	1.00	11.47	5.39
10	JAMMU & KASHMIR	1782	230	2012	2.67	16.09	9.77
11	JHARKHAND	2576	164	2740	3.64	9.09	7.08
12	KARNATAKA	6013	265	6278	8.34	10.90	4.92
13	KERALA	8057	389	8446	11.22	24.60	7.64
14	MADHYA PRADESH	2768	898	3666	4.87	5.26	1.77
15	MAHARASHTRA	9388	1288	10676	14.18	9.95	5.18
16	MANIPUR	48	41	89	0.12	3.38	2.66
17	MEGHALAYA	8	28	36	0.05	1.41	1.55
18	MIZORAM	1	18	19	0.03	1.93	0.96
19	NAGALAND	4	14	18	0.02	0.82	1.50
20	ORISSA	2721	869	3590	4.77	8.97	6.33
21	PUNJAB	1	75	76	0.10	0.28	0.22
22	RAJASTHAN	1390	615	2005	2.66	3.08	1.33
23	SIKKIM	17	23	40	0.05	6.71	5.48
24	TAMIL NADU	2811	610	3421	4.55	5.14	1.93
25	TRIPURA	197	47	244	0.32	6.92	4.57
26	UTTAR PRADESH	4381	228	4609	6.12	2.40	2.73
27	UTTARAKHAND	509	15	524	0.70	5.49	5.92
28	WEST BENGAL	5425	150	5575	7.41	6.32	5.29
	TOTAL (STATES)	65610	9171	74781	99.35	6.60	3.68
UNION TERRITORIES:							
29	A&N ISLANDS	16	15	31	0.04	7.47	3.51
30	CHANDIGARH	85	2	87	0.12	8.12	2.21
31	D&N HAVELI	24	6	30	0.04	11.32	7.48
32	DAMAN & DIU	35	3	38	0.05	20.11	15.32
33	DELHI	71	41	112	0.15	0.65	0.23
34	LAKSHADWEEP	12	2	14	0.02	20.29	14.74
35	PUDUCHERRY	165	9	174	0.23	16.11	3.49
	TOTAL (UTs)	408	78	486	0.65	2.39	0.81
	TOTAL (ALL-INDIA)	66018	9249	75267	100.00	6.53	3.60

TABLE-1.12
Incidence of IPC Economic Crimes during 2008

Sl. No.	State/UT	Criminal Breach of Trust (Sec.406-409 IPC)	Cheating (Sec.419,420 IPC)	Counterfeiting (Sec.231-254, 489A-489D IPC)	Total Economic Crimes	Percentage Share	Crime Rate	Percentage to Total cog. Crimes
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	990	8393	379	9762	11.34	11.84	5.45
2	ARUNACHAL PRADESH	43	28	1	72	0.08	5.98	3.03
3	ASSAM	680	996	91	1767	2.05	5.87	3.31
4	BIHAR	1352	2741	69	4162	4.84	4.41	3.39
5	CHHATTISGARH	169	562	71	802	0.93	3.37	1.56
6	GOA	47	105	22	174	0.20	10.58	6.35
7	GUJARAT	1167	1167	190	2524	2.93	4.45	2.04
8	HARYANA	763	1150	40	1953	2.27	8.17	3.53
9	HIMACHAL PRADESH	137	248	11	396	0.46	6.03	2.83
10	JAMMU & KASHMIR	87	392	23	502	0.58	4.02	2.44
11	JHARKHAND	269	900	24	1193	1.39	3.96	3.08
12	KARNATAKA	424	3669	118	4211	4.89	7.31	3.30
13	KERALA	435	3659	46	4140	4.81	12.06	3.74
14	MADHYA PRADESH	570	1368	47	1985	2.31	2.85	0.96
15	MAHARASHTRA	1880	7296	405	9581	11.13	8.93	4.65
16	MANIPUR	24	161	3	188	0.22	7.13	5.61
17	MEGHALAYA	32	104	10	146	0.17	5.73	6.30
18	MIZORAM	34	57	15	106	0.12	10.77	5.33
19	NAGALAND	16	31	4	51	0.06	2.32	4.24
20	ORISSA	342	1244	26	1612	1.87	4.03	2.84
21	PUNJAB	236	3192	78	3506	4.07	13.14	9.93
22	RAJASTHAN	737	12097	51	12885	14.97	19.82	8.52
23	SIKKIM	6	46	0	52	0.06	8.72	7.12
24	TAMIL NADU	231	2349	599	3179	3.69	4.77	1.80
25	TRIPURA	42	92	23	157	0.18	4.46	2.94
26	UTTAR PRADESH	4296	9327	420	14043	16.32	7.31	8.31
27	UTTARAKHAND	171	463	31	665	0.77	6.97	7.51
28	WEST BENGAL	876	2938	148	3962	4.60	4.49	3.76
	TOTAL (STATES)	16056	64775	2945	83776	97.35	7.40	4.12
UNION TERRITORIES:								
29	A&N ISLANDS	12	19	1	32	0.04	7.71	3.63
30	CHANDIGARH	37	213	0	250	0.29	23.34	6.36
31	D&N HAVELI	10	24	1	35	0.04	13.21	8.73
32	DAMAN & DIU	4	2	1	7	0.01	3.70	2.82
33	DELHI	355	1493	41	1889	2.20	10.95	3.83
34	LAKSHADWEEP	0	0	0	0	0.00	0.00	0.00
35	PUDUCHERRY	13	53	2	68	0.08	6.30	1.36
	TOTAL (UTs)	431	1804	46	2281	2.65	11.21	3.81
	TOTAL (ALL-INDIA)	16487	66579	2991	86057	100.00	7.46	4.11

TABLE-1.13
Incidence of Cognizable Crimes (IPC) Under Different Crime Heads in
States & UTs During 2008 & Percentage Variation over 2007

Sl. No.	State/UT	Murder (Sec.302,303 IPC)			Attempt to Commit Murder (Sec.307 IPC)			C.H. Not Amounting to Murder (Sec.304,308 IPC)		
		2007	2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	2665	2690	0.9	1885	1942	3.0	135	165	22.2
2	ARUNACHAL PRADESH	68	72	5.9	29	37	27.6	2	2	0.0
3	ASSAM	1374	1426	3.8	451	417	-7.5	109	71	-34.9
4	BIHAR	3034	3139	3.5	3113	2954	-5.1	257	386	50.2
5	CHHATTISGARH	1097	1169	6.6	747	736	-1.5	26	18	-30.8
6	GOA	33	49	48.5	23	25	8.7	7	11	57.1
7	GUJARAT	1166	1106	-5.1	494	487	-1.4	21	35	66.7
8	HARYANA	911	921	1.1	592	616	4.1	72	92	27.8
9	HIMACHAL PRADESH	127	129	1.6	57	59	3.5	9	5	-44.4
10	JAMMU & KASHMIR	318	237	-25.5	669	570	-14.8	23	31	34.8
11	JHARKHAND	1617	1697	4.9	1076	1061	-1.4	92	112	21.7
12	KARNATAKA	1538	1698	10.4	1251	1475	17.9	55	81	47.3
13	KERALA	367	362	-1.4	402	434	8.0	92	95	3.3
14	MADHYA PRADESH	2244	2322	3.5	2423	2282	-5.8	155	204	31.6
15	MAHARASHTRA	2693	2795	3.8	1615	1837	13.7	113	111	-1.8
16	MANIPUR	240	187	-22.1	377	498	32.1	2	4	100.0
17	MEGHALAYA	114	126	10.5	49	55	12.2	8	6	-25.0
18	MIZORAM	43	35	-18.6	21	10	-52.4	4	6	50.0
19	NAGALAND	111	143	28.8	50	47	-6.0	8	13	62.5
20	ORISSA	1210	1250	3.3	1105	1415	28.1	22	84	281.8
21	PUNJAB	760	769	1.2	893	956	7.1	170	146	-14.1
22	RAJASTHAN	1303	1297	-0.5	1772	1649	-6.9	64	54	-15.6
23	SIKKIM	9	9	0.0	14	7	-50.0	3	3	0.0
24	TAMIL NADU	1633	1759	7.7	2078	2327	12.0	28	28	0.0
25	TRIPURA	138	155	12.3	58	53	-8.6	2	2	0.0
26	UTTAR PRADESH	5000	4564	-8.7	4424	4233	-4.3	1616	1493	-7.6
27	UTTARAKHAND	268	223	-16.8	228	217	-4.8	50	40	-20.0
28	WEST BENGAL	1652	1811	9.6	877	1732	97.5	394	488	23.9
	TOTAL (STATES)	31733	32140	1.3	26773	28131	5.1	3539	3786	7.0
UNION TERRITORIES:										
29	A & N ISLANDS	15	8	-46.7	19	11	-42.1	1	2	100.0
30	CHANDIGARH	19	17	-10.5	26	28	7.7	8	6	-25.0
31	D & N HAVELI	10	9	-10.0	2	2	0.0	0	0	@
32	DAMAN & DIU	12	2	-83.3	7	2	-71.4	0	0	@
33	DELHI	495	554	11.9	530	389	-26.6	94	66	-29.8
34	LAKSHADWEEP	0	1	@	2	0	-100.0	0	0	@
35	PUDUCHERRY	34	35	2.9	42	35	-16.7	2	3	50.0
	TOTAL (UTs)	585	626	7.0	628	467	-25.6	105	77	-26.7
	TOTAL (ALL-INDIA)	32318	32766	1.4	27401	28598	4.4	3644	3863	6.0

@ Indicates infinite variation because of division by zero

TABLE-1.13 (Continued)

Sl. No.	City	Murder (Sec.302,303 IPC)			Attempt to Commit Murder (Sec.307 IPC)			C.H. Not Amounting to Murder (Sec.304,308 IPC)		
		2007	2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
CITIES:										
36	AGRA	63	52	-17.5	74	74	0.0	30	26	-13.3
37	AHMEDABAD	100	85	-15.0	44	60	36.4	2	0	-100.0
38	ALLAHABAD	49	43	-12.2	43	37	-14.0	11	9	-18.2
39	AMRITSAR	43	46	7.0	46	71	54.3	11	9	-18.2
40	ASANSOL	26	40	53.8	2	13	550.0	8	10	25.0
41	BENGALURU	246	253	2.8	264	297	12.5	7	8	14.3
42	BHOPAL	54	43	-20.4	57	60	5.3	1	15	1400.0
43	CHENNAI	145	100	-31.0	247	130	-47.4	4	0	-100.0
44	COIMBATORE	22	20	-9.1	15	28	86.7	0	0	@
45	DELHI (CITY)	411	451	9.7	458	343	-25.1	80	42	-47.5
46	DHANBAD	24	26	8.3	14	12	-14.3	10	4	-60.0
47	FARIDABAD	65	59	-9.2	36	24	-33.3	2	5	150.0
48	HYDERABAD	121	122	0.8	147	126	-14.3	9	5	-44.4
49	INDORE	78	97	24.4	116	164	41.4	3	2	-33.3
50	JABALPUR	41	34	-17.1	111	81	-27.0	0	0	@
51	JAIPUR	52	46	-11.5	76	89	17.1	2	3	50.0
52	JAMSHEDPUR	57	65	14.0	64	81	26.6	3	9	200.0
53	KANPUR	148	168	13.5	132	114	-13.6	46	39	-15.2
54	KOCHI	14	9	-35.7	17	11	-35.3	13	3	-76.9
55	KOLKATA	36	51	41.7	71	77	8.5	12	23	91.7
56	LUCKNOW	107	95	-11.2	96	127	32.3	38	27	-28.9
57	LUDHIANA	61	65	6.6	74	66	-10.8	6	10	66.7
58	MADURAI	27	39	44.4	25	38	52.0	0	0	@
59	MEERUT	59	54	-8.5	64	68	6.3	14	9	-35.7
60	MUMBAI	230	210	-8.7	116	132	13.8	2	0	-100.0
61	NAGPUR	73	100	37.0	60	57	-5.0	5	4	-20.0
62	NASIK	33	43	30.3	26	31	19.2	1	0	-100.0
63	PATNA	152	146	-3.9	72	68	-5.6	7	9	28.6
64	PUNE	126	137	8.7	126	141	11.9	8	5	-37.5
65	RAJKOT	37	37	0.0	16	33	106.3	0	1	@
66	SURAT	108	97	-10.2	31	42	35.5	3	3	0.0
67	VADODARA	24	20	-16.7	22	32	45.5	0	3	@
68	VARANASI	46	41	-10.9	37	35	-5.4	10	12	20.0
69	VIJAYAWADA	33	34	3.0	44	58	31.8	3	1	-66.7
70	VISHAKHAPATNAM	21	32	52.4	23	36	56.5	1	1	0.0
TOTAL (CITIES)		2932	2960	1.0	2866	2856	-0.3	352	297	-15.6

@ Indicates infinite variation because of division by zero

TABLE-1.13 (Continued)

Sl. No.	State/UT	Rape (Sec. 376 IPC)								
		2007	Total 2008	% Variation	2007	Custodial 2008	% Variation	2007	Other 2008	% Variation
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
STATES:										
1	ANDHRA PRADESH	1070	1257	17.5	0	0	@	1070	1257	17.5
2	ARUNACHAL PRADESH	48	42	-12.5	0	0	@	48	42	-12.5
3	ASSAM	1437	1438	0.1	0	0	@	1437	1438	0.1
4	BIHAR	1555	1302	-16.3	0	0	@	1555	1302	-16.3
5	CHHATTISGARH	982	978	-0.4	0	0	@	982	978	-0.4
6	GOA	20	30	50.0	0	0	@	20	30	50.0
7	GUJARAT	316	374	18.4	0	0	@	316	374	18.4
8	HARYANA	488	631	29.3	0	0	@	488	631	29.3
9	HIMACHAL PRADESH	159	157	-1.3	0	0	@	159	157	-1.3
10	JAMMU & KASHMIR	288	219	-24.0	0	0	@	288	219	-24.0
11	JHARKHAND	855	791	-7.5	0	0	@	855	791	-7.5
12	KARNATAKA	436	446	2.3	1	0	-100.0	435	446	2.5
13	KERALA	512	568	10.9	0	0	@	512	568	10.9
14	MADHYA PRADESH	3010	2937	-2.4	0	0	@	3010	2937	-2.4
15	MAHARASHTRA	1451	1558	7.4	0	0	@	1451	1558	7.4
16	MANIPUR	20	38	90.0	0	0	@	20	38	90.0
17	MEGHALAYA	82	88	7.3	0	0	@	82	88	7.3
18	MIZORAM	83	77	-7.2	0	0	@	83	77	-7.2
19	NAGALAND	13	19	46.2	0	0	@	13	19	46.2
20	ORISSA	939	1113	18.5	0	0	@	939	1113	18.5
21	PUNJAB	519	517	-0.4	0	0	@	519	517	-0.4
22	RAJASTHAN	1238	1355	9.5	0	0	@	1238	1355	9.5
23	SIKKIM	24	20	-16.7	0	0	@	24	20	-16.7
24	TAMIL NADU	523	573	9.6	0	0	@	523	573	9.6
25	TRIPURA	157	204	29.9	0	0	@	157	204	29.9
26	UTTAR PRADESH	1648	1871	13.5	0	0	@	1648	1871	13.5
27	UTTARAKHAND	117	87	-25.6	0	0	@	117	87	-25.6
28	WEST BENGAL	2106	2263	7.5	0	0	@	2106	2263	7.5
	TOTAL (STATES)	20096	20953	4.3	1	0	-100.0	20095	20953	4.3
UNION TERRITORIES:										
29	A & N ISLANDS	3	12	300.0	0	0	@	3	12	300.0
30	CHANDIGARH	22	20	-9.1	0	0	@	22	20	-9.1
31	D & N HAVELI	7	6	-14.3	0	0	@	7	6	-14.3
32	DAMAN & DIU	1	0	-100.0	0	0	@	1	0	-100.0
33	DELHI	598	466	-22.1	0	0	@	598	466	-22.1
34	LAKSHADWEEP	1	2	100.0	0	0	@	1	2	100.0
35	PUDUCHERRY	9	8	-11.1	0	0	@	9	8	-11.1
	TOTAL (UTs)	641	514	-19.8	0	0	0.0	641	514	-19.8
	TOTAL (ALL-INDIA)	20737	21467	3.5	1	0	-100.0	20736	21467	3.5

TABLE-1.13 (Continued)

Sl. No.	City	Rape (Sec. 376 IPC)								
		2007	Total 2008	% Variation	2007	Custodial 2008	% Variation	2007	Other 2008	% Variation
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
<i>CITIES:</i>										
36	AGRA	15	22	46.7	0	0	@	15	22	46.7
37	AHMEDABAD	37	44	18.9	0	0	@	37	44	18.9
38	ALLAHABAD	4	5	25.0	0	0	@	4	5	25.0
39	AMRITSAR	21	15	-28.6	0	0	@	21	15	-28.6
40	ASANSOL	15	20	33.3	0	0	@	15	20	33.3
41	BENGALURU	62	54	-12.9	1	0	-100.0	61	54	-11.5
42	BHOPAL	62	80	29.0	0	0	@	62	80	29.0
43	CHENNAI	46	35	-23.9	0	0	@	46	35	-23.9
44	COIMBATORE	10	9	-10.0	0	0	@	10	9	-10.0
45	DELHI (CITY)	524	396	-24.4	0	0	@	524	396	-24.4
46	DHANBAD	5	17	240.0	0	0	@	5	17	240.0
47	FARIDABAD	37	46	24.3	0	0	@	37	46	24.3
48	HYDERABAD	58	62	6.9	0	0	@	58	62	6.9
49	INDORE	74	71	-4.1	0	0	@	74	71	-4.1
50	JABALPUR	40	72	80.0	0	0	@	40	72	80.0
51	JAIPUR	62	60	-3.2	0	0	@	62	60	-3.2
52	JAMSHEDPUR	39	17	-56.4	0	0	@	39	17	-56.4
53	KANPUR	46	72	56.5	0	0	@	46	72	56.5
54	KOCHI	23	12	-47.8	0	0	@	23	12	-47.8
55	KOLKATA	44	35	-20.5	0	0	@	44	35	-20.5
56	LUCKNOW	51	41	-19.6	0	0	@	51	41	-19.6
57	LUDHIANA	53	44	-17.0	0	0	@	53	44	-17.0
58	MADURAI	4	4	0.0	0	0	@	4	4	0.0
59	MEERUT	18	19	5.6	0	0	@	18	19	5.6
60	MUMBAI	174	218	25.3	0	0	@	174	218	25.3
61	NAGPUR	50	53	6.0	0	0	@	50	53	6.0
62	NASIK	7	14	100.0	0	0	@	7	14	100.0
63	PATNA	42	25	-40.5	0	0	@	42	25	-40.5
64	PUNE	66	92	39.4	0	0	@	66	92	39.4
65	RAJKOT	4	12	200.0	0	0	@	4	12	200.0
66	SURAT	24	28	16.7	0	0	@	24	28	16.7
67	VADODARA	8	7	-12.5	0	0	@	8	7	-12.5
68	VARANASI	9	8	-11.1	0	0	@	9	8	-11.1
69	VIJAYAWADA	17	30	76.5	0	0	@	17	30	76.5
70	VISHAKHAPATNAM	24	29	20.8	0	0	@	24	29	20.8
TOTAL (CITIES)		1775	1768	-0.4	1	0	-100.0	1774	1768	-0.3

TABLE-1.13 (Continued ...)

Sl. No.	State/UT	Kidnapping & Abduction (Sec. 363-369,371-373 IPC)								
		2007	Total 2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
STATES:										
1	ANDHRA PRADESH	2097	1970	-6.1	1564	1396	-10.7	533	574	7.7
2	ARUNACHAL PRADESH	68	79	16.2	44	47	6.8	24	32	33.3
3	ASSAM	1971	2239	13.6	1471	1789	21.6	500	450	-10.0
4	BIHAR	2530	3047	20.4	1260	1789	42.0	1270	1258	-0.9
5	CHHATTISGARH	244	273	11.9	181	216	19.3	63	57	-9.5
6	GOA	12	36	200.0	7	28	300.0	5	8	60.0
7	GUJARAT	1312	1323	0.8	1089	1119	2.8	223	204	-8.5
8	HARYANA	801	854	6.6	554	644	16.2	247	210	-15.0
9	HIMACHAL PRADESH	171	151	-11.7	150	137	-8.7	21	14	-33.3
10	JAMMU & KASHMIR	758	704	-7.1	707	656	-7.2	51	48	-5.9
11	JHARKHAND	762	792	3.9	534	499	-6.6	228	293	28.5
12	KARNATAKA	680	758	11.5	390	405	3.8	290	353	21.7
13	KERALA	255	253	-0.8	177	166	-6.2	78	87	11.5
14	MADHYA PRADESH	922	929	0.8	701	736	5.0	221	193	-12.7
15	MAHARASHTRA	1312	1379	5.1	967	998	3.2	345	381	10.4
16	MANIPUR	150	176	17.3	83	87	4.8	67	89	32.8
17	MEGHALAYA	52	56	7.7	22	25	13.6	30	31	3.3
18	MIZORAM	4	9	125.0	0	1	@	4	8	100.0
19	NAGALAND	17	44	158.8	6	7	16.7	11	37	236.4
20	ORISSA	801	908	13.4	660	762	15.5	141	146	3.5
21	PUNJAB	760	718	-5.5	545	514	-5.7	215	204	-5.1
22	RAJASTHAN	2177	2358	8.3	1694	1863	10.0	483	495	2.5
23	SIKKIM	9	4	-55.6	9	4	-55.6	0	0	@
24	TAMIL NADU	1270	1375	8.3	1097	1160	5.7	173	215	24.3
25	TRIPURA	113	146	29.2	81	110	35.8	32	36	12.5
26	UTTAR PRADESH	4478	5428	21.2	3363	4439	32.0	1115	989	-11.3
27	UTTARAKHAND	253	247	-2.4	227	222	-2.2	26	25	-3.8
28	WEST BENGAL	1800	2332	29.6	1590	1907	19.9	210	425	102.4
	TOTAL (STATES)	25779	28588	10.9	19173	21726	13.3	6606	6862	3.9
UNION TERRITORIES:										
29	A & N ISLANDS	12	17	41.7	9	13	44.4	3	4	33.3
30	CHANDIGARH	52	50	-3.8	46	42	-8.7	6	8	33.3
31	D & N HAVELI	9	17	88.9	6	11	83.3	3	6	100.0
32	DAMAN & DIU	1	4	300.0	1	1	0.0	0	3	@
33	DELHI	1688	1567	-7.2	1167	1136	-2.7	521	431	-17.3
34	LAKSHADWEEP	0	1	@	0	1	@	0	0	@
35	PUDUCHERRY	20	17	-15.0	14	9	-35.7	6	8	33.3
	TOTAL (UTs)	1782	1673	-6.1	1243	1213	-2.4	539	460	-14.7
	TOTAL (ALL-INDIA)	27561	30261	9.8	20416	22939	12.4	7145	7322	2.5

TABLE-1.13 (Continued ...)

Sl. No.	City	Kidnapping & Abduction (Sec. 363-369,371-373 IPC)								
		2007	Total 2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
<i>CITIES:</i>										
36	AGRA	152	161	5.9	113	134	18.6	39	27	-30.8
37	AHMEDABAD	213	172	-19.2	147	137	-6.8	66	35	-47.0
38	ALLAHABAD	34	58	70.6	24	47	95.8	10	11	10.0
39	AMRITSAR	48	54	12.5	46	44	-4.3	2	10	400.0
40	ASANSOL	18	18	0.0	10	12	20.0	8	6	-25.0
41	BENGALURU	119	159	33.6	35	2	-94.3	84	157	86.9
42	BHOPAL	43	38	-11.6	41	33	-19.5	2	5	150.0
43	CHENNAI	83	43	-48.2	59	32	-45.8	24	11	-54.2
44	COIMBATORE	14	17	21.4	8	7	-12.5	6	10	66.7
45	DELHI (CITY)	1460	1317	-9.8	1021	948	-7.1	439	369	-15.9
46	DHANBAD	26	21	-19.2	20	18	-10.0	6	3	-50.0
47	FARIDABAD	154	109	-29.2	117	94	-19.7	37	15	-59.5
48	HYDERABAD	148	140	-5.4	74	77	4.1	74	63	-14.9
49	INDORE	43	49	14.0	32	36	12.5	11	13	18.2
50	JABALPUR	27	35	29.6	18	20	11.1	9	15	66.7
51	JAIPUR	206	185	-10.2	179	174	-2.8	27	11	-59.3
52	JAMSHEDPUR	30	33	10.0	30	12	-60.0	0	21	@
53	KANPUR	291	296	1.7	222	227	2.3	69	69	0.0
54	KOCHI	10	12	20.0	6	7	16.7	4	5	25.0
55	KOLKATA	114	116	1.8	88	92	4.5	26	24	-7.7
56	LUCKNOW	211	309	46.4	176	266	51.1	35	43	22.9
57	LUDHIANA	112	110	-1.8	89	76	-14.6	23	34	47.8
58	MADURAI	23	24	4.3	16	14	-12.5	7	10	42.9
59	MEERUT	72	84	16.7	51	63	23.5	21	21	0.0
60	MUMBAI	179	189	5.6	120	116	-3.3	59	73	23.7
61	NAGPUR	66	43	-34.8	50	28	-44.0	16	15	-6.3
62	NASIK	21	34	61.9	17	21	23.5	4	13	225.0
63	PATNA	228	230	0.9	46	51	10.9	182	179	-1.6
64	PUNE	122	110	-9.8	93	80	-14.0	29	30	3.4
65	RAJKOT	46	54	17.4	36	40	11.1	10	14	40.0
66	SURAT	117	131	12.0	80	79	-1.3	37	52	40.5
67	VADODARA	47	34	-27.7	37	30	-18.9	10	4	-60.0
68	VARANASI	43	48	11.6	34	31	-8.8	9	17	88.9
69	VIJAYAWADA	64	49	-23.4	49	36	-26.5	15	13	-13.3
70	VISHAKHAPATNAM	39	34	-12.8	23	26	13.0	16	8	-50.0
TOTAL (CITIES)		4623	4516	-2.3	3207	3110	-3.0	1416	1406	-0.7

TABLE-1.13 (Continued)

Sl. No.	State/UT	Dacoity (Sec. 395-398 IPC)			Preparation & Assembly for Dacoity (Sec.399-402 IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(30)	(31)	(32)	(33)	(34)	(35)
STATES:							
1	ANDHRA PRADESH	170	110	-35.3	6	11	83.3
2	ARUNACHAL PRADESH	16	14	-12.5	0	0	@
3	ASSAM	299	312	4.3	12	74	516.7
4	BIHAR	686	686	0.0	78	60	-23.1
5	CHHATTISGARH	115	124	7.8	13	17	30.8
6	GOA	7	3	-57.1	0	0	@
7	GUJARAT	245	256	4.5	10	14	40.0
8	HARYANA	139	120	-13.7	266	257	-3.4
9	HIMACHAL PRADESH	5	6	20.0	0	0	@
10	JAMMU & KASHMIR	18	3	-83.3	0	0	@
11	JHARKHAND	524	416	-20.6	40	50	25.0
12	KARNATAKA	178	270	51.7	242	248	2.5
13	KERALA	121	91	-24.8	157	267	70.1
14	MADHYA PRADESH	143	160	11.9	109	124	13.8
15	MAHARASHTRA	716	811	13.3	405	274	-32.3
16	MANIPUR	3	1	-66.7	146	212	45.2
17	MEGHALAYA	55	63	14.5	1	0	-100.0
18	MIZORAM	0	4	@	0	0	@
19	NAGALAND	7	6	-14.3	0	0	@
20	ORISSA	247	305	23.5	42	67	59.5
21	PUNJAB	37	40	8.1	92	122	32.6
22	RAJASTHAN	71	64	-9.9	81	77	-4.9
23	SIKKIM	0	1	@	0	0	@
24	TAMIL NADU	88	100	13.6	33	66	100.0
25	TRIPURA	14	13	-7.1	2	3	50.0
26	UTTAR PRADESH	437	313	-28.4	82	76	-7.3
27	UTTARAKHAND	46	16	-65.2	6	2	-66.7
28	WEST BENGAL	146	184	26.0	1150	1055	-8.3
	TOTAL (STATES)	4533	4492	-0.9	2973	3076	3.5
UNION TERRITORIES:							
29	A & N ISLANDS	5	0	-100.0	0	0	@
30	CHANDIGARH	2	1	-50.0	0	4	@
31	D & N HAVELI	1	1	0.0	0	0	@
32	DAMAN & DIU	3	2	-33.3	1	0	-100.0
33	DELHI	34	24	-29.4	229	134	-41.5
34	LAKSHADWEEP	0	0	@	0	0	@
35	PUDUCHERRY	1	10	900.0	2	3	50.0
	TOTAL (UTs)	46	38	-17.4	232	141	-39.2
	TOTAL (ALL-INDIA)	4579	4530	-1.1	3205	3217	0.4

TABLE-1.13 (Continued)

Sl. No.	City	Dacoity (Sec. 395-398 IPC)			Preparation & Assembly for Dacoity (Sec.399-402 IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(30)	(31)	(32)	(33)	(34)	(35)
CITIES:							
36	AGRA	6	7	16.7	0	1	@
37	AHMEDABAD	13	14	7.7	3	2	-33.3
38	ALLAHABAD	1	2	100.0	0	0	@
39	AMRITSAR	2	1	-50.0	9	25	177.8
40	ASANSOL	3	1	-66.7	63	29	-54.0
41	BENGALURU	41	88	114.6	203	203	0.0
42	BHOPAL	3	2	-33.3	1	5	400.0
43	CHENNAI	8	5	-37.5	0	0	@
44	COIMBATORE	1	1	0.0	0	0	@
45	DELHI (CITY)	30	17	-43.3	203	116	-42.9
46	DHANBAD	13	12	-7.7	2	1	-50.0
47	FARIDABAD	11	4	-63.6	47	51	8.5
48	HYDERABAD	6	10	66.7	0	0	@
49	INDORE	5	4	-20.0	3	7	133.3
50	JABALPUR	1	1	0.0	5	3	-40.0
51	JAIPUR	7	6	-14.3	4	10	150.0
52	JAMSHEDPUR	11	13	18.2	1	2	100.0
53	KANPUR	42	24	-42.9	5	4	-20.0
54	KOCHI	4	1	-75.0	0	0	@
55	KOLKATA	2	14	600.0	63	45	-28.6
56	LUCKNOW	23	13	-43.5	4	1	-75.0
57	LUDHIANA	3	5	66.7	18	18	0.0
58	MADURAI	3	1	-66.7	0	0	@
59	MEERUT	3	1	-66.7	1	0	-100.0
60	MUMBAI	31	35	12.9	42	27	-35.7
61	NAGPUR	27	14	-48.1	59	41	-30.5
62	NASIK	5	22	340.0	1	2	100.0
63	PATNA	22	34	54.5	0	0	@
64	PUNE	37	37	0.0	52	39	-25.0
65	RAJKOT	2	9	350.0	0	0	@
66	SURAT	15	24	60.0	1	4	300.0
67	VADODARA	9	9	0.0	0	2	@
68	VARANASI	2	1	-50.0	0	1	@
69	VIJAYAWADA	0	1	@	0	0	@
70	VISHAKHAPATNAM	9	3	-66.7	1	0	-100.0
TOTAL (CITIES)		401	436	8.7	791	639	-19.2

TABLE-1.13 (Continued)

Sl. No.	State/UT	Robbery (Sec.392-394, 397, 398 IPC)			Burglary (Sec.449-452,454,455,457-460 IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(36)	(37)	(38)	(39)	(40)	(41)
STATES:							
1	ANDHRA PRADESH	614	623	1.5	7677	8332	8.5
2	ARUNACHAL PRADESH	75	79	5.3	240	245	2.1
3	ASSAM	496	568	14.5	2603	3147	20.9
4	BIHAR	1787	1592	-10.9	3259	3414	4.8
5	CHHATTISGARH	427	500	17.1	3632	4112	13.2
6	GOA	22	23	4.5	292	302	3.4
7	GUJARAT	1095	1322	20.7	4870	5053	3.8
8	HARYANA	502	555	10.6	4231	4249	0.4
9	HIMACHAL PRADESH	23	20	-13.0	877	885	0.9
10	JAMMU & KASHMIR	111	67	-39.6	1460	1347	-7.7
11	JHARKHAND	771	761	-1.3	1495	1375	-8.0
12	KARNATAKA	1313	1615	23.0	5449	6258	14.8
13	KERALA	869	816	-6.1	4100	3882	-5.3
14	MADHYA PRADESH	1975	2234	13.1	11230	11072	-1.4
15	MAHARASHTRA	2770	3031	9.4	15607	16004	2.5
16	MANIPUR	11	7	-36.4	70	76	8.6
17	MEGHALAYA	56	65	16.1	203	168	-17.2
18	MIZORAM	5	6	20.0	457	338	-26.0
19	NAGALAND	75	87	16.0	118	127	7.6
20	ORISSA	1273	1345	5.7	3073	3100	0.9
21	PUNJAB	138	167	21.0	2616	2621	0.2
22	RAJASTHAN	778	829	6.6	5164	4736	-8.3
23	SIKKIM	6	7	16.7	83	81	-2.4
24	TAMIL NADU	495	662	33.7	3717	3849	3.6
25	TRIPURA	64	95	48.4	193	218	13.0
26	UTTAR PRADESH	2169	2097	-3.3	5057	5418	7.1
27	UTTARAKHAND	173	144	-16.8	548	423	-22.8
28	WEST BENGAL	427	613	43.6	399	462	15.8
	TOTAL (STATES)	18520	19930	7.6	88720	91294	2.9
UNION TERRITORIES:							
29	A & N ISLANDS	9	14	55.6	90	78	-13.3
30	CHANDIGARH	37	23	-37.8	191	257	34.6
31	D & N HAVELI	3	0	-100.0	28	49	75.0
32	DAMAN & DIU	2	4	100.0	46	45	-2.2
33	DELHI	557	541	-2.9	2055	1926	-6.3
34	LAKSHADWEEP	0	0	@	2	3	50.0
35	PUDUCHERRY	8	10	25.0	86	90	4.7
	TOTAL (UTs)	616	592	-3.9	2498	2448	-2.0
	TOTAL (ALL-INDIA)	19136	20522	7.2	91218	93742	2.8

TABLE-1.13 (Continued)

Sl. No.	City	Robbery (Sec.392-394, 397, 398 IPC)			Burglary (Sec.449-452,454,455,457-460 IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(36)	(37)	(38)	(39)	(40)	(41)
<i>CITIES:</i>							
36	AGRA	36	37	2.8	170	176	3.5
37	AHMEDABAD	417	538	29.0	677	778	14.9
38	ALLAHABAD	24	36	50.0	107	122	14.0
39	AMRITSAR	21	21	0.0	137	142	3.6
40	ASANSOL	9	3	-66.7	1	4	300.0
41	BENGALURU	545	702	28.8	1485	1787	20.3
42	BHOPAL	184	221	20.1	856	861	0.6
43	CHENNAI	74	41	-44.6	654	322	-50.8
44	COIMBATORE	8	11	37.5	131	78	-40.5
45	DELHI (CITY)	501	493	-1.6	1868	1721	-7.9
46	DHANBAD	17	16	-5.9	92	106	15.2
47	FARIDABAD	32	32	0.0	329	276	-16.1
48	HYDERABAD	96	115	19.8	993	1143	15.1
49	INDORE	157	323	105.7	817	1094	33.9
50	JABALPUR	85	123	44.7	392	309	-21.2
51	JAIPUR	153	182	19.0	821	687	-16.3
52	JAMSHEDPUR	39	51	30.8	123	107	-13.0
53	KANPUR	114	144	26.3	264	279	5.7
54	KOCHI	43	31	-27.9	189	114	-39.7
55	KOLKATA	74	86	16.2	114	138	21.1
56	LUCKNOW	196	143	-27.0	534	730	36.7
57	LUDHIANA	16	16	0.0	261	203	-22.2
58	MADURAI	5	8	60.0	68	65	-4.4
59	MEERUT	47	53	12.8	128	75	-41.4
60	MUMBAI	265	328	23.8	2886	2846	-1.4
61	NAGPUR	357	321	-10.1	1141	941	-17.5
62	NASIK	50	78	56.0	460	523	13.7
63	PATNA	328	265	-19.2	509	554	8.8
64	PUNE	232	379	63.4	1369	1395	1.9
65	RAJKOT	32	68	112.5	203	320	57.6
66	SURAT	42	146	247.6	447	544	21.7
67	VADODARA	25	23	-8.0	359	366	1.9
68	VARANASI	28	18	-35.7	144	148	2.8
69	VIJAYAWADA	31	24	-22.6	225	189	-16.0
70	VISHAKHAPATNAM	24	28	16.7	370	263	-28.9
TOTAL (CITIES)		4307	5104	18.5	19324	19406	0.4

TABLE-1.13 (Continued)

Sl. No.	State/UT	Theft (Sec. 379 – 382 IPC)								
		2007	Total 2008	% Variation	2007	Auto Theft 2008	% Variation	2007	Other Theft 2008	% Variation
(1)	(2)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
STATES:										
1	ANDHRA PRADESH	24391	25362	4.0	6183	7297	18.0	18208	18065	-0.8
2	ARUNACHAL PRADESH	513	445	-13.3	116	60	-48.3	397	385	-3.0
3	ASSAM	7754	8012	3.3	1982	2101	6.0	5772	5911	2.4
4	BIHAR	11795	13206	12.0	2392	2675	11.8	9403	10531	12.0
5	CHHATTISGARH	5381	6079	13.0	1814	2122	17.0	3567	3957	10.9
6	GOA	494	601	21.7	207	238	15.0	287	363	26.5
7	GUJARAT	18164	20715	14.0	8022	9947	24.0	10142	10768	6.2
8	HARYANA	11047	12709	15.0	6499	7674	18.1	4548	5035	10.7
9	HIMACHAL PRADESH	1092	1152	5.5	264	332	25.8	828	820	-1.0
10	JAMMU & KASHMIR	2086	2198	5.4	514	689	34.0	1572	1509	-4.0
11	JHARKHAND	7091	7269	2.5	1784	2165	21.4	5307	5104	-3.8
12	KARNATAKA	14351	17820	24.2	5887	8960	52.2	8464	8860	4.7
13	KERALA	5609	5818	3.7	2113	1981	-6.2	3496	3837	9.8
14	MADHYA PRADESH	22396	24583	9.8	8915	10533	18.1	13481	14050	4.2
15	MAHARASHTRA	47681	52860	10.9	13895	16900	21.6	33786	35960	6.4
16	MANIPUR	454	446	-1.8	150	223	48.7	304	223	-26.6
17	MEGHALAYA	500	669	33.8	91	137	50.5	409	532	30.1
18	MIZORAM	808	747	-7.5	64	27	-57.8	744	720	-3.2
19	NAGALAND	360	345	-4.2	194	182	-6.2	166	163	-1.8
20	ORISSA	6830	7419	8.6	1733	1975	14.0	5097	5444	6.8
21	PUNJAB	5173	5563	7.5	2084	2182	4.7	3089	3381	9.5
22	RAJASTHAN	19345	20411	5.5	8258	9857	19.4	11087	10554	-4.8
23	SIKKIM	118	127	7.6	11	9	-18.2	107	118	10.3
24	TAMIL NADU	13217	15019	13.6	2901	3722	28.3	10316	11297	9.5
25	TRIPURA	411	499	21.4	55	43	-21.8	356	456	28.1
26	UTTAR PRADESH	22816	25946	13.7	10859	12064	11.1	11957	13882	16.1
27	UTTARAKHAND	1593	1622	1.8	565	726	28.5	1028	896	-12.8
28	WEST BENGAL	13747	17334	26.1	2421	2593	7.1	11326	14741	30.2
	TOTAL (STATES)	265217	294976	11.2	89973	107414	19.4	175244	187562	7.0
UNION TERRITORIES:										
29	A & N ISLANDS	112	128	14.3	8	11	37.5	104	117	12.5
30	CHANDIGARH	1740	1991	14.4	853	1094	28.3	887	897	1.1
31	D & N HAVELI	87	54	-37.9	19	18	-5.3	68	36	-47.1
32	DAMAN & DIU	43	49	14.0	28	31	10.7	15	18	20.0
33	DELHI	17037	18867	10.7	8874	11020	24.2	8163	7847	-3.9
34	LAKSHADWEEP	20	8	-60.0	2	1	-50.0	18	7	-61.1
35	PUDUCHERRY	787	688	-12.6	498	443	-11.0	289	245	-15.2
	TOTAL (UTs)	19826	21785	9.9	10282	12618	22.7	9544	9167	-4.0
	TOTAL (ALL-INDIA)	285043	316761	11.1	100255	120032	19.7	184788	196729	6.5

TABLE-1.13 (CONTINUED)

Sl. No.	City	Theft (Sec. 379-382 IPC)								
		Total			Auto Theft			Other Theft		
		2007	2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)
<i>CITIES:</i>										
36	AGRA	1265	1551	22.6	944	1132	19.9	321	419	30.5
37	AHMEDABAD	4302	5485	27.5	2316	3239	39.9	1986	2246	13.1
38	ALLAHABAD	342	464	35.7	212	307	44.8	130	157	20.8
39	AMRITSAR	445	466	4.7	152	211	38.8	293	255	-13.0
40	ASANSOL	145	222	53.1	45	120	166.7	100	102	2.0
41	BENGALURU	7377	9681	31.2	3667	5605	52.8	3710	4076	9.9
42	BHOPAL	2095	2381	13.7	1263	1290	2.1	832	1091	31.1
43	CHENNAI	2117	1545	-27.0	338	269	-20.4	1779	1276	-28.3
44	COIMBATORE	682	621	-8.9	126	166	31.7	556	455	-18.2
45	DELHI (CITY)	15962	17528	9.8	8322	10256	23.2	7640	7272	-4.8
46	DHANBAD	349	281	-19.5	185	136	-26.5	164	145	-11.6
47	FARIDABAD	1268	945	-25.5	973	691	-29.0	295	254	-13.9
48	HYDERABAD	4542	5200	14.5	1685	2106	25.0	2857	3094	8.3
49	INDORE	2976	4208	41.4	1978	3154	59.5	998	1054	5.6
50	JABALPUR	583	823	41.2	537	125	-76.7	46	698	1417.4
51	JAIPUR	4418	4816	9.0	2606	3278	25.8	1812	1538	-15.1
52	JAMSHEDPUR	745	782	5.0	222	300	35.1	523	482	-7.8
53	KANPUR	1204	1293	7.4	839	821	-2.1	365	472	29.3
54	KOCHI	350	312	-10.9	120	95	-20.8	230	217	-5.7
55	KOLKATA	2924	3365	15.1	621	546	-12.1	2303	2819	22.4
56	LUCKNOW	2482	2850	14.8	1536	1525	-0.7	946	1325	40.1
57	LUDHIANA	634	537	-15.3	324	289	-10.8	310	248	-20.0
58	MADURAI	334	532	59.3	80	174	117.5	254	358	40.9
59	MEERUT	591	607	2.7	332	309	-6.9	259	298	15.1
60	MUMBAI	11670	12972	11.2	3621	4068	12.3	8049	8904	10.6
61	NAGPUR	2354	2062	-12.4	899	871	-3.1	1455	1191	-18.1
62	NASIK	1018	1353	32.9	452	668	47.8	566	685	21.0
63	PATNA	1223	1082	-11.5	923	852	-7.7	300	230	-23.3
64	PUNE	4653	5509	18.4	2492	3262	30.9	2161	2247	4.0
65	RAJKOT	846	1394	64.8	436	784	79.8	410	610	48.8
66	SURAT	2423	3049	25.8	1587	1939	22.2	836	1110	32.8
67	VADODARA	1403	1415	0.9	831	827	-0.5	572	588	2.8
68	VARANASI	828	827	-0.1	653	632	-3.2	175	195	11.4
69	VIJAYAWADA	1377	1176	-14.6	326	321	-1.5	1051	855	-18.6
70	VISHAKHAPATNAM	1215	1045	-14.0	417	343	-17.7	798	702	-12.0
TOTAL (CITIES)		87142	98379	12.9	42060	50711	20.6	45082	47668	5.7

TABLE-1.13 (Continued)

Sl. No.	State/UT	Riots (Sec.143-145,147-151, 153,153A, 153B,157,158,160 IPC)			Criminal Breach of Trust (Sec. 406-409 IPC)			Cheating (Sec. 419,420 IPC)		
		2007	2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)
STATES:										
1	ANDHRA PRADESH	1998	1930	-3.4	869	990	13.9	8103	8393	3.6
2	ARUNACHAL PRADESH	16	18	12.5	41	43	4.9	33	28	-15.2
3	ASSAM	2601	2600	0.0	653	680	4.1	895	996	11.3
4	BIHAR	7962	8099	1.7	1326	1352	2.0	2358	2741	16.2
5	CHHATTISGARH	881	1144	29.9	150	169	12.7	467	562	20.3
6	GOA	70	102	45.7	36	47	30.6	55	105	90.9
7	GUJARAT	1668	1809	8.5	1139	1167	2.5	1116	1167	4.6
8	HARYANA	1173	1184	0.9	726	763	5.1	1232	1150	-6.7
9	HIMACHAL PRADESH	649	627	-3.4	132	137	3.8	212	248	17.0
10	JAMMU & KASHMIR	1209	1782	47.4	121	87	-28.1	489	392	-19.8
11	JHARKHAND	2565	2576	0.4	448	269	-40.0	814	900	10.6
12	KARNATAKA	5783	6013	4.0	400	424	6.0	3600	3669	1.9
13	KERALA	7358	8057	9.5	394	435	10.4	4215	3659	-13.2
14	MADHYA PRADESH	2648	2768	4.5	531	570	7.3	1661	1368	-17.6
15	MAHARASHTRA	7993	9388	17.5	1715	1880	9.6	6235	7296	17.0
16	MANIPUR	70	48	-31.4	19	24	26.3	93	161	73.1
17	MEGHALAYA	33	8	-75.8	17	32	88.2	164	104	-36.6
18	MIZORAM	1	1	0.0	20	34	70.0	66	57	-13.6
19	NAGALAND	15	4	-73.3	13	16	23.1	34	31	-8.8
20	ORISSA	1983	2721	37.2	319	342	7.2	1263	1244	-1.5
21	PUNJAB	1	1	0.0	329	236	-28.3	3581	3192	-10.9
22	RAJASTHAN	1626	1390	-14.5	825	737	-10.7	11919	12097	1.5
23	SIKKIM	15	17	13.3	7	6	-14.3	34	46	35.3
24	TAMIL NADU	2375	2811	18.4	261	231	-11.5	2510	2349	-6.4
25	TRIPURA	142	197	38.7	42	42	0.0	85	92	8.2
26	UTTAR PRADESH	4495	4381	-2.5	3639	4296	18.1	8399	9327	11.0
27	UTTARAKHAND	459	509	10.9	163	171	4.9	697	463	-33.6
28	WEST BENGAL	3727	5425	45.6	672	876	30.4	2406	2938	22.1
	TOTAL (STATES)	59516	65610	10.2	15007	16056	7.0	62736	64775	3.3
UNION TERRITORIES:										
29	A & N ISLANDS	17	16	-5.9	7	12	71.4	23	19	-17.4
30	CHANDIGARH	79	85	7.6	38	37	-2.6	170	213	25.3
31	D & N HAVELI	39	24	-38.5	17	10	-41.2	10	24	140.0
32	DAMAN & DIU	31	35	12.9	5	4	-20.0	6	2	-66.7
33	DELHI	87	71	-18.4	451	355	-21.3	2336	1493	-36.1
34	LAKSHADWEEP	1	12	1100.0	0	0	@	0	0	@
35	PUDUCHERRY	145	165	13.8	6	13	116.7	45	53	17.8
	TOTAL (UTs)	399	408	2.3	524	431	-17.7	2590	1804	-30.3
	TOTAL (ALL-INDIA)	59915	66018	10.2	15531	16487	6.2	65326	66579	1.9

TABLE-1.13 (Continued ...)

Sl. No.	City	Riots (Sec.143-145,147-151, 153, 153A, 153B,157,158,160 IPC)			Criminal Breach of Trust (Sec. 406-409 IPC)			Cheating (Sec. 419,420 IPC)		
		2007	2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)
CITIES:										
36	AGRA	143	155	8.4	122	111	-9.0	239	262	9.6
37	AHMEDABAD	133	168	26.3	188	223	18.6	204	200	-2.0
38	ALLAHABAD	29	68	134.5	39	64	64.1	149	148	-0.7
39	AMRITSAR	0	0	0	28	20	-28.6	267	321	20.2
40	ASANSOL	18	27	50.0	1	7	600.0	57	45	-21.1
41	BENGALURU	425	348	-18.1	183	190	3.8	2052	2025	-1.3
42	BHOPAL	56	92	64.3	20	27	35.0	124	112	-9.7
43	CHENNAI	115	55	-52.2	14	5	-64.3	433	293	-32.3
44	COIMBATORE	5	24	380.0	7	11	57.1	92	93	1.1
45	DELHI (CITY)	72	60	-16.7	418	317	-24.2	2214	1377	-37.8
46	DHANBAD	104	47	-54.8	13	8	-38.5	40	24	-40.0
47	FARIDABAD	153	145	-5.2	120	138	15.0	25	32	28.0
48	HYDERABAD	214	143	-33.2	116	143	23.3	1669	1875	12.3
49	INDORE	131	129	-1.5	35	35	0.0	101	88	-12.9
50	JABALPUR	100	84	-16.0	8	9	12.5	111	65	-41.4
51	JAIPUR	287	243	-15.3	268	220	-17.9	1613	2012	24.7
52	JAMSHEDPUR	86	30	-65.1	102	32	-68.6	76	107	40.8
53	KANPUR	273	220	-19.4	252	328	30.2	582	645	10.8
54	KOCHI	177	141	-20.3	21	14	-33.3	284	224	-21.1
55	KOLKATA	220	211	-4.1	222	246	10.8	1126	1273	13.1
56	LUCKNOW	234	354	51.3	315	543	72.4	720	1041	44.6
57	LUDHIANA	0	0	@	27	20	-25.9	271	268	-1.1
58	MADURAI	7	19	171.4	23	3	-87.0	163	117	-28.2
59	MEERUT	71	43	-39.4	69	65	-5.8	228	171	-25.0
60	MUMBAI	260	377	45.0	470	481	2.3	1735	2025	16.7
61	NAGPUR	242	258	6.6	73	77	5.5	309	336	8.7
62	NASIK	153	186	21.6	21	28	33.3	127	166	30.7
63	PATNA	231	202	-12.6	43	41	-4.7	171	233	36.3
64	PUNE	457	530	16.0	74	82	10.8	517	600	16.1
65	RAJKOT	57	140	145.6	22	71	222.7	45	85	88.9
66	SURAT	111	165	48.6	57	39	-31.6	182	178	-2.2
67	VADODARA	119	123	3.4	34	20	-41.2	152	119	-21.7
68	VARANASI	90	56	-37.8	90	104	15.6	226	198	-12.4
69	VIJAYAWADA	2	8	300.0	44	52	18.2	339	326	-3.8
70	VISHAKHAPATNAM	24	14	-41.7	65	31	-52.3	285	267	-6.3
TOTAL (CITIES)		4799	4865	1.4	3604	3805	5.6	16928	17351	2.5

TABLE-1.13 (Continued)

Sl. No.	State/UT	Counterfeiting (Sec.231-254, 489A-489D IPC)			Arson (Sec.435,436,438 IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(60)	(61)	(62)	(63)	(64)	(65)
STATES:							
1	ANDHRA PRADESH	224	379	69.2	1176	1021	-13.2
2	ARUNACHAL PRADESH	10	1	-90.0	22	10	-54.5
3	ASSAM	115	91	-20.9	380	443	16.6
4	BIHAR	79	69	-12.7	865	772	-10.8
5	CHHATTISGARH	64	71	10.9	253	302	19.4
6	GOA	10	22	120.0	24	27	12.5
7	GUJARAT	286	190	-33.6	330	363	10.0
8	HARYANA	33	40	21.2	142	139	-2.1
9	HIMACHAL PRADESH	11	11	0.0	141	127	-9.9
10	JAMMU & KASHMIR	31	23	-25.8	186	230	23.7
11	JHARKHAND	19	24	26.3	160	164	2.5
12	KARNATAKA	124	118	-4.8	262	265	1.1
13	KERALA	54	46	-14.8	398	389	-2.3
14	MADHYA PRADESH	38	47	23.7	909	898	-1.2
15	MAHARASHTRA	270	405	50.0	1267	1288	1.7
16	MANIPUR	4	3	-25.0	63	41	-34.9
17	MEGHALAYA	12	10	-16.7	36	28	-22.2
18	MIZORAM	16	15	-6.3	38	18	-52.6
19	NAGALAND	8	4	-50.0	5	14	180.0
20	ORISSA	30	26	-13.3	411	869	111.4
21	PUNJAB	68	78	14.7	96	75	-21.9
22	RAJASTHAN	56	51	-8.9	675	615	-8.9
23	SIKKIM	3	0	-100.0	1	23	2200.0
24	TAMIL NADU	74	599	709.5	653	610	-6.6
25	TRIPURA	10	23	130.0	23	47	104.3
26	UTTAR PRADESH	337	420	24.6	268	228	-14.9
27	UTTARAKHAND	39	31	-20.5	37	15	-59.5
28	WEST BENGAL	127	148	16.5	121	150	24.0
	TOTAL (STATES)	2152	2945	36.8	8942	9171	2.6
UNION TERRITORIES:							
29	A & N ISLANDS	1	1	0.0	11	15	36.4
30	CHANDIGARH	2	0	-100.0	9	2	-77.8
31	D & N HAVELI	1	1	0.0	10	6	-40.0
32	DAMAN & DIU	6	1	-83.3	3	3	0.0
33	DELHI	41	41	0.0	31	41	32.3
34	LAKSHADWEEP	0	0	@	0	2	@
35	PUDUCHERRY	1	2	100.0	18	9	-50.0
	TOTAL (UTs)	52	46	-11.5	82	78	-4.9
	TOTAL (ALL-INDIA)	2204	2991	35.7	9024	9249	2.5

TABLE-1.13 (Continued)

Sl. No.	City	Counterfeiting (Sec.231-254, 489A-489D IPC)			Arson (Sec.435,436,438 IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(60)	(61)	(62)	(63)	(64)	(65)
CITIES:							
36	AGRA	12	34	183.3	0	4	@
37	AHMEDABAD	9	14	55.6	0	1	@
38	ALLAHABAD	3	18	500.0	4	0	-100.0
39	AMRITSAR	9	6	-33.3	2	5	150.0
40	ASANSOL	1	0	-100.0	1	7	600.0
41	BENGALURU	45	49	8.9	2	10	400.0
42	BHOPAL	5	6	20.0	13	21	61.5
43	CHENNAI	9	135	1400.0	11	0	-100.0
44	COIMBATORE	1	168	16700.0	4	4	0.0
45	DELHI (CITY)	37	36	-2.7	26	36	38.5
46	DHANBAD	2	1	-50.0	1	1	0.0
47	FARIDABAD	4	2	-50.0	10	7	-30.0
48	HYDERABAD	7	42	500.0	37	44	18.9
49	INDORE	4	4	0.0	42	45	7.1
50	JABALPUR	7	5	-28.6	13	9	-30.8
51	JAIPUR	9	11	22.2	14	23	64.3
52	JAMSHEDPUR	0	2	@	6	10	66.7
53	KANPUR	32	24	-25.0	18	7	-61.1
54	KOCHI	0	0	@	5	3	-40.0
55	KOLKATA	14	35	150.0	0	0	@
56	LUCKNOW	21	20	-4.8	1	0	-100.0
57	LUDHIANA	3	4	33.3	5	2	-60.0
58	MADURAI	2	26	1200.0	3	5	66.7
59	MEERUT	23	20	-13.0	3	0	-100.0
60	MUMBAI	113	124	9.7	13	22	69.2
61	NAGPUR	13	21	61.5	20	16	-20.0
62	NASIK	13	11	-15.4	12	10	-16.7
63	PATNA	3	5	66.7	0	2	@
64	PUNE	12	30	150.0	18	21	16.7
65	RAJKOT	26	14	-46.2	19	12	-36.8
66	SURAT	25	29	16.0	6	10	66.7
67	VADODARA	10	6	-40.0	6	5	-16.7
68	VARANASI	14	24	71.4	0	0	@
69	VIJAYAWADA	3	13	333.3	18	23	27.8
70	VISHAKHAPATNAM	16	21	31.3	9	10	11.1
TOTAL (CITIES)		507	960	89.3	342	375	9.6

TABLE-1.13 (Continued)

Sl. No.	State/UT	Hurt (Sec.323-333, 335-338 IPC)			Dowry Deaths (Sec.304B IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(66)	(67)	(68)	(69)	(70)	(71)
STATES:							
1	ANDHRA PRADESH	46122	48167	4.4	613	556	-9.3
2	ARUNACHAL PRADESH	375	479	27.7	0	0	@
3	ASSAM	5175	6107	18.0	100	103	3.0
4	BIHAR	16288	16644	2.2	1172	1210	3.2
5	CHHATTISGARH	6801	8565	25.9	100	106	6.0
6	GOA	150	185	23.3	2	2	0.0
7	GUJARAT	10989	10897	-0.8	42	27	-35.7
8	HARYANA	5031	4504	-10.5	269	302	12.3
9	HIMACHAL PRADESH	1318	1258	-4.6	8	3	-62.5
10	JAMMU & KASHMIR	374	273	-27.0	9	21	133.3
11	JHARKHAND	3783	2826	-25.3	303	266	-12.2
12	KARNATAKA	18963	19159	1.0	251	259	3.2
13	KERALA	18975	19178	1.1	27	31	14.8
14	MADHYA PRADESH	36643	36344	-0.8	742	805	8.5
15	MAHARASHTRA	29622	29742	0.4	436	390	-10.6
16	MANIPUR	377	301	-20.2	0	1	@
17	MEGHALAYA	124	204	64.5	2	2	0.0
18	MIZORAM	85	118	38.8	0	0	@
19	NAGALAND	52	46	-11.5	0	0	@
20	ORISSA	7478	7013	-6.2	461	401	-13.0
21	PUNJAB	5663	5597	-1.2	133	128	-3.8
22	RAJASTHAN	19720	21117	7.1	439	439	0.0
23	SIKKIM	95	100	5.3	0	0	@
24	TAMIL NADU	16967	20529	21.0	208	207	-0.5
25	TRIPURA	546	924	69.2	36	16	-55.6
26	UTTAR PRADESH	10694	11683	9.2	2076	2237	7.8
27	UTTARAKHAND	886	937	5.8	70	73	4.3
28	WEST BENGAL	6909	9033	30.7	451	451	0.0
	TOTAL (STATES)	270205	281930	4.3	7950	8036	1.1
UNION TERRITORIES:							
29	A & N ISLANDS	99	107	8.1	1	2	100.0
30	CHANDIGARH	78	73	-6.4	1	3	200.0
31	D & N HAVELI	25	26	4.0	0	0	@
32	DAMAN & DIU	20	12	-40.0	1	0	-100.0
33	DELHI	1736	1936	11.5	138	129	-6.5
34	LAKSHADWEEP	0	12	@	0	0	@
35	PUDUCHERRY	904	873	-3.4	2	2	0.0
	TOTAL (UTs)	2862	3039	6.2	143	136	-4.9
	TOTAL (ALL-INDIA)	273067	284969	4.4	8093	8172	1.0

TABLE-1.13 (Continued)

Sl. No.	City	Hurt (Sec.323-333, 335-338 IPC)			Dowry Deaths (Sec.304B IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(66)	(67)	(68)	(69)	(70)	(71)
CITIES:							
36	AGRA	218	270	23.9	34	38	11.8
37	AHMEDABAD	1421	1335	-6.1	4	1	-75.0
38	ALLAHABAD	36	26	-27.8	10	12	20.0
39	AMRITSAR	251	245	-2.4	5	6	20.0
40	ASANSOL	109	94	-13.8	11	9	-18.2
41	BENGALURU	2381	2497	4.9	54	52	-3.7
42	BHOPAL	1401	1203	-14.1	22	21	-4.5
43	CHENNAI	1224	726	-40.7	43	25	-41.9
44	COIMBATORE	162	240	48.1	4	6	50.0
45	DELHI (CITY)	1536	1753	14.1	111	110	-0.9
46	DHANBAD	106	110	3.8	7	16	128.6
47	FARIDABAD	224	191	-14.7	19	21	10.5
48	HYDERABAD	4352	4244	-2.5	41	41	0.0
49	INDORE	1252	1287	2.8	12	25	108.3
50	JABALPUR	2139	1075	-49.7	24	27	12.5
51	JAIPUR	782	797	1.9	25	20	-20.0
52	JAMSHEDPUR	703	36	-94.9	15	11	-26.7
53	KANPUR	548	505	-7.8	59	86	45.8
54	KOCHI	460	355	-22.8	0	1	@
55	KOLKATA	1241	1470	18.5	8	12	50.0
56	LUCKNOW	39	32	-17.9	32	37	15.6
57	LUDHIANA	246	250	1.6	9	9	0.0
58	MADURAI	119	91	-23.5	10	5	-50.0
59	MEERUT	72	11	-84.7	22	14	-36.4
60	MUMBAI	3781	4155	9.9	17	11	-35.3
61	NAGPUR	996	773	-22.4	7	7	0.0
62	NASIK	224	276	23.2	1	5	400.0
63	PATNA	48	80	66.7	30	28	-6.7
64	PUNE	1274	1328	4.2	6	7	16.7
65	RAJKOT	344	417	21.2	3	1	-66.7
66	SURAT	848	856	0.9	21	11	-47.6
67	VADODARA	306	283	-7.5	0	0	@
68	VARANASI	75	97	29.3	21	24	14.3
69	VIJAYAWADA	1671	1482	-11.3	10	9	-10.0
70	VISHAKHAPATNAM	513	412	-19.7	14	13	-7.1
TOTAL (CITIES)		31102	29002	-6.8	711	721	1.4

TABLE-1.13 (Continued)

Sl. No.	State/UT	Molestation (Sec.354 IPC)			Sexual Harassment (Sec.509 IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(72)	(73)	(74)	(75)	(76)	(77)
STATES:							
1	ANDHRA PRADESH	4406	4730	7.4	3316	3551	7.1
2	ARUNACHAL PRADESH	72	72	0.0	1	1	0.0
3	ASSAM	789	1272	61.2	10	2	-80.0
4	BIHAR	853	999	17.1	12	21	75.0
5	CHHATTISGARH	1549	1621	4.6	111	125	12.6
6	GOA	20	32	60.0	7	12	71.4
7	GUJARAT	822	828	0.7	120	122	1.7
8	HARYANA	417	435	4.3	409	605	47.9
9	HIMACHAL PRADESH	322	295	-8.4	33	41	24.2
10	JAMMU & KASHMIR	986	935	-5.2	353	296	-16.1
11	JHARKHAND	342	271	-20.8	15	23	53.3
12	KARNATAKA	1828	1954	6.9	28	44	57.1
13	KERALA	2624	2745	4.6	262	258	-1.5
14	MADHYA PRADESH	6772	6445	-4.8	780	758	-2.8
15	MAHARASHTRA	3306	3619	9.5	1039	1091	5.0
16	MANIPUR	70	57	-18.6	0	0	@
17	MEGHALAYA	45	54	20.0	1	4	300.0
18	MIZORAM	66	78	18.2	0	0	0
19	NAGALAND	8	15	87.5	1	1	0.0
20	ORISSA	2775	2782	0.3	241	282	17.0
21	PUNJAB	427	388	-9.1	48	49	2.1
22	RAJASTHAN	2477	2520	1.7	28	19	-32.1
23	SIKKIM	13	19	46.2	0	0	@
24	TAMIL NADU	1540	1705	10.7	875	974	11.3
25	TRIPURA	244	346	41.8	4	4	0.0
26	UTTAR PRADESH	2522	2955	17.2	2882	3374	17.1
27	UTTARAKHAND	146	120	-17.8	63	306	385.7
28	WEST BENGAL	2281	2396	5.0	99	94	-5.1
	TOTAL (STATES)	37722	39688	5.2	10738	12057	12.3
UNION TERRITORIES:							
29	A & N ISLANDS	21	24	14.3	2	3	50.0
30	CHANDIGARH	32	19	-40.6	11	2	-81.8
31	D & N HAVELI	0	4	@	0	0	@
32	DAMAN & DIU	0	2	@	0	1	@
33	DELHI	868	611	-29.6	167	130	-22.2
34	LAKSHADWEEP	2	0	-100.0	0	0	@
35	PUDUCHERRY	89	65	-27.0	32	21	-34.4
	TOTAL (UTs)	1012	725	-28.4	212	157	-25.9
	TOTAL (ALL-INDIA)	38734	40413	4.3	10950	12214	11.5

TABLE-1.13 (Continued)

Sl. No.	City	Molestation (Sec.354 IPC)			Sexual Harassment (Sec.509 IPC)		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(72)	(73)	(74)	(75)	(76)	(77)
CITIES:							
36	AGRA	48	62	29.2	101	91	-9.9
37	AHMEDABAD	104	78	-25.0	13	19	46.2
38	ALLAHABAD	6	11	83.3	37	37	0.0
39	AMRITSAR	20	25	25.0	6	11	83.3
40	ASANSOL	20	20	0.0	1	0	-100.0
41	BENGALURU	187	179	-4.3	2	1	-50.0
42	BHOPAL	146	160	9.6	29	34	17.2
43	CHENNAI	108	46	-57.4	126	67	-46.8
44	COIMBATORE	12	29	141.7	2	7	250.0
45	DELHI (CITY)	744	553	-25.7	148	123	-16.9
46	DHANBAD	5	13	160.0	0	0	@
47	FARIDABAD	23	23	0.0	0	97	@
48	HYDERABAD	216	231	6.9	128	148	15.6
49	INDORE	178	231	29.8	34	45	32.4
50	JABALPUR	145	175	20.7	34	35	2.9
51	JAIPUR	101	106	5.0	0	2	@
52	JAMSHEDPUR	12	16	33.3	0	5	@
53	KANPUR	102	136	33.3	165	578	250.3
54	KOCHI	75	59	-21.3	5	5	0.0
55	KOLKATA	189	211	11.6	58	81	39.7
56	LUCKNOW	59	147	149.2	150	328	118.7
57	LUDHIANA	21	36	71.4	11	21	90.9
58	MADURAI	11	11	0.0	31	2	-93.5
59	MEERUT	29	51	75.9	101	101	0.0
60	MUMBAI	365	436	19.5	112	121	8.0
61	NAGPUR	96	91	-5.2	51	71	39.2
62	NASIK	34	42	23.5	11	10	-9.1
63	PATNA	16	9	-43.8	0	1	@
64	PUNE	79	113	43.0	77	73	-5.2
65	RAJKOT	17	30	76.5	22	19	-13.6
66	SURAT	44	54	22.7	8	2	-75.0
67	VADODARA	11	16	45.5	8	3	-62.5
68	VARANASI	9	11	22.2	89	83	-6.7
69	VIJAYAWADA	131	104	-20.6	202	252	24.8
70	VISHAKHAPATNAM	100	87	-13.0	25	2	-92.0
TOTAL (CITIES)		3463	3602	4.0	1787	2475	38.5

TABLE-1.13 (Continued)

Sl. No.	State/UT	Cruelty by Husband and Relatives (Sec. 498A IPC)			Importation of Girls (Sec. 366B IPC)			Causing Death by Negligence (Sec. 304A IPC)		
		2007	2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(78)	(79)	(80)	(81)	(82)	(83)	(84)	(85)	(86)
STATES:										
1	ANDHRA PRADESH	11335	10306	-9.1	0	0	@	12629	12861	1.8
2	ARUNACHAL PRADESH	20	13	-35.0	0	0	@	82	104	26.8
3	ASSAM	3000	3478	15.9	0	0	@	2875	2259	-21.4
4	BIHAR	1635	1992	21.8	56	22	-60.7	3789	4592	21.2
5	CHHATTISGARH	824	897	8.9	0	0	@	2476	2800	13.1
6	GOA	14	12	-14.3	0	0	@	247	230	-6.9
7	GUJARAT	5827	6094	4.6	0	0	@	4831	4934	2.1
8	HARYANA	2412	2435	1.0	0	0	@	1545	1323	-14.4
9	HIMACHAL PRADESH	342	343	0.3	0	0	@	597	485	-18.8
10	JAMMU & KASHMIR	176	162	-8.0	0	0	@	243	293	20.6
11	JHARKHAND	801	851	6.2	0	39	@	1019	1310	28.6
12	KARNATAKA	2507	2638	5.2	0	1	@	514	572	11.3
13	KERALA	3999	4138	3.5	0	0	@	59	37	-37.3
14	MADHYA PRADESH	3294	3185	-3.3	0	0	@	5754	6008	4.4
15	MAHARASHTRA	7356	7829	6.4	0	0	@	11946	12472	4.4
16	MANIPUR	15	28	86.7	0	0	@	1	2	100.0
17	MEGHALAYA	19	32	68.4	0	0	@	68	64	-5.9
18	MIZORAM	2	5	150.0	0	0	@	34	53	55.9
19	NAGALAND	0	4	@	0	0	@	43	44	2.3
20	ORISSA	728	1618	122.3	0	0	@	3771	3535	-6.3
21	PUNJAB	971	984	1.3	0	0	@	2801	2845	1.6
22	RAJASTHAN	8170	8113	-0.7	0	0	@	7096	7322	3.2
23	SIKKIM	7	5	-28.6	0	0	@	34	40	17.6
24	TAMIL NADU	1976	1648	-16.6	0	0	@	11485	12328	7.3
25	TRIPURA	545	735	34.9	0	0	@	203	195	-3.9
26	UTTAR PRADESH	7650	8312	8.7	0	0	@	7655	10102	32.0
27	UTTARAKHAND	463	340	-26.6	0	0	@	608	590	-3.0
28	WEST BENGAL	9900	13663	38.0	5	5	0.0	3803	3789	-0.4
	TOTAL (STATES)	73988	79860	7.9	61	67	9.8	86208	91189	5.8
UNION TERRITORIES:										
29	A & N ISLANDS	18	26	44.4	0	0	@	4	4	0.0
30	CHANDIGARH	112	49	-56.3	0	0	@	15	11	-26.7
31	D & N HAVELI	3	4	33.3	0	0	@	12	10	-16.7
32	DAMAN & DIU	3	5	66.7	0	0	@	32	39	21.9
33	DELHI	1787	1387	-22.4	0	0	@	252	726	188.1
34	LAKSHADWEEP	2	1	-50.0	0	0	@	0	0	@
35	PUDUCHERRY	17	12	-29.4	0	0	@	267	207	-22.5
	TOTAL (UTs)	1942	1484	-23.6	0	0	@	582	997	71.3
	TOTAL (ALL-INDIA)	75930	81344	7.1	61	67	9.8	86790	92186	6.2

TABLE-1.13 (Continued)

Sl. No.	City	Cruelty by Husband and Relatives (Sec. 498A IPC)			Importation of Girls (Sec. 366B IPC)			Causing Death by Negligence (Sec. 304A IPC)		
		2007	2008	% Variation	2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(78)	(79)	(80)	(81)	(82)	(83)	(84)	(85)	(86)
<i>CITIES:</i>										
36	AGRA	287	240	-16.4	0	0	@	388	210	-45.9
37	AHMEDABAD	1221	1185	-2.9	0	0	@	252	242	-4.0
38	ALLAHABAD	105	107	1.9	0	0	@	65	76	16.9
39	AMRITSAR	78	66	-15.4	0	0	@	103	99	-3.9
40	ASANSOL	242	166	-31.4	0	0	@	61	86	41.0
41	BENGALURU	290	307	5.9	0	0	@	110	126	14.5
42	BHOPAL	129	149	15.5	0	0	@	423	188	-55.6
43	CHENNAI	323	165	-48.9	0	0	@	1125	613	-45.5
44	COIMBATORE	50	62	24.0	0	0	@	294	307	4.4
45	DELHI (CITY)	1711	1310	-23.4	0	0	@	208	696	234.6
46	DHANBAD	12	16	33.3	0	0	@	0	0	@
47	FARIDABAD	167	173	3.6	0	0	@	263	12	-95.4
48	HYDERABAD	1365	1184	-13.3	0	0	@	502	482	-4.0
49	INDORE	259	290	12.0	0	0	@	266	264	-0.8
50	JABALPUR	101	95	-5.9	0	0	@	81	95	17.3
51	JAIPUR	484	451	-6.8	0	0	@	552	512	-7.2
52	JAMSHEDPUR	41	62	51.2	0	0	@	125	4	-96.8
53	KANPUR	673	632	-6.1	0	0	@	107	127	18.7
54	KOCHI	88	87	-1.1	0	0	@	0	0	@
55	KOLKATA	296	405	36.8	3	4	33.3	459	427	-7.0
56	LUCKNOW	445	647	45.4	0	0	@	268	392	46.3
57	LUDHIANA	100	88	-12.0	0	0	@	226	211	-6.6
58	MADURAI	76	42	-44.7	0	0	@	102	139	36.3
59	MEERUT	278	163	-41.4	0	0	@	135	151	11.9
60	MUMBAI	380	502	32.1	0	0	@	778	709	-8.9
61	NAGPUR	251	237	-5.6	0	0	@	280	269	-3.9
62	NASIK	127	141	11.0	0	0	@	270	293	8.5
63	PATNA	195	126	-35.4	0	0	@	76	256	236.8
64	PUNE	250	273	9.2	0	0	@	537	642	19.6
65	RAJKOT	240	312	30.0	0	0	@	112	128	14.3
66	SURAT	332	472	42.2	0	0	@	357	382	7.0
67	VADODARA	268	268	0.0	0	0	@	118	159	34.7
68	VARANASI	101	103	2.0	0	0	@	78	88	12.8
69	VIJAYAWADA	531	395	-25.6	0	0	@	265	291	9.8
70	VISHAKHAPATNAM	535	488	-8.8	0	0	@	255	313	22.7
TOTAL (CITIES)		12031	11409	-5.2	3	4	33.3	9241	8989	-2.7

TABLE-1.13 (Concluded)

Sl. No.	State/UT	Other IPC Crimes			Total Cognizable Crimes Under IPC		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(87)	(88)	(89)	(90)	(91)	(92)
STATES:							
1	ANDHRA PRADESH	43586	43929	0.8	175087	179275	2.4
2	ARUNACHAL PRADESH	555	590	6.3	2286	2374	3.8
3	ASSAM	12183	17598	44.4	45282	53333	17.8
4	BIHAR	44931	54370	21.0	109420	122669	12.1
5	CHHATTISGARH	19505	21074	8.0	45845	51442	12.2
6	GOA	934	886	-5.1	2479	2742	10.6
7	GUJARAT	68332	65525	-4.1	123195	123808	0.5
8	HARYANA	19159	21460	12.0	51597	55344	7.3
9	HIMACHAL PRADESH	7937	7837	-1.3	14222	13976	-1.7
10	JAMMU & KASHMIR	11535	10734	-6.9	21443	20604	-3.9
11	JHARKHAND	13897	14843	6.8	38489	38686	0.5
12	KARNATAKA	60853	61755	1.5	120606	127540	5.7
13	KERALA	57681	59061	2.4	108530	110620	1.9
14	MADHYA PRADESH	98007	100513	2.6	202386	206556	2.1
15	MAHARASHTRA	50159	50183	0.0	195707	206243	5.4
16	MANIPUR	1074	1038	-3.4	3259	3349	2.8
17	MEGHALAYA	438	480	9.6	2079	2318	11.5
18	MIZORAM	330	378	14.5	2083	1989	-4.5
19	NAGALAND	242	192	-20.7	1180	1202	1.9
20	ORISSA	19870	18916	-4.8	54872	56755	3.4
21	PUNJAB	10517	10122	-3.8	35793	35314	-1.3
22	RAJASTHAN	63846	63924	0.1	148870	151174	1.5
23	SIKKIM	192	215	12.0	667	730	9.4
24	TAMIL NADU	110748	107084	-3.3	172754	176833	2.4
25	TRIPURA	1241	1327	6.9	4273	5336	24.9
26	UTTAR PRADESH	51914	60242	16.0	150258	168996	12.5
27	UTTARAKHAND	2686	2280	-15.1	9599	8856	-7.7
28	WEST BENGAL	27903	38177	36.8	81102	105419	30.0
	TOTAL (STATES)	800255	834733	4.3	1923363	2033483	5.7
UNION TERRITORIES:							
29	A & N ISLANDS	337	383	13.6	807	882	9.3
30	CHANDIGARH	999	1040	4.1	3643	3931	7.9
31	D & N HAVELI	161	154	-4.3	425	401	-5.6
32	DAMAN & DIU	37	36	-2.7	260	248	-4.6
33	DELHI	24854	17896	-28.0	56065	49350	-12.0
34	LAKSHADWEEP	26	53	103.8	56	95	69.6
35	PUDUCHERRY	2537	2668	5.2	5054	4989	-1.3
	TOTAL (UTs)	28951	22230	-23.2	66310	59896	-9.7
	TOTAL (ALL-INDIA)	829206	856963	3.3	1989673	2093379	5.2

TABLE-1.13 (Concluded)

Sl. No.	City	Other IPC Crimes			Total Cognizable Crimes Under IPC		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(87)	(88)	(89)	(90)	(91)	(92)
CITIES:							
36	AGRA	901	1242	37.8	4304	4826	12.1
37	AHMEDABAD	7953	7900	-0.7	17310	18544	7.1
38	ALLAHABAD	608	725	19.2	1706	2068	21.2
39	AMRITSAR	590	673	14.1	2142	2327	8.6
40	ASANSOL	679	855	25.9	1491	1676	12.4
41	BENGALURU	10969	10648	-2.9	27049	29664	9.7
42	BHOPAL	5345	5796	8.4	11069	11515	4.0
43	CHENNAI	9599	7478	-22.1	16508	11829	-28.3
44	COIMBATORE	2408	2444	1.5	3924	4180	6.5
45	DELHI (CITY)	22173	15778	-28.8	50895	44573	-12.4
46	DHANBAD	489	570	16.6	1331	1302	-2.2
47	FARIDABAD	1531	2124	38.7	4520	4516	-0.1
48	HYDERABAD	2624	3067	16.9	17391	18567	6.8
49	INDORE	6406	6968	8.8	12992	15430	18.8
50	JABALPUR	2495	1973	-20.9	6543	5128	-21.6
51	JAIPUR	4166	4926	18.2	14102	15407	9.3
52	JAMSHEDPUR	489	1210	147.4	2767	2685	-3.0
53	KANPUR	2905	3164	8.9	8008	8885	11.0
54	KOCHI	4824	6562	36.0	6602	7956	20.5
55	KOLKATA	3611	4680	29.6	10901	13005	19.3
56	LUCKNOW	2442	3858	58.0	8468	11735	38.6
57	LUDHIANA	918	864	-5.9	3075	2847	-7.4
58	MADURAI	1289	1299	0.8	2325	2470	6.2
59	MEERUT	413	1005	143.3	2441	2765	13.3
60	MUMBAI	6862	6850	-0.2	30481	32770	7.5
61	NAGPUR	3261	2869	-12.0	9791	8661	-11.5
62	NASIK	500	545	9.0	3115	3813	22.4
63	PATNA	5548	5618	1.3	8944	9014	0.8
64	PUNE	2726	2924	7.3	12818	14467	12.9
65	RAJKOT	1819	2368	30.2	3912	5525	41.2
66	SURAT	5784	4475	-22.6	10986	10741	-2.2
67	VADODARA	2180	2473	13.4	5109	5386	5.4
68	VARANASI	862	807	-6.4	2802	2734	-2.4
69	VIJAYAWADA	577	610	5.7	5587	5127	-8.2
70	VISHAKHAPATNAM	1912	1886	-1.4	5480	5015	-8.5
TOTAL (CITIES)		127858	127234	-0.5	336889	347153	3.0

TABLE – 1.14
District-wise Incidence of Cognizable Crime (IPC) During 2008

Sl. No	District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 & 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ANDHRA PRADESH											
1	ADILABAD	73	82	14	50	0	50	41	26	15	3
2	ANANTAPUR	154	80	4	37	0	37	90	36	54	10
3	CHITTOOR	123	65	7	30	0	30	84	57	27	6
4	CUDDAPAH	114	94	5	27	0	27	76	64	12	2
5	CYBERABAD	197	66	3	80	0	80	141	101	40	7
6	EAST GODAVARI	82	112	1	48	0	48	91	13	78	0
7	GUNTAKAL RLY.	7	0	0	0	0	0	0	0	0	0
8	GUNTUR	159	196	3	48	0	48	83	65	18	4
9	HYDERABAD CITY	122	126	5	62	0	62	140	77	63	10
10	KARIMNAGAR	134	114	12	84	0	84	159	148	11	1
11	KHAMMAM	123	47	5	70	0	70	103	83	20	3
12	KRISHNA	53	63	4	38	0	38	69	52	17	0
13	KURNOOL	116	143	5	47	0	47	89	72	17	14
14	MAHABOONNAGAR	188	66	30	72	0	72	104	87	17	9
15	MEDAK	140	57	10	50	0	50	62	44	18	7
16	NALGONDA	121	76	3	90	0	90	91	76	15	7
17	NELLORE	70	73	6	39	0	39	83	73	10	4
18	NIZAMABAD	153	61	17	31	0	31	51	25	26	7
19	PRAKASHAM	75	59	4	30	0	30	66	53	13	5
20	RANGA REDDY	91	35	8	37	0	37	23	13	10	2
21	SECUNDERABAD RLY.	10	0	0	2	0	2	0	0	0	0
22	SRIKAKULAM	25	0	2	32	0	32	18	14	4	2
23	VIJAYAWADA CITY	34	58	1	30	0	30	49	36	13	1
24	VIJAYAWADA RLY.	1	1	0	0	0	0	1	0	1	0
25	VISAKHA RURAL	65	40	4	12	0	12	12	9	3	0
26	VISAKHAPATNAM	32	36	1	29	0	29	34	26	8	3
27	VIZIANAGARAM	29	21	3	6	0	6	16	14	2	0
28	WARANGAL	121	73	5	59	0	59	82	62	20	1
29	WEST GODAVARI	78	98	3	117	0	117	112	70	42	2
	TOTAL	2690	1942	165	1257	0	1257	1970	1396	574	110
ARUNACHAL PRADESH											
1	CHANGLANG	6	4	0	2	0	2	4	4	0	0
2	DIBANG VALLEY	1	2	0	3	0	3	6	4	2	1
3	K/KUMEY	3	4	0	2	0	2	3	2	1	0
4	KAMENG EAST	4	0	0	5	0	5	6	4	2	2
5	KAMENG WEST	1	0	0	0	0	0	3	2	1	3
6	LOHIT	11	1	0	3	0	3	1	1	0	0
7	PAPUM PARE	11	6	1	7	0	7	18	10	8	5
8	SIANG EAST	9	2	1	5	0	5	8	5	3	2
9	SIANG UPPER	1	3	0	0	0	0	1	1	0	0
10	SIANG WEST	6	5	0	13	0	13	10	8	2	0
11	SUBANSIRI LOWER	4	1	0	0	0	0	4	3	1	0
12	SUBANSIRI UPPER	4	6	0	2	0	2	2	1	1	0
13	TAWANG	2	0	0	0	0	0	0	0	0	0
14	TIRAP	7	3	0	0	0	0	13	2	11	1
15	UPPER DIBANG VALLEY	2	0	0	0	0	0	0	0	0	0
	TOTAL	72	37	2	42	0	42	79	47	32	14

TABLE-1.14 (Continued)
District-Wise Incidence of Cognizable Crimes (IPC) During 2008

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 -382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
ANDHRA PRADESH											
1	ADILABAD	0	20	248	427	56	371	100	17	135	1
2	ANANTAPUR	0	20	222	496	187	309	51	24	108	15
3	CHITTOOR	0	20	260	1321	420	901	64	29	295	20
4	CUDDAPAH	0	12	149	537	151	386	143	28	248	3
5	CYBERABAD	0	81	1319	3081	1202	1879	74	103	1183	6
6	EAST GODAVARI	0	19	425	1189	256	933	48	109	328	36
7	GUNTAKAL RLY.	0	1	0	122	0	122	0	1	4	7
8	GUNTUR	4	25	336	1233	392	841	64	40	393	21
9	HYDERABAD CITY	0	115	1143	5200	2106	3094	143	143	1875	42
10	KARIMNAGAR	1	15	294	697	158	539	153	36	525	5
11	KHAMMAM	5	9	251	560	186	374	97	23	150	8
12	KRISHNA	0	11	166	587	121	466	13	9	114	13
13	KURNOOL	0	28	252	530	160	370	158	22	282	9
14	MAHABOONNAGAR	0	36	256	923	8	915	65	16	173	9
15	MEDAK	0	20	297	641	145	496	57	24	241	9
16	NALGONDA	0	31	279	551	132	419	135	24	218	7
17	NELLORE	1	23	266	735	249	486	43	79	121	19
18	NIZAMABAD	0	31	338	686	96	590	67	28	241	6
19	PRAKASHAM	0	12	173	413	124	289	28	35	216	10
20	RANGA REDDY	0	8	142	184	28	156	19	15	65	2
21	SECUNDERABAD RLY.	0	2	0	371	0	371	0	0	4	6
22	SRIKAKULAM	0	4	147	219	21	198	8	8	59	12
23	VIJAYAWADA CITY	0	24	189	1176	321	855	8	52	326	13
24	VIJAYAWADA RLY.	0	3	1	306	0	306	1	0	3	28
25	VISAKHA RURAL	0	3	103	153	4	149	159	5	61	5
26	VISAKHAPATNAM	0	28	263	1045	343	702	14	31	267	21
27	VIZIANAGARAM	0	1	147	206	0	206	12	6	99	12
28	WARANGAL	0	3	263	455	140	315	173	15	304	14
29	WEST GODAVARI	0	18	403	1318	291	1027	33	68	355	20
	TOTAL	11	623	8332	25362	7297	18065	1930	990	8393	379
ARUNACHAL PRADESH											
1	CHANGLANG	0	7	19	49	0	49	0	3	1	0
2	DIBANG VALLEY	0	1	10	36	2	34	0	3	2	0
3	K/KUMEY	0	1	5	4	0	4	2	1	1	0
4	KAMENG EAST	0	4	15	13	0	13	1	2	0	0
5	KAMENG WEST	0	0	8	20	2	18	2	3	1	1
6	LOHIT	0	6	13	43	0	43	1	0	0	0
7	PAPUM PARE	0	33	62	111	40	71	2	20	10	0
8	SIANG EAST	0	7	29	40	2	38	0	1	4	0
9	SIANG UPPER	0	2	7	12	1	11	0	5	1	0
10	SIANG WEST	0	1	24	51	3	48	1	3	2	0
11	SUBANSIRI LOWER	0	6	12	16	3	13	1	1	2	0
12	SUBANSIRI UPPER	0	4	5	13	2	11	7	0	4	0
13	TAWANG	0	1	3	10	0	10	0	0	0	0
14	TIRAP	0	6	30	24	5	19	1	1	0	0
15	UPPER DIBANG VALLEY	0	0	3	3	0	3	0	0	0	0
	TOTAL	0	79	245	445	60	385	18	43	28	1

TABLE-1.14 (continued)
District-Wise Incidence of Cognizable Crimes (IPC) During 2008

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
ANDHRA PRADESH											
1	ADILABAD	45	1289	5	174	103	355	0	336	1782	5300
2	ANANTAPUR	0	1050	12	133	132	0	0	334	2762	5734
3	CHITTOOR	33	1017	26	104	250	288	0	730	2535	7307
4	CUDDAPAH	11	1149	11	212	37	267	0	496	2984	6605
5	CYBERABAD	42	3321	59	130	833	884	0	1166	1397	14173
6	EAST GODAVARI	47	3172	23	194	131	563	0	642	1175	8435
7	GUNTAKAL RLY.	0	7	0	3	1	2	0	2	14	171
8	GUNTUR	74	1615	26	306	99	496	0	621	3065	8911
9	HYDERABAD CITY	44	4244	41	231	148	1184	0	482	3067	18567
10	KARIMNAGAR	56	2937	48	310	273	596	0	519	1368	8337
11	KHAMMAM	28	1089	26	213	24	329	0	492	2179	5834
12	KRISHNA	38	2434	12	254	93	379	0	403	775	5528
13	KURNOOL	9	2972	17	419	232	227	0	551	1713	7835
14	MAHABOOBNAGAR	56	2306	35	162	38	231	0	696	1190	6661
15	MEDAK	37	2190	35	114	61	332	0	672	933	5989
16	NALGONDA	77	1762	32	243	155	353	0	728	3043	8026
17	NELLORE	52	2408	6	184	130	333	0	414	1029	6118
18	NIZAMABAD	47	1969	16	70	85	305	0	420	1080	5709
19	PRAKASHAM	124	1222	5	192	38	229	0	445	2072	5453
20	RANGA REDDY	30	855	19	39	25	120	0	190	510	2419
21	SECUNDERABAD RLY.	0	17	0	1	0	0	0	3	60	476
22	SRIKAKULAM	26	1632	6	92	72	314	0	269	961	3908
23	VIJAYAWADA CITY	23	1482	9	104	252	395	0	291	610	5127
24	VIJAYAWADA RLY.	0	12	0	1	1	0	0	1	57	417
25	VISAKHA RURAL	20	1509	10	79	40	168	0	365	294	3107
26	VISAKHAPATNAM	10	412	13	87	2	488	0	313	1886	5015
27	VIZIANAGARAM	21	478	3	88	60	253	0	270	1411	3142
28	WARANGAL	44	1562	36	223	54	519	0	512	2240	6758
29	WEST GODAVARI	27	2055	25	368	182	696	0	498	1737	8213
	TOTAL	1021	48167	556	4730	3551	10306	0	12861	43929	179275
ARUNACHAL PRADESH											
1	CHANGLANG	3	39	0	5	0	0	0	3	54	199
2	DIBANG VALLEY	2	28	0	9	0	2	0	2	25	133
3	K/KUMEY	0	21	0	2	0	1	0	4	43	97
4	KAMENG EAST	0	49	0	0	0	0	0	9	34	144
5	KAMENG WEST	0	18	0	4	0	0	0	20	13	97
6	LOHIT	0	19	0	1	0	0	0	10	50	159
7	PAPUM PARE	3	81	0	12	1	3	0	17	138	541
8	SIANG EAST	0	27	0	6	0	1	0	7	30	179
9	SIANG UPPER	0	10	0	1	0	0	0	4	8	55
10	SIANG WEST	2	65	0	6	0	5	0	7	75	276
11	SUBANSIRI LOWER	0	39	0	10	0	0	0	4	35	135
12	SUBANSIRI UPPER	0	55	0	6	0	1	0	5	48	162
13	TAWANG	0	11	0	5	0	0	0	6	4	42
14	TIRAP	0	14	0	5	0	0	0	5	31	141
15	UPPER DIBANG VALLEY	0	3	0	0	0	0	0	1	2	14
	TOTAL	10	479	0	72	1	13	0	104	590	2374

TABLE-1.14 (Continued)

Sl. No.	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 & 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ASSAM											
1	BARPETA	54	20	0	97	0	97	128	117	11	14
2	BASKA	67	19	0	23	0	23	35	30	5	3
3	BONGAIGAON	15	10	0	51	0	51	60	35	25	7
4	C.I.D.	0	0	0	0	0	0	0	0	0	0
5	CACHAR	56	6	0	72	0	72	128	106	22	43
6	CHIRANG	24	0	0	25	0	25	33	24	9	2
7	DARRANG	38	5	0	57	0	57	59	57	2	6
8	DHEMAJI	21	30	5	88	0	88	66	51	15	1
9	DHUBRI	44	20	3	116	0	116	139	126	13	16
10	DIBRUGARH	99	21	0	46	0	46	89	60	29	4
11	G.R.P.	6	0	0	5	0	5	8	8	0	4
12	GOALPARA	36	5	0	66	0	66	76	64	12	14
13	GOLAGHAT	65	15	1	42	0	42	61	50	11	15
14	GUWAHATI CITY	50	18	16	59	0	59	167	97	70	20
15	HAILAKANDI	27	0	0	39	0	39	61	52	9	16
16	JORHAT	51	24	17	44	0	44	54	41	13	5
17	KAMRUP	46	23	19	36	0	36	113	78	35	11
18	KARBI ANGLONG	55	16	0	16	0	16	25	12	13	11
19	KARIMGANJ	27	13	0	19	0	19	49	44	5	6
20	KOKRAJHAR	53	32	0	55	0	55	51	24	27	5
21	LAKHIMPUR	41	6	3	52	0	52	91	71	20	4
22	MORIGAON	20	9	3	75	0	75	68	68	0	9
23	N.C.HILLS	42	14	0	4	0	4	14	9	5	0
24	NAGAON	83	41	2	112	0	112	215	209	6	44
25	NALBARI	31	29	1	30	0	30	55	47	8	6
26	R.P.O.	3	0	0	5	0	5	3	3	0	5
27	SIBSAGAR	108	7	0	46	0	46	111	94	17	3
28	SONITPUR	94	31	1	56	0	56	136	125	11	7
29	TINSUKIA	114	0	0	60	0	60	87	60	27	17
30	UDALGURI	56	3	0	42	0	42	57	27	30	14
	TOTAL	1426	417	71	1438	0	1438	2239	1789	450	312
BIHAR											
1	ARARIA	50	37	10	37	0	37	40	30	10	49
2	ARWAL	28	0	0	2	0	2	12	10	2	1
3	AURANGABAD	92	27	8	30	0	30	56	38	18	28
4	BAGAHA	26	8	2	15	0	15	49	36	13	6
5	BANKA	70	56	6	49	0	49	46	38	8	14
6	BEGUSARAI	101	170	9	25	0	25	110	34	76	18
7	BETTIAH	64	33	8	28	0	28	51	49	2	7
8	BHABHUA	40	38	0	8	0	8	37	19	18	6
9	BHAGALPUR	90	81	13	35	0	35	133	98	35	10
10	BHOJPUR	138	167	2	18	0	18	72	47	25	16
11	BUXAR	52	61	6	11	0	11	26	18	8	9
12	DARBHANGA	76	154	6	67	0	67	123	80	43	19
13	GAYA	136	60	12	52	0	52	90	77	13	35
14	GOPALGANJ	74	93	6	23	0	23	80	63	17	16
15	JAMALPUR RLY.	10	0	0	1	0	1	4	0	4	8

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 –382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
ASSAM											
1	BARPETA	0	16	127	209	25	184	277	20	11	1
2	BASKA	0	7	10	35	1	34	3	7	4	1
3	BONGAIGAON	1	7	104	138	27	111	83	13	36	3
4	C.I.D.	0	0	0	1	0	1	0	0	10	0
5	CACHAR	1	23	262	640	183	457	245	54	64	3
6	CHIRANG	0	4	27	57	3	54	5	1	7	0
7	DARRANG	0	16	91	136	23	113	61	17	31	5
8	DHEMAJI	1	23	30	152	23	129	22	3	35	0
9	DHUBRI	1	15	125	240	27	213	304	53	79	13
10	DIBRUGARH	0	31	85	587	52	535	21	34	34	4
11	G.R.P.	0	6	7	155	0	155	1	1	2	0
12	GOALPARA	0	9	74	131	20	111	147	0	30	1
13	GOLAGHAT	0	25	89	247	49	198	54	13	32	2
14	GUWAHATI CITY	42	77	564	1129	987	142	74	125	147	22
15	HAILAKANDI	2	5	72	122	13	109	343	14	22	7
16	JORHAT	0	15	106	269	85	184	16	17	41	2
17	KAMRUP	25	55	265	704	211	493	34	45	47	3
18	KARBI ANGLONG	0	9	32	141	34	107	35	10	12	4
19	KARIMGANJ	0	8	54	105	6	99	228	7	15	1
20	KOKRAJHAR	0	8	39	173	19	154	38	9	25	4
21	LAKHIMPUR	0	9	90	177	11	166	17	11	28	1
22	MORIGAON	0	12	61	169	10	159	64	5	50	1
23	N.C.HILLS	0	2	15	43	1	42	2	1	2	0
24	NAGAON	0	74	233	354	80	274	271	96	49	3
25	NALBARI	1	33	81	144	35	109	10	4	16	2
26	R.P.O.	0	0	1	13	0	13	3	1	0	0
27	SIBSAGAR	0	22	156	500	65	435	44	28	73	3
28	SONITPUR	0	20	167	451	64	387	87	28	45	2
29	TINSUKIA	0	21	115	682	41	641	16	59	31	2
30	UDALGURI	0	16	65	108	6	102	95	4	18	1
TOTAL		74	568	3147	8012	2101	5911	2600	680	996	91
BIHAR											
1	ARARIA	0	51	57	234	21	213	214	30	42	0
2	ARWAL	0	4	11	57	2	55	26	11	21	0
3	AURANGABAD	1	24	115	307	18	289	445	19	165	1
4	BAGAHA	0	17	66	217	5	212	133	14	44	4
5	BANKA	1	24	85	143	7	136	168	12	26	1
6	BEGUSARAI	1	67	69	275	39	236	225	70	78	0
7	BETTIAH	1	18	57	243	16	227	261	66	35	16
8	BHABHUA	0	14	68	193	14	179	148	33	45	1
9	BHAGALPUR	0	34	130	699	139	560	259	35	105	3
10	BHOJPUR	0	49	94	314	64	250	191	106	164	0
11	BUXAR	1	24	52	284	44	240	143	26	24	4
12	DARBHANGA	0	15	68	320	10	310	50	129	150	4
13	GAYA	0	63	124	494	169	325	544	32	151	0
14	GOPALGANJ	0	41	50	144	55	89	201	4	65	0
15	JAMALPUR RLY.	1	3	0	123	8	115	7	0	1	0

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
ASSAM											
1	BARPETA	3	253	14	34	0	240	0	215	806	2539
2	BASKA	3	77	4	16	0	13	0	12	126	465
3	BONGAIGAON	4	94	5	13	0	106	0	81	388	1219
4	C.I.D.	0	0	0	0	0	0	0	0	13	24
5	CACHAR	49	71	13	19	0	216	0	61	2843	4869
6	CHIRANG	3	42	0	15	0	38	0	40	144	467
7	DARRANG	27	347	2	162	2	119	0	107	205	1493
8	DHEMAJI	14	345	0	40	0	165	0	59	226	1326
9	DHUBRI	20	598	4	88	0	393	0	90	881	3242
10	DIBRUGARH	0	440	4	60	0	100	0	101	583	2343
11	G.R.P.	0	7	0	2	0	0	0	4	43	251
12	GOALPARA	19	115	4	32	0	117	0	104	339	1319
13	GOLAGHAT	29	258	0	46	0	86	0	156	240	1476
14	GUWAHATI CITY	15	345	5	169	0	216	0	135	3768	7163
15	HAILAKANDI	14	28	3	8	0	62	0	21	305	1171
16	JORHAT	10	297	0	59	0	76	0	88	326	1517
17	KAMRUP	35	195	3	75	0	101	0	111	483	2429
18	KARBI ANGLONG	8	31	1	7	0	16	0	67	188	684
19	KARIMGANJ	8	120	5	10	0	99	0	32	240	1046
20	KOKRAJHAR	12	82	4	16	0	58	0	74	164	902
21	LAKHIMPUR	16	551	1	24	0	160	0	114	509	1905
22	MORIGAON	6	510	4	57	0	114	0	46	146	1429
23	N.C.HILLS	2	7	0	1	0	3	0	15	66	233
24	NAGAON	51	458	9	200	0	371	0	187	1441	4294
25	NALBARI	9	321	6	42	0	54	0	37	271	1183
26	R.P.O.	2	5	0	1	0	0	0	0	46	88
27	SIBSAGAR	24	234	4	27	0	139	0	35	712	2276
28	SONITPUR	2	83	6	34	0	294	0	206	1029	2779
29	TINSUKIA	12	159	2	8	0	84	0	57	807	2333
30	UDALGURI	46	34	0	7	0	38	0	4	260	868
	TOTAL	443	6107	103	1272	2	3478	0	2259	17598	53333
BIHAR											
1	ARARIA	61	371	3	35	0	92	2	31	1461	2907
2	ARWAL	0	0	13	0	0	8	0	67	433	694
3	AURANGABAD	25	1487	32	13	0	65	0	151	290	3381
4	BAGAHA	7	477	11	14	0	36	0	32	1261	2439
5	BANKA	24	484	23	16	0	24	0	0	576	1848
6	BEGUSARAI	19	397	41	3	0	56	0	160	1362	3256
7	BETTIAH	26	55	33	0	4	96	0	133	2077	3312
8	BHABHUA	6	141	19	10	0	26	1	82	847	1763
9	BHAGALPUR	21	621	27	35	5	120	0	80	1777	4313
10	BHOJPUR	48	1635	57	31	1	122	0	140	501	3866
11	BUXAR	23	116	29	20	0	19	0	46	520	1496
12	DARBHANGA	34	159	48	53	0	45	0	102	2178	3800
13	GAYA	26	456	43	8	0	40	3	212	1598	4179
14	GOPALGANJ	17	68	36	27	0	110	0	194	1356	2605
15	JAMALPUR RLY.	0	0	1	0	0	0	0	0	64	223

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 & 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
16	JAMUI	56	127	3	17	0	17	38	21	17	16
17	JEHANABAD	35	10	5	6	0	6	38	19	19	15
18	KATIHAR	63	13	2	120	0	120	103	66	37	16
19	KATIHAR RLY.	6	11	2	2	0	2	9	2	7	4
20	KHAGARIA	55	63	0	16	0	16	48	17	31	7
21	KISHANGANJ	32	42	0	30	0	30	33	26	7	7
22	LAKHISARAI	41	67	0	35	0	35	34	17	17	7
23	MADHEPURA	34	7	6	16	0	16	45	30	15	7
24	MADHUBANI	62	72	6	24	0	24	51	36	15	24
25	MOTIHARI	120	306	79	34	0	34	121	83	38	27
26	MUNGER	85	92	0	20	0	20	61	31	30	6
27	MUZAFFARPUR	138	11	18	28	0	28	136	97	39	35
28	MUZAFFARPUR RLY.	16	0	0	2	0	2	4	0	4	4
29	NALANDA	120	53	17	23	0	23	100	56	44	10
30	NAUGACHIA	33	15	2	8	0	8	29	6	23	2
31	NAWADAH	76	8	0	28	0	28	48	26	22	10
32	PATNA	341	189	28	57	0	57	341	78	263	63
33	PATNA RLY.	24	13	3	0	0	0	11	4	7	9
34	PURNEA	81	20	39	185	0	185	139	88	51	29
35	ROHTAS	112	19	0	21	0	21	63	55	8	22
36	SAHARSA	30	139	4	22	0	22	41	20	21	13
37	SAMASTIPUR	81	292	31	32	0	32	74	62	12	8
38	SARAN	119	137	14	34	0	34	98	58	40	29
39	SHEIKHPURA	22	27	5	9	0	9	25	14	11	2
40	SHEOHAR	9	17	0	7	0	7	19	11	8	5
41	SITAMARHI	72	37	6	12	0	12	70	43	27	26
42	SIWAN	74	65	10	24	0	24	67	35	32	22
43	SUPAUL	49	88	2	53	0	53	54	37	17	6
44	VAISHALI	106	29	16	36	0	36	218	114	104	13
	TOTAL	3139	2954	386	1302	0	1302	3047	1789	1258	686
CHHATTISGARH											
1	BALRAMPUR	49	12	1	41	0	41	7	5	2	4
2	BILASPUR	112	48	0	71	0	71	33	25	8	6
3	BIZAPUR	95	82	1	5	0	5	8	2	6	11
4	DANTEWARA	69	84	0	10	0	10	8	7	1	25
5	DHAMTARI	23	16	0	26	0	26	4	4	0	5
6	DURG	83	39	4	109	0	109	18	12	6	5
7	GRP RAIPUR	5	1	0	2	0	2	0	0	0	0
8	JAGDALPUR	73	46	1	68	0	68	13	11	2	11
9	JANJGIR	36	31	1	47	0	47	8	7	1	3
10	JASHPUR	65	16	0	71	0	71	46	41	5	6
11	KABIRDHAM	11	18	0	29	0	29	5	4	1	3
12	KANKER	54	53	1	15	0	15	10	7	3	14
13	KORBA	38	12	0	31	0	31	12	9	3	4
14	KORIYA	48	22	0	54	0	54	5	5	0	4
15	MAHASAMUND	19	13	1	24	0	24	8	7	1	1
16	NARAYANPUR	18	49	0	1	0	1	1	0	1	7
17	RAIGARH	89	24	0	30	0	30	10	7	3	2

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 – 382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
16	JAMUI	6	21	38	138	13	125	163	5	47	0
17	JEHANABAD	0	18	25	132	9	123	127	3	10	0
18	KATIHAR	5	23	61	152	28	124	146	19	85	0
19	KATIHAR RLY.	1	9	8	232	2	230	21	3	8	0
20	KHAGARIA	0	17	16	99	29	70	201	13	17	2
21	KISHANGANJ	1	17	46	169	16	153	125	5	4	1
22	LAKHISARAI	0	23	36	133	2	131	72	16	33	0
23	MADHEPURA	0	33	42	140	29	111	159	25	11	0
24	MADHUBANI	4	26	85	345	5	340	285	21	30	0
25	MOTIHARI	0	50	113	474	110	364	323	13	9	4
26	MUNGER	1	43	36	312	85	227	189	20	22	0
27	MUZAFFARPUR	8	50	209	875	226	649	316	66	126	5
28	MUZAFFARPUR RLY.	0	12	16	300	19	281	9	0	13	2
29	NALANDA	0	23	82	397	65	332	190	73	76	3
30	NAUGACHIA	0	4	3	65	2	63	106	59	62	0
31	NAWADAH	1	24	28	151	19	132	128	40	35	1
32	PATNA	0	312	647	1455	880	575	428	46	318	5
33	PATNA RLY.	0	12	3	601	36	565	18	3	19	1
34	PURNEA	6	30	163	242	48	194	187	36	151	0
35	ROHTAS	0	49	120	439	24	415	154	38	97	0
36	SAHARSA	0	70	38	131	10	121	267	49	59	1
37	SAMASTIPUR	11	28	75	381	49	332	253	25	34	0
38	SARAN	2	60	101	455	55	400	266	55	95	0
39	SHEIKHPURA	0	7	7	85	8	77	101	1	33	0
40	SHEOHAR	0	9	12	44	7	37	70	7	16	0
41	SITAMARHI	0	36	76	311	95	216	59	11	20	0
42	SIWAN	3	72	79	231	85	146	125	19	90	5
43	SUPAUL	2	31	74	181	16	165	315	34	85	1
44	VAISHALI	3	35	129	489	92	397	281	60	20	4
TOTAL		60	1592	3414	13206	2675	10531	8099	1352	2741	69
CHHATTISGARH											
1	BALRAMPUR	2	20	46	33	1	32	32	0	4	2
2	BILASPUR	2	55	610	869	307	562	211	11	74	7
3	BIZAPUR	0	6	8	4	0	4	18	0	1	0
4	DANTEWARA	3	1	44	47	13	34	28	0	8	0
5	DHAMTARI	0	11	152	151	52	99	34	0	20	0
6	DURG	1	61	593	822	323	499	54	15	69	8
7	GRP RAIPUR	0	4	7	195	20	175	1	0	2	0
8	JAGDALPUR	0	13	112	128	55	73	55	3	18	5
9	JANJGIR	0	34	270	319	86	233	100	5	23	9
10	JASHPUR	2	24	87	126	26	100	27	0	16	2
11	KABIRDHAM	0	13	120	141	20	121	50	6	21	0
12	KANKER	0	13	76	77	13	64	26	3	6	1
13	KORBA	1	36	147	293	133	160	39	4	26	4
14	KORIYA	0	13	209	159	27	132	28	7	14	0
15	MAHASAMUND	0	5	120	155	37	118	20	11	19	3
16	NARAYANPUR	0	0	3	8	4	4	1	1	0	0
17	RAIGARH	0	28	237	448	162	286	109	23	25	3

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
16	JAMUI	21	756	32	25	0	41	0	32	206	1788
17	JEHANABAD	0	20	23	0	0	17	0	52	988	1524
18	KATIHAR	17	765	15	12	0	28	0	85	1128	2858
19	KATIHAR RLY.	0	33	0	5	0	1	0	2	110	467
20	KHAGARIA	11	219	9	2	0	13	0	63	955	1826
21	KISHANGANJ	4	426	8	0	0	23	0	35	308	1316
22	LAKHISARAI	4	237	11	23	2	12	0	52	349	1187
23	MADHEPURA	7	57	16	10	0	12	0	23	1050	1700
24	MADHUBANI	16	214	24	182	0	51	0	162	3770	5454
25	MOTIHARI	21	1876	45	14	0	12	0	126	833	4600
26	MUNGER	3	85	14	2	0	40	0	53	815	1899
27	MUZAFFARPUR	33	5	75	15	0	90	0	56	3383	5678
28	MUZAFFARPUR RLY.	0	0	0	0	0	1	0	15	215	609
29	NALANDA	25	1085	70	36	0	77	0	283	1472	4215
30	NAUGACHIA	5	101	5	35	0	65	0	51	873	1523
31	NAWADAH	3	401	24	10	1	36	1	80	613	1747
32	PATNA	6	93	99	31	1	189	0	781	9061	14491
33	PATNA RLY.	0	0	2	7	0	1	0	0	212	939
34	PURNEA	38	478	3	73	0	81	0	137	684	2802
35	ROHTAS	29	165	36	15	0	42	0	255	2267	3943
36	SAHARSA	15	304	17	75	0	21	0	50	809	2155
37	SAMASTIPUR	41	315	60	15	5	52	15	303	1285	3416
38	SARAN	39	1014	58	10	0	41	0	121	802	3550
39	SHEIKHPURA	6	46	7	1	0	10	0	26	600	1020
40	SHEOHAR	1	171	7	4	0	13	0	5	130	546
41	SITAMARHI	27	316	24	18	0	12	0	53	2049	3235
42	SIWAN	32	763	31	9	2	54	0	85	590	2452
43	SUPAUL	11	121	15	71	0	68	0	29	688	1978
44	VAISHALI	20	111	64	34	0	30	0	147	1824	3669
TOTAL		772	16644	1210	999	21	1992	22	4592	54370	122669
CHHATTISGARH											
1	BALRAMPUR	6	222	3	43	0	24	0	58	165	774
2	BILASPUR	31	1741	19	171	4	136	0	275	1851	6337
3	BIZAPUR	12	9	0	5	0	1	0	14	88	368
4	DANTEWARA	20	43	1	17	1	3	0	33	278	723
5	DHAMTARI	8	74	3	47	4	19	0	114	841	1552
6	DURG	25	385	11	218	17	118	0	360	3580	6595
7	GRP RAIPUR	0	14	0	4	2	0	0	1	63	301
8	JAGDALPUR	9	214	2	49	2	23	0	149	1315	2309
9	JANJGIR	17	180	14	135	12	123	0	137	1507	3011
10	JASHPUR	6	98	0	56	3	19	0	84	516	1270
11	KABIRDHAM	11	642	5	79	6	23	0	58	479	1720
12	KANKER	19	31	4	26	3	13	0	74	543	1062
13	KORBA	5	624	5	68	10	42	0	196	918	2515
14	KORIYA	15	557	2	93	6	34	0	59	469	1798
15	MAHASAMUND	9	200	6	57	4	27	0	160	631	1493
16	NARAYANPUR	7	14	0	0	0	0	0	8	33	151
17	RAIGARH	18	643	7	74	8	45	0	158	964	2945

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304& 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custo-dial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
18	RAIPUR	112	91	1	128	0	128	46	36	10	5
19	RAJNANDGAON	47	33	4	60	0	60	12	12	0	2
20	SARGUJA	65	27	1	78	0	78	9	8	1	2
21	SURAJPUR	58	19	2	78	0	78	10	7	3	4
	TOTAL	1169	736	18	978	0	978	273	216	57	124
GOA											
1	NORTH GOA	26	14	8	15	0	15	19	17	2	2
2	SOUTH GOA	23	11	3	15	0	15	17	11	6	1
	TOTAL	49	25	11	30	0	30	36	28	8	3
GUJARAT											
1	AHMEDABAD COMM.	85	60	0	44	0	44	172	137	35	14
2	AHMEDABAD RURAL	36	20	0	3	0	3	36	35	1	14
3	AHWA-DANG	7	2	0	3	0	3	2	2	0	0
4	AMRELI	22	6	1	8	0	8	60	58	2	0
5	ANAND	40	10	2	11	0	11	51	45	6	12
6	BHARUCH	36	15	1	13	0	13	34	29	5	13
7	BHAVNAGAR	35	33	3	9	0	9	90	80	10	11
8	DAHOD	44	21	3	13	0	13	43	40	3	33
9	GANDHINAGAR	32	12	0	8	0	8	44	35	9	6
10	HIMATNAGAR	38	13	1	16	0	16	37	34	3	11
11	JAMNAGAR	34	12	3	17	0	17	30	25	5	14
12	JUNAGADH	33	20	0	5	0	5	48	43	5	13
13	KHEDA NORTH	36	11	0	8	0	8	41	39	2	5
14	KUTCH	40	8	1	16	0	16	44	42	2	4
15	MEHSANA	29	18	1	9	0	9	54	48	6	10
16	NARMADA	11	3	5	7	0	7	7	7	0	0
17	NAVSARI	25	3	1	2	0	2	9	4	5	0
18	PALANPUR	42	16	1	37	0	37	43	43	0	9
19	PANCHMAHAL	40	13	1	8	0	8	55	53	2	3
20	PATAN	14	15	0	19	0	19	29	24	5	4
21	PORBANDAR	7	6	0	3	0	3	12	11	1	0
22	RAJKOT COMM.	37	33	1	12	0	12	54	40	14	9
23	RAJKOT RURAL	45	16	2	24	0	24	47	42	5	13
24	SURAT COMM.	97	42	3	28	0	28	131	79	52	24
25	SURAT RURAL	43	4	1	3	0	3	11	5	6	5
26	SURENDRANAGAR	35	15	0	21	0	21	44	38	6	3
27	TAPI	21	5	0	3	0	3	3	2	1	3
28	VADODARA COMM.	20	32	3	7	0	7	34	30	4	9
29	VADODARA RURAL	79	17	1	11	0	11	39	37	2	6
30	VALSAD	33	5	0	4	0	4	15	9	6	4
31	W.RLY	10	1	0	2	0	2	4	3	1	4
	TOTAL	1106	487	35	374	0	374	1323	1119	204	256
HARYANA											
1	AMBALA	31	31	0	35	0	35	55	49	6	2
2	BHIWANI	56	27	11	33	0	33	47	36	11	12
3	FARIDABAD	59	24	5	46	0	46	109	94	15	4
4	FATEHABAD	20	13	4	12	0	12	25	21	4	1
5	GRP	27	3	2	1	0	1	7	3	4	1
6	GURGAON	80	59	5	35	0	35	89	66	23	36

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 – 382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
18	RAIPUR	5	85	823	1525	672	853	183	60	138	21
19	RAJNANDGAON	1	23	251	288	81	207	42	7	36	4
20	SARGUJA	0	30	87	162	65	97	44	2	30	1
21	SURAJPUR	0	25	110	129	25	104	42	11	12	1
TOTAL		17	500	4112	6079	2122	3957	1144	169	562	71
GOA											
1	NORTH GOA	0	8	150	360	128	232	43	30	57	13
2	SOUTH GOA	0	15	152	241	110	131	59	17	48	9
TOTAL		0	23	302	601	238	363	102	47	105	22
GUJARAT											
1	AHMEDABAD COMM.	2	538	778	5485	3239	2246	168	223	200	14
2	AHMEDABAD RURAL	1	37	114	354	124	230	61	45	9	3
3	AHWA-DANG	0	0	2	13	4	9	2	2	2	0
4	AMRELI	1	6	127	218	69	149	34	50	8	6
5	ANAND	0	16	121	508	172	336	39	64	10	7
6	BHARUCH	0	22	157	371	121	250	51	76	14	4
7	BHAVNAGAR	0	52	224	857	328	529	134	40	73	11
8	DAHOD	1	55	98	167	89	78	61	8	4	1
9	GANDHINAGAR	0	34	150	606	250	356	42	19	40	9
10	HIMATNAGAR	0	19	83	206	71	135	64	31	33	12
11	JAMNAGAR	0	22	150	410	162	248	79	22	27	4
12	JUNAGADH	0	49	221	719	268	451	79	84	46	7
13	KHEDA NORTH	0	13	114	393	81	312	39	25	35	9
14	KUTCH	1	34	297	656	254	402	73	35	52	7
15	MEHSANA	0	33	211	652	215	437	84	49	34	6
16	NARMADA	0	1	18	38	13	25	7	2	3	2
17	NAVSARI	0	5	26	84	46	38	10	14	5	4
18	PALANPUR	0	31	206	413	137	276	67	18	35	6
19	PANCHMAHAL	0	13	99	208	84	124	29	34	25	0
20	PATAN	0	18	102	371	71	300	54	17	20	6
21	PORBANDAR	0	6	38	89	22	67	10	4	11	2
22	RAJKOT COMM.	0	68	320	1394	784	610	140	71	85	14
23	RAJKOT RURAL	0	26	156	425	190	235	62	42	12	4
24	SURAT COMM.	4	146	544	3049	1939	1110	165	39	178	29
25	SURAT RURAL	2	9	39	122	56	66	10	17	19	3
26	SURENDRANAGAR	0	12	80	195	66	129	44	38	17	2
27	TAPI	0	3	19	42	20	22	8	5	0	3
28	VADODARA COMM.	2	23	366	1415	827	588	123	20	119	6
29	VADODARA RURAL	0	10	53	191	76	115	31	44	6	5
30	VALSAD	0	8	119	229	121	108	36	28	43	4
31	W.RLY	0	13	21	835	48	787	3	1	2	0
TOTAL		14	1322	5053	20715	9947	10768	1809	1167	1167	190
HARYANA											
1	AMBALA	3	15	266	419	217	202	1	32	88	2
2	BHIWANI	1	25	241	560	291	269	158	21	90	3
3	FARIDABAD	51	32	276	945	691	254	145	138	32	2
4	FATEHABAD	5	5	126	298	162	136	23	8	65	0
5	GRP	1	22	1	497	108	389	11	4	7	0
6	GURGAON	56	111	698	2843	2063	780	117	91	200	8

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
18	RAIPUR	51	2328	11	247	34	124	0	533	3430	9981
19	RAJNANDGAON	14	99	7	72	5	57	0	153	2035	3252
20	SARGUJA	13	77	3	89	3	27	0	89	966	1805
21	SURAJPUR	6	370	3	71	1	39	0	87	402	1480
	TOTAL	302	8565	106	1621	125	897	0	2800	21074	51442
GOA											
1	NORTH GOA	6	94	0	15	2	5	0	134	488	1489
2	SOUTH GOA	21	91	2	17	10	7	0	96	398	1253
	TOTAL	27	185	2	32	12	12	0	230	886	2742
GUJARAT											
1	AHMEDABAD COMM.	1	1335	1	78	19	1185	0	242	7900	18544
2	AHMEDABAD RURAL	9	236	1	16	0	67	0	321	2021	3404
3	AHWA-DANG	0	27	0	2	0	11	0	13	143	231
4	AMRELI	10	305	0	31	3	128	0	133	1234	2391
5	ANAND	14	342	0	25	2	170	0	224	2126	3794
6	BHARUCH	41	218	0	13	2	114	0	280	1600	3075
7	BHAVNAGAR	13	132	0	69	51	197	0	0	3824	5858
8	DAHOD	31	347	0	33	0	63	0	0	782	1808
9	GANDHINAGAR	6	271	3	18	2	200	0	211	3095	4808
10	HIMATNAGAR	17	209	0	22	0	217	0	266	3592	4887
11	JAMNAGAR	15	422	0	14	1	239	0	7	3810	5332
12	JUNAGADH	25	463	3	66	3	456	0	186	2762	5288
13	KHEDA NORTH	23	383	0	40	0	219	0	247	3624	5265
14	KUTCH	14	418	1	26	6	334	0	295	2579	4941
15	MEHSANA	9	838	0	33	1	289	0	185	2059	4604
16	NARMADA	4	118	0	8	1	12	0	63	500	810
17	NAVSARI	3	35	0	1	1	5	0	0	762	995
18	PALANPUR	23	1109	1	34	0	201	0	174	1641	4107
19	PANCHMAHAL	27	303	0	29	2	148	0	0	2286	3323
20	PATAN	5	350	0	29	0	157	0	118	1620	2948
21	PORBANDAR	6	82	0	5	0	48	0	69	616	1014
22	RAJKOT COMM.	12	417	1	30	19	312	0	128	2368	5525
23	RAJKOT RURAL	12	334	4	45	2	293	0	293	2013	3870
24	SURAT COMM.	10	856	11	54	2	472	0	382	4475	10741
25	SURAT RURAL	4	78	0	7	0	30	0	300	882	1589
26	SURENDRANAGAR	6	382	0	50	1	133	0	236	1643	2957
27	TAPI	0	50	0	2	0	6	0	98	331	602
28	VADODARA COMM.	5	283	0	16	3	268	0	159	2473	5386
29	VADODARA RURAL	16	345	0	21	0	87	0	296	1497	2755
30	VALSAD	2	138	0	6	0	32	0	0	1094	1800
31	W.RLY	0	71	1	5	1	1	0	8	173	1156
	TOTAL	363	10897	27	828	122	6094	0	4934	65525	123808
HARYANA											
1	AMBALA	7	239	11	27	21	172	0	2	1101	2560
2	BHIWANI	19	305	14	24	20	111	0	5	956	2739
3	FARIDABAD	7	191	21	23	97	173	0	12	2124	4516
4	FATEHABAD	5	184	4	16	13	143	0	4	647	1621
5	GRP	0	13	6	7	158	0	0	24	468	1260
6	GURGAON	9	156	19	27	32	123	0	29	2347	7170

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 &308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
7	HISSAR	52	46	5	23	0	23	43	27	16	1
8	JHAJJAR	62	30	4	22	0	22	26	15	11	5
9	JIND	39	24	14	38	0	38	29	23	6	1
10	KAITHAL	22	24	2	14	0	14	16	16	0	5
11	KARNAL	39	46	7	50	0	50	35	23	12	6
12	KURUKSHETRA	20	19	2	41	0	41	30	24	6	2
13	MAHENDRAGARH	31	6	2	21	0	21	26	20	6	1
14	MEWAT	19	21	0	29	0	29	21	13	8	4
15	PALWAL	34	37	3	29	0	29	32	23	9	5
16	PANCHKULA	17	7	1	15	0	15	26	18	8	6
17	PANIPAT	46	16	12	30	0	30	52	34	18	3
18	REWARI	27	24	4	23	0	23	27	25	2	4
19	ROHTAK	67	53	3	39	0	39	32	20	12	4
20	SIRSA	48	35	0	31	0	31	25	16	9	3
21	SONIPAT	84	48	4	36	0	36	59	43	16	11
22	YAMUNANAGAR	41	23	2	28	0	28	43	35	8	3
	TOTAL	921	616	92	631	0	631	854	644	210	120
HIMACHAL PRADESH											
1	BILASPUR	5	2	1	10	0	10	7	7	0	0
2	CHAMBA	10	3	1	10	0	10	16	16	0	0
3	G.R.P.	0	0	0	0	0	0	0	0	0	0
4	HAMIRPUR	6	0	0	8	0	8	12	12	0	0
5	KANGRA	19	20	1	19	0	19	20	15	5	0
6	KINNAUR	1	0	0	4	0	4	2	2	0	0
7	KULLU	15	3	0	16	0	16	19	17	2	0
8	LAHAUL-SPITI	1	0	0	1	0	1	0	0	0	0
9	MANDI	19	7	0	32	0	32	14	13	1	0
10	SHIMLA	15	10	0	22	0	22	20	19	1	1
11	SIRMAUR	7	2	0	10	0	10	14	13	1	1
12	SOLAN	16	3	2	14	0	14	15	13	2	3
13	UNA	15	9	0	11	0	11	12	10	2	1
	TOTAL	129	59	5	157	0	157	151	137	14	6
JAMMU & KASHMIR											
1	ANANTNAG	10	6	0	13	0	13	74	74	0	1
2	AWANTIPORA	2	3	0	4	0	4	13	13	0	0
3	BANDIPORA	3	3	0	1	0	1	45	44	1	0
4	BARAMULLA	18	35	5	13	0	13	63	60	3	0
5	BUDGAM	3	27	4	8	0	8	66	60	6	0
6	CRIME JAMMU	2	0	0	0	0	0	0	0	0	0
7	CRIME SRINAGAR	2	0	0	0	0	0	0	0	0	0
8	DODA	20	41	0	20	0	20	24	21	3	0
9	GANDERBAL	5	2	0	2	0	2	23	21	2	0
10	HANDWARA	6	22	0	6	0	6	17	16	1	0
11	JAMMU	31	87	7	26	0	26	51	49	2	1
12	KARGIL	0	0	2	1	0	1	1	1	0	0
13	KATHUA	14	18	1	15	0	15	19	13	6	0
14	KISHTWAR	10	22	0	4	0	4	12	12	0	0
15	KULGAM	6	9	0	5	0	5	45	43	2	0
16	KUPWARA	12	41	2	5	0	5	22	19	3	0

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 - 402 IPC)	Robbery (Sec. 392 - 394, 397 & 398 IPC)	Burglary (Sec. 449 - 452, 454, 455, 457 - 460 IPC)	Theft (Sec. 379 -382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 - 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
7	HISSAR	8	23	214	560	332	228	52	30	94	3
8	JHAJJAR	8	18	138	268	152	116	58	24	44	0
9	JIND	1	18	158	296	189	107	103	56	43	0
10	KAITHAL	7	6	107	194	116	78	0	70	22	2
11	KARNAL	10	23	265	681	373	308	28	13	74	1
12	KURUKSHETRA	4	23	244	582	270	312	0	73	22	5
13	MAHENDRAGARH	0	4	102	196	102	94	52	27	10	0
14	MEWAT	23	11	23	212	124	88	96	13	42	0
15	PALWAL	18	22	70	354	268	86	115	16	25	1
16	PANCHKULA	1	14	157	427	201	226	3	11	58	0
17	PANIPAT	19	27	195	845	613	232	63	20	20	5
18	REWARI	1	29	170	429	253	176	47	44	18	2
19	ROHTAK	6	30	227	596	369	227	75	22	60	1
20	SIRSA	0	8	146	334	173	161	26	18	32	4
21	SONIPAT	28	69	229	659	331	328	11	21	86	0
22	YAMUNANAGAR	6	20	196	514	276	238	0	11	18	1
TOTAL		257	555	4249	12709	7674	5035	1184	763	1150	40
HIMACHAL PRADESH											
1	BILASPUR	0	2	46	64	8	56	38	7	17	3
2	CHAMBA	0	1	112	52	5	47	21	2	3	0
3	G.R.P.	0	0	0	3	0	3	0	0	0	0
4	HAMIRPUR	0	0	63	75	23	52	23	12	16	0
5	KANGRA	0	4	123	249	69	180	118	12	65	2
6	KINNAUR	0	1	27	9	1	8	11	3	0	0
7	KULLU	0	2	62	80	14	66	54	5	13	1
8	LAHAUL-SPITI	0	0	4	1	1	0	1	1	1	0
9	MANDI	0	3	95	98	29	69	68	11	31	1
10	SHIMLA	0	3	139	225	60	165	108	26	41	1
11	SIRMAUR	0	0	52	85	27	58	64	19	30	0
12	SOLAN	0	4	95	126	69	57	70	25	13	2
13	UNA	0	0	67	85	26	59	51	14	18	1
TOTAL		0	20	885	1152	332	820	627	137	248	11
JAMMU & KASHMIR											
1	ANANTNAG	0	7	115	149	38	111	148	2	35	1
2	AWANTIPORA	0	1	20	39	2	37	30	0	2	1
3	BANDIPORA	0	3	38	57	1	56	57	0	7	0
4	BARAMULLA	0	4	130	144	19	125	141	6	6	3
5	BUDGAM	0	4	84	186	12	174	230	3	31	1
6	CRIME JAMMU	0	0	0	1	0	1	0	0	22	0
7	CRIME SRINAGAR	0	0	0	1	0	1	0	5	44	0
8	DODA	0	0	28	39	1	38	27	3	8	0
9	GANDEBAL	0	2	30	41	8	33	35	3	4	1
10	HANDWARA	0	0	13	29	1	28	16	2	8	1
11	JAMMU	0	3	248	572	335	237	210	18	66	4
12	KARGIL	0	0	4	4	0	4	8	1	3	0
13	KATHUA	0	0	43	71	21	50	87	2	12	0
14	KISHTWAR	0	0	11	35	1	34	0	3	4	0
15	KULGAM	0	7	44	64	4	60	68	3	10	2
16	KUPWARA	0	1	16	29	2	27	54	2	5	1

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
7	HISSAR	8	382	19	25	9	214	0	2	1353	3166
8	JHAJJAR	2	117	20	13	42	115	0	181	518	1715
9	JIND	4	154	18	21	15	73	0	7	655	1767
10	KAITHAL	3	225	13	14	0	150	0	5	621	1522
11	KARNAL	8	350	17	31	21	124	0	278	1124	3231
12	KURUKSHETRA	4	207	12	11	27	72	0	6	1007	2413
13	MAHENDRAGARH	4	156	16	17	0	73	0	3	977	1724
14	MEWAT	2	91	7	6	6	114	0	1	521	1262
15	PALWAL	2	198	15	25	33	89	0	4	863	1990
16	PANCHKULA	0	53	5	6	1	72	0	3	686	1569
17	PANIPAT	2	225	13	16	17	62	0	234	780	2702
18	REWARI	9	203	13	31	0	72	0	7	1177	2361
19	ROHTAK	6	197	17	25	38	106	0	195	843	2642
20	SIRSA	13	351	9	14	0	127	0	1	733	1958
21	SONIPAT	13	291	24	31	50	149	0	310	1170	3383
22	YAMUNANAGAR	12	216	9	25	5	101	0	10	789	2073
	TOTAL	139	4504	302	435	605	2435	0	1323	21460	55344
HIMACHAL PRADESH											
1	BILASPUR	6	36	2	28	5	35	0	19	713	1046
2	CHAMBA	4	62	0	26	0	10	0	44	384	761
3	G.R.P.	0	0	0	0	0	0	0	0	5	8
4	HAMIRPUR	16	207	0	15	7	39	0	21	439	959
5	KANGRA	20	234	0	37	13	68	0	6	1260	2290
6	KINNAUR	0	9	0	3	0	3	0	26	71	170
7	KULLU	8	40	0	31	2	28	0	52	665	1096
8	LAHAUL-SPITI	0	0	0	0	0	1	0	4	55	70
9	MANDI	28	130	1	75	8	42	0	61	1420	2144
10	SHIMLA	27	54	0	31	0	33	0	79	1106	1941
11	SIRMAUR	8	36	0	19	0	30	0	60	448	885
12	SOLAN	6	357	0	13	2	17	0	62	659	1504
13	UNA	4	93	0	17	4	37	0	51	612	1102
	TOTAL	127	1258	3	295	41	343	0	485	7837	13976
JAMMU & KASHMIR											
1	ANANTNAG	16	1	0	63	17	0	0	0	566	1224
2	AWANTIPORA	1	0	0	40	1	1	0	12	197	367
3	BANDIPORA	6	0	0	74	7	0	0	0	166	467
4	BARAMULLA	14	9	0	80	12	1	0	0	563	1247
5	BUDGAM	9	3	0	88	29	0	0	19	609	1404
6	CRIME JAMMU	0	0	0	0	0	0	0	0	0	25
7	CRIME SRINAGAR	0	0	0	0	0	0	0	0	0	52
8	DODA	6	16	0	14	4	8	0	2	331	591
9	GANDERBAL	2	4	0	36	1	2	0	15	150	358
10	HANDWARA	6	1	0	51	6	1	0	0	125	310
11	JAMMU	42	43	7	31	58	54	0	103	2189	3851
12	KARGIL	1	0	0	5	0	0	0	4	73	107
13	KATHUA	12	10	7	17	4	7	0	2	716	1057
14	KISHTWAR	11	6	0	10	1	5	0	3	157	294
15	KULGAM	5	18	0	63	4	1	0	33	185	572
16	KUPWARA	6	4	0	31	2	2	0	8	150	393

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 &308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
17	LEH	2	1	0	6	0	6	3	3	0	0
18	POONCH	13	27	1	16	0	16	25	21	4	0
19	PULWAMA	7	14	2	2	0	2	30	29	1	0
20	RAILWAYS	0	1	0	0	0	0	1	1	0	0
21	RAJOURI	8	26	5	21	0	21	28	27	1	0
22	RAMBAN	11	12	0	9	0	9	14	14	0	1
23	REASI	16	34	1	5	0	5	10	9	1	0
24	SAMBA	6	26	0	2	0	2	9	9	0	0
25	SHOPIAN	7	23	0	6	0	6	16	14	2	0
26	SRINAGAR	13	80	1	16	0	16	79	69	10	0
27	UDHAMPUR	10	10	0	13	0	13	14	14	0	0
	TOTAL	237	570	31	219	0	219	704	656	48	3
JHARKHAND											
1	BOKARO	76	8	0	40	0	40	41	37	4	21
2	CHAIBASA	127	46	35	42	0	42	7	5	2	7
3	CHATRA	42	46	0	11	0	11	17	14	3	14
4	DEOGHAR	46	4	1	33	0	33	11	2	9	18
5	DHANBAD	72	41	12	47	0	47	88	76	12	38
6	DHANBAD RLY.	13	0	0	0	0	0	1	1	0	16
7	DUMKA	77	17	0	60	0	60	26	23	3	6
8	GARHWA	48	78	2	21	0	21	27	16	11	18
9	GIRIDIH	63	30	0	48	0	48	52	44	8	41
10	GODDA	61	44	0	26	0	26	41	6	35	5
11	GUMLA	158	79	4	38	0	38	37	11	26	20
12	HAZARIBAGH	80	52	2	57	0	57	65	61	4	32
13	JAMSHEDPUR	102	88	10	41	0	41	36	16	20	20
14	JAMSHEDPUR RLY.	6	2	0	0	0	0	0	0	0	3
15	JAMTARA	25	1	3	20	0	20	9	3	6	0
16	KHUNTI	63	11	5	8	0	8	13	2	11	6
17	KODERMA	23	31	0	16	0	16	16	14	2	2
18	LATEHAR	31	16	2	11	0	11	14	11	3	22
19	LOHARDAGGA	22	3	2	16	0	16	18	4	14	14
20	PAKUR	31	90	6	53	0	53	18	2	16	2
21	PALAMU	102	174	6	30	0	30	57	31	26	20
22	RAMGARH	44	14	1	11	0	11	20	18	2	18
23	RANCHI	209	72	10	62	0	62	117	62	55	49
24	SAHEBGANJ	42	47	4	61	0	61	35	22	13	4
25	SARAIKELA	59	56	3	13	0	13	14	11	3	13
26	SIMDEGA	75	11	4	26	0	26	12	7	5	7
	TOTAL	1697	1061	112	791	0	791	792	499	293	416
KARNATAKA											
1	BAGALKOT	43	26	0	2	0	2	22	15	7	1
2	BENGALURU COMMR.	253	297	8	54	0	54	159	2	157	88
3	BENGALURU RURAL	102	54	0	14	0	14	22	7	15	29
4	BELGAUM	124	94	1	30	0	30	59	45	14	3
5	BELLARY	46	47	1	11	0	11	19	10	9	5
6	BIDAR	28	36	1	7	0	7	23	17	6	3
7	BIJAPUR	83	73	0	19	0	19	23	17	6	6
8	CBPURA	39	44	1	7	0	7	17	13	4	2
9	CHAMARAJNAGAR	36	20	1	4	0	4	7	3	4	4
10	CHICKMAGALUR	39	31	3	17	0	17	23	10	13	4
11	CHITRADURGA	42	15	1	18	0	18	20	15	5	5
12	DAKSHIN KANNADA	29	45	2	10	0	10	10	6	4	5

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 - 402 IPC)	Robbery (Sec. 392 - 394, 397 & 398 IPC)	Burglary (Sec. 449 - 452, 454, 455, 457 - 460 IPC)	Theft (Sec. 379 -382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 - 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
17	LEH	0	1	20	16	2	14	1	5	8	0
18	POONCH	0	3	49	36	2	34	112	2	7	3
19	PULWAMA	0	11	23	62	5	57	77	3	6	0
20	RAILWAYS	0	0	0	11	0	11	0	0	0	0
21	RAJOURI	0	3	55	51	3	48	44	6	17	3
22	RAMBAN	0	0	27	37	2	35	33	2	10	0
23	REASI	0	1	18	37	7	30	5	1	4	0
24	SAMBA	0	1	22	45	16	29	38	1	8	0
25	SHOPIAN	0	5	9	62	4	58	31	1	5	1
26	SRINAGAR	0	9	256	329	185	144	295	11	57	1
27	UDHAMPUR	0	1	44	51	18	33	35	2	3	0
TOTAL		0	67	1347	2198	689	1509	1782	87	392	23
JHARKHAND											
1	BOKARO	0	27	71	658	141	517	142	17	84	0
2	CHAIBASA	2	16	19	131	27	104	31	12	22	0
3	CHATRA	0	27	18	97	9	88	121	0	10	0
4	DEOGHAR	3	22	112	152	61	91	148	13	7	11
5	DHANBAD	2	59	182	788	276	512	204	26	62	1
6	DHANBAD RLY.	1	12	7	110	9	101	5	0	1	0
7	DUMKA	0	17	80	201	12	189	109	11	23	0
8	GARHWA	1	30	29	85	1	84	139	8	29	1
9	GIRIDIH	0	45	88	353	47	306	378	6	30	0
10	GODDA	0	16	55	160	0	160	124	0	0	0
11	GUMLA	0	62	22	97	58	39	18	8	17	0
12	HAZARIBAGH	11	55	116	465	133	332	323	23	144	3
13	JAMSHEDPUR	2	59	123	890	325	565	44	35	116	2
14	JAMSHEDPUR RLY.	1	6	3	122	10	112	1	0	2	1
15	JAMTARA	1	4	42	64	6	58	71	6	16	0
16	KHUNTI	2	16	4	40	3	37	15	0	1	0
17	KODERMA	0	9	18	120	28	92	103	9	57	1
18	LATEHAR	2	19	16	73	2	71	18	4	6	1
19	LOHARDAGGA	1	19	22	88	25	63	49	5	16	0
20	PAKUR	0	7	19	88	23	65	56	0	17	0
21	PALAMU	0	41	80	188	34	154	143	13	37	0
22	RAMGARH	1	29	33	288	75	213	90	8	35	0
23	RANCHI	17	112	155	1624	766	858	138	43	133	0
24	SAHEBGANJ	1	9	24	134	31	103	37	5	12	1
25	SARAIKELA	0	24	20	199	55	144	51	17	17	2
26	SIMDEGA	2	19	17	54	8	46	18	0	6	0
TOTAL		50	761	1375	7269	2165	5104	2576	269	900	24
KARNATAKA											
1	BAGALKOT	1	8	68	128	52	76	175	9	45	3
2	BENGALURU COMMR.	203	702	1787	9681	5605	4076	348	190	2025	49
3	BENGALURU RURAL	0	49	185	527	244	283	209	6	81	2
4	BELGAUM	7	53	311	599	256	343	460	19	223	7
5	BELLARY	0	24	123	284	135	149	189	20	48	0
6	BIDAR	0	24	147	203	57	146	135	12	37	1
7	BIJAPUR	5	19	146	151	75	76	313	15	55	0
8	CBPURA	0	13	98	209	53	156	172	3	60	3
9	CHAMARAJNAGAR	0	10	76	128	31	97	85	0	22	2
10	CHICKMAGALUR	1	26	151	201	49	152	151	1	24	4
11	CHITRADURGA	3	29	118	281	114	167	266	11	33	3
12	DAKSHIN KANNADA	0	38	187	256	145	111	266	3	91	6

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
17	LEH	0	0	0	7	0	0	0	0	183	253
18	POONCH	0	48	0	35	6	13	0	0	391	787
19	PULWAMA	10	36	0	13	8	0	0	3	114	421
20	RAILWAYS	0	0	0	0	0	0	0	0	0	13
21	RAJOURI	29	31	6	34	7	39	0	31	842	1286
22	RAMBAN	5	9	0	4	4	0	0	3	497	678
23	REASI	7	4	0	11	4	2	0	2	310	472
24	SAMBA	5	2	1	7	1	3	0	2	491	670
25	SHOPIAN	8	5	0	49	5	1	0	4	75	313
26	SRINAGAR	26	16	0	162	104	18	0	47	1029	2549
27	UDHAMPUR	3	7	0	10	11	4	0	0	625	843
	TOTAL	230	273	21	935	296	162	0	293	10734	20604
JHARKHAND											
1	BOKARO	0	0	15	0	2	65	0	0	1398	2665
2	CHAIBASA	2	49	7	16	0	33	0	30	203	837
3	CHATRA	5	0	14	1	0	2	0	18	587	1030
4	DEOGHAR	3	279	6	5	5	29	12	96	459	1475
5	DHANBAD	8	196	36	35	10	57	0	1	1614	3579
6	DHANBAD RLY.	0	0	2	4	0	2	0	0	61	235
7	DUMKA	4	261	17	7	0	66	0	54	722	1758
8	GARHWA	19	302	9	15	0	20	0	44	354	1279
9	GIRIDIH	9	205	33	22	1	25	0	84	1306	2819
10	GODDA	29	235	7	16	0	50	0	0	994	1863
11	GUMLA	0	76	0	11	0	8	0	80	225	960
12	HAZARIBAGH	19	109	36	31	0	97	0	169	1132	3021
13	JAMSHEDPUR	11	86	14	18	5	74	0	4	1432	3212
14	JAMSHEDPUR RLY.	1	11	0	1	0	1	0	1	32	194
15	JAMTARA	1	0	5	9	0	16	0	3	358	654
16	KHUNTI	3	19	1	1	0	1	0	41	63	313
17	KODERMA	3	0	11	6	0	23	0	72	305	825
18	LATEHAR	2	29	6	10	0	6	0	40	212	540
19	LOHARDAGGA	8	4	2	2	0	7	0	28	237	563
20	PAKUR	4	134	1	9	0	103	0	58	100	796
21	PALAMU	0	0	18	1	0	32	0	75	1100	2117
22	RAMGARH	5	131	5	6	0	13	0	0	315	1067
23	RANCHI	14	495	12	23	0	88	27	299	1106	4805
24	SAHEBGANJ	6	98	4	14	0	19	0	23	264	844
25	SARAIKELA	5	107	5	8	0	13	0	90	141	857
26	SIMDEGA	3	0	0	0	0	1	0	0	123	378
	TOTAL	164	2826	266	271	23	851	39	1310	14843	38686
KARNATAKA											
1	BAGALKOT	3	222	6	62	2	56	0	0	1166	2048
2	BENGALURU COMMR.	10	2497	52	179	1	307	0	126	10648	29664
3	BENGALURU RURAL	0	471	11	56	0	56	0	0	2549	4423
4	BELGAUM	27	1049	9	180	9	233	0	36	3617	7150
5	BELLARY	7	497	10	41	0	49	0	9	1834	3264
6	BIDAR	15	899	11	105	2	55	0	18	1601	3363
7	BIJAPUR	20	592	1	83	0	135	0	0	1386	3125
8	CBPURA	0	309	9	37	0	22	0	1	845	1891
9	CHAMARAJNAGAR	0	423	4	29	0	35	0	0	632	1518
10	CHICKMAGALUR	8	775	8	60	6	123	0	4	1441	3101
11	CHITRADURGA	9	794	6	82	0	49	0	0	2406	4191
12	DAKSHIN KANNADA	19	508	5	53	4	51	0	14	2372	3974

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec. 302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amoun-ting To Murder (Sec.304&308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custo-dial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
13	DAVANAGERE	26	18	1	10	0	10	35	31	4	3
14	DHARWAD COMMR.	21	26	0	3	0	3	15	10	5	8
15	DHARWAD RURAL	22	25	0	1	0	1	6	0	6	3
16	GADAG	23	22	1	10	0	10	10	0	10	2
17	GULBARGA	104	104	3	25	0	25	47	31	16	10
18	HASSAN	72	59	1	17	0	17	28	24	4	9
19	HAVERI	31	23	2	5	0	5	12	0	12	5
20	K.G.F.	13	10	1	5	0	5	5	5	0	1
21	KODAGU	22	33	2	20	0	20	6	5	1	2
22	KOLAR	37	22	23	14	0	14	15	11	4	6
23	KOPPAL	22	4	6	6	0	6	12	12	0	2
24	MANDYA	50	41	1	18	0	18	14	13	1	8
25	MYSORE COMMR.	26	30	2	23	0	23	30	22	8	1
26	MYSORE RURAL	54	51	1	13	0	13	14	7	7	8
27	RAICHUR	53	34	2	19	0	19	21	21	0	3
28	RAILWAYS	13	6	0	0	0	0	2	0	2	3
29	RAMANAGAR	92	60	7	17	0	17	19	8	11	11
30	SHIMOGA	45	45	3	14	0	14	27	23	4	5
31	TUMKUR	69	55	1	12	0	12	18	10	8	17
32	UDUPI	21	10	2	11	0	11	7	3	4	4
33	UTTAR KANNADA	18	15	3	10	0	10	11	9	2	4
	TOTAL	1698	1475	81	446	0	446	758	405	353	270
KERALA											
1	ALAPUZHA	8	37	8	16	0	16	20	16	4	11
2	ERNAKULAM COMMR.	9	11	3	12	0	12	12	7	5	1
3	ERNAKULAM RURAL	36	31	19	35	0	35	13	9	4	12
4	IDUKKI	15	28	1	28	0	28	15	12	3	6
5	KANNUR	26	38	5	33	0	33	13	7	6	3
6	KASARGOD	19	23	2	28	0	28	15	6	9	4
7	KOLLAM	26	21	8	61	0	61	23	20	3	5
8	KOTTAYAM	26	16	5	31	0	31	16	11	5	2
9	KOZHIKODE COMMR.	6	16	1	15	0	15	12	4	8	9
10	KOZHIKODE RURAL	15	17	2	39	0	39	7	6	1	3
11	MALAPPURAM	29	27	9	51	0	51	13	7	6	3
12	PALAKKAD	34	19	0	42	0	42	15	8	7	5
13	PATHANAMTHITTA	17	18	4	32	0	32	10	8	2	2
14	RAILWAYS	1	0	0	1	0	1	0	0	0	1
15	THRISSUR	38	64	12	46	0	46	17	12	5	10
16	TRIVANDRUM COMMR.	10	22	2	20	0	20	18	6	12	1
17	TRIVANDRUM RURAL	35	38	9	43	0	43	25	20	5	10
18	WAYANADU	12	8	5	35	0	35	9	7	2	3
	TOTAL	362	434	95	568	0	568	253	166	87	91
MADHYA PRADESH											
1	ALIRAJPUR	59	40	2	41	0	41	14	14	0	1
2	ANUPPUR	32	11	2	42	0	42	4	2	2	2
3	ASHOK NAGAR	18	20	9	47	0	47	3	3	0	1
4	BALAGHAT	56	21	4	61	0	61	8	6	2	1
5	BARWANI	32	21	1	39	0	39	6	4	2	0
6	BETUL	57	33	2	121	0	121	26	22	4	0

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 – 382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
13	DAVANAGERE	2	16	138	268	103	165	213	14	53	1
14	DHARWAD COMMR.	1	78	153	422	245	177	90	7	135	5
15	DHARWAD RURAL	0	7	23	49	12	37	72	6	10	1
16	GADAG	0	6	58	87	41	46	108	2	17	0
17	GULBARGA	2	74	236	297	119	178	429	14	71	3
18	HASSAN	0	35	245	368	186	182	152	4	53	2
19	HAVERI	1	9	72	118	42	76	218	10	53	0
20	K.G.F.	1	10	59	64	19	45	50	3	20	0
21	KODAGU	0	9	110	105	13	92	40	1	20	2
22	KOLAR	2	14	73	213	64	149	172	4	16	1
23	KOPPAL	0	11	74	107	38	69	121	4	44	2
24	MANDYA	2	18	212	362	169	193	270	6	28	4
25	MYSORE COMMR.	6	92	194	630	416	214	88	10	92	1
26	MYSORE RURAL	0	14	220	228	49	179	177	7	28	2
27	RAICHUR	2	20	72	137	54	83	207	9	65	3
28	RAILWAYS	2	28	0	301	7	294	13	0	2	2
29	RAMANAGAR	3	41	199	409	183	226	227	3	34	1
30	SHIMOGA	0	65	263	326	138	188	211	8	59	1
31	TUMKUR	2	41	244	453	129	324	245	8	70	4
32	UDUPI	1	19	127	133	76	57	84	2	25	2
33	UTTAR KANNADA	1	13	89	95	41	54	57	13	30	1
TOTAL		248	1615	6258	17820	8960	8860	6013	424	3669	118
KERALA											
1	ALAPUZHA	0	59	234	348	112	236	470	32	242	1
2	ERNAKULAM COMMR.	0	31	114	313	95	218	141	15	225	1
3	ERNAKULAM RURAL	10	74	232	451	148	303	428	26	144	7
4	IDUKKI	0	16	186	268	60	208	202	13	113	3
5	KANNUR	5	73	275	210	96	114	872	16	164	1
6	KASARGOD	3	21	160	178	76	102	502	13	164	2
7	KOLLAM	39	49	258	474	199	275	474	16	189	3
8	KOTTAYAM	0	75	275	404	103	301	359	77	353	5
9	KOZHIKODE COMMR.	17	100	214	295	129	166	410	20	169	1
10	KOZHIKODE RURAL	7	24	231	254	74	180	784	7	139	0
11	MALAPPURAM	30	47	467	480	189	291	618	28	245	3
12	PALAKKAD	11	39	188	273	132	141	526	62	198	4
13	PATHANAMTHITTA	0	24	155	209	64	145	358	9	120	2
14	RAILWAYS	6	1	1	148	0	148	1	1	3	1
15	THRISSUR	31	61	202	453	144	309	708	21	526	2
16	TRIVANDRUM COMMR.	87	57	233	494	211	283	426	52	330	3
17	TRIVANDRUM RURAL	19	52	332	445	122	323	538	16	235	6
18	WAYANADU	2	13	125	121	27	94	240	11	100	1
TOTAL		267	816	3882	5818	1981	3837	8057	435	3659	46
MADHYA PRADESH											
1	ALIRAJPUR	0	3	42	86	29	57	21	1	4	0
2	ANUPPUR	0	14	78	83	32	51	13	1	14	2
3	ASHOK NAGAR	1	8	112	142	38	104	31	8	17	1
4	BALAGHAT	3	18	100	199	41	158	46	8	5	2
5	BARWANI	1	11	76	218	71	147	25	3	10	0
6	BETUL	0	29	171	240	60	180	14	0	20	0

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
13	DAVANAGERE	0	468	9	60	5	102	0	3	1564	3009
14	DHARWAD COMM.	8	168	1	16	1	44	0	9	1088	2299
15	DHARWAD RURAL	1	127	3	16	0	23	0	0	692	1087
16	GADAG	5	181	5	49	1	34	0	94	460	1175
17	GULBARGA	59	1279	7	75	0	169	0	22	2592	5622
18	HASSAN	0	1002	8	76	0	79	1	0	2738	4949
19	HAVERI	0	276	0	48	0	33	0	193	1213	2322
20	K.G.F.	0	230	3	14	0	33	0	0	327	849
21	KODAGU	3	529	2	27	1	41	0	3	752	1730
22	KOLAR	0	310	14	22	0	21	0	5	1030	2014
23	KOPPAL	2	174	4	26	0	39	0	0	1063	1723
24	MANDYA	0	872	11	59	0	72	0	0	2699	4747
25	MYSORE COMM.	0	297	4	28	0	151	0	0	1381	3086
26	MYSORE RURAL	0	753	15	68	0	97	0	0	1423	3173
27	RAICHUR	8	553	7	86	0	106	0	10	1577	2994
28	RAILWAYS	0	15	0	1	0	0	0	0	59	447
29	RAMANAGAR	11	562	14	62	0	37	0	0	2275	4084
30	SHIMOGA	12	1009	3	101	5	207	0	1	2380	4790
31	TUMKUR	25	694	16	90	0	80	0	17	2652	4813
32	UDUPI	5	267	0	17	0	15	0	7	1576	2335
33	UTTAR KANNADA	8	357	1	46	7	84	0	0	1717	2580
	TOTAL	265	19159	259	1954	44	2638	1	572	61755	127540
KERALA											
1	ALAPUZHA	14	1308	2	224	22	247	0	0	5070	8373
2	ERNAKULAM COMM.	3	355	1	59	5	88	0	0	6562	7961
3	ERNAKULAM RURAL	25	1176	3	134	24	175	0	2	6102	9159
4	IDUKKI	7	1428	0	131	3	193	0	0	2267	4923
5	KANNUR	56	1168	1	111	13	276	0	8	2534	5901
6	KASARGOD	28	889	1	92	6	202	0	0	1233	3585
7	KOLLAM	22	1896	2	273	11	442	0	2	4423	8717
8	KOTTAYAM	8	1576	0	221	32	193	0	2	4332	8008
9	KOZHICODE COMM.	10	578	3	72	10	165	0	2	2041	4166
10	KOZHICODE RURAL	60	1257	2	151	29	288	0	4	2109	5429
11	MALAPPURAM	19	878	2	149	28	525	0	0	3768	7419
12	PALAKKAD	29	1176	4	133	4	296	0	1	2498	5557
13	PATHANAMTHITTA	23	1100	0	168	12	173	0	3	2904	5343
14	RAILWAYS	0	24	0	7	3	0	0	0	10	209
15	THRISSUR	41	1029	2	214	29	332	0	6	6159	10003
16	TRIVANDRUM COMM.	12	716	1	128	7	115	0	3	2279	5016
17	TRIVANDRUM RURAL	27	1914	7	404	9	314	0	2	3868	8348
18	WAYANADU	5	710	0	74	11	114	0	2	902	2503
	TOTAL	389	19178	31	2745	258	4138	0	37	59061	110620
MADHYA PRADESH											
1	ALIRAJPUR	12	298	1	37	1	7	0	59	496	1225
2	ANUPPUR	8	298	4	53	1	23	0	10	549	1244
3	ASHOK NAGAR	6	799	16	107	8	35	0	75	577	2041
4	BALAGHAT	10	423	8	131	11	38	0	113	1293	2559
5	BARWANI	10	332	1	81	3	6	0	138	893	1907
6	BETUL	24	384	17	198	10	50	0	138	1707	3241

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 &308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
7	BHIND	54	74	6	27	0	27	13	9	4	6
8	BHOPAL	60	86	15	113	0	113	42	36	6	3
9	BHOPAL RLY.	2	4	1	2	0	2	3	2	1	1
10	BURHANPUR	19	15	0	14	0	14	2	2	0	34
11	CHHATARPUR	52	62	4	57	0	57	26	14	12	2
12	CHHINDWARA	76	23	5	120	0	120	13	11	2	0
13	DAMOH	58	47	0	46	0	46	13	12	1	0
14	DATIYA	44	51	0	25	0	25	17	11	6	0
15	DEWAS	45	73	1	73	0	73	18	14	4	1
16	DHAR	80	94	6	100	0	100	29	27	2	13
17	DINDORI	19	3	5	20	0	20	1	1	0	1
18	GUNA	53	29	13	72	0	72	14	13	1	3
19	GWALIOR	98	120	23	42	0	42	62	47	15	10
20	HARDA	20	24	0	18	0	18	9	7	2	0
21	HOSHANGABAD	52	41	0	64	0	64	19	14	5	2
22	INDORE	125	197	2	122	0	122	61	46	15	7
23	INDORE RLY.	3	2	0	3	0	3	0	0	0	0
24	JABALPUR	69	111	6	127	0	127	52	40	12	1
25	JABALPUR RLY.	4	2	3	1	0	1	1	1	0	3
26	JHABUA	19	20	4	31	0	31	18	18	0	5
27	KATNI	33	26	4	48	0	48	7	5	2	0
28	KHANDWA	36	35	0	52	0	52	12	10	2	4
29	KHARGON	49	45	2	65	0	65	8	8	0	2
30	MANDLA	34	16	0	47	0	47	3	2	1	1
31	MANDSAUR	45	32	0	40	0	40	19	15	4	6
32	MORENA	59	75	2	26	0	26	35	21	14	5
33	NARSINGHPUR	48	41	5	61	0	61	5	2	3	0
34	NEEMUCH	24	14	2	19	0	19	12	3	9	0
35	PANNA	34	17	0	28	0	28	7	6	1	0
36	RAISEN	42	42	0	67	0	67	24	17	7	0
37	RAJGARH	38	63	1	83	0	83	28	22	6	2
38	RATLAM	43	44	0	63	0	63	16	14	2	2
39	REWA	52	42	0	82	0	82	27	26	1	0
40	SAGAR	83	90	0	119	0	119	31	28	3	2
41	SATNA	62	50	2	102	0	102	20	15	5	5
42	SEONI	41	23	1	61	0	61	16	14	2	0
43	SHAHDOL	31	12	4	47	0	47	13	13	0	2
44	SHAJAPUR	27	44	4	57	0	57	16	13	3	4
45	SHEOPUR	9	19	0	13	0	13	10	5	5	0
46	SHIVPURI	74	47	2	64	0	64	31	24	7	4
47	SIDHI	30	12	0	37	0	37	17	17	0	0
48	SIHORE	28	47	1	57	0	57	20	18	2	7
49	SINGRAULI	26	17	2	40	0	40	13	12	1	2
50	TIKAMGARH	46	28	3	35	0	35	13	10	3	4
51	UJJAIN	60	122	3	78	0	78	32	25	7	9
52	UMARIYA	22	10	50	25	0	25	6	2	4	0
53	VIDISHA	40	45	2	93	0	93	14	13	1	2
TOTAL		2322	2282	204	2937	0	2937	929	736	193	160

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 –382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
7	BHIND	1	93	155	223	86	137	67	6	31	0
8	BHOPAL	5	227	987	2572	1348	1224	133	31	125	6
9	BHOPAL RLY.	0	7	8	938	15	923	8	0	3	1
10	BURHANPUR	2	6	44	119	30	89	59	4	9	0
11	CHHATARPUR	2	59	407	351	73	278	35	14	42	2
12	CHHINDWARA	0	10	157	293	77	216	50	10	31	0
13	DAMOH	4	25	136	149	67	82	13	3	16	6
14	DATIYA	3	53	110	157	35	122	29	1	10	0
15	DEWAS	5	29	192	638	215	423	76	14	63	0
16	DHAR	10	28	203	513	242	271	110	24	22	0
17	DINDORI	0	4	23	27	7	20	5	9	5	0
18	GUNA	9	16	123	261	89	172	70	16	25	0
19	GWALIOR	9	161	928	1897	1285	612	121	39	97	2
20	HARDA	0	13	106	117	48	69	16	0	0	0
21	HOSHANGABAD	1	32	180	427	163	264	21	6	10	0
22	INDORE	8	354	1227	4660	3340	1320	223	43	102	5
23	INDORE RLY.	0	8	1	189	0	189	2	0	3	0
24	JABALPUR	5	148	458	1065	156	909	123	15	96	8
25	JABALPUR RLY.	0	5	5	218	4	214	2	0	5	0
26	JHABUA	0	16	47	113	59	54	22	4	7	0
27	KATNI	0	14	117	217	94	123	30	7	32	1
28	KHANDWA	0	18	234	317	102	215	53	6	9	0
29	KHARGON	1	23	164	596	155	441	97	13	17	0
30	MANDLA	0	4	78	59	14	45	4	0	10	0
31	MANDSAUR	3	36	120	332	66	266	54	33	13	1
32	MORENA	5	74	182	490	272	218	115	2	23	1
33	NARSINGHPUR	0	26	104	197	76	121	22	2	21	0
34	NEEMUCH	4	9	134	274	102	172	73	47	25	1
35	PANNA	0	14	148	86	22	64	3	1	6	0
36	RAISEN	1	17	93	223	53	170	34	0	2	0
37	RAJGARH	3	19	115	323	88	235	98	11	18	0
38	RATLAM	1	29	112	290	92	198	42	63	26	0
39	REWA	1	56	509	606	232	374	65	19	54	0
40	SAGAR	6	61	421	551	203	348	101	6	26	0
41	SATNA	6	64	418	577	275	302	40	9	22	2
42	SEONI	0	7	110	109	35	74	32	4	18	0
43	SHAHDOL	0	36	219	200	49	151	17	6	21	0
44	SHAJAPUR	5	44	167	464	128	336	59	15	25	0
45	SHEOPUR	0	17	32	59	16	43	38	1	21	1
46	SHIVPURI	6	46	205	257	88	169	58	12	16	0
47	SIDHI	1	20	172	170	18	152	51	1	13	0
48	SIHORE	4	18	136	332	92	240	41	4	26	0
49	SINGRAULI	1	5	131	171	21	150	25	3	10	0
50	TIKAMGARH	0	30	145	160	46	114	55	8	13	0
51	UJJAIN	5	147	415	1154	437	717	158	22	76	5
52	UMARIYA	0	4	72	95	30	65	14	3	10	0
53	VIDISHA	2	19	243	379	117	262	54	12	43	0
TOTAL		124	2234	11072	24583	10533	14050	2768	570	1368	47

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
7	BHIND	13	625	30	60	1	38	0	167	1481	3171
8	BHOPAL	35	1642	28	207	39	157	0	304	7901	14718
9	BHOPAL RLY.	0	1	1	7	3	3	0	3	331	1327
10	BURHANPUR	11	86	3	55	0	30	0	42	830	1384
11	CHHATARPUR	31	549	22	194	20	58	0	102	2837	4928
12	CHHINDWARA	22	1344	17	185	22	121	0	168	1922	4589
13	DAMOH	19	1325	15	126	0	47	0	80	776	2904
14	DATIYA	9	454	17	63	0	32	0	65	1248	2388
15	DEWAS	41	507	10	191	42	150	0	171	3253	5593
16	DHAR	27	634	37	185	11	69	0	247	2947	5389
17	DINDORI	4	175	2	33	1	4	0	54	355	750
18	GUNA	8	767	9	134	16	25	0	140	1313	3116
19	GWALIOR	31	1287	24	126	17	139	0	231	3640	9104
20	HARDA	0	449	6	42	39	0	0	0	346	1205
21	HOSHANGABAD	14	498	16	130	19	44	0	0	1986	3562
22	INDORE	55	1588	35	343	63	369	0	426	9572	19587
23	INDORE RLY.	0	10	1	5	1	0	0	0	109	337
24	JABALPUR	16	2223	42	288	67	146	0	157	5634	10857
25	JABALPUR RLY.	0	6	0	7	1	0	0	0	102	365
26	JHABUA	15	314	4	32	0	9	0	0	827	1507
27	KATNI	7	1219	18	97	7	57	0	119	904	2964
28	KHANDWA	8	43	5	154	27	37	0	91	2103	3244
29	KHARGON	16	279	23	154	23	42	0	127	2398	4144
30	MANDLA	2	347	4	87	14	25	0	74	1113	1922
31	MANDSAUR	21	259	15	128	4	56	0	144	1999	3360
32	MORENA	5	1914	32	73	1	73	0	128	1742	5062
33	NARSINGHPUR	18	993	14	100	16	44	0	115	633	2465
34	NEEMUCH	7	645	0	45	14	28	0	75	630	2082
35	PANNA	9	303	17	77	0	26	0	62	866	1704
36	RAISEN	6	373	19	150	0	35	0	155	2072	3355
37	RAJGARH	50	336	10	166	36	136	0	138	3001	4675
38	RATLAM	24	365	11	105	11	57	0	112	2072	3488
39	REWA	24	873	26	124	7	67	0	190	2355	5179
40	SAGAR	47	3032	37	349	38	154	0	200	2815	8169
41	SATNA	23	982	32	207	9	137	0	259	2770	5798
42	SEONI	5	295	7	103	14	21	0	117	1567	2551
43	SHAHDOL	11	237	16	139	9	57	0	0	1882	2959
44	SHAJAPUR	34	1289	12	161	34	77	0	118	1155	3811
45	SHEOPUR	6	498	0	32	2	19	0	29	433	1239
46	SHIVPURI	37	1093	16	128	3	53	0	171	1781	4104
47	SIDHI	5	380	18	83	5	30	0	97	1225	2367
48	SIHORE	21	389	8	89	16	57	0	146	1956	3403
49	SINGRAULI	5	344	22	87	1	27	0	77	1093	2102
50	TIKAMGARH	28	750	25	107	2	36	0	86	1461	3035
51	UJJAIN	34	1142	23	215	37	158	0	174	4695	8764
52	UMARIYA	9	163	5	60	7	13	0	4	687	1259
53	VIDISHA	15	783	24	205	25	63	0	110	2180	4353
TOTAL		898	36344	805	6445	758	3185	0	6008	100513	206556

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 & 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
MAHARASHTRA											
1	AHMEDNAGAR	134	107	1	49	0	49	51	33	18	55
2	AKOLA	54	72	2	26	0	26	35	33	2	8
3	AMRAVATI COMM.R.	18	30	1	22	0	22	10	9	1	4
4	AMRAVATI RURAL	75	27	3	47	0	47	18	18	0	10
5	AURANGABAD COMM.R.	39	38	0	21	0	21	38	30	8	2
6	AURANGABAD RURAL	56	36	2	21	0	21	11	7	4	21
7	BEED	61	34	4	26	0	26	39	22	17	45
8	BHANDARA	28	14	3	26	0	26	14	13	1	7
9	BULDHANA	54	47	1	36	0	36	28	25	3	23
10	CHANDRAPUR	51	47	6	37	0	37	34	28	6	5
11	DHULE	54	38	1	10	0	10	8	8	0	64
12	GADCHIROLI	56	33	1	22	0	22	13	11	2	4
13	GONDIA	35	14	0	38	0	38	14	13	1	3
14	HINGOLI	43	29	3	17	0	17	10	9	1	13
15	JALGAON	83	57	0	42	0	42	29	19	10	19
16	JALNA	58	33	0	16	0	16	13	10	3	15
17	KOLHAPUR	59	26	2	34	0	34	30	18	12	33
18	LATUR	74	28	0	22	0	22	29	29	0	16
19	MUMBAI COMM.R.	210	132	0	218	0	218	189	116	73	35
20	MUMBAI RLY.	8	1	0	4	0	4	8	2	6	5
21	NAGPUR COMM.R.	100	57	4	53	0	53	43	28	15	14
22	NAGPUR RLY.	5	7	0	1	0	1	3	2	1	10
23	NAGPUR RURAL	77	45	5	37	0	37	24	20	4	11
24	NANDED	88	57	5	23	0	23	29	22	7	32
25	NANDURBAR	30	14	1	11	0	11	10	8	2	3
26	NASIK COMM.R.	43	31	0	14	0	14	34	21	13	22
27	NASIK RURAL	90	55	1	36	0	36	33	17	16	32
28	NAVI MUMBAI	61	39	0	12	0	12	26	14	12	20
29	OSMANABAD	53	25	1	22	0	22	22	19	3	37
30	PARBHANI	49	37	4	12	0	12	17	11	6	22
31	PUNE COMM.R.	137	141	5	92	0	92	110	80	30	37
32	PUNE RLY.	2	2	0	1	0	1	1	1	0	4
33	PUNE RURAL	146	77	26	66	0	66	46	30	16	34
34	RAIGAD	43	31	3	17	0	17	6	5	1	15
35	RATNAGIRI	18	15	1	26	0	26	15	12	3	4
36	SANGLI	46	27	6	42	0	42	21	13	8	5
37	SATARA	60	27	6	30	0	30	21	14	7	24
38	SINDHUDURG	6	7	1	8	0	8	2	2	0	0
39	SOLAPUR COMM.R.	17	15	1	24	0	24	12	8	4	3
40	SOLAPUR RURAL	88	59	0	63	0	63	48	37	11	27
41	THANE COMM.R.	99	76	2	74	0	74	103	72	31	20
42	THANE RURAL	147	39	1	71	0	71	50	36	14	30
43	WARDHA	36	27	3	26	0	26	26	22	4	6
44	WASHIM	30	29	0	20	0	20	22	18	4	8
45	YAVATMAL	74	55	5	43	0	43	34	33	1	4
TOTAL		2795	1837	111	1558	0	1558	1379	998	381	811

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 - 402 IPC)	Robbery (Sec. 392 - 394, 397 & 398 IPC)	Burglary (Sec. 449 - 452, 454, 455, 457 - 460 IPC)	Theft (Sec. 379 -382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 - 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
MAHARASHTRA											
1	AHMEDNAGAR	5	117	558	1472	506	966	553	41	226	19
2	AKOLA	3	54	249	1002	119	883	157	24	102	7
3	AMRAVATI COMM.	1	35	228	633	133	500	89	26	50	8
4	AMRAVATI RURAL	1	33	238	1003	76	927	119	24	35	1
5	AURANGABAD COMM.	11	71	245	975	355	620	241	25	128	3
6	AURANGABAD RURAL	7	50	215	487	109	378	285	13	53	1
7	BEED	8	85	336	617	188	429	485	25	75	1
8	BHANDARA	1	19	218	617	76	541	107	17	102	5
9	BULDHANA	1	44	266	851	119	732	262	43	60	3
10	CHANDRAPUR	5	37	257	920	133	787	145	30	55	4
11	DHULE	3	19	215	384	123	261	226	9	75	3
12	GADCHIROLI	1	11	88	123	17	106	23	17	12	2
13	GONDIA	0	18	177	355	86	269	61	17	45	2
14	HINGOLI	1	34	82	166	27	139	143	4	33	0
15	JALGAON	1	47	214	777	162	615	304	72	228	3
16	JALNA	6	56	169	346	84	262	196	13	114	0
17	KOLHAPUR	2	47	289	943	335	608	302	99	232	4
18	LATUR	1	46	235	503	158	345	261	15	75	4
19	MUMBAI COMM.	27	328	2846	12972	4068	8904	377	481	2025	124
20	MUMBAI RLY.	1	36	0	1938	0	1938	24	7	29	2
21	NAGPUR COMM.	41	321	941	2062	871	1191	258	77	336	21
22	NAGPUR RLY.	1	17	1	1010	13	997	19	1	8	10
23	NAGPUR RURAL	1	37	236	891	118	773	138	37	66	5
24	NANDED	2	64	345	477	143	334	311	17	117	2
25	NANDURBAR	1	21	49	224	69	155	111	11	35	1
26	NASIK COMM.	2	78	523	1353	668	685	186	28	166	11
27	NASIK RURAL	5	36	175	559	156	403	374	56	113	11
28	NAVI MUMBAI	20	118	430	1722	918	804	194	58	199	8
29	OSMANABAD	0	28	174	395	100	295	171	23	136	0
30	PARBHANI	2	71	228	355	101	254	201	13	56	2
31	PUNE COMM.	39	379	1395	5509	3262	2247	530	82	600	30
32	PUNE RLY.	0	10	1	378	0	378	7	0	5	1
33	PUNE RURAL	15	89	588	1400	696	704	357	59	191	7
34	RAIGAD	2	14	112	320	68	252	143	27	59	12
35	RATNAGIRI	1	10	118	236	45	191	91	27	61	1
36	SANGLI	5	25	217	615	217	398	176	19	166	4
37	SATARA	5	73	404	1099	351	748	252	62	134	11
38	SINDHUDURG	0	4	85	120	18	102	36	10	23	1
39	SOLAPUR COMM.	3	32	119	464	212	252	57	11	97	4
40	SOLAPUR RURAL	7	82	290	682	190	492	303	30	90	7
41	THANE COMM.	19	132	1210	2514	1157	1357	381	121	592	39
42	THANE RURAL	11	70	602	1101	396	705	310	48	159	9
43	WARDHA	1	42	258	841	77	764	158	23	62	4
44	WASHIM	1	36	119	469	50	419	117	18	33	4
45	YAVATMAL	4	55	259	980	130	850	147	20	38	4
TOTAL		274	3031	16004	52860	16900	35960	9388	1880	7296	405

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
MAHARASHTRA											
1	AHMEDNAGAR	49	727	0	125	4	537	0	623	1617	7070
2	AKOLA	38	723	7	111	61	153	0	116	1128	4132
3	AMRAVATI COMM.	4	358	4	41	10	85	0	78	704	2439
4	AMRAVATI RURAL	58	829	3	137	33	146	0	194	1116	4150
5	AURANGABAD COMM.	11	473	4	51	16	138	0	131	791	3452
6	AURANGABAD RURAL	36	764	39	65	9	226	0	260	690	3347
7	BEED	52	1010	11	92	11	332	0	270	881	4500
8	BHANDARA	29	384	0	69	18	73	0	146	948	2845
9	BULDHANA	68	798	9	153	39	250	0	217	1241	4494
10	CHANDRAPUR	64	666	14	112	146	221	0	256	1344	4456
11	DHULE	14	391	3	32	8	196	0	255	775	2783
12	GADCHIROLI	56	211	2	30	7	46	0	81	356	1195
13	GONDIA	35	350	3	84	25	58	0	121	568	2023
14	HINGOLI	21	407	7	54	6	99	0	110	469	1751
15	JALGAON	27	677	18	107	29	456	0	367	1344	4901
16	JALNA	26	531	27	53	7	309	0	157	687	2832
17	KOLHAPUR	21	585	17	76	13	153	0	339	1092	4398
18	LATUR	47	839	77	74	0	187	0	222	926	3681
19	MUMBAI COMM.	22	4155	11	436	121	502	0	709	6850	32770
20	MUMBAI RLY.	0	46	1	12	0	0	0	0	100	2222
21	NAGPUR COMM.	16	773	7	91	71	237	0	269	2869	8661
22	NAGPUR RLY.	0	27	0	8	2	0	0	1	116	1247
23	NAGPUR RURAL	43	691	7	89	32	95	0	471	1529	4567
24	NANDED	41	1133	8	77	6	252	0	213	1479	4778
25	NANDURBAR	5	259	1	21	7	93	0	130	463	1501
26	NASIK COMM.	10	276	5	42	10	141	0	293	545	3813
27	NASIK RURAL	11	761	5	61	24	287	0	560	1195	4480
28	NAVI MUMBAI	5	443	1	31	11	72	0	376	840	4686
29	OSMANABAD	33	546	2	80	7	183	0	223	911	3072
30	PARBHANI	31	969	15	56	6	204	0	129	288	2767
31	PUNE COMM.	21	1328	7	113	73	273	0	642	2924	14467
32	PUNE RLY.	0	5	1	3	0	0	0	1	33	455
33	PUNE RURAL	23	874	13	104	30	189	0	1027	1822	7183
34	RAIGAD	2	253	5	33	10	41	0	321	592	2061
35	RATNAGIRI	27	196	0	33	27	55	0	152	447	1561
36	SANGLI	28	385	12	67	14	140	0	316	573	2909
37	SATARA	32	482	3	66	26	164	0	427	1226	4634
38	SINDHUDURG	15	121	0	34	15	14	0	73	220	795
39	SOLAPUR COMM.	2	192	0	17	3	66	0	97	448	1684
40	SOLAPUR RURAL	53	686	9	101	0	241	0	451	1403	4720
41	THANE COMM.	20	1393	12	149	46	384	0	390	1703	9479
42	THANE RURAL	37	841	7	128	24	134	0	709	1264	5792
43	WARDHA	74	808	5	128	36	116	0	176	1513	4369
44	WASHIM	25	421	2	59	18	110	0	93	588	2222
45	YAVATMAL	56	955	6	114	30	171	0	280	1565	4899
	TOTAL	1288	29742	390	3619	1091	7829	0	12472	50183	206243

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 & 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
MANIPUR											
1	BISHNUPUR	16	43	0	3	0	3	14	11	3	0
2	CHANDEL	13	10	0	0	0	0	2	0	2	0
3	CHURACHANDPUR	18	5	1	2	0	2	5	0	5	0
4	CID	0	0	0	0	0	0	0	0	0	0
5	IMPHAL EAST	30	103	1	9	0	9	43	24	19	0
6	IMPHAL WEST	42	192	2	12	0	12	60	31	29	0
7	SENAPATI	14	6	0	2	0	2	6	0	6	0
8	TAMENGLONG	3	3	0	0	0	0	2	0	2	0
9	THOUBAL	46	126	0	9	0	9	44	21	23	1
10	UKHRUL	5	10	0	1	0	1	0	0	0	0
	TOTAL	187	498	4	38	0	38	176	87	89	1
MEGHALAYA											
1	GARO HILLS EAST	10	5	3	1	0	1	10	2	8	8
2	GARO HILLS SOUTH	4	1	0	2	0	2	2	0	2	5
3	GARO HILLS WEST	16	20	1	10	0	10	9	4	5	11
4	JAINTIA HILLS	38	5	0	18	0	18	7	4	3	5
5	KHASI HILLS EAST	30	16	2	34	0	34	19	10	9	9
6	KHASI HILLS WEST	13	7	0	16	0	16	5	3	2	21
7	RI-BHOI	15	1	0	7	0	7	4	2	2	4
	TOTAL	126	55	6	88	0	88	56	25	31	63
MIZORAM											
1	AIZAWL	12	7	4	39	0	39	1	0	1	0
2	CHAMPHAI	4	1	0	7	0	7	1	0	1	0
3	KOLASIB	2	1	1	9	0	9	4	1	3	3
4	LAWNGTLAI	3	1	0	8	0	8	0	0	0	0
5	LUNGLEI	8	0	0	8	0	8	2	0	2	0
6	MAMIT	1	0	1	2	0	2	1	0	1	1
7	SAIHA	2	0	0	0	0	0	0	0	0	0
8	SERCHHIP	3	0	0	4	0	4	0	0	0	0
	TOTAL	35	10	6	77	0	77	9	1	8	4
NAGALAND											
1	DIMAPUR	64	13	1	6	0	6	31	5	26	2
2	KIPHIRE	4	0	0	0	0	0	0	0	0	0
3	KOHIMA	27	7	1	6	0	6	5	0	5	2
4	LONGLENG	0	2	0	0	0	0	0	0	0	0
5	MOKOKCHUNG	15	3	8	1	0	1	3	0	3	0
6	MON	12	5	2	1	0	1	0	0	0	0
7	PEREN	4	2	0	1	0	1	0	0	0	0
8	PHEK	9	8	1	2	0	2	1	0	1	1
9	TUENSANG	3	0	0	1	0	1	0	0	0	0
10	WOKHA	5	5	0	0	0	0	4	2	2	1
11	ZUNHEBOTO	0	2	0	1	0	1	0	0	0	0
	TOTAL	143	47	13	19	0	19	44	7	37	6
ORISSA											
1	ANGUL	53	64	0	47	0	47	49	41	8	17
2	BALASORE	31	44	1	50	0	50	47	44	3	12
3	BARAGARH	35	77	0	29	0	29	8	7	1	4
4	BERHAMPUR	12	51	0	23	0	23	22	16	6	4

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 – 382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
MANIPUR											
1	BISHNUPUR	23	0	9	35	9	26	6	0	13	1
2	CHANDEL	2	0	2	3	0	3	0	0	1	0
3	CHURACHANDPUR	2	0	9	14	6	8	0	0	6	1
4	CID	0	0	0	0	0	0	0	1	1	0
5	IMPHAL EAST	78	1	15	78	25	53	4	5	39	0
6	IMPHAL WEST	55	0	27	219	138	81	18	17	38	1
7	SENAPATI	12	3	4	23	2	21	6	0	0	0
8	TAMENGLONG	2	0	0	4	1	3	1	0	0	0
9	THOUBAL	35	3	8	62	42	20	11	1	46	0
10	UKHRUL	3	0	2	8	0	8	2	0	17	0
	TOTAL	212	7	76	446	223	223	48	24	161	3
MEGHALAYA											
1	GARO HILLS EAST	0	3	10	27	6	21	2	0	1	1
2	GARO HILLS SOUTH	0	1	1	12	0	12	0	0	1	0
3	GARO HILLS WEST	0	14	29	142	25	117	5	3	13	5
4	JAINTIA HILLS	0	11	23	86	26	60	0	9	10	2
5	KHASI HILLS EAST	0	29	96	307	66	241	0	15	72	2
6	KHASI HILLS WEST	0	3	8	24	2	22	1	5	1	0
7	RI-BHOI	0	4	1	71	12	59	0	0	6	0
	TOTAL	0	65	168	669	137	532	8	32	104	10
MIZORAM											
1	AIZAWL	0	3	157	393	22	371	1	23	36	11
2	CHAMPHAI	0	0	27	72	0	72	0	3	4	0
3	KOLASIB	0	1	34	84	0	84	0	1	3	1
4	LAWNGTLAI	0	0	18	32	0	32	0	0	6	2
5	LUNGLEI	0	2	53	100	4	96	0	5	6	1
6	MAMIT	0	0	17	17	0	17	0	1	1	0
7	SAIHA	0	0	13	18	0	18	0	0	1	0
8	SERCHHIP	0	0	19	31	1	30	0	1	0	0
	TOTAL	0	6	338	747	27	720	1	34	57	15
NAGALAND											
1	DIMAPUR	0	66	66	182	135	47	0	12	15	0
2	KIPHIRE	0	0	0	6	0	6	0	0	0	0
3	KOHIMA	0	11	22	43	33	10	0	3	7	3
4	LONGLENG	0	1	2	0	0	0	0	0	1	0
5	MOKOKCHUNG	0	2	12	16	6	10	2	0	2	1
6	MON	0	2	4	23	2	21	0	0	2	0
7	PEREN	0	1	3	4	1	3	0	0	0	0
8	PHEK	0	0	2	8	0	8	0	0	1	0
9	TUENSANG	0	2	5	2	0	2	0	0	0	0
10	WOKHA	0	1	0	42	2	40	2	1	2	0
11	ZUNHEBOTO	0	1	11	19	3	16	0	0	1	0
	TOTAL	0	87	127	345	182	163	4	16	31	4
ORISSA											
1	ANGUL	4	62	129	380	67	313	149	9	24	0
2	BALASORE	4	37	201	321	84	237	34	47	53	3
3	BARAGARH	1	29	78	150	25	125	100	4	39	0
4	BERHAMPUR	6	29	77	128	46	82	45	11	33	1

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
MANIPUR											
1	BISHNUPUR	2	37	0	16	0	4	0	0	105	327
2	CHANDEL	4	20	0	0	0	0	0	0	17	74
3	CHURACHANDPUR	2	2	0	0	0	0	0	0	64	131
4	CID	0	0	0	0	0	0	0	0	0	2
5	IMPHAL EAST	4	59	0	14	0	5	0	0	237	725
6	IMPHAL WEST	15	86	1	22	0	7	0	1	376	1191
7	SENAPATI	1	10	0	0	0	0	0	1	51	139
8	TAMENGLONG	0	2	0	0	0	0	0	0	10	27
9	THOUBAL	10	81	0	5	0	12	0	0	148	648
10	UKHRUL	3	4	0	0	0	0	0	0	30	85
	TOTAL	41	301	1	57	0	28	0	2	1038	3349
MEGHALAYA											
1	GARO HILLS EAST	0	10	0	1	0	0	0	0	38	130
2	GARO HILLS SOUTH	0	0	0	0	0	0	0	0	8	37
3	GARO HILLS WEST	13	75	0	21	3	13	0	16	114	533
4	JAINTIA HILLS	5	40	0	7	0	0	0	17	56	339
5	KHASI HILLS EAST	8	57	2	14	1	19	0	31	133	896
6	KHASI HILLS WEST	0	10	0	2	0	0	0	0	38	154
7	RI-BHOI	2	12	0	9	0	0	0	0	93	229
	TOTAL	28	204	2	54	4	32	0	64	480	2318
MIZORAM											
1	AIZAWL	4	42	0	36	0	4	0	30	173	976
2	CHAMPHAI	1	10	0	5	0	0	0	3	13	151
3	KOLASIB	1	10	0	11	0	1	0	7	43	217
4	LAWNGTLAI	1	11	0	2	0	0	0	0	63	147
5	LUNGLEI	8	17	0	13	0	0	0	8	34	265
6	MAMIT	2	5	0	3	0	0	0	3	7	62
7	SAIHA	1	13	0	1	0	0	0	0	29	78
8	SERCHHIP	0	10	0	7	0	0	0	2	16	93
	TOTAL	18	118	0	78	0	5	0	53	378	1989
NAGALAND											
1	DIMAPUR	6	8	0	11	0	2	0	30	43	558
2	KIPHIRE	0	0	0	0	0	0	0	0	11	21
3	KOHIMA	0	9	0	1	0	2	0	0	32	181
4	LONGLENG	0	0	0	0	0	0	0	0	3	9
5	MOKOKCHUNG	1	4	0	0	0	0	0	8	4	82
6	MON	0	2	0	1	0	0	0	1	29	84
7	PEREN	0	1	0	0	0	0	0	1	1	18
8	PHEK	0	4	0	1	0	0	0	0	17	55
9	TUENSANG	1	0	0	0	0	0	0	0	22	36
10	WOKHA	6	10	0	1	1	0	0	4	10	95
11	ZUNHEBOTO	0	8	0	0	0	0	0	0	20	63
	TOTAL	14	46	0	15	1	4	0	44	192	1202
ORISSA											
1	ANGUL	27	21	16	186	11	61	0	170	1064	2543
2	BALASORE	29	1258	27	76	24	217	0	3	284	2803
3	BARAGARH	17	68	9	64	6	14	0	138	643	1513
4	BERHAMPUR	20	190	4	90	9	9	0	71	224	1059

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 &303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 &308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
5	BHADRAK	34	20	13	58	0	58	46	39	7	8
6	BOLANGIR	30	41	0	34	0	34	24	19	5	7
7	BOUDH	10	8	0	5	0	5	2	2	0	1
8	CUTTACK	26	38	0	35	0	35	35	34	1	7
9	DCP BBSR	51	58	2	36	0	36	45	24	21	14
10	DCP CTC	14	21	51	18	0	18	21	17	4	15
11	DEOGARH	16	47	0	13	0	13	8	6	2	4
12	DHENKANAL	50	54	1	26	0	26	24	20	4	11
13	GAJAPATI	14	15	0	8	0	8	4	3	1	5
14	GANJAM	68	142	2	48	0	48	45	33	12	14
15	JAGATSINGHPUR	24	9	0	25	0	25	29	27	2	4
16	JAJPUR	74	66	0	36	0	36	64	62	2	11
17	JHARSUGUDA	27	29	7	12	0	12	12	8	4	14
18	KALAHANDI	24	15	0	38	0	38	29	29	0	6
19	KANDHAMAL	27	30	0	46	0	46	15	11	4	4
20	KENDRAPARA	53	8	0	30	0	30	31	31	0	15
21	KEONJHAR	91	152	0	66	0	66	58	46	12	14
22	KHURDA	19	11	0	25	0	25	33	33	0	11
23	KORAPUT	51	52	3	47	0	47	28	27	1	14
24	MALKANGIR	46	34	1	12	0	12	8	7	1	4
25	MAYURBHANJ	83	65	0	90	0	90	51	45	6	10
26	NAYAGARH	33	8	0	34	0	34	25	21	4	12
27	NOWRANGPUR	26	29	0	26	0	26	21	19	2	5
28	NUAPADA	11	8	0	14	0	14	17	11	6	2
29	PURI	25	33	0	37	0	37	31	18	13	11
30	RAYAGADA	24	10	3	19	0	19	14	10	4	8
31	ROURKELA	54	39	0	38	0	38	23	19	4	2
32	SAMBALPUR	49	55	0	33	0	33	13	12	1	20
33	SONEPUR	7	28	0	15	0	15	3	3	0	1
34	SRP(CUTTACK)	2	3	0	1	0	1	4	1	3	1
35	SRP(ROURKELA)	8	2	0	1	0	1	2	2	0	0
36	SUNDARGARH	48	49	0	38	0	38	17	15	2	13
TOTAL		1250	1415	84	1113	0	1113	908	762	146	305
PUNJAB											
1	AMRITSAR	46	71	9	15	0	15	54	44	10	1
2	AMRITSAR RURAL	29	39	2	10	0	10	23	17	6	1
3	BARNALA	24	33	2	12	0	12	7	6	1	1
4	BATALA	13	12	5	20	0	20	19	13	6	2
5	BHATINDA	44	63	6	20	0	20	44	28	16	1
6	FARIDKOT	17	20	2	15	0	15	13	10	3	1
7	FATEHGARH SAHIB	17	11	3	13	0	13	16	9	7	0
8	FEROZPUR	56	68	3	30	0	30	30	22	8	0
9	G.R.P	11	2	2	1	0	1	0	0	0	1
10	GURDASPUR	20	21	37	24	0	24	25	21	4	0
11	HOSHIARPUR	33	49	4	35	0	35	22	17	5	2
12	JALANDHAR	72	105	7	51	0	51	110	83	27	2
13	KAPURTHALA	23	70	5	24	0	24	23	14	9	5
14	KHANNA	21	16	4	12	0	12	19	12	7	6
15	LUDHIANA	73	69	10	46	0	46	115	78	37	5
16	LUDHIANA RURAL	16	20	4	14	0	14	21	12	9	0
17	MANSA	31	42	6	13	0	13	11	9	2	1

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 – 382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
5	BHADRAK	0	23	68	107	18	89	36	10	46	3
6	BOLANGIR	0	33	98	161	41	120	98	9	50	1
7	BOUDH	0	2	16	23	2	21	41	8	1	0
8	CUTTACK	0	44	117	199	27	172	37	8	43	1
9	DCP BBSR	10	106	334	1216	578	638	68	13	243	4
10	DCP CTC	8	66	138	581	248	333	27	7	51	0
11	DEOGARH	0	10	21	37	3	34	26	3	8	0
12	DHENKANAL	0	47	80	155	28	127	91	5	41	0
13	GAJAPATI	0	3	22	15	4	11	78	4	6	1
14	GANJAM	9	61	163	141	36	105	133	25	27	0
15	JAGATSINGHPUR	1	29	78	154	26	128	33	7	44	0
16	JAJPUR	0	47	91	243	61	182	55	22	39	0
17	JHARSUGUDA	1	44	102	288	76	212	59	11	16	0
18	KALAHANDI	0	29	55	71	16	55	95	8	39	0
19	KANDHAMAL	0	16	60	45	1	44	759	4	82	2
20	KENDRAPARA	2	41	74	103	22	81	39	1	21	0
21	KEONJHAR	0	87	78	280	81	199	92	30	33	1
22	KHURDA	0	35	86	132	20	112	26	3	11	0
23	KORAPUT	0	35	71	135	23	112	98	6	24	0
24	MALKANGIR	0	5	12	46	11	35	20	2	5	0
25	MAYURBHANJ	0	32	97	252	32	220	24	16	44	3
26	NAYAGARH	1	27	57	100	12	88	35	6	20	1
27	NOWRANGPUR	0	10	37	83	23	60	53	4	6	1
28	NUAPADA	0	7	42	70	10	60	30	7	8	0
29	PURI	0	125	173	398	95	303	83	3	53	0
30	RAYAGADA	0	11	39	72	5	67	58	9	19	1
31	ROURKELA	11	65	117	316	82	234	38	11	57	1
32	SAMBALPUR	6	72	172	327	67	260	95	10	37	1
33	SONEPUR	0	5	31	71	5	66	23	3	6	0
34	SRP(CUTTACK)	1	14	8	320	55	265	0	1	4	0
35	SRP(ROURKELA)	0	9	13	136	25	111	3	2	1	0
36	SUNDARGARH	2	48	65	163	20	143	40	13	10	1
TOTAL		67	1345	3100	7419	1975	5444	2721	342	1244	26
PUNJAB											
1	AMRITSAR	25	21	142	466	211	255	0	20	321	6
2	AMRITSAR RURAL	4	2	40	68	9	59	0	4	94	3
3	BARNALA	1	4	43	60	11	49	0	7	49	2
4	BATALA	1	2	67	92	28	64	0	1	113	1
5	BHATINDA	6	15	253	431	214	217	1	12	134	5
6	FARIDKOT	0	3	65	140	60	80	0	4	73	1
7	FATEHGARH SAHIB	2	2	62	161	42	119	0	11	91	0
8	FEROZPUR	4	6	127	320	162	158	0	15	169	6
9	G.R.P	0	1	0	45	10	35	0	0	15	1
10	GURDASPUR	0	0	45	142	47	95	0	9	49	3
11	HOSHIARPUR	1	7	90	181	55	126	0	7	124	3
12	JALANDHAR	12	15	306	745	303	442	0	18	401	12
13	KAPURTHALA	15	17	125	289	50	239	0	4	160	1
14	KHANNA	1	6	80	177	60	117	0	3	94	3
15	LUDHIANA	21	17	217	577	300	277	0	23	278	4
16	LUDHIANA RURAL	4	2	53	120	36	84	0	9	46	2
17	MANSA	2	3	62	78	28	50	0	9	41	0

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
5	BHADRAK	18	34	16	73	27	106	0	60	1272	2078
6	BOLANGIR	16	149	12	132	8	18	0	74	839	1834
7	BOUDH	19	180	3	61	3	9	0	0	71	463
8	CUTTACK	22	66	31	16	3	124	0	271	1178	2301
9	DCP BBSR	12	768	23	61	7	38	0	164	783	4056
10	DCP CTC	4	55	15	18	3	55	0	269	475	1912
11	DEOGARH	9	193	5	96	3	36	0	42	109	686
12	DHENKANAL	21	66	19	187	9	31	0	90	824	1832
13	GAJAPATI	43	82	2	52	6	3	0	23	95	481
14	GANJAM	34	432	13	259	16	12	0	133	349	2126
15	JAGATSINGHPUR	9	123	20	22	0	51	0	149	573	1384
16	JAJPUR	8	835	40	98	15	109	0	101	266	2220
17	JHARSUGUDA	15	346	6	67	8	35	0	105	327	1531
18	KALAHANADI	13	185	3	82	5	27	0	61	575	1360
19	KANDHAMAL	374	25	3	70	2	39	0	0	27	1630
20	KENDRAPARA	11	4	32	8	1	93	0	4	828	1399
21	KEONJHAR	18	27	22	203	27	34	0	471	516	2300
22	KHURDA	6	0	0	14	1	0	0	0	967	1380
23	KORAPUT	8	9	3	113	7	45	0	84	636	1469
24	MALKANGIR	7	50	0	33	5	10	0	22	62	384
25	MAYURBHANJ	14	462	27	200	23	58	0	155	742	2448
26	NAYAGARH	13	432	10	7	5	85	0	7	196	1114
27	NOWRANGPUR	6	45	0	79	16	32	0	24	337	840
28	NUAPADA	7	20	2	59	4	37	0	30	345	720
29	PURI	15	51	13	24	7	87	0	270	1491	2930
30	RAYAGADA	22	0	6	54	1	23	0	136	186	715
31	ROURKELA	3	338	5	98	5	66	0	90	870	2247
32	SAMBALPUR	14	210	6	82	4	39	0	139	993	2377
33	SONEPUR	3	14	1	24	2	8	0	27	183	455
34	SRP(CUTTACK)	0	32	0	6	0	0	0	0	107	504
35	SRP(ROURKELA)	0	2	0	3	1	1	0	8	112	304
36	SUNDARGARH	12	241	7	65	8	6	0	144	367	1357
	TOTAL	869	7013	401	2782	282	1618	0	3535	18916	56755
PUNJAB											
1	AMRITSAR	5	245	6	25	11	66	0	99	673	2327
2	AMRITSAR RURAL	6	107	6	5	2	27	0	61	160	693
3	BARNALA	1	149	1	11	0	10	0	66	222	705
4	BATALA	0	203	6	9	0	46	0	58	133	803
5	BHATINDA	14	275	4	29	5	39	0	1	804	2206
6	FARIDKOT	3	183	1	9	0	16	0	1	328	895
7	FATEHGARH SAHIB	0	151	0	5	1	31	0	139	282	998
8	FEROZPUR	8	461	8	29	0	39	0	120	493	1992
9	G.R.P	0	32	4	2	0	0	0	0	284	401
10	GURDASPUR	0	107	9	15	0	28	0	159	245	938
11	HOSHIARPUR	6	356	13	21	0	73	0	182	320	1529
12	JALANDHAR	10	594	10	52	0	133	0	220	1011	3886
13	KAPURTHALA	1	214	4	19	0	27	0	103	340	1469
14	KHANNA	0	135	7	5	0	28	0	203	269	1089
15	LUDHIANA	2	292	10	36	21	92	0	277	963	3148
16	LUDHIANA RURAL	0	131	4	4	5	19	0	60	255	789
17	MANSA	1	225	3	6	0	12	0	0	278	824

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 &308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
18	MOGA	27	29	9	19	0	19	24	17	7	1
19	MUKTSAR	25	42	1	12	0	12	12	8	4	0
20	PATIALA	42	49	5	35	0	35	44	37	7	1
21	ROPAR	9	14	1	10	0	10	11	9	2	0
22	SANGRUR	42	53	6	34	0	34	23	13	10	6
23	SAS NGR	26	10	4	20	0	20	28	18	10	1
24	SBS NAGAR	20	12	4	14	0	14	7	3	4	0
25	TARN TARAN	32	36	5	18	0	18	17	14	3	2
TOTAL		769	956	146	517	0	517	718	514	204	40
RAJASTHAN											
1	AJMER	47	36	0	45	0	45	102	84	18	2
2	ALWAR	101	59	8	88	0	88	142	91	51	0
3	BANSWARA	33	18	2	42	0	42	50	45	5	0
4	BARAN	37	109	2	52	0	52	45	45	0	4
5	BARMER	18	23	0	20	0	20	24	21	3	0
6	BHARATPUR	63	53	0	74	0	74	100	75	25	5
7	BHILWARA	37	35	0	42	0	42	68	58	10	1
8	BIKANER	38	70	0	48	0	48	29	28	1	2
9	BUNDI	17	67	4	33	0	33	70	52	18	0
10	CHITTORGARH	36	20	0	40	0	40	104	80	24	1
11	CHURU	16	39	0	37	0	37	43	22	21	1
12	DAUSA	33	32	2	21	0	21	61	48	13	0
13	DHOLPUR	51	77	3	21	0	21	64	46	18	3
14	DUNGARPUR	23	15	0	26	0	26	50	48	2	1
15	G.R.P.	4	4	0	2	0	2	4	1	3	1
16	GANGANAGAR	39	71	2	70	0	70	66	43	23	0
17	HANUMANGARH	55	82	1	33	0	33	35	29	6	0
18	JAIPUR EAST	15	27	2	20	0	20	64	61	3	2
19	JAIPUR NORTH	14	37	1	25	0	25	69	69	0	2
20	JAIPUR RURAL	66	32	1	35	0	35	110	82	28	9
21	JAIPUR SOUTH	17	25	0	15	0	15	52	44	8	2
22	JAISALMER	6	1	0	4	0	4	11	6	5	0
23	JALORE	24	19	1	13	0	13	27	17	10	0
24	JHALAWAR	58	99	0	44	0	44	66	44	22	5
25	JHUNJHUNU	34	20	0	40	0	40	44	35	9	0
26	JODHPUR CITY	13	56	3	19	0	19	43	35	8	1
27	JODHPUR RURAL	14	34	0	32	0	32	31	21	10	4
28	KARAULI	39	34	0	33	0	33	64	32	32	6
29	KOTA CITY	36	132	6	24	0	24	66	55	11	4
30	KOTA RURAL	33	41	4	34	0	34	30	26	4	1
31	NAGPUR	36	42	1	33	0	33	64	48	16	0
32	PALI	33	24	1	43	0	43	96	79	17	0
33	PRATAPGARH	20	24	1	49	0	49	54	52	2	0
34	RAJSAMAND	17	7	0	12	0	12	48	34	14	1
35	SAWAI MADHOPUR	25	31	0	16	0	16	50	39	11	0
36	SIKAR	43	28	2	40	0	40	48	38	10	3
37	SIROHI	26	21	3	17	0	17	40	36	4	0
38	TONK	15	28	1	22	0	22	50	46	4	0
39	UDAIPUR	65	77	3	91	0	91	174	148	26	3
TOTAL		1297	1649	54	1355	0	1355	2358	1863	495	64

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 – 382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
18	MOGA	2	7	75	136	46	90	0	17	106	5
19	MUKTSAR	0	2	75	115	37	78	0	9	41	0
20	PATIALA	8	1	210	373	197	176	0	11	180	3
21	ROPAR	0	7	78	109	43	66	0	5	85	0
22	SANGRUR	9	13	136	231	80	151	0	12	105	2
23	SAS NGR	3	3	176	353	119	234	0	9	190	0
24	SBS NAGAR	0	9	49	74	22	52	0	6	109	0
25	TARN TARAN	1	2	45	80	12	68	0	11	124	15
TOTAL		122	167	2621	5563	2182	3381	1	236	3192	78
RAJASTHAN											
1	AJMER	0	31	256	701	303	398	32	13	650	6
2	ALWAR	13	38	233	1272	665	607	22	28	649	0
3	BANSWARA	1	10	53	108	28	80	111	3	68	0
4	BARAN	3	13	102	285	60	225	9	29	157	2
5	BARMER	0	6	99	181	64	117	6	7	208	3
6	BHARATPUR	14	34	58	882	368	514	5	16	528	4
7	BHILWARA	0	45	212	711	333	378	32	26	398	1
8	BIKANER	0	16	113	367	117	250	0	14	390	0
9	BUNDI	0	8	80	243	97	146	24	9	144	0
10	CHITTORGARH	6	21	162	502	184	318	71	18	239	0
11	CHURU	0	4	93	205	50	155	2	1	269	0
12	DAUSA	3	18	112	820	431	389	50	9	266	0
13	DHOLPUR	3	20	51	425	149	276	12	9	123	3
14	DUNGARPUR	0	15	45	79	18	61	100	12	48	0
15	G.R.P.	1	6	1	368	27	341	3	2	9	2
16	GANGANAGAR	2	7	181	347	89	258	21	25	564	1
17	HANUMANGARH	2	6	88	201	62	139	0	13	401	0
18	JAIPUR EAST	2	110	290	2532	1835	697	126	35	571	9
19	JAIPUR NORTH	1	26	121	745	437	308	56	31	475	0
20	JAIPUR RURAL	2	19	236	1137	458	679	71	53	791	2
21	JAIPUR SOUTH	7	46	276	1539	1006	533	61	154	966	2
22	JAISALMER	0	4	47	114	15	99	17	4	73	2
23	JALORE	0	9	63	149	41	108	18	12	136	4
24	JHALAWAR	4	15	117	395	155	240	78	13	132	1
25	JHUNJHUNU	2	3	109	404	76	328	36	14	350	2
26	JODHPUR CITY	1	32	141	759	511	248	22	23	460	1
27	JODHPUR RURAL	0	12	95	251	55	196	8	4	146	0
28	KARAULI	0	19	23	566	257	309	11	20	156	1
29	KOTA CITY	3	75	166	946	703	243	2	23	363	1
30	KOTA RURAL	0	17	66	190	70	120	5	14	112	0
31	NAGOUR	0	14	158	367	120	247	1	18	304	0
32	PALI	0	9	169	335	128	207	12	16	305	2
33	PRATAPGARH	0	5	35	130	25	105	35	3	69	0
34	RAJSAMAND	1	12	76	166	55	111	26	10	100	1
35	SAWAI MADHOPUR	3	17	86	466	295	171	6	3	212	0
36	SIKAR	0	11	152	417	128	289	27	8	406	0
37	SIROHI	1	13	79	140	38	102	39	16	142	0
38	TONK	0	8	104	314	152	162	86	8	186	1
39	UDAIPUR	2	55	188	652	252	400	147	21	531	0
TOTAL		77	829	4736	20411	9857	10554	1390	737	12097	51

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
18	MOGA	4	313	3	19	0	22	0	85	203	1106
19	MUKTSAR	3	172	3	6	0	19	0	64	183	784
20	PATIALA	3	391	13	17	0	116	0	283	812	2597
21	ROPAR	6	91	2	18	1	27	0	136	276	886
22	SANGRUR	2	247	4	15	3	62	0	158	673	1836
23	SAS NGR	0	135	3	0	0	0	0	197	526	1684
24	SBS NAGAR	0	210	2	9	0	28	0	88	155	796
25	TARN TARAN	0	178	2	22	0	24	0	85	234	933
	TOTAL	75	5597	128	388	49	984	0	2845	10122	35314
RAJASTHAN											
1	AJMER	11	267	17	108	0	516	0	417	3082	6339
2	ALWAR	32	2583	38	134	0	429	0	440	2026	8335
3	BANSWARA	31	780	8	66	1	85	0	95	745	2310
4	BARAN	14	471	10	169	0	181	0	114	1224	3032
5	BARMER	23	505	14	82	0	116	0	178	1336	2849
6	BHARATPUR	20	673	24	39	0	371	0	212	4028	7203
7	BHILWARA	18	46	13	77	0	370	0	283	2393	4808
8	BIKANER	16	561	12	74	0	306	0	252	1746	4054
9	BUNDI	14	763	3	98	0	224	0	130	1170	3101
10	CHITTORGARH	43	1209	6	73	1	402	0	226	1353	4533
11	CHURU	10	536	16	16	0	212	0	161	1098	2759
12	DAUSA	14	192	9	34	0	100	0	253	2574	4603
13	DHOLPUR	9	1457	19	9	0	127	0	125	1005	3616
14	DUNGARPUR	23	164	11	66	0	94	0	116	1145	2033
15	G.R.P.	1	3	1	17	0	0	0	1	315	745
16	GANGANAGAR	10	1027	16	59	2	276	0	141	1705	4632
17	HANUMANGARH	11	415	17	68	0	232	0	144	1550	3354
18	JAIPUR EAST	10	8	6	54	2	140	0	216	2214	6455
19	JAIPUR NORTH	6	417	5	26	0	149	0	128	1183	3517
20	JAIPUR RURAL	32	654	11	108	5	205	0	661	4811	9051
21	JAIPUR SOUTH	7	372	9	26	0	162	0	168	1529	5435
22	JAISALMER	7	192	10	19	0	24	0	45	413	993
23	JALORE	28	66	8	50	0	106	0	124	1615	2472
24	JHALAWAR	26	683	6	144	2	262	0	142	1076	3368
25	JHUNJHUNU	18	856	22	32	0	240	0	157	1476	3859
26	JODHPUR CITY	5	561	10	25	1	212	0	112	716	3216
27	JODHPUR RURAL	16	1113	17	47	0	81	0	230	894	3029
28	KARAULI	12	23	11	27	0	99	0	70	2557	3771
29	KOTA CITY	9	97	10	40	1	307	0	118	1479	3908
30	KOTA RURAL	10	284	4	76	0	201	0	91	706	1919
31	NAGOUR	16	195	18	142	0	257	0	214	1895	3775
32	PALI	8	41	13	116	1	323	0	283	2874	4704
33	PRATAPGARH	12	502	2	51	0	138	0	65	652	1847
34	RAJSAMAND	9	577	0	35	0	195	0	149	717	2159
35	SAWAI MADHOPUR	2	5	6	29	0	144	0	82	2252	3435
36	SIKAR	24	321	15	18	0	217	0	292	2130	4202
37	SIROHI	13	367	5	66	0	110	0	157	579	1834
38	TONK	9	880	6	41	3	206	0	173	1062	3203
39	UDAIPUR	36	1251	11	159	0	294	0	357	2599	6716
	TOTAL	615	21117	439	2520	19	8113	0	7322	63924	151174

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304&308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
SIKKIM											
1	EAST	5	5	1	5	0	5	2	2	0	1
2	NORTH	1	2	0	1	0	1	0	0	0	0
3	SOUTH	1	0	2	9	0	9	1	1	0	0
4	WEST	2	0	0	5	0	5	1	1	0	0
	TOTAL	9	7	3	20	0	20	4	4	0	1
TAMIL NADU											
1	CHENNAI	100	130	0	35	0	35	43	32	11	5
2	CHENNAI RLY.	0	5	0	0	0	0	1	1	0	0
3	CHENNAI SUBURBAN	74	76	0	21	0	21	29	24	5	0
4	COIMBATORE RURAL	88	77	0	14	0	14	63	46	17	16
5	COIMBATORE URBAN	20	28	0	9	0	9	17	7	10	1
6	CUDDALORE	63	71	0	16	0	16	56	52	4	3
7	DHARMAPURI	49	57	8	12	0	12	49	36	13	3
8	DINDIGUL	56	71	0	13	0	13	53	53	0	0
9	ERODE	60	43	0	21	0	21	57	45	12	6
10	KANCHIPURAM	75	76	0	24	0	24	18	18	0	2
11	KANYAKUMARI	29	58	1	8	0	8	42	42	0	5
12	KARUR	21	16	0	4	0	4	13	12	1	2
13	KRISHNAGIRI	54	65	0	20	0	20	44	36	8	8
14	MADURAI RURAL	55	79	0	18	0	18	32	24	8	2
15	MADURAI URBAN	39	38	0	4	0	4	24	14	10	1
16	NAGAPATTINAM	47	64	1	10	0	10	28	24	4	1
17	NAMAKKAL	46	34	0	19	0	19	49	37	12	7
18	NILGIRIS	6	10	0	4	0	4	4	4	0	0
19	PERAMBALUR	29	50	0	26	0	26	31	29	2	1
20	PUDUKOTTAI	37	42	2	4	0	4	34	31	3	0
21	RAMNATHAPURAM	45	95	0	6	0	6	28	16	12	4
22	SALEM RURAL	69	103	2	35	0	35	112	101	11	5
23	SALEM URBAN	29	40	0	22	0	22	32	27	5	1
24	SIVAGANGAI	34	47	2	1	0	1	43	35	8	2
25	THANJAVUR	66	93	0	7	0	7	29	29	0	1
26	THENI	28	55	1	7	0	7	35	32	3	0
27	THIRUNELVELI RURAL	89	248	1	42	0	42	68	60	8	0
28	THIRUNELVELI URBAN	20	45	0	8	0	8	16	12	4	1
29	THIRUVALLUR	35	41	2	17	0	17	22	22	0	4
30	THIRUVANNAMALAI	32	65	0	20	0	20	34	34	0	3
31	THIRUVARUR	26	36	0	6	0	6	14	12	2	4
32	THOOTHUGUDI	72	127	0	11	0	11	48	40	8	0
33	TRICHY RLY.	1	1	0	0	0	0	0	0	0	0
34	TRICHY RURAL	55	27	0	11	0	11	28	26	2	0
35	TRICHY URBAN	13	30	2	2	0	2	10	4	6	1
36	VELLORE	74	33	4	21	0	21	53	52	1	2
37	VILLUPURAM	82	78	2	58	0	58	64	50	14	6
38	VIRUDHUNAGAR	41	73	0	17	0	17	52	41	11	3
	TOTAL	1759	2327	28	573	0	573	1375	1160	215	100
TRIPURA											
1	DHALAI	20	3	0	32	0	32	18	7	11	3
2	NORTH	28	16	0	46	0	46	27	21	6	1

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 – 382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
SIKKIM											
1	EAST	0	1	40	69	5	64	1	6	39	0
2	NORTH	0	0	2	7	0	7	1	0	2	0
3	SOUTH	0	6	29	26	2	24	8	0	1	0
4	WEST	0	0	10	25	2	23	7	0	4	0
	TOTAL	0	7	81	127	9	118	17	6	46	0
TAMIL NADU											
1	CHENNAI	0	41	322	1545	269	1276	55	5	293	135
2	CHENNAI RLY.	0	17	1	250	8	242	9	0	1	0
3	CHENNAISUBURBAN	0	16	228	563	117	446	48	7	66	2
4	COIMBATORE RURAL	0	48	278	1278	603	675	210	17	111	4
5	COIMBATORE URBAN	0	11	78	621	166	455	24	11	93	168
6	CUDDALORE	0	16	89	456	131	325	176	0	16	0
7	DHARMAPURI	0	42	57	203	69	134	215	1	26	8
8	DINDIGUL	0	10	85	401	74	327	88	3	103	13
9	ERODE	1	27	172	664	103	561	44	12	51	7
10	KANCHIPURAM	0	7	109	370	76	294	76	0	21	26
11	KANYAKUMARI	1	18	160	397	56	341	1	14	158	9
12	KARUR	0	11	23	329	141	188	23	6	15	14
13	KRISHNAGIRI	35	36	87	300	143	157	185	10	37	12
14	MADURAI RURAL	0	14	77	282	23	259	187	11	88	0
15	MADURAI URBAN	0	8	65	532	174	358	19	3	117	26
16	NAGAPATTINAM	1	2	49	232	66	166	41	1	18	2
17	NAMAKKAL	2	29	75	302	95	207	88	0	79	14
18	NILGIRIS	0	6	86	103	16	87	25	4	9	4
19	PERAMBALUR	0	2	41	327	145	182	49	1	41	5
20	PUDUKOTTAI	0	3	53	179	35	144	38	9	35	1
21	RAMNATHAPURAM	0	20	82	223	31	192	62	2	43	8
22	SALEM RURAL	2	19	101	347	60	287	346	5	35	6
23	SALEM URBAN	0	18	45	263	132	131	40	12	71	11
24	SIVAGANGAI	0	18	103	264	62	202	41	9	91	6
25	THANJAVUR	22	20	158	532	111	421	68	2	27	0
26	THENI	0	21	75	263	30	233	60	2	88	2
27	THIRUNELVELI RURAL	0	26	213	460	63	397	4	7	93	5
28	THIRUNELVELI URBAN	0	15	41	239	47	192	4	0	27	0
29	THIRUVALLUR	0	30	80	232	26	206	75	6	33	4
30	THIRUVANNAMALAI	0	6	95	289	82	207	117	0	53	11
31	THIRUVARUR	0	9	53	123	14	109	34	2	27	3
32	THOOTHUGUDI	0	33	198	555	81	474	2	16	115	8
33	TRICHY RLY.	0	1	0	38	1	37	0	0	2	0
34	TRICHY RURAL	0	6	53	261	84	177	25	0	16	1
35	TRICHY URBAN	1	6	59	444	84	360	10	0	54	7
36	VELLORE	0	8	139	422	153	269	14	6	58	57
37	VILLUPURAM	1	20	98	311	108	203	249	10	38	1
38	VIRUDHUNAGAR	0	22	121	419	43	376	59	37	100	19
	TOTAL	66	662	3849	15019	3722	11297	2811	231	2349	599
TRIPURA											
1	DHALAI	0	14	24	39	4	35	18	2	3	1
2	NORTH	1	7	41	87	4	83	19	5	18	5

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
SIKKIM											
1	EAST	12	36	0	5	0	3	0	17	103	351
2	NORTH	0	7	0	1	0	0	0	4	13	41
3	SOUTH	6	30	0	10	0	0	0	10	56	195
4	WEST	5	27	0	3	0	2	0	9	43	143
	TOTAL	23	100	0	19	0	5	0	40	215	730
TAMIL NADU											
1	CHENNAI	0	726	25	46	67	165	0	613	7478	11829
2	CHENNAI RLY.	0	24	0	5	0	0	0	2	224	539
3	CHENNAISUBURBAN	1	437	28	42	42	41	0	247	1489	3457
4	COIMBATORE RURAL	30	952	8	107	8	115	0	1008	6566	10998
5	COIMBATORE URBAN	4	240	6	29	7	62	0	307	2444	4180
6	CUDDALORE	17	653	1	29	80	50	0	428	4289	6509
7	DHARMAPURI	29	1582	2	136	3	43	0	253	1918	4696
8	DINDIGUL	18	415	3	47	13	99	0	397	2739	4627
9	ERODE	20	652	1	78	16	30	0	666	5378	8006
10	KANCHIPURAM	17	427	7	20	2	8	0	788	4843	6916
11	KANYAKUMARI	37	670	6	27	70	71	0	221	2732	4735
12	KARUR	3	152	4	10	3	13	0	249	1553	2464
13	KRISHNAGIRI	23	807	2	40	5	21	0	473	2816	5080
14	MADURAI RURAL	23	544	9	72	1	75	0	391	2831	4791
15	MADURAI URBAN	5	91	5	11	2	42	0	139	1299	2470
16	NAGAPATTINAM	15	367	4	59	1	8	0	179	3003	4133
17	NAMAKKAL	11	568	5	49	24	25	0	318	2881	4625
18	NILGIRIS	0	223	1	20	0	9	0	57	800	1371
19	PERAMBALUR	9	267	7	70	9	6	0	214	1953	3138
20	PUDUKOTTAI	13	253	8	45	2	39	0	257	1978	3032
21	RAMNATHAPURAM	13	401	2	34	1	12	0	166	1660	2907
22	SALEM RURAL	41	2341	3	217	0	94	0	448	3050	7381
23	SALEM URBAN	1	378	7	16	11	33	0	133	1150	2313
24	SIVAGANGAI	17	295	4	7	16	56	0	198	1634	2888
25	THANJAVUR	30	809	7	108	0	20	0	418	5003	7420
26	THENI	17	484	4	30	5	35	0	188	3592	4992
27	THIRUNELVELI RURAL	59	1062	3	115	0	97	0	318	4912	7822
28	THIRUNELVELI URBAN	1	112	2	7	49	7	0	87	893	1574
29	THIRUVALLUR	9	486	9	18	0	30	0	294	2689	4116
30	THIRUVANNAMALAI	32	675	3	20	47	16	0	350	2757	4625
31	THIRUVARUR	18	1012	1	51	2	3	0	105	1241	2770
32	THOOTHUGUDI	10	498	4	3	343	64	0	280	3121	5508
33	TRICHY RLY.	0	4	0	0	0	0	0	4	47	98
34	TRICHY RURAL	8	177	5	16	0	28	0	318	2563	3598
35	TRICHY URBAN	2	68	5	7	37	25	0	141	2349	3273
36	VELLORE	26	621	7	25	0	49	0	678	4753	7050
37	VILLUPURAM	30	608	6	70	31	88	0	749	4031	6631
38	VIRUDHUNAGAR	21	448	3	19	77	69	0	246	2425	4271
	TOTAL	610	20529	207	1705	974	1648	0	12328	107084	176833
TRIPURA											
1	DHALAI	6	73	2	22	0	34	0	9	94	417
2	NORTH	6	235	2	62	0	169	0	36	182	993

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 & 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
3	SOUTH	35	20	1	45	0	45	34	27	7	2
4	WEST	72	14	1	81	0	81	67	55	12	7
	TOTAL	155	53	2	204	0	204	146	110	36	13
UTTAR PRADESH											
1	AGRA	109	133	40	42	0	42	229	183	46	17
2	ALIGARH	139	143	30	62	0	62	162	124	38	6
3	ALLAHABAD	143	89	33	49	0	49	144	124	20	3
4	AMBEDKAR NAGAR	33	19	12	18	0	18	51	45	6	1
5	AURAIYA	26	20	11	11	0	11	29	27	2	4
6	AZAMGARH	74	37	21	24	0	24	60	56	4	3
7	BADAUN	68	109	40	11	0	11	53	41	12	0
8	BAGHPAT	66	70	9	19	0	19	51	43	8	5
9	BAHRAICH	46	39	18	24	0	24	64	62	2	5
10	BALLIA	32	39	19	12	0	12	33	27	6	1
11	BALRAMPUR	15	11	6	12	0	12	21	20	1	0
12	BANDA	37	21	24	35	0	35	40	26	14	0
13	BARABANKI	54	70	15	23	0	23	83	82	1	0
14	BAREILLY	130	162	45	46	0	46	155	121	34	15
15	BASTI	26	22	13	7	0	7	18	18	0	0
16	BIJNOR	93	68	19	30	0	30	92	80	12	5
17	BULANDSHAHR	104	98	19	28	0	28	77	60	17	1
18	CHANDOLI	24	27	5	4	0	4	11	9	2	0
19	CHITRAKOOT DHAM	28	14	9	22	0	22	20	5	15	5
20	DEORIA	33	16	16	15	0	15	20	13	7	0
21	ETAH	64	82	20	20	0	20	80	66	14	3
22	ETAWAH	70	72	12	19	0	19	89	64	25	12
23	FAIZABAD	43	14	12	23	0	23	58	56	2	1
24	FATEHGARH	65	60	19	23	0	23	61	41	20	4
25	FATEHPUR	74	35	39	16	0	16	53	42	11	12
26	FIROZABAD	121	139	20	27	0	27	114	78	36	14
27	G.R.P.	14	16	8	2	0	2	11	8	3	18
28	GAUTAMBUDH NAGAR	65	63	16	22	0	22	70	49	21	0
29	GHAZIABAD	143	138	44	30	0	30	199	138	61	7
30	GHAZIPUR	41	36	28	6	0	6	25	22	3	12
31	GONDA	49	53	20	27	0	27	54	44	10	8
32	GORAKHPUR	76	38	39	46	0	46	150	117	33	1
33	HAMIRPUR	23	8	21	9	0	9	21	19	2	0
34	HARDOI	71	53	18	42	0	42	64	60	4	3
35	HATHRAS	58	40	24	17	0	17	62	37	25	8
36	J.P.NAGAR	42	30	10	20	0	20	38	34	4	2
37	JALAUN	43	12	14	6	0	6	34	30	4	1
38	JAUNPUR	40	51	28	19	0	19	47	41	6	5
39	JHANSI	33	21	23	7	0	7	25	18	7	0
40	KANNAUJ	37	37	21	11	0	11	42	36	6	3
41	KANPUR DEHAT	50	35	15	26	0	26	67	56	11	2
42	KANPUR NAGAR	168	114	39	72	0	72	296	227	69	24
43	KANSHIRAM NAGAR	60	54	8	19	0	19	40	29	11	2
44	KAUSHAMBI	56	31	12	26	0	26	46	42	4	2

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 - 402 IPC)	Robbery (Sec. 392 - 394, 397 & 398 IPC)	Burglary (Sec. 449 - 452, 454, 455, 457 - 460 IPC)	Theft (Sec. 379 -382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 - 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
3	SOUTH	0	41	50	150	14	136	45	15	28	5
4	WEST	2	33	103	223	21	202	115	20	43	12
	TOTAL	3	95	218	499	43	456	197	42	92	23
UTTAR PRADESH											
1	AGRA	2	61	208	1826	1233	593	233	153	339	35
2	ALIGARH	10	73	137	701	289	412	176	104	241	8
3	ALLAHABAD	3	62	245	763	416	347	177	113	226	24
4	AMBEDKAR NAGAR	0	13	27	131	33	98	23	28	70	0
5	AURAIYA	0	10	6	94	40	54	17	18	17	0
6	AZAMGARH	0	30	62	179	60	119	57	31	74	3
7	BADAUN	3	14	24	126	27	99	15	43	71	3
8	BAGHPAT	0	51	42	169	56	113	69	23	74	1
9	BAHRAICH	4	17	61	130	42	88	32	33	22	9
10	BALLIA	0	15	62	149	69	80	53	14	61	5
11	BALRAMPUR	1	3	13	48	20	28	10	9	14	2
12	BANDA	1	20	84	126	21	105	64	56	100	2
13	BARABANKI	0	22	80	209	47	162	14	134	14	5
14	BAREILLY	0	48	147	622	258	364	120	110	234	4
15	BASTI	2	7	29	82	32	50	26	32	109	3
16	BIJNOR	0	32	36	228	81	147	54	51	198	9
17	BULANDSHAHR	0	11	39	227	67	160	52	77	181	6
18	CHANDOLI	0	8	53	116	56	60	8	35	70	2
19	CHITRAKOOT DHAM	0	10	35	52	14	38	6	5	36	3
20	DEORIA	0	4	36	81	40	41	41	6	20	5
21	ETAH	0	23	53	249	103	146	46	36	94	4
22	ETAWAH	0	27	72	341	211	130	15	54	103	2
23	FAIZABAD	3	15	65	208	74	134	36	52	119	10
24	FATEHGARH	0	13	44	145	55	90	22	21	39	5
25	FATEHPUR	0	22	76	133	56	77	8	38	106	1
26	FIROZABAD	0	41	67	442	242	200	113	62	140	0
27	G.R.P.	7	40	4	1521	82	1439	27	14	42	4
28	GAUTAMBUDH NAGAR	0	42	84	1703	1081	622	70	97	256	8
29	GHAZIABAD	3	63	115	1141	733	408	64	157	267	11
30	GHAZIPUR	0	57	39	120	47	73	121	15	58	11
31	GONDA	0	19	59	142	58	84	44	34	116	2
32	GORAKHPUR	2	49	152	480	294	186	114	72	190	9
33	HAMIRPUR	0	0	13	23	5	18	9	21	22	0
34	HARDOI	0	18	38	176	33	143	30	24	54	0
35	HATHRAS	0	43	33	192	60	132	37	41	79	2
36	J.P.NAGAR	0	10	26	136	60	76	28	31	124	1
37	JALAUN	6	16	25	74	43	31	7	12	46	6
38	JAUNPUR	1	31	70	187	69	118	77	38	166	9
39	JHANSI	0	10	41	134	66	68	10	30	61	4
40	KANNAUJ	0	19	19	70	25	45	22	35	46	5
41	KANPUR DEHAT	0	11	36	143	33	110	96	40	85	4
42	KANPUR NAGAR	4	144	279	1293	821	472	220	328	645	24
43	KANSHIRAM NAGAR	0	7	31	76	18	58	25	14	19	1
44	KAUSHAMBI	0	32	86	107	10	97	49	34	75	1

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
3	SOUTH	22	254	6	135	0	161	0	47	410	1506
4	WEST	13	362	6	127	4	371	0	103	641	2420
	TOTAL	47	924	16	346	4	735	0	195	1327	5336
UTTAR PRADESH											
1	AGRA	12	431	77	123	109	479	0	591	1676	6925
2	ALIGARH	18	311	58	37	74	213	0	281	1085	4069
3	ALLAHABAD	3	413	68	91	55	259	0	364	1834	5161
4	AMBEDKAR NAGAR	1	184	13	20	20	133	0	34	209	1040
5	AURAIYA	7	81	12	7	14	36	0	247	155	822
6	AZAMGARH	0	258	35	17	35	86	0	8	666	1760
7	BADAUN	4	205	32	27	47	25	0	9	1183	2112
8	BAGHPAT	0	135	15	16	8	61	0	87	568	1539
9	BAHRAICH	10	138	27	24	22	37	0	96	359	1217
10	BALLIA	1	131	20	15	12	43	0	47	172	936
11	BALRAMPUR	0	23	5	12	10	13	0	13	110	351
12	BANDA	13	95	36	70	19	67	0	88	832	1830
13	BARABANKI	2	273	47	34	54	110	0	127	1616	2986
14	BAREILLY	0	238	47	110	89	202	0	34	2664	5222
15	BASTI	0	117	15	5	15	24	0	72	375	999
16	BIJNOR	0	423	19	52	53	249	0	180	404	2295
17	BULANDSHAHAR	0	462	29	51	74	151	0	299	1582	3568
18	CHANDOLI	0	165	19	10	19	91	0	67	395	1129
19	CHITRAKOOT DHAM	7	69	17	21	0	17	0	33	119	528
20	DEORIA	2	77	36	6	17	27	0	69	270	797
21	ETAH	9	166	34	41	17	71	0	175	697	1984
22	ETAWAH	0	240	28	43	29	108	0	179	893	2408
23	FAIZABAD	0	175	18	26	43	86	0	157	569	1733
24	FATEHGARH	0	270	26	35	56	84	0	22	419	1433
25	FATEHPUR	0	177	41	32	15	67	0	194	680	1819
26	FIROZABAD	6	201	41	43	77	77	0	5	1259	3009
27	G.R.P.	0	7	0	18	38	0	0	5	836	2632
28	GAUTAMBUDH NAGAR	0	15	25	19	53	68	0	190	756	3622
29	GHAZIABAD	6	49	39	30	83	202	0	327	1770	4888
30	GHAZIPUR	4	105	33	17	15	64	0	4	248	1059
31	GONDA	2	243	43	39	10	12	0	85	334	1395
32	GORAKHPUR	2	362	43	30	43	216	0	259	519	2892
33	HAMIRPUR	0	17	13	13	5	10	0	57	165	450
34	HARDOI	3	280	50	67	30	68	0	221	804	2114
35	HATHRAS	0	138	27	43	18	92	0	132	361	1447
36	J.P.NAGAR	0	22	16	26	37	40	0	129	376	1144
37	JALAUN	5	0	37	34	24	47	0	96	561	1106
38	JAUNPUR	3	457	44	38	39	161	0	192	527	2230
39	JHANSI	1	34	26	24	46	11	0	39	431	1011
40	KANNAUJ	4	22	31	27	9	91	0	120	489	1160
41	KANPUR DEHAT	1	322	31	64	24	185	0	65	782	2084
42	KANPUR NAGAR	7	505	86	136	578	632	0	127	3164	8885
43	KANSHIRAM NAGAR	6	19	30	31	5	31	0	61	366	905
44	KAUSHAMBI	0	147	26	59	12	117	0	72	684	1674

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 & 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
45	KHIRI	79	77	35	58	0	58	95	91	4	2
46	KUSHI NAGAR	22	10	13	6	0	6	15	14	1	0
47	LALITPUR	22	4	10	16	0	16	12	9	3	0
48	LUCKNOW	130	160	32	82	0	82	389	331	58	17
49	MAHARAJGANJ	24	4	9	17	0	17	26	26	0	0
50	MAHOBA	23	11	6	12	0	12	26	21	5	3
51	MAINPURI	100	98	16	9	0	9	88	65	23	22
52	MATHURA	95	123	25	24	0	24	76	62	14	1
53	MAU	27	38	12	19	0	19	50	44	6	0
54	MEERUT	166	160	25	50	0	50	178	123	55	3
55	MIRZAPUR	51	15	16	19	0	19	23	19	4	4
56	MORADABAD	126	118	42	75	0	75	179	163	16	6
57	MUZAFFARNAGAR	168	175	50	40	0	40	135	112	23	12
58	PILIBHIT	47	60	14	41	0	41	108	100	8	0
59	PRATAPGARH	48	64	27	33	0	33	92	83	9	5
60	RAIBAREILLY	63	47	15	38	0	38	60	51	9	6
61	RAMPUR	56	94	17	46	0	46	107	83	24	4
62	SAHARANPUR	56	73	20	8	0	8	31	25	6	0
63	SANT KABIRNAGAR	12	17	6	9	0	9	40	40	0	0
64	SHAHJAHANPUR	114	143	31	68	0	68	121	94	27	3
65	SHRAWASTI	20	13	9	6	0	6	16	15	1	0
66	SIDHARTHANAGAR	19	11	19	12	0	12	32	30	2	3
67	SITAPUR	82	69	39	53	0	53	138	129	9	2
68	SONBHADRA	39	10	17	26	0	26	30	24	6	0
69	ST.RAVIDASNAGAR	19	20	7	2	0	2	11	9	2	1
70	SULTANPUR	54	82	15	25	0	25	54	49	5	1
71	UNNAO	58	61	34	36	0	36	78	69	9	1
72	VARANASI	58	37	18	12	0	12	59	38	21	2
TOTAL		4564	4233	1493	1871	0	1871	5428	4439	989	313
UTTARAKHAND											
1	ALMORA	12	7	1	2	0	2	7	7	0	1
2	BAGESHWAR	6	0	1	2	0	2	3	1	2	0
3	CHAMOLI	1	2	1	2	0	2	6	1	5	0
4	CHAMPAWAT	2	2	1	2	0	2	4	4	0	0
5	DEHRADUN	42	51	5	20	0	20	65	65	0	1
6	HARIDWAR	74	62	13	24	0	24	61	47	14	6
7	NAINITAL	24	24	5	9	0	9	22	22	0	2
8	PAURI GARHWAL	4	5	2	0	0	0	4	3	1	0
9	PITHORAGARH	3	6	3	0	0	0	0	0	0	0
10	RUDRA PRAYAG	0	0	0	0	0	0	0	0	0	0
11	TEHRI GARHWAL	7	4	3	3	0	3	3	3	0	0
12	UDHAMSINGH NAGAR	45	50	5	22	0	22	67	64	3	6
13	UTTARKASHI	3	4	0	1	0	1	5	5	0	0
TOTAL		223	217	40	87	0	87	247	222	25	16
WEST BENGAL											
1	24 PARGANAS NORTH	192	168	47	192	0	192	317	215	102	15
2	24 PARGANAS SOUTH	239	35	43	308	0	308	280	275	5	16
3	ASANSOL	40	13	10	20	0	20	18	12	6	1

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 – 382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
45	KHIRI	1	22	63	309	131	178	54	29	119	10
46	KUSHI NAGAR	0	2	7	38	15	23	20	11	58	3
47	LALITPUR	0	3	24	56	13	43	20	4	32	1
48	LUCKNOW	1	147	804	3100	1548	1552	441	589	1140	23
49	MAHARAJGANJ	0	11	16	40	13	27	23	15	48	6
50	MAHOBA	0	15	43	51	16	35	18	21	22	1
51	MAINPURI	0	35	60	236	121	115	57	48	144	1
52	MATHURA	0	45	63	659	388	271	102	95	252	5
53	MAU	0	14	43	134	38	96	89	29	90	3
54	MEERUT	0	111	125	965	504	461	145	118	302	22
55	MIRZAPUR	1	19	50	173	68	105	12	34	90	1
56	MORADABAD	3	60	166	783	315	468	77	84	239	10
57	MUZAFFARNAGAR	2	76	91	613	253	360	131	71	206	10
58	PILIBHIT	0	8	47	167	42	125	36	61	145	2
59	PRATAPGARH	1	34	111	220	71	149	137	90	106	4
60	RAIBAREILLY	1	12	47	184	41	143	54	80	133	8
61	RAMPUR	0	42	81	334	109	225	53	78	163	4
62	SAHARANPUR	11	24	46	381	165	216	71	72	194	11
63	SANT KABIRNAGAR	0	10	31	63	23	40	11	25	47	3
64	SHAHJAHANPUR	0	28	50	227	61	166	33	66	118	2
65	SHRAWASTI	0	5	26	44	6	38	8	5	22	0
66	SIDHARTHANAGAR	0	4	33	105	53	52	21	17	15	3
67	SITAPUR	1	37	91	390	90	300	40	42	86	2
68	SONBHADRA	0	7	48	100	30	70	12	22	56	0
69	ST.RAVIDASNAGAR	0	6	32	59	28	31	11	3	9	1
70	SULTANPUR	0	13	62	239	100	139	44	49	59	5
71	UNNAO	1	19	48	177	58	119	28	43	66	2
72	VARANASI	1	25	157	804	584	220	96	120	243	24
TOTAL		76	2097	5418	25946	12064	13882	4381	4296	9327	420
UTTARAKHAND											
1	ALMORA	0	5	18	30	3	27	11	1	11	2
2	BAGESHWAR	0	0	7	9	0	9	2	0	2	0
3	CHAMOLI	0	1	11	17	0	17	3	1	2	0
4	CHAMPAWAT	0	1	4	13	4	9	1	2	1	3
5	DEHRADUN	1	37	131	559	174	385	170	47	150	8
6	HARIDWAR	1	53	82	491	268	223	141	59	147	8
7	NAINITAL	0	11	33	160	63	97	20	13	41	3
8	PAURI GARHWAL	0	4	12	25	7	18	6	5	21	0
9	PITHORAGARH	0	4	13	12	0	12	1	7	2	0
10	RUDRA PRAYAG	0	0	3	11	2	9	3	0	0	0
11	TEHRI GARHWAL	0	5	19	27	2	25	14	4	8	0
12	UDHAMSINGH NAGAR	0	23	78	250	202	48	124	29	75	7
13	UTTARKASHI	0	0	12	18	1	17	13	3	3	0
TOTAL		2	144	423	1622	726	896	509	171	463	31
WEST BENGAL											
1	24 PARGANAS NORTH	329	43	19	1452	257	1195	579	184	239	12
2	24 PARGANAS SOUTH	236	35	11	1773	229	1544	1115	30	217	3
3	ASANSOL	29	3	4	222	120	102	27	7	45	0

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
45	KHIRI	5	353	48	74	29	88	0	194	1024	2768
46	KUSHI NAGAR	2	118	14	8	6	24	0	37	562	976
47	LALITPUR	1	7	10	11	14	40	0	25	183	495
48	LUCKNOW	3	57	62	226	340	778	0	490	4696	13707
49	MAHARAJGANJ	0	60	14	12	14	37	0	69	362	807
50	MAHOBA	8	34	17	24	15	30	0	41	231	652
51	MAINPURI	1	202	38	20	9	40	0	149	834	2207
52	MATHURA	0	159	31	64	65	222	0	675	1130	3911
53	MAU	0	134	12	29	44	74	0	65	204	1110
54	MEERUT	0	22	37	73	165	326	0	317	1715	5025
55	MIRZAPUR	0	124	24	16	6	133	0	88	395	1294
56	MORADABAD	0	82	38	117	114	139	0	219	2416	5093
57	MUZAFFARNAGAR	0	9	28	39	74	258	0	185	1519	3892
58	PILIBHIT	0	13	35	90	10	359	0	69	1158	2470
59	PRATAPGARH	16	262	32	52	18	155	0	136	840	2483
60	RAIBAREILLY	2	220	33	43	44	90	0	162	886	2228
61	RAMPUR	7	10	21	46	17	4	0	138	930	2252
62	SAHARANPUR	0	25	23	23	66	153	0	214	1235	2737
63	SANT KABIRNAGAR	2	131	7	5	18	12	0	68	306	823
64	SHAHJAHANPUR	2	181	68	80	25	10	0	229	1041	2640
65	SHRAWASTI	0	54	6	13	2	4	0	47	90	390
66	SIDHARTHANAGAR	0	63	16	30	20	30	0	33	279	765
67	SITAPUR	9	254	77	47	21	110	0	206	1479	3275
68	SONBHADRA	1	105	20	38	37	30	0	124	247	969
69	ST.RAVIDASNAGAR	0	89	11	2	6	16	0	45	83	433
70	SULTANPUR	26	332	12	26	19	43	0	190	552	1902
71	UNNAO	2	134	52	50	26	61	0	56	550	1583
72	VARANASI	2	247	36	14	98	183	0	172	1331	3739
TOTAL		228	11683	2237	2955	3374	8312	0	10102	60242	168996
UTTARAKHAND											
1	ALMORA	2	23	8	5	3	9	0	17	77	252
2	BAGESHWAR	1	4	2	3	4	2	0	3	14	65
3	CHAMOLI	1	10	1	3	0	3	0	7	22	94
4	CHAMPAWAT	0	4	3	0	3	5	0	2	26	79
5	DEHRADUN	2	263	9	24	128	85	0	159	501	2458
6	HARIDWAR	4	506	18	29	122	138	0	185	298	2522
7	NAINITAL	0	13	10	5	26	21	0	71	379	892
8	PAURI GARHWAL	2	20	5	3	6	6	0	11	37	178
9	PITHORAGARH	1	12	3	6	0	11	0	0	76	160
10	RUDRA PRAYAG	0	5	0	0	2	0	0	6	7	37
11	TEHRI GARHWAL	2	16	2	4	8	8	0	0	104	241
12	UDHAMSINGH NAGAR	0	59	11	34	0	51	0	129	684	1749
13	UTTARKASHI	0	2	1	4	4	1	0	0	55	129
TOTAL		15	937	73	120	306	340	0	590	2280	8856
WEST BENGAL											
1	24 PARGANAS NORTH	13	234	67	209	5	1946	0	12	4973	11247
2	24 PARGANAS SOUTH	6	292	53	192	0	2551	1	131	6353	13920
3	ASANSOL	7	94	9	20	0	166	0	86	855	1676

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 & 308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	BANKURA	54	37	6	46	0	46	21	18	3	8
5	BIRBHUM	96	24	31	58	0	58	46	27	19	2
6	BURDWAN	91	69	26	61	0	61	87	28	59	11
7	COOCHBEHAR	57	51	4	141	0	141	108	92	16	1
8	DAKSHIN DINAJPUR	33	109	15	47	0	47	50	36	14	1
9	DARJEELING	48	1	16	47	0	47	46	40	6	5
10	HOOGLY	92	84	32	54	0	54	50	50	0	15
11	HOWRAH	82	11	29	46	0	46	105	89	16	11
12	HOWRAH G.R.P.	5	42	0	0	0	0	3	2	1	5
13	JALPAIGURI	126	134	44	334	0	334	299	239	60	11
14	KHARAGPUR G.R.P.	7	0	1	0	0	0	0	0	0	0
15	KOLKATA	51	77	23	35	0	35	116	92	24	14
16	MALDA	78	129	24	130	0	130	92	57	35	3
17	MURSHIDABAD	134	237	34	308	0	308	194	165	29	8
18	NADIA	102	345	28	178	0	178	216	204	12	15
19	PASCHIM MIDNAPUR	98	40	41	56	0	56	57	57	0	12
20	PURAB MIDNAPUR	63	26	10	60	0	60	118	117	1	13
21	PURULIA	44	0	7	61	0	61	23	23	0	3
22	SEALDAH G.R.P.	10	2	1	2	0	2	6	3	3	0
23	SILIGURI G.R.P.	2	0	2	1	0	1	6	6	0	0
24	UTTAR DINAJPUR	67	98	14	78	0	78	74	60	14	14
	TOTAL	1811	1732	488	2263	0	2263	2332	1907	425	184
A&N ISLANDS											
1	ANDAMAN	8	10	2	12	0	12	16	13	3	0
2	NICOBAR	0	1	0	0	0	0	1	0	1	0
	TOTAL	8	11	2	12	0	12	17	13	4	0
CHANDIGARH											
1	CHANDIGARH	17	28	6	20	0	20	50	42	8	1
	TOTAL	17	28	6	20	0	20	50	42	8	1
D&N HAVELI											
1	D&N HAVELI	9	2	0	6	0	6	17	11	6	1
	TOTAL	9	2	0	6	0	6	17	11	6	1
DAMAN & DIU											
1	DAMAN	2	1	0	0	0	0	2	0	2	2
2	DIU	0	1	0	0	0	0	2	1	1	0
	TOTAL	2	2	0	0	0	0	4	1	3	2
DELHI UT											
1	CAW	0	0	0	0	0	0	0	0	0	0
2	CENTRAL	34	33	4	30	0	30	84	61	23	0
3	CRIME BRANCH	1	1	0	0	0	0	0	0	0	0
4	EAST	49	51	1	73	0	73	191	125	66	5
5	EOW	0	0	0	0	0	0	0	0	0	0
6	GRP(RLY)	6	0	0	0	0	0	6	5	1	1
7	IGI AIRPORT	1	1	0	0	0	0	1	0	1	0
8	NEW DELHI	9	3	1	3	0	3	19	14	5	0
9	NORTH	25	18	7	20	0	20	80	61	19	2
10	NORTH-EAST	92	50	12	32	0	32	210	169	41	0
11	NORTH-WEST	54	48	2	59	0	59	137	103	34	3
12	OUTER	77	53	14	59	0	59	355	252	103	7
13	SOUTH	37	18	5	37	0	37	70	51	19	1
14	SOUTH-EAST	66	37	6	61	0	61	182	123	59	1
15	SOUTH-WEST	57	36	6	38	0	38	87	66	21	2

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 –382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
4	BANKURA	20	22	9	183	20	163	126	15	28	0
5	BIRBHUM	23	30	3	361	77	284	372	7	50	3
6	BURDWAN	59	29	6	519	118	401	333	7	152	4
7	COOCHBEHAR	3	4	15	193	37	156	139	13	28	7
8	DAKSHIN DINAJPUR	4	9	2	132	24	108	19	12	12	4
9	DARJEELING	23	14	5	543	110	433	73	43	27	3
10	HOOGLHY	34	52	26	652	103	549	376	15	20	4
11	HOWRAH	34	25	11	874	226	648	236	39	242	4
12	HOWRAH G.R.P.	5	1	0	521	0	521	3	2	8	1
13	JALPAIGURI	0	76	135	2879	176	2703	129	143	93	5
14	KHARAGPUR G.R.P.	8	1	0	102	0	102	3	0	0	0
15	KOLKATA	45	86	138	3365	546	2819	211	246	1273	35
16	MALDA	16	16	8	310	134	176	36	9	50	13
17	MURSHIDABAD	75	30	11	522	138	384	282	16	111	9
18	NADIA	37	34	13	1237	93	1144	319	21	180	13
19	PASCHIM MIDNAPUR	37	28	16	286	41	245	230	38	36	14
20	PURAB MIDNAPUR	11	18	16	389	72	317	600	6	74	3
21	PURULIA	9	27	3	263	19	244	120	5	28	0
22	SEALDAH G.R.P.	6	7	0	147	0	147	14	4	4	1
23	SILIGURI G.R.P.	0	2	1	96	0	96	3	0	1	0
24	UTTAR DINAJPUR	12	21	10	313	53	260	80	14	20	10
TOTAL		1055	613	462	17334	2593	14741	5425	876	2938	148
A&N ISLANDS											
1	ANDAMAN	0	14	72	125	11	114	16	12	19	1
2	NICOBAR	0	0	6	3	0	3	0	0	0	0
TOTAL		0	14	78	128	11	117	16	12	19	1
CHANDIGARH											
1	CHANDIGARH	4	23	257	1991	1094	897	85	37	213	0
TOTAL		4	23	257	1991	1094	897	85	37	213	0
D&N HAVELI											
1	D&N HAVELI	0	0	49	54	18	36	24	10	24	1
TOTAL		0	0	49	54	18	36	24	10	24	1
DAMAN & DIU											
1	DAMAN	0	3	36	41	24	17	29	3	2	0
2	DIU	0	1	9	8	7	1	6	1	0	1
TOTAL		0	4	45	49	31	18	35	4	2	1
DELHI UT											
1	CAW	0	0	0	0	0	0	0	0	0	0
2	CENTRAL	6	33	92	1392	792	600	2	32	144	2
3	CRIME BRANCH	0	0	0	1	0	1	0	0	14	1
4	EAST	13	74	180	2471	1490	981	13	34	137	4
5	EOW	0	0	0	0	0	0	0	8	137	0
6	GRP(RLY)	2	2	1	821	27	794	0	2	11	0
7	IGI AIRPORT	0	3	0	80	37	43	1	3	11	0
8	NEW DELHI	0	14	46	696	244	452	11	12	146	7
9	NORTH	3	56	75	932	422	510	4	39	138	5
10	NORTH-EAST	5	47	182	1518	995	523	7	31	71	1
11	NORTH-WEST	11	85	250	1760	1143	617	2	18	76	0
12	OUTER	7	43	249	1871	1277	594	3	39	111	1
13	SOUTH	23	42	262	1958	1228	730	8	36	159	1
14	SOUTH-EAST	38	66	222	2162	1342	820	9	41	148	6
15	SOUTH-WEST	20	37	136	1113	725	388	7	19	62	4

TABLE-1.14 (Continued)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
4	BANKURA	9	252	20	45	1	170	0	123	265	1460
5	BIRBHUM	11	253	26	67	0	289	0	192	582	2526
6	BURDWAN	5	136	24	107	2	507	0	924	969	4128
7	COOCHBEHAR	2	137	17	148	0	367	0	95	969	2499
8	DAKSHIN DINAJPUR	6	72	8	78	0	206	0	76	656	1551
9	DARJEELING	11	717	5	60	0	135	0	132	292	2246
10	HOOGLHY	10	177	17	19	0	567	0	168	1380	3844
11	HOWRAH	2	58	20	63	0	595	0	391	2609	5487
12	HOWRAH G.R.P.	0	1	0	5	0	0	0	2	62	666
13	JALPAIGURI	0	1493	18	376	0	1062	0	216	5419	12992
14	KHARAGPUR G.R.P.	0	0	0	1	0	0	0	0	16	139
15	KOLKATA	0	1470	12	211	81	405	4	427	4680	13005
16	MALDA	0	75	12	83	0	401	0	0	1313	2798
17	MURSHIDABAD	18	1459	34	184	3	1441	0	258	934	6302
18	NADIA	24	1366	46	296	2	1186	0	277	1312	7247
19	PASCHIM MIDNAPUR	6	194	20	58	0	582	0	2	1082	2933
20	PURAB MIDNAPUR	0	0	28	45	0	613	0	272	1522	3887
21	PURULIA	3	0	4	63	0	193	0	0	888	1744
22	SEALDAH G.R.P.	0	17	0	1	0	0	0	0	35	257
23	SILIGURI G.R.P.	0	0	0	2	0	1	0	0	18	135
24	UTTAR DINAJPUR	17	536	11	63	0	280	0	5	993	2730
TOTAL		150	9033	451	2396	94	13663	5	3789	38177	105419
A&N ISLANDS											
1	ANDAMAN	15	105	2	24	3	25	0	4	374	859
2	NICOBAR	0	2	0	0	0	1	0	0	9	23
TOTAL		15	107	2	24	3	26	0	4	383	882
CHANDIGARH											
1	CHANDIGARH	2	73	3	19	2	49	0	11	1040	3931
TOTAL		2	73	3	19	2	49	0	11	1040	3931
D&N HAVELI											
1	D&N HAVELI	6	26	0	4	0	4	0	10	154	401
TOTAL		6	26	0	4	0	4	0	10	154	401
DAMAN & DIU											
1	DAMAN	2	11	0	2	0	0	0	33	23	192
2	DIU	1	1	0	0	1	5	0	6	13	56
TOTAL		3	12	0	2	1	5	0	39	36	248
DELHI UT											
1	CAW	0	1	0	1	0	104	0	0	1	107
2	CENTRAL	0	208	6	38	12	81	0	12	855	3100
3	CRIME BRANCH	0	0	0	0	0	0	0	0	12	30
4	EAST	5	217	21	93	14	184	0	168	1542	5540
5	EOW	0	0	0	0	2	0	0	0	23	170
6	GRP(RLY)	1	15	1	1	0	1	0	0	80	951
7	IGI AIRPORT	0	1	0	2	0	0	0	3	423	530
8	NEW DELHI	2	41	1	18	3	9	0	1	817	1859
9	NORTH	2	109	4	35	9	79	0	13	1458	3113
10	NORTH-EAST	6	302	17	77	23	172	0	170	1489	4514
11	NORTH-WEST	5	173	12	48	8	82	0	17	1354	4204
12	OUTER	2	212	21	48	5	162	0	25	1873	5237
13	SOUTH	3	103	8	52	16	76	0	21	1885	4821
14	SOUTH-EAST	5	181	15	82	25	156	0	253	2142	5904
15	SOUTH-WEST	4	131	9	39	7	109	0	24	1998	3945

TABLE-1.14 (Continued)

Sl. No	State/District	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 &308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
16	STF	0	10	0	0	0	0	0	0	0	0
17	WEST	46	30	8	54	0	54	145	106	39	2
TOTAL		554	389	66	466	0	466	1567	1136	431	24
LAKSHADWEEP											
1	LAKSHADWEEP	1	0	0	2	0	2	1	1	0	0
TOTAL		1	0	0	2	0	2	1	1	0	0
PUDUCHERRY											
1	KARAIKAL	5	6	0	1	0	1	2	1	1	0
2	PUDUCHERRY	30	29	3	7	0	7	15	8	7	10
TOTAL		35	35	3	8	0	8	17	9	8	10
TOTAL (ALL-INDIA)		32766	28598	3863	21467	0	21467	30261	22939	7322	4530

TABLE-1.14 (Continued)

Sl. No.	State/District	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 –382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
16	STF	1	0	0	0	0	0	0	0	10	5
17	WEST	5	39	231	2092	1298	794	4	41	118	4
	TOTAL	134	541	1926	18867	11020	7847	71	355	1493	41
LAKSHADWEEP											
1	LAKSHADWEEP	0	0	3	8	1	7	12	0	0	0
	TOTAL	0	0	3	8	1	7	12	0	0	0
PUDUCHERRY											
1	KARAIKAL	0	0	14	71	37	34	36	0	5	0
2	PUDUCHERRY	3	10	76	617	406	211	129	13	48	2
	TOTAL	3	10	90	688	443	245	165	13	53	2
TOTAL (ALL-INDIA)		3217	20522	93742	316761	120032	196729	66018	16487	66579	2991

TABLE-1.14 (Concluded)

Sl. No.	State/District	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323-333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importation of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
16	STF	0	0	0	0	0	0	0	0	13	39
17	WEST	6	242	14	77	6	172	0	19	1931	5286
	TOTAL	41	1936	129	611	130	1387	0	726	17896	49350
LAKSHADWEEP											
1	LAKSHADWEEP	2	12	0	0	0	1	0	0	53	95
	TOTAL	2	12	0	0	0	1	0	0	53	95
PUDUCHERRY											
1	KARAIKAL	1	176	0	25	4	2	0	44	335	727
2	PUDUCHERRY	8	697	2	40	17	10	0	163	2333	4262
	TOTAL	9	873	2	65	21	12	0	207	2668	4989
TOTAL (ALL-INDIA)		9249	284969	8172	40413	12214	81344	67	92186	856963	2093379

TABLE – 1.15
City-wise Incidence of Cognizable Crime (IPC) During 2008

Sl. No.	State/City	Murder (Sec.302 & 303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amoun-ting To Murder (Sec.304 &308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ANDHRA PRADESH											
1	CYBERABAD	197	66	3	80	0	80	141	101	40	7
2	HYDERABAD	122	126	5	62	0	62	140	77	63	10
3	VIJAYAWADA	34	58	1	30	0	30	49	36	13	1
4	VISHAKHAPATNAM	32	36	1	29	0	29	34	26	8	3
ASSAM											
1	GUWAHATI	50	18	16	59	0	59	167	97	70	20
BIHAR											
1	PATNA	146	68	9	25	0	25	230	51	179	34
CHHATTISGARH											
1	DURG	44	22	3	44	0	44	9	8	1	0
2	RAIPUR	38	48	1	35	0	35	21	18	3	1
GUJARAT											
1	AHMEDABAD	85	60	0	44	0	44	172	137	35	14
2	BHAVNAGAR	10	10	1	1	0	1	16	13	3	2
3	RAJKOT	37	33	1	12	0	12	54	40	14	9
4	SURAT	97	42	3	28	0	28	131	79	52	24
5	VADODARA	20	32	3	7	0	7	34	30	4	9
HARYANA											
1	FARIDABAD	59	24	5	46	0	46	109	94	15	4
JHARKHAND											
1	DHANBAD	26	12	4	17	0	17	21	18	3	12
2	JAMSHEDPUR	65	81	9	17	0	17	33	12	21	13
KARNATAKA											
1	BENGALURU	253	297	8	54	0	54	159	2	157	88
2	BELGAUM	12	15	0	0	0	0	52	41	11	3
3	GULBARGA	15	23	0	2	0	2	10	6	4	0
4	HUBLI DHARWAD	21	26	0	3	0	3	15	10	5	8
5	MYSORE	26	30	2	23	0	23	30	22	8	1
KERALA											
1	KOCHI	9	11	3	12	0	12	12	7	5	1
2	KOZHICODE	6	16	1	15	0	15	12	4	8	9
3	TVPM CITY	10	22	2	20	0	20	18	6	12	1
MADHYA PRADESH											
1	BHOPAL	43	60	15	80	0	80	38	33	5	2
2	INDORE	97	164	2	71	0	71	49	36	13	4
3	JABALPUR	34	81	0	72	0	72	35	20	15	1
MAHARASHTRA											
1	AMRAVATI	18	30	1	22	0	22	10	9	1	4
2	AURANGABAD	39	38	0	21	0	21	38	30	8	2
3	MUMBAI	210	132	0	218	0	218	189	116	73	35
4	NAGPUR	100	57	4	53	0	53	43	28	15	14
5	NASIK	43	31	0	14	0	14	34	21	13	22
6	NAVI MUMBAI	61	39	0	12	0	12	26	14	12	20

TABLE-1.15 (Continued)
City-Wise Incidence of Cognizable Crimes (IPC) During 2008

Sl. No.	State/City	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 -382 IPC)			Riots Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
ANDHRA PRADESH											
1	CYBERABAD	0	81	1319	3081	1202	1879	74	103	1183	6
2	HYDERABAD	0	115	1143	5200	2106	3094	143	143	1875	42
3	VIJAYAWADA	0	24	189	1176	321	855	8	52	326	13
4	VISHAKHAPATNAM	0	28	263	1045	343	702	14	31	267	21
ASSAM											
1	GUWAHATI	42	77	564	1129	987	142	74	125	147	22
BIHAR											
1	PATNA	0	265	554	1082	852	230	202	41	233	5
CHHATTISGARH											
1	DURG	1	31	329	590	286	304	31	8	44	6
2	RAIPUR	5	46	408	1006	538	468	78	31	99	17
GUJARAT											
1	AHMEDABAD	2	538	778	5485	3239	2246	168	223	200	14
2	BHAVNAGAR	0	17	78	483	247	236	34	12	43	8
3	RAJKOT	0	68	320	1394	784	610	140	71	85	14
4	SURAT	4	146	544	3049	1939	1110	165	39	178	29
5	VADODARA	2	23	366	1415	827	588	123	20	119	6
HARYANA											
1	FARIDABAD	51	32	276	945	691	254	145	138	32	2
JHARKHAND											
1	DHANBAD	1	16	106	281	136	145	47	8	24	1
2	JAMSHEDPUR	2	51	107	782	300	482	30	32	107	2
KARNATAKA											
1	BENGALURU	203	702	1787	9681	5605	4076	348	190	2025	49
2	BELGAUM	5	15	194	338	118	220	424	16	110	5
3	GULBARGA	0	45	92	102	64	38	50	4	39	0
4	HUBLI DHARWAD	1	78	153	422	245	177	90	7	135	5
5	MYSORE	6	92	194	630	416	214	88	10	92	1
KERALA											
1	KOCHI	0	31	114	312	95	217	141	14	224	0
2	KOZHIKODE	17	100	214	295	129	166	410	20	169	1
3	TVPM CITY	87	57	233	494	211	283	426	52	330	3
MADHYA PRADESH											
1	BHOPAL	5	221	861	2381	1290	1091	92	27	112	6
2	INDORE	7	323	1094	4208	3154	1054	129	35	88	4
3	JABALPUR	3	123	309	823	125	698	84	9	65	5
MAHARASHTRA											
1	AMRAVATI	1	35	228	633	133	500	89	26	50	8
2	AURANGABAD	11	71	245	975	355	620	241	25	128	3
3	MUMBAI	27	328	2846	12972	4068	8904	377	481	2025	124
4	NAGPUR	41	321	941	2062	871	1191	258	77	336	21
5	NASIK	2	78	523	1353	668	685	186	28	166	11
6	NAVI MUMBAI	20	118	430	1722	918	804	194	58	199	8

TABLE-1.15 (Continued)
City-Wise Incidence of Cognizable Crimes (IPC) During 2008

Sl. No.	State/City	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323- 333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Moles- tation (Sec. 354 IPC)	Sexual Harass- ment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importa- tion of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
ANDHRA PRADESH											
1	CYBERABAD	42	3321	59	130	833	884	0	1166	1397	14173
2	HYDERABAD	44	4244	41	231	148	1184	0	482	3067	18567
3	VIJAYAWADA	23	1482	9	104	252	395	0	291	610	5127
4	VISHAKHAPATNAM	10	412	13	87	2	488	0	313	1886	5015
ASSAM											
1	GUWAHATI	15	345	5	169	0	216	0	135	3768	7163
BIHAR											
1	PATNA	2	80	28	9	1	126	0	256	5618	9014
CHHATTISGARH											
1	DURG	17	194	5	90	8	77	0	153	2106	3812
2	RAIPUR	11	990	4	59	25	75	0	164	1816	4978
GUJARAT											
1	AHMEDABAD	1	1335	1	78	19	1185	0	242	7900	18544
2	BHAVNAGAR	1	37	0	17	19	85	0	0	1611	2485
3	RAJKOT	12	417	1	30	19	312	0	128	2368	5525
4	SURAT	10	856	11	54	2	472	0	382	4475	10741
5	VADODARA	5	283	0	16	3	268	0	159	2473	5386
HARYANA											
1	FARIDABAD	7	191	21	23	97	173	0	12	2124	4516
JHARKHAND											
1	DHANBAD	1	110	16	13	0	16	0	0	570	1302
2	JAMSHEDPUR	10	36	11	16	5	62	0	4	1210	2685
KARNATAKA											
1	BENGALURU	10	2497	52	179	1	307	0	126	10648	29664
2	BELGAUM	23	933	7	160	7	205	0	29	2967	5520
3	GULBARGA	7	159	4	5	0	41	0	4	94	696
4	HUBLI DHARWAD	8	168	1	16	1	44	0	9	1088	2299
5	MYSORE	0	297	4	28	0	151	0	0	1381	3086
KERALA											
1	KOCHI	3	355	1	59	5	87	0	0	6562	7956
2	KOZHIKODE	10	578	3	72	10	165	0	2	2041	4166
3	TVPM CITY	12	716	1	128	7	115	0	3	2279	5016
MADHYA PRADESH											
1	BHOPAL	21	1203	21	160	34	149	0	188	5796	11515
2	INDORE	45	1287	25	231	45	290	0	264	6968	15430
3	JABALPUR	9	1075	27	175	35	95	0	95	1973	5128
MAHARASHTRA											
1	AMRAVATI	4	358	4	41	10	85	0	78	704	2439
2	AURANGABAD	11	473	4	51	16	138	0	131	791	3452
3	MUMBAI	22	4155	11	436	121	502	0	709	6850	32770
4	NAGPUR	16	773	7	91	71	237	0	269	2869	8661
5	NASIK	10	276	5	42	10	141	0	293	545	3813
6	NAVI MUMBAI	5	443	1	31	11	72	0	376	840	4686

TABLE – 1.15 (Continued)

Sl. No.	State/City	Murder (Sec.302 &303 IPC)	Attempt To Commit Murder (Sec.307 IPC)	C.H. Not Amounting To Murder (Sec.304 &308 IPC)	Rape (Sec.376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dacoity (Sec.395 to 398 IPC)
					Total	Custodial	Other	Total	Of Women & Girls	Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
7	PUNE	137	141	5	92	0	92	110	80	30	37
8	SOLAPUR	17	15	1	24	0	24	12	8	4	3
9	THANE	99	76	2	74	0	74	103	72	31	20
PUNJAB											
1	AMRITSAR	46	71	9	15	0	15	54	44	10	1
2	JALANDHAR	13	42	8	16	0	16	58	49	9	1
3	LUDHIANA	65	66	10	44	0	44	110	76	34	5
RAJASTHAN											
1	AJMER	15	11	0	13	0	13	25	25	0	1
2	BHARATPUR	14	7	0	6	0	6	23	21	2	1
3	BIKANER	6	23	0	7	0	7	19	19	0	1
4	JAIPUR	46	89	3	60	0	60	185	174	11	6
5	JODHPUR	13	56	3	19	0	19	43	35	8	1
6	KOTA	36	132	6	24	0	24	66	55	11	4
7	UDAIPUR	10	31	1	19	0	19	52	35	17	1
TAMIL NADU											
1	CHENNAI	100	130	0	35	0	35	43	32	11	5
2	CHENNAI SUBURBAN	74	76	0	21	0	21	29	24	5	0
3	COIMBATORE	20	28	0	9	0	9	17	7	10	1
4	MADURAI	39	38	0	4	0	4	24	14	10	1
5	SALEM	29	40	0	22	0	22	32	27	5	1
6	THIRUNELVELI	20	45	0	8	0	8	16	12	4	1
7	TRICHY	13	30	2	2	0	2	10	4	6	1
UTTAR PRADESH											
1	AGRA	52	74	26	22	0	22	161	134	27	7
2	ALIGARH	72	65	14	21	0	21	46	34	12	1
3	ALLAHABAD	43	37	9	5	0	5	58	47	11	2
4	BAREILLY	45	55	9	9	0	9	56	49	7	1
5	GORAKHPUR	53	26	25	32	0	32	104	81	23	1
6	KANPUR	168	114	39	72	0	72	296	227	69	24
7	LUCKNOW	95	127	27	41	0	41	309	266	43	13
8	MEERUT	54	68	9	19	0	19	84	63	21	1
9	MORADABAD	37	26	12	10	0	10	62	56	6	0
10	VARANASI	41	35	12	8	0	8	48	31	17	1
WEST BENGAL											
1	ASANSOL	40	13	10	20	0	20	18	12	6	1
2	KOLKATA	51	77	23	35	0	35	116	92	24	14
DELHI UT											
1	DELHI (CITY)	451	343	42	396	0	396	1317	948	369	17

TABLE-1.15 (Continued)

Sl. No.	State/City	Preparation & Assembly for Dacoity (Sec. 399 – 402 IPC)	Robbery (Sec. 392 – 394, 397 & 398 IPC)	Burglary (Sec. 449 – 452, 454, 455, 457 – 460 IPC)	Theft (Sec. 379 -382 IPC)			Riots (Sec. 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach of Trust (Sec. 406 – 409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter-Feiting (Sec. 231-254, 489A-489D IPC)
					Total	Auto theft	Other theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
7	PUNE	39	379	1395	5509	3262	2247	530	82	600	30
8	SOLAPUR	3	32	119	464	212	252	57	11	97	4
9	THANE	19	132	1210	2514	1157	1357	381	121	592	39
PUNJAB											
1	AMRITSAR	25	21	142	466	211	255	0	20	321	6
2	JALANDHAR	0	6	178	414	229	185	0	4	210	1
3	LUDHIANA	18	16	203	537	289	248	0	20	268	4
RAJASTHAN											
1	AJMER	0	15	130	247	125	122	15	10	277	5
2	BHARATPUR	2	9	14	284	187	97	2	3	188	1
3	BIKANER	0	9	51	98	40	58	0	5	196	0
4	JAIPUR	10	182	687	4816	3278	1538	243	220	2012	11
5	JODHPUR	1	32	141	759	511	248	22	23	460	1
6	KOTA	3	75	166	946	703	243	2	23	363	1
7	UDAIPUR	1	29	61	352	190	162	51	7	310	0
TAMIL NADU											
1	CHENNAI	0	41	322	1545	269	1276	55	5	293	135
2	CHENNAI SUBURBAN	0	16	228	563	117	446	48	7	66	2
3	COIMBATORE	0	11	78	621	166	455	24	11	93	168
4	MADURAI	0	8	65	532	174	358	19	3	117	26
5	SALEM	0	18	45	263	132	131	40	12	71	11
6	THIRUNELVELI	0	15	41	239	47	192	4	0	27	0
7	TRICHY	1	6	59	444	84	360	10	0	54	7
UTTAR PRADESH											
1	AGRA	1	37	176	1551	1132	419	155	111	262	34
2	ALIGARH	3	30	67	321	175	146	93	55	127	3
3	ALLAHABAD	0	36	122	464	307	157	68	64	148	18
4	BAREILLY	0	17	84	370	226	144	65	65	165	2
5	GORAKHPUR	1	34	91	379	249	130	79	57	152	7
6	KANPUR	4	144	279	1293	821	472	220	328	645	24
7	LUCKNOW	1	143	730	2850	1525	1325	354	543	1041	20
8	MEERUT	0	53	75	607	309	298	43	65	171	20
9	MORADABAD	1	9	62	368	221	147	23	37	82	3
10	VARANASI	1	18	148	827	632	195	56	104	198	24
WEST BENGAL											
1	ASANSOL	29	3	4	222	120	102	27	7	45	0
2	KOLKATA	45	86	138	3365	546	2819	211	246	1273	35
DELHI UT											
1	DELHI (CITY)	116	493	1721	17528	10256	7272	60	317	1377	36

TABLE-1.15 (Concluded)

Sl. No.	State/City	Arson (Sec. 435,436, 438 IPC)	Hurt (Sec. 323- 333, 335-338 IPC)	Dowry Death (Sec. 304B IPC)	Moles- tation (Sec. 354 IPC)	Sexual Harass- ment (Sec. 509 IPC)	Cruelty by Husband & Relatives (Sec. 498A IPC)	Importa- tion of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crime	Total Cog. Crime Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
7	PUNE	21	1328	7	113	73	273	0	642	2924	14467
8	SOLAPUR	2	192	0	17	3	66	0	97	448	1684
9	THANE	20	1393	12	149	46	384	0	390	1703	9479
PUNJAB											
1	AMRITSAR	5	245	6	25	11	66	0	99	673	2327
2	JALANDHAR	6	172	2	16	0	51	0	63	355	1616
3	LUDHIANA	2	250	9	36	21	88	0	211	864	2847
RAJASTHAN											
1	AJMER	1	22	7	10	0	184	0	74	752	1814
2	BHARATPUR	1	0	2	5	0	20	0	48	246	876
3	BIKANER	4	187	8	21	0	128	0	47	994	1804
4	JAIPUR	23	797	20	106	2	451	0	512	4926	15407
5	JODHPUR	5	561	10	25	1	212	0	112	716	3216
6	KOTA	9	97	10	40	1	307	0	118	1479	3908
7	UDAIPUR	5	239	1	19	0	5	0	91	775	2060
TAMIL NADU											
1	CHENNAI	0	726	25	46	67	165	0	613	7478	11829
2	CHENNAI SUBURBAN	1	437	28	42	42	41	0	247	1489	3457
3	COIMBATORE	4	240	6	29	7	62	0	307	2444	4180
4	MADURAI	5	91	5	11	2	42	0	139	1299	2470
5	SALEM	1	378	7	16	11	33	0	133	1150	2313
6	THIRUNELVELI	1	112	2	7	49	7	0	87	893	1574
7	TRICHY	2	68	5	7	37	25	0	141	2349	3273
UTTAR PRADESH											
1	AGRA	4	270	38	62	91	240	0	210	1242	4826
2	ALIGARH	5	167	26	13	26	95	0	138	497	1885
3	ALLAHABAD	0	26	12	11	37	107	0	76	725	2068
4	BAREILLY	0	150	17	30	63	83	0	16	690	1992
5	GORAKHPUR	0	235	31	27	36	151	0	181	393	2095
6	KANPUR	7	505	86	136	578	632	0	127	3164	8885
7	LUCKNOW	0	32	37	147	328	647	0	392	3858	11735
8	MEERUT	0	11	14	51	101	163	0	151	1005	2765
9	MORADABAD	0	29	5	15	56	42	0	79	820	1778
10	VARANASI	0	97	24	11	83	103	0	88	807	2734
WEST BENGAL											
1	ASANSOL	7	94	9	20	0	166	0	86	855	1676
2	KOLKATA	0	1470	12	211	81	405	4	427	4680	13005
DELHI UT											
1	DELHI (CITY)	36	1753	110	553	123	1310	0	696	15778	44573

TABLE-1.16
Incidence & Rate of Cognizable Crimes Under Special And Local Laws(SLL)
Under Different Crime Heads And Percentage Changes During 2008

Sl. No.	Crime Head	1998	2003	2004	2005@@	2006	2007
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	ARMS ACT	63566 (6.5)	72804 (6.8)	74482 (6.9)	74270 (6.7)	76562 (6.8)	74066 (6.5)
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	18270 (1.9)	27913 (2.6)	27608 (2.5)	29421 (2.7)	31044 (2.8)	29831 (2.6)
3	GAMBLING ACT	112303 (11.6)	175298 (16.4)	190682 (17.6)	189523 (17.2)	173930 (15.5)	184972 (16.3)
4	EXCISE ACT	113102 (11.6)	137513 (12.9)	147854 (13.6)	150604 (13.7)	146973 (13.1)	143311 (12.6)
5	PROHIBITION ACT	540160 (55.6)	467216 (43.7)	378919 (34.9)	326190 (29.6)	315883 (28.2)	344356 (30.3)
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	4923 (0.5)	3864 (0.4)	4248 (0.4)	4254 (0.4)	4067 (0.4)	4019 (0.4)
7	IMMORAL TRAFFIC (P) ACT	8695 (0.9)	5510 (0.5)	5748 (0.5)	5908 (0.5)	4541 (0.4)	3568 (0.3)
8	INDIAN RAILWAYS ACT	40111 (4.1)	40861 (3.8)	21444 (2.0)	224 (0.0)	189 (0.0)	186 (0.0)
9	REGISTRATION OF FOREIGNERS ACT	1230 (0.1)	1315 (0.1)	1194 (0.1)	1951 (0.2)	2133 (0.2)	2117 (0.2)
10	PROTECTION OF CIVIL RIGHTS ACT	1219 (0.1)	671 (0.1)	375 (0.0)	453 (0.0)	454 (0.0)	211 (0.0)
	(I) PCR ACT FOR SCs	*	634 (0.1)	364 (0.0)	291 (0.0)	405 (0.0)	206 (0.0)
	(ii) PCR ACT FOR STs	*	37 (0.0)	11 (0.0)	162 (0.0)	49 (0.0)	5 (0.0)
11	INDIAN PASSPORT ACT	396 (0.0)	555 (0.1)	807 (0.1)	1120 (0.1)	940 (0.1)	984 (0.1)
12	ESSENTIAL COMMODITIES ACT	5675 (0.6)	4201 (0.4)	4871 (0.4)	7216 (0.7)	8319 (0.7)	7965 (0.7)
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0 (0.0)	85 (0.0)	66 (0.0)	54 (0.0)	0 (0.0)	0 (0.0)
14	ANTIQUITIES & ART TREASURES ACT	38 (0.0)	37 (0.0)	85 (0.0)	68 (0.0)	31 (0.0)	49 (0.0)
15	DOWRY PROHIBITION ACT	3578 (0.4)	2684 (0.3)	3592 (0.3)	3204 (0.3)	4504 (0.4)	5623 (0.5)
16	CHILD MARRIAGE RESTRAINT ACT	56 (0.0)	63 (0.0)	93 (0.0)	122 (0.0)	99 (0.0)	96 (0.0)
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	190 (0.0)	1043 (0.1)	1378 (0.1)	2917 (0.3)	1562 (0.1)	1200 (0.1)
18	COPYRIGHT ACT	1444 (0.1)	5378 (0.5)	6290 (0.6)	6846 (0.6)	7188 (0.6)	6628 (0.6)
19	SATI PREVENTION ACT	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.0)	0 (0.0)	0 (0.0)
20	SC/ST (PREVENTION OF ATROCITIES) ACT	14622 (1.5)	9388 (0.9)	10066 (0.9)	9780 (0.9)	9813 (0.9)	10923 (1.0)
	(I) PREVENTION OF ATTROCITIES ACT FOR SCs	*	8048 (0.8)	8891 (0.8)	8497 (0.8)	8581 (0.8)	9819 (0.9)
	(ii) PREVENTION OF ATTROCITIES ACT FOR STs	*	1340 (0.1)	1175 (0.1)	1283 (0.1)	1232 (0.1)	1104 (0.1)
21	FOREST ACT	4927 (0.5)	3707 (0.3)	3818 (0.4)	4168 (0.4)	4347 (0.4)	4682 (0.4)
22	OTHER SLL CRIMES	3468783 (357.3)	2818588 (263.9)	3313146 (305.2)	2385441 (216.3)	2431588 (217.1)	2918947 (256.8)
23	TOTAL COGNIZABLE CRIMES UNDER SLL	4403288 (453.5)	3778694 (353.7)	4196766 (386.6)	3203735 (290.5)	3224167 (287.9)	3743734 (329.4)

TABLE-1.16 (Concluded)

Sl. No.	Crime Head	Quinquennial Average (2003-2007) (Q.A)	2008#	Percentage Change In 2008[(+ Increase/(-) Decrease] Over		
				1998	Q.A	2007
(1)	(2)	(9)	(10)	(11)	(9)	(10)
1	ARMS ACT	74437 (6.7)	77016 (6.7)	21.2	3.5	4.0
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	29163 (2.6)	30645 (2.7)	67.7	5.1	2.7
3	GAMBLING ACT	182881 (16.6)	156247 (13.5)	39.1	-14.6	-15.5
4	EXCISE ACT	145251 (13.2)	161685 (14.0)	43.0	11.3	12.8
5	PROHIBITION ACT	366513 (33.3)	361940 (31.4)	-33.0	-1.2	5.1
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	4090 (0.4)	4067 (0.4)	-17.4	-0.6	1.2
7	IMMORAL TRAFFIC (P) ACT	5055 (0.4)	2659 (0.2)	-69.4	-47.4	-25.5
8	INDIAN RAILWAYS ACT	12581 (1.2)	145 (0.0)	-99.6	-98.8	-22.0
9	REGISTRATION OF FOREIGNERS ACT	1742 (0.2)	1524 (0.1)	23.9	-12.5	-28.0
10	PROTECTION OF CIVIL RIGHTS ACT	433 (0.0)	254 (0.0)	-79.2	-41.3	20.4
	(i) PCR ACT FOR SCs	380 (0.0)	248 (0.0)	-	-34.7	20.4
	(ii) PCR ACT FOR STs	53 (0.0)	6 (0.0)	-	-88.6	20.0
11	INDIAN PASSPORT ACT	881 (0.1)	1045 (0.1)	163.9	18.6	6.2
12	ESSENTIAL COMMODITIES ACT	6514 (0.6)	9106 (0.8)	60.5	39.8	14.3
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	41 (0.0)	0 (0.0)	0.0	-100.0	0.0
14	ANTIQUITIES & ART TREASURES ACT	54 (0.0)	34 (0.0)	-10.5	-37.0	-30.6
15	DOWRY PROHIBITION ACT	3921 (0.4)	5555 (0.5)	55.3	41.7	-1.2
16	CHILD MARRIAGE RESTRAINT ACT	95 (0.0)	104 (0.0)	85.7	9.9	8.3
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	1620 (0.1)	1025 (0.1)	439.5	-36.7	-14.6
18	COPYRIGHT ACT	6466 (0.6)	6036 (0.5)	318.0	-6.7	-8.9
19	SATI PREVENTION ACT	0 (0.0)	1 (0.0)	@	400.0	@
20	SC/ST (PREVENTION OF ATROCITIES) ACT	9994 (0.9)	12624 (1.1)	-13.7	26.3	15.6
	(i) PREVENTION OF ATROCITIES ACT FOR SCs	8767 (0.8)	11602 (1.0)	-	32.3	18.2
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	1227 (0.1)	1022 (0.1)	-	-16.7	-7.4
21	FOREST ACT	4144 (0.4)	5090 (0.4)	3.3	22.8	8.7
22	OTHER SLL CRIMES	2773542 (251.9)	3007923 (260.8)	-13.3	8.5	3.0
23	TOTAL COGNIZABLE CRIMES UNDER SLL	3629419 (329.6)	3844725 (333.4)	-12.7	5.9	2.7

1. Figures in brackets indicate rate of crime per lakh of population.

2. *indicates that the Crime Head was not introduced till that year.

3. Rate less than 0.05 is also shown as 0.0.

4. @ Indicates Infinite Variation Because of Division by Zero

5. @@ Variation In SLL Crimes in 2005 Due To Exclusion Of Large Number Of Non-Cognizable Crimes Under SLL By Kolkata City

6. # Andhra Pradesh excluded Motor Vehicle Act (Non-Cognizable) Cases from the year 2008

TABLE-1.17
Percentage Distribution of Cognizable Crimes (SLL)
Under Different Crime Heads(2004-2008)

Sl. No.	Crime Head	2004	2005*	2006	2007	2008#
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	ARMS ACT	1.8	2.3	2.4	2.0	2.0
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	0.7	0.9	1.0	0.8	0.8
3	GAMBLING ACT	4.5	5.9	5.4	4.9	4.1
4	EXCISE ACT	3.5	4.7	4.6	3.8	4.2
5	PROHIBITION ACT	9.0	10.2	9.8	9.2	9.4
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	0.1	0.1	0.1	0.1	0.1
7	IMMORAL TRAFFIC (P) ACT	0.1	0.2	0.1	0.1	0.1
8	INDIAN RAILWAYS ACT	0.5	0.0	0.0	0.0	0.0
9	REGISTRATION OF FOREIGNERS ACT	0.0	0.1	0.1	0.1	0.0
10	PROTECTION OF CIVIL RIGHTS ACT	0.0	0.0	0.0	0.0	0.0
	(I) PCR ACT FOR SCs	0.0	0.0	0.0	0.0	0.0
	(ii) PCR ACT FOR STs	0.0	0.0	0.0	0.0	0.0
11	INDIAN PASSPORT ACT	0.0	0.0	0.0	0.0	0.0
12	ESSENTIAL COMMODITIES ACT	0.1	0.2	0.3	0.2	0.2
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0.0	0.0	0.0	0.0	0.0
14	ANTIQUITIES & ART TREASURES ACT	0.0	0.0	0.0	0.0	0.0
15	DOWRY PROHIBITION ACT	0.1	0.1	0.1	0.2	0.1
16	CHILD MARRIAGE RESTRAINT ACT	0.0	0.0	0.0	0.0	0.0
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	0.0	0.1	0.0	0.0	0.0
18	COPYRIGHT ACT	0.1	0.2	0.2	0.2	0.2
19	SATI PREVENTION ACT	0.0	0.0	0.0	0.0	0.0
20	SC/ST (PREVENTION OF ATROCITIES) ACT	0.2	0.3	0.3	0.3	0.3
	(I) PREVENTION OF ATROCITIES ACT FOR SCs	0.2	0.3	0.3	0.3	0.3
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	0.0	0.0	0.0	0.0	0.0
21	FOREST ACT	0.1	0.1	0.1	0.1	0.1
22	OTHER SLL CRIMES	78.9	74.5	75.4	78.0	78.2
23	TOTAL COGNIZABLE CRIMES UNDER SLL	100.0	100.0	100.0	100.0	100.0

Note: 1. Percentage less than 0.05 is also shown as 0.0.

2. * Variation in SLL Crimes in 2005 Due To Exclusion Of Large Number Of Non-Cognizable Crimes Under SLL By Kolkata City

3. # Andhra Pradesh excluded Motor Vehicle Act (Non-Cognizable) Cases from the year 2008

TABLE-1.18
Incidence (I) & Rate (R) of Cognizable Crimes(SLL) Under
Different Crime Heads in States & UTs During 2008

Sl. No.	State/UT	Arms Act		Narcotic Drugs and Psychotropic Substances Act		Gambling Act		Excise Act	
		I	R	I	R	I	R	I	R
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<i>STATES:</i>									
1	ANDHRA PRADESH	343	0.4	299	0.4	43775	53.1	1933	2.3
2	ARUNACHAL PRADESH	16	1.3	22	1.8	0	0.0	0	0.0
3	ASSAM	329	1.1	198	0.7	114	0.4	62	0.2
4	BIHAR	1809	1.9	283	0.3	152	0.2	1627	1.7
5	CHHATTISGARH	1120	4.7	316	1.3	9071	38.2	13267	55.8
6	GOA	0	0.0	24	1.5	617	37.5	0	0.0
7	GUJARAT	280	0.5	55	0.1	8247	14.6	10	0.0
8	HARYANA	1886	7.9	1311	5.5	5467	22.9	11637	48.7
9	HIMACHAL PRADESH	15	0.2	374	5.7	356	5.4	2587	39.4
10	JAMMU & KASHMIR	362	2.9	197	1.6	152	1.2	383	3.1
11	JHARKHAND	529	1.8	137	0.5	95	0.3	220	0.7
12	KARNATAKA	96	0.2	206	0.4	5073	8.8	6581	11.4
13	KERALA	402	1.2	508	1.5	1975	5.8	0	0.0
14	MADHYA PRADESH	12094	17.4	684	1.0	26284	37.7	24631	35.3
15	MAHARASHTRA	1034	1.0	1700	1.6	12243	11.4	0	0.0
16	MANIPUR	19	0.7	28	1.1	2	0.1	0	0.0
17	MEGHALAYA	32	1.3	10	0.4	32	1.3	17	0.7
18	MIZORAM	28	2.8	27	2.7	54	5.5	0	0.0
19	NAGALAND	103	4.7	86	3.9	1	0.0	51	2.3
20	ORISSA	467	1.2	114	0.3	750	1.9	7225	18.0
21	PUNJAB	899	3.4	5056	18.9	4537	17.0	8462	31.7
22	RAJASTHAN	3811	5.9	1087	1.7	11323	17.4	10386	16.0
23	SIKKIM	1	0.2	12	2.0	0	0.0	0	0.0
24	TAMIL NADU	146	0.2	1967	3.0	12636	19.0	0	0.0
25	TRIPURA	24	0.7	45	1.3	12	0.3	0	0.0
26	UTTAR PRADESH	47725	24.9	14142	7.4	12120	6.3	63185	32.9
27	UTTARAKHAND	1014	10.6	280	2.9	442	4.6	2786	29.2
28	WEST BENGAL	1120	1.3	765	0.9	265	0.3	282	0.3
	TOTAL (STATES)	75704	6.7	29933	2.6	155795	13.8	155332	13.7
<i>UNION TERRITORIES:</i>									
29	A & N ISLANDS	0	0.0	28	6.7	56	13.5	3843	926.0
30	CHANDIGARH	7	0.7	91	8.5	212	19.8	234	21.8
31	D & N HAVELI	3	1.1	0	0.0	3	1.1	1	0.4
32	DAMAN & DIU	0	0.0	0	0.0	6	3.2	0	0.0
33	DELHI	1218	7.1	591	3.4	141	0.8	2275	13.2
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	84	7.8	2	0.2	34	3.1	0	0.0
	TOTAL (UTs)	1312	6.5	712	3.5	452	2.2	6353	31.2
	TOTAL (ALL-INDIA)	77016	6.7	30645	2.7	156247	13.5	161685	14.0

TABLE-1.18
Incidence (I) & Rate (R) of Cognizable Crimes(SLL) Under
Different Crime Heads In Cities During 2008

Sl. No.	City	Arms Act		Narcotic Drugs and Psychotropic Substances Act		Gambling Act		Excise Act	
		I	R	I	R	I	R	I	R
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<i>CITIES:</i>									
36	AGRA	661	50.0	237	17.9	550	41.6	156	11.8
37	AHMEDABAD	30	0.7	7	0.2	921	20.4	0	0.0
38	ALLAHABAD	301	28.7	211	20.1	139	13.2	191	18.2
39	AMRITSAR	44	4.4	399	39.5	168	16.6	435	43.0
40	ASANSOL	41	3.8	0	0.0	3	0.3	0	0.0
41	BENGALURU	28	0.5	27	0.5	199	3.5	451	7.9
42	BHOPAL	869	59.7	86	5.9	1765	121.3	598	41.1
43	CHENNAI	3	0.0	84	1.3	1106	17.2	0	0.0
44	COIMBATORE	4	0.3	93	6.4	171	11.8	0	0.0
45	DELHI (CITY)	1100	8.6	579	4.5	133	1.0	1808	14.1
46	DHANBAD	10	0.9	2	0.2	11	1.0	3	0.3
47	FARIDABAD	295	28.0	38	3.6	416	39.4	2526	239.4
48	HYDERABAD	140	2.5	16	0.3	64	1.2	74	1.3
49	INDORE	878	53.6	20	1.2	1260	76.9	1054	64.3
50	JABALPUR	502	44.9	30	2.7	1222	109.4	1076	96.3
51	JAIPUR	446	19.2	57	2.5	1038	44.7	658	28.3
52	JAMSHEDPUR	52	4.7	4	0.4	27	2.5	36	3.3
53	KANPUR	1513	56.2	872	32.4	368	13.7	1015	37.7
54	KOCHI	15	1.1	156	11.5	46	3.4	0	0.0
55	KOLKATA	126	1.0	89	0.7	10	0.1	108	0.8
56	LUCKNOW	1348	59.5	489	21.6	388	17.1	318	14.0
57	LUDHIANA	188	13.5	143	10.3	538	38.6	356	25.5
58	MADURAI	1	0.1	50	4.2	103	8.6	0	0.0
59	MEERUT	987	84.6	98	8.4	271	23.2	513	44.0
60	MUMBAI	173	1.1	1353	8.3	91	0.6	0	0.0
61	NAGPUR	288	13.6	51	2.4	750	35.3	0	0.0
62	NASIK	10	0.9	5	0.4	33	2.9	0	0.0
63	PATNA	148	8.7	34	2.0	37	2.2	102	6.0
64	PUNE	71	1.9	67	1.8	295	7.9	0	0.0
65	RAJKOT	6	0.6	4	0.4	248	24.8	0	0.0
66	SURAT	37	1.3	3	0.1	303	10.8	0	0.0
67	VADODARA	8	0.5	9	0.6	376	25.2	0	0.0
68	VARANASI	550	45.4	430	35.5	147	12.1	309	25.5
69	VIJAYAWADA	2	0.2	7	0.7	1760	174.1	85	8.4
70	VISHAKHAPATNAM	0	0.0	9	0.7	1473	110.8	3	0.2
TOTAL (CITIES)		10875	10.1	5759	5.3	16430	15.2	11875	11.0

TABLE-1.18 (Continued)

Sl. No.	State/UT	Prohibition Act		Explosives and Explosive Substances Act		Immoral Traffic (Prevention) Act		Indian Railways Act	
		I	R	I	R	I	R	I	R
(1)	(2)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
STATES:									
	ANDHRA PRADESH	1385	1.7	361	0.4	357	0.4	4	0.0
2	ARUNACHAL PRADESH	0	0.0	4	0.3	0	0.0	0	0.0
3	ASSAM	6	0.0	158	0.5	27	0.1	10	0.0
4	BIHAR	6	0.0	144	0.2	39	0.0	3	0.0
5	CHHATTISGARH	0	0.0	254	1.1	4	0.0	2	0.0
6	GOA	0	0.0	0	0.0	14	0.9	3	0.2
7	GUJARAT	163310	288.2	92	0.2	52	0.1	1	0.0
8	HARYANA	0	0.0	29	0.1	77	0.3	7	0.0
9	HIMACHAL PRADESH	0	0.0	2	0.0	1	0.0	0	0.0
10	JAMMU & KASHMIR	0	0.0	92	0.7	4	0.0	0	0.0
11	JHARKHAND	1	0.0	73	0.2	8	0.0	5	0.0
12	KARNATAKA	0	0.0	81	0.1	515	0.9	3	0.0
13	KERALA	10176	29.6	413	1.2	187	0.5	4	0.0
14	MADHYA PRADESH	1	0.0	198	0.3	10	0.0	5	0.0
15	MAHARASHTRA	69412	64.7	71	0.1	327	0.3	19	0.0
16	MANIPUR	0	0.0	21	0.8	0	0.0	0	0.0
17	MEGHALAYA	0	0.0	7	0.3	3	0.1	0	0.0
18	MIZORAM	116	11.8	8	0.8	1	0.1	0	0.0
19	NAGALAND	31	1.4	7	0.3	1	0.0	0	0.0
20	ORISSA	0	0.0	132	0.3	29	0.1	1	0.0
21	PUNJAB	6	0.0	9	0.0	43	0.2	6	0.0
22	RAJASTHAN	0	0.0	393	0.6	72	0.1	15	0.0
23	SIKKIM	0	0.0	12	2.0	0	0.0	0	0.0
24	TAMIL NADU	117410	176.4	284	0.4	687	1.0	9	0.0
25	TRIPURA	0	0.0	5	0.1	0	0.0	0	0.0
26	UTTAR PRADESH	0	0.0	1088	0.6	57	0.0	24	0.0
27	UTTARAKHAND	0	0.0	8	0.1	3	0.0	22	0.2
28	WEST BENGAL	3	0.0	83	0.1	62	0.1	2	0.0
	TOTAL (STATES)	361863	31.9	4029	0.4	2580	0.2	145	0.0
UNION TERRITORIES:									
29	A & N ISLANDS	77	18.6	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	2	0.2	7	0.7	0	0.0
31	D & N HAVELI	0	0.0	1	0.4	3	1.1	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	6	3.2	0	0.0
33	DELHI	0	0.0	33	0.2	60	0.3	0	0.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	2	0.2	3	0.3	0	0.0
	TOTAL (UTs)	77	0.4	38	0.2	79	0.4	0	0.0
	TOTAL (ALL-INDIA)	361940	31.4	4067	0.4	2659	0.2	145	0.0

TABLE-1.18 (Continued)

Sl. No.	City	Prohibition Act		Explosives and Explosive Substances Act		Immoral Traffic (Prevention) Act		Indian Railways Act	
		I	R	I	R	I	R	I	R
(1)	(2)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
<i>CITIES:</i>									
36	AGRA	0	0.0	5	0.4	9	0.7	0	0.0
37	AHMEDABAD	8054	178.2	34	0.8	10	0.2	0	0.0
38	ALLAHABAD	0	0.0	211	20.1	2	0.2	0	0.0
39	AMRITSAR	0	0.0	6	0.6	17	1.7	0	0.0
40	ASANSOL	0	0.0	1	0.1	0	0.0	0	0.0
41	BENGALURU	0	0.0	10	0.2	276	4.9	0	0.0
42	BHOPAL	0	0.0	2	0.1	3	0.2	0	0.0
43	CHENNAI	343	5.3	0	0.0	183	2.8	0	0.0
44	COIMBATORE	36	2.5	1	0.1	43	3.0	0	0.0
45	DELHI (CITY)	0	0.0	23	0.2	59	0.5	0	0.0
46	DHANBAD	0	0.0	0	0.0	0	0.0	0	0.0
47	FARIDABAD	0	0.0	11	1.0	18	1.7	0	0.0
48	HYDERABAD	163	2.9	9	0.2	41	0.7	0	0.0
49	INDORE	0	0.0	1	0.1	0	0.0	0	0.0
50	JABALPUR	0	0.0	28	2.5	0	0.0	0	0.0
51	JAIPUR	0	0.0	16	0.7	30	1.3	0	0.0
52	JAMSHEDPUR	0	0.0	6	0.5	2	0.2	0	0.0
53	KANPUR	0	0.0	91	3.4	0	0.0	0	0.0
54	KOCHI	2285	168.6	4	0.3	29	2.1	0	0.0
55	KOLKATA	0	0.0	6	0.0	28	0.2	1	0.0
56	LUCKNOW	0	0.0	23	1.0	12	0.5	1	0.0
57	LUDHIANA	0	0.0	1	0.1	1	0.1	0	0.0
58	MADURAI	363	30.4	1	0.1	38	3.2	0	0.0
59	MEERUT	0	0.0	5	0.4	1	0.1	1	0.1
60	MUMBAI	135	0.8	3	0.0	167	1.0	0	0.0
61	NAGPUR	2180	102.7	0	0.0	11	0.5	0	0.0
62	NASIK	74	6.4	0	0.0	3	0.3	0	0.0
63	PATNA	0	0.0	8	0.5	4	0.2	0	0.0
64	PUNE	1855	49.4	0	0.0	38	1.0	0	0.0
65	RAJKOT	1824	182.0	0	0.0	8	0.8	0	0.0
66	SURAT	10151	361.1	15	0.5	11	0.4	0	0.0
67	VADODARA	9839	659.5	4	0.3	5	0.3	0	0.0
68	VARANASI	0	0.0	6	0.5	4	0.3	0	0.0
69	VIJAYAWADA	3	0.3	1	0.1	28	2.8	0	0.0
70	VISHAKHAPATNAM	0	0.0	8	0.6	25	1.9	0	0.0
TOTAL (CITIES)		37305	34.6	540	0.5	1106	1.0	3	0.0

TABLE-1.18 (Continued)

Sl. No.	State/UT	Registration of Foreigners Act		PCR Act (Total SC & ST)		PCR Act for SCs	
		I	R	I	R	I	R
(1)	(2)	(19)	(20)	(21)	(22)	(23)	(24)
STATES:							
1	ANDHRA PRADESH	9	0.0	128	0.2	123	0.1
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0
3	ASSAM	2	0.0	0	0.0	0	0.0
4	BIHAR	1	0.0	0	0.0	0	0.0
5	CHHATTISGARH	0	0.0	0	0.0	0	0.0
6	GOA	34	2.1	0	0.0	0	0.0
7	GUJARAT	22	0.0	4	0.0	3	0.0
8	HARYANA	54	0.2	2	0.0	2	0.0
9	HIMACHAL PRADESH	2	0.0	3	0.0	3	0.0
10	JAMMU & KASHMIR	26	0.2	0	0.0	0	0.0
11	JHARKHAND	0	0.0	0	0.0	0	0.0
12	KARNATAKA	43	0.1	18	0.0	18	0.0
13	KERALA	33	0.1	0	0.0	0	0.0
14	MADHYA PRADESH	2	0.0	0	0.0	0	0.0
15	MAHARASHTRA	31	0.0	20	0.0	20	0.0
16	MANIPUR	11	0.4	0	0.0	0	0.0
17	MEGHALAYA	30	1.2	0	0.0	0	0.0
18	MIZORAM	16	1.6	0	0.0	0	0.0
19	NAGALAND	0	0.0	0	0.0	0	0.0
20	ORISSA	0	0.0	0	0.0	0	0.0
21	PUNJAB	0	0.0	0	0.0	0	0.0
22	RAJASTHAN	10	0.0	0	0.0	0	0.0
23	SIKKIM	6	1.0	0	0.0	0	0.0
24	TAMIL NADU	18	0.0	3	0.0	3	0.0
25	TRIPURA	0	0.0	0	0.0	0	0.0
26	UTTAR PRADESH	3	0.0	49	0.0	49	0.0
27	UTTARAKHAND	11	0.1	0	0.0	0	0.0
28	WEST BENGAL	1139	1.3	0	0.0	0	0.0
	TOTAL (STATES)	1503	0.1	227	0.0	221	0.0
UNION TERRITORIES:							
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	4	0.4	0	0.0	0	0.0
31	D & N HAVELI	0	0.0	0	0.0	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	17	0.1	0	0.0	0	0.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	27	2.5	27	2.5
	TOTAL (UTs)	21	0.1	27	0.1	27	0.1
	TOTAL (ALL-INDIA)	1524	0.1	254	0.0	248	0.0

TABLE-1.18 (Continued)

Sl. No.	City	Registration of Foreigners Act		PCR Act (Total SC & ST)		PCR Act for SCs	
		I	R	I	R	I	R
(1)	(2)	(19)	(20)	(21)	(22)	(23)	(24)
CITIES:							
36	AGRA	2	0.2	0	0.0	0	0.0
37	AHMEDABAD	0	0.0	0	0.0	0	0.0
38	ALLAHABAD	0	0.0	0	0.0	0	0.0
39	AMRITSAR	0	0.0	0	0.0	0	0.0
40	ASANSOL	0	0.0	0	0.0	0	0.0
41	BENGALURU	41	0.7	41	0.7	41	0.7
42	BHOPAL	1	0.1	0	0.0	0	0.0
43	CHENNAI	3	0.0	0	0.0	0	0.0
44	COIMBATORE	2	0.1	0	0.0	0	0.0
45	DELHI (CITY)	16	0.1	0	0.0	0	0.0
46	DHANBAD	0	0.0	0	0.0	0	0.0
47	FARIDABAD	3	0.3	0	0.0	0	0.0
48	HYDERABAD	7	0.1	14	0.3	14	0.3
49	INDORE	0	0.0	0	0.0	0	0.0
50	JABALPUR	0	0.0	0	0.0	0	0.0
51	JAIPUR	3	0.1	0	0.0	0	0.0
52	JAMSHEDPUR	0	0.0	0	0.0	0	0.0
53	KANPUR	0	0.0	0	0.0	0	0.0
54	KOCHI	0	0.0	0	0.0	0	0.0
55	KOLKATA	0	0.0	0	0.0	0	0.0
56	LUCKNOW	0	0.0	0	0.0	0	0.0
57	LUDHIANA	0	0.0	0	0.0	0	0.0
58	MADURAI	0	0.0	0	0.0	0	0.0
59	MEERUT	0	0.0	0	0.0	0	0.0
60	MUMBAI	14	0.1	0	0.0	0	0.0
61	NAGPUR	2	0.1	0	0.0	0	0.0
62	NASIK	0	0.0	1	0.1	1	0.1
63	PATNA	0	0.0	0	0.0	0	0.0
64	PUNE	14	0.4	0	0.0	0	0.0
65	RAJKOT	0	0.0	0	0.0	0	0.0
66	SURAT	11	0.4	1	0.0	0	0.0
67	VADODARA	0	0.0	0	0.0	0	0.0
68	VARANASI	0	0.0	0	0.0	0	0.0
69	VIJAYAWADA	0	0.0	0	0.0	0	0.0
70	VISHAKHAPATNAM	1	0.1	0	0.0	0	0.0
TOTAL (CITIES)		120	0.1	57	0.1	56	0.1

TABLE-1.18 (Continued)

Sl. No.	State/UT	PCR Act for STs		Indian Passport Act		Essential Commodities Act	
		I	R	I	R	I	R
(1)	(2)	(25)	(26)	(27)	(28)	(29)	(30)
STATES:							
1	ANDHRA PRADESH	5	0.0	17	0.0	148	0.2
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0
3	ASSAM	0	0.0	54	0.2	38	0.1
4	BIHAR	0	0.0	1	0.0	594	0.6
5	CHHATTISGARH	0	0.0	1	0.0	172	0.7
6	GOA	0	0.0	0	0.0	0	0.0
7	GUJARAT	1	0.0	14	0.0	212	0.4
8	HARYANA	0	0.0	0	0.0	358	1.5
9	HIMACHAL PRADESH	0	0.0	0	0.0	56	0.9
10	JAMMU & KASHMIR	0	0.0	3	0.0	532	4.3
11	JHARKHAND	0	0.0	0	0.0	109	0.4
12	KARNATAKA	0	0.0	21	0.0	438	0.8
13	KERALA	0	0.0	139	0.4	205	0.6
14	MADHYA PRADESH	0	0.0	0	0.0	356	0.5
15	MAHARASHTRA	0	0.0	90	0.1	2499	2.3
16	MANIPUR	0	0.0	0	0.0	4	0.2
17	MEGHALAYA	0	0.0	0	0.0	6	0.2
18	MIZORAM	0	0.0	50	5.1	0	0.0
19	NAGALAND	0	0.0	0	0.0	1	0.0
20	ORISSA	0	0.0	0	0.0	163	0.4
21	PUNJAB	0	0.0	61	0.2	92	0.3
22	RAJASTHAN	0	0.0	5	0.0	300	0.5
23	SIKKIM	0	0.0	0	0.0	1	0.2
24	TAMIL NADU	0	0.0	411	0.6	154	0.2
25	TRIPURA	0	0.0	21	0.6	109	3.1
26	UTTAR PRADESH	0	0.0	14	0.0	2096	1.1
27	UTTARAKHAND	0	0.0	6	0.1	65	0.7
28	WEST BENGAL	0	0.0	99	0.1	182	0.2
	TOTAL (STATES)	6	0.0	1007	0.1	8890	0.8
UNION TERRITORIES:							
29	A & N ISLANDS	0	0.0	0	0.0	3	0.7
30	CHANDIGARH	0	0.0	0	0.0	6	0.6
31	D & N HAVELI	0	0.0	0	0.0	2	0.8
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	0	0.0	38	0.2	152	0.9
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	0	0.0	53	4.9
	TOTAL (UTs)	0	0.0	38	0.2	216	1.1
	TOTAL (ALL-INDIA)	6	0.0	1045	0.1	9106	0.8

TABLE-1.18 (Continued)

Sl. No.	City	PCR Act for STs		Indian Passport Act		Essential Commodities Act	
		I	R	I	R	I	R
(1)	(2)	(25)	(26)	(27)	(28)	(29)	(30)
<i>CITIES:</i>							
36	AGRA	0	0.0	0	0.0	27	2.0
37	AHMEDABAD	0	0.0	0	0.0	13	0.3
38	ALLAHABAD	0	0.0	0	0.0	18	1.7
39	AMRITSAR	0	0.0	25	2.5	9	0.9
40	ASANSOL	0	0.0	0	0.0	1	0.1
41	BENGALURU	0	0.0	13	0.2	43	0.8
42	BHOPAL	0	0.0	0	0.0	12	0.8
43	CHENNAI	0	0.0	12	0.2	1	0.0
44	COIMBATORE	0	0.0	13	0.9	3	0.2
45	DELHI (CITY)	0	0.0	38	0.3	127	1.0
46	DHANBAD	0	0.0	0	0.0	1	0.1
47	FARIDABAD	0	0.0	0	0.0	90	8.5
48	HYDERABAD	0	0.0	12	0.2	0	0.0
49	INDORE	0	0.0	0	0.0	4	0.2
50	JABALPUR	0	0.0	0	0.0	2	0.2
51	JAIPUR	0	0.0	0	0.0	19	0.8
52	JAMSHEDPUR	0	0.0	0	0.0	0	0.0
53	KANPUR	0	0.0	0	0.0	102	3.8
54	KOCHI	0	0.0	0	0.0	9	0.7
55	KOLKATA	0	0.0	0	0.0	29	0.2
56	LUCKNOW	0	0.0	0	0.0	41	1.8
57	LUDHIANA	0	0.0	2	0.1	14	1.0
58	MADURAI	0	0.0	0	0.0	2	0.2
59	MEERUT	0	0.0	0	0.0	2	0.2
60	MUMBAI	0	0.0	24	0.1	123	0.8
61	NAGPUR	0	0.0	1	0.0	127	6.0
62	NASIK	0	0.0	0	0.0	25	2.2
63	PATNA	0	0.0	0	0.0	20	1.2
64	PUNE	0	0.0	3	0.1	76	2.0
65	RAJKOT	0	0.0	0	0.0	4	0.4
66	SURAT	1	0.0	5	0.2	12	0.4
67	VADODARA	0	0.0	0	0.0	1	0.1
68	VARANASI	0	0.0	0	0.0	14	1.2
69	VIJAYAWADA	0	0.0	0	0.0	9	0.9
70	VISHAKHAPATNAM	0	0.0	0	0.0	19	1.4
TOTAL (CITIES)		1	0.0	148	0.1	999	0.9

TABLE-1.18 (Contd...)

Sl. No.	State/UT	Terrorist & Disruptive Activities Act		Antiquities & Art Treasures Act		Dowry Prohibition Act		Child Marriage Restraint Act	
		I	R	I	R	I	R	I	R
(1)	(2)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)
<i>STATES:</i>									
1	ANDHRA PRADESH	0	0.0	16	0.0	1069	1.3	19	0.0
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0	0	0.0
3	ASSAM	0	0.0	1	0.0	11	0.0	1	0.0
4	BIHAR	0	0.0	0	0.0	1288	1.4	8	0.0
5	CHHATTISGARH	0	0.0	1	0.0	14	0.1	5	0.0
6	GOA	0	0.0	0	0.0	0	0.0	1	0.1
7	GUJARAT	0	0.0	0	0.0	0	0.0	23	0.0
8	HARYANA	0	0.0	0	0.0	13	0.1	4	0.0
9	HIMACHAL PRADESH	0	0.0	0	0.0	2	0.0	2	0.0
10	JAMMU & KASHMIR	0	0.0	0	0.0	2	0.0	0	0.0
11	JHARKHAND	0	0.0	0	0.0	435	1.4	0	0.0
12	KARNATAKA	0	0.0	3	0.0	628	1.1	9	0.0
13	KERALA	0	0.0	0	0.0	5	0.0	4	0.0
14	MADHYA PRADESH	0	0.0	0	0.0	32	0.0	2	0.0
15	MAHARASHTRA	0	0.0	2	0.0	49	0.0	5	0.0
16	MANIPUR	0	0.0	0	0.0	0	0.0	0	0.0
17	MEGHALAYA	0	0.0	0	0.0	0	0.0	0	0.0
18	MIZORAM	0	0.0	0	0.0	0	0.0	0	0.0
19	NAGALAND	0	0.0	0	0.0	0	0.0	0	0.0
20	ORISSA	0	0.0	0	0.0	1316	3.3	1	0.0
21	PUNJAB	0	0.0	1	0.0	4	0.0	6	0.0
22	RAJASTHAN	0	0.0	0	0.0	3	0.0	3	0.0
23	SIKKIM	0	0.0	0	0.0	0	0.0	0	0.0
24	TAMIL NADU	0	0.0	0	0.0	262	0.4	4	0.0
25	TRIPURA	0	0.0	0	0.0	1	0.0	0	0.0
26	UTTAR PRADESH	0	0.0	8	0.0	324	0.2	0	0.0
27	UTTARAKHAND	0	0.0	0	0.0	0	0.0	0	0.0
28	WEST BENGAL	0	0.0	0	0.0	68	0.1	6	0.0
	TOTAL (STATES)	0	0.0	32	0.0	5526	0.5	103	0.0
<i>UNION TERRITORIES:</i>									
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	0	0.0	1	0.1	0	0.0
31	D & N HAVELI	0	0.0	0	0.0	0	0.0	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0	0	0.0
33	DELHI	0	0.0	2	0.0	19	0.1	1	0.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	0	0.0	9	0.8	0	0.0
	TOTAL (UTs)	0	0.0	2	0.0	29	0.1	1	0.0
	TOTAL (ALL-INDIA)	0	0.0	34	0.0	5555	0.5	104	0.0

TABLE-1.18 (Contd...)

Sl. No.	State/UT	Terrorist & Disruptive Activities Act		Antiquities & Art Treasures Act		Dowry Prohibition Act		Child Marriage Restraint Act	
		I	R	I	R	I	R	I	R
(1)	(2)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)
<i>CITIES:</i>									
36	AGRA	0	0.0	1	0.1	0	0.0	0	0.0
37	AHMEDABAD	0	0.0	0	0.0	0	0.0	1	0.0
38	ALLAHABAD	0	0.0	0	0.0	5	0.5	0	0.0
39	AMRITSAR	0	0.0	0	0.0	1	0.1	0	0.0
40	ASANSOL	0	0.0	0	0.0	2	0.2	0	0.0
41	BENGALURU	0	0.0	0	0.0	372	6.5	0	0.0
42	BHOPAL	0	0.0	0	0.0	0	0.0	0	0.0
43	CHENNAI	0	0.0	0	0.0	0	0.0	0	0.0
44	COIMBATORE	0	0.0	0	0.0	0	0.0	0	0.0
45	DELHI (CITY)	0	0.0	2	0.0	16	0.1	1	0.0
46	DHANBAD	0	0.0	0	0.0	18	1.7	0	0.0
47	FARIDABAD	0	0.0	0	0.0	4	0.4	0	0.0
48	HYDERABAD	0	0.0	4	0.1	0	0.0	1	0.0
49	INDORE	0	0.0	0	0.0	0	0.0	0	0.0
50	JABALPUR	0	0.0	0	0.0	1	0.1	0	0.0
51	JAIPUR	0	0.0	0	0.0	1	0.0	0	0.0
52	JAMSHEDPUR	0	0.0	0	0.0	36	3.3	0	0.0
53	KANPUR	0	0.0	0	0.0	4	0.1	0	0.0
54	KOCHI	0	0.0	0	0.0	0	0.0	0	0.0
55	KOLKATA	0	0.0	0	0.0	0	0.0	0	0.0
56	LUCKNOW	0	0.0	0	0.0	6	0.3	0	0.0
57	LUDHIANA	0	0.0	0	0.0	0	0.0	0	0.0
58	MADURAI	0	0.0	0	0.0	0	0.0	0	0.0
59	MEERUT	0	0.0	0	0.0	0	0.0	0	0.0
60	MUMBAI	0	0.0	0	0.0	0	0.0	0	0.0
61	NAGPUR	0	0.0	0	0.0	6	0.3	0	0.0
62	NASIK	0	0.0	0	0.0	0	0.0	0	0.0
63	PATNA	0	0.0	0	0.0	36	2.1	6	0.4
64	PUNE	0	0.0	0	0.0	0	0.0	0	0.0
65	RAJKOT	0	0.0	0	0.0	0	0.0	1	0.1
66	SURAT	0	0.0	0	0.0	0	0.0	0	0.0
67	VADODARA	0	0.0	0	0.0	0	0.0	1	0.1
68	VARANASI	0	0.0	0	0.0	3	0.2	0	0.0
69	VIJAYAWADA	0	0.0	0	0.0	0	0.0	0	0.0
70	VISHAKHAPATNAM	0	0.0	0	0.0	0	0.0	0	0.0
TOTAL (CITIES)		0	0.0	7	0.0	511	0.5	11	0.0

TABLE-1.18 (Continued)

Sl. No.	State/UT	Indecent Representation of Women (P) Act		Copyright Act		Sati Prevention Act	
		I	R	I	R	I	R
(1)	(2)	(39)	(40)	(41)	(42)	(43)	(44)
STATES:							
1	ANDHRA PRADESH	889	1.1	586	0.7	0	0.0
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0
3	ASSAM	2	0.0	31	0.1	0	0.0
4	BIHAR	0	0.0	30	0.0	0	0.0
5	CHHATTISGARH	0	0.0	17	0.1	1	0.0
6	GOA	0	0.0	3	0.2	0	0.0
7	GUJARAT	0	0.0	538	0.9	0	0.0
8	HARYANA	0	0.0	164	0.7	0	0.0
9	HIMACHAL PRADESH	0	0.0	47	0.7	0	0.0
10	JAMMU & KASHMIR	0	0.0	3	0.0	0	0.0
11	JHARKHAND	0	0.0	19	0.1	0	0.0
12	KARNATAKA	0	0.0	406	0.7	0	0.0
13	KERALA	19	0.1	637	1.9	0	0.0
14	MADHYA PRADESH	0	0.0	98	0.1	0	0.0
15	MAHARASHTRA	1	0.0	696	0.6	0	0.0
16	MANIPUR	0	0.0	0	0.0	0	0.0
17	MEGHALAYA	0	0.0	0	0.0	0	0.0
18	MIZORAM	0	0.0	0	0.0	0	0.0
19	NAGALAND	0	0.0	0	0.0	0	0.0
20	ORISSA	0	0.0	13	0.0	0	0.0
21	PUNJAB	0	0.0	268	1.0	0	0.0
22	RAJASTHAN	107	0.2	527	0.8	0	0.0
23	SIKKIM	0	0.0	0	0.0	0	0.0
24	TAMIL NADU	4	0.0	1274	1.9	0	0.0
25	TRIPURA	0	0.0	0	0.0	0	0.0
26	UTTAR PRADESH	0	0.0	224	0.1	0	0.0
27	UTTARAKHAND	0	0.0	58	0.6	0	0.0
28	WEST BENGAL	3	0.0	221	0.3	0	0.0
	TOTAL (STATES)	1025	0.1	5860	0.5	1	0.0
UNION TERRITORIES:							
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	9	0.8	0	0.0
31	D & N HAVELI	0	0.0	1	0.4	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	0	0.0	145	0.8	0	0.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	21	1.9	0	0.0
	TOTAL (UTs)	0	0.0	176	0.9	0	0.0
	TOTAL (ALL-INDIA)	1025	0.1	6036	0.5	1	0.0

TABLE-1.18 (Continued)

Sl. No.	City	Indecent Representation of Women (P) Act		Copyright Act		Sati Prevention Act	
		I	R	I	R	I	R
(1)	(2)	(39)	(40)	(41)	(42)	(43)	(44)
CITIES:							
36	AGRA	0	0.0	19	1.4	0	0.0
37	AHMEDABAD	0	0.0	205	4.5	0	0.0
38	ALLAHABAD	0	0.0	4	0.4	0	0.0
39	AMRITSAR	0	0.0	53	5.2	0	0.0
40	ASANSOL	0	0.0	8	0.7	0	0.0
41	BENGALURU	0	0.0	343	6.0	0	0.0
42	BHOPAL	0	0.0	9	0.6	0	0.0
43	CHENNAI	0	0.0	230	3.6	0	0.0
44	COIMBATORE	1	0.1	88	6.1	0	0.0
45	DELHI (CITY)	0	0.0	142	1.1	0	0.0
46	DHANBAD	0	0.0	2	0.2	0	0.0
47	FARIDABAD	0	0.0	25	2.4	0	0.0
48	HYDERABAD	0	0.0	126	2.3	0	0.0
49	INDORE	0	0.0	16	1.0	0	0.0
50	JABALPUR	0	0.0	0	0.0	0	0.0
51	JAIPUR	48	2.1	115	4.9	0	0.0
52	JAMSHEDPUR	0	0.0	5	0.5	0	0.0
53	KANPUR	0	0.0	3	0.1	0	0.0
54	KOCHI	0	0.0	100	7.4	0	0.0
55	KOLKATA	0	0.0	114	0.9	0	0.0
56	LUCKNOW	0	0.0	5	0.2	0	0.0
57	LUDHIANA	0	0.0	34	2.4	0	0.0
58	MADURAI	0	0.0	22	1.8	0	0.0
59	MEERUT	0	0.0	4	0.3	0	0.0
60	MUMBAI	0	0.0	161	1.0	0	0.0
61	NAGPUR	0	0.0	29	1.4	0	0.0
62	NASIK	0	0.0	2	0.2	0	0.0
63	PATNA	0	0.0	0	0.0	0	0.0
64	PUNE	1	0.0	62	1.7	0	0.0
65	RAJKOT	0	0.0	12	1.2	0	0.0
66	SURAT	0	0.0	39	1.4	0	0.0
67	VADODARA	0	0.0	59	4.0	0	0.0
68	VARANASI	0	0.0	0	0.0	0	0.0
69	VIJAYAWADA	0	0.0	19	1.9	0	0.0
70	VISHAKHAPATNAM	0	0.0	37	2.8	0	0.0
TOTAL (CITIES)		50	0.0	2092	1.9	0	0.0

TABLE-1.18 (Continued)

Sl. No.	State/UT	SC/ST (Prev.) of Atrocities Act (Total)		SC/ST (Prev.) of Atrocities Act For SCs		SC/ST (Prev.) of Atrocities Act for STs	
		I	R	I	R	I	R
(1)	(2)	(45)	(46)	(47)	(48)	(49)	(50)
STATES:							
1	ANDHRA PRADESH	1641	2.0	1383	1.7	258	0.3
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0
3	ASSAM	0	0.0	0	0.0	0	0.0
4	BIHAR	2480	2.6	2426	2.6	54	0.1
5	CHHATTISGARH	280	1.2	139	0.6	141	0.6
6	GOA	2	0.1	2	0.1	0	0.0
7	GUJARAT	468	0.8	402	0.7	66	0.1
8	HARYANA	99	0.4	99	0.4	0	0.0
9	HIMACHAL PRADESH	48	0.7	48	0.7	0	0.0
10	JAMMU & KASHMIR	0	0.0	0	0.0	0	0.0
11	JHARKHAND	376	1.2	272	0.9	104	0.3
12	KARNATAKA	1418	2.5	1246	2.2	172	0.3
13	KERALA	53	0.2	51	0.1	2	0.0
14	MADHYA PRADESH	0	0.0	0	0.0	0	0.0
15	MAHARASHTRA	381	0.4	334	0.3	47	0.0
16	MANIPUR	0	0.0	0	0.0	0	0.0
17	MEGHALAYA	0	0.0	0	0.0	0	0.0
18	MIZORAM	0	0.0	0	0.0	0	0.0
19	NAGALAND	0	0.0	0	0.0	0	0.0
20	ORISSA	843	2.1	702	1.8	141	0.4
21	PUNJAB	79	0.3	79	0.3	0	0.0
22	RAJASTHAN	99	0.2	82	0.1	17	0.0
23	SIKKIM	1	0.2	1	0.2	0	0.0
24	TAMIL NADU	1195	1.8	1194	1.8	1	0.0
25	TRIPURA	1	0.0	0	0.0	1	0.0
26	UTTAR PRADESH	3081	1.6	3072	1.6	9	0.0
27	UTTARAKHAND	25	0.3	25	0.3	0	0.0
28	WEST BENGAL	13	0.0	8	0.0	5	0.0
	TOTAL (STATES)	12583	1.1	11565	1.0	1018	0.1
UNION TERRITORIES:							
29	A & N ISLANDS	2	0.5	0	0.0	2	0.5
30	CHANDIGARH	1	0.1	1	0.1	0	0.0
31	D & N HAVELI	2	0.8	0	0.0	2	0.8
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	34	0.2	34	0.2	0	0.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	2	0.2	2	0.2	0	0.0
	TOTAL (UTs)	41	0.2	37	0.2	4	0.0
	TOTAL (ALL-INDIA)	12624	1.1	11602	1.0	1022	0.1

TABLE-1.18 (Continued)

Sl. No.	City	SC/ST (Prev.of Atrocities) Act (Total)		SC/ST (Prev.) of Atrocities Act for SCs		SC/ST (Prev.) of Atrocities Act For STs	
		I	R	I	R	I	R
(1)	(2)	(45)	(46)	(47)	(48)	(49)	(50)
CITIES:							
36	AGRA	46	3.5	46	3.5	0	0.0
37	AHMEDABAD	26	0.6	24	0.5	2	0.0
38	ALLAHABAD	0	0.0	0	0.0	0	0.0
39	AMRITSAR	5	0.5	5	0.5	0	0.0
40	ASANSOL	0	0.0	0	0.0	0	0.0
41	BENGALURU	137	2.4	137	2.4	0	0.0
42	BHOPAL	0	0.0	0	0.0	0	0.0
43	CHENNAI	11	0.2	11	0.2	0	0.0
44	COIMBATORE	14	1.0	14	1.0	0	0.0
45	DELHI (CITY)	31	0.2	31	0.2	0	0.0
46	DHANBAD	8	0.8	5	0.5	3	0.3
47	FARIDABAD	12	1.1	12	1.1	0	0.0
48	HYDERABAD	68	1.2	61	1.1	7	0.1
49	INDORE	0	0.0	0	0.0	0	0.0
50	JABALPUR	58	5.2	38	3.4	20	1.8
51	JAIPUR	1	0.0	0	0.0	1	0.0
52	JAMSHEDPUR	11	1.0	8	0.7	3	0.3
53	KANPUR	0	0.0	0	0.0	0	0.0
54	KOCHI	2	0.1	2	0.1	0	0.0
55	KOLKATA	0	0.0	0	0.0	0	0.0
56	LUCKNOW	57	2.5	57	2.5	0	0.0
57	LUDHIANA	3	0.2	3	0.2	0	0.0
58	MADURAI	2	0.2	2	0.2	0	0.0
59	MEERUT	27	2.3	27	2.3	0	0.0
60	MUMBAI	15	0.1	14	0.1	1	0.0
61	NAGPUR	5	0.2	5	0.2	0	0.0
62	NASIK	5	0.4	5	0.4	0	0.0
63	PATNA	46	2.7	46	2.7	0	0.0
64	PUNE	5	0.1	5	0.1	0	0.0
65	RAJKOT	11	1.1	11	1.1	0	0.0
66	SURAT	28	1.0	24	0.9	4	0.1
67	VADODARA	9	0.6	8	0.5	1	0.1
68	VARANASI	32	2.6	32	2.6	0	0.0
69	VIJAYAWADA	2	0.2	2	0.2	0	0.0
70	VISHAKHAPATNAM	22	1.7	22	1.7	0	0.0
TOTAL (CITIES)		699	0.6	657	0.6	42	0.0

TABLE-1.18 (Concluded)

Sl. No.	State/UT	Forest Act		Other SLL Crimes #		Total Cognizable Crimes Under SLL	
		I	R	I	R	I	R
(1)	(2)	(51)	(52)	(53)	(54)	(55)	(56)
STATES:							
1	ANDHRA PRADESH	29	0.0	193821	235.0	246829	299.3
2	ARUNACHAL PRADESH	0	0.0	28	2.3	70	5.8
3	ASSAM	23	0.1	1240	4.1	2307	7.7
4	BIHAR	129	0.1	1282	1.4	9876	10.5
5	CHHATTISGARH	4	0.0	222306	935.1	246835	1038.3
6	GOA	0	0.0	1715	104.3	2413	146.8
7	GUJARAT	4	0.0	26983	47.6	200315	353.5
8	HARYANA	2	0.0	2045	8.6	23155	96.9
9	HIMACHAL PRADESH	242	3.7	330	5.0	4067	61.9
10	JAMMU & KASHMIR	2	0.0	187	1.5	1945	15.6
11	JHARKHAND	200	0.7	963	3.2	3170	10.5
12	KARNATAKA	156	0.3	3956	6.9	19651	34.1
13	KERALA	0	0.0	127028	369.9	141788	412.9
14	MADHYA PRADESH	30	0.0	120025	172.2	184452	264.7
15	MAHARASHTRA	41	0.0	31517	29.4	120138	111.9
16	MANIPUR	0	0.0	1001	38.0	1086	41.2
17	MEGHALAYA	1	0.0	19	0.7	157	6.2
18	MIZORAM	0	0.0	392	39.8	692	70.3
19	NAGALAND	0	0.0	117	5.3	398	18.1
20	ORISSA	2	0.0	107	0.3	11163	27.9
21	PUNJAB	5	0.0	510	1.9	20044	75.1
22	RAJASTHAN	2362	3.6	9856	15.2	40359	62.1
23	SIKKIM	0	0.0	48	8.1	81	13.6
24	TAMIL NADU	8	0.0	355325	533.7	491797	738.7
25	TRIPURA	0	0.0	27	0.8	245	7.0
26	UTTAR PRADESH	1765	0.9	1755807	914.2	1901712	990.2
27	UTTARAKHAND	71	0.7	144835	1517.7	149626	1567.9
28	WEST BENGAL	14	0.0	2629	3.0	6956	7.9
	TOTAL (STATES)	5090	0.4	3004099	265.2	3831327	338.2
UNION TERRITORIES:							
29	A & N ISLANDS	0	0.0	891	214.7	4900	1180.7
30	CHANDIGARH	0	0.0	31	2.9	605	56.5
31	D & N HAVELI	0	0.0	0	0.0	16	6.0
32	DAMAN & DIU	0	0.0	0	0.0	12	6.3
33	DELHI	0	0.0	2028	11.8	6754	39.2
34	LAKSHADWEEP	0	0.0	7	10.1	7	10.1
35	PUDUCHERRY	0	0.0	867	80.3	1104	102.2
	TOTAL (UTs)	0	0.0	3824	18.8	13398	65.9
	TOTAL (ALL-INDIA)	5090	0.4	3007923	260.8	3844725	333.4

TABLE-1.18 (Concluded)

Sl. No.	City	Forest Act		Other SLL Crimes #		Total Cognizable Crimes Under SLL	
		I	R	I	R	I	R
(1)	(2)	(51)	(52)	(53)	(54)	(55)	(56)
CITIES:							
36	AGRA	3	0.2	79996	6055.7	81712	6185.6
37	AHMEDABAD	0	0.0	2665	59.0	11966	264.8
38	ALLAHABAD	4	0.4	64888	6179.8	65974	6283.2
39	AMRITSAR	0	0.0	43	4.3	1205	119.2
40	ASANSOL	1	0.1	71	6.5	128	11.7
41	BENGALURU	5	0.1	675	11.9	2661	46.8
42	BHOPAL	0	0.0	40	2.7	3385	232.6
43	CHENNAI	0	0.0	57311	892.0	59287	922.8
44	COIMBATORE	0	0.0	2282	157.8	2751	190.2
45	DELHI (CITY)	0	0.0	1844	14.4	5919	46.3
46	DHANBAD	0	0.0	106	10.0	161	15.1
47	FARIDABAD	0	0.0	383	36.3	3821	362.2
48	HYDERABAD	1	0.0	1460	26.4	2200	39.8
49	INDORE	0	0.0	86	5.2	3319	202.5
50	JABALPUR	2	0.2	25353	2269.7	28274	2531.2
51	JAIPUR	2	0.1	546	23.5	2980	128.2
52	JAMSHEDPUR	1	0.1	64	5.8	244	22.1
53	KANPUR	6	0.2	121734	4525.4	125708	4673.2
54	KOCHI	0	0.0	26535	1958.3	29181	2153.6
55	KOLKATA	8	0.1	378	2.9	897	6.8
56	LUCKNOW	11	0.5	53596	2364.2	56295	2483.2
57	LUDHIANA	0	0.0	65	4.7	1345	96.4
58	MADURAI	0	0.0	22758	1904.4	23340	1953.1
59	MEERUT	1	0.1	40505	3470.9	42415	3634.5
60	MUMBAI	3	0.0	2722	16.6	4984	30.4
61	NAGPUR	0	0.0	11206	527.8	14656	690.3
62	NASIK	0	0.0	612	53.1	770	66.8
63	PATNA	0	0.0	136	8.0	577	33.8
64	PUNE	0	0.0	3389	90.2	5876	156.4
65	RAJKOT	0	0.0	234	23.4	2352	234.7
66	SURAT	0	0.0	837	29.8	11453	407.4
67	VADODARA	0	0.0	976	65.4	11287	756.5
68	VARANASI	5	0.4	23580	1945.5	25080	2069.3
69	VIJAYAWADA	0	0.0	12	1.2	1928	190.7
70	VISHAKHAPATNAM	0	0.0	3258	245.1	4855	365.3
TOTAL (CITIES)		53	0.0	550346	510.1	638986	592.3

Andhra Pradesh and Vishakhapatnam city excluded Motor Vehicle Act (Non-Cognizable) Cases from the year 2008

Tables
Chapter

3

Violent Crimes

TABLE-3.1
Incidence And Rate Of Violent Crimes During 2008

Sl. No.	State/UT	Murder (Sec. 302, 303 IPC)	Attempt To Commit Murder (Sec. 307 IPC)	C.H. Not Amounting To Murder (Sec. 304,308 IPC)	Rape (Sec. 376 IPC)	Kidnapping & Abduction (Sec. 363- 369,371-373 IPC)	Dacoity (Sec. 395-398 IPC)	Preparation And Assembly For Dacoity (Sec. 399-402 IPC)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<i>STATES:</i>								
1	ANDHRA PRADESH	2690	1942	165	1257	1970	110	11
2	ARUNACHAL PRADESH	72	37	2	42	79	14	0
3	ASSAM	1426	417	71	1438	2239	312	74
4	BIHAR	3139	2954	386	1302	3047	686	60
5	CHHATTISGARH	1169	736	18	978	273	124	17
6	GOA	49	25	11	30	36	3	0
7	GUJARAT	1106	487	35	374	1323	256	14
8	HARYANA	921	616	92	631	854	120	257
9	HIMACHAL PRADESH	129	59	5	157	151	6	0
10	JAMMU & KASHMIR	237	570	31	219	704	3	0
11	JHARKHAND	1697	1061	112	791	792	416	50
12	KARNATAKA	1698	1475	81	446	758	270	248
13	KERALA	362	434	95	568	253	91	267
14	MADHYA PRADESH	2322	2282	204	2937	929	160	124
15	MAHARASHTRA	2795	1837	111	1558	1379	811	274
16	MANIPUR	187	498	4	38	176	1	212
17	MEGHALAYA	126	55	6	88	56	63	0
18	MIZORAM	35	10	6	77	9	4	0
19	NAGALAND	143	47	13	19	44	6	0
20	ORISSA	1250	1415	84	1113	908	305	67
21	PUNJAB	769	956	146	517	718	40	122
22	RAJASTHAN	1297	1649	54	1355	2358	64	77
23	SIKKIM	9	7	3	20	4	1	0
24	TAMIL NADU	1759	2327	28	573	1375	100	66
25	TRIPURA	155	53	2	204	146	13	3
26	UTTAR PRADESH	4564	4233	1493	1871	5428	313	76
27	UTTARAKHAND	223	217	40	87	247	16	2
28	WEST BENGAL	1811	1732	488	2263	2332	184	1055
	TOTAL (STATES)	32140	28131	3786	20953	28588	4492	3076
<i>UNION TERRITORIES :</i>								
29	A & N ISLANDS	8	11	2	12	17	0	0
30	CHANDIGARH	17	28	6	20	50	1	4
31	D & N HAVELI	9	2	0	6	17	1	0
32	DAMAN & DIU	2	2	0	0	4	2	0
33	DELHI	554	389	66	466	1567	24	134
34	LAKSHADWEEP	1	0	0	2	1	0	0
35	PUDUCHERRY	35	35	3	8	17	10	3
	TOTAL (UTs)	626	467	77	514	1673	38	141
	TOTAL (ALL-INDIA)	32766	28598	3863	21467	30261	4530	3217

TABLE-3.1 (Concluded)

Sl. No.	State/UT	Robbery (Sec. 392-394, 397,398 IPC)	Riots (Sec. 143- 145,147- 151,153,153A, 153B,157,158, 160 IPC)	Arson (Sec. 435,436,438 IPC)	Dowry Death (Sec. 304B IPC)	Total Violent Crimes	Percentage Share To All-India Crimes	Rate Of Violent Crimes	Percentage To Total Cognizable Crimes Under IPC
(1)	(2)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
STATES:									
1	ANDHRA PRADESH	623	1930	1021	556	12275	5.4	14.9	6.8
2	ARUNACHAL PRADESH	79	18	10	0	353	0.2	29.3	14.9
3	ASSAM	568	2600	443	103	9691	4.2	32.2	18.2
4	BIHAR	1592	8099	772	1210	23247	10.2	24.7	19.0
5	CHHATTISGARH	500	1144	302	106	5367	2.3	22.6	10.4
6	GOA	23	102	27	2	308	0.1	18.7	11.2
7	GUJARAT	1322	1809	363	27	7116	3.1	12.6	5.7
8	HARYANA	555	1184	139	302	5671	2.5	23.7	10.2
9	HIMACHAL PRADESH	20	627	127	3	1284	0.6	19.5	9.2
10	JAMMU & KASHMIR	67	1782	230	21	3864	1.7	30.9	18.8
11	JHARKHAND	761	2576	164	266	8686	3.8	28.8	22.5
12	KARNATAKA	1615	6013	265	259	13128	5.7	22.8	10.3
13	KERALA	816	8057	389	31	11363	5.0	33.1	10.3
14	MADHYA PRADESH	2234	2768	898	805	15663	6.8	22.5	7.6
15	MAHARASHTRA	3031	9388	1288	390	22862	10.0	21.3	11.1
16	MANIPUR	7	48	41	1	1213	0.5	46.0	36.2
17	MEGHALAYA	65	8	28	2	497	0.2	19.5	21.4
18	MIZORAM	6	1	18	0	166	0.1	16.9	8.3
19	NAGALAND	87	4	14	0	377	0.2	17.2	31.4
20	ORISSA	1345	2721	869	401	10478	4.6	26.2	18.5
21	PUNJAB	167	1	75	128	3639	1.6	13.6	10.3
22	RAJASTHAN	829	1390	615	439	10127	4.4	15.6	6.7
23	SIKKIM	7	17	23	0	91	0.0	15.3	12.5
24	TAMIL NADU	662	2811	610	207	10518	4.6	15.8	5.9
25	TRIPURA	95	197	47	16	931	0.4	26.4	17.4
26	UTTAR PRADESH	2097	4381	228	2237	26921	11.8	14.0	15.9
27	UTTARAKHAND	144	509	15	73	1573	0.7	16.5	17.8
28	WEST BENGAL	613	5425	150	451	16504	7.2	18.7	15.7
	TOTAL (STATES)	19930	65610	9171	8036	223913	97.9	19.8	11.0
UNION TERRITORIES:									
29	A & N ISLANDS	14	16	15	2	97	0.0	23.4	11.0
30	CHANDIGARH	23	85	2	3	239	0.1	22.3	6.1
31	D & N HAVELI	0	24	6	0	65	0.0	24.5	16.2
32	DAMAN & DIU	4	35	3	0	52	0.0	27.5	21.0
33	DELHI	541	71	41	129	3982	1.7	23.1	8.1
34	LAKSHADWEEP	0	12	2	0	18	0.0	26.1	18.9
35	PUDUCHERRY	10	165	9	2	297	0.1	27.5	6.0
	TOTAL (UTs)	592	408	78	136	4750	2.1	23.4	7.9
	TOTAL (ALL-INDIA)	20522	66018	9249	8172	228663	100.0	19.8	10.9

TABLE-3.2
Motives Of Murder And Culpable Homicide Not Amounting To Murder (C.H.) During 2008

Sl. No.	State/UT	Gain		Property Dispute		Personal Vendetta Or Enmity		Love Affairs/ Sexual Causes		Dowry	
		Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<i>STATES:</i>											
1	ANDHRA PRADESH	195	13	176	2	243	2	428	0	139	0
2	ARUNACHAL PRADESH	3	0	2	0	6	0	5	0	0	0
3	ASSAM	56	0	181	7	121	5	108	0	59	0
4	BIHAR	332	11	825	90	375	27	156	20	177	18
5	CHHATTISGARH	38	0	80	1	81	0	65	0	7	1
6	GOA	3	0	3	0	6	0	6	0	0	0
7	GUJARAT	61	0	87	1	157	0	163	0	11	0
8	HARYANA	55	6	192	8	218	9	46	2	11	0
9	HIMACHAL PRADESH	4	0	7	0	17	1	7	0	1	0
10	JAMMU & KASHMIR	4	0	11	0	3	0	9	0	1	0
11	JHARKHAND	123	3	226	1	112	3	50	0	51	0
12	KARNATAKA	55	1	83	1	113	2	87	2	54	2
13	KERALA	23	0	11	3	86	1	0	1	2	0
14	MADHYA PRADESH	107	1	289	2	465	9	196	0	38	6
15	MAHARASHTRA	60	1	128	0	172	0	239	0	106	0
16	MANIPUR	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	20	0	9	0	12	0	2	1	2	0
18	MIZORAM	0	0	0	0	3	0	2	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0	0
20	ORISSA	64	0	55	10	101	13	51	0	289	3
21	PUNJAB	19	1	63	3	38	2	102	2	8	1
22	RAJASTHAN	39	3	51	0	95	2	34	0	42	6
23	SIKKIM	0	0	0	0	6	1	1	0	0	0
24	TAMIL NADU	105	0	132	0	336	0	208	0	7	1
25	TRIPURA	15	0	20	0	25	0	0	0	11	0
26	UTTAR PRADESH	172	9	158	14	301	5	296	7	0	0
27	UTTARAKHAND	13	0	8	0	7	0	8	0	0	0
28	WEST BENGAL	27	5	27	7	99	24	22	1	167	3
	TOTAL (STATES)	1593	54	2824	150	3198	106	2291	36	1183	41
<i>UNION TERRITORIES:</i>											
29	A & N ISLANDS	1	0	0	0	1	1	2	0	0	0
30	CHANDIGARH	1	0	0	0	4	1	0	0	0	0
31	D & N HAVELI	0	0	3	0	1	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0
33	DELHI	21	0	22	5	51	4	29	1	12	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	2	0	3	0	16	0	4	0	0	0
	TOTAL (UTs)	25	0	28	5	73	6	35	1	12	0
	TOTAL (ALL-INDIA)	1618	54	2852	155	3271	112	2326	37	1195	41

TABLE-3.2 (Continued)

Sl. No.	State/UT	Lunacy		Witchcraft		Political Reasons		Terrorist/ Extremist Violence	
		Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
STATES:									
1	ANDHRA PRADESH	5	0	23	0	22	0	35	0
2	ARUNACHAL PRADESH	1	0	0	0	0	0	1	0
3	ASSAM	0	0	0	0	0	0	63	0
4	BIHAR	0	0	0	0	16	5	25	0
5	CHHATTISGARH	8	0	15	0	0	0	128	1
6	GOA	0	0	0	0	0	0	0	0
7	GUJARAT	14	0	0	0	3	0	5	0
8	HARYANA	0	0	25	1	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	1	0	93	0
11	JHARKHAND	5	35	52	0	8	0	19	0
12	KARNATAKA	2	0	1	0	2	0	1	0
13	KERALA	4	0	0	0	21	1	0	0
14	MADHYA PRADESH	6	2	17	0	1	0	0	0
15	MAHARASHTRA	6	1	11	0	12	0	19	0
16	MANIPUR	0	0	0	0	0	0	112	0
17	MEGHALAYA	1	0	3	0	0	0	10	0
18	MIZORAM	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	1	0	4	0
20	ORISSA	0	0	23	0	3	0	9	0
21	PUNJAB	0	0	0	0	1	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	2	0	0	0
25	TRIPURA	1	0	0	0	0	0	8	0
26	UTTAR PRADESH	0	1	1	0	1	0	1	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0
28	WEST BENGAL	2	0	4	0	9	4	0	1
	TOTAL (STATES)	55	39	175	1	103	10	533	2
UNION TERRITORIES:									
29	A & N ISLANDS	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	7	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	7	0
	TOTAL (ALL-INDIA)	55	39	175	1	103	10	540	2

TABLE-3.2 (Concluded)

Sl. No.	State/UT	Communalism		Casteism		Class Conflict		Other Motives		Total	
		Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)	Murder (Sec.302,303 IPC)	C.H. (Sec.304, 308 IPC)
(1)	(2)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
<i>STATES:</i>											
	ANDHRA PRADESH	3	0	0	0	0	0	1421	148	2690	165
2	ARUNACHAL PRADESH	0	0	0	0	0	0	54	2	72	2
3	ASSAM	0	0	0	0	0	0	838	59	1426	71
4	BIHAR	0	0	15	0	16	3	1202	212	3139	386
5	CHHATTISGARH	0	0	1	0	0	0	746	15	1169	18
6	GOA	0	0	0	0	0	0	31	11	49	11
7	GUJARAT	0	0	0	0	0	0	605	34	1106	35
8	HARYANA	0	0	0	0	0	0	374	66	921	92
9	HIMACHAL PRADESH	0	0	0	0	0	0	93	4	129	5
10	JAMMU & KASHMIR	0	0	4	0	0	0	111	31	237	31
11	JHARKHAND	0	0	0	0	0	0	1051	70	1697	112
12	KARNATAKA	0	0	1	0	0	0	1299	73	1698	81
13	KERALA	4	0	0	0	0	0	211	89	362	95
14	MADHYA PRADESH	17	0	5	0	0	0	1181	184	2322	204
15	MAHARASHTRA	10	0	4	0	0	0	2028	109	2795	111
16	MANIPUR	0	0	0	0	0	0	75	4	187	4
17	MEGHALAYA	0	0	0	0	0	0	67	5	126	6
18	MIZORAM	0	0	0	0	0	0	30	6	35	6
19	NAGALAND	0	0	0	0	0	0	138	13	143	13
20	ORISSA	5	0	0	0	0	0	650	58	1250	84
21	PUNJAB	0	0	0	0	0	0	538	137	769	146
22	RAJASTHAN	0	0	0	0	0	0	1036	43	1297	54
23	SIKKIM	0	0	0	0	0	0	2	2	9	3
24	TAMIL NADU	0	0	1	0	0	0	968	27	1759	28
25	TRIPURA	0	0	0	0	0	0	75	2	155	2
26	UTTAR PRADESH	1	0	6	0	0	0	3627	1457	4564	1493
27	UTTARAKHAND	0	0	0	0	0	0	187	40	223	40
28	WEST BENGAL	5	0	5	0	58	38	1386	405	1811	488
	TOTAL (STATES)	45	0	42	0	74	41	20024	3306	32140	3786
<i>UNION TERRITORIES:</i>											
29	A & N ISLANDS	0	0	0	0	0	0	4	1	8	2
30	CHANDIGARH	0	0	0	0	0	0	12	5	17	6
31	D & N HAVELI	0	0	0	0	0	0	5	0	9	0
32	DAMAN & DIU	0	0	0	0	0	0	2	0	2	0
33	DELHI	0	0	0	0	0	0	412	56	554	66
34	LAKSHADWEEP	0	0	0	0	0	0	1	0	1	0
35	PUDUCHERRY	0	0	0	0	0	0	10	3	35	3
	TOTAL (UTs)	0	0	0	0	0	0	446	65	626	77
	TOTAL (ALL-INDIA)	45	0	42	0	74	41	20470	3371	32766	3863

TABLE-3.3
Age Group Wise Victims Of Murder (Section 302,303 IPC) During 2008

Sl. No.	State/UT	Number Of Victims								
		Upto 10 Years			10-15 Years			15-18 Years		
		M	F	T	M	F	T	M	F	T
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	11	25	36	14	7	21	55	9	64
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	1	0	1	0	0	0
4	BIHAR	25	12	37	11	8	19	48	12	60
5	CHHATTISGARH	13	10	23	12	7	19	29	27	56
6	GOA	0	2	2	0	1	1	0	0	0
7	GUJARAT	23	24	47	6	3	9	8	2	10
8	HARYANA	4	3	7	6	5	11	8	5	13
9	HIMACHAL PRADESH	3	1	4	1	2	3	4	3	7
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	2	2	4	0	0	0	6	1	7
12	KARNATAKA	58	49	107	11	17	28	18	14	32
13	KERALA	14	25	39	5	5	10	0	0	0
14	MADHYA PRADESH	11	11	22	55	13	68	11	6	17
15	MAHARASHTRA	54	62	116	32	11	43	20	21	41
16	MANIPUR	3	2	5	4	0	4	3	0	3
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	4	2	6	2	2	4	3	0	3
21	PUNJAB	7	3	10	4	5	9	6	7	13
22	RAJASTHAN	13	8	21	18	6	24	36	12	48
23	SIKKIM	0	0	0	0	0	0	2	0	2
24	TAMIL NADU	43	45	88	5	3	8	0	4	4
25	TRIPURA	4	3	7	7	2	9	3	1	4
26	UTTAR PRADESH	30	30	60	69	55	124	119	73	192
27	UTTARAKHAND	1	0	1	0	0	0	2	0	2
28	WEST BENGAL	1	1	2	5	0	5	9	5	14
	TOTAL (STATES)	324	320	644	268	152	420	390	202	592
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	0	2	2	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	1	1	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	21	4	25	8	1	9	15	2	17
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	1	0	1	0	0	0	0	0	0
	TOTAL (UTs)	22	4	26	8	4	12	15	2	17
	TOTAL (ALL-INDIA)	346	324	670	276	156	432	405	204	609

M – Male; F- Female ; T- Total

TABLE-3.3 (Concluded)

Sl. No.	State/UT	Number Of Victims											
		18-30 Years			30-50 Years			Above 50 Years			Total Of All Age Groups		
		M	F	T	M	F	T	M	F	T	M	F	T
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
STATES:													
1	ANDHRA PRADESH	855	411	1266	776	296	1072	221	82	303	1932	830	2762
2	ARUNACHAL PRADESH	40	0	40	29	1	30	2	0	2	71	1	72
3	ASSAM	790	61	851	477	42	519	55	0	55	1323	103	1426
4	BIHAR	1401	436	1837	921	151	1072	96	18	114	2502	637	3139
5	CHHATTISGARH	282	129	411	358	150	508	112	40	152	806	363	1169
6	GOA	10	8	18	17	4	21	6	5	11	33	20	53
7	GUJARAT	312	137	449	378	145	523	78	29	107	805	340	1145
8	HARYANA	307	97	404	360	63	423	100	12	112	785	185	970
9	HIMACHAL PRADESH	27	10	37	49	16	65	10	4	14	94	36	130
10	JAMMU & KASHMIR	94	13	107	126	15	141	16	2	18	236	30	266
11	JHARKHAND	726	115	841	624	123	747	73	25	98	1431	266	1697
12	KARNATAKA	428	272	700	532	229	761	129	43	172	1176	624	1800
13	KERALA	62	24	86	116	51	167	54	23	77	251	128	379
14	MADHYA PRADESH	695	235	930	815	187	1002	248	64	312	1835	516	2351
15	MAHARASHTRA	700	541	1241	859	341	1200	262	73	335	1927	1049	2976
16	MANIPUR	132	9	141	95	8	103	12	0	12	249	19	268
17	MEGHALAYA	54	11	65	48	4	52	9	0	9	111	15	126
18	MIZORAM	23	1	24	10	1	11	0	0	0	33	2	35
19	NAGALAND	81	5	86	57	1	58	3	0	3	141	6	147
20	ORISSA	276	257	533	369	237	606	51	47	98	705	545	1250
21	PUNJAB	266	120	386	247	67	314	66	17	83	596	219	815
22	RAJASTHAN	398	129	527	467	102	569	101	30	131	1033	287	1320
23	SIKKIM	1	3	4	3	0	3	0	0	0	6	3	9
24	TAMIL NADU	364	233	597	554	246	800	234	93	327	1200	624	1824
25	TRIPURA	21	36	57	55	17	72	13	4	17	103	63	166
26	UTTAR PRADESH	1927	360	2287	1383	257	1640	331	65	396	3859	840	4699
27	UTTARAKHAND	139	29	168	46	16	62	25	3	28	213	48	261
28	WEST BENGAL	735	175	910	662	53	715	149	16	165	1561	250	1811
	TOTAL (STATES)	11146	3857	15003	10433	2823	13256	2456	695	3151	25017	8049	33066
UNION TERRITORIES:													
29	A & N ISLANDS	2	0	2	2	0	2	2	0	2	6	2	8
30	CHANDIGARH	7	3	10	3	2	5	1	1	2	11	6	17
31	D & N HAVELI	0	0	0	3	2	5	2	1	3	5	4	9
32	DAMAN & DIU	0	0	0	2	0	2	0	0	0	2	0	2
33	DELHI	139	63	202	254	39	293	36	7	43	473	116	589
34	LAKSHADWEEP	0	0	0	0	1	1	0	0	0	0	1	1
35	PUDUCHERRY	12	5	17	11	1	12	3	2	5	27	8	35
	TOTAL (UTs)	160	71	231	275	45	320	44	11	55	524	137	661
	TOTAL (ALL-INDIA)	11306	3928	15234	10708	2868	13576	2500	706	3206	25541	8186	33727

TABLE-3.4
Age Group Wise Victims Of C.H. Not Amounting To Murder (Sec.304 and 308 IPC) During 2008

Sl. No.	State/UT	Number Of Victims								
		Upto 10 Years			10-15 Years			15-18 Years		
		M	F	T	M	F	T	M	F	T
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	2	1	3	0	0	0	8	0	8
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	2	1	3	0	0	0	0	0	0
6	GOA	1	1	2	1	1	2	0	0	0
7	GUJARAT	7	4	11	3	2	5	1	2	3
8	HARYANA	5	0	5	1	0	1	2	1	3
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	1	0	1
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	2	0	2	1	0	1	1	0	1
13	KERALA	4	3	7	1	2	3	0	1	1
14	MADHYA PRADESH	10	6	16	4	8	12	5	2	7
15	MAHARASHTRA	7	3	10	4	4	8	1	1	2
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	1	1	0	0	0	4	2	6
21	PUNJAB	5	2	7	4	0	4	3	0	3
22	RAJASTHAN	2	0	2	0	1	1	2	0	2
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	1	0	1	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	1	0	1
26	UTTAR PRADESH	4	2	6	9	2	11	50	20	70
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	1	1	2
	TOTAL (STATES)	52	24	76	28	20	48	80	30	110
UNION TERRITORIES:										
29	A & N ISLANDS	0	1	1	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	1	0	1	1	0	1	1	0	1
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	1	1	2	1	0	1	1	0	1
	TOTAL (ALL-INDIA)	53	25	78	29	20	49	81	30	111

M – Male; F- Female; T- Total

TABLE-3.4(Concluded)

Sl. No.	State/UT	Number Of Victims											
		18-30 Years			30-50 Years			Above 50 Years			Total Of All Age Groups		
		M	F	T	M	F	T	M	F	T	M	F	T
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
STATES:													
1	ANDHRA PRADESH	51	12	63	71	5	76	19	3	22	151	21	172
2	ARUNACHAL PRADESH	1	0	1	1	0	1	0	0	0	2	0	2
3	ASSAM	46	0	46	25	0	25	0	0	0	71	0	71
4	BIHAR	181	14	195	154	9	163	27	1	28	362	24	386
5	CHHATTISGARH	4	2	6	8	1	9	0	0	0	14	4	18
6	GOA	1	2	3	8	3	11	2	1	3	13	8	21
7	GUJARAT	33	9	42	24	7	31	4	3	7	72	27	99
8	HARYANA	30	8	38	42	4	46	3	1	4	83	14	97
9	HIMACHAL PRADESH	1	1	2	3	0	3	0	0	0	4	1	5
10	JAMMU & KASHMIR	23	0	23	11	0	11	1	0	1	36	0	36
11	JHARKHAND	69	11	80	24	5	29	3	0	3	96	16	112
12	KARNATAKA	23	4	27	34	13	47	5	1	6	66	18	84
13	KERALA	24	5	29	33	4	37	17	2	19	79	17	96
14	MADHYA PRADESH	79	19	98	71	14	85	20	1	21	189	50	239
15	MAHARASHTRA	41	24	65	82	14	96	15	5	20	150	51	201
16	MANIPUR	0	2	2	1	0	1	1	0	1	2	2	4
17	MEGHALAYA	5	0	5	1	0	1	0	0	0	6	0	6
18	MIZORAM	4	1	5	1	0	1	0	0	0	5	1	6
19	NAGALAND	9	1	10	3	1	4	0	0	0	12	2	14
20	ORISSA	20	10	30	18	12	30	10	7	17	52	32	84
21	PUNJAB	46	9	55	62	12	74	8	4	12	128	27	155
22	RAJASTHAN	19	0	19	24	2	26	4	0	4	51	3	54
23	SIKKIM	5	1	6	0	0	0	0	0	0	5	1	6
24	TAMIL NADU	8	3	11	14	0	14	1	1	2	24	4	28
25	TRIPURA	0	0	0	1	0	1	0	0	0	2	0	2
26	UTTAR PRADESH	645	121	766	453	68	521	114	9	123	1275	222	1497
27	UTTARAKHAND	17	4	21	14	2	16	3	0	3	34	6	40
28	WEST BENGAL	182	63	245	195	13	208	31	2	33	409	79	488
	TOTAL (STATES)	1567	326	1893	1378	189	1567	288	41	329	3393	630	4023
UNION TERRITORIES:													
29	A & N ISLANDS	0	0	0	0	1	1	0	0	0	0	2	2
30	CHANDIGARH	5	1	6	0	0	0	0	0	0	5	1	6
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0	0	0
33	DELHI	40	0	40	19	2	21	2	0	2	64	2	66
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	2	0	2	0	0	0	1	0	1	3	0	3
	TOTAL (UTs)	47	1	48	19	3	22	3	0	3	72	5	77
	TOTAL (ALL-INDIA)	1614	327	1941	1397	192	1589	291	41	332	3465	635	4100

TABLE-3.5
Age Group & Sex-wise Victims Of Kidnapping & Abduction (Total) (Sec.363 to 369, 371 to 373 IPC) During 2008

Sl. No.	State/UT	Total No. Of Cases Reported	Sex-Wise / Age Group-Wise							
			Upto 10 Years		10 - 15 Years		15 - 18 Years		18 - 30 Years	
			M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	1970	11	15	16	132	16	243	322	875
2	ARUNACHAL PRADESH	79	0	0	0	13	0	2	16	30
3	ASSAM	2239	0	1	0	4	0	2	329	1046
4	BIHAR	3047	17	4	41	80	65	289	910	1368
5	CHHATTISGARH	273	3	5	3	35	11	39	18	108
6	GOA	36	1	4	1	4	0	17	2	6
7	GUJARAT	1323	17	16	26	94	5	368	142	530
8	HARYANA	854	12	2	5	39	19	27	108	565
9	HIMACHAL PRADESH	151	1	2	1	25	3	57	7	53
10	JAMMU & KASHMIR	704	1	1	0	0	1	0	36	569
11	JHARKHAND	792	6	0	9	5	16	38	229	362
12	KARNATAKA	758	11	9	1	21	2	69	172	353
13	KERALA	253	2	5	9	7	2	62	39	77
14	MADHYA PRADESH	929	14	7	9	68	15	151	100	484
15	MAHARASHTRA	1379	44	25	40	145	28	420	155	420
16	MANIPUR	176	3	1	23	24	7	30	25	58
17	MEGHALAYA	56	0	0	0	4	7	10	12	12
18	MIZORAM	9	0	2	0	0	0	0	5	1
19	NAGALAND	44	0	0	0	0	0	3	14	4
20	ORISSA	908	1	1	1	2	3	4	98	599
21	PUNJAB	718	15	12	4	47	5	105	95	360
22	RAJASTHAN	2358	12	12	15	102	33	330	268	1195
23	SIKKIM	4	0	0	0	0	0	4	0	1
24	TAMIL NADU	1375	7	5	1	34	7	227	67	796
25	TRIPURA	146	2	0	3	3	3	26	20	80
26	UTTAR PRADESH	5428	8	2	62	263	175	1714	527	2059
27	UTTARAKHAND	247	1	0	4	6	3	14	12	168
28	WEST BENGAL	2332	0	1	31	55	75	34	285	1782
	TOTAL (STATES)	28588	189	132	305	1212	501	4285	4013	13961
UNION TERRITORIES:										
29	A & N ISLANDS	17	0	0	3	1	0	8	0	1
30	CHANDIGARH	50	2	2	1	12	0	20	6	9
31	D & N HAVELI	17	1	1	0	3	0	6	2	1
32	DAMAN & DIU	4	0	0	0	0	0	0	4	0
33	DELHI	1567	161	137	116	277	52	487	93	232
34	LAKSHADWEEP	1	0	0	0	0	0	0	0	1
35	PUDUCHERRY	17	4	0	1	3	0	6	1	0
	TOTAL (UTs)	1673	168	140	121	296	52	527	106	244
	TOTAL (ALL-INDIA)	30261	357	272	426	1508	553	4812	4119	14205

TABLE-3.5 (Concluded)

Sl. No.	State/UT	Sex-Wise/Age Group-Wise						Grand Total
		30- 50 Years		Above 50 Years		Total		
		M	F	M	F	M	F	
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
STATES:								
1	ANDHRA PRADESH	185	129	32	5	582	1399	1981
2	ARUNACHAL PRADESH	15	2	1	0	32	47	79
3	ASSAM	116	736	5	0	450	1789	2239
4	BIHAR	209	46	16	2	1258	1789	3047
5	CHHATTISGARH	4	47	0	0	39	234	273
6	GOA	3	1	1	0	8	32	40
7	GUJARAT	73	65	2	0	265	1073	1338
8	HARYANA	47	38	6	2	197	673	870
9	HIMACHAL PRADESH	3	3	0	0	15	140	155
10	JAMMU & KASHMIR	8	93	0	0	46	663	709
11	JHARKHAND	96	26	5	0	361	431	792
12	KARNATAKA	90	33	13	3	289	488	777
13	KERALA	34	15	4	1	90	167	257
14	MADHYA PRADESH	60	33	5	0	203	743	946
15	MAHARASHTRA	107	66	13	2	387	1078	1465
16	MANIPUR	41	8	17	0	116	121	237
17	MEGHALAYA	9	2	0	0	28	28	56
18	MIZORAM	1	0	0	0	6	3	9
19	NAGALAND	15	1	7	0	36	8	44
20	ORISSA	36	155	7	1	146	762	908
21	PUNJAB	54	27	8	1	181	552	733
22	RAJASTHAN	153	205	18	21	499	1865	2364
23	SIKKIM	0	0	0	0	0	5	5
24	TAMIL NADU	114	116	11	2	207	1180	1387
25	TRIPURA	20	1	4	0	52	110	162
26	UTTAR PRADESH	209	401	10	0	991	4439	5430
27	UTTARAKHAND	5	35	0	0	25	223	248
28	WEST BENGAL	34	41	0	0	425	1913	2338
	TOTAL (STATES)	1741	2325	185	40	6934	21955	28889
UNION TERRITORIES:								
29	A & N ISLANDS	2	2	0	0	5	12	17
30	CHANDIGARH	0	0	1	0	10	43	53
31	D & N HAVELI	2	0	1	0	6	11	17
32	DAMAN & DIU	0	0	0	0	4	0	4
33	DELHI	30	7	3	2	455	1142	1597
34	LAKSHADWEEP	0	0	0	0	0	1	1
35	PUDUCHERRY	1	0	1	0	8	9	17
	TOTAL (UTs)	35	9	6	2	488	1218	1706
	TOTAL (ALL-INDIA)	1776	2334	191	42	7422	23173	30595

TABLE-3.6
Purpose-Wise And Sex-Wise Detail Of Kidnapping & Abduction (Sec.363 to 369, 371 to 373 IPC) During 2008
(All India)

Sl. No.	Purpose	Total No. Of Cases Reported	Sex-Wise/Age Group-Wise							
			Upto 10 Years		10 - 15 Years		15 - 18 Years		18 - 30 Years	
			M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	For Adoption	144	7	2	11	0	7	7	41	37
2	For Begging	34	5	3	8	0	1	0	14	0
3	For Camel racing	0	0	0	0	0	0	0	0	0
4	For Illicit intercourse	2677	3	12	1	191	1	617	16	1581
5	For marriage	14539	0	19	0	740	12	3232	185	8935
6	For Prostitution	259	1	3	0	29	0	97	0	186
7	For Ransom	746	53	6	48	7	41	8	232	211
8	For Revenge	444	12	10	27	20	16	2	208	26
9	For Sale	26	0	3	0	5	0	6	1	6
10	For Selling body parts	0	0	0	0	0	0	0	0	0
11	For Slavery	120	0	0	10	0	22	0	65	28
12	For unlawful activity	573	10	3	32	23	55	15	224	105
13	Others	10699	266	211	289	493	398	828	3133	3090
	Total	30261	357	272	426	1508	553	4812	4119	14205

TABLE-3.6 (Concluded)

Sl. No. Purpose		Sex-Wise/Age Group-Wise						Grand Total
		30- 50 Years		Above 50 Years		Total		
		M	F	M	F	M	F	
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1	For Adoption	28	2	2	0	96	48	144
2	For Begging	0	4	0	0	28	7	35
3	For Camel racing	0	0	0	0	0	0	0
4	For Illicit intercourse	1	272	0	1	22	2674	2696
5	For marriage	23	1377	0	9	220	14312	14532
6	For Prostitution	1	22	0	0	2	337	339
7	For Ransom	121	31	18	1	513	264	777
8	For Revenge	104	12	8	2	375	72	447
9	For Sale	2	6	0	0	3	26	29
10	For Selling body parts	0	0	0	0	0	0	0
11	For Slavery	8	0	1	0	106	28	134
12	For unlawful activity	116	5	9	3	446	154	600
13	Others	1372	603	153	26	5611	5251	10862
	Total	1776	2334	191	42	7422	23173	30595

TABLE-3.7
Number Of Victims Murdered By Use Of Fire Arms During 2008

Sl.No.	State/UT	No. Of Victims Murdered		
		By Firearms (Licensed + Unlicensed)	By Licensed Arms	By Unlicensed Arms
(1)	(2)	(3)	(4)	(5)
STATES:				
1	ANDHRA PRADESH	11	3	8
2	ARUNACHAL PRADESH	5	2	3
3	ASSAM	30	5	25
4	BIHAR	622	13	609
5	CHHATTISGARH	104	0	104
6	GOA	2	0	2
7	GUJARAT	14	7	7
8	HARYANA	116	13	103
9	HIMACHAL PRADESH	3	3	0
10	JAMMU & KASHMIR	181	94	87
11	JHARKHAND	467	15	452
12	KARNATAKA	11	2	9
13	KERALA	0	0	0
14	MADHYA PRADESH	197	74	123
15	MAHARASHTRA	197	1	196
16	MANIPUR	154	0	154
17	MEGHALAYA	8	1	7
18	MIZORAM	2	1	1
19	NAGALAND	92	3	89
20	ORISSA	3	2	1
21	PUNJAB	54	48	6
22	RAJASTHAN	77	12	65
23	SIKKIM	0	0	0
24	TAMIL NADU	2	1	1
25	TRIPURA	9	0	9
26	UTTAR PRADESH	1470	261	1209
27	UTTARAKHAND	86	1	85
28	WEST BENGAL	111	0	111
	TOTAL (STATES)	4028	562	3466
UNION TERRITORIES:				
29	A & N ISLANDS	0	0	0
30	CHANDIGARH	0	0	0
31	D & N HAVELI	0	0	0
32	DAMAN & DIU	0	0	0
33	DELHI	73	12	61
34	LAKSHADWEEP	0	0	0
35	PUDUCHERRY	0	0	0
	TOTAL (UTs)	73	12	61
	TOTAL (ALL-INDIA)	4101	574	3527

TABLE-3.8
Number Of Un-Identified Dead Bodies Recovered And Inquest Conducted During 2008

Sl. No.	State/UT	Unidentified Bodies Recovered And Inquest Conducted
(1)	(2)	(3)
STATES:		
1	ANDHRA PRADESH	5355
2	ARUNACHAL PRADESH	4
3	ASSAM	45
4	BIHAR	1074
5	CHHATTISGARH	117
6	GOA	272
7	GUJARAT	1907
8	HARYANA	713
9	HIMACHAL PRADESH	279
10	JAMMU & KASHMIR	85
11	JHARKHAND	334
12	KARNATAKA	2155
13	KERALA	517
14	MADHYA PRADESH	1091
15	MAHARASHTRA	7549
16	MANIPUR	50
17	MEGHALAYA	19
18	MIZORAM	8
19	NAGALAND	3
20	ORISSA	934
21	PUNJAB	997
22	RAJASTHAN	1084
23	SIKKIM	17
24	TAMIL NADU	2694
25	TRIPURA	0
26	UTTAR PRADESH	2126
27	UTTARAKHAND	238
28	WEST BENGAL	5560
	TOTAL (STATES)	35227
UNION TERRITORIES:		
29	A & N ISLANDS	0
30	CHANDIGARH	77
31	D & N HAVELI	3
32	DAMAN & DIU	19
33	DELHI	2174
34	LAKSHADWEEP	0
35	PUDUCHERRY	168
	TOTAL (UTs)	2441
	TOTAL (ALL-INDIA)	37668

Tables
Chapter

4

Disposal of Cases by Police and Courts

TABLE-4.1
Disposal Of IPC Crime Cases By Police During 2008

(1)	Crime Head	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases In Which					No. Of Cases Pending Investigation at the end of the year
				Investi-gation Refused	Investigation Was Completed				
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted	Total {(6)+ (7)+ (8)}	
				(5)	(6)	(7)	(8)	(9)	(10)
1	MURDER (Sec.302 & 303 IPC)	56136	4	270	1414	5147	25546	32107	23755
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	42754	8	286	1339	2867	23244	27450	15010
3	C.H. NOT AMOUNTING MURDER (Sec.304 , 308 IPC)	5471	2	2	222	425	2936	3583	1884
4	RAPE (Sec. 376 IPC)	30933	2	26	1785	1152	17614	20551	10354
	CUSTODIAL RAPE	1	0	0	0	0	0	0	1
	OTHER RAPE	30932	2	26	1785	1152	17614	20551	10353
5	KIDNAPPING & ABDUCTION (Sec.363-369,371-373 IPC)	48392	33	94	6011	5955	16392	28358	19907
	i) OF WOMEN & GIRLS	35530	23	51	4383	4347	12451	21181	14275
	ii) OF OTHERS	12862	10	43	1628	1608	3941	7177	5632
6	DACOITY (Sec.395-398 IPC)	10531	0	80	381	1210	3115	4706	5745
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec.399 to 402 IPC)	5152	0	5	8	93	2750	2851	2296
8	ROBBERY (Sec.392-394, 397,398 IPC)	32268	3	37	1239	5966	13103	20308	11920
9	BURGLARY (Sec.449-452,454,455,457-460 IPC)	131402	5	58	2924	52750	37918	93592	37747
10	THEFT (Sec.379 – 382 IPC)	443129	54	536	10738	173615	123266	307619	134920
	i) AUTO THEFT	159672	39	124	3300	79429	33168	115897	43612
	ii) OTHER THEFT	283457	15	412	7438	94186	90098	191722	91308
11	RIOTS (Sec.143-145, 147-151, 153, 153A,153B,157,158,160 IPC)	94633	40	50	3898	6219	53105	63222	31321
12	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	29022	6	73	1965	4141	9926	16032	12911
13	CHEATING (Sec.419,420 IPC)	111949	9	86	15397	13008	36531	64936	46918
14	COUNTERFEITING (Sec.231-254, 489A-489D IPC)	5492	0	33	68	1252	1200	2520	2939
15	ARSON (Sec.435,436,438 IPC)	13338	5	29	855	2344	5462	8661	4643
16	HURT (Sec.323-333,335-338 IPC)	340378	6	138	10005	15486	255819	281310	58924
17	DOWRY DEATHS (Sec.304B IPC)	12248	3	22	481	522	6700	7703	4520
18	MOLESTATION (Sec. 354 IPC)	48572	12	14	2529	1388	34613	38530	10016
19	SEXUAL HARASSMENT (Sec.509 IPC)	13875	0	0	373	371	11130	11874	2001
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	105809	18	68	7616	4374	64802	76792	28931
21	IMPORTATION OF GIRLS (Sec.366B IPC)	161	0	0	8	27	70	105	56
22	CAUSING DEATH BY NEGLIGENCE (Sec. 304A IPC)	116299	37	196	3637	15733	69666	89036	27030
23	OTHER IPC CRIMES	1054743	169	1096	49318	78505	732280	860103	193375
24	TOTAL COGNIZABLE CRIMES UNDER IPC	2752687	416	3199	122211	392550	1547188	2061949	687123

TABLE-4.2
Disposal Of IPC Cases By Police During 2008
(State & UT-Wise)

Sl. No.	State/UT	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases In Which					No. Of Cases Pending Investigation at the end of the year	Pend-ency Per-centage	Percen-tage Of Pending To All India Total	Charge Sheet -ing Rate $\{(Col.8)/(Col.7 + 8) \times 100\}$
				Investi-gation refused	Investigation was completed			Total $\{(6) + (7) + (8)\}$				
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
STATES:												
1	ANDHRA PRADESH	238579	13	111	16999	20463	148032	185494	52961	22.2	7.7	87.9
2	ARUNACHAL PRADESH	3319	0	0	0	941	1367	2308	1011	30.5	0.1	59.2
3	ASSAM	105881	0	355	4998	16377	23170	44545	60981	57.6	8.9	58.6
4	BIHAR	204937	0	0	7145	27204	85495	119844	85093	41.5	12.4	75.9
5	CHHATTISGARH	56327	0	833	170	10223	40235	50628	4866	8.6	0.7	79.7
6	GOA	4811	0	0	1	826	1558	2385	2426	50.4	0.4	65.4
7	GUJARAT	139926	43	204	551	24683	98998	124232	15447	11.0	2.2	80.0
8	HARYANA	65883	0	0	3234	14123	37168	54525	11358	17.2	1.7	72.5
9	HIMACHAL PRADESH	17653	0	0	1032	1981	11066	14079	3574	20.2	0.5	84.8
10	JAMMU & KASHMIR	26824	62	0	1714	2886	12678	17278	9484	35.4	1.4	81.5
11	JHARKHAND	72774	0	15	1048	11466	26156	38670	34089	46.8	5.0	69.5
12	KARNATAKA	184515	63	681	6407	20397	113686	140490	43281	23.5	6.3	84.8
13	KERALA	138355	0	2	5928	9948	94920	110796	27557	19.9	4.0	90.5
14	MADHYA PRADESH	214317	0	130	453	30555	172397	203405	10782	5.0	1.6	84.9
15	MAHARASHTRA	290335	9	37	3023	54015	140467	197505	92784	32.0	13.5	72.2
16	MANIPUR	11035	0	0	0	1519	101	1620	9415	85.3	1.4	6.2
17	MEGHALAYA	7065	0	0	1	674	680	1355	5710	80.8	0.8	50.2
18	MIZORAM	2226	0	0	0	119	1613	1732	494	22.2	0.1	93.1
19	NAGALAND	2113	0	0	0	423	581	1004	1109	52.5	0.2	57.9
20	ORISSA	79867	0	107	1730	6783	44148	52661	27099	33.9	3.9	86.7
21	PUNJAB	54404	0	0	2886	8828	24510	36224	18180	33.4	2.6	73.5
22	RAJASTHAN	156475	0	17	33932	22006	94530	150468	5990	3.8	0.9	81.1
23	SIKKIM	1698	0	0	0	185	520	705	993	58.5	0.1	73.8
24	TAMIL NADU	212841	116	481	12132	12673	144527	169332	42912	20.2	6.2	91.9
25	TRIPURA	6154	0	0	22	917	4303	5242	912	14.8	0.1	82.4
26	UTTAR PRADESH	184809	0	0	16762	44226	109554	170542	14267	7.7	2.1	71.2
27	UTTARAKHAND	10785	0	0	551	2272	6111	8934	1851	17.2	0.3	72.9
28	WEST BENGAL	141153	2	21	410	20803	67172	88385	52745	37.4	7.7	76.4
	TOTAL (STATES)	2635061	308	2994	121129	367516	1505743	1994388	637371	24.2	92.8	80.4
UNION TERRITORIES:												
29	A & N ISLANDS	1342	0	0	0	211	647	858	484	36.1	0.1	75.4
30	CHANDIGARH	5825	0	0	121	1951	1666	3738	2087	35.8	0.3	46.1
31	D & N HAVELI	691	0	1	12	155	280	447	243	35.2	0.0	64.4
32	DAMAN & DIU	416	0	0	0	112	118	230	186	44.7	0.0	51.3
33	DELHI	103029	106	171	902	21997	34226	57125	45627	44.3	6.6	60.9
34	LAKSHADWEEP	230	2	0	0	11	6	17	211	91.7	0.0	35.3
35	PUDUCHERRY	6093	0	33	47	597	4502	5146	914	15.0	0.1	88.3
	TOTAL (UTs)	117626	108	205	1082	25034	41445	67561	49752	42.3	7.2	62.3
	TOTAL (ALL-INDIA)	2752687	416	3199	122211	392550	1547188	2061949	687123	25.0	100.0	79.8

TABLE-4.3
Percentage Of IPC Crime Cases Disposed Of By Police During 2008

Sl. No.	Crime Head	Cases With-drawn By Govt.	Percentage Of Cases To Total Cases For Investigation In Which				Percentage Of Cases Pending Investigation at the end of the year	Charge-sheeting Rate ((7) / ((6) + (7)) × 100)	
			Investi-gation Refused	Investigation Was Completed					
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec.302 & 303 IPC)	0.0	0.5	2.5	9.2	45.5	57.2	42.3	83.2
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	0.0	0.7	3.1	6.7	54.4	64.2	35.1	89.0
3	C.H. NOT AMOUNTING MURDER (Sec.304 , 308 IPC)	0.0	0.0	4.1	7.8	53.7	65.5	34.4	87.4
4	RAPE (Sec. 376 IPC)	0.0	0.1	5.8	3.7	56.9	66.4	33.5	93.9
	CUSTODIAL RAPE	0.0	0.0	0.0	0.0	0.0	0.0	100.0	@
	OTHER RAPE	0.0	0.1	5.8	3.7	56.9	66.4	33.5	93.9
5	KIDNAPPING & ABDUCTION (Sec.363-369,371-373 IPC)	0.1	0.2	12.4	12.3	33.9	58.6	41.1	73.4
	i) OF WOMEN & GIRLS	0.1	0.1	12.3	12.2	35.0	59.6	40.2	74.1
	ii) OF OTHERS	0.1	0.3	12.7	12.5	30.6	55.8	43.8	71.0
6	DACOITY (Sec.395-398 IPC)	0.0	0.8	3.6	11.5	29.6	44.7	54.6	72.0
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec.399 to 402 IPC)	0.0	0.1	0.2	1.8	53.4	55.3	44.6	96.7
8	ROBBERY (Sec.392-394, 397,398 IPC)	0.0	0.1	3.8	18.5	40.6	62.9	36.9	68.7
9	BURGLARY (Sec.449-452,454,455,457-460 IPC)	0.0	0.0	2.2	40.1	28.9	71.2	28.7	41.8
10	THEFT (Sec.379 – 382 IPC)	0.0	0.1	2.4	39.2	27.8	69.4	30.4	41.5
	i) AUTO THEFT	0.0	0.1	2.1	49.7	20.8	72.6	27.3	29.5
	ii) OTHER THEFT	0.0	0.1	2.6	33.2	31.8	67.6	32.2	48.9
11	RIOTS (Sec.143-145, 147-151, 153, 153A,153B,157,158,160 IPC)	0.0	0.1	4.1	6.6	56.1	66.8	33.1	89.5
12	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	0.0	0.3	6.8	14.3	34.2	55.2	44.5	70.6
13	CHEATING (Sec.419,420 IPC)	0.0	0.1	13.8	11.6	32.6	58.0	41.9	73.7
14	COUNTERFEITING (Sec.231-254, 489A-489D IPC)	0.0	0.6	1.2	22.8	21.8	45.9	53.5	48.9
15	ARSON (Sec.435,436,438 IPC)	0.0	0.2	6.4	17.6	41.0	64.9	34.8	70.0
16	HURT (Sec.323-333,335-338 IPC)	0.0	0.0	2.9	4.5	75.2	82.6	17.3	94.3
17	DOWRY DEATHS (Sec.304B IPC)	0.0	0.2	3.9	4.3	54.7	62.9	36.9	92.8
18	MOLESTATION (Sec. 354 IPC)	0.0	0.0	5.2	2.9	71.3	79.3	20.6	96.1
19	SEXUAL HARASSMENT (Sec.509 IPC)	0.0	0.0	2.7	2.7	80.2	85.6	14.4	96.8
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	0.0	0.1	7.2	4.1	61.2	72.6	27.3	93.7
21	IMPORTATION OF GIRLS (Sec.366B IPC)	0.0	0.0	5.0	16.8	43.5	65.2	34.8	72.2
22	CAUSING DEATH BY NEGLIGENCE (Sec. 304A IPC)	0.0	0.2	3.1	13.5	59.9	76.6	23.2	81.6
23	OTHER IPC CRIMES	0.0	0.1	4.7	7.4	69.4	81.5	18.3	90.3
24	TOTAL COGNIZABLE CRIMES UNDER IPC	0.0	0.1	4.4	14.3	56.2	74.9	25.0	79.8

@ Indicates infinite variation because of division by zero

TABLE-4.4
Chargesheeting Rate Of IPC Crimes During 2008

Sl. No.	State/UT	Murder (Sec. 302,303 IPC)	Attempt To Commit Murder (Sec. 307 IPC)	C.H. Not Amounting To Murder (Sec. 304, 308 IPC)	Rape (Sec. 376 IPC)			Kidnapping And Abduction (Sec. 363-369, 371-373 IPC)			Dacoity (Sec. 395-398 IPC)	Preparation And Assembly For Dacoity (Sec. 399-402 IPC)
					Total	Custodial	Others	Total	Of Women & Girls	Of Others		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
STATES:												
1	ANDHRA PRADESH	88.2	89.3	99.3	97.8	-	97.8	85.9	88.3	78.7	87.1	100.0
2	ARUNACHAL PRADESH	70.0	69.4	0.0	53.7	-	53.7	55.2	68.4	37.9	57.9	-
3	ASSAM	69.9	71.9	79.1	81.1	-	81.1	59.6	59.5	60.1	54.2	81.0
4	BIHAR	68.3	84.4	77.4	82.7	-	82.7	71.1	69.3	73.1	61.5	88.9
5	CHHATTISGARH	88.4	82.3	88.2	99.0	-	99.0	87.5	89.9	79.3	76.2	100.0
6	GOA	75.0	86.4	85.7	91.3	-	91.3	56.3	72.7	20.0	100.0	-
7	GUJARAT	83.9	93.8	100.0	92.1	-	92.1	80.2	79.1	85.9	67.5	100.0
8	HARYANA	81.5	93.7	93.5	98.8	-	98.8	87.4	89.1	83.7	79.8	100.0
9	HIMACHAL PRADESH	79.6	88.7	100.0	95.8	-	95.8	88.9	91.8	62.5	83.3	-
10	JAMMU & KASHMIR	63.1	59.1	71.4	94.0	-	94.0	92.8	95.0	65.2	100.0	-
11	JHARKHAND	73.7	87.6	79.5	89.8	-	89.8	78.2	76.6	80.5	46.5	95.6
12	KARNATAKA	83.1	92.5	98.5	96.0	-	96.0	75.3	75.0	75.7	79.6	97.9
13	KERALA	91.2	94.9	99.0	96.7	-	96.7	87.0	88.1	83.9	80.6	100.0
14	MADHYA PRADESH	90.2	94.9	89.4	98.2	-	98.2	90.9	91.3	89.4	86.3	100.0
15	MAHARASHTRA	87.7	95.4	88.2	98.4	-	98.4	82.6	83.8	79.4	81.6	99.6
16	MANIPUR	6.3	2.1	0.0	50.0	-	50.0	1.8	0.0	3.3	-	0.0
17	MEGHALAYA	52.4	60.9	50.0	89.1	-	89.1	46.2	37.5	50.0	61.3	-
18	MIZORAM	95.7	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	100.0	-
19	NAGALAND	30.5	65.9	70.0	85.7	-	85.7	51.4	66.7	48.3	40.0	-
20	ORISSA	94.9	97.5	93.5	98.0	-	98.0	94.2	95.3	89.8	89.9	98.0
21	PUNJAB	81.5	84.1	78.7	90.9	-	90.9	70.8	73.6	63.9	82.9	96.0
22	RAJASTHAN	89.9	95.1	85.3	98.6	-	98.6	79.7	75.9	92.1	83.3	100.0
23	SIKKIM	100.0	90.0	100.0	100.0	-	100.0	62.5	83.3	0.0	100.0	-
24	TAMIL NADU	92.2	97.0	91.7	95.5	-	95.5	69.3	66.9	84.1	95.3	92.7
25	TRIPURA	85.0	79.1	100.0	94.9	-	94.9	77.7	79.1	72.4	78.6	100.0
26	UTTAR PRADESH	86.2	86.2	87.9	92.3	-	92.3	66.6	68.5	57.3	92.7	100.0
27	UTTARAKHAND	78.2	74.9	84.8	91.9	-	91.9	65.1	64.4	71.4	75.0	75.0
28	WEST BENGAL	81.3	89.4	86.8	90.5	-	90.5	81.1	85.0	62.8	84.6	97.9
	TOTAL (STATES)	83.0	88.9	87.2	93.7	-	93.7	75.2	76.0	72.7	71.9	96.5
UNION TERRITORIES:												
29	A & N ISLANDS	100.0	71.4	100.0	100.0	-	100.0	57.1	63.6	33.3	0.0	-
30	CHANDIGARH	100.0	84.2	100.0	95.0	-	95.0	44.7	40.6	66.7	100.0	100.0
31	D & N HAVELI	66.7	50.0	-	100.0	-	100.0	100.0	100.0	100.0	0.0	-
32	DAMAN & DIU	75.0	50.0	-	0.0	-	0.0	0.0	-	0.0	-	100.0
33	DELHI	91.3	96.1	91.5	98.4	-	98.4	44.2	42.9	47.7	95.7	100.0
34	LAKSHADWEEP	0.0	-	-	50.0	-	50.0	-	-	-	-	-
35	PUDUCHERRY	100.0	92.9	100.0	100.0	-	100.0	85.7	100.0	50.0	100.0	100.0
	TOTAL (UTs)	91.1	94.8	92.4	97.9	-	97.9	45.0	43.6	48.6	87.1	100.0
	TOTAL (ALL-INDIA)	83.2	89.0	87.4	93.9	-	93.9	73.4	74.1	71.0	72.0	96.7

¹ indicates infinite rate because of division by zero

TABLE-4.4(Continued)

Sl. No.	State/UT	Robbery (Sec.392-394, 397, 398 IPC)	Burglary (Sec. 449-452, 454, 455, 457-460 IPC)	Theft (Sec. 379-382 IPC)			Riots (Sec. 143-145,147-151, 153, 153A,153B, 157, 158, 160 IPC)	Criminal Breach Of Trust (Sec. 406-409 IPC)	Cheating (Sec. 419, 420 IPC)	Counter- feiting (Sec. 231-254, 489A, 489D IPC)
				Total	Auto Theft	Other Theft				
(1)	(2)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
STATES:										
1	ANDHRA PRADESH	80.5	59.2	67.1	56.2	71.3	86.7	74.7	89.9	36.2
2	ARUNACHAL PRADESH	60.5	39.8	39.8	64.9	36.9	53.8	55.3	84.6	81.8
3	ASSAM	54.7	34.7	38.5	37.6	38.8	67.6	62.6	58.5	69.2
4	BIHAR	52.3	33.3	36.7	31.7	38.5	85.9	72.2	77.4	81.5
5	CHHATTISGARH	71.0	33.8	36.0	28.9	39.8	92.3	78.0	82.4	56.5
6	GOA	68.4	31.9	37.9	26.8	45.3	84.0	33.3	49.0	42.9
7	GUJARAT	55.9	33.9	32.7	21.1	43.1	96.5	79.9	75.0	22.9
8	HARYANA	74.8	39.8	36.3	29.1	47.6	96.2	76.2	83.2	83.3
9	HIMACHAL PRADESH	80.0	34.2	43.8	24.9	50.2	97.9	84.7	86.1	54.5
10	JAMMU & KASHMIR	66.7	27.8	53.4	18.2	68.4	85.4	92.6	88.3	93.3
11	JHARKHAND	46.2	24.7	29.9	25.3	31.9	87.2	77.4	70.6	80.0
12	KARNATAKA	66.2	37.8	34.7	25.1	44.2	93.8	75.2	61.5	20.3
13	KERALA	74.1	40.5	53.7	34.9	63.8	94.7	71.0	80.6	60.0
14	MADHYA PRADESH	70.7	36.1	38.1	29.5	45.2	92.4	90.4	85.7	85.4
15	MAHARASHTRA	67.9	39.2	37.8	24.8	43.5	95.1	78.4	69.2	38.6
16	MANIPUR	0.0	0.0	5.6	5.1	5.8	2.9	0.0	15.2	-
17	MEGHALAYA	33.3	22.3	34.1	36.4	33.6	85.7	31.6	70.1	80.0
18	MIZORAM	100.0	87.0	91.0	100.0	90.6	0.0	96.0	100.0	100.0
19	NAGALAND	49.0	56.3	57.2	44.1	68.3	18.2	80.0	83.8	83.3
20	ORISSA	86.5	57.0	60.2	39.5	66.7	79.8	93.0	92.3	68.2
21	PUNJAB	84.9	49.6	56.5	50.8	60.7	-	81.7	82.3	98.3
22	RAJASTHAN	65.0	36.6	27.4	17.2	37.6	97.1	81.2	83.4	76.8
23	SIKKIM	50.0	48.4	65.4	66.7	65.3	82.6	83.3	75.0	0.0
24	TAMIL NADU	91.0	77.9	92.3	90.5	92.8	94.1	72.2	71.1	27.1
25	TRIPURA	75.8	39.4	60.0	41.7	61.9	82.2	74.2	77.3	92.3
26	UTTAR PRADESH	78.7	39.9	38.3	26.6	49.5	82.3	57.2	57.7	51.9
27	UTTARAKHAND	70.3	53.8	49.7	33.6	61.3	75.1	63.9	70.1	53.8
28	WEST BENGAL	62.6	28.5	26.7	21.5	27.6	87.1	71.6	58.2	92.6
	TOTAL (STATES)	68.1	41.9	42.7	30.7	49.6	89.5	70.7	73.8	48.5
UNION TERRITORIES:										
29	A & N ISLANDS	83.3	38.5	48.8	50.0	48.8	93.3	83.3	80.0	0.0
30	CHANDIGARH	93.3	27.3	28.5	14.8	44.3	90.0	30.0	62.6	100.0
31	D & N HAVELI	-	26.5	48.8	31.3	53.1	78.6	61.1	63.6	0.0
32	DAMAN & DIU	100.0	24.4	23.5	24.2	22.2	79.2	33.3	75.0	0.0
33	DELHI	87.4	41.5	27.7	20.1	37.2	90.3	69.6	73.0	70.9
34	LAKSHADWEEP	-	40.0	40.0	-	40.0	50.0	-	-	-
35	PUDUCHERRY	80.0	30.0	34.4	33.8	35.4	92.2	33.3	89.7	100.0
	TOTAL (UTs)	87.5	39.9	28.1	20.1	38.0	89.4	68.1	72.7	64.1
	TOTAL (ALL-INDIA)	68.7	41.8	41.5	29.5	48.9	89.5	70.6	73.7	48.9

TABLE-4.4(Concluded)

Sl No.	State/UT	Arson (Sec. 435, 436, 438 IPC)	Hurt (Sec. 323- 333,335-338 IPC)	Dowry Death (Sec. 304B IPC)	Moles- tation (Sec. 354 IPC)	Sexual Harass- ment (Sec. 509 IPC)	Cruelty By Hus- band And Relatives (Sec. 498A IPC)	Importati- on Of Girls Negligence (Sec. 304A IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crimes	Total Cog. Crimes Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
<i>STATES:</i>											
1	ANDHRA PRADESH	83.8	96.6	94.2	96.6	93.3	98.2	-	86.6	94.1	87.9
2	ARUNACHAL PRADESH	26.7	74.6	-	75.3	100.0	60.0	-	46.6	73.3	59.2
3	ASSAM	51.2	71.3	91.2	74.9	100.0	78.2	-	80.4	55.9	58.6
4	BIHAR	69.6	85.2	85.7	87.8	85.7	87.3	92.9	76.4	84.2	75.9
5	CHHATTISGARH	53.9	98.0	100.0	98.6	97.6	99.1	-	71.7	90.9	79.7
6	GOA	42.9	90.2	100.0	86.7	80.0	84.6	-	77.6	81.2	65.4
7	GUJARAT	77.8	96.2	96.4	98.0	93.8	99.4	-	79.0	93.7	80.0
8	HARYANA	72.6	98.2	97.4	98.7	97.4	85.5	-	75.2	87.8	72.5
9	HIMACHAL PRADESH	46.8	95.8	100.0	99.6	81.8	99.7	-	61.8	95.4	84.8
10	JAMMU & KASHMIR	25.8	97.0	100.0	99.5	99.6	100.0	-	78.0	91.6	81.5
11	JHARKHAND	70.1	89.8	90.1	91.4	76.2	86.9	70.3	75.6	83.1	69.5
12	KARNATAKA	69.8	96.5	97.2	95.6	100.0	98.1	-	93.1	95.4	84.8
13	KERALA	53.0	97.0	96.2	97.3	95.7	96.8	-	95.0	95.7	90.5
14	MADHYA PRADESH	84.0	97.8	99.4	99.5	99.1	99.1	-	83.7	94.1	84.9
15	MAHARASHTRA	72.2	95.6	99.0	97.6	97.9	97.8	-	76.5	88.4	72.2
16	MANIPUR	0.0	0.5	-	0.0	-	0.0	-	0.0	10.7	6.2
17	MEGHALAYA	16.7	65.6	33.3	77.4	-	45.5	-	53.3	62.5	50.2
18	MIZORAM	100.0	99.0	-	97.3	-	100.0	-	97.1	96.7	93.1
19	NAGALAND	36.4	67.3	-	90.9	0.0	75.0	-	82.4	61.3	57.9
20	ORISSA	74.8	96.2	98.5	97.7	98.5	98.6	-	88.0	93.7	86.7
21	PUNJAB	64.2	82.1	92.6	81.3	87.9	83.0	0.0	70.4	78.3	73.5
22	RAJASTHAN	74.3	99.2	99.1	99.6	92.3	100.0	-	87.1	94.0	81.1
23	SIKKIM	22.7	94.8	-	80.0	-	100.0	-	77.5	74.9	73.8
24	TAMIL NADU	76.5	95.4	99.5	94.5	96.9	92.4	-	89.2	92.7	91.9
25	TRIPURA	57.1	85.0	100.0	89.3	100.0	96.0	-	93.7	85.2	82.4
26	UTTAR PRADESH	70.9	80.5	87.0	93.8	99.3	77.0	-	79.8	78.2	71.2
27	UTTARAKHAND	43.8	79.9	86.5	91.7	99.7	79.9	-	80.8	81.6	72.9
28	WEST BENGAL	67.2	92.7	96.9	94.4	93.3	97.3	31.3	78.7	85.3	76.4
	TOTAL (STATES)	70.2	94.3	92.7	96.1	96.8	93.9	72.2	81.7	90.4	80.4
<i>UNION TERRITORIES:</i>											
29	A & N ISLANDS	36.4	80.6	100.0	87.5	100.0	83.3	-	100.0	90.2	75.4
30	CHANDIGARH	25.0	87.3	100.0	85.2	100.0	77.1	-	50.0	71.7	46.1
31	D & N HAVELI	50.0	73.1	-	100.0	-	100.0	-	100.0	72.7	64.4
32	DAMAN & DIU	0.0	100.0	-	100.0	-	100.0	-	62.5	78.1	51.3
33	DELHI	48.9	93.0	99.1	98.2	92.3	82.5	-	60.4	87.9	60.9
34	LAKSHADWEEP	-	0.0	-	0.0	-	-	-	-	-	35.3
35	PUDUCHERRY	44.4	98.2	-	97.0	100.0	100.0	-	89.1	99.0	88.3
	TOTAL (UTs)	44.7	93.8	99.2	97.3	93.5	82.6	0	68.1	88.5	62.3
	TOTAL (ALL-INDIA)	70.0	94.3	92.8	96.1	96.8	93.7	72.2	81.6	90.3	79.8

TABLE-4.5
Disposal Of SLL Crime Cases By Police During 2008

Sl No.	Crime Head	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases In Which					No. Of Cases Pending Investigation at the end of the year
				Investigation Refused	Investigation Was Completed				
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted	Total {(6) + (7) + (8)}	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	ARMS ACT	90301	1	60	98	876	76058	77032	13208
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	42964	0	6	135	1031	30144	31310	11648
3	GAMBLING ACT	165318	0	3	19	114	157243	157376	7939
4	EXCISE ACT	181258	17	137	122	807	162004	162933	18171
5	PROHIBITION ACT	463688	641	817	9921	13524	341387	364832	97398
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	6865	0	44	32	435	3441	3908	2913
7	IMMORAL TRAFFIC (P) ACT	4111	0	3	16	23	2676	2715	1393
8	INDIAN RAILWAYS ACT	272	0	1	6	63	64	133	138
9	REGISTRATION OF FOREIGNERS ACT	1906	0	0	3	14	1423	1440	466
10	PROTECTION OF CIVIL RIGHTS ACT	319	0	1	68	21	147	236	82
	(I) PCR ACT FOR SCs	302	0	0	68	12	145	225	77
	(ii) PCR ACT FOR STs	17	0	1	0	9	2	11	5
11	INDIAN PASSPORT ACT	2123	1	1	16	71	782	869	1252
12	ESSENTIAL COMMODITIES ACT	12861	0	22	165	631	8249	9045	3794
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	80	0	0	1	3	2	6	74
14	ANTIQUITIES & ART TREASURES ACT	93	0	0	5	17	26	48	45
15	DOWRY PROHIBITION ACT	9130	22	34	278	431	4372	5081	3993
16	CHILD MARRIAGE RESTRAINT ACT	148	0	0	10	6	84	100	48
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	1082	0	0	14	1	1027	1042	40
18	COPYRIGHT ACT	8004	3	0	25	69	5823	5917	2084
19	SATI PREVENTION ACT	1	0	0	0	0	1	1	0
20	SC/ST (PREVENTION OF ATROCITIES) ACT	17782	1	36	2356	958	8062	11376	6369
	(I) PREVENTION OF ATROCITIES ACT FOR SCs	16167	1	30	2149	910	7353	10412	5724
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	1615	0	6	207	48	709	964	645
21	FOREST ACT	5597	0	16	60	305	4609	4974	607
22	OTHER SLL CRIMES	3049832	1523	16018	43221	184889	2752100	2980210	52081
23	TOTAL COGNIZABLE CRIMES UNDER SLL	4063735	2209	17199	56571	204289	3559724	3820584	223743

TABLE-4.6
Disposal Of SLL Cases By Police During 2008
(State & UT-Wise)

Sl No.	State/UT	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases In Which				No. Of Cases Pending Investigation at the end of the year	Pendency Percentage	Percentage Of Pendency To All India Total	Charge Sheeting Rate $\{(Col.8) / (Col.7+8) \times 100\}$	
				Investigation Refused	Investigation Was Completed							
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted					Total $\{(6) + (7) + (8)\}$
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
STATES:												
1	ANDHRA PRADESH @	253893	0	14	1198	672	245760	247630	6249	2.5	2.8	99.7
2	ARUNACHAL PRADESH	140	0	0	0	26	52	78	62	44.3	0.0	66.7
3	ASSAM	7385	0	76	155	609	1385	2149	5160	69.9	2.3	69.5
4	BIHAR	20511	0	0	467	869	7567	8903	11608	56.6	5.2	89.7
5	CHHATTISGARH	247451	0	133	12	47	246766	246825	493	0.2	0.2	100.0
6	GOA	2887	0	0	2	189	2345	2536	351	12.2	0.2	92.5
7	GUJARAT	220211	0	5	57	375	199391	199823	20383	9.3	9.1	99.8
8	HARYANA	24632	0	0	527	255	22362	23144	1488	6.0	0.7	98.9
9	HIMACHAL PRADESH	5119	0	0	67	163	3743	3973	1146	22.4	0.5	95.8
10	JAMMU & KASHMIR	3459	0	0	56	187	1538	1781	1678	48.5	0.7	89.2
11	JHARKHAND	6024	0	1	78	406	2496	2980	3043	50.5	1.4	86.0
12	KARNATAKA	22768	23	201	433	425	18768	19626	2918	12.8	1.3	97.8
13	KERALA	146770	0	0	118	6445	132387	138950	7820	5.3	3.5	95.4
14	MADHYA PRADESH	184751	0	10641	5	312	173575	173892	218	0.1	0.1	99.8
15	MAHARASHTRA	169437	2	608	435	1440	116260	118135	50692	29.9	22.7	98.8
16	MANIPUR	3280	0	0	0	186	65	251	3029	92.3	1.4	25.9
17	MEGHALAYA	646	0	0	0	39	104	143	503	77.9	0.2	72.7
18	MIZORAM	712	0	0	0	1	670	671	41	5.8	0.0	99.9
19	NAGALAND	529	0	0	0	22	343	365	164	31.0	0.1	94.0
20	ORISSA	21066	7	8	174	125	10672	10971	10080	47.8	4.5	98.8
21	PUNJAB	29296	0	0	209	380	21031	21620	7676	26.2	3.4	98.2
22	RAJASTHAN	41070	0	1	3280	1141	35776	40197	872	2.1	0.4	96.9
23	SIKKIM	272	0	0	0	8	71	79	193	71.0	0.1	89.9
24	TAMIL NADU	550835	2154	5492	47915	166864	268816	483595	59594	10.8	26.6	61.7
25	TRIPURA	294	0	0	0	22	212	234	60	20.4	0.0	90.6
26	UTTAR PRADESH	1909718	0	0	1253	22006	1878264	1901523	8195	0.4	3.7	98.8
27	UTTARAKHAND	150082	0	0	5	75	149454	149534	548	0.4	0.2	99.9
28	WEST BENGAL	13703	0	5	56	932	5214	6202	7496	54.7	3.4	84.8
	TOTAL (STATES)	4036941	2186	17185	56502	204221	3545087	3805810	211760	5.2	94.6	94.6
UNION TERRITORIES:												
29	A & N ISLANDS	5919	0	0	0	10	5156	5166	753	12.7	0.3	99.8
30	CHANDIGARH	937	0	0	54	10	518	582	355	37.9	0.2	98.1
31	D & N HAVELI	24	0	0	0	1	9	10	14	58.3	0.0	90.0
32	DAMAN & DIU	25	0	0	0	0	10	10	15	60.0	0.0	100.0
33	DELHI	18725	23	2	8	38	7885	7931	10769	57.5	4.8	99.5
34	LAKSHADWEEP	18	0	0	0	0	18	18	0	0.0	0.0	100.0
35	PUDUCHERRY	1146	0	12	7	9	1041	1057	77	6.7	0.0	99.1
	TOTAL (UTs)	26794	23	14	69	68	14637	14774	11983	44.7	5.4	99.5
	TOTAL (ALL-INDIA)	4063735	2209	17199	56571	204289	3559724	3820584	223743	5.5	100.0	94.6

@ Variation in SLL crimes and persons arrested under them reported by Andhra Pradesh due to exclusion of large number of Motor Vehicles Act cases (non-cognizable)

TABLE-4.7
Percentage Of SLL Crime Cases Disposed Of By Police During 2008

Sl. No.	Crime Head	Cases With-drawn By Govt.	Percentage Of Cases To Total Cases For Investigation In Which				Percentage Of Cases Pending Investigation at the end of the year	Charge Sheeting Rate $\frac{((7)+(6)+(7)) \times 100}{(7)}$	
			Investigation Refused	Investigation Was Completed					
(1)	(2)	(3)	(4)	Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted	Total $\{(5) + (6) + (7)\}$	(9)	(10)
1	ARMS ACT	0.0	0.1	0.1	1.0	84.2	85.3	14.6	98.9
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	0.0	0.0	0.3	2.4	70.2	72.9	27.1	96.7
3	GAMBLING ACT	0.0	0.0	0.0	0.1	95.1	95.2	4.8	99.9
4	EXCISE ACT	0.0	0.1	0.1	0.4	89.4	89.9	10.0	99.5
5	PROHIBITION ACT	0.1	0.2	2.1	2.9	73.6	78.7	21.0	96.2
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	0.0	0.6	0.5	6.3	50.1	56.9	42.4	88.8
7	IMMORAL TRAFFIC (P) ACT	0.0	0.1	0.4	0.6	65.1	66.0	33.9	99.1
8	INDIAN RAILWAYS ACT	0.0	0.4	2.2	23.2	23.5	48.9	50.7	50.4
9	REGISTRATION OF FOREIGNERS ACT	0.0	0.0	0.2	0.7	74.7	75.6	24.4	99.0
10	PROTECTION OF CIVIL RIGHTS ACT	0.0	0.3	21.3	6.6	46.1	74.0	25.7	87.5
	(i) PCR ACT FOR SCs	0.0	0.0	22.5	4.0	48.0	74.5	25.5	92.4
	(ii) PCR ACT FOR STs	0.0	5.9	0.0	52.9	11.8	64.7	29.4	18.2
11	INDIAN PASSPORT ACT	0.0	0.0	0.8	3.3	36.8	40.9	59.0	91.7
12	ESSENTIAL COMMODITIES ACT	0.0	0.2	1.3	4.9	64.1	70.3	29.5	92.9
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0.0	0.0	1.3	3.8	2.5	7.5	92.5	40.0
14	ANTIQUITIES & ART TREASURES ACT	0.0	0.0	5.4	18.3	28.0	51.6	48.4	60.5
15	DOWRY PROHIBITION ACT	0.2	0.4	3.0	4.7	47.9	55.7	43.7	91.0
16	CHILD MARRIAGE RESTRAINT ACT	0.0	0.0	6.8	4.1	56.8	67.6	32.4	93.3
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	0.0	0.0	1.3	0.1	94.9	96.3	3.7	99.9
18	COPYRIGHT ACT	0.0	0.0	0.3	0.9	72.8	73.9	26.0	98.8
19	SATI PREVENTION ACT	0.0	0.0	0.0	0.0	100.0	100.0	0.0	100.0
20	SC/ST (PREVENTION OF ATROCITIES) ACT	0.0	0.2	13.2	5.4	45.3	64.0	35.8	89.4
	(i) PREVENTION OF ATROCITIES ACT FOR SCs	0.0	0.2	13.3	5.6	45.5	64.4	35.4	89.0
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	0.0	0.4	12.8	3.0	43.9	59.7	39.9	93.7
21	FOREST ACT	0.0	0.3	1.1	5.4	82.3	88.9	10.8	93.8
22	OTHER SLL CRIMES	0.0	0.5	1.4	6.1	90.2	97.7	1.7	93.7
23	TOTAL COGNIZABLE CRIMES UNDER SLL	0.1	0.4	1.4	5.0	87.6	94.0	5.5	94.6

TABLE-4.8
Chargesheeting Rate Of SLL Crimes During 2008

Sl. No.	State/UT	Arms Act	NDPS Act	Gambling Act	Excise Act	Prohibition Act	Exp. & Exp. Sub. Act	I.T.P. Act	Railways Act	Registration Of Foreigners Act
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH @	94.4	98.9	100.0	90.6	98.3	91.7	100.0	40.0	100.0
2	ARUNACHAL PRADESH	57.1	67.6	-	-	-	66.7	-	-	-
3	ASSAM	78.6	92.6	74.7	72.1	55.0	77.5	92.6	53.8	100.0
4	BIHAR	94.1	95.0	98.5	96.4	83.3	71.9	89.3	50.0	100.0
5	CHHATTISGARH	99.9	99.7	100.0	100.0	-	99.2	100.0	0.0	-
6	GOA	0.0	100.0	100.0	-	-	100.0	100.0	0.0	100.0
7	GUJARAT	99.1	92.0	99.9	100.0	99.9	93.5	98.1	50.0	100.0
8	HARYANA	99.2	97.7	100.0	99.5	-	93.8	100.0	37.5	100.0
9	HIMACHAL PRADESH	80.0	93.6	100.0	99.1	-	71.4	-	-	50.0
10	JAMMU & KASHMIR	71.9	93.0	100.0	99.4	-	42.4	80.0	-	100.0
11	JHARKHAND	97.2	96.9	94.3	99.1	100.0	82.6	100.0	-	0.0
12	KARNATAKA	98.8	98.2	99.9	98.7	-	93.6	99.8	25.0	100.0
13	KERALA	89.8	98.4	99.9	-	98.0	64.8	100.0	33.3	93.8
14	MADHYA PRADESH	100.0	98.4	100.0	100.0	100.0	98.0	100.0	75.0	100.0
15	MAHARASHTRA	97.8	99.3	100.0	-	99.8	84.6	100.0	11.8	100.0
16	MANIPUR	0.0	82.1	100.0	-	-	0.0	-	-	100.0
17	MEGHALAYA	46.9	60.0	100.0	100.0	-	62.5	100.0	-	92.0
18	MIZORAM	100.0	100.0	100.0	-	100.0	80.0	100.0	-	100.0
19	NAGALAND	93.3	98.8	100.0	100.0	100.0	0.0	100.0	-	-
20	ORISSA	88.9	100.0	100.0	99.6	-	94.9	100.0	100.0	-
21	PUNJAB	98.0	98.3	99.6	99.0	100.0	76.9	97.8	71.4	-
22	RAJASTHAN	99.8	97.4	100.0	99.9	-	99.2	100.0	20.0	100.0
23	SIKKIM	100.0	100.0	-	-	-	80.0	-	-	100.0
24	TAMIL NADU	96.7	78.1	100.0	-	88.3	98.3	100.0	42.9	100.0
25	TRIPURA	92.3	96.0	100.0	-	-	50.0	-	-	-
26	UTTAR PRADESH	99.3	98.9	99.9	99.8	-	95.8	92.2	50.0	100.0
27	UTTARAKHAND	99.6	98.1	100.0	99.5	-	75.0	75.0	100.0	100.0
28	WEST BENGAL	97.9	89.0	90.9	63.5	100.0	75.0	85.7	0.0	99.2
	TOTAL (STATES)	98.8	96.6	99.9	99.5	96.2	88.7	99.1	50.0	99.0
UNION TERRITORIES:										
29	A & N ISLANDS	0.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-
30	CHANDIGARH	100.0	98.3	100.0	99.5	-	-	100.0	-	100.0
31	D & N HAVELI	100.0	-	100.0	100.0	-	0.0	100.0	-	-
32	DAMAN & DIU	-	-	100.0	-	-	-	100.0	-	-
33	DELHI	99.5	99.8	100.0	99.9	-	100.0	100.0	100.0	100.0
34	LAKSHADWEEP	-	100.0	-	-	100.0	-	-	-	-
35	PUDUCHERRY	100.0	100.0	100.0	-	-	60.0	100.0	-	-
	TOTAL (UTs)	99.5	99.7	100.0	99.9	100.0	93.8	100.0	100.0	100.0
	TOTAL (ALL-INDIA)	98.9	96.7	99.9	99.5	96.2	88.8	99.1	50.4	99.0

@ Variation in SLL crimes and persons arrested under them reported by Andhra Pradesh due to exclusion of large number of Motor Vehicles Act cases (non-cognizable)

'-' indicates infinite rate because of division by zero

TABLE-4.8 (Continued)

Sl. No.	State/UT	Protection Of Civil Rights Act			Indian Passport Act	Essential Commodities Act	TADA Act	Antiquities & Art Treasures Act	Dowry Prohibition Act	Child Marriage Restraint Act
		Total	For SCs	For STs						
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
<i>STATES:</i>										
1	ANDHRA PRADESH	100.0	100.0	100.0	100.0	97.3	-	50.0	94.8	100.0
2	ARUNACHAL PRADESH	100.0	98.3	100.0	99.5	-	-	-	-	-
3	ASSAM	100.0	-	100.0	100.0	83.8	100.0	100.0	65.0	100.0
4	BIHAR	100.0	-	100.0	-	88.3	-	-	80.6	100.0
5	CHHATTISGARH	99.5	99.8	100.0	99.9	100.0	-	100.0	100.0	100.0
6	GOA	100.0	100.0	-	-	-	-	-	-	-
7	GUJARAT	100.0	100.0	100.0	-	99.1	-	-	-	95.5
8	HARYANA	99.5	99.7	100.0	99.9	99.7	-	0.0	100.0	100.0
9	HIMACHAL PRADESH	98.9	96.7	99.9	99.5	97.7	-	-	100.0	100.0
10	JAMMU & KASHMIR	0.0	100.0	100.0	100.0	99.4	0.0	-	100.0	-
11	JHARKHAND	100.0	98.3	100.0	99.5	84.8	-	-	82.3	-
12	KARNATAKA	100.0	-	100.0	100.0	91.3	-	100.0	94.9	71.4
13	KERALA	100.0	-	100.0	-	96.0	-	-	75.0	50.0
14	MADHYA PRADESH	99.5	99.8	100.0	99.9	99.4	-	-	97.2	100.0
15	MAHARASHTRA	100.0	100.0	-	-	99.4	-	100.0	100.0	100.0
16	MANIPUR	100.0	100.0	100.0	-	-	-	-	-	-
17	MEGHALAYA	99.5	99.7	100.0	99.9	50.0	-	-	-	-
18	MIZORAM	98.9	96.7	99.9	99.5	-	-	-	-	-
19	NAGALAND	100.0	100.0	100.0	100.0	100.0	-	-	-	-
20	ORISSA	100.0	98.3	100.0	99.5	100.0	-	-	98.8	100.0
21	PUNJAB	100.0	-	100.0	100.0	96.9	-	100.0	100.0	83.3
22	RAJASTHAN	100.0	-	100.0	-	98.5	-	-	100.0	100.0
23	SIKKIM	99.5	99.8	100.0	99.9	100.0	-	-	-	-
24	TAMIL NADU	100.0	100.0	-	-	59.1	-	0.0	95.8	100.0
25	TRIPURA	100.0	100.0	100.0	-	92.0	-	-	-	-
26	UTTAR PRADESH	99.5	99.7	100.0	99.9	82.9	-	75.0	80.3	-
27	UTTARAKHAND	98.9	96.7	99.9	99.5	75.5	-	-	100.0	-
28	WEST BENGAL	100.0	100.0	100.0	100.0	85.5	-	0.0	100.0	100.0
	TOTAL (STATES)	100.0	98.3	100.0	99.5	92.8	40.0	58.5	91.0	93.3
<i>UNION TERRITORIES:</i>										
29	A & N ISLANDS	-	-	-	-	100.0	-	-	0.0	-
30	CHANDIGARH	-	-	-	-	100.0	-	-	-	-
31	D & N HAVELI	-	-	-	-	-	-	-	-	-
32	DAMAN & DIU	-	-	-	-	-	-	-	-	-
33	DELHI	-	-	-	100.0	95.4	-	100.0	100.0	100.0
34	LAKSHADWEEP	-	-	-	-	-	-	-	-	-
35	PUDUCHERRY	100.0	100.0	-	-	100.0	-	-	100.0	-
	TOTAL (UTs)	100.0	100.0	0.0	100.0	96.4	0.0	100.0	95.0	100.0
	TOTAL (ALL-INDIA)	87.5	92.4	18.2	91.7	92.9	40.0	60.5	91.0	93.3

TABLE-4.8 (Concluded)

Sl. No.	State/UT	Indecent Rep. Of Women Proh. Act	Copy Right Act	Sati Prevention Act	SC/ST (Prev.) Of Atrocities Act			Forest Act	Other SLL Crimes	Total Cog. Crimes Under SLL
					Total	For SCs	For STs			
(1)	(2)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
STATES:										
1	ANDHRA PRADESH	99.9	99.8	-	87.9	88.6	84.8	46.2	99.9	99.7
2	ARUNACHAL PRADESH	-	-	-	-	-	-	-	70.8	66.7
3	ASSAM	-	86.1	-	-	-	-	50.0	59.1	69.5
4	BIHAR	-	100.0	-	84.3	84.4	78.9	96.7	90.0	89.7
5	CHHATTISGARH	-	100.0	100.0	97.7	97.4	97.9	100.0	100.0	100.0
6	GOA	-	100.0	-	60.0	60.0	-	100.0	90.2	92.5
7	GUJARAT	-	100.0	-	97.7	97.5	98.4	100.0	99.3	99.8
8	HARYANA	-	100.0	-	97.4	97.4	-	100.0	91.5	98.9
9	HIMACHAL PRADESH	-	100.0	-	100.0	100.0	100.0	70.0	84.1	95.8
10	JAMMU & KASHMIR	-	100.0	-	-	-	-	-	90.7	89.2
11	JHARKHAND	-	92.9	-	76.7	71.1	89.0	85.3	79.7	86.0
12	KARNATAKA	-	98.9	-	95.4	95.1	98.2	87.3	95.8	97.8
13	KERALA	100.0	99.4	-	63.6	60.0	100.0	-	95.2	95.4
14	MADHYA PRADESH	-	99.0	-	96.4	93.6	100.0	93.9	99.7	99.8
15	MAHARASHTRA	100.0	99.4	-	98.1	98.2	97.4	93.8	95.6	98.8
16	MANIPUR	-	-	-	-	-	-	-	6.4	25.9
17	MEGHALAYA	-	100.0	-	-	-	-	-	38.1	72.7
18	MIZORAM	-	-	-	-	-	-	-	100.0	99.9
19	NAGALAND	-	-	-	-	-	-	-	94.1	94.0
20	ORISSA	-	100.0	-	96.3	96.5	94.8	-	95.8	98.8
21	PUNJAB	-	97.2	-	74.6	74.6	-	100.0	81.5	98.2
22	RAJASTHAN	100.0	99.2	-	100.0	100.0	100.0	99.9	83.9	96.9
23	SIKKIM	-	-	-	-	-	-	-	86.5	89.9
24	TAMIL NADU	100.0	100.0	-	93.6	93.6	100.0	100.0	50.0	61.7
25	TRIPURA	-	-	-	-	-	-	-	68.0	90.6
26	UTTAR PRADESH	-	95.6	-	86.0	86.0	100.0	90.8	98.8	98.8
27	UTTARAKHAND	-	91.9	-	70.4	70.4	-	91.9	100.0	99.9
28	WEST BENGAL	100.0	91.5	-	75.0	60.0	100.0	55.6	74.0	84.8
	TOTAL (STATES)	99.9	98.9	100.0	89.4	89.0	93.6	93.8	93.7	94.6
UNION TERRITORIES:										
29	A & N ISLANDS	-	-	-	100.0	-	100.0	-	99.4	99.8
30	CHANDIGARH	-	93.3	-	100.0	100.0	-	-	75.0	98.1
31	D & N HAVELI	-	-	-	100.0	-	100.0	-	-	90.0
32	DAMAN & DIU	-	100.0	-	-	-	-	-	-	100.0
33	DELHI	-	97.4	-	94.7	94.7	-	100.0	99.2	99.5
34	LAKSHADWEEP	-	-	-	-	-	-	-	100.0	100.0
35	PUDUCHERRY	-	100.0	-	-	-	-	-	99.2	99.1
	TOTAL (UTs)	0.0	97.4	0.0	95.5	95.0	100.0	100.0	99.1	99.5
	TOTAL (ALL-INDIA)	99.9	98.8	100.0	89.4	89.0	93.7	93.8	93.7	94.6

TABLE-4.9
Disposal Of IPC Cases By Courts During 2008

(1)	(2)	(3)	(4)	No. Of Cases				(9)
				Compounded Or Withdrawn	In Which Trials Were Completed		Pending Trial at the end of the year	
					Convicted	Acquitted Or Discharged			Total {(6) + (7)}
1	MURDER (Sec.302 & 303 IPC)	170832	1	139	8767	14089	22856	147837
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	138539	1	313	6453	14142	20595	117631
3	C.H. NOT AMOUNTING MURDER (Sec.304 , 308 IPC)	18139	0	28	972	1819	2791	15320
4	RAPE (Sec. 376 IPC)	81597	0	203	3773	10419	14192	67202
	CUSTODIAL RAPE	6	0	2	0	0	0	4
	OTHER RAPE	81591	0	201	3773	10419	14192	67198
5	KIDNAPPING & ABDUCTION (Sec.363-369,371-373 IPC)	89658	1	457	3274	8797	12071	77130
	i) OF WOMEN & GIRLS	63743	0	398	2378	6399	8777	54568
	ii) OF OTHERS	25915	1	59	896	2398	3294	22562
6	DACOITY (Sec.395-398 IPC)	31408	1	9	742	2485	3227	28172
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec.399 to 402 IPC)	13413	1	3	384	1278	1662	11748
8	ROBBERY (Sec.392-394, 397,398 IPC)	94866	0	65	2975	6952	9927	84874
9	BURGLARY (Sec.449-452,454,455,457-460 IPC)	265579	4	592	10381	18356	28737	236250
10	THEFT (Sec.379 – 382 IPC)	787864	3	2288	33869	53522	87391	698185
	i) AUTO THEFT	157954	0	140	8153	10699	18852	138962
	ii) OTHER THEFT	629910	3	2148	25716	42823	68539	559223
11	RIOTS (Sec.143-145, 147-151, 153, 153A,153B,157,158,160 IPC)	408752	292	6239	8374	33061	41435	361078
12	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	85871	1	372	2108	4883	6991	78508
13	CHEATING (Sec.419,420 IPC)	222581	3	2208	5681	13822	19503	200870
14	COUNTERFEITING (Sec.231-254, 489A-489D IPC)	6265	0	6	327	527	854	5405
15	ARSON (Sec.435,436,438 IPC)	34165	0	205	1059	3655	4714	29246
16	HURT (Sec.323-333,335-338 IPC)	1235143	228	62189	49147	108544	157691	1015263
17	DOWRY DEATHS (Sec.304B IPC)	31950	0	117	1948	3876	5824	26009
18	MOLESTATION (Sec. 354 IPC)	168391	1	6094	6906	14876	21782	140515
19	SEXUAL HARASSMENT (Sec.509 IPC)	35842	0	1054	4128	4041	8169	26619
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	293416	0	7310	7710	26637	34347	251759
21	IMPORTATION OF GIRLS (Sec.366B IPC)	321	0	2	8	57	65	254
22	CAUSING DEATH BY NEGLIGENCE (Sec. 304A IPC)	306376	497	2149	14527	26608	41135	263092
23	OTHER IPC CRIMES	3312874	7068	63421	274962	231702	506664	2742789
24	TOTAL COGNIZABLE CRIMES UNDER IPC	7833842	8102	155463	448475	604148	1052623	6625756

TABLE-4.10
Disposal Of IPC Cases By Courts During 2008
(State & UT - Wise)

Sl. No.	State/UT	Total No. Of Cases For Trial Including Pending Cases from previous year	Cases With-Drawn By Govt.	No. Of Cases				Pendency Percentage	Percent-age Of Pendency To All India Total	Conviction Rate $\{(6)/(8)\} \times 100$	
				Compo-unded Or With-drawn	In Which Trials Were Completed		Pending trial at the end of the year				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<i>STATES:</i>											
1	ANDHRA PRADESH	424099	12	34951	31732	51438	83170	305978	72.1	4.6	38.2
2	ARUNACHAL PRADESH	15758	0	187	285	179	464	15107	95.9	0.2	61.4
3	ASSAM	93740	0	2819	2266	11761	14027	76894	82.0	1.2	16.2
4	BIHAR	525812	0	4191	9981	40619	50600	471021	89.6	7.1	19.7
5	CHHATTISGARH	192071	0	4215	11945	11203	23148	164708	85.8	2.5	51.6
6	GOA	7693	1	43	260	723	983	6667	86.7	0.1	26.4
7	GUJARAT	841056	0	3334	25895	41527	67422	770300	91.6	11.6	38.4
8	HARYANA	167968	0	392	14252	19407	33659	133917	79.7	2.0	42.3
9	HIMACHAL PRADESH	58948	3	961	1875	4530	6405	51582	87.5	0.8	29.3
10	JAMMU & KASHMIR	77904	0	1976	3777	3645	7422	68506	87.9	1.0	50.9
11	JHARKHAND	98075	0	1096	5898	19356	25254	71725	73.1	1.1	23.4
12	KARNATAKA	318516	18	12074	28062	49695	77757	228685	71.8	3.5	36.1
13	KERALA	380985	318	9185	37530	29938	67468	304332	79.9	4.6	55.6
14	MADHYA PRADESH	750220	7171	46215	59254	55559	114813	589192	78.5	8.9	51.6
15	MAHARASHTRA	1321755	27	10130	7552	73058	80610	1231015	93.1	18.6	9.4
16	MANIPUR	2691	0	0	64	40	104	2587	96.1	0.0	61.5
17	MEGHALAYA	8440	0	30	251	272	523	7887	93.4	0.1	48.0
18	MIZORAM	2919	0	0	1606	350	1956	963	33.0	0.0	82.1
19	NAGALAND	1855	5	25	503	39	542	1288	69.4	0.0	92.8
20	ORISSA	320567	0	0	4478	23897	28375	292192	91.1	4.4	15.8
21	PUNJAB	108515	0	89	7226	12444	19670	88756	81.8	1.3	36.7
22	RAJASTHAN	478049	32	13926	37444	25029	62473	401650	84.0	6.1	59.9
23	SIKKIM	1032	0	25	114	99	213	794	76.9	0.0	53.5
24	TAMIL NADU	348671	499	740	77993	45503	123496	224435	64.4	3.4	63.2
25	TRIPURA	11802	0	151	253	1373	1626	10025	84.9	0.2	15.6
26	UTTAR PRADESH	525693	14	5988	53565	43018	96583	423122	80.5	6.4	55.5
27	UTTARAKHAND	25041	0	529	2540	1117	3657	20855	83.3	0.3	69.5
28	WEST BENGAL	487251	0	2082	4077	29941	34018	451151	92.6	6.8	12.0
	TOTAL (STATES)	7597126	8100	155354	430678	595760	1026438	6415334	84.4	96.8	42.0
<i>UNION TERRITORIES:</i>											
29	A & N ISLANDS	5137	0	0	73	157	230	4907	95.5	0.1	31.7
30	CHANDIGARH	7787	0	0	1027	863	1890	5897	75.7	0.1	54.3
31	D & N HAVELI	2087	0	0	12	87	99	1988	95.3	0.0	12.1
32	DAMAN & DIU	756	0	8	56	176	232	516	68.3	0.0	24.1
33	DELHI	210122	0	0	12189	6491	18680	191442	91.1	2.9	65.3
34	LAKSHADWEEP	99	0	0	1	1	2	97	98.0	0.0	50.0
35	PUDUCHERRY	10728	2	101	4439	613	5052	5575	52.0	0.1	87.9
	TOTAL (UTs)	236716	2	109	17797	8388	26185	210422	88.9	3.2	68.0
	TOTAL (ALL-INDIA)	7833842	8102	155463	448475	604148	1052623	6625756	84.6	100.0	42.6

Note: Percentage less than 0.05 is also shown as 0.0

TABLE-4.11

Percentage Of IPC Cases Disposed By Courts During 2008

Sl. No.	Crime Head	Cases Withdrawn By Govt.	Percentage Of Cases To Total Cases For Trial				Conviction Rate {(5)/(7) × 100}	
			Compounded Or Withdrawn	In Which Trials Were Completed		Pending Trial at the end of the year		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec.302 & 303 IPC)	0.0	0.1	5.1	8.2	13.4	86.5	38.4
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	0.0	0.2	4.7	10.2	14.9	84.9	31.3
3	C.H. NOT AMOUNTING MURDER (Sec.304 , 308 IPC)	0.0	0.2	5.4	10.0	15.4	84.5	34.8
4	RAPE (Sec. 376 IPC)	0.0	0.2	4.6	12.8	17.4	82.4	26.6
	CUSTODIAL RAPE	0.0	33.3	0	0	0	66.7	0
	OTHER RAPE	0.0	0.2	4.6	12.8	17.4	82.4	26.6
5	KIDNAPPING & ABDUCTION (Sec.363-369,371-373 IPC)	0.0	0.5	3.7	9.8	13.5	86.0	27.1
	i) OF WOMEN & GIRLS	0.0	0.6	3.7	10.0	13.8	85.6	27.1
	ii) OF OTHERS	0.0	0.2	3.5	9.3	12.7	87.1	27.2
6	DACOITY (Sec.395-398 IPC)	0.0	0.0	2.4	7.9	10.3	89.7	23.0
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec.399 to 402 IPC)	0.0	0.0	2.9	9.5	12.4	87.6	23.1
8	ROBBERY (Sec.392-394, 397,398 IPC)	0.0	0.1	3.1	7.3	10.5	89.5	30.0
9	BURGLARY (Sec.449-452,454,455,457-460 IPC)	0.0	0.2	3.9	6.9	10.8	89.0	36.1
10	THEFT (Sec.379 – 382 IPC)	0.0	0.3	4.3	6.8	11.1	88.6	38.8
	i) AUTO THEFT	0.0	0.1	5.2	6.8	11.9	88.0	43.2
	ii) OTHER THEFT	0.0	0.3	4.1	6.8	10.9	88.8	37.5
11	RIOTS (Sec.143-145, 147-151, 153, 153A,153B,157,158,160 IPC)	0.1	1.5	2.0	8.1	10.1	88.3	20.2
12	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	0.0	0.4	2.5	5.7	8.1	91.4	30.2
13	CHEATING (Sec.419,420 IPC)	0.0	1.0	2.6	6.2	8.8	90.2	29.1
14	COUNTERFEITING (Sec.231-254, 489A-489D IPC)	0.0	0.1	5.2	8.4	13.6	86.3	38.3
15	ARSON (Sec.435,436,438 IPC)	0.0	0.6	3.1	10.7	13.8	85.6	22.5
16	HURT (Sec.323-333,335-338 IPC)	0.0	5.0	4.0	8.8	12.8	82.2	31.2
17	DOWRY DEATHS (Sec.304B IPC)	0.0	0.4	6.1	12.1	18.2	81.4	33.4
18	MOLESTATION (Sec. 354 IPC)	0.0	3.6	4.1	8.8	12.9	83.4	31.7
19	SEXUAL HARASSMENT (Sec.509 IPC)	0.0	2.9	11.5	11.3	22.8	74.3	50.5
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	0.0	2.5	2.6	9.1	11.7	85.8	22.4
21	IMPORTATION OF GIRLS (Sec.366B IPC)	0.0	0.6	2.5	17.8	20.2	79.1	12.3
22	CAUSING DEATH BY NEGLIGENCE (Sec. 304A IPC)	0.2	0.7	4.7	8.7	13.4	85.9	35.3
23	OTHER IPC CRIMES	0.2	1.9	8.3	7.0	15.3	82.8	54.3
24	TOTAL COGNIZABLE CRIMES UNDER IPC	0.1	2.0	5.7	7.7	13.4	84.6	42.6

Note: Percentage less than 0.05 is also shown as 0.0

TABLE-4.12
Conviction Rate Of IPC Crimes During 2008

Sl. No.	State/UT	Murder (Sec. 302, 303 IPC)	Attempt To Commit Murder (Sec. 307 IPC)	C.H. Not Amounting To Murder (Sec. 304,308 IPC)	Rape (Sec. 376 IPC)			Kidnapping & Abduction (Sec. 363-369,371-373 IPC)			Dacoity (Sec. 395-398 IPC)	Preparation And Assembly For Dacoity (Sec. 399-402 IPC)
					Total	Custodial	Other	Total	Of Women	Of Others		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
STATES:												
1	ANDHRA PRADESH	21.0	13.3	16.7	12.3	-	12.3	7.5	6.1	11.3	16.2	0.0
2	ARUNACHAL PRADESH	60.0	0.0	-	50.0	-	50.0	50.0	50.0	-	-	-
3	ASSAM	33.6	12.7	27.1	16.0	-	16.0	19.7	19.1	22.8	17.5	8.3
4	BIHAR	32.3	16.9	24.5	23.0	-	23.0	24.5	22.5	25.9	21.2	20.8
5	CHHATTISGARH	45.6	35.2	33.3	23.3	-	23.3	18.2	20.2	13.7	27.4	25.0
6	GOA	56.0	0.0	50.0	26.1	-	26.1	16.7	16.7	-	0.0	-
7	GUJARAT	27.1	10.2	0.0	22.5	-	22.5	11.3	12.0	6.8	9.3	25.0
8	HARYANA	42.8	27.2	21.8	28.2	-	28.2	30.3	29.3	32.4	43.4	39.3
9	HIMACHAL PRADESH	47.0	28.3	25.0	25.0	-	25.0	21.3	24.4	0.0	0.0	-
10	JAMMU & KASHMIR	22.4	3.7	16.7	7.1	-	7.1	0.4	0.4	0.0	0.0	-
11	JHARKHAND	35.8	23.5	17.1	21.6	-	21.6	22.6	19.4	28.9	30.2	21.7
12	KARNATAKA	18.4	9.9	4.9	13.4	-	13.4	2.2	3.0	1.3	7.0	0.0
13	KERALA	42.3	17.8	15.7	13.3	-	13.3	1.5	0.9	4.2	12.2	62.6
14	MADHYA PRADESH	50.8	43.5	41.5	30.7	-	30.7	31.0	31.0	30.9	32.2	21.8
15	MAHARASHTRA	28.8	20.1	4.4	15.3	-	15.3	12.4	10.4	17.3	8.5	9.7
16	MANIPUR	20.0	0.0	-	-	-	-	0.0	-	0.0	-	-
17	MEGHALAYA	25.0	25.0	50.0	42.3	-	42.3	14.3	0.0	33.3	41.2	-
18	MIZORAM	100.0	80.0	100.0	92.4	-	92.4	100.0	-	100.0	-	-
19	NAGALAND	84.4	94.6	80.0	86.7	-	86.7	92.3	100.0	87.5	100.0	-
20	ORISSA	29.1	17.2	17.4	24.7	-	24.7	19.0	19.2	17.5	13.5	6.5
21	PUNJAB	48.5	28.3	36.2	33.9	-	33.9	20.4	20.0	21.1	25.0	26.6
22	RAJASTHAN	58.1	52.4	33.3	35.0	-	35.0	33.6	30.6	40.7	38.7	50.7
23	SIKKIM	100.0	85.7	-	71.4	-	71.4	50.0	50.0	-	-	-
24	TAMIL NADU	38.1	25.3	13.6	25.2	-	25.2	26.1	28.3	9.4	31.5	46.7
25	TRIPURA	28.8	13.3	-	27.4	-	27.4	13.3	13.3	13.3	27.3	50.0
26	UTTAR PRADESH	52.7	52.9	51.5	49.6	-	49.6	52.1	52.8	49.6	48.8	53.2
27	UTTARAKHAND	54.6	66.4	48.5	36.4	-	36.4	53.8	50.0	64.5	63.6	66.7
28	WEST BENGAL	19.3	11.2	12.8	15.2	-	15.2	7.5	7.6	7.5	13.2	5.1
	TOTAL (STATES)	38.0	31.2	35.1	26.5	-	26.5	27.3	27.3	27.3	22.9	22.4
UNION TERRITORIES:												
29	A & N ISLANDS	41.7	33.3	-	0.0	-	0.0	0.0	0.0	-	100.0	-
30	CHANDIGARH	65.4	46.2	50.0	29.4	-	29.4	26.5	26.7	25.0	0.0	50.0
31	D & N HAVELI	40.0	25.0	-	0.0	-	0.0	0.0	0.0	0.0	0.0	-
32	DAMAN & DIU	-	0.0	-	0.0	-	0.0	0.0	-	0.0	100.0	-
33	DELHI	59.7	39.2	20.9	30.6	-	30.6	19.3	17.5	24.5	31.8	36.5
34	LAKSHADWEEP	-	-	-	100.0	-	100.0	-	-	-	-	-
35	PUDUCHERRY	47.4	28.6	0.0	0.0	-	0.0	0.0	0.0	0.0	-	-
	TOTAL (UTs)	58.6	39.2	21.3	29.7	-	29.7	19.4	18.4	22.6	32.1	36.8
	TOTAL (ALL-INDIA)	38.4	31.3	34.8	26.6	-	26.6	27.1	27.1	27.2	23.0	23.1

‘-’ indicates infinite rate because of division by zero

TABLE-4.12 (Continued)

Sl. No.	State/UT	Robbery (Sec. 392-394, 397,398 IPC)	Burglary (Sec. 449-452,454, 455,457-460 IPC)	Theft (Sec. 379-382 IPC)			Riots (Sec. 143-145,147-151,153, 153A, 153B, 157,158, 160 IPC)	Criminal Breach of Trust (Sec. 406-409 IPC)	Cheating (Sec. 419,420 IPC)	Counter- feiting (Sec. 231-254, 489A-489D IPC)	Arson (Sec. 435,436, 438 IPC)
				Total	Auto Theft	Other Theft					
(1)	(2)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
STATES:											
1	ANDHRA PRADESH	25.0	41.3	41.4	47.3	39.7	8.2	9.2	15.6	18.7	24.0
2	ARUNACHAL PRADESH	63.6	65.1	69.0	100.0	67.9	0.0	71.4	66.7	-	-
3	ASSAM	18.4	26.1	22.1	35.6	20.3	15.0	29.0	22.4	28.6	22.0
4	BIHAR	24.2	23.9	24.1	29.7	23.2	17.9	23.5	30.2	34.4	26.1
5	CHHATTISGARH	28.5	30.2	28.1	28.5	28.0	30.6	47.9	28.1	27.0	25.9
6	GOA	10.0	39.3	29.1	45.2	22.8	0.0	20.0	11.8	0.0	0.0
7	GUJARAT	14.4	5.9	16.8	17.0	16.7	13.9	16.6	7.6	28.1	5.7
8	HARYANA	27.1	46.7	45.1	40.6	49.4	13.6	15.0	22.9	52.2	10.2
9	HIMACHAL PRADESH	18.2	15.8	20.1	20.9	19.9	9.3	15.6	26.5	20.0	4.3
10	JAMMU & KASHMIR	0.0	8.5	4.1	11.5	3.5	2.7	11.5	8.7	0.0	4.3
11	JHARKHAND	19.7	21.7	25.7	28.6	24.9	28.2	29.3	27.5	16.0	23.9
12	KARNATAKA	13.5	14.1	8.6	9.5	8.3	4.4	13.6	8.2	20.0	3.6
13	KERALA	17.1	36.9	36.2	37.7	35.8	11.8	11.2	9.6	100.0	4.4
14	MADHYA PRADESH	37.7	33.4	35.1	33.6	35.5	37.1	49.9	39.1	52.4	32.5
15	MAHARASHTRA	15.5	15.4	19.4	23.6	18.9	6.5	9.5	11.5	15.0	8.3
16	MANIPUR	-	0.0	20.0	0.0	21.1	50.0	0.0	0.0	100.0	-
17	MEGHALAYA	50.0	50.0	51.1	16.7	53.7	0.0	0.0	0.0	0.0	0.0
18	MIZORAM	100.0	96.7	75.0	100.0	74.3	100.0	100.0	100.0	94.4	93.8
19	NAGALAND	95.2	87.9	93.2	94.3	92.8	100.0	100.0	100.0	100.0	-
20	ORISSA	14.4	20.2	13.2	13.0	13.2	14.1	11.8	15.4	10.0	9.6
21	PUNJAB	30.8	63.5	55.0	61.3	51.3	-	28.8	25.6	51.2	27.0
22	RAJASTHAN	50.1	49.6	59.3	68.0	55.4	62.4	45.8	43.7	41.2	36.3
23	SIKKIM	-	57.9	57.1	-	57.1	0.0	100.0	50.0	-	-
24	TAMIL NADU	36.4	63.6	64.1	60.9	65.1	31.7	25.0	33.1	27.6	27.7
25	TRIPURA	22.2	28.9	13.1	36.4	9.6	18.4	0.0	13.0	25.0	0.0
26	UTTAR PRADESH	53.9	48.2	55.3	56.3	54.9	48.8	51.0	53.0	59.6	57.4
27	UTTARAKHAND	58.2	90.7	83.4	84.1	83.2	52.1	57.8	65.0	69.2	50.0
28	WEST BENGAL	8.8	3.9	2.9	3.8	2.9	1.9	6.4	5.5	38.4	7.2
	TOTAL (STATES)	29.4	35.5	37.0	42.5	35.4	20.1	29.9	28.7	38.1	22.5
UNION TERRITORIES:											
29	A & N ISLANDS	0.0	28.6	16.7	100.0	13.0	0.0	0.0	33.3	-	50.0
30	CHANDIGARH	65.2	86.4	79.0	69.4	82.4	19.4	29.2	37.8	40.0	0.0
31	D & N HAVELI	-	25.0	25.0	0.0	33.3	0.0	0.0	0.0	-	0.0
32	DAMAN & DIU	100.0	27.8	0.0	0.0	0.0	11.5	0.0	0.0	0.0	0.0
33	DELHI	45.0	61.1	67.9	53.5	71.3	43.6	53.1	42.2	50.0	50.0
34	LAKSHADWEEP	-	0.0	-	-	-	-	-	-	-	-
35	PUDUCHERRY	100.0	73.5	60.9	53.8	66.4	73.5	100.0	40.0	-	0.0
	TOTAL (UTs)	46.3	64.2	68.3	55.5	71.7	36.2	45.7	40.8	45.0	20.0
	TOTAL (ALL-INDIA)	30.0	36.1	38.8	43.2	37.5	20.2	30.2	29.1	38.3	22.5

TABLE-4.12 (Concluded)

Sl. No.	State/UT	Hurt (Sec. 323-333,335-338 IPC)	Dowry Death (Sec. 304B IPC)	Molestation (Sec. 354 IPC)	Sexual Harassment (Sec. 509 IPC)	Cruelty By Husband And Relatives (Sec. 498A IPC)	Importation Of Girls (Sec. 366B IPC)	Causing Death By Negligence (Sec. 304A IPC)	Other IPC Crimes	Total Cog. Crimes Under IPC
(1)	(2)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
<i>STATES:</i>										
1	ANDHRA PRADESH	49.5	14.9	25.3	32.8	18.7	-	22.6	46.1	38.2
2	ARUNACHAL PRADESH	58.7	-	68.4	-	0.0	-	80.0	57.9	61.4
3	ASSAM	12.7	45.5	14.7	0.0	14.6	0.0	17.0	9.5	16.2
4	BIHAR	15.1	25.7	16.5	42.9	21.8	11.1	21.9	18.1	19.7
5	CHHATTISGARH	46.6	32.9	38.3	42.2	28.7	-	24.6	68.8	51.6
6	GOA	19.5	-	26.7	0.0	0.0	-	10.0	32.7	26.4
7	GUJARAT	8.7	6.7	9.2	7.4	5.2	-	13.0	50.4	38.4
8	HARYANA	16.9	29.0	27.3	77.6	9.8	-	22.7	56.0	42.3
9	HIMACHAL PRADESH	22.3	37.5	19.7	31.3	6.6	-	12.4	37.9	29.3
10	JAMMU & KASHMIR	17.2	0.0	3.1	38.8	3.4	-	11.8	71.6	50.9
11	JHARKHAND	17.9	26.3	18.2	14.3	25.7	17.4	27.1	21.3	23.4
12	KARNATAKA	4.8	13.0	8.5	26.3	5.5	-	5.9	57.7	36.1
13	KERALA	9.1	18.2	12.3	25.9	6.5	-	80.0	82.9	55.6
14	MADHYA PRADESH	45.6	42.6	42.4	44.8	45.5	-	67.5	59.6	51.6
15	MAHARASHTRA	5.8	8.7	11.1	11.3	3.6	-	5.3	6.9	9.4
16	MANIPUR	33.3	-	-	-	-	-	-	90.3	61.5
17	MEGHALAYA	40.6	-	52.2	-	33.3	-	66.7	58.9	48.0
18	MIZORAM	88.7	-	82.6	-	100.0	-	95.5	69.9	82.1
19	NAGALAND	92.6	-	75.0	100.0	50.0	-	95.7	95.4	92.8
20	ORISSA	10.6	14.7	8.7	12.7	18.1	-	17.5	16.4	15.8
21	PUNJAB	16.6	45.9	33.0	51.4	18.5	-	29.4	43.9	36.7
22	RAJASTHAN	62.6	46.7	61.0	56.0	44.2	0.0	52.6	63.8	59.9
23	SIKKIM	45.2	-	50.0	-	-	-	31.6	67.4	53.5
24	TAMIL NADU	52.4	23.9	34.8	40.5	27.3	-	42.9	70.9	63.2
25	TRIPURA	12.5	13.3	17.3	50.0	15.3	-	5.2	13.5	15.6
26	UTTAR PRADESH	52.5	50.6	63.8	72.5	53.2	-	59.5	56.7	55.5
27	UTTARAKHAND	75.7	34.5	80.9	98.6	56.1	-	76.1	70.4	69.5
28	WEST BENGAL	16.8	12.1	13.6	32.8	7.6	8.3	5.2	16.1	12.0
	TOTAL (STATES)	31.0	33.4	31.4	50.3	22.6	12.3	35.2	53.5	42.0
<i>UNION TERRITORIES:</i>										
29	A & N ISLANDS	20.6	-	0.0	-	0.0	-	0.0	43.0	31.7
30	CHANDIGARH	29.0	33.3	6.3	85.7	8.3	-	0.0	43.8	54.3
31	D & N HAVELI	16.7	-	-	0.0	0.0	-	0.0	10.3	12.1
32	DAMAN & DIU	0.0	0.0	0.0	-	0.0	-	4.8	39.1	24.1
33	DELHI	36.6	50.0	56.6	66.3	12.1	-	36.9	77.1	65.3
34	LAKSHADWEEP	-	-	-	-	-	-	-	-	50.0
35	PUDUCHERRY	75.3	-	26.9	81.8	0.0	-	73.6	92.0	87.9
	TOTAL (UTs)	42.5	45.2	51.6	68.6	11.4	0.00	46.5	79.0	68.0
	TOTAL (ALL-INDIA)	31.2	33.4	31.7	50.5	22.4	12.3	35.3	54.3	42.6

TABLE-4.13
Disposal Of SLL Cases By Courts During 2008

(1)	(2)	(3)	(4)	No. Of Cases				(9)
				Compounded Or Withdrawn	Trials Completed		Pending Trial at the end of the year	
					Convicted	Acquitted Or Discharged			Total {(6) + (7)}
(5)	(6)	(7)	(8)					
1	ARMS ACT	410424	704	999	46759	23972	70731	338694
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	146824	1	71	18564	8983	27547	119206
3	GAMBLING ACT	470596	158	2023	137111	28572	165683	302890
4	EXCISE ACT	591855	387	1057	117983	34896	152879	437919
5	PROHIBITION ACT	2195987	1	18150	183007	134290	317297	1860540
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	24586	3	8	1431	1460	2891	21687
7	IMMORAL TRAFFIC (P) ACT	11916	0	25	1517	1020	2537	9354
8	INDIAN RAILWAYS ACT	10674	0	5	805	840	1645	9024
9	REGISTRATION OF FOREIGNERS ACT	7181	0	2	772	104	876	6303
10	PROTECTION OF CIVIL RIGHTS ACT	1987	0	10	55	437	492	1485
	(I) PCR ACT FOR SCs	1876	0	6	55	375	430	1440
	(ii) PCR ACT FOR STs	111	0	4	0	62	62	45
11	INDIAN PASSPORT ACT	2976	0	0	515	108	623	2353
12	ESSENTIAL COMMODITIES ACT	47487	0	13	1510	3134	4644	42830
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	1897	0	0	4	28	32	1865
14	ANTIQUITIES & ART TREASURES ACT	129	0	0	2	8	10	119
15	DOWRY PROHIBITION ACT	16268	0	358	634	2017	2651	13259
16	CHILD MARRIAGE RESTRAINT ACT	489	0	1	19	56	75	413
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	2039	0	1	908	160	1068	970
18	COPYRIGHT ACT	29713	0	21	1664	2397	4061	25631
19	SATI PREVENTION ACT	2	0	0	0	0	0	2
20	SC/ST (PREVENTION OF ATROCITIES) ACT	45955	2	191	2315	5348	7663	38101
	(I) PREVENTION OF ATTROCITIES ACT FOR SCs	40963	2	126	2124	4699	6823	34014
	(ii) PREVENTION OF ATTROCITIES ACT FOR STs	4992	0	65	191	649	840	4087
21	FOREST ACT	18154	0	15	3026	1211	4237	13902
22	OTHER SLL CRIMES	4543118	60	6294	2343352	315506	2658858	1877966
23	TOTAL COGNIZABLE CRIMES UNDER SLL	8580257	1316	29244	2861953	564547	3426500	5124513

TABLE-4.14
Disposal Of SLL Cases By Courts During 2008
(State & UT - Wise)

Sl. No.	State/UT	Total No. Of Cases For Trial Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases					Pendency Percentage	Percent-age Of Pendency To All India Total	Convic-tion Rate {(6)/(8)} × 100
				Compoun-ded Or With-drawn	Trials Completed			Pending Trial at the end of the year			
					Convic-ted	Acquitted Or Discharged	Total {(6) + (7)}				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH @	274693	0	830	236827	9125	245952	27911	10.2	0.5	96.3
2	ARUNACHAL PRADESH	631	0	0	22	12	34	597	94.6	0.0	64.7
3	ASSAM	9738	0	30	494	765	1259	8449	86.8	0.2	39.2
4	BIHAR	47947	0	294	2058	3103	5161	42492	88.6	0.8	39.9
5	CHHATTISGARH	280046	14	110	238246	6115	244361	35575	12.7	0.7	97.5
6	GOA	7891	0	0	1704	1149	2853	5038	63.8	0.1	59.7
7	GUJARAT	1490566	0	652	134194	72600	206794	1283120	86.1	25.0	64.9
8	HARYANA	117429	3	5	21563	10263	31826	85598	72.9	1.7	67.8
9	HIMACHAL PRADESH	24916	1	272	1256	3151	4407	20237	81.2	0.4	28.5
10	JAMMU & KASHMIR	17243	0	6	329	815	1144	16093	93.3	0.3	28.8
11	JHARKHAND	9295	0	64	659	1661	2320	6911	74.4	0.1	28.4
12	KARNATAKA	45159	0	23	7382	6725	14107	31029	68.7	0.6	52.3
13	KERALA	255035	16	1859	87750	16119	103869	149307	58.5	2.9	84.5
14	MADHYA PRADESH	268218	1266	1734	158452	12205	170657	95827	35.7	1.9	92.8
15	MAHARASHTRA	1245335	11	13861	9672	85348	95020	1136454	91.3	22.2	10.2
16	MANIPUR	1901	0	0	19	30	49	1852	97.4	0.0	38.8
17	MEGHALAYA	1065	0	0	84	42	126	939	88.2	0.0	66.7
18	MIZORAM	1130	0	0	880	18	898	232	20.5	0.0	98.0
19	NAGALAND	1098	0	0	295	15	310	788	71.8	0.0	95.2
20	ORISSA	60928	0	29	961	5280	6241	54658	89.7	1.1	15.4
21	PUNJAB	98716	1	7	22413	4760	27173	71536	72.5	1.4	82.5
22	RAJASTHAN	118044	2	204	24892	3015	27907	89933	76.2	1.8	89.2
23	SIKKIM	141	0	2	25	21	46	93	66.0	0.0	54.3
24	TAMIL NADU	328850	1	9162	218990	25936	244926	74762	22.7	1.5	89.4
25	TRIPURA	514	0	0	11	80	91	423	82.3	0.0	12.1
26	UTTAR PRADESH	3368806	0	18	1506717	289256	1795973	1572815	46.7	30.7	83.9
27	UTTARAKHAND	281911	0	1	170302	325	170627	111283	39.5	2.2	99.8
28	WEST BENGAL	48128	0	80	1164	2776	3940	44108	91.6	0.9	29.5
	TOTAL (STATES)	8405374	1315	29243	2847361	560710	3408071	4968060	59.1	96.9	83.5
UNION TERRITORIES:											
29	A & N ISLANDS	26527	0	0	2714	54	2768	23759	89.6	0.5	98.0
30	CHANDIGARH	1826	0	0	566	76	642	1184	64.8	0.0	88.2
31	D & N HAVELI	111	0	0	0	5	5	106	95.5	0.0	0.0
32	DAMAN & DIU	28	0	0	0	1	1	27	96.4	0.0	0.0
33	DELHI	144950	0	0	10401	3616	14017	130933	90.3	2.6	74.2
34	LAKSHADWEEP	31	0	0	0	0	0	31	100.0	0.0	-
35	PUDUCHERRY	1410	1	1	911	85	996	413	29.3	0.0	91.5
	TOTAL (UTs)	174883	1	1	14592	3837	18429	156453	89.5	3.1	79.2
	TOTAL (ALL-INDIA)	8580257	1316	29244	2861953	564547	3426500	5124513	59.7	100.0	83.5

@ Variation in SLL crimes and persons arrested under them reported by Andhra Pradesh due to exclusion of large number of Motor Vehicles Act cases (non-cognizable)

Note: Percentage less than 0.05 is also shown as 0.0

'-' Indicates infinite variation because of division by zero

TABLE-4.15
Percentage Of SLL Cases Disposed By Courts During 2008

(1)	(2)	(3)	Percentage Of Cases To Total Cases For Trial				(8)	(9)
			Compounded Or Withdrawn	Trials Completed		Pending Trial at the end of the year		
				Convicted	Acquitted Or Discharged				Total {(5) + (6)}
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	ARMS ACT	0.2	0.2	11.4	5.8	17.2	82.5	66.1
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	0.0	0.0	12.6	6.1	18.8	81.2	67.4
3	GAMBLING ACT	0.0	0.4	29.1	6.1	35.2	64.4	82.8
4	EXCISE ACT	0.1	0.2	19.9	5.9	25.8	74.0	77.2
5	PROHIBITION ACT	0.0	0.8	8.3	6.1	14.4	84.7	57.7
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	0.0	0.0	5.8	5.9	11.8	88.2	49.5
7	IMMORAL TRAFFIC (P) ACT	0.0	0.2	12.7	8.6	21.3	78.5	59.8
8	INDIAN RAILWAYS ACT	0.0	0.0	7.5	7.9	15.4	84.5	48.9
9	REGISTRATION OF FOREIGNERS ACT	0.0	0.0	10.8	1.4	12.2	87.8	88.1
10	PROTECTION OF CIVIL RIGHTS ACT	0.0	0.5	2.8	22.0	24.8	74.7	11.2
	(I) PCR ACT FOR SCs	0.0	0.3	2.9	20.0	22.9	76.8	12.8
	(ii) PCR ACT FOR STs	0.0	3.6	0.0	55.9	0.0	40.5	0.0
11	INDIAN PASSPORT ACT	0.0	0.0	17.3	3.6	20.9	79.1	82.7
12	ESSENTIAL COMMODITIES ACT	0.0	0.0	3.2	6.6	9.8	90.2	32.5
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0.0	0.0	0.2	1.5	1.7	98.3	12.5
14	ANTIQUITIES & ART TREASURES ACT	0.0	0.0	1.6	6.2	7.8	92.2	20.0
15	DOWRY PROHIBITION ACT	0.0	2.2	3.9	12.4	16.3	81.5	23.9
16	CHILD MARRIAGE RESTRAINT ACT	0.0	0.2	3.9	11.5	15.3	84.5	25.3
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	0.0	0.0	44.5	7.8	52.4	47.6	85.0
18	COPYRIGHT ACT	0.0	0.1	5.6	8.1	13.7	86.3	41.0
19	SATI PREVENTION ACT	0.0	0.0	0.0	0.0	0.0	100.0	-
20	SC/ST (PREVENTION OF ATROCITIES) ACT	0.0	0.4	5.0	11.6	16.7	82.9	30.2
	(I) PREVENTION OF ATROCITIES ACT FOR SCs	0.0	0.3	5.2	11.5	16.7	83.0	31.1
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	0.0	1.3	3.8	13.0	16.8	81.9	22.7
21	FOREST ACT	0.0	0.1	16.7	6.7	23.3	76.6	71.4
22	OTHER SLL CRIMES	0.0	0.1	51.6	6.9	58.5	41.3	88.1
23	TOTAL COGNIZABLE CRIMES UNDER SLL	0.0	0.3	33.4	6.6	39.9	59.7	83.5

Note: Percentage less than 0.05 is also shown as 0.0

'-' Indicates infinite variation because of division by zero

TABLE-4.16
Conviction Rate Of SLL Crimes During 2008

Sl. No.	State/UT	Arms Act	NDPS Act	Gambling Act	Excise Act	Prohibition Act	Exp. & Sub. Act	I.T. (P) Act	Railways Act	Registration Of Foreigners Act	P.C.R. Act			Indian Passport Act
											Total	For SCs	For STs	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<i>STATES:</i>														
1	ANDHRA PRADESH	8.6	23.4	96.1	43.9	37.5	7.8	25.0	25.0	66.7	21.4	23.3	0.0	0.0
2	ARUNACHAL PRADESH	0.0	74.1	-	-	-	100.0	-	-	-	-	-	-	-
3	ASSAM	40.8	53.8	29.5	23.5	65.5	59.6	58.8	40.0	66.7	-	-	-	100.0
4	BIHAR	59.3	60.8	66.9	34.8	23.1	22.2	40.9	96.6	-	3.4	3.6	0.0	-
5	CHHATTISGARH	34.5	48.2	96.9	73.9	-	92.6	50.0	100.0	-	-	-	-	0.0
6	GOA	25.0	31.8	0.1	-	-	0.0	84.6	-	100.0	-	-	-	-
7	GUJARAT	7.8	22.3	57.0	0.0	65.6	20.8	15.0	12.6	42.9	0.0	0.0	-	50.0
8	HARYANA	45.7	71.5	87.6	66.1	-	39.3	60.0	68.2	84.0	-	-	-	100.0
9	HIMACHAL PRADESH	0.0	37.6	45.1	25.0	-	25.0	0.0	-	100.0	0.0	0.0	-	-
10	JAMMU & KASHMIR	0.5	7.9	95.3	73.7	-	2.8	0.0	-	86.7	-	-	-	100.0
11	JHARKHAND	46.1	52.9	24.7	25.0	-	33.3	20.0	-	-	-	-	-	-
12	KARNATAKA	3.6	4.1	78.0	31.9	-	4.9	49.5	33.3	87.3	0.0	0.0	0.0	0.0
13	KERALA	13.7	66.2	94.2	-	67.2	19.0	59.9	57.1	0.0	-	-	-	72.9
14	MADHYA PRADESH	40.9	69.4	94.4	94.9	-	61.7	62.5	76.0	100.0	-	-	-	-
15	MAHARASHTRA	12.4	65.6	3.9	-	1.7	0.0	27.0	51.9	70.6	2.1	2.1	-	92.1
16	MANIPUR	80.0	13.3	100.0	-	-	-	-	-	100.0	-	-	-	0.0
17	MEGHALAYA	35.7	28.6	100.0	100.0	0.0	0.0	-	-	100.0	-	-	-	-
18	MIZORAM	100.0	88.2	100.0	-	89.8	100.0	-	-	100.0	-	-	-	100.0
19	NAGALAND	78.3	94.8	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-	-	-
20	ORISSA	13.4	13.2	62.1	9.4	-	12.8	10.3	0.0	0.0	-	-	-	-
21	PUNJAB	72.3	68.3	94.7	83.3	44.4	60.0	29.3	47.1	100.0	-	-	-	96.9
22	RAJASTHAN	78.6	60.3	98.2	90.2	-	84.5	49.6	89.2	-	-	-	-	80.0
23	SIKKIM	-	66.7	-	-	-	50.0	-	-	100.0	-	-	-	-
24	TAMIL NADU	23.6	72.5	99.7	-	81.4	77.2	92.7	60.0	100.0	22.2	22.2	-	96.0
25	TRIPURA	11.1	5.6	0.0	-	-	0.0	-	-	-	-	-	-	14.3
26	UTTAR PRADESH	76.4	71.9	83.9	80.4	-	59.1	67.4	91.6	0.0	59.3	59.3	-	71.4
27	UTTARAKHAND	88.6	89.1	97.4	97.9	-	66.7	66.7	100.0	88.9	-	-	-	80.0
28	WEST BENGAL	9.5	24.7	10.6	48.0	0.0	5.6	16.7	0.0	89.3	-	-	-	32.0
	TOTAL (STATES)	66.3	67.3	82.7	76.8	57.7	49.5	59.5	48.9	88.2	11.2	12.9	0.0	82.8
<i>UNION TERRITORIES:</i>														
29	A & N ISLANDS	-	100.0	100.0	98.0	97.9	-	-	-	-	-	-	-	-
30	CHANDIGARH	57.1	72.9	97.6	94.5	-	50.0	0.0	-	100.0	-	-	-	-
31	D & N HAVELI	-	-	-	0.0	-	-	-	-	-	-	-	-	-
32	DAMAN & DIU	-	-	-	-	-	-	0.0	-	-	-	-	-	-
33	DELHI	63.0	72.0	95.9	77.2	-	50.0	87.0	-	80.0	-	-	-	78.9
34	LAKSHADWEEP	-	-	-	-	-	-	-	-	-	-	-	-	-
35	PUDUCHERRY	24.4	-	100.0	-	-	-	100.0	-	-	0.0	0.0	-	-
	TOTAL (UTs)	62.2	72.3	96.8	82.4	97.9	50.0	74.5	0.0	83.3	0.0	0.0	0.0	78.9
	TOTAL (ALL-INDIA)	66.1	67.4	82.8	77.2	57.7	49.5	59.8	48.9	88.1	11.2	12.8	0.0	82.7

@ Variation in SLL crimes and persons arrested under them reported by Andhra Pradesh due to exclusion of large number of Motor Vehicles Act cases (non-cognizable)

'-' indicates infinite rate because of division by zero

Note: Percentage less than 0.05 is also shown as 0.0

TABLE-4.16 (Concluded)

Sl. No.	State/UT	Essential Commodities Act	TADA Act	Antiquities & Art Treasures Act	Dowry Prohibition Act	Child Marriage Restraint Act	Indecent Rep. Of Women (Proh.) Act	Copy Right Act	Sati Prevention Act	SC / ST (P) Of Atrocities Act			Forest Act	Other SLL Crimes	Total Cog. Crimes Under SLL
										Total	For SCs	For STs			
(1)	(2)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
STATES:															
1	ANDHRA PRADESH	17.7	-	0.0	11.2	0.0	89.1	19.7	-	11.6	13.4	6.1	30.0	98.4	96.3
2	ARUNACHAL PRADESH	-	-	-	-	-	-	-	-	-	-	-	-	20.0	64.7
3	ASSAM	29.0	0.0	-	18.2	0.0	-	31.8	-	-	-	-	33.3	31.5	39.2
4	BIHAR	22.1	-	-	25.4	100.0	-	33.3	-	20.3	20.2	25.0	26.0	29.4	39.9
5	CHHATTISGARH	47.5	-	-	53.3	100.0	-	59.3	-	37.6	35.1	40.3	57.1	99.0	97.5
6	GOA	0.0	-	-	-	-	-	0.0	-	0.0	-	0.0	-	98.7	59.7
7	GUJARAT	22.6	-	-	-	29.0	0.0	20.6	-	1.8	2.6	0.0	-	67.4	64.9
8	HARYANA	42.7	-	-	0.0	0.0	-	41.5	-	12.1	12.1	-	-	41.5	67.8
9	HIMACHAL PRADESH	0.0	-	-	-	-	-	17.9	-	11.8	6.3	100.0	8.1	66.8	28.5
10	JAMMU & KASHMIR	5.4	-	-	-	-	-	18.2	-	-	-	-	0.0	16.4	28.8
11	JHARKHAND	12.6	-	-	37.9	-	-	14.3	-	15.0	13.3	20.8	34.4	18.5	28.4
12	KARNATAKA	6.4	28.6	0.0	4.6	100.0	-	1.2	-	3.3	3.1	6.0	9.4	56.1	52.3
13	KERALA	9.5	-	-	0.0	-	23.3	26.5	-	0.0	0.0	0.0	100.0	86.4	84.5
14	MADHYA PRADESH	39.5	-	-	64.6	60.0	0.0	58.5	-	53.5	57.9	45.0	52.9	97.8	92.8
15	MAHARASHTRA	2.5	-	0.0	13.3	0.0	0.0	3.3	-	4.8	5.5	0.0	2.9	40.0	10.2
16	MANIPUR	-	-	-	-	-	-	-	-	-	-	-	-	66.7	38.8
17	MEGHALAYA	0.0	-	-	-	-	-	100.0	-	-	-	-	-	44.4	66.7
18	MIZORAM	-	-	-	-	-	-	-	-	-	-	-	-	99.0	98.0
19	NAGALAND	-	-	-	-	-	-	-	-	-	-	-	-	95.7	95.2
20	ORISSA	12.3	-	-	15.5	-	-	6.3	-	7.1	6.9	8.5	60.0	11.0	15.4
21	PUNJAB	28.8	-	-	0.0	0.0	-	30.8	-	8.3	8.3	-	50.0	73.9	82.5
22	RAJASTHAN	49.6	-	-	20.0	0.0	82.7	59.3	-	31.3	32.1	28.3	86.8	85.8	89.2
23	SIKKIM	0.0	-	-	-	-	-	-	-	-	-	-	-	69.0	54.3
24	TAMIL NADU	86.1	-	-	19.2	0.0	44.4	83.6	-	10.6	10.7	0.0	100.0	93.6	89.4
25	TRIPURA	19.4	-	-	-	-	-	-	-	-	-	-	-	0.0	12.1
26	UTTAR PRADESH	67.7	-	-	60.6	25.0	-	69.2	-	57.2	57.1	63.6	71.6	84.4	83.9
27	UTTARAKHAND	75.0	-	-	0.0	-	-	88.9	-	46.6	43.6	100.0	74.3	100.0	99.8
28	WEST BENGAL	9.2	-	-	22.7	-	0.0	7.3	-	0.0	0.0	0.0	0.0	21.1	29.5
	TOTAL (STATES)	32.0	12.5	0.0	23.8	25.7	85.0	40.4	0.0	30.2	31.1	22.8	71.4	88.1	83.5
UNION TERRITORIES:															
29	A & N ISLANDS	-	-	-	-	-	-	-	-	-	-	-	-	98.5	98.0
30	CHANDIGARH	75.0	-	-	-	0.0	-	35.7	-	-	-	-	-	82.8	88.2
31	D & N HAVELI	0.0	-	-	-	-	-	-	-	0.0	-	0.0	-	0.0	0.0
32	DAMAN & DIU	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0
33	DELHI	87.5	-	100.0	100.0	-	-	72.8	-	60.0	60.0	-	-	81.4	74.2
34	LAKSHADWEEP	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35	PUDUCHERRY	100.0	-	-	0.0	-	-	0.0	-	0.0	0.0	-	-	99.9	91.5
	TOTAL (UTs)	85.7	0.0	100.0	75.0	0.0	0.0	57.6	0.0	37.5	42.9	0.0	0.0	89.7	79.2
	TOTAL (ALL-INDIA)	32.5	12.5	20.0	23.9	25.3	85.0	41.0	0.0	30.2	31.1	22.7	71.4	88.1	83.5

TABLE-4.17
Disposal Of Violent Crimes By Courts During 2008

Sl. No.	State/UT	Disposal Of Cases					
		Murder (Sec. 302,303 IPC)			Attempt To Commit Murder (Sec. 307 IPC)		
		Confession	Trial	Total	Confession	Trial	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	0	2119	2119	0	1424	1424
2	ARUNACHAL PRADESH	0	5	5	0	1	1
3	ASSAM	49	376	425	4	209	213
4	BIHAR	1	2217	2218	0	2731	2731
5	CHHATTISGARH	349	416	765	178	327	505
6	GOA	0	25	25	0	7	7
7	GUJARAT	20	645	665	1	284	285
8	HARYANA	0	690	690	0	438	438
9	HIMACHAL PRADESH	0	83	83	0	53	53
10	JAMMU & KASHMIR	0	107	107	0	135	135
11	JHARKHAND	117	1084	1201	60	760	820
12	KARNATAKA	31	1054	1085	16	1019	1035
13	KERALA	0	215	215	0	258	258
14	MADHYA PRADESH	0	2048	2048	0	2338	2338
15	MAHARASHTRA	5	1671	1676	2	990	992
16	MANIPUR	0	5	5	0	3	3
17	MEGHALAYA	3	21	24	0	12	12
18	MIZORAM	10	6	16	20	5	25
19	NAGALAND	4	28	32	9	28	37
20	ORISSA	0	781	781	0	790	790
21	PUNJAB	0	670	670	0	516	516
22	RAJASTHAN	0	774	774	0	1234	1234
23	SIKKIM	0	2	2	0	7	7
24	TAMIL NADU	7	1244	1251	3	1637	1640
25	TRIPURA	0	66	66	0	15	15
26	UTTAR PRADESH	0	4153	4153	0	4179	4179
27	UTTARAKHAND	0	183	183	0	125	125
28	WEST BENGAL	0	1128	1128	0	481	481
	TOTAL (STATES)	596	21816	22412	293	20006	20299
UNION TERRITORIES:							
29	A & N ISLANDS	0	12	12	0	3	3
30	CHANDIGARH	0	26	26	0	26	26
31	D & N HAVELI	0	10	10	0	4	4
32	DAMAN & DIU	0	0	0	0	1	1
33	DELHI	0	377	377	0	255	255
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	19	19	0	7	7
	TOTAL (UTs)	0	444	444	0	296	296
	TOTAL (ALL-INDIA)	596	22260	22856	293	20302	20595

TABLE-4.17(Continued)

Sl. No.	State/UT	Disposal Of Cases					
		C.H. Not Amounting To Murder (Sec. 304, 308 IPC)			Rape (Sec. 376 IPC)		
		Confession	Trial	Total	Confession	Trial	Total
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:							
1	ANDHRA PRADESH	0	102	102	0	812	812
2	ARUNACHAL PRADESH	0	0	0	0	2	2
3	ASSAM	7	63	70	11	577	588
4	BIHAR	0	220	220	0	729	729
5	CHHATTISGARH	4	8	12	208	678	886
6	GOA	0	2	2	0	23	23
7	GUJARAT	0	12	12	3	210	213
8	HARYANA	0	55	55	0	454	454
9	HIMACHAL PRADESH	0	8	8	0	116	116
10	JAMMU & KASHMIR	0	6	6	0	141	141
11	JHARKHAND	5	124	129	39	591	630
12	KARNATAKA	6	55	61	11	325	336
13	KERALA	0	51	51	0	285	285
14	MADHYA PRADESH	0	265	265	0	2731	2731
15	MAHARASHTRA	0	68	68	2	1047	1049
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	0	2	2	2	24	26
18	MIZORAM	1	0	1	12	80	92
19	NAGALAND	2	3	5	1	14	15
20	ORISSA	0	46	46	0	645	645
21	PUNJAB	0	69	69	0	439	439
22	RAJASTHAN	0	36	36	1	662	663
23	SIKKIM	0	0	0	0	7	7
24	TAMIL NADU	0	22	22	0	432	432
25	TRIPURA	0	0	0	0	84	84
26	UTTAR PRADESH	0	1157	1157	0	1374	1374
27	UTTARAKHAND	0	33	33	0	107	107
28	WEST BENGAL	0	312	312	0	905	905
	TOTAL (STATES)	25	2719	2744	290	13494	13784
UNION TERRITORIES:							
29	A & N ISLANDS	0	0	0	0	5	5
30	CHANDIGARH	0	2	2	0	17	17
31	D & N HAVELI	0	0	0	0	5	5
32	DAMAN & DIU	0	0	0	0	2	2
33	DELHI	0	43	43	0	376	376
34	LAKSHADWEEP	0	0	0	0	1	1
35	PUDUCHERRY	0	2	2	0	2	2
	TOTAL (UTs)	0	47	47	0	408	408
	TOTAL (ALL-INDIA)	25	2766	2791	290	13902	14192

TABLE-4.17(Continued)

Sl. No.	State/UT	Disposal Of Cases								
		Kidnapping & Abduction (Sec. 363-369,371-373 IPC)			Kidnapping & Abduction Women & Girls			Kidnapping & Abduction Others		
		Confession (15)	Trial (16)	Total (17)	Confession (18)	Trial (19)	Total (20)	Confession (21)	Trial (22)	Total (23)
STATES:										
1	ANDHRA PRADESH	0	832	832	0	610	610	0	222	222
2	ARUNACHAL PRADESH	0	8	8	0	8	8	0	0	0
3	ASSAM	55	504	559	55	412	467	0	92	92
4	BIHAR	0	1482	1482	0	613	613	0	869	869
5	CHHATTISGARH	30	135	165	23	91	114	7	44	51
6	GOA	0	6	6	0	6	6	0	0	0
7	GUJARAT	10	415	425	9	357	366	1	58	59
8	HARYANA	0	347	347	0	242	242	0	105	105
9	HIMACHAL PRADESH	0	47	47	0	41	41	0	6	6
10	JAMMU & KASHMIR	0	262	262	0	243	243	0	19	19
11	JHARKHAND	36	410	446	21	273	294	15	137	152
12	KARNATAKA	32	331	363	14	189	203	18	142	160
13	KERALA	0	130	130	0	106	106	0	24	24
14	MADHYA PRADESH	0	820	820	0	658	658	0	162	162
15	MAHARASHTRA	5	631	636	3	448	451	2	183	185
16	MANIPUR	0	1	1	0	0	0	0	1	1
17	MEGHALAYA	0	7	7	0	4	4	0	3	3
18	MIZORAM	3	0	3	0	0	0	3	0	3
19	NAGALAND	3	10	13	0	5	5	3	5	8
20	ORISSA	0	406	406	0	349	349	0	57	57
21	PUNJAB	0	181	181	0	110	110	0	71	71
22	RAJASTHAN	0	563	563	0	396	396	0	167	167
23	SIKKIM	0	2	2	0	2	2	0	0	0
24	TAMIL NADU	2	549	551	1	486	487	1	63	64
25	TRIPURA	0	45	45	0	30	30	0	15	15
26	UTTAR PRADESH	0	2817	2817	0	2218	2218	0	599	599
27	UTTARAKHAND	0	119	119	0	88	88	0	31	31
28	WEST BENGAL	0	583	583	0	476	476	0	107	107
	TOTAL (STATES)	176	11643	11819	126	8461	8587	50	3182	3232
UNION TERRITORIES:										
29	A & N ISLANDS	0	1	1	0	1	1	0	0	0
30	CHANDIGARH	0	34	34	0	30	30	0	4	4
31	D & N HAVELI	0	3	3	0	1	1	0	2	2
32	DAMAN & DIU	0	1	1	0	0	0	0	1	1
33	DELHI	0	207	207	0	154	154	0	53	53
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	6	6	0	4	4	0	2	2
	TOTAL (UTs)	0	252	252	0	190	190	0	62	62
	TOTAL (ALL-INDIA)	176	11895	12071	126	8651	8777	50	3244	3294

TABLE-4.17(Continued)

Sl. No.	State/UT	Disposal Of Cases					
		Dacoity (Sec. 395-398 IPC)			Preparation And Assembly For Dacoity (Sec. 399-402 IPC)		
(1)	(2)	Confession (24)	Trial (25)	Total (26)	Confession (27)	Trial (28)	Total (29)
<i>STATES:</i>							
1	ANDHRA PRADESH	0	222	222	0	7	7
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	5	172	177	1	11	12
4	BIHAR	0	792	792	0	72	72
5	CHHATTISGARH	27	35	62	3	9	12
6	GOA	0	1	1	0	0	0
7	GUJARAT	0	118	118	0	4	4
8	HARYANA	0	76	76	0	229	229
9	HIMACHAL PRADESH	0	2	2	0	0	0
10	JAMMU & KASHMIR	0	5	5	0	0	0
11	JHARKHAND	28	293	321	3	20	23
12	KARNATAKA	9	163	172	4	113	117
13	KERALA	0	49	49	0	99	99
14	MADHYA PRADESH	0	115	115	0	87	87
15	MAHARASHTRA	0	281	281	2	193	195
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	2	15	17	0	0	0
18	MIZORAM	0	0	0	0	0	0
19	NAGALAND	2	7	9	0	0	0
20	ORISSA	0	155	155	0	31	31
21	PUNJAB	0	28	28	0	79	79
22	RAJASTHAN	0	31	31	0	67	67
23	SIKKIM	0	0	0	0	0	0
24	TAMIL NADU	2	71	73	0	15	15
25	TRIPURA	0	11	11	0	2	2
26	UTTAR PRADESH	0	293	293	0	94	94
27	UTTARAKHAND	0	22	22	0	6	6
28	WEST BENGAL	0	167	167	0	435	435
	TOTAL (STATES)	75	3124	3199	13	1573	1586
<i>UNION TERRITORIES:</i>							
29	A & N ISLANDS	0	1	1	0	0	0
30	CHANDIGARH	0	2	2	0	2	2
31	D & N HAVELI	0	2	2	0	0	0
32	DAMAN & DIU	0	1	1	0	0	0
33	DELHI	0	22	22	0	74	74
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0
	TOTAL (UTs)	0	28	28	0	76	76
	TOTAL (ALL-INDIA)	75	3152	3227	13	1649	1662

TABLE-4.17(Continued)

Sl. No.	State/UT	Disposal Of Cases								
		Robbery (Sec. 392-394, 397,398 IPC)			Riots (Sec. 143-145,147-151,153, 153A, 153B, 157,158, 160 IPC)			Arson (Sec. 435, 436,438 IPC)		
		Confes sion	Trial	Total	Confes sion	Trial	Total	Confes sion	Trial	Total
(1)	(2)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)
STATES:										
1	ANDHRA PRADESH	0	404	404	0	1200	1200	0	651	651
2	ARUNACHAL PRADESH	0	22	22	0	1	1	0	0	0
3	ASSAM	6	228	234	27	1227	1254	3	138	141
4	BIHAR	0	784	784	0	5070	5070	0	418	418
5	CHHATTISGARH	76	191	267	154	349	503	31	81	112
6	GOA	0	10	10	0	28	28	0	4	4
7	GUJARAT	10	317	327	30	970	1000	5	206	211
8	HARYANA	0	299	299	0	668	668	0	118	118
9	HIMACHAL PRADESH	0	11	11	0	354	354	0	46	46
10	JAMMU & KASHMIR	0	29	29	2	296	298	0	23	23
11	JHARKHAND	18	500	518	71	2167	2238	3	68	71
12	KARNATAKA	28	587	615	117	4417	4534	5	192	197
13	KERALA	0	363	363	8	5098	5106	0	136	136
14	MADHYA PRADESH	0	1428	1428	0	2016	2016	0	621	621
15	MAHARASHTRA	13	1047	1060	9	5282	5291	0	698	698
16	MANIPUR	0	0	0	0	2	2	0	0	0
17	MEGHALAYA	3	21	24	0	2	2	0	10	10
18	MIZORAM	0	5	5	0	2	2	0	32	32
19	NAGALAND	4	17	21	0	2	2	0	0	0
20	ORISSA	0	606	606	0	873	873	0	187	187
21	PUNJAB	0	65	65	0	0	0	0	37	37
22	RAJASTHAN	0	391	391	1	3000	3001	0	311	311
23	SIKKIM	0	0	0	5	1	6	0	0	0
24	TAMIL NADU	2	407	409	18	1836	1854	2	308	310
25	TRIPURA	0	9	9	0	49	49	0	16	16
26	UTTAR PRADESH	0	1448	1448	0	2978	2978	0	244	244
27	UTTARAKHAND	0	67	67	0	117	117	0	22	22
28	WEST BENGAL	0	204	204	0	2800	2800	0	83	83
	TOTAL (STATES)	160	9460	9620	442	40805	41247	49	4650	4699
UNION TERRITORIES:										
29	A & N ISLANDS	0	4	4	0	5	5	0	2	2
30	CHANDIGARH	0	23	23	0	62	62	0	2	2
31	D & N HAVELI	0	0	0	0	7	7	0	2	2
32	DAMAN & DIU	0	1	1	0	26	26	0	1	1
33	DELHI	0	278	278	0	39	39	0	4	4
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	1	1	0	49	49	0	4	4
	TOTAL (UTs)	0	307	307	0	188	188	0	15	15
	TOTAL (ALL-INDIA)	160	9767	9927	442	40993	41435	49	4665	4714

TABLE-4.17(Concluded)

Sl. No.	State/UT	Disposal Of Cases					
		Dowry Death (Sec. 304B IPC)			Total		
		Confession (39)	Trial (40)	Total (41)	Confession (42)	Trial (43)	Total (44)
(1)	(2)	(39)	(40)	(41)	(42)	(43)	(44)
STATES:							
1	ANDHRA PRADESH	0	449	449	0	8222	8222
2	ARUNACHAL PRADESH	0	0	0	0	39	39
3	ASSAM	2	42	44	170	3547	3717
4	BIHAR	0	689	689	1	15204	15205
5	CHHATTISGARH	25	51	76	1085	2280	3365
6	GOA	0	0	0	0	106	106
7	GUJARAT	1	14	15	80	3195	3275
8	HARYANA	0	238	238	0	3612	3612
9	HIMACHAL PRADESH	0	8	8	0	728	728
10	JAMMU & KASHMIR	0	1	1	2	1005	1007
11	JHARKHAND	11	198	209	391	6215	6606
12	KARNATAKA	4	181	185	263	8437	8700
13	KERALA	0	11	11	8	6695	6703
14	MADHYA PRADESH	0	693	693	0	13162	13162
15	MAHARASHTRA	0	277	277	38	12185	12223
16	MANIPUR	0	0	0	0	11	11
17	MEGHALAYA	0	0	0	10	114	124
18	MIZORAM	0	0	0	46	130	176
19	NAGALAND	0	0	0	25	109	134
20	ORISSA	0	251	251	0	4771	4771
21	PUNJAB	0	85	85	0	2169	2169
22	RAJASTHAN	0	259	259	2	7328	7330
23	SIKKIM	0	0	0	5	19	24
24	TAMIL NADU	1	183	184	37	6704	6741
25	TRIPURA	0	15	15	0	312	312
26	UTTAR PRADESH	0	1719	1719	0	20456	20456
27	UTTARAKHAND	0	55	55	0	856	856
28	WEST BENGAL	0	330	330	0	7428	7428
	TOTAL (STATES)	44	5749	5793	2163	135039	137202
UNION TERRITORIES:							
29	A & N ISLANDS	0	0	0	0	33	33
30	CHANDIGARH	0	3	3	0	199	199
31	D & N HAVELI	0	0	0	0	33	33
32	DAMAN & DIU	0	2	2	0	35	35
33	DELHI	0	26	26	0	1701	1701
34	LAKSHADWEEP	0	0	0	0	1	1
35	PUDUCHERRY	0	0	0	0	90	90
	TOTAL (UTs)	0	31	31	0	2092	2092
	TOTAL (ALL-INDIA)	44	5780	5824	2163	137131	139294

TABLE-4.18
Duration of Completion of Trails by Various Courts During 2008

Sl. No.	State/UT	District / Session Judge						Total (Col 3 To 8)
		Duration Of Trial.						
		Less Than 6 Months	6-12 Months	1-3 Years	3-5 Years	5-10 Years	Over 10 Years	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<i>STATES:</i>								
1	ANDHRA PRADESH	84	464	1406	947	207	27	3135
2	ARUNACHAL PRADESH	0	5	12	4	0	0	21
3	ASSAM	26	113	356	391	210	115	1211
4	BIHAR	3	48	211	277	639	420	1598
5	CHHATTISGARH	237	321	427	173	26	2	1186
6	GOA	4	9	20	8	2	0	43
7	GUJARAT	84	276	882	533	214	84	2073
8	HARYANA	26	116	488	229	62	6	927
9	HIMACHAL PRADESH	7	20	104	43	30	17	221
10	JAMMU & KASHMIR	96	182	231	256	252	43	1060
11	JHARKHAND	0	0	244	508	683	249	1684
12	KARNATAKA	218	312	1017	825	229	49	2650
13	KERALA	1	30	367	522	151	23	1094
14	MADHYA PRADESH	671	938	1257	732	271	116	3985
15	MAHARASHTRA	16	232	878	792	625	190	2733
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	5	3	5	1	14
18	MIZORAM	178	60	30	0	0	0	268
19	NAGALAND	1	2	0	0	0	0	3
20	ORISSA	1	29	185	363	79	17	674
21	PUNJAB	45	261	725	524	161	26	1742
22	RAJASTHAN	131	329	1195	1121	555	208	3539
23	SIKKIM	0	7	11	0	0	0	18
24	TAMIL NADU	156	277	778	558	181	82	2032
25	TRIPURA	32	11	34	30	9	6	122
26	UTTAR PRADESH	0	305	1840	2754	2748	728	8375
27	UTTARAKHAND	5	35	217	149	26	1	433
28	WEST BENGAL	21	205	608	811	700	21	2366
	TOTAL (STATES)	2043	4587	13528	12553	8065	2431	43207
<i>UNION TERRITORIES:</i>								
29	A & N ISLANDS	0	0	2	3	13	3	21
30	CHANDIGARH	0	1	3	3	1	0	8
31	D & N HAVELI	1	3	16	6	2	0	28
32	DAMAN & DIU	1	2	6	3	1	0	13
33	DELHI	0	0	26	88	54	5	173
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	3	11	5	4	0	23
	TOTAL (UTs)	2	9	64	108	75	8	266
	TOTAL (ALL-INDIA)	2045	4596	13592	12661	8140	2439	43473

TABLE-4.18 (Continued)

Sl. No.	State/UT	Additional Session Judge						Total (Col 10 To 15)
		Duration Of Trial.						
		Less Than 6 Months	6-12 Months	1-3 Years	3-5 Years	5-10 Years	Over 10 Years	
(1)	(2)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
<i>STATES:</i>								
1	ANDHRA PRADESH	165	839	1978	1530	655	28	5195
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	39	161	442	161	268	114	1185
4	BIHAR	97	365	2565	3545	2908	1145	10625
5	CHHATTISGARH	269	293	581	231	31	5	1410
6	GOA	0	1	6	2	2	0	11
7	GUJARAT	34	364	1308	674	263	38	2681
8	HARYANA	102	621	1417	612	238	24	3014
9	HIMACHAL PRADESH	7	34	103	45	42	15	246
10	JAMMU & KASHMIR	81	21	73	41	84	58	358
11	JHARKHAND	0	70	1425	1430	1009	488	4422
12	KARNATAKA	95	288	1153	565	186	27	2314
13	KERALA	7	96	556	1052	346	13	2070
14	MADHYA PRADESH	1506	2334	3217	2275	1279	269	10880
15	MAHARASHTRA	222	547	1333	1111	802	262	4277
16	MANIPUR	0	5	1	1	0	2	9
17	MEGHALAYA	0	0	1	5	6	1	13
18	MIZORAM	88	25	8	0	0	0	121
19	NAGALAND	10	17	20	2	0	0	49
20	ORISSA	124	91	529	466	213	65	1488
21	PUNJAB	93	437	978	845	284	17	2654
22	RAJASTHAN	138	725	1397	1197	608	189	4254
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	371	507	1082	700	311	65	3036
25	TRIPURA	30	23	72	59	11	3	198
26	UTTAR PRADESH	0	749	3575	4641	3483	2042	14490
27	UTTARAKHAND	8	91	94	108	17	0	318
28	WEST BENGAL	499	640	1465	759	135	40	3538
	TOTAL (STATES)	3985	9344	25379	22057	13181	4910	78856
<i>UNION TERRITORIES:</i>								
29	A & N ISLANDS	0	0	0	0	0	0	0
30	CHANDIGARH	14	20	39	22	6	0	101
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	77	83	549	692	147	124	1672
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	5	5	22	2	1	0	35
	TOTAL (UTs)	96	108	610	716	154	124	1808
	TOTAL (ALL-INDIA)	4081	9452	25989	22773	13335	5034	80664

TABLE-4.18 (Continued)

Sl. No.	State/UT	Chief Judicial Magistrate						Total (Col 17 To 22)
		Duration Of Trial.						
		Less Than 6 Months	6-12 Months	1-3 Years	3-5 Years	5-10 Years	Over 10 Years	
(1)	(2)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
<i>STATES:</i>								
1	ANDHRA PRADESH	263	668	2918	1076	355	46	5326
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	411	1032	1497	1366	976	168	5450
4	BIHAR	45	103	567	703	534	92	2044
5	CHHATTISGARH	2057	2418	1699	676	471	136	7457
6	GOA	0	2	0	8	3	0	13
7	GUJARAT	3062	3572	4854	3768	1175	196	16627
8	HARYANA	472	1308	2942	1897	832	66	7517
9	HIMACHAL PRADESH	135	368	840	329	199	56	1927
10	JAMMU & KASHMIR	559	384	385	256	239	52	1875
11	JHARKHAND	16	205	1388	1589	404	240	3842
12	KARNATAKA	1247	2649	5691	3184	1020	95	13886
13	KERALA	73	611	2163	1478	369	25	4719
14	MADHYA PRADESH	7610	6081	8057	3798	1673	667	27886
15	MAHARASHTRA	354	1009	2821	2671	1561	782	9198
16	MANIPUR	26	2	1	0	4	11	44
17	MEGHALAYA	0	3	9	20	18	7	57
18	MIZORAM	0	0	0	0	0	0	0
19	NAGALAND	23	31	23	1	0	0	78
20	ORISSA	24	131	1221	885	487	45	2793
21	PUNJAB	327	585	1050	799	408	13	3182
22	RAJASTHAN	2454	3924	5200	4180	2274	401	18433
23	SIKKIM	0	37	117	30	0	0	184
24	TAMIL NADU	283	581	809	566	311	27	2577
25	TRIPURA	35	46	175	47	30	3	336
26	UTTAR PRADESH	75	117	4224	6576	5136	807	16935
27	UTTARAKHAND	52	386	763	350	136	27	1714
28	WEST BENGAL	427	599	976	658	598	51	3309
	TOTAL (STATES)	20030	26852	50390	36911	19213	4013	157409
<i>UNION TERRITORIES:</i>								
29	A & N ISLANDS	0	1	7	17	10	0	35
30	CHANDIGARH	138	14	45	14	9	3	223
31	D & N HAVELI	5	10	21	18	14	3	71
32	DAMAN & DIU	13	11	79	58	31	27	219
33	DELHI	427	613	400	255	54	5	1754
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	25	45	42	6	0	0	118
	TOTAL (UTs)	608	694	594	368	118	38	2420
	TOTAL (ALL-INDIA)	20638	27546	50984	37279	19331	4051	159829

TABLE-4.18 (Continued)

Sl. No.	State/UT	Judicial Magistrate (I)						Total (Col 24 To 29)
		Duration Of Trial.						
		Less Than 6 Months	6-12 Months	1-3 Years	3-5 Years	5-10 Years	Over 10 Years	
(1)	(2)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
STATES:								
1	ANDHRA PRADESH	7937	11820	13395	6004	2293	83	41532
2	ARUNACHAL PRADESH	0	29	85	58	0	0	172
3	ASSAM	179	423	1045	986	621	151	3405
4	BIHAR	232	1468	6808	8770	5904	989	24171
5	CHHATTISGARH	1717	1693	1637	1213	698	84	7042
6	GOA	131	136	412	147	68	1	895
7	GUJARAT	3566	7088	10080	5799	1710	394	28637
8	HARYANA	1959	1909	3205	2431	1633	177	11314
9	HIMACHAL PRADESH	136	397	759	401	347	75	2115
10	JAMMU & KASHMIR	624	474	480	334	254	58	2224
11	JHARKHAND	25	351	2438	2342	2132	1279	8567
12	KARNATAKA	8181	7802	11314	5037	1772	226	34332
13	KERALA	3932	10525	18893	9524	3400	158	46432
14	MADHYA PRADESH	8567	8241	9034	5631	2140	940	34553
15	MAHARASHTRA	2357	5498	14610	14294	8707	2807	48273
16	MANIPUR	20	6	0	2	1	7	36
17	MEGHALAYA	0	28	149	118	70	4	369
18	MIZORAM	422	768	40	0	0	0	1230
19	NAGALAND	58	134	169	15	10	0	386
20	ORISSA	1102	2654	4334	2383	1530	368	12371
21	PUNJAB	577	2023	2150	1979	605	10	7344
22	RAJASTHAN	1528	2442	4632	4308	2240	614	15764
23	SIKKIM	0	5	6	0	0	0	11
24	TAMIL NADU	13115	14941	21623	8354	2525	406	60964
25	TRIPURA	77	143	262	198	20	0	700
26	UTTAR PRADESH	104	733	5443	5392	3507	364	15543
27	UTTARAKHAND	86	241	305	144	33	9	818
28	WEST BENGAL	2152	1637	2211	1060	496	96	7652
	TOTAL (STATES)	58784	83609	135519	86924	42716	9300	416852
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	28	47	34	6	115
30	CHANDIGARH	301	133	473	316	283	52	1558
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	2754	2884	2951	2362	905	174	12030
34	LAKSHADWEEP	0	0	2	0	0	0	2
35	PUDUCHERRY	623	785	532	166	12	0	2118
	TOTAL (UTs)	3678	3802	3986	2891	1234	232	15823
	TOTAL (ALL-INDIA)	62462	87411	139505	89815	43950	9532	432675

TABLE-4.18 (Continued)

Sl. No.	State/UT	Judicial Magistrate (II)						Total (Col 31 To 36)
		Duration Of Trial.						
		Less Than 6 Months	6-12 Months	1-3 Years	3-5 Years	5-10 Years	Over 10 Years	
(1)	(2)	(31)	(32)	(33)	(34)	(35)	(36)	(37)
STATES:								
1	ANDHRA PRADESH	2444	3376	4772	1368	637	16	12613
2	ARUNACHAL PRADESH	0	59	147	65	0	0	271
3	ASSAM	69	137	286	196	181	95	964
4	BIHAR	59	166	696	865	610	71	2467
5	CHHATTISGARH	1046	1427	1018	688	354	128	4661
6	GOA	0	0	0	0	0	0	0
7	GUJARAT	1614	2416	3332	2048	1647	72	11129
8	HARYANA	1059	1484	2962	1822	762	113	8202
9	HIMACHAL PRADESH	86	130	248	176	127	44	811
10	JAMMU & KASHMIR	101	180	149	181	126	78	815
11	JHARKHAND	23	53	652	635	386	462	2211
12	KARNATAKA	3876	4465	7382	3427	641	72	19863
13	KERALA	863	2428	4195	3129	1553	33	12201
14	MADHYA PRADESH	3360	4056	5811	3100	758	179	17264
15	MAHARASHTRA	325	1100	3677	4147	2444	717	12410
16	MANIPUR	0	0	0	0	0	1	1
17	MEGHALAYA	0	0	3	0	0	0	3
18	MIZORAM	0	0	0	0	0	0	0
19	NAGALAND	4	2	0	0	0	0	6
20	ORISSA	186	517	1747	1622	884	435	5391
21	PUNJAB	98	589	791	706	438	18	2640
22	RAJASTHAN	320	908	2077	1506	565	341	5717
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	7820	12206	10898	6666	2399	186	40175
25	TRIPURA	27	27	41	13	2	0	110
26	UTTAR PRADESH	122	516	5239	5240	4371	384	15872
27	UTTARAKHAND	24	30	61	33	14	0	162
28	WEST BENGAL	932	2587	2278	1642	1668	764	9871
	TOTAL (STATES)	24458	38859	58462	39275	20567	4209	185830
UNION TERRITORIES:								
29	A & N ISLANDS	0	1	6	16	24	10	57
30	CHANDIGARH	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	322	205	335	104	103	34	1103
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	803	1004	592	291	66	0	2756
	TOTAL (UTs)	1125	1210	933	411	193	44	3916
	TOTAL (ALL-INDIA)	25583	40069	59395	39686	20760	4253	189746

TABLE-4.18 (Continued)

Sl. No.	State/UT	Special Judicial Magistrate						Total (Col 38 To 43)
		Duration Of Trial.						
		Less Than 6 Months	6-12 Months	1-3 Years	3-5 Years	5-10 Years	Over 10 Years	
(1)	(2)	(38)	(39)	(40)	(41)	(42)	(43)	(44)
<i>STATES:</i>								
1	ANDHRA PRADESH	1916	1902	1658	658	107	3	6244
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	78	198	297	268	62	44	947
4	BIHAR	0	71	659	863	202	177	1972
5	CHHATTISGARH	89	111	177	50	25	5	457
6	GOA	0	0	0	0	0	0	0
7	GUJARAT	14	56	326	192	241	17	846
8	HARYANA	182	224	347	131	72	10	966
9	HIMACHAL PRADESH	19	44	69	31	9	0	172
10	JAMMU & KASHMIR	89	102	79	35	19	2	326
11	JHARKHAND	19	60	192	260	216	233	980
12	KARNATAKA	37	196	353	203	17	8	814
13	KERALA	4	23	227	14	0	0	268
14	MADHYA PRADESH	1029	2114	2551	1184	606	396	7880
15	MAHARASHTRA	14	101	342	443	207	75	1182
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	1	2	0	1	4
18	MIZORAM	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	49	152	856	207	146	61	1471
21	PUNJAB	28	32	147	145	73	0	425
22	RAJASTHAN	756	1479	2187	2299	1619	1227	9567
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	1066	1264	1393	672	338	94	4827
25	TRIPURA	40	37	63	11	5	0	156
26	UTTAR PRADESH	65	493	6343	4368	1265	292	12826
27	UTTARAKHAND	19	40	89	40	4	0	192
28	WEST BENGAL	90	206	509	421	201	77	1504
	TOTAL (STATES)	5603	8905	18865	12497	5434	2722	54026
<i>UNION TERRITORIES:</i>								
29	A & N ISLANDS	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0
	TOTAL (ALL-INDIA)	5603	8905	18865	12497	5434	2722	54026

TABLE-4.18 (Continued)

Sl. No.	State/UT	Other Type Of Courts						Total (Col 45 To 50)
		Duration Of Trial.						
		Less Than 6 Months	6-12 Months	1-3 Years	3-5 Years	5-10 Years	Over 10 Years	
(1)	(2)	(45)	(46)	(47)	(48)	(49)	(50)	(51)
STATES:								
1	ANDHRA PRADESH	1606	2211	3319	1199	528	262	9125
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	102	147	160	179	181	96	865
4	BIHAR	71	332	1982	2398	2534	406	7723
5	CHHATTISGARH	237	227	165	129	86	91	935
6	GOA	2	5	5	9	0	0	21
7	GUJARAT	852	1431	1300	885	749	212	5429
8	HARYANA	221	378	548	445	126	1	1719
9	HIMACHAL PRADESH	48	63	321	336	93	52	913
10	JAMMU & KASHMIR	213	180	160	119	66	26	764
11	JHARKHAND	44	163	990	983	734	634	3548
12	KARNATAKA	1183	816	1403	251	204	41	3898
13	KERALA	40	143	316	125	50	10	684
14	MADHYA PRADESH	1646	2763	3559	3053	967	377	12365
15	MAHARASHTRA	174	243	569	797	613	141	2537
16	MANIPUR	1	0	1	3	3	6	14
17	MEGHALAYA	1	11	25	12	8	6	63
18	MIZORAM	179	91	62	5	0	0	337
19	NAGALAND	4	13	3	0	0	0	20
20	ORISSA	67	1084	1151	1234	516	135	4187
21	PUNJAB	121	166	719	419	140	118	1683
22	RAJASTHAN	502	982	1625	1333	587	170	5199
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	1248	3010	3643	1737	227	20	9885
25	TRIPURA	0	3	0	1	0	0	4
26	UTTAR PRADESH	112	224	4689	4065	3365	87	12542
27	UTTARAKHAND	3	9	4	4	0	0	20
28	WEST BENGAL	446	848	1190	1747	1211	336	5778
	TOTAL (STATES)	9123	15543	27909	21468	12988	3227	90258
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	1	1	0	2
30	CHANDIGARH	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	489	441	589	173	232	24	1948
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	1	1	0	0	2
	TOTAL (UTs)	489	441	590	175	233	24	1952
	TOTAL (ALL-INDIA)	9612	15984	28499	21643	13221	3251	92210

TABLE-4.18 (Concluded)

Sl. No.	State/UT	Sum Of All Type Of Courts						
		Duration Of Trial.						
		Less Than 6 Months	6-12 Months	1-3 Years	3-5 Years	5-10 Years	Over 10 Years	Total (Col 52 To 57)
(1)	(2)	(52)	(53)	(54)	(55)	(56)	(57)	(58)
STATES:								
1	ANDHRA PRADESH	14415	21280	29446	12782	4782	465	83170
2	ARUNACHAL PRADESH	0	93	244	127	0	0	464
3	ASSAM	904	2211	4083	3547	2499	783	14027
4	BIHAR	507	2553	13488	17421	13331	3300	50600
5	CHHATTISGARH	5652	6490	5704	3160	1691	451	23148
6	GOA	137	153	443	174	75	1	983
7	GUJARAT	9226	15203	22082	13899	5999	1013	67422
8	HARYANA	4021	6040	11909	7567	3725	397	33659
9	HIMACHAL PRADESH	438	1056	2444	1361	847	259	6405
10	JAMMU & KASHMIR	1763	1523	1557	1222	1040	317	7422
11	JHARKHAND	127	902	7329	7747	5564	3585	25254
12	KARNATAKA	14837	16528	28313	13492	4069	518	77757
13	KERALA	4920	13856	26717	15844	5869	262	67468
14	MADHYA PRADESH	24389	26527	33486	19773	7694	2944	114813
15	MAHARASHTRA	3462	8730	24230	24255	14959	4974	80610
16	MANIPUR	47	13	3	6	8	27	104
17	MEGHALAYA	1	42	193	160	107	20	523
18	MIZORAM	867	944	140	5	0	0	1956
19	NAGALAND	100	199	215	18	10	0	542
20	ORISSA	1553	4658	10023	7160	3855	1126	28375
21	PUNJAB	1289	4093	6560	5417	2109	202	19670
22	RAJASTHAN	5829	10789	18313	15944	8448	3150	62473
23	SIKKIM	0	49	134	30	0	0	213
24	TAMIL NADU	24059	32786	40226	19253	6292	880	123496
25	TRIPURA	241	290	647	359	77	12	1626
26	UTTAR PRADESH	478	3137	31353	33036	23875	4704	96583
27	UTTARAKHAND	197	832	1533	828	230	37	3657
28	WEST BENGAL	4567	6722	9237	7098	5009	1385	34018
	TOTAL (STATES)	124026	187699	330052	231685	122164	30812	1026438
UNION TERRITORIES:								
29	A & N ISLANDS	0	2	43	84	82	19	230
30	CHANDIGARH	453	168	560	355	299	55	1890
31	D & N HAVELI	6	13	37	24	16	3	99
32	DAMAN & DIU	14	13	85	61	32	27	232
33	DELHI	4069	4226	4850	3674	1495	366	18680
34	LAKSHADWEEP	0	0	2	0	0	0	2
35	PUDUCHERRY	1456	1842	1200	471	83	0	5052
	TOTAL (UTs)	5998	6264	6777	4669	2007	470	26185
	TOTAL (ALL-INDIA)	130024	193963	336829	236354	124171	31282	1052623

Tables
Chapter

5

Crime Against Women

TABLE-5.1

Incidence & Rate Of Crime Committed Against Women In States, UTs and Cities During 2008

Sl. No.	State/UT	Incidence	Percentage Contribution To All-India Total	Estimated Mid-Year Population (In Lakhs)#	Rate Of Total Cognizable Crimes	Rank as per Rate of total cognizable crimes	Rank as per percentage share
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>STATES:</i>							
1	ANDHRA PRADESH	24111	12.3	824.6	29.2	2	1
2	ARUNACHAL PRADESH	175	0.1	12.0	14.5	18	25
3	ASSAM	8122	4.1	300.8	27.0	3	10
4	BIHAR	8662	4.4	943.1	9.2	28	7
5	CHHATTISGARH	3962	2.0	237.7	16.7	13	15
6	GOA	130	0.1	16.4	7.9	33	28
7	GUJARAT	8616	4.4	566.7	15.2	15	8
8	HARYANA	5142	2.6	238.9	21.5	8	14
9	HIMACHAL PRADESH	979	0.5	65.7	14.9	16	22
10	JAMMU & KASHMIR	2295	1.2	125.0	18.4	12	19
11	JHARKHAND	3183	1.6	301.4	10.6	26	17
12	KARNATAKA	6890	3.5	576.0	12.0	22	13
13	KERALA	8117	4.1	343.4	23.6	5	11
14	MADHYA PRADESH	14908	7.6	696.8	21.4	9	5
15	MAHARASHTRA	15862	8.1	1073.5	14.8	17	4
16	MANIPUR	211	0.1	26.4	8.0	31	23
17	MEGHALAYA	208	0.1	25.5	8.2	29	24
18	MIZORAM	162	0.1	9.8	16.5	14	26
19	NAGALAND	47	0.0	22.0	2.1	35	32
20	ORISSA	8303	4.2	400.3	20.7	10	9
21	PUNJAB	2627	1.3	266.9	9.8	27	18
22	RAJASTHAN	14491	7.4	649.9	22.3	7	6
23	SIKKIM	48	0.0	6.0	8.1	30	31
24	TAMIL NADU	7220	3.7	665.8	10.8	24	12
25	TRIPURA	1416	0.7	35.2	40.2	1	20
26	UTTAR PRADESH	23569	12.0	1920.5	12.3	20	2
27	UTTARAKHAND	1151	0.6	95.4	12.1	21	21
28	WEST BENGAL	20912	10.7	882.1	23.7	4	3
	TOTAL STATES	191519	97.8	11327.87	16.9		
<i>UNION TERRITORIES</i>							
29	A & N ISLANDS	80	0.0	4.2	19.3	11	30
30	CHANDIGARH	143	0.1	10.7	13.4	19	27
31	D & N HAVELI	28	0.0	2.7	10.6	25	33
32	DAMAN & DIU	15	0.0	1.9	7.9	32	34
33	DELHI	3938	2.0	172.5	22.8	6	16
34	LAKSHADWEEP	4	0.0	0.7	5.8	34	35
35	PUDUCHERRY	129	0.1	10.8	11.9	23	29
	TOTAL (UTs)	4337	2.2	203.39	21.3		
	TOTAL (ALL-INDIA)	195856	100.0	11531.26	17.0		

Total population including women

TABLE-5.1 (Concluded)

Sl. No.	City	Incidence	Percentage Contribution To All-Cities Total	Population (In Lakhs)@	Rate Of Total Cognizable Crimes	Rank as per Rate of total cognizable crimes	Rank as per percentage share
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
CITIES:							
36	AGRA	596	2.4	13.2	45.1	6	15
37	AHMEDABAD	1474	6.0	45.2	32.6	13	6
38	ALLAHABAD	226	0.9	10.5	21.5	21	29
39	AMRITSAR	185	0.7	10.1	18.3	25	31
40	ASANSOL	229	0.9	10.9	21.0	22	28
41	BENGALURU	1243	5.0	56.9	21.9	20	7
42	BHOPAL	480	1.9	14.6	33.0	12	18
43	CHENNAI	553	2.2	64.3	8.6	34	16
44	COIMBATORE	164	0.7	14.5	11.3	30	32
45	DELHI (CITY)	3515	14.2	127.9	27.5	15	1
46	DHANBAD	98	0.4	10.6	9.2	33	35
47	FARIDABAD	476	1.9	10.6	45.1	5	19
48	HYDERABAD	1784	7.2	55.3	32.2	14	2
49	INDORE	698	2.8	16.4	42.6	7	11
50	JABALPUR	425	1.7	11.2	38.0	10	20
51	JAIPUR	892	3.6	23.2	38.4	9	8
52	JAMSHEDPUR	161	0.7	11.0	14.6	29	33
53	KANPUR	1735	7.0	26.9	64.5	3	3
54	KOCHI	200	0.8	13.6	14.8	28	30
55	KOLKATA	868	3.5	132.2	6.6	35	9
56	LUCKNOW	1484	6.0	22.7	65.5	2	5
57	LUDHIANA	275	1.1	14.0	19.7	24	25
58	MADURAI	116	0.5	12.0	9.7	31	34
59	MEERUT	412	1.7	11.7	35.3	11	22
60	MUMBAI	1571	6.3	163.7	9.6	32	4
61	NAGPUR	504	2.0	21.2	23.7	16	17
62	NASIK	236	1.0	11.5	20.5	23	27
63	PATNA	280	1.1	17.1	16.4	27	24
64	PUNE	677	2.7	37.6	18.0	26	12
65	RAJKOT	422	1.7	10.0	42.1	8	21
66	SURAT	657	2.7	28.1	23.4	17	14
67	VADODARA	329	1.3	14.9	22.1	18	23
68	VARANASI	267	1.1	12.1	22.0	19	26
69	VIJAYAWADA	854	3.4	10.1	84.5	1	10
70	VISHAKHAPATNAM	670	2.7	13.3	50.4	4	13
TOTAL (CITIES)		24756	100.0	1078.80	22.9		

@ based on actual census of 2001 (total population including women)

TABLE-5.2

Incidence Of Crimes Committed Against Women During 2008

Sl. No.	State/UT	Estimated Mid-Year Population (In Lakhs)#	Rape (Sec. 376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dowry Deaths (Sec.304B IPC)			Cruelty By Husband And Relatives (Sec.498A IPC)		
			I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:														
1	ANDHRA PRADESH	824.61	1257	1.5	5.9	1396	1.7	6.1	556	0.7	6.8	10306	12.5	12.7
2	ARUNACHAL PRADESH	12.04	42	3.5	0.2	47	3.9	0.2	0	0.0	0.0	13	1.1	0.0
3	ASSAM	300.79	1438	4.8	6.7	1789	5.9	7.8	103	0.3	1.3	3478	11.6	4.3
4	BIHAR	943.06	1302	1.4	6.1	1789	1.9	7.8	1210	1.3	14.8	1992	2.1	2.4
5	CHHATTISGARH	237.74	978	4.1	4.6	216	0.9	0.9	106	0.4	1.3	897	3.8	1.1
6	GOA	16.44	30	1.8	0.1	28	1.7	0.1	2	0.1	0.0	12	0.7	0.0
7	GUJARAT	566.65	374	0.7	1.7	1119	2.0	4.9	27	0.0	0.3	6094	10.8	7.5
8	HARYANA	238.90	631	2.6	2.9	644	2.7	2.8	302	1.3	3.7	2435	10.2	3.0
9	HIMACHAL PRADESH	65.71	157	2.4	0.7	137	2.1	0.6	3	0.0	0.0	343	5.2	0.4
10	JAMMU & KASHMIR	125.02	219	1.8	1.0	656	5.2	2.9	21	0.2	0.3	162	1.3	0.2
11	JHARKHAND	301.44	791	2.6	3.7	499	1.7	2.2	266	0.9	3.3	851	2.8	1.0
12	KARNATAKA	576.02	446	0.8	2.1	405	0.7	1.8	259	0.4	3.2	2638	4.6	3.2
13	KERALA	343.40	568	1.7	2.6	166	0.5	0.7	31	0.1	0.4	4138	12.1	5.1
14	MADHYA PRADESH	696.83	2937	4.2	13.7	736	1.1	3.2	805	1.2	9.9	3185	4.6	3.9
15	MAHARASHTRA	1073.47	1558	1.5	7.3	998	0.9	4.4	390	0.4	4.8	7829	7.3	9.6
16	MANIPUR	26.37	38	1.4	0.2	87	3.3	0.4	1	0.0	0.0	28	1.1	0.0
17	MEGHALAYA	25.47	88	3.5	0.4	25	1.0	0.1	2	0.1	0.0	32	1.3	0.0
18	MIZORAM	9.84	77	7.8	0.4	1	0.1	0.0	0	0.0	0.0	5	0.5	0.0
19	NAGALAND	21.96	19	0.9	0.1	7	0.3	0.0	0	0.0	0.0	4	0.2	0.0
20	ORISSA	400.33	1113	2.8	5.2	762	1.9	3.3	401	1.0	4.9	1618	4.0	2.0
21	PUNJAB	266.89	517	1.9	2.4	514	1.9	2.2	128	0.5	1.6	984	3.7	1.2
22	RAJASTHAN	649.94	1355	2.1	6.3	1863	2.9	8.1	439	0.7	5.4	8113	12.5	10.0
23	SIKKIM	5.96	20	3.4	0.1	4	0.7	0.0	0	0.0	0.0	5	0.8	0.0
24	TAMIL NADU	665.76	573	0.9	2.7	1160	1.7	5.1	207	0.3	2.5	1648	2.5	2.0
25	TRIPURA	35.24	204	5.8	1.0	110	3.1	0.5	16	0.5	0.2	735	20.9	0.9
26	UTTAR PRADESH	1920.49	1871	1.0	8.7	4439	2.3	19.4	2237	1.2	27.4	8312	4.3	10.2
27	UTTARAKHAND	95.43	87	0.9	0.4	222	2.3	1.0	73	0.8	0.9	340	3.6	0.4
28	WEST BENGAL	882.07	2263	2.6	10.5	1907	2.2	8.3	451	0.5	5.5	13663	15.5	16.8
	TOTAL (STATES)	11327.87	20953	1.8	97.6	21726	1.9	94.7	8036	0.7	98.3	79860	7.0	98.2
UNION TERRITORIES:														
29	A & N ISLANDS	4.15	12	2.9	0.1	13	3.1	0.1	2	0.5	0.0	26	6.3	0.0
30	CHANDIGARH	10.71	20	1.9	0.1	42	3.9	0.2	3	0.3	0.0	49	4.6	0.1
31	D & N HAVELI	2.65	6	2.3	0.0	11	4.2	0.0	0	0.0	0.0	4	1.5	0.0
32	DAMAN & DIU	1.89	0	0.0	0.0	1	0.5	0.0	0	0.0	0.0	5	2.6	0.0
33	DELHI	172.50	466	2.7	2.2	1136	6.6	5.0	129	0.7	1.6	1387	8.0	1.7
34	LAKSHADWEEP	0.69	2	2.9	0.0	1	1.4	0.0	0	0.0	0.0	1	1.4	0.0
35	PUDUCHERRY	10.80	8	0.7	0.0	9	0.8	0.0	2	0.2	0.0	12	1.1	0.0
	TOTAL (UTs)	203.39	514	2.5	2.4	1213	6.0	5.3	136	0.7	1.7	1484	7.3	1.8
	TOTAL (ALL-INDIA)	11531.26	21467	1.9	100.0	22939	2.0	100.0	8172	0.7	100.0	81344	7.1	100.0

Total population including women

I - Incidence R - Rate of Crime P - Percentage share

TABLE-5.2(Continued)

Sl. No.	City	Population (In Lakhs)@	Rape (Sec. 376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Dowry Deaths (Sec.304B IPC)			Cruelty By Husband And Relatives (Sec.498A IPC)		
			I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
CITIES:														
36	AGRA	13.21	22	1.7	1.2	134	10.1	4.3	38	2.9	5.3	240	18.2	2.1
37	AHMEDABAD	45.19	44	1.0	2.5	137	3.0	4.4	1	0.0	0.1	1185	26.2	10.4
38	ALLAHABAD	10.50	5	0.5	0.3	47	4.5	1.5	12	1.1	1.7	107	10.2	0.9
39	AMRITSAR	10.11	15	1.5	0.8	44	4.4	1.4	6	0.6	0.8	66	6.5	0.6
40	ASANSOL	10.91	20	1.8	1.1	12	1.1	0.4	9	0.8	1.2	166	15.2	1.5
41	BENGALURU	56.87	54	0.9	3.1	2	0.0	0.1	52	0.9	7.2	307	5.4	2.7
42	BHOPAL	14.55	80	5.5	4.5	33	2.3	1.1	21	1.4	2.9	149	10.2	1.3
43	CHENNAI	64.25	35	0.5	2.0	32	0.5	1.0	25	0.4	3.5	165	2.6	1.4
44	COIMBATORE	14.46	9	0.6	0.5	7	0.5	0.2	6	0.4	0.8	62	4.3	0.5
45	DELHI (CITY)	127.91	396	3.1	22.4	948	7.4	30.5	110	0.9	15.3	1310	10.2	11.5
46	DHANBAD	10.64	17	1.6	1.0	18	1.7	0.6	16	1.5	2.2	16	1.5	0.1
47	FARIDABAD	10.55	46	4.4	2.6	94	8.9	3.0	21	2.0	2.9	173	16.4	1.5
48	HYDERABAD	55.34	62	1.1	3.5	77	1.4	2.5	41	0.7	5.7	1184	21.4	10.4
49	INDORE	16.39	71	4.3	4.0	36	2.2	1.2	25	1.5	3.5	290	17.7	2.5
50	JABALPUR	11.17	72	6.4	4.1	20	1.8	0.6	27	2.4	3.7	95	8.5	0.8
51	JAIPUR	23.24	60	2.6	3.4	174	7.5	5.6	20	0.9	2.8	451	19.4	4.0
52	JAMSHEDPUR	11.02	17	1.5	1.0	12	1.1	0.4	11	1.0	1.5	62	5.6	0.5
53	KANPUR	26.90	72	2.7	4.1	227	8.4	7.3	86	3.2	11.9	632	23.5	5.5
54	KOCHI	13.55	12	0.9	0.7	7	0.5	0.2	1	0.1	0.1	87	6.4	0.8
55	KOLKATA	132.17	35	0.3	2.0	92	0.7	3.0	12	0.1	1.7	405	3.1	3.5
56	LUCKNOW	22.67	41	1.8	2.3	266	11.7	8.6	37	1.6	5.1	647	28.5	5.7
57	LUDHIANA	13.95	44	3.2	2.5	76	5.4	2.4	9	0.6	1.2	88	6.3	0.8
58	MADURAI	11.95	4	0.3	0.2	14	1.2	0.5	5	0.4	0.7	42	3.5	0.4
59	MEERUT	11.67	19	1.6	1.1	63	5.4	2.0	14	1.2	1.9	163	14.0	1.4
60	MUMBAI	163.68	218	1.3	12.3	116	0.7	3.7	11	0.1	1.5	502	3.1	4.4
61	NAGPUR	21.23	53	2.5	3.0	28	1.3	0.9	7	0.3	1.0	237	11.2	2.1
62	NASIK	11.52	14	1.2	0.8	21	1.8	0.7	5	0.4	0.7	141	12.2	1.2
63	PATNA	17.07	25	1.5	1.4	51	3.0	1.6	28	1.6	3.9	126	7.4	1.1
64	PUNE	37.56	92	2.4	5.2	80	2.1	2.6	7	0.2	1.0	273	7.3	2.4
65	RAJKOT	10.02	12	1.2	0.7	40	4.0	1.3	1	0.1	0.1	312	31.1	2.7
66	SURAT	28.11	28	1.0	1.6	79	2.8	2.5	11	0.4	1.5	472	16.8	4.1
67	VADODARA	14.92	7	0.5	0.4	30	2.0	1.0	0	0.0	0.0	268	18.0	2.3
68	VARANASI	12.12	8	0.7	0.5	31	2.6	1.0	24	2.0	3.3	103	8.5	0.9
69	VIJAYAWADA	10.11	30	3.0	1.7	36	3.6	1.2	9	0.9	1.2	395	39.1	3.5
70	VISHAKHAPATNAM	13.29	29	2.2	1.6	26	2.0	0.8	13	1.0	1.8	488	36.7	4.3
TOTAL (CITIES)		1078.80	1768	1.6	100.0	3110	2.9	100.0	721	0.7	100.0	11409	10.6	100.0

@ Based on actual census of 2001 (Total population including women)

I - Incidence R - Rate of Crime P - Percentage share

TABLE-5.2 (Continued)

Sl. No.	State/UT	Molestation (Sec.354 IPC)			Sexual Harassment (Eve-Teasing) (Sec.509 IPC)			Importation Of Girls (Sec.366B IPC)			Sati Prevention Act, 1987		
		I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
STATES:													
1	ANDHRA PRADESH	4730	5.7	11.7	3551	4.3	29.1	0	0.0	0.0	0	0.0	0.0
2	ARUNACHAL PRADESH	72	6.0	0.2	1	0.1	0.0	0	0.0	0.0	0	0.0	0.0
3	ASSAM	1272	4.2	3.1	2	0.0	0.0	0	0.0	0.0	0	0.0	0.0
4	BIHAR	999	1.1	2.5	21	0.0	0.2	22	0.0	32.8	0	0.0	0.0
5	CHHATTISGARH	1621	6.8	4.0	125	0.5	1.0	0	0.0	0.0	1	0.0	100.0
6	GOA	32	1.9	0.1	12	0.7	0.1	0	0.0	0.0	0	0.0	0.0
7	GUJARAT	828	1.5	2.0	122	0.2	1.0	0	0.0	0.0	0	0.0	0.0
8	HARYANA	435	1.8	1.1	605	2.5	5.0	0	0.0	0.0	0	0.0	0.0
9	HIMACHAL PRADESH	295	4.5	0.7	41	0.6	0.3	0	0.0	0.0	0	0.0	0.0
10	JAMMU & KASHMIR	935	7.5	2.3	296	2.4	2.4	0	0.0	0.0	0	0.0	0.0
11	JHARKHAND	271	0.9	0.7	23	0.1	0.2	39	0.1	58.2	0	0.0	0.0
12	KARNATAKA	1954	3.4	4.8	44	0.1	0.4	1	0.0	1.5	0	0.0	0.0
13	KERALA	2745	8.0	6.8	258	0.8	2.1	0	0.0	0.0	0	0.0	0.0
14	MADHYA PRADESH	6445	9.2	15.9	758	1.1	6.2	0	0.0	0.0	0	0.0	0.0
15	MAHARASHTRA	3619	3.4	9.0	1091	1.0	8.9	0	0.0	0.0	0	0.0	0.0
16	MANIPUR	57	2.2	0.1	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
17	MEGHALAYA	54	2.1	0.1	4	0.2	0.0	0	0.0	0.0	0	0.0	0.0
18	MIZORAM	78	7.9	0.2	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
19	NAGALAND	15	0.7	0.0	1	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	2782	6.9	6.9	282	0.7	2.3	0	0.0	0.0	0	0.0	0.0
21	PUNJAB	388	1.5	1.0	49	0.2	0.4	0	0.0	0.0	0	0.0	0.0
22	RAJASTHAN	2520	3.9	6.2	19	0.0	0.2	0	0.0	0.0	0	0.0	0.0
23	SIKKIM	19	3.2	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
24	TAMIL NADU	1705	2.6	4.2	974	1.5	8.0	0	0.0	0.0	0	0.0	0.0
25	TRIPURA	346	9.8	0.9	4	0.1	0.0	0	0.0	0.0	0	0.0	0.0
26	UTTAR PRADESH	2955	1.5	7.3	3374	1.8	27.6	0	0.0	0.0	0	0.0	0.0
27	UTTARAKHAND	120	1.3	0.3	306	3.2	2.5	0	0.0	0.0	0	0.0	0.0
28	WEST BENGAL	2396	2.7	5.9	94	0.1	0.8	5	0.0	7.5	0	0.0	0.0
	TOTAL (STATES)	39688	3.5	98.2	12057	1.1	98.7	67	0.0	100.0	1	0.0	100.0
UNION TERRITORIES													
29	A & N ISLANDS	24	5.8	0.1	3	0.7	0.0	0	0.0	0.0	0	0.0	0.0
30	CHANDIGARH	19	1.8	0.0	2	0.2	0.0	0	0.0	0.0	0	0.0	0.0
31	D & N HAVELI	4	1.5	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
32	DAMAN & DIU	2	1.1	0.0	1	0.5	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	611	3.5	1.5	130	0.8	1.1	0	0.0	0.0	0	0.0	0.0
34	LAKSHADWEEP	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	65	6.0	0.2	21	1.9	0.2	0	0.0	0.0	0	0.0	0.0
	TOTAL (UTs)	725	3.6	1.8	157	0.8	1.3	0	0.0	0.0	0	0.0	0.0
	TOTAL (ALL-INDIA)	40413	3.5	100.0	12214	1.1	100.0	67	0.0	100.0	1	0.0	100.0

I - Incidence R – Rate of Crime P – Percentage share

TABLE-5.2 (Continued)

Sl. No.	City	Molestation (Sec.354 IPC)			Sexual Harassment (Eve-Teasing) (Sec.509 IPC)			Importation Of Girls (Sec.366B IPC)			Sati Prevention Act, 1987		
		I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
<i>CITIES:</i>													
36	AGRA	62	4.7	1.7	91	6.9	3.7	0	0.0	0.0	0	0.0	0.0
37	AHMEDABAD	78	1.7	2.2	19	0.4	0.8	0	0.0	0.0	0	0.0	0.0
38	ALLAHABAD	11	1.0	0.3	37	3.5	1.5	0	0.0	0.0	0	0.0	0.0
39	AMRITSAR	25	2.5	0.7	11	1.1	0.4	0	0.0	0.0	0	0.0	0.0
40	ASANSOL	20	1.8	0.6	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
41	BENGALURU	179	3.1	5.0	1	0.0	0.0	0	0.0	0.0	0	0.0	0.0
42	BHOPAL	160	11.0	4.4	34	2.3	1.4	0	0.0	0.0	0	0.0	0.0
43	CHENNAI	46	0.7	1.3	67	1.0	2.7	0	0.0	0.0	0	0.0	0.0
44	COIMBATORE	29	2.0	0.8	7	0.5	0.3	0	0.0	0.0	0	0.0	0.0
45	DELHI (CITY)	553	4.3	15.4	123	1.0	5.0	0	0.0	0.0	0	0.0	0.0
46	DHANBAD	13	1.2	0.4	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
47	FARIDABAD	23	2.2	0.6	97	9.2	3.9	0	0.0	0.0	0	0.0	0.0
48	HYDERABAD	231	4.2	6.4	148	2.7	6.0	0	0.0	0.0	0	0.0	0.0
49	INDORE	231	14.1	6.4	45	2.7	1.8	0	0.0	0.0	0	0.0	0.0
50	JABALPUR	175	15.7	4.9	35	3.1	1.4	0	0.0	0.0	0	0.0	0.0
51	JAIPUR	106	4.6	2.9	2	0.1	0.1	0	0.0	0.0	0	0.0	0.0
52	JAMSHEDPUR	16	1.5	0.4	5	0.5	0.2	0	0.0	0.0	0	0.0	0.0
53	KANPUR	136	5.1	3.8	578	21.5	23.4	0	0.0	0.0	0	0.0	0.0
54	KOCHI	59	4.4	1.6	5	0.4	0.2	0	0.0	0.0	0	0.0	0.0
55	KOLKATA	211	1.6	5.9	81	0.6	3.3	4	0.0	100.0	0	0.0	0.0
56	LUCKNOW	147	6.5	4.1	328	14.5	13.3	0	0.0	0.0	0	0.0	0.0
57	LUDHIANA	36	2.6	1.0	21	1.5	0.8	0	0.0	0.0	0	0.0	0.0
58	MADURAI	11	0.9	0.3	2	0.2	0.1	0	0.0	0.0	0	0.0	0.0
59	MEERUT	51	4.4	1.4	101	8.7	4.1	0	0.0	0.0	0	0.0	0.0
60	MUMBAI	436	2.7	12.1	121	0.7	4.9	0	0.0	0.0	0	0.0	0.0
61	NAGPUR	91	4.3	2.5	71	3.3	2.9	0	0.0	0.0	0	0.0	0.0
62	NASIK	42	3.6	1.2	10	0.9	0.4	0	0.0	0.0	0	0.0	0.0
63	PATNA	9	0.5	0.2	1	0.1	0.0	0	0.0	0.0	0	0.0	0.0
64	PUNE	113	3.0	3.1	73	1.9	2.9	0	0.0	0.0	0	0.0	0.0
65	RAJKOT	30	3.0	0.8	19	1.9	0.8	0	0.0	0.0	0	0.0	0.0
66	SURAT	54	1.9	1.5	2	0.1	0.1	0	0.0	0.0	0	0.0	0.0
67	VADODARA	16	1.1	0.4	3	0.2	0.1	0	0.0	0.0	0	0.0	0.0
68	VARANASI	11	0.9	0.3	83	6.8	3.4	0	0.0	0.0	0	0.0	0.0
69	VIJAYAWADA	104	10.3	2.9	252	24.9	10.2	0	0.0	0.0	0	0.0	0.0
70	VISHAKHAPATNAM	87	6.5	2.4	2	0.2	0.1	0	0.0	0.0	0	0.0	0.0
TOTAL (CITIES)		3602	3.3	100.0	2475	2.3	100.0	4	0.0	100.0	0	0.0	0.0

I - Incidence R - Rate of Crime P - Percentage share

TABLE-5.2 (Continued)

Sl. No.	State/UT	Immoral Traffic (P) Act, 1956			Indecent Representation Of Women (P) Act, 1986			Dowry Prohibition Act, 1961			Total		
		I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)
STATES:													
1	ANDHRA PRADESH	357	0.4	13.4	889	1.1	86.7	1069	1.3	19.2	24111	29.2	12.3
2	ARUNACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	175	14.5	0.1
3	ASSAM	27	0.1	1.0	2	0.0	0.2	11	0.0	0.2	8122	27.0	4.1
4	BIHAR	39	0.0	1.5	0	0.0	0.0	1288	1.4	23.2	8662	9.2	4.4
5	CHHATTISGARH	4	0.0	0.2	0	0.0	0.0	14	0.1	0.3	3962	16.7	2.0
6	GOA	14	0.9	0.5	0	0.0	0.0	0	0.0	0.0	130	7.9	0.1
7	GUJARAT	52	0.1	2.0	0	0.0	0.0	0	0.0	0.0	8616	15.2	4.4
8	HARYANA	77	0.3	2.9	0	0.0	0.0	13	0.1	0.2	5142	21.5	2.6
9	HIMACHAL PRADESH	1	0.0	0.0	0	0.0	0.0	2	0.0	0.0	979	14.9	0.5
10	JAMMU & KASHMIR	4	0.0	0.2	0	0.0	0.0	2	0.0	0.0	2295	18.4	1.2
11	JHARKHAND	8	0.0	0.3	0	0.0	0.0	435	1.4	7.8	3183	10.6	1.6
12	KARNATAKA	515	0.9	19.4	0	0.0	0.0	628	1.1	11.3	6890	12.0	3.5
13	KERALA	187	0.5	7.0	19	0.1	1.9	5	0.0	0.1	8117	23.6	4.1
14	MADHYA PRADESH	10	0.0	0.4	0	0.0	0.0	32	0.0	0.6	14908	21.4	7.6
15	MAHARASHTRA	327	0.3	12.3	1	0.0	0.1	49	0.0	0.9	15862	14.8	8.1
16	MANIPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	211	8.0	0.1
17	MEGHALAYA	3	0.1	0.1	0	0.0	0.0	0	0.0	0.0	208	8.2	0.1
18	MIZORAM	1	0.1	0.0	0	0.0	0.0	0	0.0	0.0	162	16.5	0.1
19	NAGALAND	1	0.0	0.0	0	0.0	0.0	0	0.0	0.0	47	2.1	0.0
20	ORISSA	29	0.1	1.1	0	0.0	0.0	1316	3.3	23.7	8303	20.7	4.2
21	PUNJAB	43	0.2	1.6	0	0.0	0.0	4	0.0	0.1	2627	9.8	1.3
22	RAJASTHAN	72	0.1	2.7	107	0.2	10.4	3	0.0	0.1	14491	22.3	7.4
23	SIKKIM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	48	8.1	0.0
24	TAMIL NADU	687	1.0	25.8	4	0.0	0.4	262	0.4	4.7	7220	10.8	3.7
25	TRIPURA	0	0.0	0.0	0	0.0	0.0	1	0.0	0.0	1416	40.2	0.7
26	UTTAR PRADESH	57	0.0	2.1	0	0.0	0.0	324	0.2	5.8	23569	12.3	12.0
27	UTTARAKHAND	3	0.0	0.1	0	0.0	0.0	0	0.0	0.0	1151	12.1	0.6
28	WEST BENGAL	62	0.1	2.3	3	0.0	0.3	68	0.1	1.2	20912	23.7	10.7
	TOTAL (STATES)	2580	0.2	97.0	1025	0.1	100.0	5526	0.5	99.5	191519	16.9	97.8
UNION TERRITORIES:													
29	A & N ISLANDS	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	80	19.3	0.0
30	CHANDIGARH	7	0.7	0.3	0	0.0	0.0	1	0.1	0.0	143	13.4	0.1
31	D & N HAVELI	3	1.1	0.1	0	0.0	0.0	0	0.0	0.0	28	10.6	0.0
32	DAMAN & DIU	6	3.2	0.2	0	0.0	0.0	0	0.0	0.0	15	7.9	0.0
33	DELHI	60	0.3	2.3	0	0.0	0.0	19	0.1	0.3	3938	22.8	2.0
34	LAKSHADWEEP	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	4	5.8	0.0
35	PUDUCHERRY	3	0.3	0.1	0	0.0	0.0	9	0.8	0.2	129	11.9	0.1
	TOTAL (UTs)	79	0.4	3.0	0	0.4	0.0	29	0.1	0.5	4337	21.3	2.2
	TOTAL (ALL-INDIA)	2659	0.2	100.0	1025	0.1	100.0	5555	0.5	100.0	195856	17.0	100.0

I - Incidence R - Rate of Crime P - Percentage share

TABLE-5.2 (Concluded)

Sl. No.	City	Immoral Traffic (P) Act, 1956			Indecent Representation Of Women (P) Act, 1986			Dowry Prohibition Act, 1961			Total		
		I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)
<i>CITIES:</i>													
36	AGRA	9	0.7	0.8	0	0.0	0.0	0	0.0	0.0	596	45.1	2.4
37	AHMEDABAD	10	0.2	0.9	0	0.0	0.0	0	0.0	0.0	1474	32.6	6.0
38	ALLAHABAD	2	0.2	0.2	0	0.0	0.0	5	0.5	1.0	226	21.5	0.9
39	AMRITSAR	17	1.7	1.5	0	0.0	0.0	1	0.1	0.2	185	18.3	0.7
40	ASANSOL	0	0.0	0.0	0	0.0	0.0	2	0.2	0.4	229	21.0	0.9
41	BENGALURU	276	4.9	25.0	0	0.0	0.0	372	6.5	72.8	1243	21.9	5.0
42	BHOPAL	3	0.2	0.3	0	0.0	0.0	0	0.0	0.0	480	33.0	1.9
43	CHENNAI	183	2.8	16.5	0	0.0	0.0	0	0.0	0.0	553	8.6	2.2
44	COIMBATORE	43	3.0	3.9	1	0.1	2.0	0	0.0	0.0	164	11.3	0.7
45	DELHI (CITY)	59	0.5	5.3	0	0.0	0.0	16	0.1	3.1	3515	27.5	14.2
46	DHANBAD	0	0.0	0.0	0	0.0	0.0	18	1.7	3.5	98	9.2	0.4
47	FARIDABAD	18	1.7	1.6	0	0.0	0.0	4	0.4	0.8	476	45.1	1.9
48	HYDERABAD	41	0.7	3.7	0	0.0	0.0	0	0.0	0.0	1784	32.2	7.2
49	INDORE	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	698	42.6	2.8
50	JABALPUR	0	0.0	0.0	0	0.0	0.0	1	0.1	0.2	425	38.0	1.7
51	JAIPUR	30	1.3	2.7	48	2.1	96.0	1	0.0	0.2	892	38.4	3.6
52	JAMSHEDPUR	2	0.2	0.2	0	0.0	0.0	36	3.3	7.0	161	14.6	0.7
53	KANPUR	0	0.0	0.0	0	0.0	0.0	4	0.1	0.8	1735	64.5	7.0
54	KOCHI	29	2.1	2.6	0	0.0	0.0	0	0.0	0.0	200	14.8	0.8
55	KOLKATA	28	0.2	2.5	0	0.0	0.0	0	0.0	0.0	868	6.6	3.5
56	LUCKNOW	12	0.5	1.1	0	0.0	0.0	6	0.3	1.2	1484	65.5	6.0
57	LUDHIANA	1	0.1	0.1	0	0.0	0.0	0	0.0	0.0	275	19.7	1.1
58	MADURAI	38	3.2	3.4	0	0.0	0.0	0	0.0	0.0	116	9.7	0.5
59	MEERUT	1	0.1	0.1	0	0.0	0.0	0	0.0	0.0	412	35.3	1.7
60	MUMBAI	167	1.0	15.1	0	0.0	0.0	0	0.0	0.0	1571	9.6	6.3
61	NAGPUR	11	0.5	1.0	0	0.0	0.0	6	0.3	1.2	504	23.7	2.0
62	NASIK	3	0.3	0.3	0	0.0	0.0	0	0.0	0.0	236	20.5	1.0
63	PATNA	4	0.2	0.4	0	0.0	0.0	36	2.1	7.0	280	16.4	1.1
64	PUNE	38	1.0	3.4	1	0.0	2.0	0	0.0	0.0	677	18.0	2.7
65	RAJKOT	8	0.8	0.7	0	0.0	0.0	0	0.0	0.0	422	42.1	1.7
66	SURAT	11	0.4	1.0	0	0.0	0.0	0	0.0	0.0	657	23.4	2.7
67	VADODARA	5	0.3	0.5	0	0.0	0.0	0	0.0	0.0	329	22.1	1.3
68	VARANASI	4	0.3	0.4	0	0.0	0.0	3	0.2	0.6	267	22.0	1.1
69	VIJAYAWADA	28	2.8	2.5	0	0.0	0.0	0	0.0	0.0	854	84.5	3.4
70	VISHAKHAPATNAM	25	1.9	2.3	0	0.0	0.0	0	0.0	0.0	670	50.4	2.7
TOTAL (CITIES)		1106	1.0	100.0	50	0.0	100.0	511	0.5	100.0	24756	22.9	100.0

I - Incidence R - Rate of Crime P - Percentage share

TABLE-5.3

Age-Group-Wise Victims Of Incest (Rape) Cases During 2008

Sl.No.	State/UT	No. Of Cases Reported	No. Of Victims						Total Victims
			Upto 10 Years	10 - 14 Years	14 - 18 Years	18 - 30 Years	30 - 50 Years	Above 50 Years	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<i>STATES:</i>									
1	ANDHRA PRADESH	13	2	2	1	5	1	2	13
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0
3	ASSAM	7	0	0	0	5	2	0	7
4	BIHAR	3	0	0	0	1	2	0	3
5	CHHATTISGARH	31	0	3	15	12	1	0	31
6	GOA	0	0	0	0	0	0	0	0
7	GUJARAT	4	0	1	2	1	0	0	4
8	HARYANA	8	0	1	2	4	0	1	8
9	HIMACHAL PRADESH	1	0	1	0	0	0	0	1
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0
11	JHARKHAND	12	0	0	0	7	5	0	12
12	KARNATAKA	0	0	0	0	0	0	0	0
13	KERALA	17	0	6	6	4	1	0	17
14	MADHYA PRADESH	52	3	9	20	15	5	0	52
15	MAHARASHTRA	35	4	5	8	11	6	1	35
16	MANIPUR	0	0	0	0	0	0	0	0
17	MEGHALAYA	5	1	3	0	1	0	0	5
18	MIZORAM	3	0	1	1	1	0	0	3
19	NAGALAND	1	0	0	0	1	0	0	1
20	ORISSA	17	2	0	1	13	1	0	17
21	PUNJAB	2	0	0	0	1	1	0	2
22	RAJASTHAN	40	2	6	7	21	4	0	40
23	SIKKIM	1	1	0	0	0	0	0	1
24	TAMIL NADU	1	1	0	0	0	0	0	1
25	TRIPURA	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	1	0	0	0	0	1	0	1
27	UTTARAKHAND	6	0	2	1	2	1	0	6
28	WEST BENGAL	9	5	2	1	1	0	0	9
	TOTAL (STATES)	269	21	42	65	106	31	4	269
<i>UNION TERRITORIES:</i>									
29	A & N ISLANDS	0	0	0	0	0	0	0	0
30	CHANDIGARH	3	0	0	2	1	0	0	3
31	D & N HAVELI	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0
33	DELHI	37	2	12	8	10	1	4	37
34	LAKSHADWEEP	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0
	TOTAL (UTs)	40	2	12	10	11	1	4	40
	TOTAL (ALL-INDIA)	309	23	54	75	117	32	8	309

TABLE-5.3 (Continued)

Age-Group-Wise Victims Of Incest (Rape) Cases During 2008

Sl.No.	City	No. Of Cases Reported	No. Of Victims						Total Victims
			Upto 10 Years	10 - 14 Years	14 - 18 Years	18 - 30 Years	30 - 50 Years	Above 50 Years	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<i>CITIES:</i>									
36	AGRA	0	0	0	0	0	0	0	0
37	AHMEDABAD	0	0	0	0	0	0	0	0
38	ALLAHABAD	0	0	0	0	0	0	0	0
39	AMRITSAR	0	0	0	0	0	0	0	0
40	ASANSOL	0	0	0	0	0	0	0	0
41	BENGALURU	0	0	0	0	0	0	0	0
42	BHOPAL	5	1	2	1	1	0	0	5
43	CHENNAI	1	1	0	0	0	0	0	1
44	COIMBATORE	0	0	0	0	0	0	0	0
45	DELHI (CITY)	33	2	12	7	8	1	3	33
46	DHANBAD	1	0	0	0	1	0	0	1
47	FARIDABAD	1	0	0	1	0	0	0	1
48	HYDERABAD	2	2	0	0	0	0	0	2
49	INDORE	0	0	0	0	0	0	0	0
50	JABALPUR	0	0	0	0	0	0	0	0
51	JAIPUR	1	0	0	1	0	0	0	1
52	JAMSHEDPUR	3	0	0	0	1	2	0	3
53	KANPUR	0	0	0	0	0	0	0	0
54	KOCHI	0	0	0	0	0	0	0	0
55	KOLKATA	0	0	0	0	0	0	0	0
56	LUCKNOW	0	0	0	0	0	0	0	0
57	LUDHIANA	0	0	0	0	0	0	0	0
58	MADURAI	0	0	0	0	0	0	0	0
59	MEERUT	0	0	0	0	0	0	0	0
60	MUMBAI	14	1	1	1	6	5	0	14
61	NAGPUR	3	1	0	0	2	0	0	3
62	NASIK	1	0	0	0	0	0	1	1
63	PATNA	0	0	0	0	0	0	0	0
64	PUNE	2	0	1	1	0	0	0	2
65	RAJKOT	0	0	0	0	0	0	0	0
66	SURAT	1	0	0	1	0	0	0	1
67	VADODARA	0	0	0	0	0	0	0	0
68	VARANASI	0	0	0	0	0	0	0	0
69	VIJAYAWADA	0	0	0	0	0	0	0	0
70	VISHAKHAPATNAM	0	0	0	0	0	0	0	0
TOTAL (CITIES)		68	8	16	13	19	8	4	68

TABLE-5.3 (Continued)

Age-Group-Wise Victims Of Other (Rape) Cases During 2008

Sl.No.	State/UT	No. Of Cases Reported	No. Of Victims						Total Victims
			Upto 10 Years	10 - 14 Years	14 - 18 Years	18 - 30 Years	30 - 50 Years	Above 50 Years	
(1)	(2)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
STATES:									
1	ANDHRA PRADESH	1244	47	124	236	655	173	9	1244
2	ARUNACHAL PRADESH	42	4	7	0	31	0	0	42
3	ASSAM	1431	2	5	20	844	539	21	1431
4	BIHAR	1299	0	11	80	1027	157	24	1299
5	CHHATTISGARH	947	24	77	292	376	175	3	947
6	GOA	30	1	6	11	7	3	2	30
7	GUJARAT	370	15	26	55	216	57	1	370
8	HARYANA	623	10	21	36	491	61	4	623
9	HIMACHAL PRADESH	156	8	15	44	68	20	1	156
10	JAMMU & KASHMIR	219	2	0	3	155	59	0	219
11	JHARKHAND	779	1	2	5	655	114	2	779
12	KARNATAKA	446	21	24	52	301	47	1	446
13	KERALA	551	27	45	133	270	72	6	553
14	MADHYA PRADESH	2885	66	218	576	1533	472	20	2885
15	MAHARASHTRA	1523	114	130	433	696	155	4	1532
16	MANIPUR	38	9	8	8	12	1	0	38
17	MEGHALAYA	83	5	14	14	46	4	0	83
18	MIZORAM	74	9	3	4	48	10	0	74
19	NAGALAND	18	0	0	0	18	0	0	18
20	ORISSA	1096	15	27	23	632	387	12	1096
21	PUNJAB	515	27	36	45	358	46	5	517
22	RAJASTHAN	1315	27	110	268	685	215	10	1315
23	SIKKIM	19	8	3	1	8	0	0	20
24	TAMIL NADU	572	26	29	131	340	46	0	572
25	TRIPURA	204	16	23	65	96	4	0	204
26	UTTAR PRADESH	1870	44	171	685	785	185	0	1870
27	UTTARAKHAND	81	0	2	4	62	13	0	81
28	WEST BENGAL	2254	17	51	53	1628	504	1	2254
	TOTAL (STATES)	20684	545	1188	3277	12043	3519	126	20698
UNION TERRITORIES:									
29	A & N ISLANDS	12	0	1	7	3	1	0	12
30	CHANDIGARH	17	2	3	5	6	1	0	17
31	D & N HAVELI	6	0	1	2	3	0	0	6
32	DAMAN & DIU	0	0	0	0	0	0	0	0
33	DELHI	429	69	83	127	123	29	2	433
34	LAKSHADWEEP	2	0	0	0	1	1	0	2
35	PUDUCHERRY	8	0	1	3	3	1	0	8
	TOTAL (UTs)	474	71	89	144	139	33	2	478
	TOTAL (ALL-INDIA)	21158	616	1277	3421	12182	3552	128	21176

TABLE-5.3 (Continued)

Age-Group-Wise Victims Of Other (Rape) Cases During 2008

Sl.No.	City	No. Of Cases Reported	No. Of Victims						Total Victims
			Upto 10 Years	10 - 14 Years	14 - 18 Years	18 - 30 Years	30 - 50 Years	Above 50 Years	
(1)	(2)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
<i>CITIES:</i>									
36	AGRA	22	1	2	1	14	4	0	22
37	AHMEDABAD	44	0	0	0	27	17	0	44
38	ALLAHABAD	5	0	1	2	2	0	0	5
39	AMRITSAR	15	1	3	1	10	0	0	15
40	ASANSOL	20	0	0	0	12	8	0	20
41	BENGALURU	54	1	0	0	45	8	0	54
42	BHOPAL	75	6	10	37	18	4	0	75
43	CHENNAI	34	3	2	17	11	1	0	34
44	COIMBATORE	9	0	3	2	4	0	0	9
45	DELHI (CITY)	363	61	76	109	97	23	1	367
46	DHANBAD	16	0	1	0	13	2	0	16
47	FARIDABAD	45	0	0	5	33	6	1	45
48	HYDERABAD	60	0	25	10	20	5	0	60
49	INDORE	71	1	1	1	54	13	1	71
50	JABALPUR	72	0	0	2	58	12	0	72
51	JAIPUR	59	3	9	8	33	6	0	59
52	JAMSHEDPUR	14	0	0	0	12	2	0	14
53	KANPUR	72	3	6	23	33	7	0	72
54	KOCHI	12	1	1	7	5	0	0	14
55	KOLKATA	35	2	5	8	18	2	0	35
56	LUCKNOW	41	1	7	16	14	3	0	41
57	LUDHIANA	44	5	2	8	26	3	0	44
58	MADURAI	4	0	0	1	3	0	0	4
59	MEERUT	19	1	2	13	3	0	0	19
60	MUMBAI	204	19	17	56	101	20	0	213
61	NAGPUR	50	2	3	31	9	5	0	50
62	NASIK	13	1	0	2	10	0	0	13
63	PATNA	25	0	0	2	22	1	0	25
64	PUNE	90	4	11	38	28	8	1	90
65	RAJKOT	12	0	1	2	9	0	0	12
66	SURAT	27	4	3	4	6	10	0	27
67	VADODARA	7	3	0	0	4	0	0	7
68	VARANASI	8	0	2	4	2	0	0	8
69	VIJAYAWADA	30	5	5	15	4	1	0	30
70	VISHAKHAPATNAM	29	0	2	0	27	0	0	29
TOTAL (CITIES)		1700	128	200	425	787	171	4	1715

TABLE-5.3 (Concluded)

Age-Group-Wise Victims Of Rape Cases (Total) (Sec. 376 IPC) During 2008

Sl. No.	State/UT	No. Of Cases Reported	No. Of Victims						Total Victims
			Upto 10 Years	10 - 14 Years	14 - 18 Years	18 - 30 Years	30 - 50 Years	Above 50 Years	
(1)	(2)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
STATES:									
1	ANDHRA PRADESH	1257	49	126	237	660	174	11	1257
2	ARUNACHAL PRADESH	42	4	7	0	31	0	0	42
3	ASSAM	1438	2	5	20	849	541	21	1438
4	BIHAR	1302	0	11	80	1028	159	24	1302
5	CHHATTISGARH	978	24	80	307	388	176	3	978
6	GOA	30	1	6	11	7	3	2	30
7	GUJARAT	374	15	27	57	217	57	1	374
8	HARYANA	631	10	22	38	495	61	5	631
9	HIMACHAL PRADESH	157	8	16	44	68	20	1	157
10	JAMMU & KASHMIR	219	2	0	3	155	59	0	219
11	JHARKHAND	791	1	2	5	662	119	2	791
12	KARNATAKA	446	21	24	52	301	47	1	446
13	KERALA	568	27	51	139	274	73	6	570
14	MADHYA PRADESH	2937	69	227	596	1548	477	20	2937
15	MAHARASHTRA	1558	118	135	441	707	161	5	1567
16	MANIPUR	38	9	8	8	12	1	0	38
17	MEGHALAYA	88	6	17	14	47	4	0	88
18	MIZORAM	77	9	4	5	49	10	0	77
19	NAGALAND	19	0	0	0	19	0	0	19
20	ORISSA	1113	17	27	24	645	388	12	1113
21	PUNJAB	517	27	36	45	359	47	5	519
22	RAJASTHAN	1355	29	116	275	706	219	10	1355
23	SIKKIM	20	9	3	1	8	0	0	21
24	TAMIL NADU	573	27	29	131	340	46	0	573
25	TRIPURA	204	16	23	65	96	4	0	204
26	UTTAR PRADESH	1871	44	171	685	785	186	0	1871
27	UTTARAKHAND	87	0	4	5	64	14	0	87
28	WEST BENGAL	2263	22	53	54	1629	504	1	2263
	TOTAL (STATES)	20953	566	1230	3342	12149	3550	130	20967
UNION TERRITORIES:									
29	A & N ISLANDS	12	0	1	7	3	1	0	12
30	CHANDIGARH	20	2	3	7	7	1	0	20
31	D & N HAVELI	6	0	1	2	3	0	0	6
32	DAMAN & DIU	0	0	0	0	0	0	0	0
33	DELHI	466	71	95	135	133	30	6	470
34	LAKSHADWEEP	2	0	0	0	1	1	0	2
35	PUDUCHERRY	8	0	1	3	3	1	0	8
	TOTAL (UTs)	514	73	101	154	150	34	6	518
	TOTAL (ALL-INDIA)	21467	639	1331	3496	12299	3584	136	21485

TABLE-5.3 (Concluded)

Age-Group-Wise Victims Of Rape Cases (Total) During 2008

Sl.No.	City	No. Of Cases Reported	No. Of Victims						Total Victims
			Upto 10 Years	10 - 14 Years	14 - 18 Years	18 - 30 Years	30 - 50 Years	Above 50 Years	
(1)	(2)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
<i>CITIES:</i>									
36	AGRA	22	1	2	1	14	4	0	22
37	AHMEDABAD	44	0	0	0	27	17	0	44
38	ALLAHABAD	5	0	1	2	2	0	0	5
39	AMRITSAR	15	1	3	1	10	0	0	15
40	ASANSOL	20	0	0	0	12	8	0	20
41	BENGALURU	54	1	0	0	45	8	0	54
42	BHOPAL	80	7	12	38	19	4	0	80
43	CHENNAI	35	4	2	17	11	1	0	35
44	COIMBATORE	9	0	3	2	4	0	0	9
45	DELHI (CITY)	396	63	88	116	105	24	4	400
46	DHANBAD	17	0	1	0	14	2	0	17
47	FARIDABAD	46	0	0	6	33	6	1	46
48	HYDERABAD	62	2	25	10	20	5	0	62
49	INDORE	71	1	1	1	54	13	1	71
50	JABALPUR	72	0	0	2	58	12	0	72
51	JAIPUR	60	3	9	9	33	6	0	60
52	JAMSHEDPUR	17	0	0	0	13	4	0	17
53	KANPUR	72	3	6	23	33	7	0	72
54	KOCHI	12	1	1	7	5	0	0	14
55	KOLKATA	35	2	5	8	18	2	0	35
56	LUCKNOW	41	1	7	16	14	3	0	41
57	LUDHIANA	44	5	2	8	26	3	0	44
58	MADURAI	4	0	0	1	3	0	0	4
59	MEERUT	19	1	2	13	3	0	0	19
60	MUMBAI	218	20	18	57	107	25	0	227
61	NAGPUR	53	3	3	31	11	5	0	53
62	NASIK	14	1	0	2	10	0	1	14
63	PATNA	25	0	0	2	22	1	0	25
64	PUNE	92	4	12	39	28	8	1	92
65	RAJKOT	12	0	1	2	9	0	0	12
66	SURAT	28	4	3	5	6	10	0	28
67	VADODARA	7	3	0	0	4	0	0	7
68	VARANASI	8	0	2	4	2	0	0	8
69	VIJAYAWADA	30	5	5	15	4	1	0	30
70	VISHAKHAPATNAM	29	0	2	0	27	0	0	29
TOTAL (CITIES)		1768	136	216	438	806	179	8	1783

Note: Victims may be more than cases reported in some States/UTs/Cities.

TABLE-5.4

Offenders Relation And Proximity To Rape Victims 2008

Sl. No.	State /UT	No. Of Cases In Which Offenders Were Known To The Victims	No. Of Cases In Which Offenders Were			
			Parents / Close Family Members	Relatives	Neighbours	Other Known Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)
STATES:						
1	ANDHRA PRADESH	1257	13	116	513	615
2	ARUNACHAL PRADESH	42	0	0	2	40
3	ASSAM	1438	7	34	204	1193
4	BIHAR	1302	3	14	593	692
5	CHHATTISGARH	971	31	72	333	535
6	GOA	27	0	1	8	18
7	GUJARAT	370	4	36	81	249
8	HARYANA	603	8	30	234	331
9	HIMACHAL PRADESH	157	1	2	20	134
10	JAMMU & KASHMIR	219	0	14	65	140
11	JHARKHAND	742	12	17	186	527
12	KARNATAKA	347	0	20	117	210
13	KERALA	567	17	27	171	352
14	MADHYA PRADESH	2937	52	173	1279	1433
15	MAHARASHTRA	1485	35	73	545	832
16	MANIPUR	38	0	0	18	20
17	MEGHALAYA	86	5	14	24	43
18	MIZORAM	14	3	0	9	2
19	NAGALAND	9	1	0	1	7
20	ORISSA	846	17	53	205	571
21	PUNJAB	517	2	13	154	348
22	RAJASTHAN	1282	40	77	356	809
23	SIKKIM	20	1	0	1	18
24	TAMIL NADU	571	1	70	169	331
25	TRIPURA	204	0	8	125	71
26	UTTAR PRADESH	1871	1	148	507	1215
27	UTTARAKHAND	82	6	0	5	71
28	WEST BENGAL	1034	9	39	268	718
	TOTAL (STATES)	19038	269	1051	6193	11525
UNION TERRITORIES:						
29	A & N ISLANDS	12	0	0	0	12
30	CHANDIGARH	20	3	1	3	13
31	D & N HAVELI	5	0	0	2	3
32	DAMAN & DIU	0	0	0	0	0
33	DELHI	457	37	13	261	146
34	LAKSHADWEEP	2	0	0	0	2
35	PUDUCHERRY	8	0	0	3	5
	TOTAL (UTs)	504	40	14	269	181
	TOTAL (ALL-INDIA)	19542	309	1065	6462	11706

TABLE-5.4 (Concluded)

Sl. No.	City	No. Of Cases In Which Offenders Were Known To The Victims	No. Of Cases In Which Offenders Were			
			Parents/Close Family Members	Relatives	Neighbours	Other Known Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)
CITIES:						
36	AGRA	22	0	3	10	9
37	AHMEDABAD	44	0	14	8	22
38	ALLAHABAD	5	0	0	2	3
39	AMRITSAR	15	0	0	12	3
40	ASANSOL	3	0	0	1	2
41	BENGALURU	14	0	1	6	7
42	BHOPAL	80	5	0	51	24
43	CHENNAI	35	1	0	7	27
44	COIMBATORE	9	0	5	4	0
45	DELHI (CITY)	387	33	8	209	137
46	DHANBAD	17	1	1	0	15
47	FARIDABAD	46	1	4	18	23
48	HYDERABAD	62	2	0	2	58
49	INDORE	71	0	0	60	11
50	JABALPUR	72	0	5	15	52
51	JAIPUR	60	1	0	16	43
52	JAMSHEDPUR	17	3	2	0	12
53	KANPUR	72	0	8	20	44
54	KOCHI	12	0	1	2	9
55	KOLKATA	15	0	2	6	7
56	LUCKNOW	41	0	3	18	20
57	LUDHIANA	44	0	1	4	39
58	MADURAI	4	0	0	1	3
59	MEERUT	19	0	0	4	15
60	MUMBAI	153	14	9	49	81
61	NAGPUR	51	3	4	21	23
62	NASIK	14	1	0	0	13
63	PATNA	25	0	3	14	8
64	PUNE	92	2	3	48	39
65	RAJKOT	12	0	0	12	0
66	SURAT	28	1	0	11	16
67	VADODARA	7	0	0	4	3
68	VARANASI	8	0	2	3	3
69	VIJAYAWADA	30	0	1	7	22
70	VISHAKHAPATNAM	29	0	0	4	25
TOTAL (CITIES)		1615	68	80	649	818

Tables
Chapter

6

Crime Against Children

TABLE-6.1
Incidence & Rate Of Crimes Committed Against Children In States and UTs During 2008

Sl. No.	State/UT	Incidence	Percentage Contribution To All-India Total	Estimated Mid-Year Population (In Lakhs)#	Rate Of Total Cognizable Crimes	Rank as per Rate of Total Cognizable Crimes	Rank as per Percentage Share
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	1321	5.9	824.61	1.6	21	5
2	ARUNACHAL PRADESH	24	0.1	12.04	2.0	18	29
3	ASSAM	183	0.8	300.79	0.6	28	17
4	BIHAR	766	3.4	943.06	0.8	26	9
5	CHHATTISGARH	1167	5.2	237.74	4.9	6	7
6	GOA	80	0.4	16.44	4.9	7	21
7	GUJARAT	1074	4.8	566.65	1.9	19	8
8	HARYANA	269	1.2	238.90	1.1	24	15
9	HIMACHAL PRADESH	205	0.9	65.71	3.1	11	16
10	JAMMU & KASHMIR	10	0.0	125.02	0.1	34	32
11	JHARKHAND	71	0.3	301.44	0.2	32	22
12	KARNATAKA	388	1.7	576.02	0.7	27	14
13	KERALA	549	2.4	343.40	1.6	22	11
14	MADHYA PRADESH	4259	18.9	696.83	6.1	5	1
15	MAHARASHTRA	2709	12.0	1073.47	2.5	12	3
16	MANIPUR	89	0.4	26.37	3.4	10	20
17	MEGHALAYA	62	0.3	25.47	2.4	13	24
18	MIZORAM	22	0.1	9.84	2.2	15	30
19	NAGALAND	3	0.0	21.96	0.1	33	34
20	ORISSA	141	0.6	400.33	0.4	31	19
21	PUNJAB	389	1.7	266.89	1.5	23	13
22	RAJASTHAN	1223	5.4	649.94	1.9	20	6
23	SIKKIM	24	0.1	5.96	4.0	9	28
24	TAMIL NADU	666	3.0	665.76	1.0	25	10
25	TRIPURA	163	0.7	35.24	4.6	8	18
26	UTTAR PRADESH	4078	18.1	1920.49	2.1	16	2
27	UTTARAKHAND	38	0.2	95.43	0.4	30	26
28	WEST BENGAL	513	2.3	882.07	0.6	29	12
	TOTAL (STATES)	20486	91.0	11327.87	1.8		
UNION TERRITORIES							
29	A & N ISLANDS	47	0.2	4.15	11.3	1	25
30	CHANDIGARH	66	0.3	10.71	6.2	4	23
31	D & N HAVELI	17	0.1	2.65	6.4	3	31
32	DAMAN & DIU	4	0.0	1.89	2.1	17	33
33	DELHI	1854	8.2	172.50	10.7	2	4
34	LAKSHADWEEP	0	0.0	0.69	0.0	-	-
35	PUDUCHERRY	26	0.1	10.80	2.4	14	27
	TOTAL (UTs)	2014	9.0	203.39	9.9		
	TOTAL (ALL-INDIA)	22500	100.0	11531.26	2.0		

Total population including children

Table 6.1 (Concluded)
Incidence & Rate Of Crime Committed Against Children In Cities During 2008

Sl. No.	City	Incidence	Percentage Contribution To All-India Total	Population @ (In Lakhs)	Rate Of Total Cognizable Crimes	Rank as per Rate of Total Cognizable Crimes	Rank as per Percentage Share
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>CITIES:</i>							
36	AGRA	36	0.8	13.21	2.7	19	24
37	AHMEDABAD	143	3.1	45.19	3.2	17	8
38	ALLAHABAD	37	0.8	10.50	3.5	15	23
39	AMRITSAR	40	0.9	10.11	4.0	13	21
40	ASANSOL	0	0.0	10.91	0.0	-	-
41	BENGALURU	4	0.1	56.87	0.1	33	33
42	BHOPAL	90	1.9	14.55	6.2	9	13
43	CHENNAI	46	1.0	64.25	0.7	30	19
44	COIMBATORE	9	0.2	14.46	0.6	31	30
45	DELHI (CITY)	1577	34.1	127.91	12.3	2	1
46	DHANBAD	8	0.2	10.64	0.8	29	31
47	FARIDABAD	39	0.8	10.55	3.7	14	22
48	HYDERABAD	68	1.5	55.34	1.2	24	14
49	INDORE	477	10.3	16.39	29.1	1	2
50	JABALPUR	6	0.1	11.17	0.5	32	32
51	JAIPUR	103	2.2	23.24	4.4	12	12
52	JAMSHEDPUR	0	0.0	11.02	0.0	-	-
53	KANPUR	176	3.8	26.90	6.5	8	6
54	KOCHI	14	0.3	13.55	1.0	26	28
55	KOLKATA	131	2.8	132.17	1.0	27	9
56	LUCKNOW	206	4.5	22.67	9.1	4	5
57	LUDHIANA	110	2.4	13.95	7.9	7	11
58	MADURAI	14	0.3	11.95	1.2	25	27
59	MEERUT	64	1.4	11.67	5.5	11	15
60	MUMBAI	364	7.9	163.68	2.2	20	3
61	NAGPUR	169	3.7	21.23	8.0	6	7
62	NASIK	19	0.4	11.52	1.6	22	26
63	PATNA	27	0.6	17.07	1.6	23	25
64	PUNE	312	6.8	37.56	8.3	5	4
65	RAJKOT	61	1.3	10.02	6.1	10	17
66	SURAT	61	1.3	28.11	2.2	21	16
67	VADODARA	47	1.0	14.92	3.2	18	18
68	VARANASI	40	0.9	12.12	3.3	16	20
69	VIJAYAWADA	112	2.4	10.11	11.1	3	10
70	VISHAKHAPATNAM	10	0.2	13.29	0.8	28	29
TOTAL (CITIES)		4620	100.0	1078.80	4.3		

@ Based on Census 2001 (Total population including children)

TABLE-6.2
Incidence(I), Rate (R) And Percentage Contribution (P) To All India Total Of Crimes Committed
Against Children During 2008

Sl. No.	State/UT	Estimated Mid-Year Population #	Infanticide (Sec. 315 IPC)			Murder (Sec. 302,303 IPC)			Rape (Sec. 376 IPC)		
			I	R	P	I	R	P	I	R	P
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	824.61	0	0.0	0.0	64	0.1	4.9	412	0.5	7.6
2	ARUNACHAL PRADESH	12.04	0	0.0	0.0	0	0.0	0.0	11	0.9	0.2
3	ASSAM	300.79	0	0.0	0.0	1	0.0	0.1	27	0.1	0.5
4	BIHAR	943.06	1	0.0	0.7	115	0.1	8.9	91	0.1	1.7
5	CHHATTISGARH	237.74	7	0.0	5.0	45	0.2	3.5	411	1.7	7.5
6	GOA	16.44	0	0.0	0.0	3	0.2	0.2	18	1.1	0.3
7	GUJARAT	566.65	0	0.0	0.0	59	0.1	4.6	99	0.2	1.8
8	HARYANA	238.90	4	0.0	2.9	21	0.1	1.6	70	0.3	1.3
9	HIMACHAL PRADESH	65.71	0	0.0	0.0	8	0.1	0.6	68	1.0	1.2
10	JAMMU & KASHMIR	125.02	0	0.0	0.0	0	0.0	0.0	5	0.0	0.1
11	JHARKHAND	301.44	1	0.0	0.7	3	0.0	0.2	8	0.0	0.1
12	KARNATAKA	576.02	13	0.0	9.3	71	0.1	5.5	97	0.2	1.8
13	KERALA	343.40	0	0.0	0.0	37	0.1	2.9	215	0.6	3.9
14	MADHYA PRADESH	696.83	22	0.0	15.7	85	0.1	6.6	892	1.3	16.4
15	MAHARASHTRA	1073.47	3	0.0	2.1	175	0.2	13.5	690	0.6	12.7
16	MANIPUR	26.37	0	0.0	0.0	6	0.2	0.5	22	0.8	0.4
17	MEGHALAYA	25.47	0	0.0	0.0	0	0.0	0.0	34	1.3	0.6
18	MIZORAM	9.84	0	0.0	0.0	0	0.0	0.0	18	1.8	0.3
19	NAGALAND	21.96	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	400.33	0	0.0	0.0	13	0.0	1.0	65	0.2	1.2
21	PUNJAB	266.89	2	0.0	1.4	32	0.1	2.5	106	0.4	1.9
22	RAJASTHAN	649.94	4	0.0	2.9	93	0.1	7.2	420	0.6	7.7
23	SIKKIM	5.96	2	0.3	1.4	0	0.0	0.0	12	2.0	0.2
24	TAMIL NADU	665.76	20	0.0	14.3	71	0.1	5.5	187	0.3	3.4
25	TRIPURA	35.24	0	0.0	0.0	12	0.3	0.9	104	3.0	1.9
26	UTTAR PRADESH	1920.49	60	0.0	42.9	316	0.2	24.4	900	0.5	16.5
27	UTTARAKHAND	95.43	0	0.0	0.0	3	0.0	0.2	9	0.1	0.2
28	WEST BENGAL	882.07	1	0.0	0.7	18	0.0	1.4	129	0.1	2.4
	TOTAL (STATES)	11327.87	140	0.0	100.0	1251	0.1	96.5	5120	0.5	94.0
UNION TERRITORIES											
29	A & N ISLANDS	4.15	0	0.0	0.0	2	0.5	0.2	8	1.9	0.1
30	CHANDIGARH	10.71	0	0.0	0.0	0	0.0	0.0	10	0.9	0.2
31	D & N HAVELI	2.65	0	0.0	0.0	1	0.4	0.1	3	1.1	0.1
32	DAMAN & DIU	1.89	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	172.50	0	0.0	0.0	41	0.2	3.2	301	1.7	5.5
34	LAKSHADWEEP	0.69	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	10.80	0	0.0	0.0	1	0.1	0.1	4	0.4	0.1
	TOTAL (UTs)	203.39	0	0.0	0.0	45	0.2	3.5	326	1.6	6.0
	TOTAL (ALL-INDIA)	11531.26	140	0.0	100.0	1296	0.1	100.0	5446	0.5	100.0

Total population including children

I - Incidence R – Rate of Crime P – Percentage share

Table 6.2
Incidence Of Crime Committed Against Children During 2008

Sl. No.	City	Population* (In Lakhs)	Infanticide (Sec. 315 IPC)			Murder (Sec. 302,303 IPC)			Rape (Sec. 376 IPC)		
			I	R	P	I	R	P	I	R	P
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
36	AGRA	13.21	0	0.0	0.0	2	0.2	1.5	4	0.3	0.5
37	AHMEDABAD	45.19	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
38	ALLAHABAD	10.50	0	0.0	0.0	5	0.5	3.7	3	0.3	0.4
39	AMRITSAR	10.11	0	0.0	0.0	1	0.1	0.7	5	0.5	0.6
40	ASANSOL	10.91	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
41	BENGALURU	56.87	1	0.0	5.9	1	0.0	0.7	1	0.0	0.1
42	BHOPAL	14.55	0	0.0	0.0	3	0.2	2.2	57	3.9	7.3
43	CHENNAI	64.25	0	0.0	0.0	7	0.1	5.2	23	0.4	2.9
44	COIMBATORE	14.46	0	0.0	0.0	0	0.0	0.0	5	0.3	0.6
45	DELHI (CITY)	127.91	0	0.0	0.0	33	0.3	24.4	267	2.1	34.1
46	DHANBAD	10.64	0	0.0	0.0	0	0.0	0.0	1	0.1	0.1
47	FARIDABAD	10.55	2	0.2	11.8	3	0.3	2.2	6	0.6	0.8
48	HYDERABAD	55.34	0	0.0	0.0	0	0.0	0.0	37	0.7	4.7
49	INDORE	16.39	0	0.0	0.0	7	0.4	5.2	3	0.2	0.4
50	JABALPUR	11.17	0	0.0	0.0	0	0.0	0.0	2	0.2	0.3
51	JAIPUR	23.24	0	0.0	0.0	3	0.1	2.2	21	0.9	2.7
52	JAMSHEDPUR	11.02	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
53	KANPUR	26.90	5	0.2	29.4	10	0.4	7.4	32	1.2	4.1
54	KOCHI	13.55	0	0.0	0.0	1	0.1	0.7	7	0.5	0.9
55	KOLKATA	132.17	0	0.0	0.0	1	0.0	0.7	15	0.1	1.9
56	LUCKNOW	22.67	3	0.1	17.6	7	0.3	5.2	24	1.1	3.1
57	LUDHIANA	13.95	0	0.0	0.0	6	0.4	4.4	15	1.1	1.9
58	MADURAI	11.95	6	0.5	35.3	2	0.2	1.5	1	0.1	0.1
59	MEERUT	11.67	0	0.0	0.0	0	0.0	0.0	16	1.4	2.0
60	MUMBAI	163.68	0	0.0	0.0	5	0.0	3.7	91	0.6	11.6
61	NAGPUR	21.23	0	0.0	0.0	12	0.6	8.9	37	1.7	4.7
62	NASIK	11.52	0	0.0	0.0	2	0.2	1.5	3	0.3	0.4
63	PATNA	17.07	0	0.0	0.0	3	0.2	2.2	2	0.1	0.3
64	PUNE	37.56	0	0.0	0.0	6	0.2	4.4	55	1.5	7.0
65	RAJKOT	10.02	0	0.0	0.0	1	0.1	0.7	3	0.3	0.4
66	SURAT	28.11	0	0.0	0.0	9	0.3	6.7	12	0.4	1.5
67	VADODARA	14.92	0	0.0	0.0	1	0.1	0.7	3	0.2	0.4
68	VARANASI	12.12	0	0.0	0.0	0	0.0	0.0	6	0.5	0.8
69	VIJAYAWADA	10.11	0	0.0	0.0	2	0.2	1.5	25	2.5	3.2
70	VISHAKHAPATNAM	13.29	0	0.0	0.0	2	0.2	1.5	2	0.2	0.3
	TOTAL (CITIES)	1078.80	17	0.0	100.0	135	0.1	100.0	784	0.7	100.0

* Based on Census 2001 (Total population including children)

TABLE-6.2 (Continued)

Sl. No.	State/UT	Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Foeticide (Sec.315,316 IPC)			Abetment to Suicide (Sec.305 IPC)			Exposure And Abandonment (Sec.317 IPC)			Procuration Of Minor Girl (Sec.366A IPC)		
		I	R	P	I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)
<i>STATES:</i>																
1	ANDHRA PRADESH	433	0.5	5.7	2	0.0	2.7	7	0.0	24.1	49	0.1	5.7	48	0.1	21.4
2	ARUNACHAL PRADESH	13	1.1	0.2	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
3	ASSAM	7	0.0	0.1	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
4	BIHAR	496	0.5	6.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	45	0.0	20.1
5	CHHATTISGARH	96	0.4	1.3	9	0.0	12.3	3	0.0	10.3	3	0.0	0.3	3	0.0	1.3
6	GOA	24	1.5	0.3	0	0.0	0.0	1	0.1	3.4	2	0.1	0.2	0	0.0	0.0
7	GUJARAT	521	0.9	6.8	1	0.0	1.4	0	0.0	0.0	156	0.3	18.1	7	0.0	3.1
8	HARYANA	104	0.4	1.4	5	0.0	6.8	0	0.0	0.0	13	0.1	1.5	0	0.0	0.0
9	HIMACHAL PRADESH	78	1.2	1.0	2	0.0	2.7	2	0.0	6.9	5	0.1	0.6	2	0.0	0.9
10	JAMMU & KASHMIR	3	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	0.1	0	0.0	0.0
11	JHARKHAND	18	0.1	0.2	0	0.0	0.0	0	0.0	0.0	1	0.0	0.1	18	0.1	8.0
12	KARNATAKA	99	0.2	1.3	5	0.0	6.8	1	0.0	3.4	31	0.1	3.6	4	0.0	1.8
13	KERALA	87	0.3	1.1	0	0.0	0.0	4	0.0	13.8	6	0.0	0.7	13	0.0	5.8
14	MADHYA PRADESH	264	0.4	3.5	8	0.0	11.0	6	0.0	20.7	99	0.1	11.5	15	0.0	6.7
15	MAHARASHTRA	598	0.6	7.8	2	0.0	2.7	3	0.0	10.3	274	0.3	31.7	13	0.0	5.8
16	MANIPUR	61	2.3	0.8	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
17	MEGHALAYA	21	0.8	0.3	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
18	MIZORAM	2	0.2	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
19	NAGALAND	3	0.1	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	8	0.0	0.1	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
21	PUNJAB	184	0.7	2.4	24	0.1	32.9	1	0.0	3.4	8	0.0	0.9	0	0.0	0.0
22	RAJASTHAN	504	0.8	6.6	10	0.0	13.7	0	0.0	0.0	158	0.2	18.3	0	0.0	0.0
23	SIKKIM	3	0.5	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
24	TAMIL NADU	275	0.4	3.6	0	0.0	0.0	0	0.0	0.0	19	0.0	2.2	1	0.0	0.4
25	TRIPURA	23	0.7	0.3	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
26	UTTAR PRADESH	2224	1.2	29.1	2	0.0	2.7	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
27	UTTARAKHAND	24	0.3	0.3	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	2	0.0	0.9
28	WEST BENGAL	196	0.2	2.6	1	0.0	1.4	0	0.0	0.0	1	0.0	0.1	53	0.1	23.7
TOTAL (STATES)		6369	0.6	83.3	71	0.0	97.3	28	0.0	96.6	826	0.1	95.6	224	0.0	100.0
<i>UNION TERRITORIES</i>																
29	A & N ISLANDS	12	2.9	0.2	0	0.0	0.0	0	0.0	0.0	1	0.2	0.1	0	0.0	0.0
30	CHANDIGARH	36	3.4	0.5	0	0.0	0.0	0	0.0	0.0	11	1.0	1.3	0	0.0	0.0
31	D & N HAVELI	11	4.2	0.1	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
32	DAMAN & DIU	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	1208	7.0	15.8	2	0.0	2.7	0	0.0	0.0	25	0.1	2.9	0	0.0	0.0
34	LAKSHADWEEP	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	14	1.3	0.2	0	0.0	0.0	1	0.1	3.4	1	0.1	0.1	0	0.0	0.0
TOTAL (UTs)		1281	6.3	16.7	2	0.0	2.7	1	0.0	3.4	38	0.2	4.4	0	0.0	0.0
TOTAL (ALL-INDIA)		7650	0.7	100.0	73	0.0	100.0	29	0.0	100.0	864	0.1	100.0	224	0.0	100.0

TABLE 6.2 (Continued...)

Sl. No.	City	Kidnapping & Abduction (Sec.363-369,371-373 IPC)			Foeticide (Sec.315,316 IPC)			Abetment to Suicide (Sec.305 IPC)			Exposure And Abandonment (Sec.317 IPC)			Procuration Of Minor Girl (Sec.366A IPC)		
		I	R	P	I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)
36	AGRA	10	0.8	0.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
37	AHMEDABAD	110	2.4	5.3	0	0.0	0.0	0	0.0	0.0	31	0.7	19.9	0	0.0	0.0
38	ALLAHABAD	29	2.8	1.4	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
39	AMRITSAR	14	1.4	0.7	10	1.0	62.5	0	0.0	0.0	2	0.2	1.3	0	0.0	0.0
40	ASANSOL	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
41	BENGALURU	0	0.0	0.0	1	0.0	6.3	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
42	BHOPAL	19	1.3	0.9	1	0.1	6.3	0	0.0	0.0	7	0.5	4.5	0	0.0	0.0
43	CHENNAI	14	0.2	0.7	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	6.3
44	COIMBATORE	4	0.3	0.2	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
45	DELHI (CITY)	1024	8.0	49.6	2	0.0	12.5	0	0.0	0.0	24	0.2	15.4	0	0.0	0.0
46	DHANBAD	1	0.1	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
47	FARIDABAD	9	0.9	0.4	1	0.1	6.3	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
48	HYDERABAD	12	0.2	0.6	0	0.0	0.0	0	0.0	0.0	18	0.3	11.5	0	0.0	0.0
49	INDORE	7	0.4	0.3	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
50	JABALPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
51	JAIPUR	77	3.3	3.7	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
52	JAMSHEDPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
53	KANPUR	120	4.5	5.8	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
54	KOCHI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
55	KOLKATA	51	0.4	2.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	15	0.1	93.8
56	LUCKNOW	154	6.8	7.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
57	LUDHIANA	79	5.7	3.8	0	0.0	0.0	0	0.0	0.0	6	0.4	3.8	0	0.0	0.0
58	MADURAI	5	0.4	0.2	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
59	MEERUT	41	3.5	2.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
60	MUMBAI	85	0.5	4.1	0	0.0	0.0	0	0.0	0.0	22	0.1	14.1	0	0.0	0.0
61	NAGPUR	25	1.2	1.2	0	0.0	0.0	1	0.0	100.0	6	0.3	3.8	0	0.0	0.0
62	NASIK	3	0.3	0.1	0	0.0	0.0	0	0.0	0.0	9	0.8	5.8	0	0.0	0.0
63	PATNA	10	0.6	0.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
64	PUNE	48	1.3	2.3	0	0.0	0.0	0	0.0	0.0	5	0.1	3.2	0	0.0	0.0
65	RAJKOT	7	0.7	0.3	0	0.0	0.0	0	0.0	0.0	3	0.3	1.9	0	0.0	0.0
66	SURAT	23	0.8	1.1	1	0.0	6.3	0	0.0	0.0	16	0.6	10.3	0	0.0	0.0
67	VADODARA	29	1.9	1.4	0	0.0	0.0	0	0.0	0.0	2	0.1	1.3	0	0.0	0.0
68	VARANASI	27	2.2	1.3	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
69	VIJAYAWADA	25	2.5	1.2	0	0.0	0.0	0	0.0	0.0	5	0.5	3.2	0	0.0	0.0
70	VISHAKHAPATNAM	3	0.2	0.1	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (CITIES)	2065	1.9	100.0	16	0.0	100.0	1	0.0	100.0	156	0.1	100.0	16	0.0	100.0

TABLE-6.2 (Concluded)

Sl. No.	State/UT	Buying Of Girls For Prostitution (Sec.373 IPC)			Selling Of Girls For Prostitution (Sec.372 IPC)			Child Marriage Restraint Act, 1978			Other Crimes			Total		
		I	R	P	I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)
STATES:																
1	ANDHRA PRADESH	1	0.0	3.3	2	0.0	4.1	19	0.0	18.3	284	0.3	4.3	1321	1.6	5.9
2	ARUNACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	24	2.0	0.1
3	ASSAM	0	0.0	0.0	0	0.0	0.0	1	0.0	1.0	147	0.5	2.2	183	0.6	0.8
4	BIHAR	0	0.0	0.0	0	0.0	0.0	8	0.0	7.7	10	0.0	0.2	766	0.8	3.4
5	CHHATTISGARH	0	0.0	0.0	1	0.0	2.0	5	0.0	4.8	584	2.5	8.9	1167	4.9	5.2
6	GOA	0	0.0	0.0	0	0.0	0.0	1	0.1	1.0	31	1.9	0.5	80	4.9	0.4
7	GUJARAT	0	0.0	0.0	0	0.0	0.0	23	0.0	22.1	208	0.4	3.2	1074	1.9	4.8
8	HARYANA	0	0.0	0.0	0	0.0	0.0	4	0.0	3.8	48	0.2	0.7	269	1.1	1.2
9	HIMACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	2	0.0	1.9	38	0.6	0.6	205	3.1	0.9
10	JAMMU & KASHMIR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	0.0	10	0.1	0.0
11	JHARKHAND	1	0.0	3.3	0	0.0	0.0	0	0.0	0.0	21	0.1	0.3	71	0.2	0.3
12	KARNATAKA	0	0.0	0.0	0	0.0	0.0	9	0.0	8.7	58	0.1	0.9	388	0.7	1.7
13	KERALA	0	0.0	0.0	0	0.0	0.0	4	0.0	3.8	183	0.5	2.8	549	1.6	2.4
14	MADHYA PRADESH	1	0.0	3.3	4	0.0	8.2	2	0.0	1.9	2861	4.1	43.4	4259	6.1	18.9
15	MAHARASHTRA	25	0.0	83.3	1	0.0	2.0	5	0.0	4.8	920	0.9	13.9	2709	2.5	12.0
16	MANIPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	89	3.4	0.4
17	MEGHALAYA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	7	0.3	0.1	62	2.4	0.3
18	MIZORAM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	2	0.2	0.0	22	2.2	0.1
19	NAGALAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	3	0.1	0.0
20	ORISSA	0	0.0	0.0	0	0.0	0.0	1	0.0	1.0	54	0.1	0.8	141	0.4	0.6
21	PUNJAB	0	0.0	0.0	0	0.0	0.0	6	0.0	5.8	26	0.1	0.4	389	1.5	1.7
22	RAJASTHAN	0	0.0	0.0	0	0.0	0.0	3	0.0	2.9	31	0.0	0.5	1223	1.9	5.4
23	SIKKIM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	7	1.2	0.1	24	4.0	0.1
24	TAMIL NADU	0	0.0	0.0	0	0.0	0.0	4	0.0	3.8	89	0.1	1.3	666	1.0	3.0
25	TRIPURA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	24	0.7	0.4	163	4.6	0.7
26	UTTAR PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	576	0.3	8.7	4078	2.1	18.1
27	UTTARAKHAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	38	0.4	0.2
28	WEST BENGAL	2	0.0	6.7	41	0.0	83.7	6	0.0	5.8	65	0.1	1.0	513	0.6	2.3
	TOTAL (STATES)	30	0.0	100.0	49	0.0	100.0	103	0.0	99.0	6275	0.6	95.1	20486	1.8	91.0
UNION TERRITORIES																
29	A & N ISLANDS	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	24	5.8	0.4	47	11.3	0.2
30	CHANDIGARH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	9	0.8	0.1	66	6.2	0.3
31	D & N HAVELI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	2	0.8	0.0	17	6.4	0.1
32	DAMAN & DIU	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	4	2.1	0.1	4	2.1	0.0
33	DELHI	0	0.0	0.0	0	0.0	0.0	1	0.0	1.0	276	1.6	4.2	1854	10.7	8.2
34	LAKSHADWEEP	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	5	0.5	0.1	26	2.4	0.1
	TOTAL (UTs)	0	0.0	0.0	0	0.0	0.0	1	0.0	1.0	320	1.6	4.9	2014	9.9	9.0
	TOTAL (ALL-INDIA)	30	0.0	100.0	49	0.0	100.0	104	0.0	100.0	6595	0.6	100.0	22500	2.0	100.0

Table 6.2 (Concluded)

Sl. No.	City	Buying Of Girls For Prostitution (Sec.373 IPC)			Selling Of Girls For Prostitution (Sec.372 IPC)			Child Marriage Restraint Act, 1978			Other Crimes			Total		
		I	R	P	I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)
36	AGRA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	20	1.5	1.4	36	2.7	0.8
37	AHMEDABAD	0	0.0	0.0	0	0.0	0.0	1	0.0	9.1	1	0.0	0.1	143	3.2	3.1
38	ALLAHABAD	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	37	3.5	0.8
39	AMRITSAR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	8	0.8	0.6	40	4.0	0.9
40	ASANSOL	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
41	BENGALURU	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	4	0.1	0.1
42	BHOPAL	0	0.0	0.0	3	0.2	27.3	0	0.0	0.0	0	0.0	0.0	90	6.2	1.9
43	CHENNAI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	0.1	46	0.7	1.0
44	COIMBATORE	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	9	0.6	0.2
45	DELHI (CITY)	0	0.0	0.0	0	0.0	0.0	1	0.0	9.1	226	1.8	16.3	1577	12.3	34.1
46	DHANBAD	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	6	0.6	0.4	8	0.8	0.2
47	FARIDABAD	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	18	1.7	1.3	39	3.7	0.8
48	HYDERABAD	0	0.0	0.0	0	0.0	0.0	1	0.0	9.1	0	0.0	0.0	68	1.2	1.5
49	INDORE	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	460	28.1	33.2	477	29.1	10.3
50	JABALPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	4	0.4	0.3	6	0.5	0.1
51	JAIPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	2	0.1	0.1	103	4.4	2.2
52	JAMSHEDPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
53	KANPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	9	0.3	0.6	176	6.5	3.8
54	KOCHI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	6	0.4	0.4	14	1.0	0.3
55	KOLKATA	1	0.0	4.3	7	0.1	63.6	0	0.0	0.0	41	0.3	3.0	131	1.0	2.8
56	LUCKNOW	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	18	0.8	1.3	206	9.1	4.5
57	LUDHIANA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	4	0.3	0.3	110	7.9	2.4
58	MADURAI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	14	1.2	0.3
59	MEERUT	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	7	0.6	0.5	64	5.5	1.4
60	MUMBAI	0	0.0	0.0	1	0.0	9.1	0	0.0	0.0	160	1.0	11.6	364	2.2	7.9
61	NAGPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	88	4.1	6.4	169	8.0	3.7
62	NASIK	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	2	0.2	0.1	19	1.6	0.4
63	PATNA	0	0.0	0.0	0	0.0	0.0	6	0.4	54.5	6	0.4	0.4	27	1.6	0.6
64	PUNE	22	0.6	95.7	0	0.0	0.0	0	0.0	0.0	176	4.7	12.7	312	8.3	6.8
65	RAJKOT	0	0.0	0.0	0	0.0	0.0	1	0.1	9.1	46	4.6	3.3	61	6.1	1.3
66	SURAT	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	61	2.2	1.3
67	VADODARA	0	0.0	0.0	0	0.0	0.0	1	0.1	9.1	11	0.7	0.8	47	3.2	1.0
68	VARANASI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	7	0.6	0.5	40	3.3	0.9
69	VIJAYAWADA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	55	5.4	4.0	112	11.1	2.4
70	VISHAKHAPATNAM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	3	0.2	0.2	10	0.8	0.2
	TOTAL (CITIES)	23	0.0	100.0	11	0.0	100.0	11	0.0	100.0	1385	1.3	100.0	4620	4.3	100.0

TABLE-6.3
Disposal Of Cases By Police of Crimes Committed Against Children During 2008

Sl. No.	Crime Head	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases In Which				No. Of Cases Pending Investigation at the end of the year	
				Investigation Refused	Investigation Completed				
(1)	(2)	(3)	(4)	(5)	Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted	Total {(6) + (7) + (8)}	(10)
1	INFANTICIDE (Sec.315 IPC)	164	0	0	4	55	75	134	30
2	MURDER (Sec.302, 303 IPC)	1828	1	1	62	202	1036	1300	526
3	RAPE (Sec.376 IPC)	7099	0	2	265	184	4703	5152	1945
4	KIDNAPPING .& ABDUCTION ((Sec.363-369,371-373 IPC)	10469	14	58	1243	1250	4596	7089	3308
5	FOETICIDE (Sec.315,316 IPC)	131	0	0	10	39	23	72	59
6	ABETMENT OF SUICIDE (Sec.305 IPC)	42	0	0	0	3	19	22	20
7	EXPOSURE AND ABANDONMENT (Sec. 317 IPC)	1134	0	1	32	754	92	878	255
8	PROCURATION MINOR GIRLS (Sec. 366A IPC)	398	0	0	29	30	142	201	197
9	BUYING OF GIRLS FOR PROST. (Sec.373 IPC)	58	0	0	0	2	27	29	29
10	SELING OF GIRLS FOR PROST. (Sec.372 IPC)	134	0	0	2	4	34	40	94
11	CHILD MARRIAGE RESTRAINT ACT, 1978	148	0	0	10	6	84	100	48
12	OTHER CRIME	7632	0	4	154	528	5667	6349	1279
13	TOTAL	29237	15	66	1811	3057	16498	21366	7790

TABLE-6.4
Disposal Of Cases By Police of Crimes committed Against Children During 2008
(State & UT Wise)

Sl. No.	State/UT	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases In Which				No. Of Cases Pending Investigation at the end of the year	Pendency Percentage	Percentage Of Pendency To All India Total	Charge Sheeting Rate ((Col8)/(Col7+8) × 100)	
				Investigation Refused	Investigation Completed							
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheet Submitted					Total {(6) + (7) + (8)}
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
STATES:												
1	ANDHRA PRADESH	2005	0	0	129	118	1137	1384	621	31.0	8.0	90.6
2	ARUNACHAL PRADESH	27	0	0	0	2	18	20	7	25.9	0.1	90.0
3	ASSAM	388	0	0	0	66	93	159	229	59.0	2.9	58.5
4	BIHAR	1309	0	0	22	62	561	645	664	50.7	8.5	90.0
5	CHHATTISGARH	1218	0	3	3	49	1099	1151	64	5.3	0.8	95.7
6	GOA	147	0	0	0	5	53	58	89	60.5	1.1	91.4
7	GUJARAT	1226	0	2	16	260	788	1064	160	13.1	2.1	75.2
8	HARYANA	349	0	0	31	35	227	293	56	16.0	0.7	86.6
9	HIMACHAL PRADESH	268	0	0	36	12	130	178	90	33.6	1.2	91.5
10	JAMMU & KASHMIR	27	0	0	3	0	10	13	14	51.9	0.2	100.0
11	JHARKHAND	130	0	0	20	16	57	93	37	28.5	0.5	78.1
12	KARNATAKA	459	0	0	36	69	235	340	119	25.9	1.5	77.3
13	KERALA	984	0	0	14	42	441	497	487	49.5	6.3	91.3
14	MADHYA PRADESH	4443	0	0	21	265	4035	4321	122	2.7	1.6	93.8
15	MAHARASHTRA	3778	0	1	58	369	2033	2460	1317	34.9	16.9	84.6
16	MANIPUR	209	0	0	0	8	0	8	201	96.2	2.6	0.0
17	MEGHALAYA	271	0	0	0	16	40	56	215	79.3	2.8	71.4
18	MIZORAM	23	0	0	0	0	23	23	0	0.0	0.0	100.0
19	NAGALAND	3	0	0	0	0	1	1	2	66.7	0.0	100.0
20	ORISSA	197	0	0	2	0	134	136	61	31.0	0.8	100.0
21	PUNJAB	680	0	0	88	68	243	399	281	41.3	3.6	78.1
22	RAJASTHAN	1290	0	0	373	188	643	1204	86	6.7	1.1	77.4
23	SIKKIM	103	0	0	0	17	19	36	67	65.0	0.9	52.8
24	TAMIL NADU	910	0	0	44	110	439	593	317	34.8	4.1	80.0
25	TRIPURA	188	0	0	0	6	117	123	65	34.6	0.8	95.1
26	UTTAR PRADESH	4340	0	0	453	801	2585	3839	501	11.5	6.4	76.3
27	UTTARAKHAND	54	0	0	3	10	39	52	2	3.7	0.0	79.6
28	WEST BENGAL	892	0	0	40	41	322	403	489	54.8	6.3	88.7
	TOTAL (STATES)	25918	0	6	1392	2635	15522	19549	6363	24.6	81.7	85.5
UNION TERRITORIES:												
29	A & N ISLANDS	53	0	0	0	5	30	35	18	34.0	0.2	85.7
30	CHANDIGARH	91	0	0	9	19	20	48	43	47.3	0.6	51.3
31	D & N HAVELI	27	0	0	0	1	13	14	13	48.1	0.2	92.9
32	DAMAN & DIU	6	0	0	0	0	2	2	4	66.7	0.1	100.0
33	DELHI	3109	15	60	409	396	899	1704	1330	42.8	17.1	69.4
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0.0	0.0	0.0
35	PUDUCHERRY	33	0	0	1	1	12	14	19	57.6	0.2	92.3
	TOTAL (UTs)	3319	15	60	419	422	976	1817	1427	43.0	18.3	69.8
	TOTAL (ALL-INDIA)	29237	15	66	1811	3057	16498	21366	7790	26.6	100.0	84.4

TABLE-6.5
Percentage Disposal Of Cases By Police For Crimes Committed Against Children During 2008

Sl. No.	Crime Head	Cases With-drawn By Govt.	Percentage Of Cases To Total Cases For Investigation In Which				No. Of Cases Pending Investigation at the end of the year	Charge Sheet Rate (7 / 6 + 7 × 100)	
			Investigation Refused	Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheet Submitted			Total {(5) + (6) + (7)}
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	INFANTICIDE (Sec.315 IPC)	0.0	0.0	2.4	33.5	45.7	81.7	18.3	57.7
2	MURDER (Sec.302, 303 IPC)	0.1	0.1	3.4	11.1	56.7	71.1	28.8	83.7
3	RAPE (Sec.376 IPC)	0.0	0.0	3.7	2.6	66.2	72.6	27.4	96.2
4	KIDNAPPING .& ABDUCTION (Sec.363-369,371-373 IPC)	0.1	0.6	11.9	11.9	43.9	67.7	31.6	78.6
5	FOETICIDE (Sec.315,316 IPC)	0.0	0.0	7.6	29.8	17.6	55.0	45.0	37.1
6	ABETMENT OF SUICIDE (Sec.305 IPC)	0.0	0.0	0.0	7.1	45.2	52.4	47.6	86.4
7	EXPOSURE AND ABANDONMENT (Sec. 317 IPC)	0.0	0.1	2.8	66.5	8.1	77.4	22.5	10.9
8	PROCURATION MINOR GIRLS (Sec. 366A IPC)	0.0	0.0	7.3	7.5	35.7	50.5	49.5	82.6
9	BUYING OF GIRLS FOR PROST. (Sec.373 IPC)	0.0	0.0	0.0	3.4	46.6	50.0	50.0	93.1
10	SELING OF GIRLS FOR PROST. (Sec.372 IPC)	0.0	0.0	1.5	3.0	25.4	29.9	70.1	89.5
11	CHILD MARRIAGE RESTRAINT ACT, 1978	0.0	0.0	6.8	4.1	56.8	67.6	32.4	93.3
12	OTHER CRIME	0.0	0.1	2.0	6.9	74.3	83.2	16.8	91.5
13	TOTAL	0.1	0.2	6.2	10.5	56.4	73.1	26.6	84.4

TABLE-6.6
Disposal Of Cases By Courts For Crimes Committed Against Children During 2008

(1)	(2)	(3)	(4)	No. Of Cases				
				Compounded Or Withdrawn	In Which Trials Completed			Pending Trial at the end of the year
					Convicted	Acquitted Or Discharged	Total {(6) + (7)}	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	INFANTICIDE (Sec.315 IPC)	296	0	0	29	39	68	228
2	MURDER (Sec.302, 303 IPC)	4808	0	7	378	456	834	3967
3	RAPE (Sec.376 IPC)	16963	0	8	945	2025	2970	13985
4	KIDNAPPING .& ABDUCTION ((Sec.363-369,371-373 IPC)	14830	1	69	806	1550	2356	12405
5	FOETICIDE (Sec.315,316 IPC)	111	0	1	10	16	26	84
6	ABETMENT OF SUICIDE (Sec.305 IPC)	103	1	4	5	17	22	77
7	EXPOSURE AND ABANDONMENT (Sec. 317 IPC)	879	17	1	10	81	91	787
8	PROCURATION MINOR GIRLS (Sec. 366A IPC)	578	0	4	18	61	79	495
9	BUYING OF GIRLS FOR PROST. (Sec.373 IPC)	100	0	0	1	12	13	87
10	SELING OF GIRLS FOR PROST. (Sec.372 IPC)	148	0	1	2	12	14	133
11	CHILD MARRIAGE RESTRAINT ACT, 1978	489	0	1	19	56	75	413
12	OTHER CRIME	20353	0	606	1509	2396	3905	15842
13	TOTAL	59658	19	702	3732	6721	10453	48503

TABLE-6.7
Disposal Of Cases By Courts For Crimes Committed Against Children During 2008

Sl. No.	Crime Head	Total No. Of Cases For Trial Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases				Pendency Percentage	Percentage Of Pendency To All India Total	Conviction Rate ((Col6) / (Col8) × 100)	
				Comp-ounded Or With-drawn	In Which Convic-ted	Trials Acquitted Or Discharged	Completed Total {(6) + (7)}				Pending Trial at the end of the year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	2956	0	86	127	716	843	2027	68.6	4.2	15.1
2	ARUNACHAL PRADESH	80	0	0	0	0	0	80	100.0	0.2	0.0
3	ASSAM	290	0	0	18	53	71	219	75.5	0.5	25.4
4	BIHAR	922	0	0	26	40	66	856	92.8	1.8	39.4
5	CHHATTISGARH	3052	18	0	278	427	705	2347	76.9	4.8	39.4
6	GOA	175	0	0	11	28	39	136	77.7	0.3	28.2
7	GUJARAT	4066	0	4	60	292	352	3710	91.2	7.6	17.0
8	HARYANA	695	0	0	58	113	171	524	75.4	1.1	33.9
9	HIMACHAL PRADESH	338	0	2	23	46	69	267	79.0	0.6	33.3
10	JAMMU & KASHMIR	158	0	0	5	7	12	146	92.4	0.3	41.7
11	JHARKHAND	209	0	10	5	26	31	168	80.4	0.3	16.1
12	KARNATAKA	662	0	4	18	111	129	529	79.9	1.1	14.0
13	KERALA	1543	0	8	29	141	170	1365	88.5	2.8	17.1
14	MADHYA PRADESH	12020	0	529	1073	1968	3041	8450	70.3	17.4	35.3
15	MAHARASHTRA	12814	0	7	89	607	696	12111	94.5	25.0	12.8
16	MANIPUR	1	0	0	0	0	0	1	100.0	0.0	@
17	MEGHALAYA	147	0	0	0	18	18	129	87.8	0.3	0.0
18	MIZORAM	23	0	0	1	0	1	22	95.7	0.0	100.0
19	NAGALAND	1	0	0	0	0	0	1	100.0	0.0	@
20	ORISSA	651	0	0	20	91	111	540	82.9	1.1	18.0
21	PUNJAB	693	0	2	67	106	173	518	74.7	1.1	38.7
22	RAJASTHAN	2312	0	4	91	167	258	2050	88.7	4.2	35.3
23	SIKKIM	37	0	1	5	11	16	20	54.1	0.0	31.3
24	TAMIL NADU	907	0	0	115	153	268	639	70.5	1.3	42.9
25	TRIPURA	202	1	0	21	33	54	148	73.3	0.3	38.9
26	UTTAR PRADESH	10617	0	8	1325	1086	2411	8198	77.2	16.9	55.0
27	UTTARAKHAND	190	0	0	32	28	60	130	68.4	0.3	53.3
28	WEST BENGAL	663	0	37	13	70	83	543	81.9	1.1	15.7
	TOTAL (STATES)	56424	19	702	3510	6338	9848	45874	81.3	94.6	35.6
UNION TERRITORIES:											
29	A & N ISLANDS	58	0	0	0	2	2	56	96.6	0.1	0.0
30	CHANDIGARH	88	0	0	13	17	30	58	65.9	0.1	43.3
31	D & N HAVELI	30	0	0	1	2	3	27	90.0	0.1	33.3
32	DAMAN & DIU	7	0	0	0	1	1	6	85.7	0.0	0.0
33	DELHI	2987	0	0	206	357	563	2424	81.2	5.0	36.6
34	LAKSHADWEEP	0	0	0	0	0	0	0	@	0.0	@
35	PUDUCHERRY	64	0	0	2	4	6	58	90.6	0.1	33.3
	TOTAL (UTs)	3234	0	0	222	383	605	2629	81.3	5.4	36.7
	TOTAL (ALL-INDIA)	59658	19	702	3732	6721	10453	48503	81.3	100.0	35.7

@ Indicates infinite percentage / rate because of division by zero

TABLE-6.8
Percentage Disposal Of Cases By Courts For Crimes Committed Against Children During 2008

Sl. No.	Crime Head	Cases Withdrawn By Govt.	Percentage Of Cases To Total Cases For Trial				Conviction Rate (5 / 7 × 100)	
			Compounded Or Withdrawn	No. Of Cases				Pending Trial at the end of the year
				In Which Trials Completed				
				Convicted	Acquitted Or Discharged	Total {(5) + (6)}		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	INFANTICIDE (Sec.315 IPC)	0.0	0.0	9.8	13.2	23.0	77.0	42.6
2	MURDER (Sec.302, 303 IPC)	0.0	0.1	7.9	9.5	17.3	82.5	45.3
3	RAPE (Sec.376 IPC)	0.0	0.0	5.6	11.9	17.5	82.4	31.8
4	KIDNAPPING .& ABDUCTION (Sec.363-369,371-373 IPC)	0.0	0.5	5.4	10.5	15.9	83.6	34.2
5	FOETICIDE (Sec.315,316 IPC)	0.0	0.9	9.0	14.4	23.4	75.7	38.5
6	ABETMENT OF SUICIDE (Sec.305 IPC)	1.0	3.9	4.9	16.5	21.4	74.8	22.7
7	EXPOSURE AND ABANDONMENT (Sec. 317 IPC)	1.9	0.1	1.1	9.2	10.4	89.5	11.0
8	PROCURATION MINOR GIRLS (Sec. 366A IPC)	0.0	0.7	3.1	10.6	13.7	85.6	22.8
9	BUYING OF GIRLS FOR PROST. (Sec.373 IPC)	0.0	0.0	1.0	12.0	13.0	87.0	7.7
10	SELING OF GIRLS FOR PROST. (Sec.372 IPC)	0.0	0.7	1.4	8.1	9.5	89.9	14.3
11	CHILD MARRIAGE RESTRAINT ACT, 1978	0.0	0.2	3.9	11.5	15.3	84.5	25.3
12	OTHER CRIME	0.0	3.0	7.4	11.8	19.2	77.8	38.6
13	TOTAL	0.0	1.2	6.3	11.2	17.5	81.3	35.7

TABLE-6.9
Disposal, By Police, Of Persons Arrested For Crimes Committed Against Children During 2008

Sl. No.	Crime Head	Total No. Persons Under Arrest Including Those From Previous Year	Persons Released Before Trial		Persons Charge Sheeted		Persons Under Investigation At The End Of The Year	
			No.	Percentage To Total	No.	Percentage To Total	No.	Percentage To Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	INFANTICIDE (Sec.315 IPC)	141	11	7.8	104	73.8	26	18.4
2	MURDER (Sec.302, 303 IPC)	2352	111	4.7	1701	72.3	540	23.0
3	RAPE (Sec.376 IPC)	7733	263	3.4	5870	75.9	1600	20.7
4	KIDNAPPING .& ABDUCTION (Sec.363-369,371-373 IPC)	10095	938	9.3	6753	66.9	2404	23.8
5	FOETICIDE (Sec.315,316 IPC)	61	1	1.6	37	60.7	23	37.7
6	ABETMENT OF SUICIDE (Sec.305 IPC)	38	0	0.0	22	57.9	16	42.1
7	EXPOSURE AND ABANDONMENT (Sec. 317 IPC)	190	14	7.4	137	72.1	39	20.5
8	PROCURATION MINOR GIRLS (Sec. 366A IPC)	444	14	3.2	277	62.4	153	34.5
9	BUYING OF GIRLS FOR PROST. (Sec.373 IPC)	68	1	1.5	52	76.5	15	22.1
10	SELING OF GIRLS FOR PROST. (Sec.372 IPC)	166	3	1.8	63	38.0	100	60.2
11	CHILD MARRIAGE RESTRAINT ACT, 1978	349	3	0.9	294	84.2	52	14.9
12	OTHER CRIME	9739	261	2.7	7989	82.0	1489	15.3
13	TOTAL	31376	1620	5.2	23299	74.3	6457	20.6

TABLE-6.10
Disposal, By Police, Of Persons Arrested For Crimes Committed Against Children During 2008
(State & UT-Wise)

Sl. No.	State/UT	Total No. Of Persons Under Arrest Including Those From Previous Year	Number Of			Pendency Percentage	Percentage Of Pendency To All-India Total
			Persons Released Before Trial	Persons Charge Sheeted	Persons Under Investigation At The End Of The Year		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	2336	38	1726	572	24.5	8.9
2	ARUNACHAL PRADESH	22	0	18	4	18.2	0.1
3	ASSAM	308	35	109	164	53.2	2.5
4	BIHAR	2045	37	1086	922	45.1	14.3
5	CHHATTISGARH	1279	0	1266	13	1.0	0.2
6	GOA	165	1	61	103	62.4	1.6
7	GUJARAT	1306	1	1210	95	7.3	1.5
8	HARYANA	345	0	334	11	3.2	0.2
9	HIMACHAL PRADESH	219	4	165	50	22.8	0.8
10	JAMMU & KASHMIR	10	0	10	0	0.0	0.0
11	JHARKHAND	157	2	98	57	36.3	0.9
12	KARNATAKA	369	9	285	75	20.3	1.2
13	KERALA	1101	0	725	376	34.2	5.8
14	MADHYA PRADESH	5642	0	5574	68	1.2	1.1
15	MAHARASHTRA	4099	36	2937	1126	27.5	17.4
16	MANIPUR	73	17	0	56	76.7	0.9
17	MEGHALAYA	111	2	48	61	55.0	0.9
18	MIZORAM	22	0	22	0	0.0	0.0
19	NAGALAND	6	0	1	5	83.3	0.1
20	ORISSA	209	0	200	9	4.3	0.1
21	PUNJAB	499	48	328	123	24.6	1.9
22	RAJASTHAN	738	0	723	15	2.0	0.2
23	SIKKIM	73	0	26	47	64.4	0.7
24	TAMIL NADU	842	29	537	276	32.8	4.3
25	TRIPURA	187	20	116	51	27.3	0.8
26	UTTAR PRADESH	6199	1219	4113	867	14.0	13.4
27	UTTARAKHAND	83	0	76	7	8.4	0.1
28	WEST BENGAL	823	65	389	369	44.8	5.7
	TOTAL (STATES)	29268	1563	22183	5522	18.9	85.5
UNION TERRITORIES							
29	A & N ISLANDS	70	0	40	30	42.9	0.5
30	CHANDIGARH	74	12	29	33	44.6	0.5
31	D & N HAVELI	26	0	17	9	34.6	0.1
32	DAMAN & DIU	14	0	5	9	64.3	0.1
33	DELHI	1894	44	1012	838	44.2	13.0
34	LAKSHADWEEP	0	0	0	0	@	0.0
35	PUDUCHERRY	30	1	13	16	53.3	0.2
	TOTAL (UTs)	2108	57	1116	935	44.4	14.5
	TOTAL (ALL-INDIA)	31376	1620	23299	6457	20.6	100.0

@ Indicates infinite percentage because of division by zero

TABLE-6.11
Disposal, By Courts, Of Persons Arrested For Committing Crimes Against Children During 2008

Sl. No.	Crime Head	Total No. Persons Under Arrest Including Those From Previous Year	No. Of Persons Whose			No. Of Persons Convicted	Percentage of Persons	
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending at the end of the year		Trials Remained Pending (Col 6 × 100 / Col 3)	Convicted To Trials Completed (Col 7 × 100 / Col 5)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	INFANTICIDE (Sec.315 IPC)	418	1	97	320	41	76.6	42.3
2	MURDER (Sec.302, 303 IPC)	7875	11	1571	6293	754	79.9	48.0
3	RAPE (Sec.376 IPC)	20688	47	3784	16857	1177	81.5	31.1
4	KIDNAPPING .& ABDUCTION (Sec.363-369,371-373 IPC)	21178	91	3751	17336	1302	81.9	34.7
5	FOETICIDE (Sec.315,316 IPC)	214	1	50	163	10	76.2	20.0
6	ABETMENT OF SUICIDE (Sec.305 IPC)	142	0	26	116	4	81.7	15.4
7	EXPOSURE AND ABANDONMENT (Sec. 317 IPC)	1112	0	180	932	16	83.8	8.9
8	PROCURATION MINOR GIRLS (Sec. 366A IPC)	963	7	187	769	50	79.9	26.7
9	BUYING OF GIRLS FOR PROST. (Sec.373 IPC)	183	0	27	156	4	85.2	14.8
10	SELING OF GIRLS FOR PROST. (Sec.372 IPC)	202	1	24	177	2	87.6	8.3
11	CHILD MARRIAGE RESTRAINT ACT, 1978	2100	1	336	1763	71	84.0	21.1
12	OTHER CRIME	27893	747	6239	20907	2527	75.0	40.5
13	TOTAL	82968	907	16272	65789	5958	79.3	36.6

TABLE-6.12
Disposal, By Courts, Of Persons Arrested For Committing Crimes Against Children During 2008
(State & UT Wise)

Sl. No.	State/UT	Total No. Of Persons Under Trial Including Those From Previous Year	Total No. Of Persons Whose			No. Of Persons Convicted	Pendency Percentage	Percentage Of Pendency To All-India Total
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending at the end of the year			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	3946	99	1313	2534	178	64.2	3.9
2	ARUNACHAL PRADESH	60	0	0	60	0	100.0	0.1
3	ASSAM	252	0	89	163	15	64.7	0.2
4	BIHAR	1751	0	107	1644	36	93.9	2.5
5	CHHATTISGARH	3383	6	848	2529	305	74.8	3.8
6	GOA	258	0	51	207	18	80.2	0.3
7	GUJARAT	6091	3	674	5414	141	88.9	8.2
8	HARYANA	1162	0	294	868	81	74.7	1.3
9	HIMACHAL PRADESH	487	10	102	375	29	77.0	0.6
10	JAMMU & KASHMIR	180	0	13	167	5	92.8	0.3
11	JHARKHAND	216	2	23	191	5	88.4	0.3
12	KARNATAKA	774	1	164	609	13	78.7	0.9
13	KERALA	1874	11	209	1654	33	88.3	2.5
14	MADHYA PRADESH	17085	617	4708	11760	1866	68.8	17.9
15	MAHARASHTRA	17546	7	1092	16447	110	93.7	25.0
16	MANIPUR	2	0	0	2	0	100.0	0.0
17	MEGHALAYA	82	1	17	64	0	78.0	0.1
18	MIZORAM	22	0	1	21	1	95.5	0.0
19	NAGALAND	3	2	0	1	0	33.3	0.0
20	ORISSA	817	0	124	693	20	84.8	1.1
21	PUNJAB	934	81	246	607	88	65.0	0.9
22	RAJASTHAN	2614	2	306	2306	98	88.2	3.5
23	SIKKIM	63	1	17	45	6	71.4	0.1
24	TAMIL NADU	1085	5	362	718	136	66.2	1.1
25	TRIPURA	182	0	57	125	11	68.7	0.2
26	UTTAR PRADESH	16691	15	4279	12397	2339	74.3	18.8
27	UTTARAKHAND	414	0	108	306	62	73.9	0.5
28	WEST BENGAL	815	44	163	608	22	74.6	0.9
	TOTAL (STATES)	78789	907	15367	62515	5618	79.3	95.0
UNION TERRITORIES:								
29	A & N ISLANDS	80	0	2	78	0	97.5	0.1
30	CHANDIGARH	119	0	39	80	17	67.2	0.1
31	D & N HAVELI	41	0	3	38	1	92.7	0.1
32	DAMAN & DIU	15	0	1	14	0	93.3	0.0
33	DELHI	3839	0	850	2989	320	77.9	4.5
34	LAKSHADWEEP	0	0	0	0	0	@	0.0
35	PUDUCHERRY	85	0	10	75	2	88.2	0.1
	TOTAL (UTs)	4179	0	905	3274	340	78.3	5.0
	TOTAL (ALL-INDIA)	82968	907	16272	65789	5958	79.3	100.0

@ Indicates infinite percentage because of division by zero

Tables
Chapter

7

Crime Against Persons Belonging to SCs/STs

TABLE-7.1
Incidence & Rate Of Crimes Committed Against Scheduled Castes During 2008

Sl. No.	State/UT	Incidence	Percentage Contribution To All-India Total	Estimated Mid Year Population (In Lakhs)#	Rate Of Total Cognizable Crimes	Rank as per Rate of Total Cognizable Crimes	Rank as per Percentage Share
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	3998	11.9	824.61	4.8	2	3
2	ARUNACHAL PRADESH	0	0.0	12.04	0.0	-	-
3	ASSAM	104	0.3	300.79	0.3	21	15
4	BIHAR	3617	10.8	943.06	3.8	7	4
5	CHHATTISGARH	600	1.8	237.74	2.5	10	11
6	GOA	4	0.0	16.44	0.2	22	24
7	GUJARAT	1231	3.7	566.65	2.2	12	9
8	HARYANA	341	1.0	238.9	1.4	15	14
9	HIMACHAL PRADESH	71	0.2	65.71	1.1	17	17
10	JAMMU & KASHMIR	0	0.0	125.02	0.0	-	-
11	JHARKHAND	598	1.8	301.44	2.0	13	12
12	KARNATAKA	2361	7.0	576.02	4.1	6	6
13	KERALA	519	1.5	343.4	1.5	14	13
14	MADHYA PRADESH	2965	8.8	696.83	4.3	4	5
15	MAHARASHTRA	1192	3.5	1073.47	1.1	16	10
16	MANIPUR	0	0.0	26.37	0.0	-	-
17	MEGHALAYA	0	0.0	25.47	0.0	-	-
18	MIZORAM	0	0.0	9.84	0.0	-	-
19	NAGALAND	0	0.0	21.96	0.0	-	-
20	ORISSA	1836	5.5	400.33	4.6	3	7
21	PUNJAB	101	0.3	266.89	0.4	19	16
22	RAJASTHAN	4302	12.8	649.94	6.6	1	2
23	SIKKIM	17	0.1	5.96	2.9	8	22
24	TAMIL NADU	1618	4.8	665.76	2.4	11	8
25	TRIPURA	4	0.0	35.24	0.1	25	23
26	UTTAR PRADESH	8009	23.8	1920.49	4.2	5	1
27	UTTARAKHAND	42	0.1	95.43	0.4	18	18
28	WEST BENGAL	19	0.1	882.07	0.0	26	21
	TOTAL (STATES)	33549	99.8	11327.87	3.0		
UNION TERRITORIES:							
29	A & N ISLANDS	0	0.0	4.15	0.0	-	-
30	CHANDIGARH	2	0.0	10.71	0.2	24	25
31	D & N HAVELI	1	0.0	2.65	0.4	20	26
32	DAMAN & DIU	0	0.0	1.89	0.0	-	-
33	DELHI	34	0.1	172.5	0.2	23	19
34	LAKSHADWEEP	0	0.0	0.69	0.0	-	-
35	PUDUCHERRY	29	0.1	10.8	2.7	9	20
	TOTAL (UTs)	66	0.2	203.39	0.3		
	TOTAL (ALL-INDIA)	33615	100.0	11531.26	2.9		

Total population including Scheduled Castes

TABLE-7.2
Incidence(I), Rate (R) and Percentage Contribution to All India Total Of Crimes (P) Committed Against Scheduled Castes During 2008

Sl. No.	State/UT	Estimated Mid Year Population (In Lakhs)#	Murder (Sec. 302, 303 IPC)			Rape (Sec. 376 IPC)			Kidnapping & Abduction (Sec. 363-369, 371-373 IPC)		
			I	R	P	I	R	P	I	R	P
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	824.6	48	0.1	7.7	88	0.1	6.0	18	0.0	3.7
2	ARUNACHAL PRADESH	12.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
3	ASSAM	300.8	9	0.0	1.4	16	0.1	1.1	20	0.1	4.1
4	BIHAR	943.1	46	0.0	7.3	23	0.0	1.6	29	0.0	6.0
5	CHHATTISGARH	237.7	11	0.0	1.8	59	0.2	4.0	5	0.0	1.0
6	GOA	16.4	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
7	GUJARAT	566.7	13	0.0	2.1	30	0.1	2.1	18	0.0	3.7
8	HARYANA	238.9	6	0.0	1.0	60	0.3	4.1	32	0.1	6.6
9	HIMACHAL PRADESH	65.7	0	0.0	0.0	5	0.1	0.3	0	0.0	0.0
10	JAMMU & KASHMIR	125.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
11	JHARKHAND	301.4	7	0.0	1.1	21	0.1	1.4	5	0.0	1.0
12	KARNATAKA	576.0	27	0.0	4.3	29	0.1	2.0	8	0.0	1.7
13	KERALA	343.4	3	0.0	0.5	67	0.2	4.6	3	0.0	0.6
14	MADHYA PRADESH	696.8	87	0.1	13.9	357	0.5	24.5	27	0.0	5.6
15	MAHARASHTRA	1073.5	23	0.0	3.7	93	0.1	6.4	24	0.0	5.0
16	MANIPUR	26.4	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
17	MEGHALAYA	25.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
18	MIZORAM	9.8	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
19	NAGALAND	22.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	400.3	17	0.0	2.7	48	0.1	3.3	32	0.1	6.6
21	PUNJAB	266.9	0	0.0	0.0	5	0.0	0.3	1	0.0	0.2
22	RAJASTHAN	649.9	53	0.1	8.5	153	0.2	10.5	36	0.1	7.5
23	SIKKIM	6.0	1	0.2	0.2	3	0.5	0.2	2	0.3	0.4
24	TAMIL NADU	665.8	31	0.0	5.0	17	0.0	1.2	2	0.0	0.4
25	TRIPURA	35.2	1	0.0	0.2	2	0.1	0.1	0	0.0	0.0
26	UTTAR PRADESH	1920.5	239	0.1	38.2	375	0.2	25.7	219	0.1	45.4
27	UTTARAKHAND	95.4	4	0.0	0.6	6	0.1	0.4	0	0.0	0.0
28	WEST BENGAL	882.1	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (STATES)	11327.9	626	0.1	100.0	1457	0.1	100.0	481	0.0	99.8
UNION TERRITORIES:											
29	A & N ISLANDS	4.2	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
30	CHANDIGARH	10.7	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
31	D & N HAVELI	2.7	0	0.0	0.0	0	0.0	0.0	1	0.4	0.2
32	DAMAN & DIU	1.9	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	172.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
34	LAKSHADWEEP	0.7	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	10.8	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (UTs)	203.4	0	0.0	0.0	0	0.0	0.0	1	0.0	0.2
	TOTAL (ALL-INDIA)	11531.3	626	0.1	100.0	1457	0.1	100.0	482	0.0	100.0

Total population including Scheduled Castes

I - Incidence R - Rate of Crime P - Percentage share

TABLE-7.2 (Continued)

SL. NO.	STATE/UT	Dacoity (Sec. 395-398 IPC)			Robbery (Sec. 392-394, 397, 398 IPC)			Arson (Sec. 435, 436, 438 IPC)			Hurt (Sec. 323-333, 335-338 IPC)		
		I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
STATES:													
1	ANDHRA PRADESH	0	0.0	0.0	0	0.0	0.0	5	0.0	2.2	651	0.8	15.4
2	ARUNACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
3	ASSAM	5	0.0	9.8	6	0.0	7.1	3	0.0	1.3	24	0.1	0.6
4	BIHAR	7	0.0	13.7	17	0.0	20.0	44	0.0	19.6	433	0.5	10.3
5	CHHATTISGARH	1	0.0	2.0	4	0.0	4.7	4	0.0	1.8	98	0.4	2.3
6	GOA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
7	GUJARAT	7	0.0	13.7	24	0.0	28.2	10	0.0	4.4	240	0.4	5.7
8	HARYANA	0	0.0	0.0	0	0.0	0.0	2	0.0	0.9	39	0.2	0.9
9	HIMACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
10	JAMMU & KASHMIR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
11	JHARKHAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	112	0.4	2.7
12	KARNATAKA	2	0.0	3.9	0	0.0	0.0	1	0.0	0.4	243	0.4	5.8
13	KERALA	1	0.0	2.0	1	0.0	1.2	0	0.0	0.0	144	0.4	3.4
14	MADHYA PRADESH	1	0.0	2.0	10	0.0	11.8	41	0.1	18.2	706	1.0	16.7
15	MAHARASHTRA	17	0.0	33.3	6	0.0	7.1	10	0.0	4.4	97	0.1	2.3
16	MANIPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
17	MEGHALAYA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
18	MIZORAM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
19	NAGALAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	7	0.0	13.7	4	0.0	4.7	14	0.0	6.2	318	0.8	7.5
21	PUNJAB	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	3	0.0	0.1
22	RAJASTHAN	0	0.0	0.0	1	0.0	1.2	29	0.0	12.9	498	0.8	11.8
23	SIKKIM	0	0.0	0.0	1	0.2	1.2	0	0.0	0.0	8	1.3	0.2
24	TAMIL NADU	0	0.0	0.0	1	0.0	1.2	8	0.0	3.6	147	0.2	3.5
25	TRIPURA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	0.0
26	UTTAR PRADESH	3	0.0	5.9	10	0.0	11.8	53	0.0	23.6	447	0.2	10.6
27	UTTARAKHAND	0	0.0	0.0	0	0.0	0.0	1	0.0	0.4	6	0.1	0.1
28	WEST BENGAL	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	0.0
	TOTAL (STATES)	51	0.0	100.0	85	0.0	100.0	225	0.0	100.0	4216	0.4	100.0
UNION TERRITORIES:													
29	A & N ISLANDS	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
30	CHANDIGARH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
31	D & N HAVELI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
32	DAMAN & DIU	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
34	LAKSHADWEEP	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (UTs)	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (ALL-INDIA)	51	0.0	100.0	85	0.0	100.0	225	0.0	100.0	4216	0.4	100.0

TABLE-7.2 (Concluded)

Sl. No.	State/UT	Prot. Of Civil Rights Act (1955)			SC/ST Prev. Of Atrocities Act (1989)			Other Offences			Total		
		I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
STATES:													
1	ANDHRA PRADESH	123	0.1	49.6	1383	1.7	11.9	1682	2.0	11.5	3998	4.8	11.9
2	ARUNACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
3	ASSAM	0	0.0	0.0	0	0.0	0.0	21	0.1	0.1	104	0.3	0.3
4	BIHAR	0	0.0	0.0	2426	2.6	20.9	592	0.6	4.0	3617	3.8	10.8
5	CHHATTISGARH	0	0.0	0.0	139	0.6	1.2	279	1.2	1.9	600	2.5	1.8
6	GOA	0	0.0	0.0	2	0.1	0.0	2	0.1	0.0	4	0.2	0.0
7	GUJARAT	3	0.0	1.2	402	0.7	3.5	484	0.9	3.3	1231	2.2	3.7
8	HARYANA	2	0.0	0.8	99	0.4	0.9	101	0.4	0.7	341	1.4	1.0
9	HIMACHAL PRADESH	3	0.0	1.2	48	0.7	0.4	15	0.2	0.1	71	1.1	0.2
10	JAMMU & KASHMIR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
11	JHARKHAND	0	0.0	0.0	272	0.9	2.3	181	0.6	1.2	598	2.0	1.8
12	KARNATAKA	18	0.0	7.3	1246	2.2	10.7	787	1.4	5.4	2361	4.1	7.0
13	KERALA	0	0.0	0.0	51	0.1	0.4	249	0.7	1.7	519	1.5	1.5
14	MADHYA PRADESH	0	0.0	0.0	0	0.0	0.0	1736	2.5	11.9	2965	4.3	8.8
15	MAHARASHTRA	20	0.0	8.1	334	0.3	2.9	568	0.5	3.9	1192	1.1	3.5
16	MANIPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
17	MEGHALAYA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
18	MIZORAM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
19	NAGALAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	0	0.0	0.0	702	1.8	6.1	694	1.7	4.7	1836	4.6	5.5
21	PUNJAB	0	0.0	0.0	79	0.3	0.7	13	0.0	0.1	101	0.4	0.3
22	RAJASTHAN	0	0.0	0.0	82	0.1	0.7	3450	5.3	23.6	4302	6.6	12.8
23	SIKKIM	0	0.0	0.0	1	0.2	0.0	1	0.2	0.0	17	2.9	0.1
24	TAMIL NADU	3	0.0	1.2	1194	1.8	10.3	215	0.3	1.5	1618	2.4	4.8
25	TRIPURA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	4	0.1	0.0
26	UTTAR PRADESH	49	0.0	19.8	3072	1.6	26.5	3542	1.8	24.2	8009	4.2	23.8
27	UTTARAKHAND	0	0.0	0.0	25	0.3	0.2	0	0.0	0.0	42	0.4	0.1
28	WEST BENGAL	0	0.0	0.0	8	0.0	0.1	10	0.0	0.1	19	0.0	0.1
	TOTAL (STATES)	221	0.0	89.1	11565	1.0	99.7	14622	1.3	100.0	33549	3.0	99.8
UNION TERRITORIES:													
29	A & N ISLANDS	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
30	CHANDIGARH	0	0.0	0.0	1	0.1	0.0	1	0.1	0.0	2	0.2	0.0
31	D & N HAVELI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.4	0.0
32	DAMAN & DIU	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	0	0.0	0.0	34	0.2	0.3	0	0.0	0.0	34	0.2	0.1
34	LAKSHADWEEP	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	27	2.5	10.9	2	0.2	0.0	0	0.0	0.0	29	2.7	0.1
	TOTAL (UTs)	27	0.1	10.9	37	0.2	0.3	1	0.0	0.0	66	0.3	0.2
	TOTAL (ALL-INDIA)	248	0.0	100.0	11602	1.0	100.0	14623	1.3	100.0	33615	2.9	100.0

TABLE-7.3
Disposal Of Cases By Police For Crimes Committed Against Scheduled Castes During 2008

Sl. No.	Crime Head	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases Withdrawn By Govt.	Investigation Refused	No. Of Cases In Which				No. Of Cases Pending Investigation at the end of the year
					Investigation Completed				
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted	Total {(6) + (7) + (8)}	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	MURDER (Sec. 302,303 IPC)	783	0	1	44	26	552	622	160
2	RAPE (Sec.376 IPC)	1729	0	3	143	50	1245	1438	288
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	554	0	0	64	68	310	442	112
4	DACOITY (Sec.395-398 IPC)	60	0	0	4	0	34	38	22
5	ROBBERY (392-394, 397,398 IPC)	119	0	0	9	6	74	89	30
6	ARSON (Sec.435, 436, 438 IPC)	316	0	0	29	23	182	234	82
7	HURT (Sec.323-333, 335-338 IPC)	5321	0	3	622	294	3199	4115	1203
8	PCR ACT, 1955 FOR SCs	302	0	0	68	12	145	225	77
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR SCs	16167	1	30	2149	910	7353	10412	5724
10	OTHER CRIME	16867	5	34	3500	999	9484	13983	2845
11	TOTAL	42218	6	71	6632	2388	22578	31598	10543

TABLE-7.4
Disposal Of Cases By Police For Crimes Committed Against Scheduled Castes During 2008
(State & UT Wise)

Sl. No.	State/UT	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases In Which				No. Of Cases Pending Investigation at the end of the year	Pendency Percentage	Percentage Of Pendency To All India Total	Charge-Sheeting Rate ((Col8) / (Col7+8) × 100)	
				Investigation Refused	Investigation Completed							
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted					Total {(6) + (7) + (8)}
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
STATES:												
1	ANDHRA PRADESH	5192	0	11	1630	137	1744	3511	1670	32.2	15.8	92.7
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	@	0.0	@
3	ASSAM	263	0	0	38	21	37	96	167	63.5	1.6	63.8
4	BIHAR	6440	0	0	324	420	1937	2681	3759	58.4	35.7	82.2
5	CHHATTISGARH	710	3	2	7	20	590	617	88	12.4	0.8	96.7
6	GOA	7	0	0	0	3	3	6	1	14.3	0.0	50.0
7	GUJARAT	1320	0	3	23	38	1119	1180	137	10.4	1.3	96.7
8	HARYANA	386	0	0	61	8	278	347	39	10.1	0.4	97.2
9	HIMACHAL PRADESH	89	0	0	33	2	31	66	23	25.8	0.2	93.9
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	@	0.0	@
11	JHARKHAND	919	0	0	38	106	272	416	503	54.7	4.8	72.0
12	KARNATAKA	2733	0	42	361	116	1808	2285	406	14.9	3.9	94.0
13	KERALA	722	0	1	62	156	275	493	228	31.6	2.2	63.8
14	MADHYA PRADESH	3256	0	0	61	38	3003	3102	154	4.7	1.5	98.8
15	MAHARASHTRA	1576	3	2	99	28	1031	1158	413	26.2	3.9	97.4
16	MANIPUR	0	0	0	0	0	0	0	0	@	0.0	@
17	MEGHALAYA	0	0	0	0	0	0	0	0	@	0.0	@
18	MIZORAM	0	0	0	0	0	0	0	0	@	0.0	@
19	NAGALAND	0	0	0	0	0	0	0	0	@	0.0	@
20	ORISSA	2845	0	3	184	54	1367	1605	1237	43.5	11.7	96.2
21	PUNJAB	242	0	1	52	30	86	168	73	30.2	0.7	74.1
22	RAJASTHAN	4568	0	0	2287	32	1952	4271	297	6.5	2.8	98.4
23	SIKKIM	19	0	0	0	1	12	13	6	31.6	0.1	92.3
24	TAMIL NADU	2079	0	5	516	65	968	1549	525	25.3	5.0	93.7
25	TRIPURA	4	0	0	0	0	3	3	1	25.0	0.0	100.0
26	UTTAR PRADESH	8638	0	0	844	1100	5980	7924	714	8.3	6.8	84.5
27	UTTARAKHAND	53	0	0	3	8	35	46	7	13.2	0.1	81.4
28	WEST BENGAL	34	0	0	0	4	8	12	22	64.7	0.2	66.7
	TOTAL (STATES)	42095	6	70	6623	2387	22539	31549	10470	24.9	99.3	90.4
UNION TERRITORIES:												
29	A & N ISLANDS	0	0	0	0	0	0	0	0	@	0.0	@
30	CHANDIGARH	4	0	0	0	0	2	2	2	50.0	0.0	100.0
31	D & N HAVELI	1	0	0	0	0	1	1	0	0.0	0.0	100.0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	@	0.0	@
33	DELHI	85	0	1	3	1	19	23	61	71.8	0.6	95.0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	@	0.0	@
35	PUDUCHERRY	33	0	0	6	0	17	23	10	30.3	0.1	100.0
	TOTAL (UTs)	123	0	1	9	1	39	49	73	59.3	0.7	97.5
	TOTAL (ALL INDIA)	42218	6	71	6632	2388	22578	31598	10543	25.0	100.0	90.4

@ Indicates infinite percentage / rate because of division by zero

TABLE-7.5

Percentage Disposal Of Cases By Police For Crimes Committed Against Scheduled Castes During 2008

Sl. No	Crime Head	Cases With-Drawn By Govt.	Percentage Of Cases To Total Cases For Investigation In Which				No. Of Cases Pending Investigation at the end of the year	Charge Sheeting Rate (7 / 6+ 7 × 100)	
			Investigation Refused	Investigation Completed					
				Charge Found False/ Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted			Total {(5) + (6) + (7)}
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	MURDER (Sec. 302,303 IPC)	0.0	0.1	5.6	3.3	70.5	79.4	20.4	95.5
2	RAPE (Sec.376 IPC)	0.0	0.2	8.3	2.9	72.0	83.2	16.7	96.1
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	0.0	0.0	11.6	12.3	56.0	79.8	20.2	82.0
4	DACOITY (Sec.395-398 IPC)	0.0	0.0	6.7	0.0	56.7	63.3	36.7	100.0
5	ROBBERY (392-394, 397,398 IPC)	0.0	0.0	7.6	5.0	62.2	74.8	25.2	92.5
6	ARSON (Sec.435, 436, 438 IPC)	0.0	0.0	9.2	7.3	57.6	74.1	25.9	88.8
7	HURT (Sec.323-333, 335-338 IPC)	0.0	0.1	11.7	5.5	60.1	77.3	22.6	91.6
8	PCR ACT, 1955 FOR SCs	0.0	0.0	22.5	4.0	48.0	74.5	25.5	92.4
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR SCs	0.0	0.2	13.3	5.6	45.5	64.4	35.4	89.0
10	OTHER CRIME	0.0	0.2	20.8	5.9	56.2	82.9	16.9	90.5
11	TOTAL	0.0	0.2	15.7	5.7	53.5	74.8	25.0	90.4

TABLE-7.6
Disposal Of Cases By Courts For Crimes Committed Against Scheduled Castes During 2008

Sl. No.	Crime Head	Total No. Of Cases For Trial Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases				
				Compounded Or Withdrawn	In Which Trials Completed			Pending Trial at the end of the year
					Convicted	Acquitted Or Discharged	Total {(6) + (7)}	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec. 302,303 IPC)	3026	0	0	243	288	531	2495
2	RAPE (Sec.376 IPC)	4726	0	3	349	697	1046	3677
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	1171	0	4	79	143	222	945
4	DACOITY (Sec.395-398 IPC)	115	0	0	1	14	15	100
5	ROBBERY (392-394, 397,398 IPC)	326	0	0	11	47	58	268
6	ARSON (Sec.435, 436, 438 IPC)	847	0	1	34	93	127	719
7	HURT (Sec.323-333, 335-338 IPC)	14139	0	258	803	2237	3040	10841
8	PCR ACT, 1955 FOR SCs	1876	0	6	55	375	430	1440
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR SCs	40963	2	126	2124	4699	6823	34014
10	OTHER CRIME	39584	4	422	3044	5955	8999	30163
11	TOTAL	106773	6	820	6743	14548	21291	84662

TABLE-7.7
Disposal Of Cases By Courts For Crimes Committed Against Scheduled Castes During 2008

Sl. No.	Crime Head	Total No. Of Cases For Trial Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases				Pendency Percentage	Percentage Of Pendency To All India Total	Conviction Rate ((Col6) / (Col8) × 100)	
				Compo-und-ed Or With-drawn	In Which Trials Completed						
					Convicted	Acquitted Or Discharged	Total {(6) + (7)}				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	5991	0	71	213	1392	1605	4315	72.0	5.1	13.3
2	ARUNACHAL PRADESH	2	0	0	0	0	0	2	100.0	0.0	@
3	ASSAM	162	0	0	7	19	26	136	84.0	0.2	26.9
4	BIHAR	8115	0	49	232	1095	1327	6739	83.0	8.0	17.5
5	CHHATTISGARH	1618	3	43	122	235	357	1218	75.3	1.4	34.2
6	GOA	4	0	0	0	0	0	4	100.0	0.0	@
7	GUJARAT	8575	0	9	38	1058	1096	7470	87.1	8.8	3.5
8	HARYANA	795	0	0	16	135	151	644	81.0	0.8	10.6
9	HIMACHAL PRADESH	242	0	9	3	51	54	179	74.0	0.2	5.6
10	JAMMU & KASHMIR	6	0	0	0	0	0	6	100.0	0.0	@
11	JHARKHAND	854	0	36	30	158	188	630	73.8	0.7	16.0
12	KARNATAKA	7048	0	20	47	1658	1705	5323	75.5	6.3	2.8
13	KERALA	1178	0	4	9	199	208	966	82.0	1.1	4.3
14	MADHYA PRADESH	14807	0	367	1665	2836	4501	9939	67.1	11.7	37.0
15	MAHARASHTRA	6593	2	7	60	668	728	5858	88.9	6.9	8.2
16	MANIPUR	0	0	0	0	0	0	0	@	0.0	@
17	MEGHALAYA	0	0	0	0	0	0	0	@	0.0	@
18	MIZORAM	0	0	0	0	0	0	0	@	0.0	@
19	NAGALAND	0	0	0	0	0	0	0	@	0.0	@
20	ORISSA	6250	0	9	89	691	780	5461	87.4	6.5	11.4
21	PUNJAB	319	0	0	9	47	56	263	82.4	0.3	16.1
22	RAJASTHAN	10042	0	140	711	835	1546	8356	83.2	9.9	46.0
23	SIKKIM	26	0	0	12	3	15	11	42.3	0.0	80.0
24	TAMIL NADU	3394	0	14	140	690	830	2550	75.1	3.0	16.9
25	TRIPURA	14	0	0	0	6	6	8	57.1	0.0	0.0
26	UTTAR PRADESH	30266	0	42	3299	2715	6014	24210	80.0	28.6	54.9
27	UTTARAKHAND	300	0	0	37	44	81	219	73.0	0.3	45.7
28	WEST BENGAL	27	0	0	1	4	5	22	81.5	0.0	20.0
	TOTAL (STATES)	106628	5	820	6740	14539	21279	84529	79.3	99.8	31.7
UNION TERRITORIES:											
29	A & N ISLANDS	0	0	0	0	0	0	0	@	0.0	@
30	CHANDIGARH	4	0	0	0	0	0	4	100.0	0.0	@
31	D & N HAVELI	5	0	0	0	1	1	4	80.0	0.0	0.0
32	DAMAN & DIU	1	0	0	0	1	1	0	0.0	0.0	0.0
33	DELHI	92	0	0	3	2	5	87	94.6	0.1	60.0
34	LAKSHADWEEP	0	0	0	0	0	0	0	@	0.0	@
35	PUDUCHERRY	43	1	0	0	5	5	38	88.4	0.0	0.0
	TOTAL (UTs)	145	1	0	3	9	12	133	91.7	0.2	25.0
	TOTAL (ALL INDIA)	106773	6	820	6743	14548	21291	84662	79.3	100.0	31.7

@ Indicates infinite percentage / rate because of division by zero

TABLE-7.8

Percentage Disposal of Cases By Courts For Crimes Committed Against Scheduled Castes During 2008

Sl. No.	Crime Head	Cases Withdrawn By Govt.	No. Of Cases					Conviction Rate (5 / 7×100)
			Compounded Or Withdrawn	Convicted	Acquitted Or Discharged	Total {(6) + (7)}	Pending Trial at the end of the year	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec. 302,303 IPC)	0.0	0.0	8.0	9.5	17.5	82.5	45.8
2	RAPE (Sec.376 IPC)	0.0	0.1	7.4	14.7	22.1	77.8	33.4
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	0.0	0.3	6.7	12.2	19.0	80.7	35.6
4	DACOITY (Sec.395-398 IPC)	0.0	0.0	0.9	12.2	13.0	87.0	6.7
5	ROBBERY (392-394, 397,398 IPC)	0.0	0.0	3.4	14.4	17.8	82.2	19.0
6	ARSON (Sec.435, 436, 438 IPC)	0.0	0.1	4.0	11.0	15.0	84.9	26.8
7	HURT (Sec.323-333, 335-338 IPC)	0.0	1.8	5.7	15.8	21.5	76.7	26.4
8	PCR ACT, 1955 FOR SCs	0.0	0.3	2.9	20.0	22.9	76.8	12.8
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR SCs	0.0	0.3	5.2	11.5	16.7	83.0	31.1
10	OTHER CRIME	0.0	1.1	7.7	15.0	22.7	76.2	33.8
11	TOTAL	0.0	0.8	6.3	13.6	19.9	79.3	31.7

TABLE-7.9
Incidence & Rate Of Crime Committed Against Scheduled Tribes During 2008

Sl. No.	State/UT	Incidence	Percentage Contribution To All-India Total	Estimated Mid Year Population (In Lakhs)#	Rate Of Total Cognizable Crimes	Rank as per Rate of Total Cognizable Crimes	Rank as per Percentage Share
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>STATES:</i>							
1	ANDHRA PRADESH	750	13.4	824.61	0.9	8	3
2	ARUNACHAL PRADESH	63	1.1	12.04	5.2	1	13
3	ASSAM	130	2.3	300.79	0.4	12	10
4	BIHAR	99	1.8	943.06	0.1	17	12
5	CHHATTISGARH	614	11.0	237.74	2.6	3	4
6	GOA	1	0.0	16.44	0.1	18	22
7	GUJARAT	223	4.0	566.65	0.4	14	9
8	HARYANA	0	0.0	238.90	0.0	-	-
9	HIMACHAL PRADESH	0	0.0	65.71	0.0	-	-
10	JAMMU & KASHMIR	0	0.0	125.02	0.0	-	-
11	JHARKHAND	231	4.1	301.44	0.8	9	8
12	KARNATAKA	400	7.2	576.02	0.7	11	6
13	KERALA	106	1.9	343.40	0.3	15	11
14	MADHYA PRADESH	1071	19.2	696.83	1.5	6	1
15	MAHARASHTRA	268	4.8	1073.47	0.2	16	7
16	MANIPUR	1	0.0	26.37	0.0	19	21
17	MEGHALAYA	0	0.0	25.47	0.0	-	-
18	MIZORAM	0	0.0	9.84	0.0	-	-
19	NAGALAND	0	0.0	21.96	0.0	-	-
20	ORISSA	508	9.1	400.33	1.3	7	5
21	PUNJAB	0	0.0	266.89	0.0	-	-
22	RAJASTHAN	1038	18.6	649.94	1.6	5	2
23	SIKKIM	12	0.2	5.96	2.0	4	17
24	TAMIL NADU	14	0.3	665.76	0.0	20	16
25	TRIPURA	14	0.3	35.24	0.4	13	15
26	UTTAR PRADESH	9	0.2	1920.49	0.0	22	19
27	UTTARAKHAND	0	0.0	95.43	0.0	-	-
28	WEST BENGAL	17	0.3	882.07	0.0	21	14
	TOTAL (STATES)	5569	99.8	11327.87	0.5		
<i>UNION TERRITORIES:</i>							
29	A & N ISLANDS	3	0.1	4.15	0.7	10	20
30	CHANDIGARH	0	0.0	10.71	0.0	-	-
31	D & N HAVELI	10	0.2	2.65	3.8	2	18
32	DAMAN & DIU	0	0.0	1.89	0.0	-	-
33	DELHI	0	0.0	172.50	0.0	-	-
34	LAKSHADWEEP	0	0.0	0.69	0.0	-	-
35	PUDUCHERRY	0	0.0	10.80	0.0	-	-
	TOTAL (UTs)	13	0.2	203.39	0.1		
	TOTAL (ALL-INDIA)	5582	100.0	11531.30	0.5		

Total population including Scheduled Tribes

TABLE-7.10
Incidence (I), Rate (R) and Percentage Contribution to All India (P) of Crime Committed Against Scheduled Tribes During 2008

Sl. No.	State/UT	Estimated Mid Year Population (In Lakhs)#	Murder (Sec. 302,303 IPC)			Rape (Sec. 376 IPC)			Kidnapping & Abduction (Sec.363-369,371-373 IPC)		
			I	R	P	I	R	P	I	R	P
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	824.6	7	0.0	5.5	37	0.0	6.3	2	0.0	2.2
2	ARUNACHAL PRADESH	12.0	0	0.0	0.0	0	0.0	0.0	2	0.2	2.2
3	ASSAM	300.8	7	0.0	5.5	7	0.0	1.2	13	0.0	14.0
4	BIHAR	943.1	1	0.0	0.8	1	0.0	0.2	0	0.0	0.0
5	CHHATTISGARH	237.7	21	0.1	16.4	100	0.4	17.1	6	0.0	6.5
6	GOA	16.4	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
7	GUJARAT	566.7	5	0.0	3.9	26	0.0	4.4	13	0.0	14.0
8	HARYANA	238.9	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
9	HIMACHAL PRADESH	65.7	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
10	JAMMU & KASHMIR	125.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
11	JHARKHAND	301.4	4	0.0	3.1	18	0.1	3.1	5	0.0	5.4
12	KARNATAKA	576.0	3	0.0	2.3	6	0.0	1.0	0	0.0	0.0
13	KERALA	343.4	1	0.0	0.8	23	0.1	3.9	1	0.0	1.1
14	MADHYA PRADESH	696.8	45	0.1	35.2	234	0.3	40.0	20	0.0	21.5
15	MAHARASHTRA	1073.5	11	0.0	8.6	46	0.0	7.9	7	0.0	7.5
16	MANIPUR	26.4	0	0.0	0.0	0	0.0	0.0	1	0.0	1.1
17	MEGHALAYA	25.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
18	MIZORAM	9.8	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
19	NAGALAND	22.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	400.3	6	0.0	4.7	38	0.1	6.5	9	0.0	9.7
21	PUNJAB	266.9	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
22	RAJASTHAN	649.9	15	0.0	11.7	40	0.1	6.8	8	0.0	8.6
23	SIKKIM	6.0	0	0.0	0.0	2	0.3	0.3	1	0.2	1.1
24	TAMIL NADU	665.8	0	0.0	0.0	2	0.0	0.3	0	0.0	0.0
25	TRIPURA	35.2	1	0.0	0.8	2	0.1	0.3	0	0.0	0.0
26	UTTAR PRADESH	1920.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
27	UTTARAKHAND	95.4	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
28	WEST BENGAL	882.1	0	0.0	0.0	3	0.0	0.5	1	0.0	1.1
	TOTAL (STATES)	11327.9	127	0.0	99.2	585	0.1	100.0	89	0.0	95.7
UNION TERRITORIES:											
29	A & N ISLANDS	4.2	1	0.2	0.8	0	0.0	0.0	0	0.0	0.0
30	CHANDIGARH	10.7	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
31	D & N HAVELI	2.7	0	0.0	0.0	0	0.0	0.0	4	1.5	4.3
32	DAMAN & DIU	1.9	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	172.5	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
34	LAKSHADWEEP	0.7	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	10.8	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (UTs)	203.4	1	0.0	0.8	0	0.0	0.0	4	0.0	4.3
	TOTAL (ALL-INDIA)	11531.3	128	0.0	100.0	585	0.1	100.0	93	0.0	100.0

Total population including Scheduled Tribes

I - Incidence R - Rate of Crime P - Percentage share

TABLE-7.10 (Continued)

Sl.No.	State/UT	Dacoity (Sec. 395-398 IPC)			Robbery (Sec. 392-394,397,398 IPC)			Arson (Sec. 435,436,438 IPC)			Hurt (Sec. 323-333,335-338 IPC)		
		I	R	P	I	R	P	I	R	P	I	R	P
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
STATES:													
1	ANDHRA PRADESH	0	0.0	0.0	0	0.0	0.0	2	0.0	4.1	123	0.1	14.1
2	ARUNACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	38	3.2	4.4
3	ASSAM	5	0.0	35.7	6	0.0	33.3	7	0.0	14.3	26	0.1	3.0
4	BIHAR	0	0.0	0.0	1	0.0	5.6	1	0.0	2.0	17	0.0	1.9
5	CHHATTISGARH	1	0.0	7.1	1	0.0	5.6	4	0.0	8.2	110	0.5	12.6
6	GOA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
7	GUJARAT	3	0.0	21.4	1	0.0	5.6	1	0.0	2.0	43	0.1	4.9
8	HARYANA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
9	HIMACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
10	JAMMU & KASHMIR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
11	JHARKHAND	1	0.0	7.1	0	0.0	0.0	1	0.0	2.0	50	0.2	5.7
12	KARNATAKA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	16	0.0	1.8
13	KERALA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	36	0.1	4.1
14	MADHYA PRADESH	1	0.0	7.1	0	0.0	0.0	11	0.0	22.4	169	0.2	19.4
15	MAHARASHTRA	3	0.0	21.4	1	0.0	5.6	8	0.0	16.3	18	0.0	2.1
16	MANIPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
17	MEGHALAYA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
18	MIZORAM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
19	NAGALAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	0	0.0	0.0	8	0.0	44.4	5	0.0	10.2	85	0.2	9.7
21	PUNJAB	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
22	RAJASTHAN	0	0.0	0.0	0	0.0	0.0	9	0.0	18.4	130	0.2	14.9
23	SIKKIM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	5	0.8	0.6
24	TAMIL NADU	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	5	0.0	0.6
25	TRIPURA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	0.1
26	UTTAR PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
27	UTTARAKHAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
28	WEST BENGAL	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	0.1
	TOTAL (STATES)	14	0.0	100.0	18	0.0	100.0	49	0.0	100.0	873	0.1	100.0
UNION TERRITORIES:													
29	A & N ISLANDS	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
30	CHANDIGARH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
31	D & N HAVELI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
32	DAMAN & DIU	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
34	LAKSHADWEEP	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (UTs)	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (ALL-INDIA)	14	0.0	100.0	18	0.0	100.0	49	0.0	100.0	873	0.1	100.0

TABLE-7.10 (Concluded)

Sl. No.	State/UT	Prot.Of Civil Rights Act (1955)			SC/ST Prev.Of Atrocities Act (1989)			Other Offences			Total		
		I	R	P	I	R	P	I	R	P	I	R	P
		(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
STATES:													
1	ANDHRA PRADESH	5	0.0	83.3	258	0.3	25.2	316	0.4	11.3	750	0.9	13.4
2	ARUNACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	23	1.9	0.8	63	5.2	1.1
3	ASSAM	0	0.0	0.0	0	0.0	0.0	59	0.2	2.1	130	0.4	2.3
4	BIHAR	0	0.0	0.0	54	0.1	5.3	24	0.0	0.9	99	0.1	1.8
5	CHHATTISGARH	0	0.0	0.0	141	0.6	13.8	230	1.0	8.2	614	2.6	11.0
6	GOA	0	0.0	0.0	0	0.0	0.0	1	0.1	0.0	1	0.1	0.0
7	GUJARAT	1	0.0	16.7	66	0.1	6.5	64	0.1	2.3	223	0.4	4.0
8	HARYANA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
9	HIMACHAL PRADESH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
10	JAMMU & KASHMIR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
11	JHARKHAND	0	0.0	0.0	104	0.3	10.2	48	0.2	1.7	231	0.8	4.1
12	KARNATAKA	0	0.0	0.0	172	0.3	16.8	203	0.4	7.3	400	0.7	7.2
13	KERALA	0	0.0	0.0	2	0.0	0.2	43	0.1	1.5	106	0.3	1.9
14	MADHYA PRADESH	0	0.0	0.0	0	0.0	0.0	591	0.8	21.2	1071	1.5	19.2
15	MAHARASHTRA	0	0.0	0.0	47	0.0	4.6	127	0.1	4.5	268	0.2	4.8
16	MANIPUR	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	1	0.0	0.0
17	MEGHALAYA	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
18	MIZORAM	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
19	NAGALAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
20	ORISSA	0	0.0	0.0	141	0.4	13.8	216	0.5	7.7	508	1.3	9.1
21	PUNJAB	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
22	RAJASTHAN	0	0.0	0.0	17	0.0	1.7	819	1.3	29.3	1038	1.6	18.6
23	SIKKIM	0	0.0	0.0	0	0.0	0.0	4	0.7	0.1	12	2.0	0.2
24	TAMIL NADU	0	0.0	0.0	1	0.0	0.1	6	0.0	0.2	14	0.0	0.3
25	TRIPURA	0	0.0	0.0	1	0.0	0.1	9	0.3	0.3	14	0.4	0.3
26	UTTAR PRADESH	0	0.0	0.0	9	0.0	0.9	0	0.0	0.0	9	0.0	0.2
27	UTTARAKHAND	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
28	WEST BENGAL	0	0.0	0.0	5	0.0	0.5	7	0.0	0.3	17	0.0	0.3
	TOTAL (STATES)	6	0.0	100.0	1018	0.1	99.6	2790	0.2	99.9	5569	0.5	99.8
UNION TERRITORIES:													
29	A & N ISLANDS	0	0.0	0.0	2	0.5	0.2	0	0.0	0.0	3	0.7	0.1
30	CHANDIGARH	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
31	D & N HAVELI	0	0.0	0.0	2	0.8	0.2	4	1.5	0.1	10	3.8	0.2
32	DAMAN & DIU	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
33	DELHI	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
34	LAKSHADWEEP	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
35	PUDUCHERRY	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
	TOTAL (UTs)	0	0.0	0.0	4	0.0	0.4	4	0.0	0.1	13	0.1	0.2
	TOTAL (ALL-INDIA)	6	0.0	100.0	1022	0.1	100.0	2794	0.2	100.0	5582	0.5	100.0

TABLE-7.11
Disposal Of Cases By Police For Crimes Committed Against Scheduled Tribes During 2008

Sl. No.	Crime Head	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases Withdrawn By Govt.	No. Of Cases In Which					No. Of Cases Pending Investigation at the end of the year
				Investigation Refused	Investigation Completed				
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted	Total {(6) + (7) + (8)}	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	MURDER (Sec. 302,303 IPC)	170	0	0	5	2	106	113	57
2	RAPE (Sec.376 IPC)	743	0	3	36	15	521	572	168
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	136	0	0	11	5	61	77	59
4	DACOITY (Sec.395-398 IPC)	22	0	0	3	2	11	16	6
5	ROBBERY (392-394, 397,398 IPC)	27	0	0	2	2	10	14	13
6	ARSON (Sec.435, 436, 438 IPC)	59	0	0	10	4	36	50	9
7	HURT (Sec.323-333, 335-338 IPC)	1097	0	3	97	30	721	848	246
8	PCR ACT, 1955 FOR STs	17	0	1	0	9	2	11	5
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR STs	1615	0	6	207	48	709	964	645
10	OTHER CRIMES AGAINST STs	3317	6	9	657	56	1927	2640	662
11	TOTAL	7203	6	22	1028	173	4104	5305	1870

TABLE-7.12
Disposal Of Cases By Police For Crimes Committed Against Scheduled Tribes During 2008
(State & UT Wise)

Sl. No.	State/UT	Total No. Of Cases For Investigation Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases In Which				No. Of Cases Pending Investigation at the end of the year	Pendency Percentage	Percentage Of Pendency To All India Total	Charge Sheeting Rate ((Col.8) / (Col7+8) × 100)	
				Investigation Refused	Investigation Completed							
					Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted					Total {(6) + (7) + (8)}
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
STATES:												
1	ANDHRA PRADESH	1013	0	3	242	22	410	674	336	33.2	18.0	94.9
2	ARUNACHAL PRADESH	64	0	0	0	8	50	58	6	9.4	0.3	86.2
3	ASSAM	224	0	0	19	12	35	66	158	70.5	8.4	74.5
4	BIHAR	237	0	0	16	15	53	84	153	64.6	8.2	77.9
5	CHHATTISGARH	703	6	6	10	15	587	612	79	11.2	4.2	97.5
6	GOA	1	0	0	0	0	0	0	1	100.0	0.1	@
7	GUJARAT	238	0	1	4	3	215	222	15	6.3	0.8	98.6
8	HARYANA	0	0	0	0	0	0	0	0	@	0.0	@
9	HIMACHAL PRADESH	1	0	0	0	0	1	1	0	0.0	0.0	100.0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	@	0.0	@
11	JHARKHAND	465	0	0	25	31	159	215	250	53.8	13.4	83.7
12	KARNATAKA	444	0	8	54	23	246	323	113	25.5	6.0	91.4
13	KERALA	159	0	0	13	16	72	101	58	36.5	3.1	81.8
14	MADHYA PRADESH	1177	0	0	15	9	1106	1130	47	4.0	2.5	99.2
15	MAHARASHTRA	362	0	1	20	2	230	252	109	30.1	5.8	99.1
16	MANIPUR	30	0	0	0	1	0	1	29	96.7	1.6	0.0
17	MEGHALAYA	1	0	0	0	0	0	0	1	100.0	0.1	@
18	MIZORAM	0	0	0	0	0	0	0	0	@	0.0	@
19	NAGALAND	0	0	0	0	0	0	0	0	@	0.0	@
20	ORISSA	829	0	3	45	8	422	475	351	42.3	18.8	98.1
21	PUNJAB	0	0	0	0	0	0	0	0	@	0.0	@
22	RAJASTHAN	1143	0	0	557	6	462	1025	118	10.3	6.3	98.7
23	SIKKIM	16	0	0	0	1	6	7	9	56.3	0.5	85.7
24	TAMIL NADU	20	0	0	3	1	14	18	2	10.0	0.1	93.3
25	TRIPURA	15	0	0	0	0	10	10	5	33.3	0.3	100.0
26	UTTAR PRADESH	9	0	0	2	0	7	9	0	0.0	0.0	100.0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	@	0.0	@
28	WEST BENGAL	33	0	0	1	0	10	11	22	66.7	1.2	100.0
	TOTAL (STATES)	7184	6	22	1026	173	4095	5294	1862	25.9	99.6	95.9
UNION TERRITORIES:												
29	A & N ISLANDS	5	0	0	0	0	2	2	3	60.0	0.2	100.0
30	CHANDIGARH	0	0	0	0	0	0	0	0	@	0.0	@
31	D & N HAVELI	12	0	0	2	0	7	9	3	25.0	0.2	100.0
32	DAMAN & DIU	2	0	0	0	0	0	0	2	100.0	0.1	@
33	DELHI	0	0	0	0	0	0	0	0	@	0.0	@
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	@	0.0	@
35	PUDUCHERRY	0	0	0	0	0	0	0	0	@	0.0	@
	TOTAL (UTs)	19	0	0	2	0	9	11	8	42.1	0.4	100.0
	TOTAL (ALL-INDIA)	7203	6	22	1028	173	4104	5305	1870	26.0	100.0	96.0

@ Indicates infinite percentage / rate because of division by zero

TABLE-7.13
Percentage Disposal Of Cases By Police For Crimes Committed Against Scheduled Tribes During 2008

Sl.No.	Crime Head	Cases With-drawn By Govt.	Percentage Of Cases To Total Cases For Investigation In Which				No. Of Cases Pending Investigation at the end of the year	Charge-sheeting Rate (7 / 6 + 7 × 100)	
			Investigation Refused	Investigation Completed					
				Charge Found False / Mistake Of Fact Or Law Etc.	Final Report True Submitted	Charge Sheets Submitted			Total {(5) + (6) + (7)}
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	MURDER (Sec. 302,303 IPC)	0.0	0.0	2.9	1.2	62.4	66.5	33.5	98.1
2	RAPE (Sec.376 IPC)	0.0	0.4	4.8	2.0	70.1	77.0	22.6	97.2
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	0.0	0.0	8.1	3.7	44.9	56.6	43.4	92.4
4	DACOITY (Sec.395-398 IPC)	0.0	0.0	13.6	9.1	50.0	72.7	27.3	84.6
5	ROBBERY (392-394, 397,398 IPC)	0.0	0.0	7.4	7.4	37.0	51.9	48.1	83.3
6	ARSON (Sec.435, 436, 438 IPC)	0.0	0.0	16.9	6.8	61.0	84.7	15.3	90.0
7	HURT (Sec.323-333, 335-338 IPC)	0.0	0.3	8.8	2.7	65.7	77.3	22.4	96.0
8	PCR ACT, 1955 FOR STs	0.0	5.9	0.0	52.9	11.8	64.7	29.4	18.2
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR STs	0.0	0.4	12.8	3.0	43.9	59.7	39.9	93.6
10	OTHER CRIMES AGAINST STs	0.2	0.3	19.8	1.7	58.1	79.6	20.0	97.2
11	TOTAL	0.1	0.3	14.3	2.4	57.0	73.7	25.9	96.0

TABLE-7.14
Disposal Of Cases By Courts For Crimes Committed Against Scheduled Tribes During 2008

Sl. No.	Crime Head	Total No. For Cases For Trial Including Pending Cases from previous year	Cases Withdrawn By Govt.	No. Of Cases				
				Compounded Or Withdrawn	In Which Trials Completed		Pending Trial at the end of the year	
(1)	(2)	(3)	(4)	(5)	Convicted	Acquitted Or Discharged		Total {(6) + (7)}	(9)
1	MURDER (Sec. 302,303 IPC)	617	0	0	35	57	92	525
2	RAPE (Sec.376 IPC)	2109	0	5	116	319	435	1669
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	278	0	3	3	35	38	237
4	DACOITY (Sec..395-398 IPC)	33	0	0	0	3	3	30
5	ROBBERY (Sec. 392-394, 397,398 IPC)	62	0	0	2	13	15	47
6	ARSON (Sec.435, 436, 438 IPC)	163	0	0	9	17	26	137
7	HURT (Sec.323-333, 335-338 IPC)	2816	0	73	154	448	602	2141
8	PCR ACT, 1955 FOR STs	111	0	4	0	62	62	45
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR STs	4992	0	65	191	649	840	4087
10	OTHER CRIMES AGAINST STs	8375	5	139	508	1121	1629	6607
11	TOTAL	19556	5	289	1018	2724	3742	15525

TABLE-7.15
Disposal Of Cases By Courts For Crimes Committed Against Scheduled Tribes During 2008

Sl. No.	Crime Head	Total No. Of Cases For Trial Including Pending Cases from previous year	Cases With-drawn By Govt.	No. Of Cases					Pendency Percentage	Percentage Of Pendency To All India Total	Convi-ction Rate ((Col 6) / (Col 8) × 100)
				Compounded Or Withdrawn	In Which Trials Completed			Pending Trial at the end of the year			
					Convicted	Acquitted Or Discharged	Total {(6) + (7)}				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	1333	0	14	40	360	400	919	68.9	5.9	10.0
2	ARUNACHAL PRADESH	216	0	0	0	0	0	216	100.0	1.4	@
3	ASSAM	151	0	0	4	16	20	131	86.8	0.8	20.0
4	BIHAR	180	0	4	2	18	20	156	86.7	1.0	10.0
5	CHHATTISGARH	2048	2	60	159	335	494	1494	72.9	9.6	32.2
6	GOA	1	0	0	0	1	1	0	0.0	0.0	0.0
7	GUJARAT	1837	0	6	8	253	261	1570	85.5	10.1	3.1
8	HARYANA	0	0	0	0	0	0	0	@	0.0	@
9	HIMACHAL PRADESH	14	0	0	1	2	3	11	78.6	0.1	33.3
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	@	0.0	@
11	JHARKHAND	650	0	41	16	80	96	513	78.9	3.3	16.7
12	KARNATAKA	864	2	1	5	184	189	674	78.0	4.3	2.6
13	KERALA	254	0	1	4	37	41	212	83.5	1.4	9.8
14	MADHYA PRADESH	4967	1	142	504	753	1257	3568	71.8	23.0	40.1
15	MAHARASHTRA	2050	0	1	26	199	225	1824	89.0	11.7	11.6
16	MANIPUR	0	0	0	0	0	0	0	@	0.0	@
17	MEGHALAYA	1	0	0	0	0	0	1	100.0	0.0	@
18	MIZORAM	0	0	0	0	0	0	0	@	0.0	@
19	NAGALAND	0	0	0	0	0	0	0	@	0.0	@
20	ORISSA	2450	0	0	37	199	236	2214	90.4	14.3	15.7
21	PUNJAB	0	0	0	0	0	0	0	@	0.0	@
22	RAJASTHAN	2239	0	19	192	252	444	1776	79.3	11.4	43.2
23	SIKKIM	15	0	0	5	3	8	7	46.7	0.0	62.5
24	TAMIL NADU	64	0	0	0	8	8	56	87.5	0.4	0.0
25	TRIPURA	29	0	0	3	13	16	13	44.8	0.1	18.8
26	UTTAR PRADESH	103	0	0	9	5	14	89	86.4	0.6	64.3
27	UTTARAKHAND	14	0	0	3	0	3	11	78.6	0.1	100.0
28	WEST BENGAL	28	0	0	0	2	2	26	92.9	0.2	0.0
	TOTAL(STATES)	19508	5	289	1018	2720	3738	15481	79.4	99.7	27.2
UNION TERRITORIES:											
29	A & N ISLANDS	23	0	0	0	0	0	23	100.0	0.1	@
30	CHANDIGARH	0	0	0	0	0	0	0	@	0.0	@
31	D & N HAVELI	21	0	0	0	4	4	17	81.0	0.1	0.0
32	DAMAN & DIU	2	0	0	0	0	0	2	100.0	0.0	@
33	DELHI	1	0	0	0	0	0	1	100.0	0.0	@
34	LAKSHADWEEP	1	0	0	0	0	0	1	100.0	0.0	@
35	PUDUCHERRY	0	0	0	0	0	0	0	@	0.0	@
	TOTAL (UTs)	48	0	0	0	4	4	44	91.7	0.3	0.0
	TOTAL (ALL-INDIA)	19556	5	289	1018	2724	3742	15525	79.4	100.0	27.2

@ Indicates infinite percentage / rate because of division by zero

TABLE-7.16
Percentage Disposal of Cases By Courts For Crimes Committed Against Scheduled Tribes During 2008

Sl. No.	Crime Head	Cases With-Drawn By Govt.	No. Of Cases				Conviction Rate (5 / 7 × 100)	
			Compounded Or Withdrawn	In Which Trials Completed				Pending Trial at the end of the year
				Convicted	Acquitted Or Discharged	Total {(5) + (6)}		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec. 302,303 IPC)	0.0	0.0	5.7	9.2	14.9	85.1	38.0
2	RAPE (Sec.376 IPC)	0.0	0.2	5.5	15.1	20.6	79.1	26.7
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	0.0	1.1	1.1	12.6	13.7	85.3	7.9
4	DACOITY (Sec.395-398 IPC)	0.0	0.0	0.0	9.1	9.1	90.9	0.0
5	ROBBERY (392-394, 397,398 IPC)	0.0	0.0	3.2	21.0	24.2	75.8	13.3
6	ARSON (Sec.435, 436, 438 IPC)	0.0	0.0	5.5	10.4	16.0	84.0	34.6
7	HURT (Sec.323-333, 335-338 IPC)	0.0	2.6	5.5	15.9	21.4	76.0	25.6
8	PCR ACT, 1955 FOR STs	0.0	3.6	0.0	55.9	55.9	40.5	0.0
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR STs	0.0	1.3	3.8	13.0	16.8	81.9	22.7
10	OTHER CRIMES AGAINST STs	0.1	1.7	6.1	13.4	19.5	78.9	31.2
11	TOTAL	0.0	1.5	5.2	13.9	19.1	79.4	27.2

TABLE-7.17
Disposal Of Persons Arrested By Police For Committing Crimes Against Scheduled Castes During 2008

Sl. No.	Crime Head	Total No. Persons Under Arrest Including Those From Previous Year	Persons Released Before Trial		Persons Charge Sheeted		Persons Under Investigation At The End Of The Year	
			No.	Percentage To Total	No.	Percentage To Total	No.	Percentage To Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec. 302,303 IPC)	1921	81	4.2	1569	81.7	271	14.1
2	RAPE (Sec.376 IPC)	2182	121	5.5	1810	83.0	251	11.5
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	885	173	19.5	536	60.6	176	19.9
4	DACOITY (Sec.395-398 IPC)	315	12	3.8	251	79.7	52	16.5
5	ROBBERY (392-394, 397,398 IPC)	200	12	6.0	133	66.5	55	27.5
6	ARSON (Sec.435, 436, 438 IPC)	611	66	10.8	458	75.0	87	14.2
7	HURT (Sec.323-333, 335-338 IPC)	9646	420	4.4	7269	75.4	1957	20.3
8	PCR ACT, 1955 FOR SCs	489	77	15.7	345	70.6	67	13.7
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR SCs	25956	2059	7.9	18410	70.9	5487	21.1
10	OTHER CRIMES AGAINST SCs	28849	2576	8.9	22738	78.8	3535	12.3
11	TOTAL	71054	5597	7.9	53519	75.3	11938	16.8

TABLE-7.18
Disposal, By Police, Of Persons Arrested For Committing Crime Against Scheduled Castes During 2008
(State & UT Wise)

Sl. No.	State/UT	Total No. Of Persons Under Arrest Including Those From Previous Year	Number Of			Pendency Percentage	Percentage Pendency To All-India Total
			Persons Released Before Trial	Persons Charge Sheeted	Persons Under Investigation At the End Of The Year		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	6164	439	4041	1684	27.3	14.1
2	ARUNACHAL PRADESH	0	0	0	0	@	0.0
3	ASSAM	350	47	76	227	64.9	1.9
4	BIHAR	8335	320	3991	4024	48.3	33.7
5	CHHATTISGARH	1321	0	1274	47	3.6	0.4
6	GOA	4	0	3	1	25.0	0.0
7	GUJARAT	3175	1	3049	125	3.9	1.0
8	HARYANA	691	0	657	34	4.9	0.3
9	HIMACHAL PRADESH	85	0	51	34	40.0	0.3
10	JAMMU & KASHMIR	1	0	0	1	100.0	0.0
11	JHARKHAND	922	22	602	298	32.3	2.5
12	KARNATAKA	5595	50	4951	594	10.6	5.0
13	KERALA	934	18	695	221	23.7	1.9
14	MADHYA PRADESH	6619	5	6547	67	1.0	0.6
15	MAHARASHTRA	4182	40	3248	894	21.4	7.5
16	MANIPUR	0	0	0	0	@	0.0
17	MEGHALAYA	0	0	0	0	@	0.0
18	MIZORAM	0	0	0	0	@	0.0
19	NAGALAND	0	0	0	0	@	0.0
20	ORISSA	2018	0	1642	376	18.6	3.1
21	PUNJAB	580	17	228	335	57.8	2.8
22	RAJASTHAN	3838	0	3792	46	1.2	0.4
23	SIKKIM	24	3	13	8	33.3	0.1
24	TAMIL NADU	2947	94	2031	822	27.9	6.9
25	TRIPURA	16	0	4	12	75.0	0.1
26	UTTAR PRADESH	23061	4518	16495	2048	8.9	17.2
27	UTTARAKHAND	72	9	58	5	6.9	0.0
28	WEST BENGAL	35	3	6	26	74.3	0.2
	TOTAL (STATES)	70969	5586	53454	11929	16.8	99.9
UNION TERRITORIES:							
29	A & N ISLANDS	0	0	0	0	@	0.0
30	CHANDIGARH	3	0	3	0	0.0	0.0
31	D & N HAVELI	5	0	5	0	0.0	0.0
32	DAMAN & DIU	0	0	0	0	@	0.0
33	DELHI	30	1	29	0	0.0	0.0
34	LAKSHADWEEP	0	0	0	0	@	0.0
35	PUDUCHERRY	47	10	28	9	19.1	0.1
	TOTAL (UTs)	85	11	65	9	10.6	0.1
	TOTAL (ALL-INDIA)	71054	5597	53519	11938	16.8	100.0

@ Indicates infinite percentage because of division by zero

TABLE-7.19
Disposal, By Courts, Of Persons Arrested For Committing Crimes Against Scheduled Castes During 2008

Sl. No.	Crime Head	Total No. Persons Under Trial Including Those From Previous Year	No. Of Persons Whose				Percentage Of Persons	
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending at the end of the year	No. Of Persons Convicted	Whose Trials Remained Pending (Col 6 × 100 / Col3)	Convicted To Trials Completed (Col 7 × 100 / Col5)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec. 302,303 IPC)	8973	0	1615	7358	749	82.0	46.4
2	RAPE (Sec.376 IPC)	6909	12	1654	5243	550	75.9	33.3
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	2306	1	443	1862	186	80.7	42.0
4	DACOITY (Sec.395-398 IPC)	961	0	138	823	4	85.6	2.9
5	ROBBERY (392-394, 397,398 IPC)	727	0	111	616	26	84.7	23.4
6	ARSON (Sec.435, 436, 438 IPC)	2485	7	377	2101	94	84.5	24.9
7	HURT (Sec.323-333, 335-338 IPC)	31390	516	6798	24076	1880	76.7	27.7
8	PCR ACT, 1955 FOR SCs	3901	11	748	3142	57	80.5	7.6
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR SCs	92860	280	18980	73600	6027	79.3	31.8
10	OTHER CRIMES AGAINST SCs	89165	1021	20506	67638	6543	75.9	31.9
11	TOTAL	239677	1848	51370	186459	16116	77.8	31.4

TABLE-7.20
Disposal, By Courts, Of Persons Arrested For Committing Crime Against Scheduled Castes During 2008
(State & UT Wise)

Sl. No.	State/UT	Total No. Of Persons Under Trial Including Those From Previous Year	Total No. Of Persons Whose			No. Of Persons Convicted	Pendency Percentage	Percentage Of Pendency To All-India Total
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending at the end of the year			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	10930	114	3396	7420	384	67.9	4.0
2	ARUNACHAL PRADESH	1	0	0	1	0	100.0	0.0
3	ASSAM	223	0	63	160	18	71.7	0.1
4	BIHAR	15817	105	2644	13068	372	82.6	7.0
5	CHHATTISGARH	3689	108	723	2858	280	77.5	1.5
6	GOA	4	0	0	4	0	100.0	0.0
7	GUJARAT	21184	13	2613	18558	86	87.6	10.0
8	HARYANA	1905	0	358	1547	36	81.2	0.8
9	HIMACHAL PRADESH	700	54	109	537	4	76.7	0.3
10	JAMMU & KASHMIR	14	0	0	14	0	100.0	0.0
11	JHARKHAND	1159	29	374	756	77	65.2	0.4
12	KARNATAKA	19291	8	6015	13268	143	68.8	7.1
13	KERALA	2069	15	561	1493	12	72.2	0.8
14	MADHYA PRADESH	30598	825	8814	20959	3051	68.5	11.2
15	MAHARASHTRA	20453	34	2073	18346	127	89.7	9.8
16	MANIPUR	0	0	0	0	0	@	0.0
17	MEGHALAYA	0	0	0	0	0	@	0.0
18	MIZORAM	0	0	0	0	0	@	0.0
19	NAGALAND	0	0	0	0	0	@	0.0
20	ORISSA	10214	0	1319	8895	140	87.1	4.8
21	PUNJAB	889	0	210	679	31	76.4	0.4
22	RAJASTHAN	18884	366	2856	15662	1263	82.9	8.4
23	SIKKIM	23	0	14	9	11	39.1	0.0
24	TAMIL NADU	7252	28	2196	5028	311	69.3	2.7
25	TRIPURA	16	0	6	10	0	62.5	0.0
26	UTTAR PRADESH	73439	139	16750	56550	9655	77.0	30.3
27	UTTARAKHAND	626	0	222	404	112	64.5	0.2
28	WEST BENGAL	40	0	10	30	1	75.0	0.0
	TOTAL (STATES)	239420	1838	51326	186256	16114	77.8	99.9
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	0	0	@	0.0
30	CHANDIGARH	5	0	0	5	0	100.0	0.0
31	D & N HAVELI	11	0	3	8	0	72.7	0.0
32	DAMAN & DIU	4	0	4	0	0	0.0	0.0
33	DELHI	107	0	3	104	2	97.2	0.1
34	LAKSHADWEEP	0	0	0	0	0	@	0.0
35	PUDUCHERRY	130	10	34	86	0	66.2	0.0
	TOTAL (UTs)	257	10	44	203	2	79.0	0.1
	TOTAL (ALL-INDIA)	239677	1848	51370	186459	16116	77.8	100.0

@ Indicates infinite percentage because of division by zero

TABLE-7.21
Disposal, By Police, Of Persons Arrested For Committing Crimes Against Scheduled Tribes During 2008

Sl. No.	Crime Head	Total No. Persons Under Arrest Including Those From Previous Year	Persons Released Before Trial		Persons Charge Sheeted		Persons Under Investigation At The End Of The Year	
			No.	Percentage To total	No.	Percentage To total	No.	Percentage To total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec. 302,303 IPC)	329	3	0.9	262	79.6	64	19.5
2	RAPE (Sec.376 IPC)	817	5	0.6	723	88.5	89	10.9
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	165	3	1.8	128	77.6	34	20.6
4	DACOITY (Sec.395-398 IPC)	90	5	5.6	70	77.8	15	16.7
5	ROBBERY (392-394, 397,398 IPC)	36	2	5.6	23	63.9	11	30.6
6	ARSON (Sec.435, 436, 438 IPC)	130	21	16.2	97	74.6	12	9.2
7	HURT (Sec.323-333, 335-338 IPC)	1682	33	2.0	1475	87.7	174	10.3
8	PCR ACT, 1955 FOR STs	16	6	37.5	2	12.5	8	50.0
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR STs	2143	48	2.2	1676	78.2	419	19.6
10	OTHER CRIMES AGAINST STs	4650	46	1.0	4165	89.6	439	9.4
11	TOTAL	10058	172	1.7	8621	85.7	1265	12.6

TABLE-7.22
Disposal, By Police, Of Persons Arrested For Committing Crimes Against Scheduled Tribes During 2008
(State & UT-Wise)

Sl. No.	State/UT	Total No. Of Persons Under Arrest Including Those From Previous Year	Number Of			Pendency Percentage	Percentage Of Pendency To All-India Total
			Persons Released Before Trial	Person Charge Sheeted	Persons Under Investigation At The End Of The Year		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	1305	60	932	313	24.0	24.7
2	ARUNACHAL PRADESH	53	1	52	0	0.0	0.0
3	ASSAM	257	28	52	177	68.9	14.0
4	BIHAR	241	32	89	120	49.8	9.5
5	CHHATTISGARH	919	0	913	6	0.7	0.5
6	GOA	8	0	0	8	100.0	0.6
7	GUJARAT	607	0	588	19	3.1	1.5
8	HARYANA	0	0	0	0	@	0.0
9	HIMACHAL PRADESH	9	0	9	0	0.0	0.0
10	JAMMU & KASHMIR	0	0	0	0	@	0.0
11	JHARKHAND	412	20	232	160	38.8	12.6
12	KARNATAKA	979	15	856	108	11.0	8.5
13	KERALA	231	0	210	21	9.1	1.7
14	MADHYA PRADESH	2116	0	2086	30	1.4	2.4
15	MAHARASHTRA	954	5	767	182	19.1	14.4
16	MANIPUR	4	0	0	4	100.0	0.3
17	MEGHALAYA	0	0	0	0	@	0.0
18	MIZORAM	0	0	0	0	@	0.0
19	NAGALAND	0	0	0	0	@	0.0
20	ORISSA	819	0	748	71	8.7	5.6
21	PUNJAB	0	0	0	0	@	0.0
22	RAJASTHAN	974	0	969	5	0.5	0.4
23	SIKKIM	13	0	6	7	53.8	0.6
24	TAMIL NADU	55	0	47	8	14.5	0.6
25	TRIPURA	13	4	9	0	0.0	0.0
26	UTTAR PRADESH	18	0	18	0	0.0	0.0
27	UTTARAKHAND	0	0	0	0	@	0.0
28	WEST BENGAL	37	7	15	15	40.5	1.2
	TOTAL (STATES)	10024	172	8598	1254	12.5	99.1
UNION TERRITORIES:							
29	A & N ISLANDS	11	0	2	9	81.8	0.7
30	CHANDIGARH	0	0	0	0	@	0.0
31	D & N HAVELI	23	0	21	2	8.7	0.2
32	DAMAN & DIU	0	0	0	0	@	0.0
33	DELHI	0	0	0	0	@	0.0
34	LAKSHADWEEP	0	0	0	0	@	0.0
35	PUDUCHERRY	0	0	0	0	@	0.0
	TOTAL (UTs)	34	0	23	11	32.4	0.9
	TOTAL(ALL-INDIA)	10058	172	8621	1265	12.6	100.0

@ Indicates infinite percentage because of division by zero

TABLE-7.23

Disposal, By Courts, Of Persons Arrested For Committing Crimes Against Scheduled Tribes During 2008

Sl. No.	Crime Head	Total No. Persons Under Trial Including Those From Previous Year	No. Of Persons Whose			No. Of Persons Convicted	Percentage Of Persons	
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending at the end of the year		Whose Trials Remained Pending (Col 6 × 100 / Col3)	Convicted To Trials Completed (Col7 × 100 / Col5)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec. 302,303 IPC)	1357	4	219	1134	78	83.6	35.6
2	RAPE (Sec.376 IPC)	2896	21	595	2280	168	78.7	28.2
3	KIDNAPPING & ABDUCTION (Sec. 363-369, 371-373 IPC)	469	2	50	417	3	88.9	6.0
4	DACOITY (Sec.395-398 IPC)	157	0	7	150	0	95.5	0.0
5	ROBBERY (392-394, 397,398 IPC)	118	0	27	91	4	77.1	14.8
6	ARSON (Sec.435, 436, 438 IPC)	539	1	93	445	16	82.6	17.2
7	HURT (Sec.323-333, 335-338 IPC)	5733	155	1125	4453	298	77.7	26.5
8	PCR ACT, 1955 FOR STs	88	7	35	46	0	52.3	0.0
9	SC/ST PREV. OF ATROCITIES ACT, 1989 FOR STs	9587	38	1978	7571	304	79.0	15.4
10	OTHER CRIMES AGAINST STs	15544	342	3263	11939	956	76.8	29.3
11	TOTAL	36488	570	7392	28526	1827	78.2	24.7

TABLE-7.24

**Disposal, By Courts, Of Persons Arrested For Committing Crime Against Scheduled Tribes During 2008
(State & UT Wise)**

Sl. No.	State/UT	Total No. Of Persons Undertrial Including Those From Previous Year	Total No. Of Persons Whose			No. Of Persons Convicted	Pendency Percentage	Percentage Of Pendency To All-India Total
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending at the end of the year			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<i>STATES:</i>								
1	ANDHRA PRADESH	2506	40	758	1708	69	68.2	6.0
2	ARUNACHAL PRADESH	147	0	0	147	0	100.0	0.5
3	ASSAM	193	0	45	148	12	76.7	0.5
4	BIHAR	428	2	31	395	2	92.3	1.4
5	CHHATTISGARH	3100	90	483	2527	181	81.5	8.9
6	GOA	1	0	1	0	0	0.0	0.0
7	GUJARAT	4555	6	636	3913	21	85.9	13.7
8	HARYANA	0	0	0	0	0	@	0.0
9	HIMACHAL PRADESH	43	0	5	38	1	88.4	0.1
10	JAMMU & KASHMIR	0	0	0	0	0	@	0.0
11	JHARKHAND	790	45	213	532	31	67.3	1.9
12	KARNATAKA	1988	11	718	1259	11	63.3	4.4
13	KERALA	533	5	147	381	6	71.5	1.3
14	MADHYA PRADESH	9094	287	2503	6304	960	69.3	22.1
15	MAHARASHTRA	5082	1	456	4625	42	91.0	16.2
16	MANIPUR	0	0	0	0	0	@	0.0
17	MEGHALAYA	0	0	0	0	0	@	0.0
18	MIZORAM	0	0	0	0	0	@	0.0
19	NAGALAND	0	0	0	0	0	@	0.0
20	ORISSA	3613	0	385	3228	43	89.3	11.3
21	PUNJAB	0	0	0	0	0	@	0.0
22	RAJASTHAN	3800	83	902	2815	401	74.1	9.9
23	SIKKIM	21	0	8	13	5	61.9	0.0
24	TAMIL NADU	180	0	16	164	0	91.1	0.6
25	TRIPURA	32	0	17	15	3	46.9	0.1
26	UTTAR PRADESH	177	0	43	134	30	75.7	0.5
27	UTTARAKHAND	38	0	13	25	9	65.8	0.1
28	WEST BENGAL	44	0	2	42	0	95.5	0.1
	TOTAL (STATES)	36365	570	7382	28413	1827	78.1	99.6
<i>UNION TERRITORIES:</i>								
29	A & N ISLANDS	65	0	0	65	0	100.0	0.2
30	CHANDIGARH	0	0	0	0	0	@	0.0
31	D & N HAVELI	52	0	10	42	0	80.8	0.1
32	DAMAN & DIU	4	0	0	4	0	100.0	0.0
33	DELHI	1	0	0	1	0	100.0	0.0
34	LAKSHADWEEP	1	0	0	1	0	100.0	0.0
35	PUDUCHERRY	0	0	0	0	0	@	0.0
	TOTAL (UTs)	123	0	10	113	0	91.9	0.4
	TOTAL (ALL-INDIA)	36488	570	7392	28526	1827	78.2	100.0

@ Indicates infinite percentage because of division by zero

Tables
Chapter

8

Property Stolen and Recovered

TABLE-8.1

**Value Of Property Stolen & Recovered And Percentage
Recovery During (1998-2008)**

(Rs.in lakhs)

Sl. No.	Year	Total Value Of Property		Percentage Recovery
		Stolen	Recovered	
(1)	(2)	(3)	(4)	(5)
1	1998	147770	35748	24.2
2	1999	158080	50319	31.8
3	2000	159323	39815	25.0
4	2001	151723	44733	29.5
5	2002	246723	47742	19.4
6	2003	173504	44759	25.8
7	2004	236170	46947	19.9
8	2005	240900	57600	23.9
9	2006	240395	60723	25.3
10	2007	268078	69655	26.0
11	2008	385296	76815	19.9
12	PERCENTAGE CHANGE IN 2008 OVER 1998	160.7	114.9	-17.6

TABLE-8.2

**Value Of Property Stolen & Recovered And Percentage Recovery During 2008
(State & UT-Wise)**

(Rs.in lakhs)

Sl. No.	State/UT	Total Value Of Property		Percentage Recovery
		Stolen	Recovered	
(1)	(2)	(3)	(4)	(5)
STATES:				
1	ANDHRA PRADESH	12081.2	5603.2	46.4
2	ARUNACHAL PRADESH	880.7	242.0	27.5
3	ASSAM	3434.9	769.0	22.4
4	BIHAR	4643.9	553.7	11.9
5	CHHATTISGARH	3837.5	1317.2	34.3
6	GOA	1165.4	244.1	21.0
7	GUJARAT	25422.0	4014.4	15.8
8	HARYANA	9644.3	5083.8	52.7
9	HIMACHAL PRADESH	1627.1	446.4	27.4
10	JAMMU & KASHMIR	1639.9	610.3	37.2
11	JHARKHAND	3598.6	353.2	9.8
12	KARNATAKA	19210.6	6091.5	31.7
13	KERALA	25777.3	1391.0	5.4
14	MADHYA PRADESH	10907.7	3340.6	30.6
15	MAHARASHTRA	154693.4	13448.8	8.7
16	MANIPUR	1072.7	19.9	1.9
17	MEGHALAYA	798.5	83.5	10.5
18	MIZORAM	293.7	210.2	71.6
19	NAGALAND	4197.3	37.4	0.9
20	ORISSA	5603.7	1752.7	31.3
21	PUNJAB	8456.3	5070.6	60.0
22	RAJASTHAN	10492.6	5905.6	56.3
23	SIKKIM	1643.6	42.8	2.6
24	TAMIL NADU	6794.8	4952.4	72.9
25	TRIPURA	490.1	31.5	6.4
26	UTTAR PRADESH	18201.0	11617.9	63.8
27	UTTARAKHAND	1097.0	329.8	30.1
28	WEST BENGAL	9269.4	1513.4	16.3
	TOTAL (STATES)	346975.1	75076.7	21.6
UNION TERRITORIES				
29	A & N ISLANDS	126.1	38.8	30.7
30	CHANDIGARH	1193.4	420.2	35.2
31	D & N HAVELI	378.6	78.3	20.7
32	DAMAN & DIU	466.0	42.3	9.1
33	DELHI	35853.9	1005.1	2.8
34	LAKSHADWEEP	2.4	1.0	40.6
35	PUDUCHERRY	300.2	152.5	50.8
	TOTAL (UTs)	38320.5	1738.2	4.5
	TOTAL (ALL-INDIA)	385295.6	76814.9	19.9

TABLE-8.2 (Concluded)

**Value Of Property Stolen & Recovered And Percentage Recovery
During 2008 (City-Wise)**

(Rs.in lakhs)

Sl. No.	City	Total Value Of Property		Percentage Recovery
		Stolen	Recovered	
(1)	(2)	(3)	(4)	(5)
CITIES:				
36	AGRA	506.6	138.8	27.4
37	AHMEDABAD	8843.0	495.3	5.6
38	ALLAHABAD	147.8	31.6	21.4
39	AMRITSAR	444.2	299.6	67.5
40	ASANSOL	68.0	18.0	26.5
41	BENGALURU	9717.0	3252.4	33.5
42	BHOPAL	730.7	284.6	39.0
43	CHENNAI	623.7	486.4	78.0
44	COIMBATORE	314.1	220.0	70.0
45	DELHI (CITY)	34290.7	760.5	2.2
46	DHANBAD	80.4	17.2	21.4
47	FARIDABAD	776.2	394.7	50.8
48	HYDERABAD	2583.0	920.1	35.6
49	INDORE	1550.9	311.1	20.1
50	JABALPUR	251.9	120.9	48.0
51	JAIPUR	2514.7	1130.6	45.0
52	JAMSHEDPUR	371.3	32.0	8.6
53	KANPUR	630.3	268.5	42.6
54	KOCHI	3003.0	127.0	4.2
55	KOLKATA	4356.1	818.7	18.8
56	LUCKNOW	1135.4	433.9	38.2
57	LUDHIANA	1167.6	785.8	67.3
58	MADURAI	198.1	119.1	60.1
59	MEERUT	238.9	111.3	46.6
60	MUMBAI	32767.0	5145.2	15.7
61	NAGPUR	3015.1	468.1	15.5
62	NASIK	9100.4	180.2	2.0
63	PATNA	212.2	39.3	18.5
64	PUNE	50051.0	1124.4	2.2
65	RAJKOT	538.9	202.6	37.6
66	SURAT	2973.3	842.8	28.3
67	VADODARA	2144.3	163.2	7.6
68	VARANASI	197.6	26.2	13.3
69	VIJAYAWADA	443.4	190.9	43.1
70	VISHAKHAPATNAM	382.1	194.5	50.9

TABLE-8.3

**Value Of Property Stolen & Recovered And Percentage Recovery During 2008
(Crime Head-Wise)**

Sl No.	Crime Head	Number Of Cases In Which Property		Percentage Recovery Of Cases	Value Of Property (Rs.In Lakh)		Percentage Recovery (Value)
		Stolen	Recovered		Stolen	Recovered	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	DACOITY	4251	2080	48.9	10843.2	3767.8	34.7
2	ROBBERY	19522	10228	52.4	21000.0	6309.2	30.0
3	BURGLARY	90707	29584	32.6	43588.2	11553.9	26.5
4	THEFTS	308149	106480	34.6	125898.9	43047.1	34.2
5	CRIMINAL BREACH OF TRUST	11837	4838	40.9	67452.9	6344.5	9.4
6	OTHER KINDS OF PROP. OFFENCES	22029	8314	37.7	116512.5	5792.4	5.0
7	TOTAL	456495	161524	35.4	385295.6	76814.9	19.9

TABLE-8.4

**Value Of Property Stolen & Recovered And Percentage Recovery During 2008
(By Nature Of Property)**

Sl. No.	Nature Of Property	Number Of Cases In Which Property		Percentage Of Recovery (Cases)	Value Of Property (Rs. In Lakh)		Percentage Recovery (Value)
		Stolen	Recovered		Stolen	Recovered	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	COMMUNICATION & ELECTRICITY WIRE	11768	4738	40.3	2463.5	759.1	30.8
2	CATTLE	6522	3789	58.1	1228.9	713.4	58.1
3	CYCLE	7841	4689	59.8	130.5	83.3	63.8
4	MOTOR VEHICLES	119136	29046	24.4	66898.0	22216.2	33.2
	MOTOR CYCLE & SCOOTER ETC.	95315	23210	24.4	23635.1	7574.6	32.0
	MOTOR CAR/TAXI/JEEP	17346	3443	19.8	26075.8	7554.5	29.0
	OTHER MOTOR VEHICLES	6475	2393	37.0	17187.2	7087.1	41.2
5	FIRE ARMS	625	289	46.2	287.2	59.0	20.5
6	EXPLOSIVES/EXPLOSIVE SUBSTANCES	95	84	88.4	7.2	4.4	61.0
7	ELECTRONIC COMPONENTS	14357	5869	40.9	4069.7	1169.8	28.7
8	CULTURAL PROPERTY INCLUDING ANTIQUES	1193	500	41.9	4377.3	3948.0	90.2
9	OTHER KINDS OF PROPERTY STOLEN	294958	112520	38.1	305833.2	47861.6	15.6
10	TOTAL	456495	161524	35.4	385295.6	76814.9	19.9

TABLE-8.5

Details Of Vehicles Stolen (S), Recovered(R) and Coordinated(C) During 2008

Sl. No.	State / UT	No. Of Vehicles								
		Motor Cycles, Scooters			Motor Car / Taxi / Jeep			Buses		
		S	R	C	S	R	C	S	R	C
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	6993	3316	0	300	165	0	3	3	0
2	ARUNACHAL PRADESH	43	27	7	17	10	0	0	0	0
3	ASSAM	1255	134	52	508	86	7	4	2	0
4	BIHAR	2445	340	0	134	31	0	2	0	0
5	CHHATTISGARH	1645	428	0	405	145	0	0	0	0
6	GOA	213	67	4	20	6	0	1	1	0
7	GUJARAT	8976	1972	637	593	103	55	21	10	8
8	HARYANA	5779	1618	300	1534	434	53	8	7	1
9	HIMACHAL PRADESH	153	48	23	119	39	18	0	0	0
10	JAMMU & KASHMIR	430	78	4	163	30	0	0	0	0
11	JHARKHAND	2156	280	0	277	42	0	1	0	0
12	KARNATAKA	7552	1679	313	813	234	34	4	3	1
13	KERALA	1329	423	40	452	92	13	5	3	0
14	MADHYA PRADESH	10088	1997	0	454	157	0	0	0	0
15	MAHARASHTRA	13589	2803	693	2459	256	86	22	3	2
16	MANIPUR	232	5	10	59	4	2	0	0	0
17	MEGHALAYA	47	7	0	53	13	0	0	0	0
18	MIZORAM	25	19	0	15	12	0	0	0	0
19	NAGALAND	121	7	0	89	7	0	0	0	0
20	ORISSA	1771	582	0	125	30	0	0	0	0
21	PUNJAB	1307	463	426	641	208	110	2	4	0
22	RAJASTHAN	7837	1216	250	1223	232	66	97	44	4
23	SIKKIM	1	1	1	6	6	0	0	0	0
24	TAMIL NADU	3424	2672	2035	200	135	121	0	0	0
25	TRIPURA	54	15	0	3	2	0	0	0	0
26	UTTAR PRADESH	8419	1702	209	1546	334	58	17	9	0
27	UTTARAKHAND	506	127	0	124	26	0	0	0	0
28	WEST BENGAL	2158	356	0	272	76	0	0	0	0
	TOTAL (STATES)	88548	22382	5004	12604	2915	623	187	89	16
UNION TERRITORIES:										
29	A & N ISLANDS	10	6	0	0	0	0	1	1	0
30	CHANDIGARH	662	135	0	426	108	0	1	0	0
31	D & N HAVELI	8	3	0	1	0	0	0	0	0
32	DAMAN & DIU	24	11	0	8	3	0	0	0	0
33	DELHI	5936	754	4	4388	486	1	8	1	0
34	LAKSHADWEEP	1	1	1	0	0	0	0	0	0
35	PUDUCHERRY	418	147	0	13	2	0	0	0	0
	TOTAL (UTs)	7059	1057	5	4836	599	1	10	2	0
	TOTAL (ALL-INDIA)	95607	23439	5009	17440	3514	624	197	91	16

S – Stolen; R – Recovered; C- Coordinated

NOTE : Number of vehicles recovered / coordinated may be more than number of vehicles stolen as vehicles recovered / coordinated may include vehicles stolen in previous year(s) also

TABLE-8.5(Continued)

Sl. No.	City	No. Of Vehicles								
		Motor Cycles, Scooters			Motor Car / Taxi / Jeep			Buses		
		S	R	C	S	R	C	S	R	C
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
36	AGRA	990	126	126	112	19	19	0	0	0
37	AHMEDABAD	2907	341	20	222	23	1	2	0	0
38	ALLAHABAD	264	44	0	25	4	0	0	0	0
39	AMRITSAR	111	62	160	89	20	14	0	0	0
40	ASANSOL	95	25	0	0	0	0	0	0	0
41	BENGALURU	4645	662	38	502	104	2	0	0	0
42	BHOPAL	1183	338	0	91	39	0	0	0	0
43	CHENNAI	228	127	127	26	21	21	0	0	0
44	COIMBATORE	147	141	141	18	16	16	0	0	0
45	DELHI (CITY)	5537	690	4	4203	457	1	2	1	0
46	DHANBAD	136	33	0	10	2	0	0	0	0
47	FARIDABAD	463	77	0	138	41	0	3	2	0
48	HYDERABAD	1682	524	0	110	64	0	0	0	0
49	INDORE	3030	268	268	84	10	10	0	0	0
50	JABALPUR	472	90	0	5	5	0	0	0	0
51	JAIPUR	2693	317	87	501	108	40	1	1	0
52	JAMSHEDPUR	257	20	0	43	5	0	0	0	0
53	KANPUR	593	97	0	111	15	0	0	0	0
54	KOCHI	82	36	2	4	1	0	0	0	0
55	KOLKATA	398	62	0	136	49	0	0	0	0
56	LUCKNOW	1187	152	0	206	35	0	0	0	0
57	LUDHIANA	180	64	64	115	35	35	22	6	6
58	MADURAI	163	75	0	8	0	0	0	0	0
59	MEERUT	222	59	0	50	15	0	8	4	0
60	MUMBAI	2666	104	96	1248	31	24	8	0	0
61	NAGPUR	748	218	49	53	14	7	0	0	0
62	NASIK	596	66	0	65	4	0	1	0	0
63	PATNA	768	12	0	62	14	0	0	0	0
64	PUNE	2859	775	105	262	62	11	1	0	0
65	RAJKOT	725	138	138	32	1	1	1	1	1
66	SURAT	1792	411	0	62	11	0	0	0	0
67	VADODARA	717	180	180	74	25	25	0	0	0
68	VARANASI	547	25	0	43	1	0	0	0	0
69	VIJAYAWADA	295	133	0	8	3	0	0	0	0
70	VISHAKHAPATNAM	287	71	0	2	2	0	0	0	0
TOTAL (CITIES)		39665	6563	1605	8720	1256	227	49	15	7

TABLE-8.5 (Continued)

Sl. No.	State / UT	No. Of Vehicles									
		Goods Carrying Vehicles (Trucks / Tempos Etc.)			Other Motor Vehicles			Total Motor Vehicles			
		S	R	C	S	R	C	S	R	C	
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
STATES:											
1	ANDHRA PRADESH	21	18	0	531	309	0	7848	3811	0	
2	ARUNACHAL PRADESH	0	0	0	0	0	0	60	37	7	
3	ASSAM	23	7	5	88	69	3	1878	298	67	
4	BIHAR	2	1	0	92	19	0	2675	391	0	
5	CHHATTISGARH	0	0	0	68	32	0	2118	605	0	
6	GOA	17	3	1	2	0	0	253	77	5	
7	GUJARAT	48	14	12	305	129	21	9943	2228	733	
8	HARYANA	331	154	16	241	88	29	7893	2301	399	
9	HIMACHAL PRADESH	30	9	2	27	9	2	329	105	45	
10	JAMMU & KASHMIR	1	0	0	78	35	0	672	143	4	
11	JHARKHAND	15	3	0	22	9	0	2471	334	0	
12	KARNATAKA	59	26	8	774	214	1	9202	2156	357	
13	KERALA	58	18	0	157	73	8	2001	609	61	
14	MADHYA PRADESH	0	0	0	487	173	0	11029	2327	0	
15	MAHARASHTRA	586	138	42	253	134	52	16909	3334	875	
16	MANIPUR	0	0	0	6	0	0	297	9	12	
17	MEGHALAYA	9	1	0	23	6	0	132	27	0	
18	MIZORAM	0	0	0	3	3	0	43	34	0	
19	NAGALAND	8	0	0	33	3	0	251	17	0	
20	ORISSA	12	4	0	67	33	0	1975	649	0	
21	PUNJAB	124	42	26	86	35	30	2160	752	592	
22	RAJASTHAN	144	60	3	195	66	3	9496	1618	326	
23	SIKKIM	2	2	0	0	0	0	9	9	1	
24	TAMIL NADU	65	55	39	58	49	41	3747	2911	2236	
25	TRIPURA	0	0	0	8	8	0	65	25	0	
26	UTTAR PRADESH	170	70	23	219	76	19	10371	2191	309	
27	UTTARAKHAND	7	2	0	8	1	0	645	156	0	
28	WEST BENGAL	12	7	0	125	25	0	2567	464	0	
	TOTAL (STATES)	1744	634	177	3956	1598	209	107039	27618	6029	
UNION TERRITORIES:											
29	A & N ISLANDS	0	0	0	0	0	0	11	7	0	
30	CHANDIGARH	4	1	0	1	0	0	1094	244	0	
31	D & N HAVELI	8	0	0	2	1	0	19	4	0	
32	DAMAN & DIU	1	0	0	0	0	0	33	14	0	
33	DELHI	181	13	0	514	86	168	11027	1340	173	
34	LAKSHADWEEP	0	0	0	0	0	0	1	1	1	
35	PUDUCHERRY	7	3	0	5	4	0	443	156	0	
	TOTAL (UTs)	201	17	0	522	91	168	12628	1766	174	
	TOTAL (ALL-INDIA)	1945	651	177	4478	1689	377	119667	29384	6203	

TABLE-8.5 (Concluded)

Sl. No.	City	No. Of Vehicles									
		Goods Carrying Vehicles (Trucks/Tempos Etc.)			Other Motor Vehicles			Total Motor Vehicles			
		S	R	C	S	R	C	S	R	C	
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
<i>CITIES:</i>											
36	AGRA	1	0	0	30	5	5	1133	150	150	
37	AHMEDABAD	1	0	0	107	75	3	3239	439	24	
38	ALLAHABAD	0	0	0	0	0	0	289	48	0	
39	AMRITSAR	11	7	4	0	0	6	211	89	184	
40	ASANSOL	0	0	0	25	2	0	120	27	0	
41	BENGALURU	0	0	0	408	93	0	5555	859	40	
42	BHOPAL	11	7	0	5	4	0	1290	388	0	
43	CHENNAI	8	8	8	7	6	6	269	162	162	
44	COIMBATORE	1	1	1	0	0	0	166	158	158	
45	DELHI (CITY)	62	5	0	459	75	168	10263	1228	173	
46	DHANBAD	0	0	0	2	0	0	148	35	0	
47	FARIDABAD	75	20	0	12	5	0	691	145	0	
48	HYDERABAD	0	0	0	137	64	0	1929	652	0	
49	INDORE	36	3	3	4	0	0	3154	281	281	
50	JABALPUR	0	0	0	68	12	0	545	107	0	
51	JAIPUR	22	15	0	36	14	0	3253	455	127	
52	JAMSHEDPUR	0	0	0	0	0	0	300	25	0	
53	KANPUR	8	6	0	2	1	0	714	119	0	
54	KOCHI	0	0	0	9	3	1	95	40	3	
55	KOLKATA	12	7	0	0	0	0	546	118	0	
56	LUCKNOW	4	1	0	7	1	0	1404	189	0	
57	LUDHIANA	0	0	0	12	4	4	329	109	109	
58	MADURAI	1	1	0	2	2	0	174	78	0	
59	MEERUT	0	0	0	8	3	0	288	81	0	
60	MUMBAI	69	0	0	77	34	29	4068	169	149	
61	NAGPUR	62	16	7	11	6	3	874	254	66	
62	NASIK	6	1	0	0	0	0	668	71	0	
63	PATNA	0	0	0	22	2	0	852	28	0	
64	PUNE	41	9	6	99	75	7	3262	921	129	
65	RAJKOT	1	1	1	25	8	8	784	149	149	
66	SURAT	0	0	0	85	22	0	1939	444	0	
67	VADODARA	8	2	2	28	6	6	827	213	213	
68	VARANASI	1	0	0	0	0	0	591	26	0	
69	VIJAYAWADA	0	0	0	12	9	0	315	145	0	
70	VISHAKHAPATNAM	0	0	0	14	12	0	303	85	0	
TOTAL (CITIES)		441	110	32	1713	543	246	50588	8487	2117	

TABLE-8.6

**Number of Cases and Value Of Cultural Property (Including Antiques) Stolen And Recovered
During 2008 (State & UT-Wise)**

Sl. No.	State/UT	Number Of Cases In Which Property		Value Of Property (Rs.In Lakhs)	
		Stolen	Recovered	Stolen	Recovered
(1)	(2)	(3)	(4)	(5)	(6)
STATES:					
1	ANDHRA PRADESH	87	37	13.1	4.0
2	ARUNACHAL PRADESH	8	1	1.3	0.1
3	ASSAM	370	191	8.9	4.4
4	BIHAR	22	6	34.6	0.5
5	CHHATTISGARH	0	0	0.0	0.0
6	GOA	11	3	4.6	0.9
7	GUJARAT	0	0	0.0	0.0
8	HARYANA	26	10	3.2	1.8
9	HIMACHAL PRADESH	29	5	10.7	0.4
10	JAMMU & KASHMIR	48	7	18.0	0.6
11	JHARKHAND	11	2	3.2	0.6
12	KARNATAKA	260	100	360.5	159.7
13	KERALA	1	0	100.0	0.0
14	MADHYA PRADESH	90	36	8.5	4.0
15	MAHARASHTRA	2	1	42.6	42.6
16	MANIPUR	0	0	0.0	0.0
17	MEGHALAYA	0	0	0.0	0.0
18	MIZORAM	0	0	0.0	0.0
19	NAGALAND	0	0	0.0	0.0
20	ORISSA	21	14	11.7	2.9
21	PUNJAB	4	4	0.4	0.4
22	RAJASTHAN	37	9	7.8	6.7
23	SIKKIM	1	1	1.0	1.0
24	TAMIL NADU	64	51	8.4	7.9
25	TRIPURA	2	0	0.2	0.0
26	UTTAR PRADESH	14	10	3709.3	3707.3
27	UTTARAKHAND	0	0	0.0	0.0
28	WEST BENGAL	67	5	26.1	1.3
	TOTAL (STATES)	1175	493	4374.2	3946.9
UNION TERRITORIES:					
29	A & N ISLANDS	0	0	0.0	0.0
30	CHANDIGARH	8	3	2.2	0.8
31	D & N HAVELI	0	0	0.0	0.0
32	DAMAN & DIU	0	0	0.0	0.0
33	DELHI	8	3	0.5	0.1
34	LAKSHADWEEP	0	0	0.0	0.0
35	PUDUCHERRY	2	1	0.4	0.2
	TOTAL (UTs)	18	7	3.1	1.1
	TOTAL (ALL-INDIA)	1193	500	4377.3	3948.0

NOTE: Value less than 5000 is also shown as 0.0

TABLE-8.7

Number Of Cases Reported And Value Of Property Stolen By Place Of Occurrence During 2008

(Value Rs. in Lakhs)

Sl. No.	Place Of Occurrence	Dacoity (Section 395-398 IPC)		Robbery (Section 392-394, 397, 398 IPC)		Burglary (Section 449-452, 454, 455, 457-460 IPC)		Theft (Section 379-382 IPC)	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	RESIDENTIAL PREMISES	1562	2103.2	2884	1642.5	60971	22866.2	77247	29973.9
2	HIGH-WAY	690	2367.9	3685	3996.6	117	25.1	13181	4691.7
3	RIVER & SEA	10	4.3	28	15.9	4	2.7	253	133.9
4	RAILWAYS	107	55.3	319	61.5	20	8.3	12629	2809.9
	RUNNING TRAINS	87	34.5	167	27.1	2	2.5	6669	1816.7
	OTHER RAILWAYS	20	20.8	152	34.4	18	5.8	5960	993.2
5	BANKS	43	607.8	75	306.0	334	1084.3	253	350.2
6	COMMERCIAL ESTABLISHMENTS	311	2010.5	1044	963.6	14818	8936.2	30885	12443.7
7	OTHER PLACES	1807	3694.1	12487	14013.9	17478	10665.5	182313	75495.7
8	TOTAL	4530	10843.2	20522	21000.0	93742	43588.2	316761	125898.9

TABLE-8.8

**Number Of Dacoity (Sec. 395-398 IPC) Cases Reported And Value Of Property stolen
By Place Of Occurrence During 2008
(State & UT-Wise)**

Sl. No.	State/UT	(Value Rs. in lakh)					
		Residential Premises		Highways		River & Sea	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>STATES:</i>							
1	ANDHRA PRADESH	45	75.9	28	16.9	0	0.0
2	ARUNACHAL PRADESH	3	0.7	0	0.0	0	0.0
3	ASSAM	190	119.2	36	42.3	6	2.2
4	BIHAR	412	284.3	99	81.2	0	0.0
5	CHHATTISGARH	36	36.7	10	33.7	0	0.0
6	GOA	0	0.0	1	0.0	0	0.0
7	GUJARAT	87	60.3	34	118.2	1	0.2
8	HARYANA	23	46.6	29	219.7	0	0.0
9	HIMACHAL PRADESH	1	2.0	1	20.0	0	0.0
10	JAMMU & KASHMIR	0	0.0	0	0.0	0	0.0
11	JHARKHAND	164	116.0	154	623.2	0	0.0
12	KARNATAKA	61	225.2	42	132.8	0	0.0
13	KERALA	13	36.1	11	60.0	0	0.0
14	MADHYA PRADESH	48	219.5	14	42.1	0	0.0
15	MAHARASHTRA	147	147.1	78	284.3	3	1.9
16	MANIPUR	0	0.0	1	0.4	0	0.0
17	MEGHALAYA	15	8.5	16	6.7	0	0.0
18	MIZORAM	0	0.0	1	1.5	0	0.0
19	NAGALAND	1	0.0	4	4.8	0	0.0
20	ORISSA	97	136.4	52	145.5	0	0.0
21	PUNJAB	9	6.7	2	22.1	0	0.0
22	RAJASTHAN	14	112.9	11	35.1	0	0.0
23	SIKKIM	0	0.0	0	0.0	0	0.0
24	TAMIL NADU	44	136.7	12	402.1	0	0.0
25	TRIPURA	7	3.1	0	0.0	0	0.0
26	UTTAR PRADESH	69	149.3	37	62.2	0	0.0
27	UTTARAKHAND	8	25.4	0	0.0	0	0.0
28	WEST BENGAL	62	74.3	17	12.9	0	0.0
	TOTAL (STATES)	1556	2023.0	690	2367.9	10	4.3
<i>UNION TERRITORIES</i>							
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	0	0.0	0	0.0
31	D & N HAVELI	1	0.4	0	0.0	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	4	79.4	0	0.0	0	0.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	1	0.5	0	0.0	0	0.0
	TOTAL (UTs)	6	80.3	0	0.0	0	0.0
	TOTAL (ALL-INDIA)	1562	2103.2	690	2367.9	10	4.3

TABLE-8.8

**Number Of Dacoity (Sec. 395-398 IPC) Cases Reported And Value Of Property stolen
By Place Of Occurrence During 2008
(City-Wise)**

Sl. No.	City	(Value Rs. in lakh)					
		Residential Premises		Highways		River & Sea	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
CITIES:							
36	AGRA	1	0.6	0	0.0	0	0.0
37	AHMEDABAD	1	0.0	0	0.0	0	0.0
38	ALLAHABAD	1	0.0	1	0.0	0	0.0
39	AMRITSAR	0	0.0	0	0.0	0	0.0
40	ASANSOL	1	2.0	0	0.0	0	0.0
41	BENGALURU	17	129.5	10	5.9	0	0.0
42	BHOPAL	2	2.0	0	0.0	0	0.0
43	CHENNAI	3	10.0	0	0.0	0	0.0
44	COIMBATORE	0	0.0	0	0.0	0	0.0
45	DELHI (CITY)	4	76.4	0	0.0	0	0.0
46	DHANBAD	9	3.5	2	1.1	0	0.0
47	FARIDABAD	1	1.0	0	0.0	0	0.0
48	HYDERABAD	2	0.8	0	0.0	0	0.0
49	INDORE	4	53.3	0	0.0	0	0.0
50	JABALPUR	1	0.1	0	0.0	0	0.0
51	JAIPUR	3	4.0	2	15.5	0	0.0
52	JAMSHEDPUR	2	0.7	4	0.2	0	0.0
53	KANPUR	7	1.4	1	0.0	0	0.0
54	KOCHI	0	0.0	0	0.0	0	0.0
55	KOLKATA	5	9.6	0	0.0	0	0.0
56	LUCKNOW	1	10.0	1	0.0	0	0.0
57	LUDHIANA	0	0.0	0	0.0	0	0.0
58	MADURAI	0	0.0	0	0.0	0	0.0
59	MEERUT	0	0.0	1	3.0	0	0.0
60	MUMBAI	5	0.7	0	0.0	0	0.0
61	NAGPUR	3	1.7	0	0.0	0	0.0
62	NASIK	3	2.1	2	0.9	0	0.0
63	PATNA	13	7.1	12	6.2	0	0.0
64	PUNE	9	12.7	1	0.2	0	0.0
65	RAJKOT	2	0.2	0	0.0	0	0.0
66	SURAT	10	19.1	1	2.8	0	0.0
67	VADODARA	1	0.2	1	0.1	0	0.0
68	VARANASI	1	0.4	0	0.0	0	0.0
69	VIJAYAWADA	1	12.8	0	0.0	0	0.0
70	VISHAKHAPATNAM	1	0.0	0	0.0	0	0.0
		1	0.6	0	0.0	0	0.0

TABLE-8.8 (Continued)

(Value Rs. in lakh)

Sl. No.	State/UT	Railways					
		Total		Running Train		Others in Railways	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:							
1	ANDHRA PRADESH	0	0.0	0	0.0	0	0.0
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0
3	ASSAM	5	0.5	5	0.5	0	0.0
4	BIHAR	25	6.4	20	5.7	5	0.8
5	CHHATTISGARH	0	0.0	0	0.0	0	0.0
6	GOA	0	0.0	0	0.0	0	0.0
7	GUJARAT	4	0.4	4	0.4	0	0.0
8	HARYANA	1	0.5	1	0.5	0	0.0
9	HIMACHAL PRADESH	0	0.0	0	0.0	0	0.0
10	JAMMU & KASHMIR	0	0.0	0	0.0	0	0.0
11	JHARKHAND	19	8.7	17	8.7	2	0.0
12	KARNATAKA	3	0.8	0	0.0	3	0.8
13	KERALA	1	4.8	1	4.8	0	0.0
14	MADHYA PRADESH	4	4.3	4	4.3	0	0.0
15	MAHARASHTRA	19	4.2	13	3.7	6	0.5
16	MANIPUR	0	0.0	0	0.0	0	0.0
17	MEGHALAYA	0	0.0	0	0.0	0	0.0
18	MIZORAM	0	0.0	0	0.0	0	0.0
19	NAGALAND	0	0.0	0	0.0	0	0.0
20	ORISSA	1	0.6	1	0.6	0	0.0
21	PUNJAB	1	0.6	1	0.6	0	0.0
22	RAJASTHAN	1	1.7	1	1.7	0	0.0
23	SIKKIM	0	0.0	0	0.0	0	0.0
24	TAMIL NADU	1	18.0	0	0.0	1	18.0
25	TRIPURA	0	0.0	0	0.0	0	0.0
26	UTTAR PRADESH	18	2.5	18	2.5	0	0.0
27	UTTARAKHAND	0	0.0	0	0.0	0	0.0
28	WEST BENGAL	3	1.2	1	0.7	2	0.5
	TOTAL (STATES)	106	55.2	87	34.5	19	20.6
UNION TERRITORIES							
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	0	0.0	0	0.0
31	D & N HAVELI	0	0.0	0	0.0	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	1	0.1	0	0.0	1	0.1
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	0	0.0	0	0.0
	TOTAL (UTs)	1	0.1	0	0.0	1	0.1
	TOTAL (ALL-INDIA)	107	55.3	87	34.5	20	20.8

TABLE-8.8(Continued)

(Value Rs. in lakh)

Sl. No.	City	Railways					
		Total		Running Train		Others in Railways	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
CITIES:							
36	AGRA	0	0.0	0	0.0	0	0.0
37	AHMEDABAD	0	0.0	0	0.0	0	0.0
38	ALLAHABAD	0	0.0	0	0.0	0	0.0
39	AMRITSAR	0	0.0	0	0.0	0	0.0
40	ASANSOL	0	0.0	0	0.0	0	0.0
41	BENGALURU	0	0.0	0	0.0	0	0.0
42	BHOPAL	0	0.0	0	0.0	0	0.0
43	CHENNAI	0	0.0	0	0.0	0	0.0
44	COIMBATORE	0	0.0	0	0.0	0	0.0
45	DELHI (CITY)	1	0.1	0	0.0	1	0.1
46	DHANBAD	0	0.0	0	0.0	0	0.0
47	FARIDABAD	0	0.0	0	0.0	0	0.0
48	HYDERABAD	0	0.0	0	0.0	0	0.0
49	INDORE	0	0.0	0	0.0	0	0.0
50	JABALPUR	0	0.0	0	0.0	0	0.0
51	JAIPUR	0	0.0	0	0.0	0	0.0
52	JAMSHEDPUR	0	0.0	0	0.0	0	0.0
53	KANPUR	0	0.0	0	0.0	0	0.0
54	KOCHI	0	0.0	0	0.0	0	0.0
55	KOLKATA	0	0.0	0	0.0	0	0.0
56	LUCKNOW	0	0.0	0	0.0	0	0.0
57	LUDHIANA	0	0.0	0	0.0	0	0.0
58	MADURAI	1	18.0	0	0.0	1	18.0
59	MEERUT	0	0.0	0	0.0	0	0.0
60	MUMBAI	0	0.0	0	0.0	0	0.0
61	NAGPUR	0	0.0	0	0.0	0	0.0
62	NASIK	0	0.0	0	0.0	0	0.0
63	PATNA	0	0.0	0	0.0	0	0.0
64	PUNE	0	0.0	0	0.0	0	0.0
65	RAJKOT	0	0.0	0	0.0	0	0.0
66	SURAT	0	0.0	0	0.0	0	0.0
67	VADODARA	0	0.0	0	0.0	0	0.0
68	VARANASI	0	0.0	0	0.0	0	0.0
69	VIJAYAWADA	0	0.0	0	0.0	0	0.0
70	VISHAKHAPATNAM	0	0.0	0	0.0	0	0.0

TABLE-8.8 (Concluded)

(Value Rs. in lakh)

Sl. No.	State/Ut	Banks		Commercial Establishments		Other Places		Total	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
STATES:									
1	ANDHRA PRADESH	0	0.0	3	6.7	34	92.1	110	191.7
2	ARUNACHAL PRADESH	0	0.0	4	0.5	7	10.0	14	11.2
3	ASSAM	2	11.6	25	24.0	48	61.4	312	261.4
4	BIHAR	12	37.4	35	26.0	103	52.0	686	487.2
5	CHHATTISGARH	0	0.0	1	0.1	77	101.7	124	172.2
6	GOA	0	0.0	1	0.0	1	0.0	3	0.1
7	GUJARAT	0	0.0	25	141.1	105	155.0	256	475.2
8	HARYANA	3	145.3	13	144.4	51	180.3	120	736.9
9	HIMACHAL PRADESH	1	13.8	1	28.7	2	15.8	6	80.3
10	JAMMU & KASHMIR	0	0.0	0	0.0	3	2.8	3	2.8
11	JHARKHAND	4	88.4	13	5.7	62	51.4	416	893.4
12	KARNATAKA	2	0.6	8	151.0	154	490.5	270	1000.9
13	KERALA	0	0.0	13	810.1	53	194.6	91	1105.6
14	MADHYA PRADESH	0	0.0	4	1.5	90	109.6	160	377.0
15	MAHARASHTRA	3	20.9	60	265.5	501	1313.8	811	2037.6
16	MANIPUR	0	0.0	0	0.0	0	0.0	1	0.4
17	MEGHALAYA	0	0.0	3	2.6	29	6.8	63	24.7
18	MIZORAM	0	0.0	0	0.0	3	0.1	4	1.6
19	NAGALAND	0	0.0	0	0.0	1	6.0	6	10.9
20	ORISSA	8	66.9	47	326.2	100	239.4	305	914.9
21	PUNJAB	0	0.0	0	0.0	28	66.3	40	95.7
22	RAJASTHAN	1	19.4	13	22.3	24	98.0	64	289.4
23	SIKKIM	0	0.0	0	0.0	1	1.2	1	1.2
24	TAMIL NADU	0	0.0	10	21.4	33	102.8	100	680.9
25	TRIPURA	0	0.0	0	0.0	6	10.1	13	13.2
26	UTTAR PRADESH	3	69.4	4	11.4	182	90.2	313	384.9
27	UTTARAKHAND	0	0.0	6	0.8	2	4.0	16	30.3
28	WEST BENGAL	4	134.2	16	14.5	82	96.5	184	333.6
	TOTAL (STATES)	43	607.8	305	2004.6	1782	3552.4	4492	10615.2
UNION TERRITORIES:									
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	0	0.0	1	1.1	1	1.1
31	D & N HAVELI	0	0.0	0	0.0	0	0.0	1	0.4
32	DAMAN & DIU	0	0.0	0	0.0	2	14.8	2	14.8
33	DELHI	0	0.0	3	5.2	16	107.8	24	192.5
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	3	0.7	6	18.0	10	19.2
	TOTAL (UTs)	0	0.0	6	5.9	25	141.7	38	228.0
	TOTAL (ALL-INDIA)	43	607.8	311	2010.5	1807	3694.1	4530	10843.2

TABLE-8.8 (Concluded)

(Value Rs. in lakh)

Sl. No.	City	Banks		Commercial Establishments		Other Places		Total	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
<i>CITIES:</i>									
36	AGRA	0	0.0	0	0.0	6	6.4	7	7.0
37	AHMEDABAD	0	0.0	3	0.9	10	54.1	14	55.0
38	ALLAHABAD	0	0.0	0	0.0	0	0.0	2	0.0
39	AMRITSAR	0	0.0	0	0.0	1	0.0	1	0.0
40	ASANSOL	0	0.0	0	0.0	0	0.0	1	2.0
41	BENGALURU	2	0.6	2	47.4	57	164.6	88	348.0
42	BHOPAL	0	0.0	0	0.0	0	0.0	2	2.0
43	CHENNAI	0	0.0	0	0.0	2	35.4	5	45.4
44	COIMBATORE	0	0.0	0	0.0	1	1.0	1	1.0
45	DELHI (CITY)	0	0.0	3	5.2	9	98.7	17	180.4
46	DHANBAD	0	0.0	0	0.0	1	0.6	12	5.1
47	FARIDABAD	0	0.0	1	1.4	2	2.7	4	5.0
48	HYDERABAD	0	0.0	1	0.4	7	2.8	10	4.0
49	INDORE	0	0.0	0	0.0	0	0.0	4	53.3
50	JABALPUR	0	0.0	0	0.0	0	0.0	1	0.1
51	JAIPUR	1	19.4	0	0.0	0	0.0	6	38.9
52	JAMSHEDPUR	0	0.0	3	0.6	4	2.4	13	3.8
53	KANPUR	0	0.0	0	0.0	16	2.5	24	3.9
54	KOCHI	0	0.0	1	1.5	0	0.0	1	1.5
55	KOLKATA	0	0.0	1	1.1	8	19.0	14	29.6
56	LUCKNOW	1	8.0	0	0.0	10	111.5	13	129.5
57	LUDHIANA	0	0.0	0	0.0	5	6.8	5	6.8
58	MADURAI	0	0.0	0	0.0	0	0.0	1	18.0
59	MEERUT	0	0.0	0	0.0	0	0.0	1	3.0
60	MUMBAI	0	0.0	6	100.6	24	37.6	35	138.9
61	NAGPUR	0	0.0	2	0.5	9	19.3	14	21.6
62	NASIK	0	0.0	2	0.5	15	15.6	22	19.1
63	PATNA	0	0.0	4	2.1	5	0.3	34	15.7
64	PUNE	2	9.7	8	20.7	17	37.8	37	81.1
65	RAJKOT	0	0.0	1	0.4	6	0.9	9	1.4
66	SURAT	0	0.0	4	21.4	9	39.1	24	82.5
67	VADODARA	0	0.0	0	0.0	7	4.3	9	4.6
68	VARANASI	0	0.0	0	0.0	0	0.0	1	0.4
69	VIJAYAWADA	0	0.0	0	0.0	0	0.0	1	12.8
70	VISHAKHAPATNAM	0	0.0	0	0.0	2	15.1	3	15.1

TABLE-8.9

**Number Of Robbery (Sec. 392-394,397,398 IPC) Cases Reported And Value Of Property stolen
By Place Of Occurrence During 2008
(State & UT-Wise)**

Sl. No.	State/UT	Residential Premises		Highways		River & Sea	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>STATES:</i>							
1	ANDHRA PRADESH	226	289.4	91	63.5	0	0.0
2	ARUNACHAL PRADESH	22	3.3	8	0.8	0	0.0
3	ASSAM	213	94.9	76	50.4	3	2.6
4	BIHAR	244	83.3	724	333.1	21	5.9
5	CHHATTISGARH	58	12.7	101	40.2	0	0.0
6	GOA	3	0.6	1	0.2	0	0.0
7	GUJARAT	201	55.1	58	121.4	2	7.3
8	HARYANA	84	168.5	119	315.5	1	0.2
9	HIMACHAL PRADESH	1	0.1	5	8.2	0	0.0
10	JAMMU & KASHMIR	18	28.6	4	11.1	0	0.0
11	JHARKHAND	166	68.8	380	222.1	0	0.0
12	KARNATAKA	231	139.7	76	192.6	0	0.0
13	KERALA	215	75.7	27	88.3	0	0.0
14	MADHYA PRADESH	89	49.7	250	403.3	1	0.0
15	MAHARASHTRA	302	144.6	262	352.5	0	0.0
16	MANIPUR	0	0.0	4	6.1	0	0.0
17	MEGHALAYA	19	11.8	15	9.3	0	0.0
18	MIZORAM	0	0.0	6	1.0	0	0.0
19	NAGALAND	19	3.0	43	85.7	0	0.0
20	ORISSA	236	69.0	420	182.3	0	0.0
21	PUNJAB	21	39.0	6	23.1	0	0.0
22	RAJASTHAN	16	8.1	60	180.0	0	0.0
23	SIKKIM	3	0.5	0	0.0	0	0.0
24	TAMIL NADU	169	105.4	27	17.8	0	0.0
25	TRIPURA	38	4.4	0	0.0	0	0.0
26	UTTAR PRADESH	134	68.3	791	1181.8	0	0.0
27	UTTARAKHAND	10	23.5	53	27.5	0	0.0
28	WEST BENGAL	80	26.9	71	55.1	0	0.0
	TOTAL (STATES)	2818	1574.8	3678	3972.8	28	15.9
<i>UNION TERRITORIES</i>							
29	A & N ISLANDS	2	0.3	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	0	0.0	0	0.0
31	D & N HAVELI	0	0.0	0	0.0	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	64	67.4	7	23.8	0	0.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	0	0.0	0	0.0
	TOTAL (UTs)	66	67.7	7	23.8	0	0.0
	TOTAL (ALL-INDIA)	2884	1642.5	3685	3996.6	28	15.9

TABLE-8.9 (Continued)

**Number Of Robbery (Sec. 392-394,397,398 IPC) Cases Reported And Value Of Property stolen
By Place Of Occurrence During 2008
(City-Wise)**

(Value Rs. in lakh)

Sl. No.	City	Residential Premises		Highways		River & Sea	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>CITIES:</i>							
36	AGRA	3	1.7	5	6.7	0	0.0
37	AHMEDABAD	29	7.8	0	0.0	0	0.0
38	ALLAHABAD	2	1.0	29	15.4	0	0.0
39	AMRITSAR	14	34.0	0	0.0	0	0.0
40	ASANSOL	1	0.2	0	0.0	0	0.0
41	BENGALURU	114	60.3	12	17.4	0	0.0
42	BHOPAL	4	2.8	0	0.0	0	0.0
43	CHENNAI	9	4.0	0	0.0	0	0.0
44	COIMBATORE	5	0.6	0	0.0	0	0.0
45	DELHI (CITY)	56	57.9	6	23.7	0	0.0
46	DHANBAD	3	1.9	10	3.0	0	0.0
47	FARIDABAD	1	0.2	1	10.0	0	0.0
48	HYDERABAD	31	24.2	0	0.0	0	0.0
49	INDORE	280	127.7	15	8.9	0	0.0
50	JABALPUR	0	0.0	0	0.0	0	0.0
51	JAIPUR	1	0.4	0	0.0	0	0.0
52	JAMSHEDPUR	0	0.0	17	5.7	0	0.0
53	KANPUR	9	2.1	100	18.7	0	0.0
54	KOCHI	12	3.7	0	0.0	0	0.0
55	KOLKATA	8	2.0	0	0.0	0	0.0
56	LUCKNOW	5	1.5	19	34.0	0	0.0
57	LUDHIANA	4	2.3	0	0.0	0	0.0
58	MADURAI	2	0.3	0	0.0	0	0.0
59	MEERUT	6	4.5	15	35.3	0	0.0
60	MUMBAI	24	34.4	14	54.9	0	0.0
61	NAGPUR	6	4.5	0	0.0	0	0.0
62	NASIK	3	3.7	6	1.2	0	0.0
63	PATNA	17	4.8	66	40.3	0	0.0
64	PUNE	24	5.0	11	16.6	0	0.0
65	RAJKOT	2	0.0	2	0.1	0	0.0
66	SURAT	23	4.9	1	10.0	0	0.0
67	VADODARA	5	1.0	1	0.2	0	0.0
68	VARANASI	1	2.5	12	20.0	0	0.0
69	VIJAYAWADA	10	4.7	0	0.0	0	0.0
70	VISHAKHAPATNAM	3	17.0	0	0.0	0	0.0

TABLE-8.9 (Continued)

(Value Rs. in lakh)

Sl. No.	State/UT	Railways					
		Total		Running Train		Others in Railways	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:							
1	ANDHRA PRADESH	6	1.0	5	1.0	1	0.0
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0
3	ASSAM	1	0.3	1	0.3	0	0.0
4	BIHAR	36	6.9	23	4.2	13	2.7
5	CHHATTISGARH	3	0.1	2	0.0	1	0.1
6	GOA	0	0.0	0	0.0	0	0.0
7	GUJARAT	13	1.2	3	0.8	10	0.4
8	HARYANA	22	6.4	7	0.6	15	5.8
9	HIMACHAL PRADESH	0	0.0	0	0.0	0	0.0
10	JAMMU & KASHMIR	6	5.2	0	0.0	6	5.2
11	JHARKHAND	18	1.8	14	1.3	4	0.4
12	KARNATAKA	28	5.2	15	4.3	13	0.9
13	KERALA	1	0.0	1	0.0	0	0.0
14	MADHYA PRADESH	20	5.2	11	0.9	9	4.3
15	MAHARASHTRA	63	8.9	31	4.1	32	4.7
16	MANIPUR	0	0.0	0	0.0	0	0.0
17	MEGHALAYA	0	0.0	0	0.0	0	0.0
18	MIZORAM	0	0.0	0	0.0	0	0.0
19	NAGALAND	0	0.0	0	0.0	0	0.0
20	ORISSA	18	4.0	6	3.4	12	0.6
21	PUNJAB	1	0.2	0	0.0	1	0.2
22	RAJASTHAN	6	0.4	3	0.3	3	0.2
23	SIKKIM	0	0.0	0	0.0	0	0.0
24	TAMIL NADU	18	3.7	7	2.8	11	0.8
25	TRIPURA	0	0.0	0	0.0	0	0.0
26	UTTAR PRADESH	40	3.6	27	2.0	13	1.6
27	UTTARAKHAND	2	0.0	1	0.0	1	0.0
28	WEST BENGAL	15	7.4	9	1.0	6	6.4
	TOTAL (STATES)	317	61.5	166	27.1	151	34.3
UNION TERRITORIES							
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	0	0.0	0	0.0
31	D & N HAVELI	0	0.0	0	0.0	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	2	0.1	1	0.0	1	0.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	0	0.0	0	0.0
	TOTAL (UTs)	2	0.1	1	0.0	1	0.0
	TOTAL (ALL-INDIA)	319	61.5	167	27.1	152	34.4

TABLE-8.9(Continued)

(Value Rs. in lakh)

Sl. No.	City	Railways					
		Total		Running Train		Others in Railways	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
CITIES:							
36	AGRA	0	0.0	0	0.0	0	0.0
37	AHMEDABAD	0	0.0	0	0.0	0	0.0
38	ALLAHABAD	0	0.0	0	0.0	0	0.0
39	AMRITSAR	0	0.0	0	0.0	0	0.0
40	ASANSOL	0	0.0	0	0.0	0	0.0
41	BENGALURU	0	0.0	0	0.0	0	0.0
42	BHOPAL	0	0.0	0	0.0	0	0.0
43	CHENNAI	0	0.0	0	0.0	0	0.0
44	COIMBATORE	0	0.0	0	0.0	0	0.0
45	DELHI (CITY)	2	0.1	1	0.0	1	0.0
46	DHANBAD	0	0.0	0	0.0	0	0.0
47	FARIDABAD	0	0.0	0	0.0	0	0.0
48	HYDERABAD	0	0.0	0	0.0	0	0.0
49	INDORE	0	0.0	0	0.0	0	0.0
50	JABALPUR	0	0.0	0	0.0	0	0.0
51	JAIPUR	0	0.0	0	0.0	0	0.0
52	JAMSHEDPUR	0	0.0	0	0.0	0	0.0
53	KANPUR	0	0.0	0	0.0	0	0.0
54	KOCHI	0	0.0	0	0.0	0	0.0
55	KOLKATA	0	0.0	0	0.0	0	0.0
56	LUCKNOW	0	0.0	0	0.0	0	0.0
57	LUDHIANA	0	0.0	0	0.0	0	0.0
58	MADURAI	0	0.0	0	0.0	0	0.0
59	MEERUT	0	0.0	0	0.0	0	0.0
60	MUMBAI	0	0.0	0	0.0	0	0.0
61	NAGPUR	0	0.0	0	0.0	0	0.0
62	NASIK	0	0.0	0	0.0	0	0.0
63	PATNA	0	0.0	0	0.0	0	0.0
64	PUNE	0	0.0	0	0.0	0	0.0
65	RAJKOT	0	0.0	0	0.0	0	0.0
66	SURAT	0	0.0	0	0.0	0	0.0
67	VADODARA	0	0.0	0	0.0	0	0.0
68	VARANASI	0	0.0	0	0.0	0	0.0
69	VIJAYAWADA	0	0.0	0	0.0	0	0.0
70	VISHAKHAPATNAM	0	0.0	0	0.0	0	0.0

TABLE-8.9 (Concluded)

(Value Rs. in lakh)

Sl. No.	State/Ut	Banks		Commercial Establishments		Other Places		Total	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
<i>STATES:</i>									
1	ANDHRA PRADESH	0	0	25	13.7	275	181.9	623	549.5
2	ARUNACHAL PRADESH	0	0	28	0.6	21	8.2	79	12.8
3	ASSAM	0	0	51	25.2	224	92.1	568	265.5
4	BIHAR	4	5.7	57	28.1	506	256.8	1592	719.8
5	CHHATTISGARH	8	9.9	17	4.4	313	234.7	500	302
6	GOA	0	0	0	0	19	22.3	23	23.1
7	GUJARAT	2	2	133	66.7	913	321.6	1322	575.2
8	HARYANA	12	50.9	28	28.8	289	411.2	555	981.4
9	HIMACHAL PRADESH	0	0	0	0	14	12	20	20.2
10	JAMMU & KASHMIR	0	0	7	0.7	32	23.3	67	68.9
11	JHARKHAND	7	10.4	27	9.4	163	50.8	761	363.2
12	KARNATAKA	2	0.6	42	52	1236	886.5	1615	1276.6
13	KERALA	0	0	40	3.4	533	299.8	816	467.3
14	MADHYA PRADESH	15	24.5	92	62.2	1767	886.5	2234	1431.4
15	MAHARASHTRA	7	3.5	161	251.7	2236	4938	3031	5699.1
16	MANIPUR	0	0	0	0	3	4.7	7	10.7
17	MEGHALAYA	0	0	1	0.1	30	6.9	65	28
18	MIZORAM	0	0	0	0	0	0	6	1
19	NAGALAND	0	0	4	2	21	2636.4	87	2727.2
20	ORISSA	5	6.7	107	58.7	559	234.9	1345	555.5
21	PUNJAB	1	20.7	13	76.3	125	563.3	167	722.6
22	RAJASTHAN	3	3.8	22	27.3	722	522.6	829	742.3
23	SIKKIM	0	0	1	0	3	0.8	7	1.2
24	TAMIL NADU	0	0	72	26.7	376	167.8	662	321.4
25	TRIPURA	0	0	9	1.1	48	4.5	95	10
26	UTTAR PRADESH	5	63.1	16	16.4	1111	563.7	2097	1896.8
27	UTTARAKHAND	2	20.4	2	1	75	57.9	144	130.2
28	WEST BENGAL	0	0	54	19.4	393	134.3	613	243.1
	TOTAL (STATES)	73	222.2	1009	775.6	12007	13523.3	19930	20146.1
<i>UNION TERRITORIES</i>									
29	A & N ISLANDS	0	0	0	0	12	1.7	14	2
30	CHANDIGARH	0	0	1	0	22	2.7	23	2.7
31	D & N HAVELI	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	4	9.9	4	9.9
33	DELHI	2	83.8	34	188	432	471.9	541	834.9
34	LAKSHADWEEP	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	10	4.4	10	4.4
	TOTAL (UTs)	2	83.8	35	188	480	490.5	592	853.9
	TOTAL (ALL-INDIA)	75	306	1044	963.6	12487	14013.9	20522	21000

TABLE-8.9 (Concluded)

(Value Rs. in lakh)

Sl. No.	City	Banks		Commercial Establishments		Other Places		Total	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
<i>CITIES:</i>									
36	AGRA	0	0.0	0	0.0	29	12.7	37	21.1
37	AHMEDABAD	0	0.0	68	28.0	441	122.6	538	158.4
38	ALLAHABAD	0	0.0	0	0.0	5	2.2	36	18.5
39	AMRITSAR	0	0.0	0	0.0	7	12.0	21	46.0
40	ASANSOL	0	0.0	1	0.5	1	0.3	3	1.0
41	BENGALURU	2	0.6	22	20.6	552	323.5	702	422.4
42	BHOPAL	0	0.0	0	0.0	217	55.7	221	58.5
43	CHENNAI	0	0.0	11	0.2	21	19.3	41	23.4
44	COIMBATORE	0	0.0	0	0.0	6	13.7	11	14.3
45	DELHI (CITY)	1	60.0	33	186.8	395	435.2	493	763.7
46	DHANBAD	0	0.0	0	0.0	3	1.0	16	5.9
47	FARIDABAD	0	0.0	1	5.4	29	58.4	32	74.0
48	HYDERABAD	0	0.0	11	8.2	73	53.3	115	85.7
49	INDORE	0	0.0	0	0.0	28	54.3	323	190.9
50	JABALPUR	0	0.0	0	0.0	123	39.1	123	39.1
51	JAIPUR	1	14.4	1	0.0	179	87.0	182	101.8
52	JAMSHEDPUR	0	0.0	15	4.4	19	2.8	51	12.8
53	KANPUR	0	0.0	0	0.0	35	42.0	144	62.7
54	KOCHI	0	0.0	3	0.1	16	8.0	31	11.8
55	KOLKATA	0	0.0	8	3.3	70	23.2	86	28.4
56	LUCKNOW	0	0.0	0	0.0	119	18.5	143	53.9
57	LUDHIANA	0	0.0	4	9.0	8	73.3	16	84.6
58	MADURAI	0	0.0	0	0.0	6	2.2	8	2.5
59	MEERUT	0	0.0	0	0.0	32	15.2	53	55.0
60	MUMBAI	0	0.0	31	157.2	259	354.5	328	600.9
61	NAGPUR	0	0.0	4	1.2	311	81.9	321	87.6
62	NASIK	0	0.0	10	1.6	59	11.0	78	17.5
63	PATNA	1	0.8	3	0.2	178	106.7	265	152.7
64	PUNE	1	0.0	28	21.5	315	102.8	379	146.0
65	RAJKOT	0	0.0	8	1.4	56	12.6	68	14.1
66	SURAT	0	0.0	9	0.5	113	53.9	146	69.3
67	VADODARA	0	0.0	0	0.0	17	5.0	23	6.2
68	VARANASI	0	0.0	0	0.0	5	2.8	18	25.3
69	VIJAYAWADA	0	0.0	0	0.0	14	1.1	24	5.7
70	VISHAKHAPATNAM	0	0.0	0	0.0	25	5.5	28	22.5

TABLE-8.10

**Number Of Burglary (Sec.449-452,454,455, 457-460 IPC) Cases Reported And Value Of Property stolen
By Place Of Occurrence During 2008
(State & UT-Wise)**

Sl. No.	State/UT	(Value Rs. in lakh)					
		Residential Premises		Highways		River & Sea	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>STATES:</i>							
1	ANDHRA PRADESH	6185	2268.5	0	0.0	0	0.0
2	ARUNACHAL PRADESH	96	26.2	0	0.0	0	0.0
3	ASSAM	1643	396.6	29	3.9	1	0.5
4	BIHAR	2852	386.0	0	0.0	0	0.0
5	CHHATTISGARH	3225	549.6	2	5.6	0	0.0
6	GOA	173	108.4	0	0.0	0	0.0
7	GUJARAT	2932	1448.4	7	3.0	0	0.0
8	HARYANA	2800	821.3	11	1.2	0	0.0
9	HIMACHAL PRADESH	404	223.0	0	0.0	0	0.0
10	JAMMU & KASHMIR	703	332.9	4	2.8	0	0.0
11	JHARKHAND	1035	130.2	0	0.0	0	0.0
12	KARNATAKA	4469	2609.6	13	4.9	0	0.0
13	KERALA	2134	1138.2	0	0.0	0	0.0
14	MADHYA PRADESH	7435	1358.6	15	1.8	2	0.1
15	MAHARASHTRA	10260	5943.4	0	0.0	1	2.1
16	MANIPUR	24	23.2	0	0.0	0	0.0
17	MEGHALAYA	96	48.1	0	0.0	0	0.0
18	MIZORAM	249	33.7	0	0.0	0	0.0
19	NAGALAND	42	46.0	0	0.0	0	0.0
20	ORISSA	1928	607.0	28	0.0	0	0.0
21	PUNJAB	1104	695.6	1	0.6	0	0.0
22	RAJASTHAN	2795	230.3	0	0.0	0	0.0
23	SIKKIM	59	17.4	0	0.0	0	0.0
24	TAMIL NADU	2466	998.2	5	0.4	0	0.0
25	TRIPURA	142	51.2	0	0.0	0	0.0
26	UTTAR PRADESH	3676	1089.2	0	0.0	0	0.0
27	UTTARAKHAND	150	72.4	0	0.0	0	0.0
28	WEST BENGAL	256	189.7	2	0.8	0	0.0
	TOTAL (STATES)	59333	21842.6	117	25.1	4	2.7
<i>UNION TERRITORIES</i>							
29	A & N ISLANDS	51	12.5	0	0.0	0	0.0
30	CHANDIGARH	180	73.7	0	0.0	0	0.0
31	D & N HAVELI	26	19.9	0	0.0	0	0.0
32	DAMAN & DIU	19	12.1	0	0.0	0	0.0
33	DELHI	1292	858.4	0	0.0	0	0.0
34	LAKSHADWEEP	2	1.6	0	0.0	0	0.0
35	PUDUCHERRY	68	45.4	0	0.0	0	0.0
	TOTAL (UTs)	1638	1023.6	0	0.0	0	0.0
	TOTAL (ALL-INDIA)	60971	22866.2	117	25.1	4	2.7

TABLE-8.10

**Number Of Burglary (Sec. 449-452,454,455, 457-460 IPC) Cases Reported And Value Of Property stolen
By Place Of Occurrence During 2008**

(City-Wise)

(Value Rs. in lakh)

Sl. No.	City	Residential Premises		Highways		River & Sea	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
CITIES:							
36	AGRA	123	41.7	0	0.0	0	0.0
37	AHMEDABAD	427	251.2	0	0.0	0	0.0
38	ALLAHABAD	108	7.9	0	0.0	0	0.0
39	AMRITSAR	108	45.1	0	0.0	0	0.0
40	ASANSOL	1	0.2	0	0.0	0	0.0
41	BENGALURU	1501	1502.1	0	0.0	0	0.0
42	BHOPAL	787	153.9	0	0.0	0	0.0
43	CHENNAI	205	111.6	0	0.0	0	0.0
44	COIMBATORE	37	19.2	0	0.0	0	0.0
45	DELHI (CITY)	1167	766.4	0	0.0	0	0.0
46	DHANBAD	106	21.2	0	0.0	0	0.0
47	FARIDABAD	163	53.5	0	0.0	0	0.0
48	HYDERABAD	621	266.0	0	0.0	0	0.0
49	INDORE	804	152.1	0	0.0	0	0.0
50	JABALPUR	309	87.8	0	0.0	0	0.0
51	JAIPUR	490	76.2	0	0.0	0	0.0
52	JAMSHEDPUR	55	30.2	0	0.0	0	0.0
53	KANPUR	247	167.4	0	0.0	0	0.0
54	KOCHI	70	33.8	0	0.0	0	0.0
55	KOLKATA	75	157.3	0	0.0	0	0.0
56	LUCKNOW	655	132.5	0	0.0	0	0.0
57	LUDHIANA	90	172.4	0	0.0	0	0.0
58	MADURAI	31	19.4	0	0.0	0	0.0
59	MEERUT	10	2.2	0	0.0	0	0.0
60	MUMBAI	1571	1670.1	0	0.0	1	2.1
61	NAGPUR	698	379.4	0	0.0	0	0.0
62	NASIK	354	199.8	0	0.0	0	0.0
63	PATNA	427	3.1	0	0.0	0	0.0
64	PUNE	946	638.1	0	0.0	0	0.0
65	RAJKOT	136	53.8	0	0.0	0	0.0
66	SURAT	299	282.8	0	0.0	0	0.0
67	VADODARA	275	126.5	0	0.0	0	0.0
68	VARANASI	116	25.7	0	0.0	0	0.0
69	VIJAYAWADA	125	45.0	0	0.0	0	0.0
70	VISHAKHAPATNAM	176	63.5	0	0.0	0	0.0

TABLE-8.10 (Continued)

		(Value Rs. in lakh)					
Sl. No.	State/UT	Railways					
		Total		Running Train		Others in Railways	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:							
1	ANDHRA PRADESH	1	0.5	1	0.5	0	0.0
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0
3	ASSAM	0	0.0	0	0.0	0	0.0
4	BIHAR	0	0.0	0	0.0	0	0.0
5	CHHATTISGARH	0	0.0	0	0.0	0	0.0
6	GOA	0	0.0	0	0.0	0	0.0
7	GUJARAT	0	0.0	0	0.0	0	0.0
8	HARYANA	1	0.1	0	0.0	1	0.1
9	HIMACHAL PRADESH	0	0.0	0	0.0	0	0.0
10	JAMMU & KASHMIR	0	0.0	0	0.0	0	0.0
11	JHARKHAND	0	0.0	0	0.0	0	0.0
12	KARNATAKA	0	0.0	0	0.0	0	0.0
13	KERALA	1	0.2	0	0.0	1	0.2
14	MADHYA PRADESH	6	1.5	0	0.0	6	1.5
15	MAHARASHTRA	1	0.2	0	0.0	1	0.2
16	MANIPUR	0	0.0	0	0.0	0	0.0
17	MEGHALAYA	0	0.0	0	0.0	0	0.0
18	MIZORAM	0	0.0	0	0.0	0	0.0
19	NAGALAND	0	0.0	0	0.0	0	0.0
20	ORISSA	3	0.1	0	0.0	3	0.1
21	PUNJAB	0	0.0	0	0.0	0	0.0
22	RAJASTHAN	0	0.0	0	0.0	0	0.0
23	SIKKIM	0	0.0	0	0.0	0	0.0
24	TAMIL NADU	1	0.1	0	0.0	1	0.1
25	TRIPURA	0	0.0	0	0.0	0	0.0
26	UTTAR PRADESH	4	0.7	0	0.0	4	0.7
27	UTTARAKHAND	0	0.0	0	0.0	0	0.0
28	WEST BENGAL	1	2.0	1	2.0	0	0.0
	TOTAL (STATES)	19	5.3	2	2.5	17	2.8
UNION TERRITORIES							
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	0	0.0	0	0.0
31	D & N HAVELI	0	0.0	0	0.0	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	1	3.0	0	0.0	1	3.0
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	0	0.0	0	0.0
	TOTAL (UTs)	1	3.0	0	0.0	1	3.0
	TOTAL (ALL-INDIA)	20	8.3	2	2.5	18	5.8

TABLE-8.10(Continued)

(Value Rs. in lakh)

Sl. No.	City	Railways					
		Total		Running Train		Others in Railways	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
CITIES:							
36	AGRA	0	0.0	0	0.0	0	0.0
37	AHMEDABAD	0	0.0	0	0.0	0	0.0
38	ALLAHABAD	0	0.0	0	0.0	0	0.0
39	AMRITSAR	0	0.0	0	0.0	0	0.0
40	ASANSOL	0	0.0	0	0.0	0	0.0
41	BENGALURU	0	0.0	0	0.0	0	0.0
42	BHOPAL	0	0.0	0	0.0	0	0.0
43	CHENNAI	0	0.0	0	0.0	0	0.0
44	COIMBATORE	0	0.0	0	0.0	0	0.0
45	DELHI (CITY)	1	3.0	0	0.0	1	3.0
46	DHANBAD	0	0.0	0	0.0	0	0.0
47	FARIDABAD	0	0.0	0	0.0	0	0.0
48	HYDERABAD	0	0.0	0	0.0	0	0.0
49	INDORE	0	0.0	0	0.0	0	0.0
50	JABALPUR	0	0.0	0	0.0	0	0.0
51	JAIPUR	0	0.0	0	0.0	0	0.0
52	JAMSHEDPUR	0	0.0	0	0.0	0	0.0
53	KANPUR	0	0.0	0	0.0	0	0.0
54	KOCHI	0	0.0	0	0.0	0	0.0
55	KOLKATA	0	0.0	0	0.0	0	0.0
56	LUCKNOW	0	0.0	0	0.0	0	0.0
57	LUDHIANA	0	0.0	0	0.0	0	0.0
58	MADURAI	0	0.0	0	0.0	0	0.0
59	MEERUT	0	0.0	0	0.0	0	0.0
60	MUMBAI	0	0.0	0	0.0	0	0.0
61	NAGPUR	0	0.0	0	0.0	0	0.0
62	NASIK	0	0.0	0	0.0	0	0.0
63	PATNA	0	0.0	0	0.0	0	0.0
64	PUNE	0	0.0	0	0.0	0	0.0
65	RAJKOT	0	0.0	0	0.0	0	0.0
66	SURAT	0	0.0	0	0.0	0	0.0
67	VADODARA	0	0.0	0	0.0	0	0.0
68	VARANASI	0	0.0	0	0.0	0	0.0
69	VIJAYAWADA	0	0.0	0	0.0	0	0.0
70	VISHAKHAPATNAM	0	0.0	0	0.0	0	0.0

TABLE-8.10 (Concluded)

(Value Rs. in lakh)

Sl. No.	State/Ut	Banks		Commercial Establishments		Other Places		Total	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
STATES:									
1	ANDHRA PRADESH	18	16.9	931	559.6	1197	358.9	8332	3204.4
2	ARUNACHAL PRADESH	0	0.0	74	16.5	75	28.9	245	71.6
3	ASSAM	0	0.0	437	124.4	1037	136.5	3147	661.9
4	BIHAR	3	1.4	202	30.4	357	20.0	3414	437.8
5	CHHATTISGARH	12	0.4	269	44.1	604	203.3	4112	803.0
6	GOA	2	0.3	98	72.5	29	10.5	302	191.7
7	GUJARAT	20	20.8	949	615.0	1145	1306.8	5053	3394.0
8	HARYANA	21	13.9	977	245.2	439	172.5	4249	1254.0
9	HIMACHAL PRADESH	12	4.6	207	155.2	262	35.7	885	418.6
10	JAMMU & KASHMIR	0	0.0	280	125.6	360	135.9	1347	597.3
11	JHARKHAND	0	0.0	154	59.2	186	25.4	1375	214.8
12	KARNATAKA	50	134.4	1012	716.4	714	1198.5	6258	4663.8
13	KERALA	16	267.1	700	395.9	1031	490.9	3882	2292.4
14	MADHYA PRADESH	8	2.4	1774	450.4	1832	300.1	11072	2114.9
15	MAHARASHTRA	74	173.6	3052	3222.4	2616	979.8	16004	10321.5
16	MANIPUR	0	0.0	35	24.5	17	3.2	76	50.9
17	MEGHALAYA	1	0.4	17	35.1	54	22.4	168	106.0
18	MIZORAM	1	0.0	71	13.7	17	0.5	338	47.8
19	NAGALAND	2	233.3	18	25.0	65	372.0	127	676.3
20	ORISSA	18	48.8	484	226.3	639	203.7	3100	1085.9
21	PUNJAB	21	33.2	606	582.7	889	448.1	2621	1760.1
22	RAJASTHAN	36	121.8	1137	352.4	768	857.3	4736	1561.8
23	SIKKIM	0	0.0	12	6.4	10	3.0	81	26.8
24	TAMIL NADU	16	4.7	512	195.3	849	285.2	3849	1483.8
25	TRIPURA	0	0.0	24	12.2	52	25.3	218	88.7
26	UTTAR PRADESH	1	5.5	250	67.9	1487	2859.5	5418	4022.8
27	UTTARAKHAND	1	0.0	84	46.4	188	57.2	423	176.0
28	WEST BENGAL	1	0.8	34	17.2	168	52.8	462	263.3
	TOTAL (STATES)	334	1084.3	14400	8438.0	17087	10594.1	91294	41992.0
<u>UNION TERRITORIES</u>									
29	A & N ISLANDS	0	0.0	16	10.9	11	6.0	78	29.4
30	CHANDIGARH	0	0.0	66	45.5	11	3.3	257	122.4
31	D & N HAVELI	0	0.0	18	41.9	5	0.6	49	62.4
32	DAMAN & DIU	0	0.0	24	213.7	2	0.2	45	226.0
33	DELHI	0	0.0	278	177.2	355	60.8	1926	1099.4
34	LAKSHADWEEP	0	0.0	1	0.1	0	0.0	3	1.7
35	PUDUCHERRY	0	0.0	15	8.9	7	0.5	90	54.9
	TOTAL (UTs)	0	0.0	418	498.2	391	71.4	2448	1596.2
	TOTAL (ALL-INDIA)	334	1084.3	14818	8936.2	17478	10665.5	93742	43588.2

TABLE-8.10 (Concluded)

(Value Rs. in lakh)

Sl. No.	City	Banks		Commercial Establishments		Other Places		Total	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
<i>CITIES:</i>									
36	AGRA	0	0.0	4	1.3	49	2.8	176	45.7
37	AHMEDABAD	2	0.0	203	121.1	146	209.8	778	582.1
38	ALLAHABAD	0	0.0	0	0.0	14	2.2	122	10.1
39	AMRITSAR	4	0.1	26	12.3	4	1.1	142	58.6
40	ASANSOL	0	0.0	0	0.0	3	0.4	4	0.6
41	BENGALURU	2	0.0	212	235.6	72	949.4	1787	2687.2
42	BHOPAL	0	0.0	74	28.2	0	0.0	861	182.1
43	CHENNAI	1	0.0	84	26.5	32	5.4	322	143.5
44	COIMBATORE	0	0.0	14	12.0	27	6.0	78	37.2
45	DELHI (CITY)	0	0.0	237	144.0	316	35.3	1721	948.7
46	DHANBAD	0	0.0	0	0.0	0	0.0	106	21.2
47	FARIDABAD	2	0.1	87	25.2	24	37.5	276	116.3
48	HYDERABAD	0	0.0	198	235.4	324	98.9	1143	600.2
49	INDORE	0	0.0	80	15.1	210	39.7	1094	206.9
50	JABALPUR	0	0.0	0	0.0	0	0.0	309	87.8
51	JAIPUR	1	106.9	177	70.3	19	38.4	687	291.7
52	JAMSHEDPUR	0	0.0	52	33.1	0	0.0	107	63.2
53	KANPUR	0	0.0	0	0.0	32	7.0	279	174.4
54	KOCHI	0	0.0	20	29.7	24	11.3	114	74.8
55	KOLKATA	0	0.0	29	13.3	34	39.0	138	209.6
56	LUCKNOW	0	0.0	0	0.0	75	13.1	730	145.6
57	LUDHIANA	5	0.2	84	212.9	24	11.7	203	397.2
58	MADURAI	0	0.0	0	0.0	34	34.8	65	54.2
59	MEERUT	0	0.0	0	0.0	65	12.3	75	14.5
60	MUMBAI	2	2.2	835	1650.2	437	180.7	2846	3505.2
61	NAGPUR	4	1.1	157	86.0	82	15.4	941	481.9
62	NASIK	4	1.5	111	222.9	54	27.8	523	451.9
63	PATNA	0	0.0	31	0.7	96	2.0	554	5.8
64	PUNE	3	0.1	348	269.2	98	45.7	1395	953.1
65	RAJKOT	0	0.0	81	35.4	103	64.5	320	153.7
66	SURAT	2	0.0	60	161.5	183	69.3	544	513.5
67	VADODARA	3	0.5	72	37.7	16	12.0	366	176.6
68	VARANASI	0	0.0	6	1.6	26	9.1	148	36.4
69	VIJAYAWADA	0	0.0	38	16.7	26	19.4	189	81.1
70	VISHAKHAPATNAM	0	0.0	60	19.3	27	12.1	263	94.9

TABLE-8.11

**Number Of Theft (Sec.379-382 IPC) Cases Reported And Value Of Property stolen By
Place Of Occurrence During 2008
(State & UT-Wise)**

Sl. No.	State/UT	(Value Rs. in lakh)					
		Residential Premises		Highways		River & Sea	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	9532	2821.9	305	134.2	1	1.6
2	ARUNACHAL PRADESH	135	19.8	7	2.0	0	0.0
3	ASSAM	3350	568.5	219	27.7	15	4.9
4	BIHAR	5833	923.3	232	49.1	1	0.1
5	CHHATTISGARH	1404	319.0	5	3.8	1	0.1
6	GOA	81	61.9	2	0.3	4	9.4
7	GUJARAT	4194	1035.4	79	125.1	4	0.3
8	HARYANA	2081	650.7	187	179.1	0	0.0
9	HIMACHAL PRADESH	100	38.5	34	62.2	0	0.0
10	JAMMU & KASHMIR	629	174.3	2	6.3	96	16.7
11	JHARKHAND	3181	455.9	290	116.7	2	0.4
12	KARNATAKA	3855	1772.1	128	181.1	0	0.0
13	KERALA	1569	1125.3	74	27.1	2	0.3
14	MADHYA PRADESH	6513	1460.1	567	230.7	66	4.3
15	MAHARASHTRA	9501	4516.1	174	152.7	25	88.7
16	MANIPUR	81	30.2	43	22.8	3	0.1
17	MEGHALAYA	235	284.6	19	39.3	2	0.0
18	MIZORAM	345	105.0	5	0.8	0	0.0
19	NAGALAND	129	111.1	33	29.8	0	0.0
20	ORISSA	2020	517.5	141	13.6	5	0.1
21	PUNJAB	1569	995.4	40	49.1	0	0.0
22	RAJASTHAN	3088	764.0	154	228.2	11	2.7
23	SIKKIM	54	29.9	0	0.0	0	0.0
24	TAMIL NADU	3840	924.9	143	83.9	5	1.9
25	TRIPURA	238	89.1	0	0.0	0	0.0
26	UTTAR PRADESH	3166	4341.2	10223	2907.3	0	0.0
27	UTTARAKHAND	551	216.0	7	5.2	0	0.0
28	WEST BENGAL	3924	944.2	67	13.6	0	0.0
	TOTAL (STATES)	71198	25296.0	13180	4691.6	243	131.5
UNION TERRITORIES:							
29	A & N ISLANDS	25	8.9	0	0.0	6	0.2
30	CHANDIGARH	815	513.7	0	0.0	0	0.0
31	D & N HAVELI	25	41.6	1	0.0	2	2.1
32	DAMAN & DIU	3	1.1	0	0.0	1	0.1
33	DELHI	5106	4093.3	0	0.0	0	0.0
34	LAKSHADWEEP	3	0.5	0	0.0	1	0.1
35	PUDUCHERRY	72	18.7	0	0.0	0	0.0
	TOTAL (UTs)	6049	4677.9	1	0.0	10	2.4
	TOTAL (ALL-INDIA)	77247	29973.9	13181	4691.7	253	133.9

TABLE-8.11

**Number Of Theft (Sec.379-382 IPC) Cases Reported And Value Of Property stolen By
Place Of Occurrence During 2008
(City-wise)**

(Value Rs. in lakh)

Sl. No.	City	Residential Premises		Highways		River & Sea	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
CITIES:							
36	AGRA	48	8.1	922	217.4	0	0.0
37	AHMEDABAD	883	202.0	0	0.0	0	0.0
38	ALLAHABAD	29	4.5	307	63.7	0	0.0
39	AMRITSAR	125	24.8	8	6.7	0	0.0
40	ASANSOL	19	5.4	0	0.0	0	0.0
41	BENGALURU	2513	1154.4	60	17.6	0	0.0
42	BHOPAL	604	51.2	0	0.0	0	0.0
43	CHENNAI	478	181.3	0	0.0	0	0.0
44	COIMBATORE	121	35.1	0	0.0	0	0.0
45	DELHI (CITY)	4639	3666.4	0	0.0	0	0.0
46	DHANBAD	208	41.6	0	0.0	0	0.0
47	FARIDABAD	141	18.7	0	0.0	0	0.0
48	HYDERABAD	2355	929.9	0	0.0	0	0.0
49	INDORE	3921	968.6	0	0.0	0	0.0
50	JABALPUR	795	119.8	0	0.0	0	0.0
51	JAIPUR	594	77.9	5	5.0	0	0.0
52	JAMSHEDPUR	217	20.1	85	117.2	0	0.0
53	KANPUR	106	8.5	821	178.4	0	0.0
54	KOCHI	72	26.7	0	0.0	0	0.0
55	KOLKATA	679	357.0	0	0.0	0	0.0
56	LUCKNOW	40	5.5	1704	384.2	0	0.0
57	LUDHIANA	178	158.5	0	0.0	0	0.0
58	MADURAI	21	2.8	11	0.7	0	0.0
59	MEERUT	45	4.2	288	119.3	0	0.0
60	MUMBAI	1832	1440.7	75	26.7	6	48.2
61	NAGPUR	269	71.6	0	0.0	0	0.0
62	NASIK	79	72.6	0	0.0	0	0.0
63	PATNA	847	14.7	0	0.0	0	0.0
64	PUNE	955	469.7	0	0.0	2	0.4
65	RAJKOT	105	84.0	0	0.0	0	0.0
66	SURAT	1190	0.0	0	0.0	0	0.0
67	VADODARA	380	160.4	2	0.9	0	0.0
68	VARANASI	32	5.5	632	86.1	0	0.0
69	VIJAYAWADA	217	39.6	0	0.0	0	0.0
70	VISAKHAPATNAM	451	57.9	15	8.1	1	1.6

TABLE-8.11(Continued)

(Value Rs. in lakh)

Sl. No.	State/UT	Railways					
		Total		Running Train		Others in Railways	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:							
1	ANDHRA PRADESH	799	171.8	799	171.8	0	0.0
2	ARUNACHAL PRADESH	0	0.0	0	0.0	0	0.0
3	ASSAM	9	1.8	7	0.5	2	1.4
4	BIHAR	868	93.9	702	81.8	166	12.1
5	CHHATTISGARH	210	51.7	153	36.2	57	15.4
6	GOA	8	1.6	3	0.8	5	0.8
7	GUJARAT	779	140.4	309	104.2	470	36.2
8	HARYANA	497	90.5	156	33.2	341	57.3
9	HIMACHAL PRADESH	0	0.0	0	0.0	0	0.0
10	JAMMU & KASHMIR	62	27.7	0	0.0	62	27.7
11	JHARKHAND	110	28.4	87	10.8	23	17.5
12	KARNATAKA	300	145.3	104	81.9	196	63.4
13	KERALA	151	54.7	103	50.6	48	4.1
14	MADHYA PRADESH	1347	300.5	872	245.8	475	54.7
15	MAHARASHTRA	3340	867.1	1568	525.4	1772	341.7
16	MANIPUR	0	0.0	0	0.0	0	0.0
17	MEGHALAYA	0	0.0	0	0.0	0	0.0
18	MIZORAM	0	0.0	0	0.0	0	0.0
19	NAGALAND	0	0.0	0	0.0	0	0.0
20	ORISSA	430	145.7	236	91.3	194	54.4
21	PUNJAB	45	20.7	13	9.4	32	11.3
22	RAJASTHAN	350	51.6	234	41.3	116	10.3
23	SIKKIM	0	0.0	0	0.0	0	0.0
24	TAMIL NADU	289	75.2	144	34.1	145	41.1
25	TRIPURA	0	0.0	0	0.0	0	0.0
26	UTTAR PRADESH	1521	179.4	702	137.6	819	41.8
27	UTTARAKHAND	13	1.0	13	1.0	0	0.0
28	WEST BENGAL	680	106.1	423	72.4	257	33.7
	TOTAL (STATES)	11808	2554.9	6628	1730.2	5180	824.8
UNION TERRITORIES:							
29	A & N ISLANDS	0	0.0	0	0.0	0	0.0
30	CHANDIGARH	0	0.0	0	0.0	0	0.0
31	D & N HAVELI	0	0.0	0	0.0	0	0.0
32	DAMAN & DIU	0	0.0	0	0.0	0	0.0
33	DELHI	821	254.9	41	86.5	780	168.4
34	LAKSHADWEEP	0	0.0	0	0.0	0	0.0
35	PUDUCHERRY	0	0.0	0	0.0	0	0.0
	TOTAL (UTs)	821	254.9	41	86.5	780	168.4
	TOTAL (ALL-INDIA)	12629	2809.9	6669	1816.7	5960	993.2

TABLE-8.11(Continued)

(Value Rs. in lakh)

Sl. No.	City	Railways					
		Total		Running Train		Others in Railways	
		Number	Value	Number	Value	Number	Value
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
<i>CITIES:</i>							
36	AGRA	0	0.0	0	0.0	0	0.0
37	AHMEDABAD	0	0.0	0	0.0	0	0.0
38	ALLAHABAD	0	0.0	0	0.0	0	0.0
39	AMRITSAR	0	0.0	0	0.0	0	0.0
40	ASANSOL	0	0.0	0	0.0	0	0.0
41	BENGALURU	0	0.0	0	0.0	0	0.0
42	BHOPAL	0	0.0	0	0.0	0	0.0
43	CHENNAI	0	0.0	0	0.0	0	0.0
44	COIMBATORE	0	0.0	0	0.0	0	0.0
45	DELHI (CITY)	821	254.9	41	86.5	780	168.4
46	DHANBAD	0	0.0	0	0.0	0	0.0
47	FARIDABAD	0	0.0	0	0.0	0	0.0
48	HYDERABAD	0	0.0	0	0.0	0	0.0
49	INDORE	0	0.0	0	0.0	0	0.0
50	JABALPUR	0	0.0	0	0.0	0	0.0
51	JAIPUR	0	0.0	0	0.0	0	0.0
52	JAMSHEDPUR	0	0.0	0	0.0	0	0.0
53	KANPUR	0	0.0	0	0.0	0	0.0
54	KOCHI	0	0.0	0	0.0	0	0.0
55	KOLKATA	0	0.0	0	0.0	0	0.0
56	LUCKNOW	0	0.0	0	0.0	0	0.0
57	LUDHIANA	0	0.0	0	0.0	0	0.0
58	MADURAI	0	0.0	0	0.0	0	0.0
59	MEERUT	0	0.0	0	0.0	0	0.0
60	MUMBAI	0	0.0	0	0.0	0	0.0
61	NAGPUR	0	0.0	0	0.0	0	0.0
62	NASIK	0	0.0	0	0.0	0	0.0
63	PATNA	0	0.0	0	0.0	0	0.0
64	PUNE	0	0.0	0	0.0	0	0.0
65	RAJKOT	0	0.0	0	0.0	0	0.0
66	SURAT	1	0.0	0	0.0	1	0.0
67	VADODARA	0	0.0	0	0.0	0	0.0
68	VARANASI	0	0.0	0	0.0	0	0.0
69	VIJAYAWADA	0	0.0	0	0.0	0	0.0
70	VISAKHAPATNAM	0	0.0	0	0.0	0	0.0

TABLE-8.11 (Concluded)

(Value Rs. in lakh)

Sl. No.	State/UT	Banks		Commercial Establishments		Other Places		Total	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
STATES:									
1	ANDHRA PRADESH	28	73.2	2569	692.6	12128	3317.2	25362	7212.5
2	ARUNACHAL PRADESH	0	0.0	66	15.0	237	480.2	445	517.1
3	ASSAM	2	0.4	961	241.5	3456	615.9	8012	1460.6
4	BIHAR	11	1.1	1566	225.6	4695	1443.4	13206	2736.5
5	CHHATTISGARH	8	23.6	466	209.3	3985	1072.0	6079	1679.5
6	GOA	0	0.0	47	64.5	459	375.6	601	513.3
7	GUJARAT	19	9.8	2411	751.1	13229	5114.4	20715	7176.4
8	HARYANA	4	0.3	2562	680.4	7378	3178.3	12709	4779.4
9	HIMACHAL PRADESH	0	0.0	125	86.4	893	646.2	1152	833.3
10	JAMMU & KASHMIR	0	0.0	338	148.6	1071	509.4	2198	882.9
11	JHARKHAND	1	0.5	1051	154.5	2634	567.3	7269	1323.7
12	KARNATAKA	18	45.8	1935	909.5	11584	4489.5	17820	7543.4
13	KERALA	0	0.0	452	178.4	3570	1416.1	5818	2801.9
14	MADHYA PRADESH	78	28.9	3618	927.6	12394	2878.2	24583	5830.2
15	MAHARASHTRA	42	50.2	3433	2705.7	36345	25131.8	52860	33512.4
16	MANIPUR	1	0.5	10	54.3	308	275.8	446	383.7
17	MEGHALAYA	0	0.0	30	11.3	383	186.3	669	521.5
18	MIZORAM	0	0.0	158	85.8	239	27.0	747	218.6
19	NAGALAND	17	108.4	64	363.5	102	99.5	345	712.4
20	ORISSA	0	0.0	909	220.1	3914	1347.4	7419	2244.4
21	PUNJAB	2	1.0	780	685.0	3127	1915.7	5563	3667.0
22	RAJASTHAN	0	0.0	443	115.4	16365	5858.0	20411	7019.8
23	SIKKIM	1	0.0	8	7.1	64	24.7	127	61.7
24	TAMIL NADU	1	0.4	2051	642.7	8690	2051.7	15019	3780.7
25	TRIPURA	0	0.0	116	52.8	145	53.3	499	195.2
26	UTTAR PRADESH	0	0.0	897	212.0	10139	2244.7	25946	9884.7
27	UTTARAKHAND	2	0.9	121	66.9	928	470.6	1622	760.4
28	WEST BENGAL	1	2.8	1745	789.7	10917	2864.2	17334	4720.6
	TOTAL (STATES)	236	347.9	28932	11297.4	169379	68654.4	294976	112973.8
UNION TERRITORIES:									
29	A & N ISLANDS	1	0.4	28	5.0	68	36.9	128	51.4
30	CHANDIGARH	0	0.0	732	246.8	444	105.9	1991	866.5
31	D & N HAVELI	1	0.2	18	10.6	7	1.2	54	55.7
32	DAMAN & DIU	0	0.0	7	8.8	38	60.4	49	70.4
33	DELHI	14	1.6	1120	867.8	11806	6478.9	18867	11696.5
34	LAKSHADWEEP	1	0.1	1	0.0	2	0.1	8	0.7
35	PUDUCHERRY	0	0.0	47	7.3	569	158.0	688	183.9
	TOTAL (UTs)	17	2.3	1953	1146.3	12934	6841.3	21785	12925.1
	TOTAL (ALL-INDIA)	253	350.2	30885	12443.7	182313	75495.7	316761	125898.9

TABLE-8.11 (Concluded)

(Value Rs. in lakh)

Sl. No.	City	Banks		Commercial Establishments		Other Places		Total	
		Number	Value	Number	Value	Number	Value	Number	Value
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
<i>CITIES:</i>									
36	AGRA	0	0.0	36	27.5	545	177.9	1551	430.8
37	AHMEDABAD	2	2.8	956	223.7	3644	1320.2	5485	1748.7
38	ALLAHABAD	0	0.0	32	9.7	96	33.2	464	111.1
39	AMRITSAR	0	0.0	63	8.3	270	152.0	466	191.9
40	ASANSOL	0	0.0	27	11.4	176	44.7	222	61.5
41	BENGALURU	16	32.8	741	497.8	6351	2519.1	9681	4221.7
42	BHOPAL	0	0.0	177	44.4	1600	360.3	2381	455.8
43	CHENNAI	0	0.0	200	54.1	867	155.7	1545	391.1
44	COIMBATORE	0	0.0	256	105.1	244	70.6	621	210.9
45	DELHI (CITY)	14	1.6	1040	807.2	11014	5771.1	17528	10501.2
46	DHANBAD	0	0.0	51	1.0	22	5.5	281	48.1
47	FARIDABAD	0	0.0	269	77.8	535	295.2	945	391.7
48	HYDERABAD	0	0.0	957	300.3	1888	630.9	5200	1861.1
49	INDORE	0	0.0	84	20.8	203	50.2	4208	1039.5
50	JABALPUR	0	0.0	0	0.0	28	1.8	823	121.6
51	JAIPUR	1	0.0	58	3.3	4158	1948.9	4816	2035.1
52	JAMSHEDPUR	0	0.0	195	85.2	285	51.3	782	273.7
53	KANPUR	0	0.0	65	14.4	301	89.0	1293	290.3
54	KOCHI	0	0.0	111	32.2	129	23.8	312	82.6
55	KOLKATA	0	0.0	1017	549.8	1669	614.6	3365	1521.4
56	LUCKNOW	0	0.0	79	10.6	1027	51.5	2850	451.7
57	LUDHIANA	0	0.0	23	2.4	336	321.4	537	482.3
58	MADURAI	0	0.0	33	108.6	467	3.5	532	115.7
59	MEERUT	0	0.0	15	1.2	259	27.1	607	151.6
60	MUMBAI	5	17.8	941	979.2	10113	13297.8	12972	15810.4
61	NAGPUR	0	0.0	78	25.8	1715	894.0	2062	991.5
62	NASIK	7	4.8	120	101.8	1147	547.7	1353	727.0
63	PATNA	0	0.0	63	1.6	172	4.1	1082	20.4
64	PUNE	13	7.2	422	259.8	4117	1814.1	5509	2551.3
65	RAJKOT	0	0.0	59	13.1	1230	272.5	1394	369.7
66	SURAT	5	2.6	321	158.5	1532	1048.0	3049	1209.1
67	VADODARA	1	1.4	112	16.1	920	241.3	1415	420.1
68	VARANASI	0	0.0	23	7.9	140	23.6	827	123.0
69	VIJAYAWADA	0	0.0	45	4.4	914	185.1	1176	229.1
70	VISAKHAPATNAM	0	0.0	80	39.6	498	129.9	1045	237.1

Tables
Chapter

9

Economic Offences

TABLE-9.1

**Statement Of Cognizable Crimes Registered & Their Disposal By Anti-Corruption And Vigilance Departments
Of State & UTs Under Prevention Of Corruption Act And Related Sections Of IPC During 2008**

Sl. No.	State/UT	Pending Investigation From Previous Year	Cases Regd. During The Year	Total Cases For Investigation	Cases Investigated	Cases Not Investigated Or Investigation Dropped	Cases Declared False Etc. During Year	Cases Charge-Sheeted	Cases In Which Final Report Submitted	Cases Pending Investigation At The End Of Year	Percentage Of Cases Charge Sheeted To Total Cases Investigated	Cases Resulted In Recovery Or Seizure	Value Of Property Recovered / Seized (In Rs.'000)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:													
1	ANDHRA PRADESH	193	330	523	249	2	0	132	18	280	53.0	234	2915.8
2	ARUNACHAL PRADESH	3	0	3	0	0	0	0	0	3	@	0	0.0
3	ASSAM	80	0	80	80	0	3	3	3	74	3.8	0	0.0
4	BIHAR	86	116	202	202	1	0	88	0	129	43.6	80	8679.3
5	CHHATTISGARH	95	27	122	119	0	0	18	6	85	15.1	27	126.9
6	GOA	16	1	17	17	0	0	1	0	16	5.9	0	0.0
7	GUJARAT	187	186	373	190	3	9	183	18	187	96.3	182	1928.6
8	HARYANA	275	226	501	379	50	0	246	33	228	64.9	107	448.6
9	HIMACHAL PRADESH	227	95	322	322	0	11	59	27	242	18.3	35	4130.4
10	JAMMU & KASHMIR	89	52	141	57	0	10	62	34	84	108.8	9	800.2
11	JHARKHAND	97	27	124	124	0	0	33	2	97	26.6	24	365.0
12	KARNATAKA	330	389	719	719	10	32	164	70	623	22.8	370	59166.9
13	KERALA	476	149	625	625	0	37	108	59	423	17.3	6	0.0
14	MADHYA PRADESH	57	41	98	98	0	0	42	3	84	42.9	5	27568.5
15	MAHARASHTRA	801	390	1191	1191	0	2	368	33	814	30.9	139	3241.0
16	MANIPUR	8	4	12	12	0	0	0	0	12	0.0	0	0.0
17	MEGHALAYA	2	1	3	1	0	0	0	0	3	0.0	1	3321.0
18	MIZORAM	4	4	8	2	0	0	1	1	4	50.0	1	2320.0
19	NAGALAND	10	7	17	17	0	0	1	0	16	5.9	3	22739.0
20	ORISSA	389	303	692	692	0	7	210	28	536	30.3	47	98482.9
21	PUNJAB	434	196	630	178	15	6	125	50	452	70.2	53	411.6
22	RAJASTHAN	836	327	1163	1163	0	0	373	71	719	32.1	227	2754.8
23	SIKKIM	33	22	55	55	0	0	2	3	50	3.6	1	568.4
24	TAMIL NADU	154	323	477	477	0	0	160	141	347	33.5	108	14083.6
25	TRIPURA	0	2	2	2	0	0	1	1	0	50.0	0	0.0
26	UTTAR PRADESH	88	85	173	173	0	0	94	18	84	54.3	0	0.0
27	UTTARAKHAND	19	3	22	3	0	0	3	0	19	100.0	0	0.0
28	WEST BENGAL	0	0	0	0	0	0	0	0	0	@	0	0.0
	TOTAL (STATES)	4989	3306	8295	7147	81	117	2477	619	5611	34.7	1659	254052.6
UNION TERRITORIES:													
29	A & N ISLANDS	12	4	16	16	0	0	2	2	12	12.5	0	0.0
30	CHANDIGARH	26	11	37	37	0	0	8	0	29	21.6	0	0.0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	@	0	0.0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	@	0	0.0
33	DELHI	145	45	190	76	30	0	46	30	124	60.5	13	114.5
34	LAKSHADWEEP	2	0	2	2	0	0	2	2	0	100.0	0	0.0
35	PUDUCHERRY	9	5	14	14	1	0	8	0	5	57.1	0	0.0
	TOTAL (UTs)	194	65	259	145	31	0	66	34	170	45.5	13	114.5
	TOTAL (ALL-INDIA)	5183	3371	8554	7292	112	117	2543	653	5781	34.9	1672	254167.1

@ indicates infinite percentage because of division by zero

TABLE-9.1 (Continued)

Sl. No.	State/UT	Cases Pending Trial From The Previous Year	Cases Sent Up For Trial During The Year	Total Cases For Trial	Cases With-drawn/ Discharged Or Other Wise Disposed Of	Trials Completed During The Year	Cases Convicted	Cases Acquitted Or Discharged	Pending Trial At The End Of The Year	Percent age Of Cases Convicted to Trials Completed	Total Amt. Of Fine Imposed During The Year (In Rs.'000)
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
STATES:											
1	ANDHRA PRADESH	1012	132	1144	5	174	118	56	965	67.8	440.8
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	@	0.0
3	ASSAM	3	40	0	2	2	0	38	0	0.0	0.0
4	BIHAR	684	88	772	0	9	8	1	763	88.9	23.0
5	CHHATTISGARH	129	18	147	1	28	9	19	118	32.1	32.3
6	GOA	15	1	16	0	1	0	1	15	0.0	0.0
7	GUJARAT	1061	183	1244	6	177	62	115	1061	35.0	479.0
8	HARYANA	730	246	976	10	195	37	158	771	19.0	144.8
9	HIMACHAL PRADESH	267	59	373	2	42	12	30	329	28.6	77.0
10	JAMMU & KASHMIR	392	62	454	1	25	69	19	428	276.0	260.7
11	JHARKHAND	38	24	62	1	0	0	0	272	@	0.0
12	KARNATAKA	805	164	969	3	122	17	105	844	13.9	281.4
13	KERALA	529	108	637	8	35	25	10	594	71.4	1380.0
14	MADHYA PRADESH	344	42	386	2	134	53	81	250	39.6	5661.0
15	MAHARASHTRA	2171	368	2539	3	494	116	378	2042	23.5	840.4
16	MANIPUR	21	0	21	0	1	0	1	20	0.0	0.0
17	MEGHALAYA	0	0	0	0	0	0	0	0	@	0.0
18	MIZORAM	1	1	2	0	0	0	0	2	@	0.0
19	NAGALAND	0	1	14	0	2	1	1	6	50.0	0.0
20	ORISSA	2481	210	2691	17	133	54	79	2541	40.6	3311.8
21	PUNJAB	1173	125	1298	3	178	55	123	1117	30.9	364.4
22	RAJASTHAN	1439	355	1794	6	118	52	66	1670	44.1	476.2
23	SIKKIM	27	2	29	1	6	3	3	22	50.0	9.0
24	TAMIL NADU	242	160	402	9	85	46	39	308	54.1	373.0
25	TRIPURA	4	1	5	0	1	0	1	4	0.0	0.0
26	UTTAR PRADESH	470	94	564	0	16	3	13	548	18.8	0.0
27	UTTARAKHAND	28	3	31	0	1	0	1	30	0.0	0.0
28	WEST BENGAL	0	0	0	0	0	0	0	0	@	0.0
	TOTAL (STATES)	14066	2487	16570	80	1979	740	1338	14720	37.4	14154.6
UNION TERRITORIES:											
29	A & N ISLANDS	8	2	10	0	0	0	0	10	0.0	0.0
30	CHANDIGARH	25	8	33	0	4	3	1	29	75.0	0.0
31	D & N HAVELI	2	0	2	0	0	0	0	2	0.0	0.0
32	DAMAN & DIU	2	0	2	0	0	0	0	2	0.0	0.0
33	DELHI	371	46	417	3	66	51	15	348	77.3	463.0
34	LAKSHADWEEP	3	2	5	0	0	0	0	5	0.0	0.0
35	PUDUCHERRY	7	8	15	0	0	0	0	15	0.0	0.0
	TOTAL (UTs)	418	66	484	3	70	54	16	411	77.1	463.0
	TOTAL (ALL-INDIA)	14484	2553	17054	83	2049	794	1354	15131	38.8	14617.6

TABLE-9.1 (Concluded)

Sl. No.	State/UT	Cases Transferred To Local Police	Cases Pending For Prosecution	Cases Sent Up For Trial And Also Reported For Dept. Action	Cases Reported For Regular Departmental Action	Cases Reported For Suitable Action
(1)	(2)	(25)	(26)	(27)	(28)	(29)
STATES:						
1	ANDHRA PRADESH	0	18	158	9	0
2	ARUNACHAL PRADESH	0	0	0	0	0
3	ASSAM	0	16	0	0	0
4	BIHAR	0	70	0	0	0
5	CHHATTISGARH	0	40	0	0	0
6	GOA	0	0	0	0	0
7	GUJARAT	0	83	17	11	4
8	HARYANA	0	60	119	0	0
9	HIMACHAL PRADESH	0	26	8	0	0
10	JAMMU & KASHMIR	0	31	0	2	0
11	JHARKHAND	0	17	23	22	33
12	KARNATAKA	12	119	81	4	81
13	KERALA	1	32	12	22	0
14	MADHYA PRADESH	0	10	0	0	0
15	MAHARASHTRA	0	261	0	6	0
16	MANIPUR	0	2	0	0	0
17	MEGHALAYA	0	0	0	0	0
18	MIZORAM	1	0	1	0	0
19	NAGALAND	0	3	3	3	5
20	ORISSA	0	114	72	36	22
21	PUNJAB	3	135	71	0	6
22	RAJASTHAN	0	260	158	158	0
23	SIKKIM	0	0	0	4	0
24	TAMIL NADU	0	55	57	115	111
25	TRIPURA	0	0	0	0	0
26	UTTAR PRADESH	0	28	56	0	0
27	UTTARAKHAND	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0
	TOTAL (STATES)	17	1380	836	392	262
UNION TERRITORIES:						
29	A & N ISLANDS	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0
33	DELHI	0	23	13	33	0
34	LAKSHADWEEP	0	0	2	0	0
35	PUDUCHERRY	0	0	0	0	0
	TOTAL (UTs)	0	23	15	33	0
	TOTAL (ALL-INDIA)	17	1403	851	425	262

TABLE-9.2

Statement Of Persons Arrested In Cognizable Crime Cases Under The Prevention Of Corruption Act & Related Section Of IPC In States & UTs During 2008

Sl. No.	State/UT	Persons In Cust./ Bail During Investigation At Beginning Of The Year	Persons Arrested During The Year	Persons Released By Police/ Magistrate Before Trial	Persons In Custody/ Bail During Investigation At The End Of Year	Persons Charge Sheets
(1)	(2)	(3)	(4)	(5)	(6)	(7)
STATES:						
1	ANDHRA PRADESH	629	362	0	830	161
2	ARUNACHAL PRADESH	0	0	0	0	0
3	ASSAM	11	0	0	11	3
4	BIHAR	20	227	0	31	216
5	CHHATTISGARH	77	31	3	86	19
6	GOA	7	2	0	4	5
7	GUJARAT	120	295	160	115	140
8	HARYANA	940	335	27	901	347
9	HIMACHAL PRADESH	209	153	41	206	115
10	JAMMU & KASHMIR	0	131	0	0	131
11	JHARKHAND	15	25	0	25	51
12	KARNATAKA	181	380	133	264	164
13	KERALA	0	22	22	0	193
14	MADHYA PRADESH	0	0	0	0	185
15	MAHARASHTRA	1188	614	13	1148	641
16	MANIPUR	8	0	0	8	0
17	MEGHALAYA	0	0	0	0	0
18	MIZORAM	6	11	2	14	1
19	NAGALAND	14	23	0	32	5
20	ORISSA	25	599	58	119	448
21	PUNJAB	212	290	70	195	237
22	RAJASTHAN	377	227	0	335	635
23	SIKKIM	45	49	4	88	2
24	TAMIL NADU	142	306	131	68	249
25	TRIPURA	4	1	0	4	1
26	UTTAR PRADESH	168	76	0	134	110
27	UTTARAKHAND	19	4	0	20	3
28	WEST BENGAL	0	0	0	0	0
	TOTAL (STATES)	4417	4163	664	4638	4062
UNION TERRITORIES:						
29	A & N ISLANDS	12	2	0	12	2
30	CHANDIGARH	67	7	0	62	12
31	D & N HAVELI	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0
33	DELHI	162	121	0	204	79
34	LAKSHADWEEP	0	0	0	0	3
35	PUDUCHERRY	28	2	2	7	21
	TOTAL (UTs)	269	132	2	285	117
	TOTAL (ALL-INDIA)	4686	4295	666	4923	4179

TABLE-9.2 (Continued)

Sl. No.	State/UT	Persons Under Trial At The Beginning Of Year	Total Persons Under Trial	No. Of Persons Whose Cases Withdrawn Or Otherwise Disposed Of	Persons In Custody/ Bail During Trial At The End Of Year	Persons In Whose Cases Trial Completed	Persons Convicted	Persons Acquitted	Percentage Of Persons Convicted To Trial Completed
(1)	(2)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
STATES:									
1	ANDHRA PRADESH	1091	1252	5	1017	230	151	79	65.7
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	@
3	ASSAM	74	77	0	75	2	2	0	100.0
4	BIHAR	959	1175	0	1166	9	8	1	88.9
5	CHHATTISGARH	219	238	1	206	31	9	22	29.0
6	GOA	23	28	0	27	1	0	1	0.0
7	GUJARAT	1028	1168	40	928	200	70	130	35.0
8	HARYANA	2532	2879	52	2605	222	46	176	20.7
9	HIMACHAL PRADESH	514	629	0	526	103	12	91	11.7
10	JAMMU & KASHMIR	2172	2303	2	2208	93	6	87	6.5
11	JHARKHAND	392	51	1	442	0	0	0	@
12	KARNATAKA	873	1037	3	928	125	20	106	16.0
13	KERALA	1651	1844	72	1642	130	85	45	65.4
14	MADHYA PRADESH	928	1113	3	943	267	70	173	26.2
15	MAHARASHTRA	3553	4194	23	3493	678	151	527	22.3
16	MANIPUR	39	39	0	38	1	0	1	0.0
17	MEGHALAYA	0	0	0	0	0	0	0	@
18	MIZORAM	0	1	0	1	0	0	0	@
19	NAGALAND	14	19	0	17	2	1	1	50.0
20	ORISSA	2641	3089	39	2895	155	61	94	39.4
21	PUNJAB	1450	1687	20	1421	246	80	166	32.5
22	RAJASTHAN	3231	3866	0	3663	203	72	131	35.5
23	SIKKIM	45	47	4	36	7	3	4	42.9
24	TAMIL NADU	1292	1541	26	1349	166	63	103	38.0
25	TRIPURA	5	6	0	4	2	0	2	0.0
26	UTTAR PRADESH	576	686	0	666	20	3	17	15.0
27	UTTARAKHAND	30	33	0	32	1	0	1	0.0
28	WEST BENGAL	0	0	0	0	0	0	0	@
	TOTAL (STATES)	25332	29002	291	26328	2894	913	1958	31.5
UNION TERRITORIES:									
29	A & N ISLANDS	10	12	0	12	0	0	0	@
30	CHANDIGARH	87	99	0	95	4	3	1	75.0
31	D & N HAVELI	2	2	0	2	0	0	0	@
32	DAMAN & DIU	9	9	0	9	0	0	0	@
33	DELHI	611	690	8	595	87	61	26	70.1
34	LAKSHADWEEP	16	20	0	20	0	0	0	@
35	PUDUCHERRY	18	39	0	39	0	0	0	@
	TOTAL (UTs)	753	871	8	772	91	64	27	70.3
	TOTAL (ALL-INDIA)	26085	29873	299	27100	2985	977	1985	32.7

@ indicates infinite percentage because of division by zero

TABLE-9.2 (Concluded)

Sl. No.	State/UT	Persons Reported For Regular Deptt. Action	Persons Reported For Suitable Action	Persons Punished Departmentally				Gazetted Or Equal Status Officers In Public Under Taking Involved		Non Gazetted or Equal Status Officers in Public Undertaking Involved	Private Persons Involved
				Dismissed from Service	Removed from Service	Awarded Other Major Punishment	Awarded Minor Punishment	Group 'A' Officers	Group 'B' Officers		
(1)	(2)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
STATES:											
1	ANDHRA PRADESH	0	0	4	1	45	29	0	0	212	62
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	2	0	1	1	1	0
4	BIHAR	0	0	0	0	0	0	5	56	131	25
5	CHHATTISGARH	0	0	0	0	0	0	0	4	27	0
6	GOA	0	0	0	0	0	0	0	0	0	2
7	GUJARAT	15	24	1	1	0	4	4	36	200	29
8	HARYANA	0	0	0	0	0	0	3	24	132	15
9	HIMACHAL PRADESH	3	3	0	0	0	0	0	0	71	66
10	JAMMU & KASHMIR	10	0	0	0	0	0	0	0	48	10
11	JHARKHAND	33	33	0	0	0	0	0	0	14	4
12	KARNATAKA	81	81	4	0	0	0	52	46	230	30
13	KERALA	18	4	0	0	0	0	16	49	179	62
14	MADHYA PRADESH	0	0	0	0	0	0	15	42	53	21
15	MAHARASHTRA	6	0	0	0	12	0	49	52	432	55
16	MANIPUR	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	11	0	0	0	0	0	0	0	0
19	NAGALAND	32	12	0	0	0	12	8	4	24	4
20	ORISSA	66	6	7	3	6	5	93	66	405	111
21	PUNJAB	0	17	23	0	0	0	0	0	230	106
22	RAJASTHAN	158	158	1	5	14	0	0	28	52	0
23	SIKKIM	5	0	0	0	0	0	4	2	12	18
24	TAMIL NADU	266	140	13	2	27	47	15	138	248	106
25	TRIPURA	0	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	71	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0	0	0	0
	TOTAL (STATES)	693	489	53	12	106	97	265	548	2772	726
UNION TERRITORIES:											
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	4	2
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0
33	DELHI	43	0	0	0	0	0	2	26	70	23
34	LAKSHADWEEP	0	0	0	0	0	0	2	0	2	2
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	43	0	0	0	0	0	4	26	76	27
	TOTAL (ALL-INDIA)	736	489	53	12	106	97	269	574	2848	753

TABLE-9.3

Property Lost under Criminal Breach of Trust and Cheating During 2008

Sl. No.	State/UT	No. Of Reported Cases Where The Loss Of Property Under												Grand Total (Col. 8+ Col.14)
		Criminal Breach Of Trust						Cheating						
		Worth Rs.						Worth Rs.						
(1)	(2)	1-10 Crore	10-25 Crore	25-50 Crore	50-100 Crore	Above 100 Crore	Total	1-10 Crore	10-25 Crore	25-50 Crore	50-100 Crore	Above 100 Crore	Total	(15)
STATES:														
1	ANDHRA PRADESH	2	0	0	0	0	2	0	0	0	0	0	0	2
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	73	0	0	0	0	73	73
5	CHHATTISGARH	0	0	0	0	0	0	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0	0	0	0	0	0	0
7	GUJARAT	58	0	0	0	0	58	28	0	0	0	0	28	86
8	HARYANA	0	0	0	0	0	0	4	7	5	0	0	16	16
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0	0	0	0	0
12	KARNATAKA	10	0	0	0	0	10	22	1	0	0	0	23	33
13	KERALA	2	2	0	0	0	4	5	2	0	0	0	7	11
14	MADHYA PRADESH	0	0	0	0	0	0	0	0	0	0	0	0	0
15	MAHARASHTRA	30	0	0	0	0	30	42	1	0	0	0	43	73
16	MANIPUR	0	0	0	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0	0	0	0	0
18	MIZORAM	23	0	0	0	0	23	37	0	0	0	0	37	60
19	NAGALAND	0	0	0	0	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0	0	0	0	0
21	PUNJAB	1	0	0	0	0	1	0	0	0	0	0	0	1
22	RAJASTHAN	0	0	0	0	0	0	0	0	0	0	0	0	0
23	SIKKIM	0	1	0	0	0	1	0	0	0	0	0	0	1
24	TAMIL NADU	0	0	0	0	0	0	28	5	4	1	1	39	39
25	TRIPURA	0	0	0	0	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	25	2	1	1	1	30	30
	TOTAL (STATES)	126	3	0	0	0	129	264	18	10	2	2	296	425
UNION TERRITORIES:														
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	3	0	0	0	0	3	3
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0	0	0	0
33	DELHI	4	0	0	0	0	4	36	4	0	0	0	40	44
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	4	0	0	0	0	4	39	4	0	0	0	43	47
	TOTAL (ALL-INDIA)	130	3	0	0	0	133	303	22	10	2	2	339	472

Tables
Chapter

10

Juvenile Delinquency

TABLE-10.1**Incidence And Rate Of Juvenile Delinquency Under IPC
(1998-2008)**

Sl. No.	Year	Incidence Of		Percentage Of Juvenile Crimes To Total Crimes	Estimated Mid-Year Population * (In Lakh)	Rate of Crime by Juveniles
		Juvenile Crimes	Total Cognizable Crimes			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	1998	9352	1778815	0.5	9709	1.0
2	1999	8888	1764629	0.5	9866	0.9
3	2000	9267	1771084	0.5	10021	0.9
4	2001#	16509	1769308	0.9	10270 **	1.6
5	2002	18560	1780330	1.0	10506	1.8
6	2003	17819	1716120	1.0	10682	1.7
7	2004	19229	1832015	1.0	10856	1.8
8	2005	18939	1822602	1.0	11028	1.7
9	2006	21088	1878293	1.1	11198	1.9
10	2007	22865	1989673	1.1	11366	2.0
11	2008	24535	2093379	1.2	11531	2.1

* Source : The Registrar General Of India.

** Actual population as per 2001 Census

The boys age group of 16-18 years has also been considered as Juveniles since 2001 onwards as per revised definition of Juvenile Justice Act

TABLE-10.2

**Juvenile Delinquency (IPC) Under Different Crime Heads & Various Percentage Changes
in 2008 Over 1998, QA And 2008**

Sl. No.	Crime Head	Year					
		1998	2003	2004	2005	2006	2007
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	MURDER (Sec.302, 303 IPC)	253	465	472	522	605	672
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	163	475	443	374	489	547
3	C.H. NOT AMOUNTING MURDER (Sec. 304, 308 IPC)	22	25	19	58	36	41
4	RAPE (Sec. 376 IPC)	199	466	568	586	656	746
	CUSTODIAL RAPE	*	0	0	0	0	0
	OTHER RAPE	*	466	568	586	656	746
5	KIDNAPPING & ABDUCTION (Sec. 363-369,371-373 IPC)	153	202	232	246	271	301
	i) OF WOMEN & GIRLS	134	158	167	191	208	205
	ii) OF OTHERS	19	44	65	55	63	96
6	DACOITY (Sec. 395-398 IPC)	35	122	121	120	99	144
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec. 399-402 IPC)	2	38	46	58	74	87
8	ROBBERY (Sec. 392-394,397,398 IPC)	52	208	224	230	321	409
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	1294	2134	2138	2270	2675	2603
10	THEFT (Sec. 379-382 IPC)	2143	3680	4554	4846	5316	5606
	i) AUTO THEFT	*	604	748	904	1072	1068
	ii) OTHER THEFT	*	3076	3806	3942	4244	4538
11	RIOTS (Sec. 143-145,147-151,153,153A,153B,157,158,160 IPC)	574	1030	982	934	988	1440
12	CRIMINAL BREACH OF TRUST (Sec. 406-409 IPC)	19	56	43	30	15	40
13	CHEATING (Sec. 419,420 IPC)	32	104	149	106	94	111
14	COUNTERFEITING (Sec. 231-254,489A-489D IPC)	0	8	9	7	8	12
15	ARSON (Sec. 435,436,438 IPC)	24	34	44	60	36	63
16	HURT (Sec. 323-333,335-338 IPC)	1645	3074	3226	2979	3585	3810
17	DOWRY DEATHS (Sec. 304B IPC)	77	52	51	102	60	70
18	MOLESTATION (Sec. 354 IPC)	136	522	460	478	488	476
19	SEXUAL HARASSMENT (Sec. 509 IPC)	37	286	186	137	148	129
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	249	202	206	275	219	302
21	IMPORTATION OF GIRLS (Sec. 366B IPC)	*	0	0	0	0	0
22	DEATH DUE TO NEGLIGENCE (304A IPC)	*	78	60	65	163	108
23	OTHER IPC CRIMES	2243	4558	4996	4456	4742	5148
24	TOTAL COGNIZABLE CRIMES UNDER IPC	9352	17819	19229	18939	21088	22865

* indicates that the Crime Head was not introduced till that year.

Note: As per revised definition of Juvenile Justice Act the boys age group of 16-18 years has also been considered as Juveniles since 2001.

TABLE-10.2 (Concluded)

Sl. No.	Crime Head	Quinquennial Average (2003-2007) (Q.A)	2008	Percentage Change In 2008 [(+) Increase / (-) Decrease] Over		
				1998	Q.A	2007
(1)	(2)	(9)	(10)	(11)	(12)	(13)
1	MURDER (Sec.302, 303 IPC)	547	743	193.7	35.8	10.6
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	466	563	245.4	20.9	2.9
3	C.H. NOT AMOUNTING MURDER (Sec. 304, 308 IPC)	36	23	4.5	-35.8	-43.9
4	RAPE (Sec. 376 IPC)	604	776	289.9	28.4	4.0
	CUSTODIAL RAPE	0	0	@	0.0	0.0
	OTHER RAPE	604	776	@	28.4	4.0
5	KIDNAPPING & ABDUCTION (Sec. 363-369,371-373 IPC)	250	354	131.4	41.4	17.6
	i) OF WOMEN & GIRLS	186	242	80.6	30.2	18.0
	ii) OF OTHERS	65	112	489.5	73.4	16.7
6	DACOITY (Sec. 395-398 IPC)	121	161	360.0	32.8	11.8
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec. 399-402 IPC)	61	68	3300.0	12.2	-21.8
8	ROBBERY (Sec. 392-394,397,398 IPC)	278	500	861.5	79.6	22.2
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	2364	2702	108.8	14.3	3.8
10	THEFT (Sec. 379-382 IPC)	4800	5615	162.0	17.0	0.2
	i) AUTO THEFT	879	1319	@	50.0	23.5
	ii) OTHER THEFT	3921	4296	@	9.6	-5.3
11	RIOTS (Sec. 143-145,147-151,153,153A,153B,157,158,160 IPC)	1075	1574	174.2	46.4	9.3
12	CRIMINAL BREACH OF TRUST (Sec. 406-409 IPC)	37	53	178.9	44.0	32.5
13	CHEATING (Sec. 419,420 IPC)	113	135	321.9	19.7	21.6
14	COUNTERFEITING (Sec. 231-254,489A-489D IPC)	9	17	0.0	93.2	41.7
15	ARSON (Sec. 435,436,438 IPC)	47	75	212.5	58.2	19.0
16	HURT (Sec. 323-333,335-338 IPC)	3335	4257	158.8	27.7	11.7
17	DOWRY DEATHS (Sec. 304B IPC)	67	68	-11.7	1.5	-2.9
18	MOLESTATION (Sec. 354 IPC)	485	560	311.8	15.5	17.6
19	SEXUAL HARASSMENT (Sec. 509 IPC)	177	132	256.8	-25.5	2.3
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	241	239	-4.0	-0.7	-20.9
21	IMPORTATION OF GIRLS (Sec. 366B IPC)	0	0	@	@	@
22	DEATH DUE TO NEGLIGENCE (304A IPC)	95	165	@	74.1	52.8
23	OTHER IPC CRIMES	4780	5755	156.6	20.4	11.8
24	TOTAL COGNIZABLE CRIMES UNDER IPC	19988	24535	162.4	22.7	7.3

@ Indicates infinite variation because of division by zero

TABLE-10.3

**Juvenile Delinquency (SLL) Under Different Crime Heads & Percentage Variation
In 2008 Over 2007**

Sl. No.	Crime Head	Number Of Cases Reported During		Percentage Change in 2008 Over 2007
		2007	2008	
(1)	(2)	(3)	(4)	(5)
1	ARMS ACT	279	257	-7.9
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	64	66	3.1
3	GAMBLING ACT	780	596	-23.6
4	EXCISE ACT	528	357	-32.4
5	PROHIBITION ACT	496	398	-19.8
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	8	7	-12.5
7	IMMORAL TRAFFIC (P) ACT	47	22	-53.2
8	INDIAN RAILWAYS ACT	0	4	@
9	REGISTRATION OF FOREIGNERS ACT	26	37	42.3
10	PROTECTION OF CIVIL RIGHTS ACT	0	2	@
	(I) PCR ACT FOR SCs	0	2	@
	(ii) PCR ACT FOR STs	0	0	@
11	INDIAN PASSPORT ACT	16	8	-50.0
12	ESSENTIAL COMMODITIES ACT	13	9	-30.8
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0	0	@
14	ANTIQUITIES & ART TREASURES ACT	0	0	@
15	DOWRY PROHIBITION ACT	46	6	-87.0
16	CHILD MARRIAGE RESTRAINT ACT	2	3	50.0
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	0	0	@
18	COPYRIGHT ACT	23	23	0.0
19	SATI PREVENTION ACT	0	0	@
20	SC/ST (PREVENTION OF ATROCITIES) ACT	52	45	-13.5
	(I) PREVENTION OF ATROCITIES ACT FOR SCs	37	43	16.2
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	15	2	-86.7
21	FOREST ACT	0	1	@
22	OTHER SLL CRIMES	1783	1315	-26.2
23	TOTAL COGNIZABLE CRIMES UNDER SLL	4163	3156	-24.2

@ Indicates infinite variation because of division by zero

TABLE-10.4

**Juvenile Delinquency Under Different Crime Heads (IPC) During 2008
(State & UT-wise)**

Sl. No.	State/UT	Murder (Sec 302, 303 IPC)	Attempt To Commit Murder (Sec 307 IPC)	C.H. Not Amounting To Murder (Sec 304, 308 IPC)	Rape (Sec 376 IPC)			Kidnapping & Abduction (Sec 363 - 369, 371 - 373 IPC)		
					Total	Custodial	Others	Total	Of Women & Girls	Of Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	28	14	3	45	0	45	18	14	4
2	ARUNACHAL PRADESH	0	0	0	0	0	0	1	1	0
3	ASSAM	30	1	3	40	0	40	27	12	15
4	BIHAR	56	42	1	36	0	36	53	24	29
5	CHHATTISGARH	54	53	0	82	0	82	22	17	5
6	GOA	1	0	0	1	0	1	1	1	0
7	GUJARAT	42	21	0	13	0	13	21	19	2
8	HARYANA	23	20	3	20	0	20	27	21	6
9	HIMACHAL PRADESH	3	3	0	5	0	5	1	1	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	23	10	0	30	0	30	11	2	9
12	KARNATAKA	19	16	0	8	0	8	1	0	1
13	KERALA	10	8	0	14	0	14	1	1	0
14	MADHYA PRADESH	122	144	4	196	0	196	39	31	8
15	MAHARASHTRA	141	98	3	103	0	103	28	22	6
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	5	1	0	9	0	9	5	2	3
18	MIZORAM	0	0	0	1	0	1	1	0	1
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	16	13	0	24	0	24	7	7	0
21	PUNJAB	7	2	2	9	0	9	1	0	1
22	RAJASTHAN	50	72	0	45	0	45	46	36	10
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	26	17	0	7	0	7	3	3	0
25	TRIPURA	1	0	0	2	0	2	2	0	2
26	UTTAR PRADESH	37	0	2	30	0	30	19	13	6
27	UTTARAKHAND	5	2	1	4	0	4	0	0	0
28	WEST BENGAL	16	2	0	34	0	34	10	6	4
	TOTAL (STATES)	715	539	22	758	0	758	345	233	112
UNION TERRITORIES:										
29	A & N ISLANDS	2	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	1	0	0	0	0	2	2	0
31	D & N HAVELI	0	0	0	0	0	0	1	1	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	23	21	1	18	0	18	6	6	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	3	2	0	0	0	0	0	0	0
	TOTAL (UTs)	28	24	1	18	0	18	9	9	0
	TOTAL (ALL-INDIA)	743	563	23	776	0	776	354	242	112

TABLE-10.4 (Continued)

Sl. No.	State/UT	Dacoity (Sec 395-398 IPC)	Preparation & Assembly For Dacoity (Sec 399 - 402 IPC)	Robbery Sec 392-394, 397, 398 IPC)	Burglary Sec 449-452, 454, 455, 457 - 460 IPC)	Theft (Sec 379-382 IPC)			Riots Sec 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach Of Trust Sec 406 -409 IPC)
						Total	Auto Theft	Other Theft		
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
STATES:										
1	ANDHRA PRADESH	1	0	18	243	427	77	350	14	1
2	ARUNACHAL PRADESH	2	0	5	11	25	11	14	1	0
3	ASSAM	4	0	13	62	207	11	196	40	0
4	BIHAR	9	0	28	38	184	30	154	246	20
5	CHHATTISGARH	13	0	24	380	319	85	234	79	0
6	GOA	2	0	1	10	15	6	9	3	0
7	GUJARAT	13	0	33	179	481	179	302	119	4
8	HARYANA	4	18	14	162	246	103	143	68	14
9	HIMACHAL PRADESH	0	0	0	20	27	9	18	9	0
10	JAMMU & KASHMIR	0	0	0	1	0	0	0	2	0
11	JHARKHAND	32	3	19	26	93	10	83	45	2
12	KARNATAKA	5	3	25	56	85	29	56	12	0
13	KERALA	3	4	10	66	100	25	75	87	0
14	MADHYA PRADESH	9	13	85	404	600	148	452	143	0
15	MAHARASHTRA	44	14	99	529	1438	353	1085	402	10
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	8	0	1	1	25	3	22	0	0
18	MIZORAM	0	0	0	20	20	0	20	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	2	1	18	79	161	0	161	14	0
21	PUNJAB	0	3	0	8	14	3	11	0	1
22	RAJASTHAN	1	1	50	192	364	100	264	37	0
23	SIKKIM	0	0	2	5	4	0	4	1	0
24	TAMIL NADU	3	0	13	106	410	56	354	23	0
25	TRIPURA	0	0	0	3	4	3	1	2	0
26	UTTAR PRADESH	0	0	2	7	72	9	63	3	0
27	UTTARAKHAND	0	0	2	18	37	4	33	0	0
28	WEST BENGAL	1	2	3	3	62	4	58	211	0
	TOTAL (STATES)	156	62	465	2629	5420	1258	4162	1561	52
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	9	7	1	6	1	0
30	CHANDIGARH	1	0	2	11	59	16	43	8	0
31	D & N HAVELI	0	0	0	1	6	1	5	0	0
32	DAMAN & DIU	0	0	0	2	4	0	4	1	0
33	DELHI	4	6	33	41	101	38	63	1	1
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	9	18	5	13	2	0
	TOTAL (UTs)	5	6	35	73	195	61	134	13	1
	TOTAL (ALL-INDIA)	161	68	500	2702	5615	1319	4296	1574	53

TABLE-10.4 (Concluded)

Sl. No.	State/UT	Cheating (Sec 419, 420 IPC)	Counterfeiting (Sec 231- 254, 489A – 489D IPC)	Arson (Sec 435, 436, 438 IPC)	Hurt (Sec 323- 333, 335- 338 IPC)	Dowry Deaths (Sec 304B IPC)	Molestation (Sec 354 IPC)	Sexual Harassment (Sec 509 IPC)	Cruelty by Husband and Relatives (Sec 498A IPC)	Importation Of Girls (Sec 366B IPC)	Causing Death By Negligence (Sec 304A IPC)	Other IPC Crimes	Total Cog. Crimes Under IPC
(1)	(2)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
STATES:													
1	ANDHRA PRADESH	12	0	3	178	2	28	26	2	0	17	90	1170
2	ARUNACHAL PRADESH	0	0	0	12	0	3	0	0	0	0	16	76
3	ASSAM	4	1	6	37	0	1	0	0	0	0	58	534
4	BIHAR	21	0	5	125	7	6	2	9	0	1	252	1141
5	CHHATTISGARH	6	0	16	346	1	74	13	10	0	16	1328	2836
6	GOA	1	0	0	1	0	2	1	0	0	0	9	48
7	GUJARAT	3	1	2	281	0	17	1	34	0	8	420	1693
8	HARYANA	28	2	1	201	4	16	20	19	0	5	240	1155
9	HIMACHAL PRADESH	1	2	0	8	0	2	0	0	0	0	41	122
10	JAMMU & KASHMIR	0	0	0	2	0	0	0	0	0	0	3	8
11	JHARKHAND	1	0	1	57	1	9	0	3	0	0	74	440
12	KARNATAKA	0	1	0	21	1	4	0	1	0	1	31	290
13	KERALA	0	0	1	107	0	10	1	1	0	1	81	505
14	MADHYA PRADESH	6	1	10	1207	20	205	37	50	0	61	1858	5214
15	MAHARASHTRA	36	9	16	1031	6	84	23	82	0	31	370	4597
16	MANIPUR	0	0	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	1	0	1	0	0	0	0	40	97
18	MIZORAM	0	0	0	2	0	2	0	0	0	0	6	52
19	NAGALAND	0	0	0	0	0	0	0	0	0	0	0	0
20	ORISSA	1	0	1	29	0	9	4	1	0	3	94	477
21	PUNJAB	1	0	0	18	0	2	0	0	0	1	11	80
22	RAJASTHAN	8	0	5	175	6	28	0	6	0	13	443	1542
23	SIKKIM	0	0	2	1	0	0	0	0	0	0	1	16
24	TAMIL NADU	0	0	3	158	1	5	0	2	0	6	75	858
25	TRIPURA	0	0	1	4	0	0	0	1	0	0	2	22
26	UTTAR PRADESH	0	0	0	7	14	1	3	17	0	0	61	275
27	UTTARAKHAND	2	0	0	11	1	0	0	0	0	0	6	89
28	WEST BENGAL	0	0	0	206	1	44	0	1	0	0	28	624
	TOTAL (STATES)	131	17	73	4226	65	553	131	239	0	164	5638	23961
UNION TERRITORIES:													
29	A & N ISLANDS	0	0	1	2	0	0	0	0	0	0	12	34
30	CHANDIGARH	0	0	0	4	0	0	0	0	0	0	20	108
31	D & N HAVELI	0	0	0	0	0	2	0	0	0	0	2	12
32	DAMAN & DIU	0	0	0	3	0	0	0	0	0	0	0	10
33	DELHI	4	0	1	15	3	5	1	0	0	1	82	368
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	7	0	0	0	0	0	0	1	42
	TOTAL (UTs)	4	0	2	31	3	7	1	0	0	1	117	574
	TOTAL (ALL-INDIA)	135	17	75	4257	68	560	132	239	0	165	5755	24535

TABLE-10.5

**Juvenile Delinquency Under Different Crime Heads (SLL) During 2008
(State & UT-Wise)**

Sl. No.	State/UT	Arms Act	Narcotic Drugs & Psychotropic Substances Act	Gambling Act	Excise Act	Prohibition Act	Explosives & Explosive Substances Act	Immoral Traffic (Prevention) Act	Railways Act	Registration Of Foreigners Act	Protection Of Civil Rights Act		
											Total	For SCs	For STs
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:													
1	ANDHRA PRADESH	2	1	12	2	6	0	0	0	2	1	1	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	1	0	0	0	0	0	0
4	BIHAR	31	8	0	24	0	2	0	0	0	0	0	0
5	CHHATTISGARH	17	5	57	21	0	0	0	0	0	0	0	0
6	GOA	0	1	0	0	0	0	0	0	0	0	0	0
7	GUJARAT	1	1	69	0	230	0	3	0	2	0	0	0
8	HARYANA	33	6	84	92	0	0	12	0	4	0	0	0
9	HIMACHAL PRADESH	0	0	0	1	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	1	0	0	0	0	0	0	0	0
11	JHARKHAND	19	0	0	4	0	1	0	0	0	0	0	0
12	KARNATAKA	0	1	2	7	0	0	0	1	1	1	1	0
13	KERALA	2	0	0	0	4	0	0	0	0	0	0	0
14	MADHYA PRADESH	106	6	253	159	0	2	0	1	0	0	0	0
15	MAHARASHTRA	11	4	81	0	121	0	0	0	0	0	0	0
16	MANIPUR	0	0	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	1	0	0	0	0	0	0	0	4	0	0	0
18	MIZORAM	0	1	0	0	6	0	0	0	3	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	1	9	0	1	0	0	0	0	0	0
21	PUNJAB	8	2	1	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	7	2	8	34	0	0	0	0	2	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	20	23	0	30	0	6	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	13	1	0	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	3	0	1	0	0	0	0	2	0	0	0	0
28	WEST BENGAL	3	5	4	0	0	0	0	0	19	0	0	0
	TOTAL (STATES)	257	64	596	354	397	7	21	4	37	2	2	0
UNION TERRITORIES:													
29	A & N ISLANDS	0	0	0	0	1	0	0	0	0	0	0	0
30	CHANDIGARH	0	1	0	2	0	0	1	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0	0	0
33	DELHI	0	1	0	1	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	2	0	3	1	0	1	0	0	0	0	0
	TOTAL (ALL-INDIA)	257	66	596	357	398	7	22	4	37	2	2	0

TABLE-10.5 (Continued)

Sl. No.	State/UT	Indian Passport Act	Essential Commodities Act	Terrorist & Disruptive Activities Act	Antiquities & Art Treasures Act	Dowry Prohibition Act	Child Marriage Restraint Act	Indecent Representation Of Women (P) Act	Copyright Act	Sati Prevention Act
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
STATES:										
1	ANDHRA PRADESH	0	0	0	0	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	1	0	0	0
4	BIHAR	0	0	0	0	5	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	1	0	0	0
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	1	0	7	0
8	HARYANA	0	1	0	0	0	0	0	2	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	1	0	0	1	0
13	KERALA	0	0	0	0	0	0	0	1	0
14	MADHYA PRADESH	0	1	0	0	0	0	0	0	0
15	MAHARASHTRA	3	7	0	0	0	0	0	9	0
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	1	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	2	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	2	0	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	2	0	0	0	0	0	0	0	0
	TOTAL (STATES)	8	9	0	0	6	3	0	22	0
UNION TERRITORIES										
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	1	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0	1	0
	TOTAL (ALL-INDIA)	8	9	0	0	6	3	0	23	0

TABLE-10.5 (Concluded)

Sl. No.	State/UT	SC/ST (Prev Of Atrocities) Act			Forest Act	Other SLL Crimes	Total Cognizable Crimes Under SLL
		Total	For SCs	For STs			
(1)	(2)	(24)	(25)	(26)	(27)	(28)	(29)
STATES:							
1	ANDHRA PRADESH	3	3	0	0	74	103
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	2
4	BIHAR	5	5	0	0	4	79
5	CHHATTISGARH	3	1	2	0	106	210
6	GOA	0	0	0	0	0	1
7	GUJARAT	3	3	0	0	160	477
8	HARYANA	1	1	0	0	9	244
9	HIMACHAL PRADESH	0	0	0	0	0	1
10	JAMMU & KASHMIR	0	0	0	0	0	1
11	JHARKHAND	0	0	0	1	39	64
12	KARNATAKA	3	3	0	0	15	33
13	KERALA	0	0	0	0	44	51
14	MADHYA PRADESH	0	0	0	0	141	669
15	MAHARASHTRA	2	2	0	0	117	355
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	3	8
18	MIZORAM	0	0	0	0	0	11
19	NAGALAND	0	0	0	0	0	0
20	ORISSA	0	0	0	0	1	12
21	PUNJAB	0	0	0	0	0	11
22	RAJASTHAN	0	0	0	0	64	119
23	SIKKIM	0	0	0	0	4	4
24	TAMIL NADU	22	22	0	0	493	596
25	TRIPURA	0	0	0	0	0	0
26	UTTAR PRADESH	3	3	0	0	1	18
27	UTTARAKHAND	0	0	0	0	29	35
28	WEST BENGAL	0	0	0	0	7	40
	TOTAL (STATES)	45	43	2	1	1311	3144
UNION TERRITORIES							
29	A & N ISLANDS	0	0	0	0	2	3
30	CHANDIGARH	0	0	0	0	0	5
31	D & N HAVELI	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	2
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	2	2
	TOTAL (UTs)	0	0	0	0	4	12
	TOTAL (ALL-INDIA)	45	43	2	1	1315	3156

TABLE-10.6**Juveniles Apprehended Under IPC & SLL Crimes By Sex
(1998-2008)**

Sl. No.	Year	Boys	Girls	Total	Percentage Of Girls
(1)	(2)	(3)	(4)	(5)	(6)
1	1998	13974	4949	18923	26.2
2	1999	13088	5372	18460	29.1
3	2000	13854	4128	17982	23.0
4	2001*	31295	2333	33628	6.9
5	2002	33551	2228	35779	6.2
6	2003	30985	2335	33320	7.0
7	2004	28878	2065	30943	6.7
8	2005	30606	2075	32681	6.3
9	2006	30375	1770	32145	5.5
10	2007	32671	1856	34527	5.4
11	2008	32795	1712	34507	5.0

* As Per Revised Definition Of Juvenile Justice Act The Boys Age Group Of 16-18 Years Has Also Been Considered As Juveniles

TABLE-10.7

**Juveniles Apprehended Under IPC And SLL Crimes By Age Groups
(1998-2008)**

Sl. No.	Year	7-12 Years	Percentage To Total	12-16 Years	Percentage To Total	16-18 Years	Percentage To Total	Total Apprehended
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	1998	3336	17.6	11548	61.0	4039	21.3	18923
2	1999	4039	21.9	10311	55.9	4110	22.3	18460
3	2000	3292	18.3	11389	63.3	3301	18.4	17982
4	2001*	3696	11.0	12729	37.9	17203	51.2	33628
5	2002	4488	12.5	13864	38.7	17427	48.7	35779
6	2003	3584	10.8	11687	35.1	18049	54.2	33320
7	2004	2107	6.8	12415	40.1	16421	53.1	30943
8	2005	1645	5.0	13090	40.1	17946	54.9	32681
9	2006	1595	5.0	12535	39.0	18015	56.0	32145
10	2007	1460	4.2	12114	35.1	20953	60.7	34527
11	2008	1281	3.7	12272	35.6	20954	60.7	34507
	PERCENTAGE CHANGE IN 2008 OVER 1998	-61.6		6.3		418.8		82.4
	PERCENTAGE CHANGE IN 2008 OVER 2007	-12.3		1.3		0.0		-0.1

NOTE: 7-12 years means 7 years and above but below 12 years

***As Per New Definition Of Juvenile Justice Act, The Boys In The Age Group Of 16 – 18 Years Has Also Been Considered As Juveniles**

TABLE-10.8

Juveniles Apprehended Under IPC And SLL Crimes By Age Groups & Sex During 2008

Sl. No.	Crime Head	7 - 12 Years		12 - 16 Years		16 - 18 Years		Total for all Age Groups		Total (Boys + Girls)
		Boys	Girls	Boys	Girls	Boys*	Girls	Boys	Girls	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. IPC CRIMES										
1	MURDER (Sec 302, 303 IPC)	9	0	250	24	593	26	852	50	902
2	ATTEMPT TO COMMIT MURDER (Sec 307 IPC)	7	2	205	8	474	5	686	15	701
3	C.H. NOT AMOUNTING MURDER (Sec 304, 308 IPC)	1	0	12	0	13	0	26	0	26
4	RAPE (Sec 376 IPC)	7	0	284	10	550	12	841	22	863
	CUSTODIAL RAPE	0	0	0	0	0	0	0	0	0
	OTHER RAPE	7	0	284	10	550	12	841	22	863
5	KIDNAPPING & ABDUCTION (Sec 363-369, 371-373 IPC)	3	0	79	8	293	32	375	40	415
	i) OF WOMEN & GIRLS	2	0	58	6	203	22	263	28	291
	ii) OF OTHERS	1	0	21	2	90	10	112	12	124
6	DACOITY (Sec 395 - 398 IPC)	5	0	58	1	172	8	235	9	244
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec 399-402 IPC)	0	0	20	0	77	0	97	0	97
8	ROBBERY (Sec 392-394, 397, 398 IPC)	15	0	214	0	428	1	657	1	658
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	201	2	1698	17	1755	33	3654	52	3706
10	THEFT (Sec 379 - 382 IPC)	356	31	2772	70	3967	88	7095	189	7284
	i) AUTO THEFT	25	0	546	0	1231	1	1802	1	1803
	ii) OTHER THEFT	331	31	2226	70	2736	87	5293	188	5481
11	RIOTS (Sec 143-145, 147-151, 153, 153A., 153B, 157, 158, 160 IPC)	25	11	507	43	1574	73	2106	127	2233
12	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	0	0	13	1	43	1	56	2	58
13	CHEATING (Sec 419, 420 IPC)	2	0	43	2	103	10	148	12	160
14	COUNTERFEITING (Sec.231-254,489A-489D)	0	0	7	1	10	0	17	1	18
15	ARSON (Sec 435, 436, 438 IPC)	3	0	30	0	56	0	89	0	89
16	HURT (Sec 323-333, 335-338 IPC)	132	18	1706	129	3181	166	5019	313	5332
17	DOWRY DEATHS (Section 304B IPC)	2	1	14	11	32	28	48	40	88
18	MOLESTATION (Section 354 IPC)	18	1	176	2	411	2	605	5	610
19	SEXUAL HARASSMENT (Sec 509 IPC)	1	0	35	0	114	0	150	0	150
20	CRUELTY BY HUSBAND AND RELATIVES (Sec 498A IPC)	1	1	44	38	113	97	158	136	294
21	IMPORTATION OF GIRLS (Sec 366B IPC)	0	0	0	0	0	0	0	0	0
22	CAUSING DEATH BY NEGLIGENCE (Sec 304A IPC)	1	0	49	2	118	4	168	6	174
23	OTHER IPC CRIMES	192	55	2408	158	3787	260	6387	473	6860
24	TOTAL COGNIZABLE CRIMES UNDER IPC	981	122	10624	525	17864	846	29469	1493	30962
B. SLL CRIMES										
1	ARMS ACT	4	0	64	0	197	0	265	0	265
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	2	0	8	2	57	1	67	3	70
3	GAMBLING ACT	12	0	172	0	595	0	779	0	779
4	EXCISE ACT	1	0	91	6	255	21	347	27	374
5	PROHIBITION ACT	0	3	85	23	236	61	321	87	408
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	0	0	2	0	5	0	7	0	7
7	IMMORAL TRAFFIC (P) ACT	0	0	2	3	11	17	13	20	33
8	INDIAN RAILWAYS ACT	3	0	1	0	2	0	6	0	6
9	REGISTRATION OF FOREIGNERS ACT	4	1	31	2	9	1	44	4	48
10	PROTECTION OF CIVIL RIGHTS ACT	0	0	0	0	2	0	2	0	2
	(I) PCR ACT FOR SCs	0	0	0	0	2	0	2	0	2
	(ii) PCR ACT FOR STs	0	0	0	0	0	0	0	0	0
11	INDIAN PASSPORT ACT	1	0	4	0	3	1	8	1	9
12	ESSENTIAL COMMODITIES ACT	1	0	5	0	9	0	15	0	15
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0	0	0	0	0	0	0	0	0
14	ANTIQUITIES & ART TREASURES ACT	0	0	0	0	0	0	0	0	0
15	DOWRY PROHIBITION ACT	2	0	1	0	2	4	5	4	9
16	CHILD MARRIAGE RESTRAINT ACT	0	0	1	0	2	1	3	1	4
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	0	0	0	0	0	0	0	0	0
18	COPYRIGHT ACT	0	0	10	0	17	0	27	0	27
19	SATI PREVENTION ACT	0	0	0	0	0	0	0	0	0
20	SC/ST (PREVENTION OF ATROCITIES) ACT	0	0	8	0	38	0	46	0	46
	(I) PREVENTION OF ATROCITIES ACT FOR SCs	0	0	7	0	37	0	44	0	44
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	0	0	1	0	1	0	2	0	2
21	FOREST ACT	0	0	0	0	1	0	1	0	1
22	OTHER SLL CRIMES	135	9	578	24	657	39	1370	72	1442
23	TOTAL COGNIZABLE CRIMES UNDER SLL	165	13	1063	60	2098	146	3326	219	3545
C. GRAND TOTAL (A+B)		1146	135	11687	585	19962	992	32795	1712	34507

* As Per New Definition Of Juvenile Justice Act, The Boys In The Age Group Of 16 – 18 Years Have Also Been Considered As Juveniles.

TABLE-10.9

**Juveniles Apprehended Under Different IPC Crimes During 2008
(State & UT-Wise)**

Sl. No.	State/UT	Murder Sec 302, 303 IPC)	Attempt to Commit Murder (Sec 307 IPC)	C.H. Not Amounting To Murder (Sec 304, 308 IPC)	Rape Sec 376 IPC)			Kidnapping And Abduction (Sec 363 - 369, 371 - 373 IPC)			Dacoity (Sec 395- 398 IPC)
					Total	Custo- dial	Others	Total	Of Women	Of Others	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	35	16	4	52	0	52	22	16	6	1
2	ARUNACHAL PRADESH	0	0	0	0	0	0	1	1	0	9
3	ASSAM	32	1	3	41	0	41	26	12	14	8
4	BIHAR	57	46	1	37	0	37	53	24	29	9
5	CHHATTISGARH	54	53	0	82	0	82	22	17	5	13
6	GOA	1	0	0	1	0	1	2	2	0	2
7	GUJARAT	57	22	0	14	0	14	27	24	3	22
8	HARYANA	32	26	3	24	0	24	36	26	10	8
9	HIMACHAL PRADESH	3	5	0	5	0	5	1	1	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0	0
11	JHARKHAND	22	11	0	31	0	31	13	1	12	34
12	KARNATAKA	34	27	0	9	0	9	1	0	1	14
13	KERALA	11	12	0	16	0	16	1	1	0	3
14	MADHYA PRADESH	131	158	4	218	0	218	43	33	10	10
15	MAHARASHTRA	183	148	3	127	0	127	32	25	7	79
16	MANIPUR	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	12	11	0	12	0	12	7	4	3	11
18	MIZORAM	0	0	0	1	0	1	1	0	1	0
19	NAGALAND	0	0	0	0	0	0	0	0	0	0
20	ORISSA	17	25	0	27	0	27	10	10	0	5
21	PUNJAB	8	2	2	10	0	10	1	0	1	0
22	RAJASTHAN	64	84	0	51	0	51	58	48	10	2
23	SIKKIM	0	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	37	19	0	8	0	8	3	3	0	3
25	TRIPURA	1	0	0	3	0	3	1	0	1	0
26	UTTAR PRADESH	44	0	2	32	0	32	26	19	7	0
27	UTTARAKHAND	7	2	1	4	0	4	0	0	0	0
28	WEST BENGAL	17	2	0	34	0	34	10	6	4	1
	TOTAL (STATES)	859	670	23	839	0	839	397	273	124	234
UNION TERRITORIES											
29	A & N ISLANDS	6	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	1	0	0	0	0	2	2	0	6
31	D & N HAVELI	0	0	0	0	0	0	1	1	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0
33	DELHI	35	27	3	24	0	24	15	15	0	4
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	2	3	0	0	0	0	0	0	0	0
	TOTAL (UTs)	43	31	3	24	0	24	18	18	0	10
	TOTAL (ALL-INDIA)	902	701	26	863	0	863	415	291	124	244

TABLE-10.9 (Continued)

Sl. No.	State/UT	Preparation And Assembly For Dacoity (Sec 399 - 402 IPC)	Robbery Sec 392 - 394, 397, 398 IPC)	Burglary Sec 449 - 452, 454, 455, 457 - 460 IPC)	Theft Sec 379 - 382 IPC)			Riots Sec 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Criminal Breach Of Trust (Sec 406 - 409 IPC)	Cheating Sec 419, 420 IPC)	Counter-Feiting (Sec 231-254, 489A - 489D IPC)
					Total	Auto Theft	Other Theft				
(1)	(2)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
STATES:											
1	ANDHRA PRADESH	0	22	327	567	84	483	18	3	14	0
2	ARUNACHAL PRADESH	0	5	11	25	11	14	2	0	0	0
3	ASSAM	0	17	78	224	18	206	67	0	4	1
4	BIHAR	0	28	40	188	30	158	248	19	21	0
5	CHHATTISGARH	0	24	380	319	85	234	80	0	5	0
6	GOA	0	1	18	17	7	10	10	0	1	0
7	GUJARAT	0	38	248	625	262	363	173	6	7	1
8	HARYANA	21	19	260	311	136	175	108	15	33	2
9	HIMACHAL PRADESH	0	0	27	34	9	25	19	0	1	2
10	JAMMU & KASHMIR	0	0	1	0	0	0	3	0	0	0
11	JHARKHAND	3	19	29	107	16	91	47	2	1	0
12	KARNATAKA	9	54	101	114	36	78	26	0	0	1
13	KERALA	9	10	94	135	33	102	168	0	0	0
14	MADHYA PRADESH	13	90	532	706	157	549	216	0	6	1
15	MAHARASHTRA	26	153	819	2092	597	1495	656	11	44	10
16	MANIPUR	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	1	1	33	3	30	0	0	0	0
18	MIZORAM	0	0	22	25	0	25	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0	0
20	ORISSA	1	25	129	232	0	232	33	0	1	0
21	PUNJAB	3	0	10	23	3	20	0	1	1	0
22	RAJASTHAN	1	73	281	519	136	383	75	0	11	0
23	SIKKIM	0	2	12	13	0	13	2	0	0	0
24	TAMIL NADU	0	13	131	465	57	408	29	0	0	0
25	TRIPURA	0	0	5	11	7	4	7	0	0	0
26	UTTAR PRADESH	0	5	10	84	11	73	3	0	0	0
27	UTTARAKHAND	0	2	24	60	7	53	0	0	3	0
28	WEST BENGAL	4	3	3	83	4	79	216	0	0	0
	TOTAL (STATES)	90	604	3593	7012	1709	5303	2206	57	153	18
UNION TERRITORIES											
29	A & N ISLANDS	0	0	14	15	1	14	2	0	0	0
30	CHANDIGARH	0	4	21	75	23	52	18	0	0	0
31	D & N HAVELI	0	0	1	14	1	13	0	0	0	0
32	DAMAN & DIU	0	0	2	4	0	4	2	0	0	0
33	DELHI	7	50	59	144	64	80	3	1	7	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	16	20	5	15	2	0	0	0
	TOTAL (UTs)	7	54	113	272	94	178	27	1	7	0
	TOTAL (ALL-INDIA)	97	658	3706	7284	1803	5481	2233	58	160	18

TABLE-10.9 (Concluded)

Sl. No	State/UT	Arson (Sec 435, 436, 438 IPC)	Hurt (Sec 323-333, 335-338 IPC)	Dowry Deaths (Sec 304B IPC)	Moles- tation (Sec 354 IPC)	Sexual Harass- ment (Sec 509 IPC)	Cruelty By Husband & Relatives (Sec 498A IPC)	Impor- tation of Girls (Sec 366B IPC)	Causing Death By Negligence (Sec 304A IPC)	Other IPC Crimes	Total Cogni- zable Crimes Under IPC
(1)	(2)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
STATES:											
1	ANDHRA PRADESH	4	231	3	31	33	2	0	20	111	1516
2	ARUNACHAL PRADESH	0	13	0	3	0	0	0	0	16	85
3	ASSAM	6	51	0	1	0	0	0	0	82	642
4	BIHAR	5	131	7	6	2	9	0	1	255	1163
5	CHHATTISGARH	16	346	1	74	13	10	0	16	1328	2836
6	GOA	0	1	0	2	1	0	0	0	9	66
7	GUJARAT	2	342	0	20	1	37	0	8	492	2142
8	HARYANA	1	260	4	16	22	26	0	5	292	1524
9	HIMACHAL PRADESH	0	13	0	2	0	0	0	0	50	162
10	JAMMU & KASHMIR	0	2	0	0	0	0	0	0	5	11
11	JHARKHAND	3	61	3	9	0	3	0	0	80	478
12	KARNATAKA	0	28	1	4	0	1	0	1	45	470
13	KERALA	1	140	0	10	1	1	0	2	105	719
14	MADHYA PRADESH	11	1541	29	224	39	60	0	61	2232	6325
15	MAHARASHTRA	23	1406	6	94	28	110	0	31	499	6580
16	MANIPUR	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	1	0	1	0	0	0	0	41	131
18	MIZORAM	0	2	0	2	0	0	0	0	6	59
19	NAGALAND	0	0	0	0	0	0	0	0	0	0
20	ORISSA	1	74	0	17	5	1	0	8	143	754
21	PUNJAB	0	21	0	2	0	0	0	1	17	102
22	RAJASTHAN	7	231	11	32	0	7	0	13	694	2214
23	SIKKIM	2	1	0	0	0	0	0	0	1	33
24	TAMIL NADU	3	162	1	5	0	2	0	6	97	984
25	TRIPURA	1	5	0	0	0	3	0	0	6	43
26	UTTAR PRADESH	0	7	16	1	4	17	0	0	77	328
27	UTTARAKHAND	0	12	1	0	0	0	0	0	6	122
28	WEST BENGAL	0	206	1	45	0	5	0	0	30	660
	TOTAL (STATES)	86	5288	84	601	149	294	0	173	6719	30149
UNION TERRITORIES:											
29	A & N ISLANDS	1	2	0	0	0	0	0	0	12	52
30	CHANDIGARH	0	6	0	0	0	0	0	0	24	157
31	D & N HAVELI	0	0	0	4	0	0	0	0	2	22
32	DAMAN & DIU	0	3	0	0	0	0	0	0	0	11
33	DELHI	2	26	4	5	1	0	0	1	102	520
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	7	0	0	0	0	0	0	1	51
	TOTAL (UTs)	3	44	4	9	1	0	0	1	141	813
	TOTAL (ALL-INDIA)	89	5332	88	610	150	294	0	174	6860	30962

TABLE-10.10

**Juveniles Apprehended Under Different SLL Crimes During 2008
(State & UT-Wise)**

Sl. No.	State/UT	Arms Act	Narcotic Drugs & Psycho-tropic Substances Act	Gamb-ling Act	Excise Act	Prohi-bition Act	Explo – sives & Explo- sive Subs. Act	Immoral Traffic (Prev- ention) Act	Rail- ways Act	Regist- ration Of Forei- gners Act	Protection Of Civil Rights Act		
											Total	For SCs	For STs
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:													
1	ANDHRA PRADESH	2	1	12	2	6	0	0	0	2	1	1	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	1	0	0	0	0	0	0
4	BIHAR	31	8	0	24	0	2	0	0	0	0	0	0
5	CHHATTISGARH	17	5	57	21	0	0	0	0	0	0	0	0
6	GOA	0	1	0	0	0	0	0	0	0	0	0	0
7	GUJARAT	1	1	90	0	233	0	10	0	2	0	0	0
8	HARYANA	33	6	97	103	0	0	15	0	7	0	0	0
9	HIMACHAL PRADESH	0	0	0	1	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	1	0	0	0	0	0	0	0	0
11	JHARKHAND	21	0	0	4	0	1	0	0	0	0	0	0
12	KARNATAKA	0	2	2	7	0	0	0	3	1	1	1	0
13	KERALA	2	0	0	0	4	0	0	0	0	0	0	0
14	MADHYA PRADESH	106	6	359	161	0	2	0	1	0	0	0	0
15	MAHARASHTRA	16	4	119	0	128	0	0	0	0	0	0	0
16	MANIPUR	0	0	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	1	0	0	0	0	0	0	0	4	0	0	0
18	MIZORAM	0	1	0	0	6	0	0	0	3	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	5	12	0	1	0	0	0	0	0	0
21	PUNJAB	8	2	1	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	8	2	9	34	0	0	0	0	5	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	21	23	0	30	0	7	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	13	1	0	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	3	0	1	0	0	0	0	2	0	0	0	0
28	WEST BENGAL	3	7	4	0	0	0	0	0	24	0	0	0
	TOTAL (STATES)	265	68	779	370	407	7	32	6	48	2	2	0
UNION TERRITORIES													
29	A & N ISLANDS	0	0	0	0	1	0	0	0	0	0	0	0
30	CHANDIGARH	0	1	0	2	0	0	1	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0	0	0
33	DELHI	0	1	0	2	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	2	0	4	1	0	1	0	0	0	0	0
	TOTAL (ALL-INDIA)	265	70	779	374	408	7	33	6	48	2	2	0

TABLE-10.10 (Continued)

Sl. No.	State/UT	Indian Passport Act	Essential Commodities Act	Terrorist & Disruptive Activities Act	Antiquities & Art Treasures Act	Dowry Prohibition Act	Child Marriage Restraint Act	Indecent Representation Of Women (P) Act	Copyright Act	Sati Prevention Act
(1)	(2)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
<i>STATES:</i>										
1	ANDHRA PRADESH	0	0	0	0	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	1	0	0	0
4	BIHAR	0	0	0	0	7	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	1	0	0	0
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	2	0	7	0
8	HARYANA	0	2	0	0	0	0	0	2	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	2	0	0	1	0
13	KERALA	0	0	0	0	0	0	0	1	0
14	MADHYA PRADESH	0	1	0	0	0	0	0	0	0
15	MAHARASHTRA	4	12	0	0	0	0	0	13	0
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	1	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	2	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	2	0	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	2	0	0	0	0	0	0	0	0
	TOTAL (STATES)	9	15	0	0	9	4	0	26	0
<i>UNION TERRITORIES</i>										
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	1	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0	1	0
	TOTAL (ALL-INDIA)	9	15	0	0	9	4	0	27	0

TABLE-10.10 (Concluded)

Sl. No.	State/UT	SC/ST (Prev.) Of Atrocities Act			Forest Act	Other SLL Crimes	Total Cognizable Crimes Under SLL
		Total	For SCs	For STs			
(1)	(2)	(24)	(25)	(26)	(27)	(28)	(29)
STATES:							
1	ANDHRA PRADESH	3	3	0	0	77	106
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	2
4	BIHAR	5	5	0	0	4	81
5	CHHATTISGARH	3	1	2	0	106	210
6	GOA	0	0	0	0	0	1
7	GUJARAT	3	3	0	0	208	557
8	HARYANA	1	1	0	0	9	275
9	HIMACHAL PRADESH	0	0	0	0	0	1
10	JAMMU & KASHMIR	0	0	0	0	0	1
11	JHARKHAND	0	0	0	1	44	71
12	KARNATAKA	4	4	0	0	22	45
13	KERALA	0	0	0	0	50	57
14	MADHYA PRADESH	0	0	0	0	147	783
15	MAHARASHTRA	2	2	0	0	141	439
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	3	8
18	MIZORAM	0	0	0	0	0	11
19	NAGALAND	0	0	0	0	0	0
20	ORISSA	0	0	0	0	1	19
21	PUNJAB	0	0	0	0	0	11
22	RAJASTHAN	0	0	0	0	78	138
23	SIKKIM	0	0	0	0	4	4
24	TAMIL NADU	22	22	0	0	504	609
25	TRIPURA	0	0	0	0	0	0
26	UTTAR PRADESH	3	3	0	0	2	19
27	UTTARAKHAND	0	0	0	0	29	35
28	WEST BENGAL	0	0	0	0	7	47
	TOTAL (STATES)	46	44	2	1	1436	3530
UNION TERRITORIES							
29	A & N ISLANDS	0	0	0	0	2	3
30	CHANDIGARH	0	0	0	0	0	5
31	D & N HAVELI	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	3
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	4	4
	TOTAL (UTs)	0	0	0	0	6	15
	TOTAL (ALL-INDIA)	46	44	2	1	1442	3545

TABLE-10.11

Juveniles Apprehended Under IPC Crimes By Age Group & Sex During 2008
(State & UT-Wise)

Sl. No.	State/UT	7 - 12 Years		12 - 16 Years		16 - 18 Years		Total for all Age Groups		Total (Boys + Girls)
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<i>STATES:</i>										
1	ANDHRA PRADESH	55	1	610	20	816	14	1481	35	1516
2	ARUNACHAL PRADESH	0	0	20	0	65	0	85	0	85
3	ASSAM	59	5	252	28	261	37	572	70	642
4	BIHAR	4	0	92	2	994	71	1090	73	1163
5	CHHATTISGARH	86	47	1317	38	1311	37	2714	122	2836
6	GOA	2	0	14	1	46	3	62	4	66
7	GUJARAT	37	14	689	52	1244	106	1970	172	2142
8	HARYANA	33	2	464	11	981	33	1478	46	1524
9	HIMACHAL PRADESH	1	0	74	4	80	3	155	7	162
10	JAMMU & KASHMIR	0	0	7	4	0	0	7	4	11
11	JHARKHAND	0	0	160	2	302	14	462	16	478
12	KARNATAKA	17	0	181	1	260	11	458	12	470
13	KERALA	3	0	203	6	498	9	704	15	719
14	MADHYA PRADESH	259	19	2270	146	3443	188	5972	353	6325
15	MAHARASHTRA	226	18	2162	122	3863	189	6251	329	6580
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	3	0	24	0	101	3	128	3	131
18	MIZORAM	5	0	9	0	45	0	59	0	59
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	55	4	356	10	316	13	727	27	754
21	PUNJAB	8	3	43	5	41	2	92	10	102
22	RAJASTHAN	48	5	807	39	1261	54	2116	98	2214
23	SIKKIM	0	0	15	0	15	3	30	3	33
24	TAMIL NADU	18	4	287	8	643	24	948	36	984
25	TRIPURA	4	0	10	6	20	3	34	9	43
26	UTTAR PRADESH	0	0	91	13	211	13	302	26	328
27	UTTARAKHAND	19	0	54	1	48	0	121	1	122
28	WEST BENGAL	13	0	61	2	577	7	651	9	660
	TOTAL (STATES)	955	122	10272	521	17442	837	28669	1480	30149
<i>UNION TERRITORIES</i>										
29	A & N ISLANDS	1	0	16	1	30	4	47	5	52
30	CHANDIGARH	16	0	77	0	64	0	157	0	157
31	D & N HAVELI	0	0	7	0	15	0	22	0	22
32	DAMAN & DIU	0	0	1	0	10	0	11	0	11
33	DELHI	9	0	239	3	264	5	512	8	520
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	12	0	39	0	51	0	51
	TOTAL (UTs)	26	0	352	4	422	9	800	13	813
	TOTAL (ALL-INDIA)	981	122	10624	525	17864	846	29469	1493	30962

TABLE-10.12

**Juveniles Apprehended Under SLL Crimes By Age Group & Sex During 2008
(State & UT-Wise)**

Sl. No.	State/UT	7 - 12 Years		12 - 16 Years		16 - 18 Years		Total for all Age Groups		Total (Boys + Girls)
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<i>STATES:</i>										
1	ANDHRA PRADESH	0	0	4	0	100	2	104	2	106
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	2	0	0	0	2	0	2
4	BIHAR	2	0	13	0	61	5	76	5	81
5	CHHATTISGARH	4	0	118	0	83	5	205	5	210
6	GOA	0	0	1	0	0	0	1	0	1
7	GUJARAT	0	3	145	28	301	80	446	111	557
8	HARYANA	2	0	43	3	219	8	264	11	275
9	HIMACHAL PRADESH	0	0	0	0	1	0	1	0	1
10	JAMMU & KASHMIR	0	0	0	1	0	0	0	1	1
11	JHARKHAND	0	0	0	0	66	5	66	5	71
12	KARNATAKA	6	0	22	0	15	2	43	2	45
13	KERALA	0	0	7	0	50	0	57	0	57
14	MADHYA PRADESH	19	0	223	3	523	15	765	18	783
15	MAHARASHTRA	13	1	103	3	304	15	420	19	439
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	4	0	4	0	8	0	8
18	MIZORAM	0	0	5	0	6	0	11	0	11
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	6	1	12	0	18	1	19
21	PUNJAB	0	0	2	0	9	0	11	0	11
22	RAJASTHAN	3	0	43	3	85	4	131	7	138
23	SIKKIM	0	0	2	1	1	0	3	1	4
24	TAMIL NADU	112	9	276	15	194	3	582	27	609
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	5	1	13	0	18	1	19
27	UTTARAKHAND	0	0	16	0	19	0	35	0	35
28	WEST BENGAL	4	0	22	1	19	1	45	2	47
	TOTAL (STATES)	165	13	1062	60	2085	145	3312	218	3530
<i>UNION TERRITORIES</i>										
29	A & N ISLANDS	0	0	0	0	3	0	3	0	3
30	CHANDIGARH	0	0	0	0	4	1	4	1	5
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	3	0	3	0	3
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	1	0	3	0	4	0	4
	TOTAL (UTs)	0	0	1	0	13	1	14	1	15
	TOTAL (ALL-INDIA)	165	13	1063	60	2098	146	3326	219	3545

TABLE-10.13

**Disposal Of Juveniles Arrested (Under IPC And SLL Crimes) And Sent To Courts During 2008
(State & UT-Wise)**

Sl. No.	State/UT	Arrested & Sent To Courts	Sent To Home After Advice Or Admonition	Released On Probation And Placed Under Care Of		Sent To Special Homes	Dealt With Fine	Acquitted Or Otherwise Disposed Of	Pending Disposal
				Parents / Guardians	Fit Instt.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
STATES:									
1	ANDHRA PRADESH	1622	186	194	32	172	55	52	931
2	ARUNACHAL PRADESH	85	45	40	0	0	0	0	0
3	ASSAM	644	27	195	147	94	0	75	106
4	BIHAR	1244	0	12	0	35	0	11	1186
5	CHHATTISGARH	3046	98	185	10	622	50	111	1970
6	GOA	67	0	6	0	2	0	0	59
7	GUJARAT	2699	205	446	117	88	97	260	1486
8	HARYANA	1799	5	19	8	55	61	153	1498
9	HIMACHAL PRADESH	163	23	16	0	1	0	4	119
10	JAMMU & KASHMIR	12	0	0	0	0	0	4	8
11	JHARKHAND	549	38	26	3	399	1	40	42
12	KARNATAKA	515	112	69	7	75	9	16	227
13	KERALA	776	119	158	24	69	31	33	342
14	MADHYA PRADESH	7108	1607	901	283	531	784	522	2480
15	MAHARASHTRA	7019	580	2431	278	1340	143	87	2160
16	MANIPUR	0	0	0	0	0	0	0	0
17	MEGHALAYA	139	13	38	5	8	0	16	59
18	MIZORAM	70	0	3	0	56	6	2	3
19	NAGALAND	0	0	0	0	0	0	0	0
20	ORISSA	773	179	204	4	360	0	8	18
21	PUNJAB	113	0	9	4	2	1	2	95
22	RAJASTHAN	2352	388	307	20	729	16	262	630
23	SIKKIM	37	8	6	6	8	6	3	0
24	TAMIL NADU	1593	181	509	81	268	76	47	431
25	TRIPURA	43	0	12	0	13	0	8	10
26	UTTAR PRADESH	347	0	0	0	212	2	6	127
27	UTTARAKHAND	157	12	23	0	122	0	0	0
28	WEST BENGAL	707	28	162	98	294	3	29	93
	TOTAL (STATES)	33679	3854	5971	1127	5555	1341	1751	14080
UNION TERRITORIES									
29	A & N ISLANDS	55	0	0	0	19	0	0	36
30	CHANDIGARH	162	2	5	0	51	16	1	87
31	D & N HAVELI	22	0	0	0	0	0	0	22
32	DAMAN & DIU	11	3	0	0	0	0	0	8
33	DELHI	523	105	45	16	139	5	3	210
34	LAKSHADWEEP	0	0	0	0	0	0	0	0
35	PUDUCHERRY	55	0	1	0	0	0	0	54
	TOTAL (UTs)	828	110	51	16	209	21	4	417
	TOTAL (ALL-INDIA)	34507	3964	6022	1143	5764	1362	1755	14497

TABLE-10.14

**Classification Of Juveniles Arrested (Under IPC And SLL) By Attributes During 2008
(State & UT-Wise)**

Sl No.	State/UT	Education				Family Background				
		Illiterate	Primary	Above Primary But Below Matric/H.Sec.	Matric / H.Sec. & Above	Total	Living With Parents	Living With Guardians	Homeless	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	655	554	326	87	1622	1121	229	272	1622
2	ARUNACHAL PRADESH	14	28	43	0	85	69	16	0	85
3	ASSAM	330	259	54	1	644	367	240	37	644
4	BIHAR	395	377	388	84	1244	969	190	85	1244
5	CHHATTISGARH	1341	727	743	235	3046	2818	210	18	3046
6	GOA	11	19	27	10	67	63	2	2	67
7	GUJARAT	453	1396	678	172	2699	2299	245	155	2699
8	HARYANA	154	519	882	244	1799	1463	113	223	1799
9	HIMACHAL PRADESH	11	30	77	45	163	155	8	0	163
10	JAMMU & KASHMIR	3	5	4	0	12	12	0	0	12
11	JHARKHAND	335	150	57	7	549	394	125	30	549
12	KARNATAKA	162	181	95	77	515	432	79	4	515
13	KERALA	13	176	373	214	776	727	47	2	776
14	MADHYA PRADESH	1735	2788	1977	608	7108	5570	1233	305	7108
15	MAHARASHTRA	1551	2570	2375	523	7019	5652	994	373	7019
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	28	54	55	2	139	89	37	13	139
18	MIZORAM	0	18	47	5	70	62	8	0	70
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	257	269	207	40	773	673	83	17	773
21	PUNJAB	26	29	29	29	113	113	0	0	113
22	RAJASTHAN	532	937	754	129	2352	2118	195	39	2352
23	SIKKIM	7	26	4	0	37	35	2	0	37
24	TAMIL NADU	653	674	238	28	1593	1211	219	163	1593
25	TRIPURA	21	8	7	7	43	14	14	15	43
26	UTTAR PRADESH	45	129	133	40	347	305	40	2	347
27	UTTARAKHAND	49	45	30	33	157	157	0	0	157
28	WEST BENGAL	23	299	257	128	707	208	456	43	707
	TOTAL (STATES)	8804	12267	9860	2748	33679	27096	4785	1798	33679
UNION TERRITORIES										
29	A & N ISLANDS	0	7	36	12	55	50	5	0	55
30	CHANDIGARH	38	36	75	13	162	155	3	4	162
31	D & N HAVELI	2	6	6	8	22	22	0	0	22
32	DAMAN & DIU	3	0	8	0	11	9	2	0	11
33	DELHI	222	190	74	37	523	420	57	46	523
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	38	13	4	55	55	0	0	55
	TOTAL (UTs)	265	277	212	74	828	711	67	50	828
	TOTAL (ALL-INDIA)	9069	12544	10072	2822	34507	27807	4852	1848	34507

TABLE-10.14 (Concluded)

Sl. No.	State/UT	Economic Status						Recidivism			
		Annual Income (Upto Rs.25,000)	Annual Income (Rs. 25,001 To Rs.50,000)	Middle Income (Rs. 50,001 To Rs. 1,00,000)	Middle Income (Rs. 1,00,001 To Rs. 2,00,000)	Upper Middle Income (Rs. 2,00,001 To Rs. 3,00,000)	Upper Income (Above Rs. 3,00,000)	Total	New Delinquent	Old Delinquent	Total
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
STATES:											
1	ANDHRA PRADESH	1309	215	85	9	4	0	1622	1436	186	1622
2	ARUNACHAL PRADESH	50	31	4	0	0	0	85	85	0	85
3	ASSAM	315	254	40	24	0	11	644	249	395	644
4	BIHAR	597	448	124	63	9	3	1244	1164	80	1244
5	CHHATTISGARH	1555	671	672	88	60	0	3046	2279	767	3046
6	GOA	29	20	17	0	1	0	67	67	0	67
7	GUJARAT	2113	405	140	10	31	0	2699	2220	479	2699
8	HARYANA	718	804	218	43	9	7	1799	1774	25	1799
9	HIMACHAL PRADESH	85	35	32	11	0	0	163	163	0	163
10	JAMMU & KASHMIR	0	12	0	0	0	0	12	12	0	12
11	JHARKHAND	401	138	10	0	0	0	549	522	27	549
12	KARNATAKA	323	120	47	16	6	3	515	360	155	515
13	KERALA	373	233	147	23	0	0	776	760	16	776
14	MADHYA PRADESH	4516	1326	960	301	5	0	7108	6367	741	7108
15	MAHARASHTRA	4524	1620	654	99	115	7	7019	6706	313	7019
16	MANIPUR	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	87	41	8	2	1	0	139	134	5	139
18	MIZORAM	63	7	0	0	0	0	70	68	2	70
19	NAGALAND	0	0	0	0	0	0	0	0	0	0
20	ORISSA	577	174	22	0	0	0	773	668	105	773
21	PUNJAB	51	38	10	14	0	0	113	113	0	113
22	RAJASTHAN	1335	533	386	68	28	2	2352	2268	84	2352
23	SIKKIM	31	4	2	0	0	0	37	36	1	37
24	TAMIL NADU	1384	172	37	0	0	0	1593	1532	61	1593
25	TRIPURA	21	12	8	2	0	0	43	43	0	43
26	UTTAR PRADESH	115	127	80	24	1	0	347	347	0	347
27	UTTARAKHAND	98	33	25	1	0	0	157	157	0	157
28	WEST BENGAL	369	273	47	12	4	2	707	648	59	707
	TOTAL (STATES)	21039	7746	3775	810	274	35	33679	30178	3501	33679
UNION TERRITORIES											
29	A & N ISLANDS	0	16	31	8	0	0	55	51	4	55
30	CHANDIGARH	46	79	34	1	2	0	162	152	10	162
31	D & N HAVELI	14	8	0	0	0	0	22	22	0	22
32	DAMAN & DIU	11	0	0	0	0	0	11	11	0	11
33	DELHI	310	158	41	7	5	2	523	465	58	523
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	33	18	4	0	0	0	55	54	1	55
	TOTAL (UTs)	414	279	110	16	7	2	828	755	73	828
	TOTAL (ALL-INDIA)	21453	8025	3885	826	281	37	34507	30933	3574	34507

Tables
Chapter

11

Recidivism

TABLE-11.1

Recidivism Amongst Persons Arrested Under IPC Crimes During 2008

Sl. No.	State/UT	Total No. Of Persons Arrested	New Offenders		Old Offenders Convicted In The Past						
			No.	Percentage To Total	Once		Twice		Thrice Or More		Percentage Of Recidivists {(7)+(9)+ (11)}
					No.	Percentage To Total	No.	Percentage To Total	No.	Percentage To Total	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	231386	210823	91.1	15754	6.8	4021	1.7	788	0.3	8.9
2	ARUNACHAL PRADESH	2621	2511	95.8	11	0.4	89	3.4	10	0.4	4.2
3	ASSAM	56084	41307	73.7	6471	11.5	5400	9.6	2906	5.2	26.3
4	BIHAR	232962	232014	99.6	897	0.4	42	0.0	9	0.0	0.4
5	CHHATTISGARH	67579	56220	83.2	5943	8.8	1084	1.6	4332	6.4	16.8
6	GOA	3159	3117	98.7	25	0.8	10	0.3	7	0.2	1.3
7	GUJARAT	169084	158466	93.7	9331	5.5	909	0.5	378	0.2	6.3
8	HARYANA	71553	64314	89.9	4812	6.7	1939	2.7	488	0.7	10.1
9	HIMACHAL PRADESH	19747	19117	96.8	322	1.6	211	1.1	97	0.5	3.2
10	JAMMU & KASHMIR	25642	25454	99.3	188	0.7	0	0.0	0	0.0	0.7
11	JHARKHAND	50136	42988	85.7	3336	6.7	2498	5.0	1314	2.6	14.3
12	KARNATAKA	150998	142369	94.3	6814	4.5	1421	0.9	394	0.3	5.7
13	KERALA	156403	155234	99.3	950	0.6	185	0.1	34	0.0	0.7
14	MADHYA PRADESH	343047	286774	83.6	39703	11.6	12283	3.6	4287	1.2	16.4
15	MAHARASHTRA	311598	304892	97.8	5622	1.8	838	0.3	246	0.1	2.2
16	MANIPUR	1325	1310	98.9	0	0.0	13	1.0	2	0.2	1.1
17	MEGHALAYA	1666	1616	97.0	50	3.0	0	0.0	0	0.0	3.0
18	MIZORAM	2162	1964	90.8	116	5.4	70	3.2	12	0.6	9.2
19	NAGALAND	1024	816	79.7	142	13.9	49	4.8	17	1.7	20.3
20	ORISSA	77827	70852	91.0	4797	6.2	1867	2.4	311	0.4	9.0
21	PUNJAB	46525	40872	87.8	4491	9.7	871	1.9	291	0.6	12.2
22	RAJASTHAN	181167	172544	95.2	6449	3.6	1809	1.0	365	0.2	4.8
23	SIKKIM	897	883	98.4	13	1.4	1	0.1	0	0.0	1.6
24	TAMIL NADU	212832	187310	88.0	17445	8.2	5690	2.7	2387	1.1	12.0
25	TRIPURA	6001	5914	98.6	83	1.4	4	0.1	0	0.0	1.4
26	UTTAR PRADESH	275250	272179	98.9	2267	0.8	629	0.2	175	0.1	1.1
27	UTTARAKHAND	11392	9290	81.5	1956	17.2	128	1.1	18	0.2	18.5
28	WEST BENGAL	121906	104187	85.5	12711	10.4	3929	3.2	1079	0.9	14.5
	TOTAL (STATES)	2831973	2615337	92.4	150699	5.3	45990	1.6	19947	0.7	7.6
UNION TERRITORIES:											
29	A & N ISLANDS	1064	1033	97.1	17	1.6	9	0.8	5	0.5	2.9
30	CHANDIGARH	2984	1677	56.2	1225	41.1	54	1.8	28	0.9	43.8
31	D & N HAVELI	597	597	100.0	0	0.0	0	0.0	0	0.0	0.0
32	DAMAN & DIU	398	398	100.0	0	0.0	0	0.0	0	0.0	0.0
33	DELHI	38286	34217	89.4	2375	6.2	1065	2.8	629	1.6	10.6
34	LAKSHADWEEP	62	62	100.0	0	0.0	0	0.0	0	0.0	0.0
35	PUDUCHERRY	6922	6880	99.4	27	0.4	11	0.2	4	0.1	0.6
	TOTAL (UTs)	50313	44864	89.2	3644	7.2	1139	2.3	666	1.3	10.8
	TOTAL (ALL-INDIA)	2882286	2660201	92.3	154343	5.4	47129	1.6	20613	0.7	7.7

Tables
Chapter

12

Arrests and Trials

TABLE-12.1

**Persons Arrested Under IPC Crimes During 2008
And Percentage Variation In 2008 Over 2007**

Sl. No.	Crime Head	2007	2008	Percentage Variation In 2008 Over 2007	Percentage Share Of Arrestees Under Each Crime During 2008
(1)	(2)	(3)	(4)	(5)	(6)
1	MURDER (Sec.302, 303 IPC)	63269	61455	-2.9	2.1
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	63817	66467	4.2	2.3
3	C.H. NOT AMOUNTING MURDER (Sec. 304, 308 IPC)	6802	6684	-1.7	0.2
4	RAPE (Sec. 376 IPC)	25363	25036	-1.3	0.9
	CUSTODIAL RAPE	0	0	@	0.0
	OTHER RAPE	25363	25036	-1.3	0.9
5	KIDNAPPING & ABDUCTION (Sec. 363-369,371-373 IPC)	35562	38181	7.4	1.3
	i) OF WOMEN & GIRLS	23658	27208	15.0	0.9
	ii) OF OTHERS	11904	10973	-7.8	0.4
6	DACOITY (Sec. 395-398 IPC)	18117	17810	-1.7	0.6
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec. 399-402 IPC)	12585	12494	-0.7	0.4
8	ROBBERY (Sec. 392-394,397,398 IPC)	29820	31684	6.3	1.1
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	67060	67836	1.2	2.4
10	THEFT (Sec. 379-382 IPC)	194182	208311	7.3	7.2
	i) AUTO THEFT	43981	47566	8.2	1.7
	ii) OTHER THEFT	150201	160745	7.0	5.6
11	RIOTS (Sec. 143-145,147-151,153,153A,153B,157,158,160 IPC)	314946	332934	5.7	11.6
12	CRIMINAL BREACH OF TRUST (Sec. 406-409 IPC)	18457	19895	7.8	0.7
13	CHEATING (Sec. 419,420 IPC)	62385	65080	4.3	2.3
14	COUNTERFEITING (Sec. 231-254,489A-489D IPC)	2603	2676	2.8	0.1
15	ARSON (Sec. 435,436,438 IPC)	11903	11430	-4.0	0.4
16	HURT (Sec. 323-333,335-338 IPC)	485217	502137	3.5	17.4
17	DOWRY DEATHS (Sec. 304B IPC)	22113	22624	2.3	0.8
18	MOLESTATION (Sec. 354 IPC)	48003	48835	1.7	1.7
19	SEXUAL HARASSMENT (Sec. 509 IPC)	13753	14943	8.7	0.5
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	156412	164861	5.4	5.7
21	IMPORTATION OF GIRLS (Sec. 366B IPC)	95	125	31.6	0.0
22	DEATH DUE TO NEGLIGENCE (304A IPC)	72931	77524	6.3	2.7
23	OTHER IPC CRIMES	1055164	1083264	2.7	37.6
24	TOTAL COGNIZABLE CRIMES UNDER IPC	2780559	2882286	3.7	100.0

@ Indicates infinite variation because of division by zero

TABLE-12.2
Persons Arrested Under IPC Crimes During 2008
(Crime Head-Wise And Gender-Wise)

Sl. No.	Crime Head	Male	Female	Total	Percentage To Total	
					Male	Female
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	MURDER (Sec.302, 303 IPC)	57674	3781	61455	93.8	6.2
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	63812	2655	66467	96.0	4.0
3	C.H. NOT AMOUNTING MURDER (Sec. 304, 308 IPC)	6563	121	6684	98.2	1.8
4	RAPE (Sec. 376 IPC)	24361	675	25036	97.3	2.7
	CUSTODIAL RAPE	0	0	0	0.0	0.0
	OTHER RAPE	24361	675	25036	97.3	2.7
5	KIDNAPPING & ABDUCTION (Sec. 363-369,371-373 IPC)	36159	2022	38181	94.7	5.3
	i) OF WOMEN & GIRLS	25573	1635	27208	94.0	6.0
	ii) OF OTHERS	10586	387	10973	96.5	3.5
6	DACOITY (Sec. 395-398 IPC)	17588	222	17810	98.8	1.2
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec. 399-402 IPC)	12461	33	12494	99.7	0.3
8	ROBBERY (Sec. 392-394,397,398 IPC)	31452	232	31684	99.3	0.7
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	66534	1302	67836	98.1	1.9
10	THEFT (Sec. 379-382 IPC)	202165	6146	208311	97.0	3.0
	i) AUTO THEFT	47482	84	47566	99.8	0.2
	ii) OTHER THEFT	154683	6062	160745	96.2	3.8
11	RIOTS (Sec. 143-145,147-151,153,153A,153B,157,158,160 IPC)	313837	19097	332934	94.3	5.7
12	CRIMINAL BREACH OF TRUST (Sec. 406-409 IPC)	19179	716	19895	96.4	3.6
13	CHEATING (Sec. 419,420 IPC)	62224	2856	65080	95.6	4.4
14	COUNTERFEITING (Sec. 231-254,489A-489D IPC)	2573	103	2676	96.2	3.8
15	ARSON (Sec. 435,436,438 IPC)	11102	328	11430	97.1	2.9
16	HURT (Sec. 323-333,335-338 IPC)	469245	32892	502137	93.4	6.6
17	DOWRY DEATHS (Sec. 304B IPC)	17819	4805	22624	78.8	21.2
18	MOLESTATION (Sec. 354 IPC)	47582	1253	48835	97.4	2.6
19	SEXUAL HARASSMENT (Sec. 509 IPC)	14754	189	14943	98.7	1.3
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	127492	37369	164861	77.3	22.7
21	IMPORTATION OF GIRLS (Sec. 366B IPC)	122	3	125	97.6	2.4
22	DEATH DUE TO NEGLIGENCE (304A IPC)	77211	313	77524	99.6	0.4
23	OTHER IPC CRIMES	1032062	51202	1083264	95.3	4.7
24	TOTAL COGNIZABLE CRIMES UNDER IPC	2713971	168315	2882286	94.2	5.8

TABLE-12.3

**Persons Arrested Under IPC Crimes During 2007 And Percentage Variation In 2008 Over 2007
(State & UT Wise)**

Sl. No.	State/UT	2007	2008	Percentage Variation In 2008 Over 2007	Percentage Contribution To All-India During 2008
(1)	(2)	(3)	(4)	(5)	(6)
STATES:					
1	ANDHRA PRADESH	236176	231386	-2.0	8.0
2	ARUNACHAL PRADESH	2478	2621	5.8	0.1
3	ASSAM	59402	56084	-5.6	1.9
4	BIHAR	219895	232962	5.9	8.1
5	CHHATTISGARH	60239	67579	12.2	2.3
6	GOA	2619	3159	20.6	0.1
7	GUJARAT	169444	169084	-0.2	5.9
8	HARYANA	70746	71553	1.1	2.5
9	HIMACHAL PRADESH	19598	19747	0.8	0.7
10	JAMMU & KASHMIR	32936	25642	-22.1	0.9
11	JHARKHAND	46489	50136	7.8	1.7
12	KARNATAKA	134054	150998	12.6	5.2
13	KERALA	149117	156403	4.9	5.4
14	MADHYA PRADESH	329280	343047	4.2	11.9
15	MAHARASHTRA	291313	311598	7.0	10.8
16	MANIPUR	1306	1325	1.5	0.0
17	MEGHALAYA	1557	1666	7.0	0.1
18	MIZORAM	2062	2162	4.8	0.1
19	NAGALAND	795	1024	28.8	0.0
20	ORISSA	80874	77827	-3.8	2.7
21	PUNJAB	47042	46525	-1.1	1.6
22	RAJASTHAN	183814	181167	-1.4	6.3
23	SIKKIM	623	897	44.0	0.0
24	TAMIL NADU	201372	212832	5.7	7.4
25	TRIPURA	4578	6001	31.1	0.2
26	UTTAR PRADESH	246821	275250	11.5	9.5
27	UTTARAKHAND	14473	11392	-21.3	0.4
28	WEST BENGAL	109678	121906	11.1	4.2
	TOTAL (STATES)	2718781	2831973	4.2	98.3
UNION TERRITORIES:					
29	A & N ISLANDS	1065	1064	-0.1	0.0
30	CHANDIGARH	2846	2984	4.8	0.1
31	D & N HAVELI	413	597	44.6	0.0
32	DAMAN & DIU	393	398	1.3	0.0
33	DELHI	50744	38286	-24.6	1.3
34	LAKSHADWEEP	26	62	138.5	0.0
35	PUDUCHERRY	6291	6922	10.0	0.2
	TOTAL (UTs)	61778	50313	-18.6	1.7
	TOTAL (ALL-INDIA)	2780559	2882286	3.7	100.0

Table-12.4

Persons Arrested Under IPC Crimes By Sex In States & UTs During 2008

Sl. No.	State/UT	Total Cognizable Crimes Under IPC			Percentage Of Female To Total
		Male	Female	Total	
(1)	(2)	(3)	(4)	(5)	(6)
STATES					
1	ANDHRA PRADESH	214594	16792	231386	7.3
2	ARUNACHAL PRADESH	2573	48	2621	1.8
3	ASSAM	53943	2141	56084	3.8
4	BIHAR	224841	8121	232962	3.5
5	CHHATTISGARH	64369	3210	67579	4.7
6	GOA	2904	255	3159	8.1
7	GUJARAT	154898	14186	169084	8.4
8	HARYANA	68293	3260	71553	4.6
9	HIMACHAL PRADESH	17586	2161	19747	10.9
10	JAMMU & KASHMIR	23828	1814	25642	7.1
11	JHARKHAND	47413	2723	50136	5.4
12	KARNATAKA	140637	10361	150998	6.9
13	KERALA	151002	5401	156403	3.5
14	MADHYA PRADESH	328137	14910	343047	4.3
15	MAHARASHTRA	281988	29610	311598	9.5
16	MANIPUR	1240	85	1325	6.4
17	MEGHALAYA	1624	42	1666	2.5
18	MIZORAM	2059	103	2162	4.8
19	NAGALAND	989	35	1024	3.4
20	ORISSA	73310	4517	77827	5.8
21	PUNJAB	43164	3361	46525	7.2
22	RAJASTHAN	168861	12306	181167	6.8
23	SIKKIM	834	63	897	7.0
24	TAMIL NADU	198703	14129	212832	6.6
25	TRIPURA	5529	472	6001	7.9
26	UTTAR PRADESH	268631	6619	275250	2.4
27	UTTARAKHAND	10821	571	11392	5.0
28	WEST BENGAL	112802	9104	121906	7.5
	TOTAL (STATES)	2665573	166400	2831973	5.9
UNION TERRITORIES:					
29	A & N ISLANDS	961	103	1064	9.7
30	CHANDIGARH	2870	114	2984	3.8
31	D & N HAVELI	568	29	597	4.9
32	DAMAN & DIU	362	36	398	9.0
33	DELHI	36968	1318	38286	3.4
34	LAKSHADWEEP	61	1	62	1.6
35	PUDUCHERRY	6608	314	6922	4.5
	TOTAL (UTs)	48398	1915	50313	3.8
	TOTAL (ALL-INDIA)	2713971	168315	2882286	5.8

TABLE-12.5

**Persons Arrested Under Different SLL Crimes During 2008 and Percentage Variation in 2008 Over 2007
(Crime Head Wise)**

Sl. No.	Crime Head	2007	2008	Percentage Variation In 2008 Over 2007	Percentage Share Of Arrestees Under Each Crime During 2008
(1)	(2)	(3)	(4)	(5)	(6)
	ARMS ACT	78769	81144	3.0	1.9
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	37096	36612	-1.3	0.9
3	GAMBLING ACT	360536	335071	-7.1	7.9
4	EXCISE ACT	152836	172030	12.6	4.0
5	PROHIBITION ACT	361528	375852	4.0	8.8
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	5334	5104	-4.3	0.1
7	IMMORAL TRAFFIC (P) ACT	9861	8250	-16.3	0.2
8	INDIAN RAILWAYS ACT	261	117	-55.2	0.0
9	REGISTRATION OF FOREIGNERS ACT	4549	2884	-36.6	0.1
10	PROTECTION OF CIVIL RIGHTS ACT	388	434	11.9	0.0
	(I) PCR ACT FOR SCs	380	426	12.1	0.0
	(ii) PCR ACT FOR STs	8	8	0.0	0.0
11	INDIAN PASSPORT ACT	1845	2028	9.9	0.0
12	ESSENTIAL COMMODITIES ACT	11777	13117	11.4	0.3
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0	0	@	0.0
14	ANTIQUITIES & ART TREASURES ACT	94	62	-34.0	0.0
15	DOWRY PROHIBITION ACT	10321	10535	2.1	0.2
16	CHILD MARRIAGE RESTRAINT ACT	221	287	29.9	0.0
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	1229	1086	-11.6	0.0
18	COPYRIGHT ACT	8094	7717	-4.7	0.2
19	SATI PREVENTION ACT	0	7	@	0.0
20	SC/ST (PREVENTION OF ATROCITIES) ACT	20462	23318	14.0	0.5
	(I) PREVENTION OF ATROCITIES ACT FOR SCs	18644	21476	15.2	0.5
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	1818	1842	1.3	0.0
21	FOREST ACT	6795	7399	8.9	0.2
22	OTHER SLL CRIMES	3015250	3172934	5.2	74.6
23	TOTAL COGNIZABLE CRIMES UNDER SLL	4087246	4255988	4.1	100.0

Note:- Percentage share less than 0.05 is also shown as 0.0

@ Indicates infinite variation because of division by zero

TABLE-12.6

**Persons Arrested Under SLL Crimes During 2008
(Crime-Head And Sex-Wise)**

Sl. No.	Crime Head	Male	Female	Total	Percentage To Total	
					Male	Female
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	ARMS ACT	81084	60	81144	99.9	0.1
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	35251	1361	36612	96.3	3.7
3	GAMBLING ACT	334642	429	335071	99.9	0.1
4	EXCISE ACT	165867	6163	172030	96.4	3.6
5	PROHIBITION ACT	282549	93303	375852	75.2	24.8
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	5084	20	5104	99.6	0.4
7	IMMORAL TRAFFIC (P) ACT	3378	4872	8250	40.9	59.1
8	INDIAN RAILWAYS ACT	117	0	117	100.0	0.0
9	REGISTRATION OF FOREIGNERS ACT	2526	358	2884	87.6	12.4
10	PROTECTION OF CIVIL RIGHTS ACT	411	23	434	94.7	5.3
11	(I) PCR ACT FOR SCs	406	20	426	95.3	4.7
12	(ii) PCR ACT FOR STs	5	3	8	62.5	37.5
13	INDIAN PASSPORT ACT	1786	242	2028	88.1	11.9
14	ESSENTIAL COMMODITIES ACT	12974	143	13117	98.9	1.1
15	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0	0	0	0.0	0.0
16	ANTIQUITIES & ART TREASURES ACT	62	0	62	100.0	0.0
17	DOWRY PROHIBITION ACT	8348	2187	10535	79.2	20.8
18	CHILD MARRIAGE RESTRAINT ACT	214	73	287	74.6	25.4
19	INDECENT REPRESENTATION OF WOMEN (P) ACT	292	794	1086	26.9	73.1
20	COPYRIGHT ACT	7704	13	7717	99.8	0.2
21	SATI PREVENTION ACT	3	4	7	42.9	57.1
22	SC/ST (PREVENTION OF ATROCITIES) ACT	22614	704	23318	97.0	3.0
23	(I) PREVENTION OF ATTROCITIES ACT FOR SCs	20838	638	21476	97.0	3.0
24	(ii) PREVENTION OF ATTROCITIES ACT FOR STs	1776	66	1842	96.4	3.6
25	FOREST ACT	7336	63	7399	99.1	0.9
26	OTHER SLL CRIMES	3124501	48433	3172934	98.5	1.5
27	TOTAL COGNIZABLE CRIMES UNDER SLL	4096743	159245	4255988	96.3	3.7

TABLE-12.7

**Persons Arrested Under SLL Crimes By Sex
In States & UTs During 2008**

Sl. No.	State/UT	Total Cognizable Crimes Under SLL			Percentage Of Female To Total
		Male	Female	Total	
(1)	(2)	(3)	(4)	(5)	(6)
STATES:					
1	ANDHRA PRADESH #	250280	3089	253369	1.2
2	ARUNACHAL PRADESH	55	1	56	1.8
3	ASSAM	2986	96	3082	3.1
4	BIHAR	14911	508	15419	3.3
5	CHHATTISGARH	256550	3494	260044	1.3
6	GOA	2480	209	2689	7.8
7	GUJARAT	169307	66574	235881	28.2
8	HARYANA	30407	363	30770	1.2
9	HIMACHAL PRADESH	4683	430	5113	8.4
10	JAMMU & KASHMIR	2506	42	2548	1.6
11	JHARKHAND	5620	265	5885	4.5
12	KARNATAKA	45024	2483	47507	5.2
13	KERALA	158176	507	158683	0.3
14	MADHYA PRADESH	215064	1339	216403	0.6
15	MAHARASHTRA	152165	11032	163197	6.8
16	MANIPUR	1286	46	1332	3.5
17	MEGHALAYA	227	9	236	3.8
18	MIZORAM	894	150	1044	14.4
19	NAGALAND	484	64	548	11.7
20	ORISSA	14390	828	15218	5.4
21	PUNJAB	21946	1120	23066	4.9
22	RAJASTHAN	49846	776	50622	1.5
23	SIKKIM	96	6	102	5.9
24	TAMIL NADU	583604	62314	645918	9.6
25	TRIPURA	225	1	226	0.4
26	UTTAR PRADESH	1940261	1186	1941447	0.1
27	UTTARAKHAND	150726	334	151060	0.2
28	WEST BENGAL	8319	574	8893	6.5
	TOTAL (STATES)	4082518	157840	4240358	3.7
UNION TERRITORIES:					
29	A & N ISLANDS	5082	482	5564	8.7
30	CHANDIGARH	738	48	786	6.1
31	D & N HAVELI	49	9	58	15.5
32	DAMAN & DIU	83	16	99	16.2
33	DELHI	6747	824	7571	10.9
34	LAKSHADWEEP	11	0	11	0.0
35	PUDUCHERRY	1515	26	1541	1.7
	TOTAL (UTs)	14225	1405	15630	9.0
	TOTAL (ALL-INDIA)	4096743	159245	4255988	3.7

Andhra Pradesh excluded persons arrested under Motor Vehicle Act (Non-Cognizable) from the year 2008

TABLE-12.8
Persons Arrested Under IPC And SLL Crimes By Age Groups And Sex During 2008

Sl. No.	Crime Head	Below 18 Years		18 - 30 Years		30 - 45 Years		45 - 60 Years		60 Years & Above		Total of Overall Age-Group		Grand Total of All Persons (Col 13+14)
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
A. IPC CRIMES														
1	MURDER (Sec 302, 303 IPC)	852	50	25845	1289	21941	1704	8272	647	764	91	57674	3781	61455
2	ATTEMPT TO COMMIT MURDER (Sec 307 IPC)	686	15	29172	957	23511	1133	9499	489	944	61	63812	2655	66467
3	C.H. NOT AMOUNTING MURDER (Sec 304, 308 IPC)	26	0	3165	43	2492	57	839	19	41	2	6563	121	6684
4	RAPE (Sec 376 IPC) @	841	22	14742	227	7063	326	1610	90	105	10	24361	675	25036
	CUSTODIAL RAPE	0	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER RAPE	841	22	14742	227	7063	326	1610	90	105	10	24361	675	25036
5	KIDNAPPING & ABDUCTION (Sec 363-369, 371-373 IPC)	375	40	21241	850	11503	878	2952	242	88	12	36159	2022	38181
	i) OF WOMEN & GIRLS	263	28	15554	694	7829	701	1881	204	46	8	25573	1635	27208
	ii) OF OTHERS	112	12	5687	156	3674	177	1071	38	42	4	10586	387	10973
6	DACOITY (Sec 395 - 398 IPC)	235	9	9970	87	6037	86	1274	39	72	1	17588	222	17810
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec 399-402 IPC)	97	0	8227	15	3458	13	665	5	14	0	12461	33	12494
8	ROBBERY (Sec 392-394, 397, 398 IPC)	657	1	19073	135	9560	71	2104	22	58	3	31452	232	31684
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	3654	52	35979	573	20765	485	5845	153	291	39	66534	1302	67836
10	THEFT (Sec 379 - 382 IPC)	7095	189	110995	3070	63862	2228	19142	604	1071	55	202165	6146	208311
	i) AUTO THEFT	1802	1	29980	47	12559	32	3052	4	89	0	47482	84	47566
	ii) OTHER THEFT	5293	188	81015	3023	51303	2196	16090	600	982	55	154683	6062	160745
11	RIOTS (Sec 143-145, 147-151, 153, 153A., 153B, 157, 158, 160 IPC)	2106	127	153485	7368	109301	7944	44140	3091	4805	567	313837	19097	332934
12	CRIMINAL BREACH OF TRUST(Sec.406-409 IPC)	56	2	6871	224	8016	312	3947	145	289	33	19179	716	19895
13	CHEATING (Sec 419, 420 IPC)	148	12	21179	829	26561	1421	12983	503	1353	91	62224	2856	65080
14	COUNTERFEITING (Sec.231-254,489A-489D)	17	1	1192	42	1104	35	253	22	7	3	2573	103	2676
15	ARSON (Sec 435, 436, 438 IPC)	89	0	4951	132	4483	146	1481	37	98	13	11102	328	11430
16	HURT (Sec 323-333, 335-338 IPC)	5019	313	215926	12659	169575	14107	70997	5205	7728	608	469245	32892	502137
17	DOWRY DEATHS (Section 304B IPC)	48	40	7934	1530	6141	1834	3193	1240	503	161	17819	4805	22624
18	MOLESTATION (Section 354 IPC)	605	5	26374	657	16177	441	4100	123	326	27	47582	1253	48835
19	SEXUAL HARASSMENT (Sec 509 IPC)	150	0	10247	81	3878	71	466	33	13	4	14754	189	14943
20	CRUELTY BY HUSBAND AND RELATIVES (Sec 498A IPC)	158	136	53383	11021	46945	14020	22640	10238	4366	1954	127492	37369	164861
21	IMPORTATION OF GIRLS (Sec 366B IPC)	0	0	62	1	56	2	4	0	0	0	122	3	125
22	CAUSING DEATH BY NEGLIGENCE (Sec 304A IPC)	168	6	33140	128	31657	112	11643	59	603	8	77211	313	77524
23	OTHER IPC CRIMES	6387	473	453516	19399	385486	20509	166221	9357	20452	1464	1032062	51202	1083264
24	TOTAL COGNIZABLE CRIMES UNDER IPC	29469	1493	1266669	61317	979572	67935	394270	32363	43991	5207	2713971	168315	2882286
B. SLL CRIMES														
1	ARMS ACT	265	0	49780	27	25423	24	5455	8	161	1	81084	60	81144
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	67	3	17610	380	13173	681	4114	249	287	48	35251	1361	36612
3	GAMBLING ACT	779	0	142824	137	132500	182	53701	98	4838	12	334642	429	335071
4	EXCISE ACT	347	27	78213	1889	62335	2960	22958	1206	2014	81	165867	6163	172030
5	PROHIBITION ACT	321	87	97462	27116	119389	45002	59807	18490	5570	2608	282549	93303	375852
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	7	0	2585	10	1990	8	470	2	32	0	5084	20	5104
7	IMMORAL TRAFFIC (P) ACT	13	20	1692	2593	1302	1944	346	304	25	11	3378	4872	8250
8	INDIAN RAILWAYS ACT	6	0	59	0	47	0	4	0	1	0	117	0	117
9	REGISTRATION OF FOREIGNERS ACT	44	4	762	187	1200	120	390	37	130	10	2526	358	2884
10	PROTECTION OF CIVIL RIGHTS ACT	2	0	185	7	170	8	53	8	1	0	411	23	434
	(I) PCR ACT FOR SCs	2	0	183	7	168	8	52	5	1	0	406	20	426
	(ii) PCR ACT FOR STs	0	0	2	0	2	0	1	3	0	0	5	3	8
11	INDIAN PASSPORT ACT	8	1	776	139	707	82	290	20	5	0	1786	242	2028
12	ESSENTIAL COMMODITIES ACT	15	0	4723	35	5970	78	2165	23	101	7	12974	143	13117
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	0	0	0	0	0	0	0	0	0	0	0	0	0
14	ANTIQUITIES & ART TREASURES ACT	0	0	34	0	24	0	4	0	0	0	62	0	62
15	DOWRY PROHIBITION ACT	5	4	3461	628	3108	830	1542	619	232	106	8348	2187	10535
16	CHILD MARRIAGE RESTRAINT ACT	3	1	57	12	120	43	32	17	2	0	214	73	287
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	0	0	195	704	77	90	20	0	0	0	292	794	1086
18	COPYRIGHT ACT	27	0	3829	9	3075	3	746	1	27	0	7704	13	7717
19	SATI PREVENTION ACT	0	0	0	0	2	4	1	0	0	0	3	4	7
20	SC/ST (PREVENTION OF ATROCITIES) ACT	46	0	9327	231	9358	341	3611	122	272	10	22614	704	23318
	(i) PREVENTION OF ATROCITIES ACT FOR SCs	44	0	8600	209	8597	308	3339	111	258	10	20838	638	21476
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	2	0	727	22	761	33	272	11	14	0	1776	66	1842
21	FOREST ACT	1	0	2912	16	3041	29	1302	15	80	3	7336	63	7399
22	OTHER SLL CRIMES #	1370	72	1588711	16145	1034393	19971	428588	11273	71439	972	3124501	48433	3172934
23	TOTAL COGNIZABLE CRIMES UNDER SLL	3326	219	2005197	50265	1417404	72400	585599	32492	85217	3869	4096743	159245	4255988
C. GRAND TOTAL (A+B)		32795	1712	3271866	111582	2396976	140335	979869	64855	129208	9076	6810714	327560	7138274

Some of the States/UTs have clarified that females shown arrested in Rape cases are associates.

Andhra Pradesh excluded persons arrested under Motor Vehicle Act (Non-Cognizable) from the year 2008

TABLE-12.9

**Persons Arrested Per Case Under IPC And SLL Crimes
During 2004-2008**

SL.NO.	CRIME HEAD	2004	2005	2006	2007	2008
(1)	(2)	(3)	(4)	(5)	(6)	(7)
A. IPC CRIMES						
	MURDER (Sec 302, 303 IPC)	2.0	2.0	1.9	2.0	1.9
2	ATTEMPT TO COMMIT MURDER (Sec 307 IPC)	2.4	2.3	2.4	2.3	2.3
3	C.H. NOT AMOUNTING MURDER (Sec 304, 308 IPC)	1.8	1.9	1.9	1.9	1.7
4	RAPE (Sec 376 IPC)	1.2	1.3	1.2	1.2	1.2
	CUSTODIAL RAPE	0.5	0.4	1.5	0.0	0.0
	OTHER RAPE	1.2	1.3	1.2	1.2	1.2
5	KIDNAPPING & ABDUCTION (Sec 363-369, 371-373 IPC)	1.3	1.4	1.3	1.3	1.3
	i) OF WOMEN & GIRLS	1.2	1.2	1.2	1.2	1.2
	ii) OF OTHERS	1.5	1.8	1.7	1.7	1.5
6	DACOITY (Sec 395 – 398 IPC)	3.8	3.8	3.7	4.0	3.9
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec 399-402 IPC)	4.2	3.9	4.6	3.9	3.9
8	ROBBERY (Sec 392-394, 397, 398 IPC)	1.5	1.6	1.6	1.6	1.5
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	0.7	0.7	0.7	0.7	0.7
10	THEFT (Sec 379 – 382 IPC)	0.7	0.8	0.7	0.7	0.7
	i) AUTO THEFT	0.5	0.5	0.5	0.4	0.4
	ii) OTHER THEFT	0.8	0.9	0.8	0.8	0.8
11	RIOTS (Sec 143-145, 147-151, 153, 153A., 153B, 157, 158, 160 IPC)	5.6	5.7	5.3	5.3	5.0
12	CRIMINAL BREACH OF TRUST(Sec.406-409 IPC)	1.1	1.2	1.1	1.2	1.2
13	CHEATING (Sec 419, 420 IPC)	0.9	0.9	0.9	1.0	1.0
14	COUNTERFEITING (Sec.231-254,489A-489D)	1.6	1.1	1.3	1.2	0.9
15	ARSON (Sec 435, 436, 438 IPC)	1.4	1.4	1.5	1.3	1.2
16	HURT (Sec 323-333, 335-338 IPC)	1.8	1.7	1.7	1.8	1.8
17	DOWRY DEATHS (Section 304B IPC)	2.6	2.5	2.5	2.7	2.8
18	MOLESTATION (Section 354 IPC)	1.3	1.3	1.2	1.2	1.2
19	SEXUAL HARASSMENT (Sec 509 IPC)	1.3	1.3	1.2	1.3	1.2
20	CRUELTY BY HUSBAND AND RELATIVES (Sec 498A IPC)	2.2	2.2	2.2	2.1	2.0
21	IMPORTATION OF GIRLS (Sec 366B IPC)	0.8	1.4	1.3	1.6	1.9
22	CAUSING DEATH BY NEGLIGENCE (Sec 304A IPC)	0.9	0.9	0.9	0.8	0.8
23	OTHER IPC CRIMES	1.3	1.3	1.3	1.3	1.3
24	TOTAL COGNIZABLE CRIMES UNDER IPC	1.5	1.4	1.4	1.4	1.4
B. SLL CRIMES						
1	ARMS ACT	1.1	1.0	1.1	1.1	1.1
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	1.2	1.2	1.2	1.2	1.2
3	GAMBLING ACT	2.0	2.1	2.0	1.9	2.1
4	EXCISE ACT	1.0	1.1	1.1	1.1	1.1
5	PROHIBITION ACT	1.0	1.0	1.0	1.0	1.0
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	1.2	1.2	1.3	1.3	1.3
7	IMMORAL TRAFFIC (P) ACT	2.0	2.1	2.6	2.8	3.1
8	INDIAN RAILWAYS ACT	1.1	1.5	1.0	1.4	0.8
9	REGISTRATION OF FOREIGNERS ACT	1.5	1.4	1.7	2.1	1.9
10	PROTECTION OF CIVIL RIGHTS ACT	1.5	1.4	1.7	1.8	1.7
11	(I) PCR ACT FOR SCs	1.5	2.0	1.8	1.8	1.7
12	(ii) PCR ACT FOR STs	0.6	0.3	0.5	1.6	1.3
13	INDIAN PASSPORT ACT	1.4	1.6	2.3	1.9	1.9
14	ESSENTIAL COMMODITIES ACT	1.4	1.4	1.4	1.5	1.4
15	TERRORIST & DISRUPTIVE ACTIVITIES ACT	1.1	3.3	0.0	0.0	0.0
16	ANTIQUITIES & ART TREASURES ACT	1.2	0.6	1.5	1.9	1.8
17	DOWRY PROHIBITION ACT	1.7	2.2	1.7	1.8	1.9
18	CHILD MARRIAGE RESTRAINT ACT	3.6	3.4	3.1	2.3	2.8
19	INDECENT REPRESENTATION OF WOMEN (P) ACT	1.2	1.0	1.1	1.0	1.1
20	COPYRIGHT ACT	1.4	1.3	1.2	1.2	1.3
21	SATI PREVENTION ACT	0.0	18.0	0.0	0.0	7.0
22	SC/ST (PREVENTION OF ATROCITIES) ACT	1.7	1.7	1.7	1.9	1.8
23	(I) PREVENTION OF ATTROCITIES ACT FOR SCs	1.7	1.8	1.8	1.9	1.9
24	(ii) PREVENTION OF ATTROCITIES ACT FOR STs	1.5	1.5	1.5	1.6	1.8
25	FOREST ACT	1.8	1.8	1.6	1.5	1.5
26	OTHER SLL CRIMES #	1.1	1.0	1.0	1.0	1.1
27	TOTAL COGNIZABLE CRIMES UNDER SLL	1.1	1.1	1.1	1.1	1.1

Andhra Pradesh excluded persons arrested under Motor Vehicle Act (Non-Cognizable) from the year 2008

TABLE-12.10

Disposal Of Persons Arrested Under IPC Crimes By Police During 2008

Sl. No.	Crime Head	Total No. Of Persons Under Arrest* Including Those From Previous Year	Persons Released Before Trial		Persons Charge Sheeted		Persons Under Investigation At The End Of The Year	
			No.	Percentage To Total	No.	Percentage To Total	No.	Percentage To Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec 302, 303 IPC)	88703	3034	3.4	57919	65.3	27750	31.3
2	ATTEMPT TO COMMIT MURDER (Sec 307 IPC)	86640	2368	2.7	62431	72.1	21841	25.2
3	C.H. NOT AMOUNTING MURDER (Sec 304, 308 IPC)	9074	558	6.1	5904	65.1	2612	28.8
4	RAPE (Sec 376 IPC)	33187	1464	4.4	22989	69.3	8734	26.3
	CUSTODIAL RAPE	0	0	@	0	@	0	@
	OTHER RAPE	33187	1464	4.4	22989	69.3	8734	26.3
5	KIDNAPPING & ABDUCTION (Sec 363-369, 371-373 IPC)	54382	4792	8.8	32479	59.7	17111	31.5
	i) OF WOMEN & GIRLS	37340	3650	9.8	22470	60.2	11220	30.0
	ii) OF OTHERS	17042	1142	6.7	10009	58.7	5891	34.6
6	DACOITY (Sec 395 – 398 IPC)	30361	1686	5.6	16395	54.0	12280	40.4
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec 399-402 IPC)	18226	348	1.9	11859	65.1	6019	33.0
8	ROBBERY (Sec 392-394, 397, 398 IPC)	46726	2519	5.4	29023	62.1	15184	32.5
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	87082	5291	6.1	61551	70.7	20240	23.2
10	THEFT (Sec 379 – 382 IPC)	267605	19566	7.3	183799	68.7	64240	24.0
	i) AUTO THEFT	63009	4507	7.2	43079	68.4	15423	24.5
	ii) OTHER THEFT	204596	15059	7.4	140720	68.8	48817	23.9
11	RIOTS (Sec 143-145, 147-151, 153, 153A., 153B, 157, 158, 160 IPC)	424975	9890	2.3	319299	75.1	95786	22.5
12	CRIMINAL BREACH OF TRUST (Sec.406-409 IPC)	28607	2218	7.8	17436	61.0	8953	31.3
13	CHEATING (Sec 419, 420 IPC)	94265	6627	7.0	60141	63.8	27497	29.2
14	COUNTERFEITING (Sec.231-254,489A-489D)	4473	153	3.4	2475	55.3	1845	41.2
15	ARSON (Sec 435, 436, 438 IPC)	15953	640	4.0	10762	67.5	4551	28.5
16	HURT (Sec 323-333, 335-338 IPC)	581961	9608	1.7	486027	83.5	86326	14.8
17	DOWRY DEATHS (Section 304B IPC)	29416	2059	7.0	20106	68.4	7251	24.6
18	MOLESTATION (Section 354 IPC)	56790	1371	2.4	47431	83.5	7988	14.1
19	SEXUAL HARASSMENT (Sec 509 IPC)	16324	117	0.7	14659	89.8	1548	9.5
20	CRUELTY BY HUSBAND AND RELATIVES (Sec 498A IPC)	199905	8631	4.3	154477	77.3	36797	18.4
21	IMPORTATION OF GIRLS (Sec 366B IPC)	206	8	3.9	138	67.0	60	29.1
22	CAUSING DEATH BY NEGLIGENCE (Sec 304A IPC)	93971	3297	3.5	73078	77.8	17596	18.7
23	OTHER IPC CRIMES	1263536	31856	2.5	1039932	82.3	191748	15.2
24	TOTAL COGNIZABLE CRIMES UNDER IPC	3532368	118101	3.3	2730310	77.3	683957	19.4

*In Custody or on bail

@ Indicates infinite percentage because of division by zero

TABLE-12.11

**Disposal Of Persons Arrested Under IPC Crimes By Police During 2008
(State & UT - Wise)**

Sl. No.	State/UT	Total No. Of Persons Under Arrest* Including Those From Previous Year	Number Of			Pendency Percentage	Percentage Of Pendency To All India Total
			Persons Released Before Trial	Persons Charge Sheeted	Persons Under Investigation At The End Of The Year		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	309286	7546	230936	70804	22.9	10.4
2	ARUNACHAL PRADESH	3808	855	1987	966	25.4	0.1
3	ASSAM	122308	21385	31199	69724	57.0	10.2
4	BIHAR	345247	5959	216820	122468	35.5	17.9
5	CHHATTISGARH	70788	168	66287	4333	6.1	0.6
6	GOA	5282	312	2591	2379	45.0	0.3
7	GUJARAT	183823	10	170413	13400	7.3	2.0
8	HARYANA	77894	15	70734	7145	9.2	1.0
9	HIMACHAL PRADESH	23571	210	20051	3310	14.0	0.5
10	JAMMU & KASHMIR	25740	0	25666	74	0.3	0.0
11	JHARKHAND	68596	1918	44055	22623	33.0	3.3
12	KARNATAKA	167264	3093	141807	22364	13.4	3.3
13	KERALA	186038	34	156336	29668	15.9	4.3
14	MADHYA PRADESH	346139	414	342787	2938	0.8	0.4
15	MAHARASHTRA	392357	4986	299629	87742	22.4	12.8
16	MANIPUR	2841	1232	111	1498	52.7	0.2
17	MEGHALAYA	5240	332	1054	3854	73.5	0.6
18	MIZORAM	3127	0	1819	1308	41.8	0.2
19	NAGALAND	1932	279	686	967	50.1	0.1
20	ORISSA	91470	0	81061	10409	11.4	1.5
21	PUNJAB	73012	2342	44611	26059	35.7	3.8
22	RAJASTHAN	182147	0	181201	946	0.5	0.1
23	SIKKIM	1282	167	799	316	24.6	0.0
24	TAMIL NADU	251936	5266	194757	51913	20.6	7.6
25	TRIPURA	7075	1671	4778	626	8.8	0.1
26	UTTAR PRADESH	301552	38044	237673	25835	8.6	3.8
27	UTTARAKHAND	15242	2507	11373	1362	8.9	0.2
28	WEST BENGAL	179305	14784	98430	66091	36.9	9.7
	TOTAL (STATES)	3444302	113529	2679651	651122	18.9	95.2
UNION TERRITORIES:							
29	A & N ISLANDS	1562	0	1038	524	33.5	0.1
30	CHANDIGARH	4485	206	2458	1821	40.6	0.3
31	D & N HAVELI	751	7	579	165	22.0	0.0
32	DAMAN & DIU	577	4	367	206	35.7	0.0
33	DELHI	72522	4304	39838	28380	39.1	4.1
34	LAKSHADWEEP	217	14	11	192	88.5	0.0
35	PUDUCHERRY	7952	37	6368	1547	19.5	0.2
	TOTAL (UTs)	88066	4572	50659	32835	37.3	4.8
	TOTAL (ALL-INDIA)	3532368	118101	2730310	683957	19.4	100.0

Note: 1. * IN CUSTODY OR ON BAIL.

2. PERCENTAGE LESS THEN 0.05 IS ALSO SHOWN AS 0.0.

TABLE-12.12

Disposal Of Persons Arrested Under IPC Crimes By Courts During 2008

Sl. No.	Crime Head	Total No. Of Persons Under Trial Including Those From Previous Year	No Of Persons Whose			No Of Persons Convicted	Percentage Of Persons	
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending		Whose Trials Remained Pending (Col.(6)× 100 / Col(3)}	Convicted To Trials Completed (Col.(7) × 100/ Col(5))
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	MURDER (Sec.302, 303 IPC)	421265	150	55422	365693	20834	86.8	37.6
2	ATTEMPT TO COMMIT MURDER (Sec. 307 IPC)	415296	716	55714	358866	17082	86.4	30.7
3	C.H. NOT AMOUNTING MURDER (Sec. 304, 308 IPC)	38480	40	5710	32730	2075	85.1	36.3
4	RAPE (Sec. 376 IPC)	113347	237	20665	92445	5537	81.6	26.8
	CUSTODIAL RAPE	3	0	0	3	0	100.0	@
	OTHER RAPE	113344	237	20665	92442	5537	81.6	26.8
5	KIDNAPPING & ABDUCTION (Sec. 363-369,371-373 IPC)	179269	718	25358	153193	7177	85.5	28.3
	i) OF WOMEN & GIRLS	114164	549	16502	97113	4789	85.1	29.0
	ii) OF OTHERS	65105	169	8856	56080	2388	86.1	27.0
6	DACOITY (Sec. 395-398 IPC)	160505	122	13281	147102	2815	91.6	21.2
7	PREPARATION & ASSEMBLY FOR DACOITY (Sec. 399-402 IPC)	60858	27	7773	53058	1607	87.2	20.7
8	ROBBERY (Sec. 392-394,397,398 IPC)	198804	123	21999	176682	6862	88.9	31.2
9	BURGLARY (Sec. 449-452,454,455,457-460 IPC)	445454	1145	51878	392431	16370	88.1	31.6
10	THEFT (Sec. 379-382 IPC)	1149021	3662	128113	1017246	45807	88.5	35.8
	i) AUTO THEFT	200162	188	25415	174559	10583	87.2	41.6
	ii) OTHER THEFT	948859	3474	102698	842687	35224	88.8	34.3
11	RIOTS (Sec. 143-145,147-151,153,153A,153B,157,158,160 IPC)	2649391	33292	266786	2349313	55509	88.7	20.8
12	CRIMINAL BREACH OF TRUST (Sec. 406-409 IPC)	129179	641	11725	116813	3468	90.4	29.6
13	CHEATING (Sec. 419,420 IPC)	338024	2989	35015	300020	10616	88.8	30.3
14	COUNTERFEITING (Sec. 231-254,489A-489D IPC)	13764	10	2065	11689	781	84.9	37.8
15	ARSON (Sec. 435,436,438 IPC)	70824	480	9787	60557	1916	85.5	19.6
16	HURT (Sec. 323-333,335-338 IPC)	2309857	102818	324697	1882342	93651	81.5	28.8
17	DOWRY DEATHS (Sec. 304B IPC)	89455	293	17053	72109	5814	80.6	34.1
18	MOLESTATION (Sec. 354 IPC)	222566	7805	31520	183241	10114	82.3	32.1
19	SEXUAL HARASSMENT (Sec. 509 IPC)	50026	1327	11584	37115	5823	74.2	50.3
20	CRUELTY BY HUSBAND AND RELATIVES (Sec. 498A IPC)	717380	18271	96356	602753	23077	84.0	23.9
21	IMPORTATION OF GIRLS (Sec. 366B IPC)	616	5	97	514	9	83.4	9.3
22	DEATH DUE TO NEGLIGENCE (304A IPC)	317566	2506	44740	270320	16148	85.1	36.1
23	OTHER IPC CRIMES	4922305	121481	752147	4048677	362386	82.3	48.2
24	TOTAL COGNIZABLE CRIMES UNDER IPC	15013252	298858	1989485	12724909	715478	84.8	36.0

@ Indicates infinite percentage because of division by zero

TABLE-12.13

**Disposal Of Persons Arrested Under IPC Crimes By Courts During 2008
(State & UT - Wise)**

Sl. No.	State/UT	Total No. Of Persons Under Trial Including Those From Previous Year	Number Of Persons Whose			No. Of Persons Convicted	Pendency Percentage	Percentage Of Pendency To All India Total
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	613550	53052	143836	416662	44164	67.9	3.3
2	ARUNACHAL PRADESH	21352	208	633	20511	399	96.1	0.2
3	ASSAM	145731	3987	26169	115575	5466	79.3	0.9
4	BIHAR	1588869	10978	150530	1427361	19377	89.8	11.2
5	CHHATTISGARH	265952	6243	33570	226139	17130	85.0	1.8
6	GOA	14581	100	1799	12682	322	87.0	0.1
7	GUJARAT	1559230	7461	115435	1436334	33402	92.1	11.3
8	HARYANA	325693	1226	58079	266388	19115	81.8	2.1
9	HIMACHAL PRADESH	117484	2671	13105	101708	2727	86.6	0.8
10	JAMMU & KASHMIR	171750	4863	14417	152470	4433	88.8	1.2
11	JHARKHAND	127871	1205	36546	90120	9128	70.5	0.7
12	KARNATAKA	431655	24565	123943	283147	31783	65.6	2.2
13	KERALA	665209	16305	116533	532371	47485	80.0	4.2
14	MADHYA PRADESH	1563759	96914	225393	1241452	107582	79.4	9.8
15	MAHARASHTRA	2794904	20810	174323	2599771	13301	93.0	20.4
16	MANIPUR	3060	0	114	2946	67	96.3	0.0
17	MEGHALAYA	12214	59	679	11476	291	94.0	0.1
18	MIZORAM	3760	0	2241	1519	1820	40.4	0.0
19	NAGALAND	2157	16	737	1404	683	65.1	0.0
20	ORISSA	585502	1	63918	521583	9393	89.1	4.1
21	PUNJAB	174719	151	40029	134539	13536	77.0	1.1
22	RAJASTHAN	1013643	28089	128277	857277	76090	84.6	6.7
23	SIKKIM	1678	0	857	821	404	48.9	0.0
24	TAMIL NADU	485070	627	170947	313496	94663	64.6	2.5
25	TRIPURA	8400	157	2913	5330	343	63.5	0.0
26	UTTAR PRADESH	1184284	13377	223733	947174	128149	80.0	7.4
27	UTTARAKHAND	57482	1794	11033	44655	7564	77.7	0.4
28	WEST BENGAL	800328	3641	71613	725074	4508	90.6	5.7
	TOTAL (STATES)	14739887	298500	1951402	12489985	693325	84.7	98.2
UNION TERRITORIES:								
29	A & N ISLANDS	7895	19	287	7589	122	96.1	0.1
30	CHANDIGARH	13617	0	2912	10705	1385	78.6	0.1
31	D & N HAVELI	4016	0	197	3819	19	95.1	0.0
32	DAMAN & DIU	1796	20	380	1396	72	77.7	0.0
33	DELHI	230758	0	28245	202513	15492	87.8	1.6
34	LAKSHADWEEP	669	0	2	667	1	99.7	0.0
35	PUDUCHERRY	14614	319	6060	8235	5062	56.4	0.1
	TOTAL (UTs)	273365	358	38083	234924	22153	85.9	1.8
	TOTAL (ALL-INDIA)	15013252	298858	1989485	12724909	715478	84.8	100.0

NOTE: Percentage Less Than 0.05 Is Also Shown As 0.0.

TABLE-12.14

Disposal Of Persons Arrested Under SLL Crimes By Police During 2008

Sl. No.	Crime Head	Total No. Persons Under Arrest Including Those From Previous Year	Persons Released Before Trial		Persons Charge Sheeted		Persons Under Investigation At The End Of The Year	
			No.	Percentage To Total	No.	Percentage To Total	No.	Percentage To Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	ARMS ACT	93086	685	0.7	80704	86.7	11697	12.6
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	50998	924	1.8	37641	73.8	12433	24.4
3	GAMBLING ACT	358163	1079	0.3	335328	93.6	21756	6.1
4	EXCISE ACT	189595	323	0.2	174060	91.8	15212	8.0
5	PROHIBITION ACT	470457	15680	3.3	360442	76.6	94335	20.1
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	7720	175	2.3	4859	62.9	2686	34.8
7	IMMORAL TRAFFIC (P) ACT	11415	94	0.8	8073	70.7	3248	28.5
8	INDIAN RAILWAYS ACT	193	1	0.5	110	57.0	82	42.5
9	REGISTRATION OF FOREIGNERS ACT	3768	13	0.3	2864	76.0	891	23.6
10	PROTECTION OF CIVIL RIGHTS ACT	505	83	16.4	347	68.7	75	14.9
	(I) PCR ACT FOR SCs	489	77	15.7	345	70.6	67	13.7
	(ii) PCR ACT FOR STs	16	6	37.5	2	12.5	8	50.0
11	INDIAN PASSPORT ACT	3141	102	3.2	1730	55.1	1309	41.7
12	ESSENTIAL COMMODITIES ACT	17433	495	2.8	12810	73.5	4128	23.7
13	TERRORIST & DISRUPTIVE ACTIVITIES ACT	977	30	3.1	21	2.1	926	94.8
14	ANTIQUITIES & ART TREASURES ACT	120	7	5.8	73	60.8	40	33.3
15	DOWRY PROHIBITION ACT	13617	294	2.2	9630	70.7	3693	27.1
16	CHILD MARRIAGE RESTRAINT ACT	349	3	0.9	294	84.2	52	14.9
17	INDECENT REPRESENTATION OF WOMEN (P) ACT	1142	0	0.0	1104	96.7	38	3.3
18	COPYRIGHT ACT	9770	84	0.9	7484	76.6	2202	22.5
19	SATI PREVENTION ACT	7	0	0.0	7	100.0	0	0.0
20	SC/ST (PREVENTION OF ATROCITIES) ACT	28099	2107	7.5	20086	71.5	5906	21.0
	(I) PREVENTION OF ATROCITIES ACT FOR SCs	25956	2059	7.9	18410	70.9	5487	21.1
	(ii) PREVENTION OF ATROCITIES ACT FOR STs	2143	48	2.2	1676	78.2	419	19.6
21	FOREST ACT	8084	276	3.4	7020	86.8	788	9.7
22	OTHER SLL CRIMES	3230023	322703	10.0	2846742	88.1	60578	1.9
23	TOTAL COGNIZABLE CRIMES UNDER SLL	4498662	345158	7.7	3911429	86.9	242075	5.4

TABLE-12.15

**Disposal Of Persons Arrested Under SLL Crimes By Police During 2008
(State & UT - Wise)**

Sl. No.	State/UT	Total No. Of Persons Under Arrest* Including Those From Previous Year	Number Of			Pendency Percentage	Percentage Of Pendency To All India Total
			Persons Released Before Trial	Persons Charge Sheeted	Persons Under Investigation At The End Of The Year		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	259550	414	252739	6397	2.5	2.6
2	ARUNACHAL PRADESH	87	14	59	14	16.1	0.0
3	ASSAM	11228	989	2347	7892	70.3	3.3
4	BIHAR	24715	356	13423	10936	44.2	4.5
5	CHHATTISGARH	261636	0	259044	2592	1.0	1.1
6	GOA	3057	26	2618	413	13.5	0.2
7	GUJARAT	255143	1	235698	19444	7.6	8.0
8	HARYANA	32037	3	30670	1364	4.3	0.6
9	HIMACHAL PRADESH	6296	18	4922	1356	21.5	0.6
10	JAMMU & KASHMIR	2580	2	2539	39	1.5	0.0
11	JHARKHAND	7906	171	5019	2716	34.4	1.1
12	KARNATAKA	50661	415	45982	4264	8.4	1.8
13	KERALA	164820	2	156538	8280	5.0	3.4
14	MADHYA PRADESH	216607	0	216402	205	0.1	0.1
15	MAHARASHTRA	226286	1044	162630	62612	27.7	25.9
16	MANIPUR	2219	841	79	1299	58.5	0.5
17	MEGHALAYA	640	12	235	393	61.4	0.2
18	MIZORAM	1225	0	886	339	27.7	0.1
19	NAGALAND	783	195	331	257	32.8	0.1
20	ORISSA	16385	0	15276	1109	6.8	0.5
21	PUNJAB	39722	123	24819	14780	37.2	6.1
22	RAJASTHAN	50701	1	50618	82	0.2	0.0
23	SIKKIM	192	5	85	102	53.1	0.0
24	TAMIL NADU	711694	327282	322815	61597	8.7	25.4
25	TRIPURA	277	34	221	22	7.9	0.0
26	UTTAR PRADESH	1953435	12345	1928486	12604	0.6	5.2
27	UTTARAKHAND	151723	19	150968	736	0.5	0.3
28	WEST BENGAL	18598	688	7685	10225	55.0	4.2
	TOTAL (STATES)	4470203	345000	3893134	232069	5.2	95.9
UNION TERRITORIES:							
29	A & N ISLANDS	6463	1	5442	1020	15.8	0.4
30	CHANDIGARH	1234	69	685	480	38.9	0.2
31	D & N HAVELI	74	0	33	41	55.4	0.0
32	DAMAN & DIU	164	0	79	85	51.8	0.0
33	DELHI	18875	72	10513	8290	43.9	3.4
34	LAKSHADWEEP	26	0	26	0	0.0	0.0
35	PUDUCHERRY	1623	16	1517	90	5.5	0.0
	TOTAL (UTs)	28459	158	18295	10006	35.2	4.1
	TOTAL (ALL-INDIA)	4498662	345158	3911429	242075	5.4	100.0

Note: 1. * IN CUSTODY OR ON BAIL.

2. PERCENTAGE LESS THEN 0.05 IS ALSO SHOWN AS 0.0

TABLE-12.16

Disposal Of Persons Arrested Under SLL Crimes By Court During 2008

Sl.No.	Crime Head	Total No. Of Persons Under Trial Including Those From Previous Year	No Of Persons Whose			No Of Persons Convicted	Percentage Of Persons	
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending		Whose Trails Remained Pending (Col.(6)× 100/ Col(3)}	Convicted To Trials Completed (Col.(7) × 100 / Col(5))
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	ARMS ACT	441324	1678	75779	363867	48567	82.4	64.1
2	NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES ACT	168428	25	32525	135878	21496	80.7	66.1
3	GAMBLING ACT	1195356	4778	327818	862760	263993	72.2	80.5
4	EXCISE ACT	631808	1834	163366	466608	125085	73.9	76.6
5	PROHIBITION ACT	2381893	20839	341413	2019641	194171	84.8	56.9
6	EXPLOSIVES & EXPLOSIVE SUBSTANCES ACT	32525	14	3953	28558	1786	87.8	45.2
7	IMMORAL TRAFFIC (P) ACT	40823	55	5707	35061	2884	85.9	50.5
8	INDIAN RAILWAYS ACT	15515	12	2104	13399	956	86.4	45.4
9	REGISTRATION OF FOREIGNERS ACT	11485	1	1465	10019	1237	87.2	84.4
10	PROTECTION OF CIVIL RIGHTS ACT	3989	18	783	3188	57	79.9	7.3
11	(I) PCR ACT FOR SCs	3901	11	748	3142	57	80.5	7.6
12	(ii) PCR ACT FOR STs	88	7	35	46	0	52.3	0.0
13	INDIAN PASSPORT ACT	6606	0	1169	5437	960	82.3	82.1
14	ESSENTIAL COMMODITIES ACT	68711	50	7555	61106	2373	88.9	31.4
15	TERRORIST & DISRUPTIVE ACTIVITIES ACT	5371	0	178	5193	0	96.7	0.0
16	ANTIQUITIES & ART TREASURES ACT	321	0	31	290	4	90.3	12.9
17	DOWRY PROHIBITION ACT	37426	819	6616	29991	1765	80.1	26.7
18	CHILD MARRIAGE RESTRAINT ACT	2100	1	336	1763	71	84.0	21.1
19	INDECENT REPRESENTATION OF WOMEN (P) ACT	2612	1	1157	1454	962	55.7	83.1
20	COPYRIGHT ACT	40324	22	5309	34993	2151	86.8	40.5
21	SATI PREVENTION ACT	25	0	0	25	0	100.0	@
22	SC/ST (PREVENTION OF ATROCITIES) ACT	102447	318	20958	81171	6331	79.2	30.2
23	(I) PREVENTION OF ATTROCITIES ACT FOR SCs	92860	280	18980	73600	6027	79.3	31.8
24	(ii) PREVENTION OF ATTROCITIES ACT FOR STs	9587	38	1978	7571	304	79.0	15.4
25	FOREST ACT	31966	43	6948	24975	4475	78.1	64.4
26	OTHER SLL CRIMES	5009869	15264	2755989	2238616	2386364	44.7	86.6
27	TOTAL COGNIZABLE CRIMES UNDER SLL	10230924	45772	3761159	6423993	3065688	62.8	81.5

@ Indicates infinite percentage because of division by zero

TABLE-12.17

**Disposal Of Persons Arrested Under SLL Crimes By Courts During 2008
(State & UT - Wise)**

Sl. No.	State/UT	Total No. Of Persons Under Trial Including Those From Previous Year	Number Of Persons Whose			No. Of Persons Convicted	Pendency Percentage	Percentage Of Pendency To All India Total
			Cases Compounded Or Withdrawn	Trial Completed	Trial Remained Pending			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	292900	286	253009	39605	233612	13.5	0.6
2	ARUNACHAL PRADESH	742	0	36	706	23	95.1	0.0
3	ASSAM	15999	75	2708	13216	651	82.6	0.2
4	BIHAR	86169	804	9857	75508	3122	87.6	1.2
5	CHHATTISGARH	295074	111	252168	42795	245113	14.5	0.7
6	GOA	9293	0	3057	6236	1806	67.1	0.1
7	GUJARAT	1884404	905	237997	1645502	150578	87.3	25.6
8	HARYANA	147641	8	39918	107715	27863	73.0	1.7
9	HIMACHAL PRADESH	31996	310	5316	26370	1597	82.4	0.4
10	JAMMU & KASHMIR	25549	7	2117	23425	822	91.7	0.4
11	JHARKHAND	15828	90	4274	11464	1402	72.4	0.2
12	KARNATAKA	114258	84	39352	74822	23710	65.5	1.2
13	KERALA	312365	2022	123594	186749	103774	59.8	2.9
14	MADHYA PRADESH	364240	4595	212005	147640	194249	40.5	2.3
15	MAHARASHTRA	1722146	16066	129919	1576161	12980	91.5	24.5
16	MANIPUR	1723	0	66	1657	35	96.2	0.0
17	MEGHALAYA	1365	0	220	1145	136	83.9	0.0
18	MIZORAM	1454	0	1103	351	1069	24.1	0.0
19	NAGALAND	762	19	329	414	304	54.3	0.0
20	ORISSA	93816	1	10027	83788	2353	89.3	1.3
21	PUNJAB	105592	10	30172	75410	24516	71.4	1.2
22	RAJASTHAN	176017	1287	40536	134194	36246	76.2	2.1
23	SIKKIM	219	0	88	131	49	59.8	0.0
24	TAMIL NADU	406611	18701	294928	92982	247429	22.9	1.4
25	TRIPURA	508	0	114	394	8	77.6	0.0
26	UTTAR PRADESH	3559985	72	1859905	1700008	1553150	47.8	26.5
27	UTTARAKHAND	304190	0	179038	125152	178677	41.1	1.9
28	WEST BENGAL	66301	307	4807	61187	1327	92.3	1.0
	TOTAL (STATES)	10037147	45760	3736660	6254727	3046601	62.3	97.4
UNION TERRITORIES:								
29	A & N ISLANDS	27959	0	3437	24522	3428	87.7	0.4
30	CHANDIGARH	2409	0	790	1619	684	67.2	0.0
31	D & N HAVELI	236	0	17	219	0	92.8	0.0
32	DAMAN & DIU	137	0	2	135	0	98.5	0.0
33	DELHI	160876	0	18781	142095	13630	88.3	2.2
34	LAKSHADWEEP	37	0	0	37	0	100.0	0.0
35	PUDUCHERRY	2123	12	1472	639	1345	30.1	0.0
	TOTAL (UTs)	193777	12	24499	169266	19087	87.4	2.6
	TOTAL (ALL-INDIA)	10230924	45772	3761159	6423993	3065688	62.8	100.0

Note: Percentage less than 0.05 is also shown as 0.0

Tables
Chapter

13

Custodial Crimes

TABLE-13.1

**Deaths In Police Custody/Lockup During 2008
(Of Persons Remanded To Police Custody By Court)**

Sl. No.	State/UT	Number Of						
		Death Reported	Autopsy Conducted	Magisterial Enquiry Ordered/ Conducted	Judicial Enquiry Ordered/ Conducted	Cases Regd. In Connection With Deaths	Police-Men Charge Sheeted	Policemen Convicted
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	10	10	10	0	10	0	0
2	ARUNACHAL PRADESH	3	3	3	0	3	0	0
3	ASSAM	2	2	2	0	2	0	0
4	BIHAR	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0
7	GUJARAT	9	9	2	7	2	1	0
8	HARYANA	2	2	0	2	2	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0
12	KARNATAKA	2	2	0	0	2	2	0
13	KERALA	0	0	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	0	0	0
15	MAHARASHTRA	10	10	1	0	1	0	0
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	1	1	1	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0
22	RAJASTHAN	1	1	1	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0
	TOTAL (STATES)	40	40	20	9	22	3	0
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0
	TOTAL (ALL-INDIA)	40	40	20	9	22	3	0

TABLE-13.2

Deaths In Police Custody / Lockup During 2008
(Of Persons Not Remanded To Police Custody By Court)

Sl. No.	State/UT	Number Of						
		Death Reported	Autopsy Conducted	Magisterial Enquiry Ordered/ Conducted	Judicial Enquiry Ordered/ Conducted	Cases Regd. In Connection With Deaths	Policemen Charge-Sheeted	Policemen Convicted
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	7	7	4	1	7	2	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0
7	GUJARAT	13	13	5	6	1	1	0
8	HARYANA	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	1	1	1	0	1	0	0
11	JHARKHAND	0	0	0	0	0	0	0
12	KARNATAKA	1	1	1	0	1	7	0
13	KERALA	0	0	0	0	0	0	0
14	MADHYA PRADESH	4	1	2	1	0	0	0
15	MAHARASHTRA	21	21	4	0	4	0	0
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0
18	MIZORAM	1	1	1	0	1	0	0
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	1	1	1	0	1	0	0
21	PUNJAB	2	2	2	1	0	0	0
22	RAJASTHAN	3	3	3	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	1	1	1	0	1	0	0
25	TRIPURA	0	0	0	0	0	0	0
26	UTTAR PRADESH	5	5	5	0	5	16	0
27	UTTARAKHAND	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0
	TOTAL (STATES)	60	57	30	9	22	26	0
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	0	0	0	0
30	CHANDIGARH	1	1	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0
	TOTAL (UTs)	1	1	0	0	0	0	0
	TOTAL (ALL-INDIA)	61	58	30	9	22	26	0

TABLE-13.3

**Deaths In Police Custody At The Time Of Production / Proceedings In
Court / Journey Connected With Investigation During 2008**

Sl. No.	State/UT	Number Of						
		Death Reported	Autopsy Conducted	Magisterial Enquiry Ordered/ Conducted	Judicial Enquiry Ordered/ Conducted	Cases Regd. In Connection With Deaths	Policemen Charge-Sheeted	Policemen Convicted
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	3	3	3	0	3	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0
7	GUJARAT	3	3	2	1	0	0	0
8	HARYANA	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0	0	0
13	KERALA	0	0	0	0	0	0	0
14	MADHYA PRADESH	4	1	2	1	0	0	0
15	MAHARASHTRA	5	5	1	0	1	0	0
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0
26	UTTAR PRADESH	4	4	4	0	4	16	0
27	UTTARAKHAND	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0
	TOTAL (STATES)	19	16	12	2	8	16	0
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0
	TOTAL (ALL-INDIA)	19	16	12	2	8	16	0

TABLE-13.4

Reasons Of Custodial Deaths During 2008

Sl. No.	State/UT	Number Of Deaths In Police Custody						
		During Hospitalisation / Treatment	Due To Accidents	By Mob Attack/ Riot	By Other Criminals	By Suicide	While Escaping From Custody	Illness/ Natural Death
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	11	0	0	2	1	0	0
2	ARUNACHAL PRADESH	0	0	0	0	3	0	0
3	ASSAM	0	0	0	0	0	0	2
4	BIHAR	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0
7	GUJARAT	2	0	0	0	11	0	9
8	HARYANA	0	0	0	0	1	0	1
9	HIMACHAL PRADESH	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	1	0	1
13	KERALA	0	0	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	3	1	0
15	MAHARASHTRA	0	0	5	0	11	2	13
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	1	0	0
18	MIZORAM	0	0	0	0	1	0	0
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	1	0
21	PUNJAB	0	0	0	0	1	0	1
22	RAJASTHAN	2	0	0	0	2	0	0
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	0	1	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	1	0	0	1	2	1
27	UTTARAKHAND	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0
	TOTAL (STATES)	15	2	5	2	37	6	28
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	1	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	1	0	0
	TOTAL (ALL-INDIA)	15	2	5	2	38	6	28

TABLE-13.5

Reported Custodial Rape Cases And Their Disposal By Police And Courts During 2008

Sl. No.	State/UT	Investigation Stage								
		Cases Pending Investigation From Previous Year	Cases Reported During The Year	Cases With-drawn By Govt. During Investigation	Cases Not Investi-gated Or Investi-gation Was Refused	Cases Declared False On Account Of Mistake Of Fact Or Law	Cases In Which Charge-Sheets Were Submitted	Cases In Which Final Report Submitted	Total True Cases (Col.8 + 9)	Cases Pending Investi-gation At The End Of The Year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	0	0	0	0	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	0	0	0	0
8	HARYANA	0	0	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	1	0	0	0	0	0	0	0	1
13	KERALA	0	0	0	0	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	0	0	0	0	0
15	MAHARASHTRA	0	0	0	0	0	0	0	0	0
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0	0	0
	TOTAL (STATES)	1	0	0	0	0	0	0	0	1
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0	0	0
	TOTAL (ALL-INDIA)	1	0	0	0	0	0	0	0	1

TABLE-13.5(Concluded)

Sl. No.	State/UT	Trial Stage								
		Cases Pending Trial From Previous Year	Cases Sent For Trial During The Year	Cases Withdrawn By Govt. During Trial	Total Cases For Trial During The Year	Cases Compound- ed Or With- drawn	Cases In Which Trials Were Completed	Cases Convicted	Cases Acquitted Or Discharged	Cases Pending Trial At The End Of The Year
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
STATES:										
1	ANDHRA PRADESH	1	0	0	1	0	0	0	0	1
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	0	0	0	0
8	HARYANA	0	0	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	4	0	0	4	2	0	0	0	2
12	KARNATAKA	0	0	0	0	0	0	0	0	0
13	KERALA	0	0	0	0	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	0	0	0	0	0
15	MAHARASHTRA	1	0	0	1	0	0	0	0	1
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0	0	0
	TOTAL (STATES)	6	0	0	6	2	0	0	0	4
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0	0	0
	TOTAL (ALL-INDIA)	6	0	0	6	2	0	0	0	4

TABLE-13.6

Persons Arrested Under Custodial Rape And Their Disposal By Police And Courts During 2008

Sl. No.	State/UT	Persons In Custody Or On Bail During the Stage Of Investigation At The Beginning Of The Year	Persons Arrested During The Year	Persons Released Or Freed By Police Or Magistrate Before Trial For Want Of Evidence Or Any Other Reason	Persons In Custody Or On Bail During The Stage Of Investigation At The End Of The Year	Persons In Whose Cases Charge Sheets Were Submitted During The Year
(1)	(2)	(3)	(4)	(5)	(6)	(7)
STATES:						
1	ANDHRA PRADESH	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0
3	ASSAM	0	0	0	0	0
4	BIHAR	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0
6	GOA	0	0	0	0	0
7	GUJARAT	0	0	0	0	0
8	HARYANA	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0
13	KERALA	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	0
15	MAHARASHTRA	0	0	0	0	0
16	MANIPUR	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0
18	MIZORAM	0	0	0	0	0
19	NAGALAND	0	0	0	0	0
20	ORISSA	0	0	0	0	0
21	PUNJAB	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0
23	SIKKIM	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0
25	TRIPURA	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0
	TOTAL (STATES)	0	0	0	0	0
UNION TERRITORIES:						
29	A & N ISLANDS	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0
33	DELHI	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0
	TOTAL (ALL-INDIA)	0	0	0	0	0

TABLE-13.6 (Concluded)

Sl. No.	State/UT	Persons Under Trial At The Beginning Of The Year	Total Number Of Persons Under Trial During The Year	Persons Against Whom Cases Were Compounded Or Withdrawn	Persons In Custody Or On Bail During The Stage Of Trial At The End Of The Year	Persons In Whose Cases Trials Were Completed During The Year	Persons Convicted	Persons Acquitted
(1)	(2)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
STATES:								
1	ANDHRA PRADESH	1	1	0	1	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	0	0
8	HARYANA	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0	0	0
13	KERALA	0	0	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	0	0	0
15	MAHARASHTRA	2	2	0	2	0	0	0
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0
	TOTAL (STATES)	3	3	0	3	0	0	0
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0
	TOTAL (ALL-INDIA)	3	3	0	3	0	0	0

TABLE-13.7

Escapes From Police Custody During 2008

Sl. No.	State/UT	No. Of Cases Registered (U/S 224, 225 B)	No Of Persons Escaped In Above Cases	Persons Escaped From Lockup	Persons Escaped Outside The Lockup	Escapees From Lock Up Rearrested	Other Escapees Rearrested	No. Of Cases In Which Final Report Submitted	No. Of Persons Charged Sheeted For Offence Of Escape
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
STATES:									
1	ANDHRA PRADESH	77	92	5	87	6	54	14	41
2	ARUNACHAL PRADESH	3	4	4	0	1	2	0	3
3	ASSAM	37	47	4	43	0	44	3	12
4	BIHAR	52	58	7	51	6	24	0	33
5	CHHATTISGARH	18	12	7	5	0	12	4	11
6	GOA	6	6	0	6	0	5	0	4
7	GUJARAT	58	69	5	64	5	32	10	44
8	HARYANA	11	16	3	13	1	7	1	6
9	HIMACHAL PRADESH	13	13	0	13	6	4	4	6
10	JAMMU & KASHMIR	9	10	5	5	6	1	2	7
11	JHARKHAND	29	48	27	21	9	7	1	23
12	KARNATAKA	20	35	1	34	3	23	8	27
13	KERALA	54	64	8	56	8	34	35	42
14	MADHYA PRADESH	115	144	39	105	34	77	30	103
15	MAHARASHTRA	98	130	34	96	15	75	17	60
16	MANIPUR	0	0	0	0	0	0	0	0
17	MEGHALAYA	5	5	1	4	3	1	3	4
18	MIZORAM	7	9	2	7	2	7	0	9
19	NAGALAND	2	4	2	2	2	4	0	0
20	ORISSA	54	59	15	44	13	26	6	17
21	PUNJAB	73	83	6	77	5	49	28	40
22	RAJASTHAN	126	142	9	133	9	105	4	114
23	SIKKIM	3	3	3	0	0	3	0	0
24	TAMIL NADU	47	51	10	41	7	30	34	36
25	TRIPURA	6	6	0	6	1	4	1	5
26	UTTAR PRADESH	125	152	10	142	7	79	17	108
27	UTTARAKHAND	3	3	1	2	1	2	0	3
28	WEST BENGAL	39	44	10	34	8	30	17	24
	TOTAL (STATES)	1090	1309	218	1091	158	741	239	782
UNION TERRITORIES:									
29	A & N ISLANDS	1	1	0	1	0	1	0	1
30	CHANDIGARH	2	2	0	2	0	1	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0
33	DELHI	8	13	0	13	0	11	7	11
34	LAKSHADWEEP	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0
	TOTAL (UTs)	11	16	0	16	0	13	7	12
	TOTAL (ALL-INDIA)	1101	1325	218	1107	158	754	246	794

TABLE-13.7 (Concluded)

Sl. No.	State/UT	Disposal By Courts								No. Of Persons Awarded Imprisonment On Charges Of Escape	
		No. Tried		No. Convicted		No. Acquitted		No. Pending For Trial		Upto 3 Years	More Than 3 Years
		Cases Involved	No Of Persons	Cases Involved	No Of Persons	Cases Involved	No Of Persons	Cases Involved	No Of Persons		
(1)	(2)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
STATES:											
1	ANDHRA PRADESH	7	7	6	6	1	1	40	41	4	1
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0	0
3	ASSAM	12	24	6	7	6	17	117	140	0	0
4	BIHAR	0	0	0	0	0	0	8	8	0	0
5	CHHATTISGARH	1	1	0	0	1	1	8	12	1	0
6	GOA	1	1	1	1	0	0	5	5	1	0
7	GUJARAT	3	3	3	3	0	0	34	40	2	1
8	HARYANA	0	0	0	0	0	0	7	15	0	0
9	HIMACHAL PRADESH	5	5	4	4	1	1	17	0	1	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	11	17	0	2
12	KARNATAKA	1	1	1	1	0	0	15	26	1	0
13	KERALA	7	7	6	6	1	1	28	35	6	0
14	MADHYA PRADESH	5	5	5	5	0	0	99	113	6	0
15	MAHARASHTRA	21	32	11	18	10	14	616	1033	17	1
16	MANIPUR	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	2	1	0	0
18	MIZORAM	4	4	4	4	0	0	3	5	2	3
19	NAGALAND	0	0	0	0	0	0	2	0	1	0
20	ORISSA	6	7	3	3	3	4	28	28	0	0
21	PUNJAB	5	5	5	5	0	0	43	54	1	0
22	RAJASTHAN	1	1	1	1	0	0	99	113	1	0
23	SIKKIM	3	3	3	3	0	0	0	0	0	0
24	TAMIL NADU	10	11	8	9	2	2	24	25	9	0
25	TRIPURA	0	0	0	0	0	0	5	5	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	104	108	0	0
27	UTTARAKHAND	0	0	0	0	0	0	3	3	0	0
28	WEST BENGAL	3	5	2	4	1	1	22	19	4	0
	TOTAL (STATES)	95	122	69	80	26	42	1340	1846	57	8
UNION TERRITORIES:											
29	A & N ISLANDS	0	0	0	0	0	0	1	1	0	0
30	CHANDIGARH	0	0	0	0	0	0	1	1	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0
33	DELHI	1	1	1	1	0	0	6	10	1	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	1	1	1	1	0	0	8	12	1	0
	TOTAL (ALL-INDIA)	96	123	70	81	26	42	1348	1858	58	8

Tables
Chapter

14

Police Firing & Casualties

TABLE-14.1

**Persons Killed Or Injured in Police Firing During 2008
(State & UT-Wise)**

Sl. No.	State/UT	No. Of Occasions Of Poilce Firing	Civilians		Policemen	
			Killed	Injured	Killed	Injured
(1)	(2)	(3)	(4)	(5)	(6)	(7)
STATES:						
1	ANDHRA PRADESH	24	21	4	2	19
2	ARUNACHAL PRADESH	1	0	0	0	10
3	ASSAM	22	16	5	1	1
4	BIHAR	4	6	3	5	13
5	CHHATTISGARH	146	0	60	41	85
6	GOA	1	0	0	0	24
7	GUJARAT	21	5	38	0	13
8	HARYANA	3	5	10	2	17
9	HIMACHAL PRADESH	0	0	0	0	0
10	JAMMU & KASHMIR	396	43	317	18	765
11	JHARKHAND	71	4	0	24	4
12	KARNATAKA	6	6	30	23	183
13	KERALA	6	0	1	0	0
14	MADHYA PRADESH	5	2	0	0	0
15	MAHARASHTRA	89	47	67	20	210
16	MANIPUR	0	0	0	0	0
17	MEGHALAYA	3	3	0	0	0
18	MIZORAM	1	0	0	4	2
19	NAGALAND	0	0	0	0	0
20	ORISSA	9	1	4	14	13
21	PUNJAB	1	0	22	0	2
22	RAJASTHAN	31	23	26	3	83
23	SIKKIM	0	0	0	0	0
24	TAMIL NADU	17	10	6	0	48
25	TRIPURA	32	17	0	0	0
26	UTTAR PRADESH	608	104	145	5	51
27	UTTARAKHAND	0	0	0	0	0
28	WEST BENGAL	23	2	20	2	262
	TOTAL (STATES)	1520	315	758	164	1805
UNION TERRITORIES:						
29	A & N ISLANDS	0	0	0	0	0
30	CHANDIGARH	6	0	0	0	5
31	D & N HAVELI	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0
33	DELHI	1	2	0	1	83
34	LAKSHADWEEP	0	0	0	0	0
35	PUDUCHERRY	2	0	0	0	0
	TOTAL (UTs)	9	2	0	1	88
	TOTAL (ALL-INDIA)	1529	317	758	165	1893

TABLE-14.2**Persons Killed Or Injured in Police Firing During 2008
(Event-Wise)**

Sl. No.	Event	No. Of Occasions Of Police Firing	Civilians		Policemen	
			Killed	Injured	Killed	Injured
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	RIOT CONTROL	500	77	516	3	1341
2	ANTI-DACOITY OPERATIONS	247	85	109	5	31
3	AGAINST EXTREMISTS AND TERRORISTS	232	79	15	126	157
4	AGAINST OTHERS	550	76	118	31	364
5	TOTAL	1529	317	758	165	1893

Tables
Chapter

15

Police Casualties

TABLE-15.1

**Police Personnel Killed Or Injured On Duty During 2008
(State & UT-Wise)**

Sl. No.	State/UT	Number Of Victims Killed					In Accidents	Total
		In Terrorist/ Extremists Operations	In Dacoity Operation Or Other Raids	By Riotous Mobs	By Other Criminals	On Border Duties		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	2	0	0	0	0	28	30
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	1	0	0	2	0	1	4
4	BIHAR	5	0	0	15	12	6	38
5	CHHATTISGARH	37	0	0	0	0	2	39
6	GOA	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	50	50
8	HARYANA	0	0	0	0	0	29	29
9	HIMACHAL PRADESH	0	0	0	0	0	1	1
10	JAMMU & KASHMIR	18	0	0	4	0	5	27
11	JHARKHAND	24	0	0	1	0	17	42
12	KARNATAKA	0	1	1	1	2	18	23
13	KERALA	0	0	0	0	0	8	8
14	MADHYA PRADESH	0	0	0	0	0	23	23
15	MAHARASHTRA	23	0	0	4	0	60	87
16	MANIPUR	0	0	0	0	0	1	1
17	MEGHALAYA	0	0	0	0	0	3	3
18	MIZORAM	4	0	0	0	0	0	4
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	14	0	0	0	0	1	15
21	PUNJAB	0	0	0	0	7	82	89
22	RAJASTHAN	0	2	1	8	0	37	48
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	46	46
25	TRIPURA	0	0	0	1	0	1	2
26	UTTAR PRADESH	0	1	1	9	0	107	118
27	UTTARAKHAND	0	0	0	0	0	6	6
28	WEST BENGAL	0	0	0	1	0	15	16
	TOTAL (STATES)	128	4	3	46	21	547	749
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	1	0	0	1
30	CHANDIGARH	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	1	0	0	0	0	12	13
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0
	TOTAL (UTs)	1	0	0	1	0	12	14
	TOTAL (ALL-INDIA)	129	4	3	47	21	559	763

TABLE-15.1 (Concluded)

Sl. No.	State/UT	Number Of Victims Injured						Total
		In Terrorist/Extremists Operations	In Dacoity Operation Or Other Raids	By Riotous Mobs	By Other Criminals	On Border Duties	In Accidents	
(1)	(2)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
STATES:								
1	ANDHRA PRADESH	7	0	12	10	0	88	117
2	ARUNACHAL PRADESH	0	0	10	0	0	0	10
3	ASSAM	0	1	0	1	0	2	4
4	BIHAR	2	3	8	10	0	27	50
5	CHHATTISGARH	58	0	22	6	0	2	88
6	GOA	0	0	59	2	0	3	64
7	GUJARAT	0	0	57	2	0	27	86
8	HARYANA	0	0	14	0	1	1	16
9	HIMACHAL PRADESH	0	0	0	1	0	8	9
10	JAMMU & KASHMIR	48	4	558	0	1	8	619
11	JHARKHAND	4	0	0	0	0	8	12
12	KARNATAKA	0	1	90	21	0	30	142
13	KERALA	0	2	220	192	0	36	450
14	MADHYA PRADESH	0	0	81	63	0	24	168
15	MAHARASHTRA	38	101	491	71	6	115	822
16	MANIPUR	1	0	0	0	0	0	1
17	MEGHALAYA	0	0	0	0	0	1	1
18	MIZORAM	2	0	0	2	0	0	4
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	6	0	0	4	2	0	12
21	PUNJAB	0	2	0	3	0	11	16
22	RAJASTHAN	1	1	185	47	0	32	266
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	42	22	0	150	214
25	TRIPURA	0	0	0	0	0	12	12
26	UTTAR PRADESH	0	1	13	8	0	32	54
27	UTTARAKHAND	0	0	0	2	0	2	4
28	WEST BENGAL	0	3	245	29	0	137	414
	TOTAL (STATES)	167	119	2107	496	10	756	3655
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	5	0	0	5
30	CHANDIGARH	0	0	5	10	0	4	19
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	1	1	17	24	0	40	83
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	6	0	20	26
	TOTAL (UTs)	1	1	22	45	0	64	133
	TOTAL (ALL-INDIA)	168	120	2129	541	10	820	3788

TABLE-15.2

Age-Group-Wise Number Of Police Personnel Killed On Duty During 2008

Sl. No.	State/UT	Age Groups					Total (Col.3 To 7)
		18-25 Years	25-35 Years	35-45 Years	45-55 Years	Above 55 Years	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	0	10	17	3	0	30
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	0	0	2	2	0	4
4	BIHAR	1	2	12	23	0	38
5	CHHATTISGARH	4	18	15	2	0	39
6	GOA	0	0	0	0	0	0
7	GUJARAT	0	7	18	21	4	50
8	HARYANA	3	14	9	3	0	29
9	HIMACHAL PRADESH	0	0	0	1	0	1
10	JAMMU & KASHMIR	2	15	5	5	0	27
11	JHARKHAND	0	34	5	3	0	42
12	KARNATAKA	0	7	11	2	3	23
13	KERALA	0	3	3	2	0	8
14	MADHYA PRADESH	0	6	10	6	1	23
15	MAHARASHTRA	4	16	33	32	2	87
16	MANIPUR	0	1	0	0	0	1
17	MEGHALAYA	0	2	0	1	0	3
18	MIZORAM	1	2	0	0	1	4
19	NAGALAND	0	0	0	0	0	0
20	ORISSA	3	7	2	3	0	15
21	PUNJAB	0	10	55	24	0	89
22	RAJASTHAN	3	11	19	12	3	48
23	SIKKIM	0	0	0	0	0	0
24	TAMIL NADU	0	6	14	18	8	46
25	TRIPURA	0	2	0	0	0	2
26	UTTAR PRADESH	4	27	45	36	6	118
27	UTTARAKHAND	2	1	3	0	0	6
28	WEST BENGAL	0	3	6	3	4	16
	TOTAL (STATES)	27	204	284	202	32	749
UNION TERRITORIES:							
29	A & N ISLANDS	0	1	0	0	0	1
30	CHANDIGARH	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	0	2	4	7	0	13
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0
	TOTAL (UTs)	0	3	4	7	0	14
	TOTAL (ALL-INDIA)	27	207	288	209	32	763

TABLE-15.3

Age-Group-Wise Natural Deaths Of Police Personnel And Suicides Committed By Them During 2008

Sl. No.	State/UT	No. Of Police Personnel having Natural Death While In Service					Total (Col.3 To 7)
		18-25 Years	25-35 Years	35-45 Years	45-55 Years	Above 55 Years	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	1	14	61	67	18	161
2	ARUNACHAL PRADESH	0	0	1	4	1	6
3	ASSAM	0	0	2	1	1	4
4	BIHAR	6	7	32	56	19	120
5	CHHATTISGARH	3	3	13	16	4	39
6	GOA	0	1	4	5	3	13
7	GUJARAT	0	17	51	85	8	161
8	HARYANA	0	1	5	12	1	19
9	HIMACHAL PRADESH	0	1	5	3	0	9
10	JAMMU & KASHMIR	0	1	8	13	1	23
11	JHARKHAND	1	2	12	17	3	35
12	KARNATAKA	2	11	32	61	19	125
13	KERALA	0	1	13	49	0	63
14	MADHYA PRADESH	2	7	18	50	21	98
15	MAHARASHTRA	4	20	78	91	14	207
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	0	0	4	4	1	9
18	MIZORAM	0	1	2	2	0	5
19	NAGALAND	1	0	2	0	1	4
20	ORISSA	0	1	10	17	5	33
21	PUNJAB	1	18	57	80	5	161
22	RAJASTHAN	2	9	19	36	17	83
23	SIKKIM	1	4	6	1	0	12
24	TAMIL NADU	1	10	46	105	29	191
25	TRIPURA	0	2	2	17	8	29
26	UTTAR PRADESH	3	14	83	143	76	319
27	UTTARAKHAND	0	1	3	6	0	10
28	WEST BENGAL	1	12	36	40	42	131
	TOTAL (STATES)	29	158	605	981	297	2070
UNION TERRITORIES:							
29	A & N ISLANDS	0	2	1	0	0	3
30	CHANDIGARH	0	0	5	4	0	9
31	D & N HAVELI	0	0	2	0	0	2
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	1	4	56	61	28	150
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	0	4	2	2	8
	TOTAL (UTs)	1	6	68	67	30	172
	TOTAL (ALL-INDIA)	30	164	673	1048	327	2242

Note: Columns 3 to 8 of this Table were inadvertently misprinted in the previous year's report. Users are advised to visit our website for the correct version of this Table for the year 2007.

TABLE-15.3(Concluded)

Age-Group-Wise Natural Deaths Of Police Personnel And Suicides Committed By Them During 2008

Sl. No.	State/UT	No. Of Police Personnel Committed Suicide While In Service					Total (Col.9 To 13)
		18-25 Years	25-35 Years	35-45 Years	45-55 Years	Above 55 Years	
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)
<i>STATES:</i>							
1	ANDHRA PRADESH	0	4	3	3	0	10
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0
5	CHHATTISGARH	1	0	1	0	0	2
6	GOA	0	0	0	0	0	0
7	GUJARAT	0	1	2	3	0	6
8	HARYANA	0	0	0	1	0	1
9	HIMACHAL PRADESH	0	0	1	0	0	1
10	JAMMU & KASHMIR	0	0	0	0	0	0
11	JHARKHAND	0	1	0	3	0	4
12	KARNATAKA	1	1	1	1	0	4
13	KERALA	0	1	3	10	0	14
14	MADHYA PRADESH	0	1	1	6	1	9
15	MAHARASHTRA	3	6	8	16	3	36
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0
20	ORISSA	0	0	1	1	0	2
21	PUNJAB	0	0	2	0	0	2
22	RAJASTHAN	1	1	0	0	4	6
23	SIKKIM	0	2	2	0	0	4
24	TAMIL NADU	0	2	2	7	1	12
25	TRIPURA	1	0	0	1	0	2
26	UTTAR PRADESH	0	3	3	2	0	8
27	UTTARAKHAND	0	0	0	1	0	1
28	WEST BENGAL	0	1	4	3	0	8
	TOTAL (STATES)	7	24	34	58	9	132
<i>UNION TERRITORIES:</i>							
29	A & N ISLANDS	0	1	1	0	0	2
30	CHANDIGARH	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	1	2	2	0	0	5
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0
	TOTAL (UTs)	1	3	3	0	0	7
	TOTAL (ALL-INDIA)	8	27	37	58	9	139

TABLE-15.4**Police Personnel Killed Or Injured On Duty During 2008
(Rank-Wise)**

Sl. No.	Rank	Number Of Victims Killed						Total
		In Terrorist/ Extremists/ Operations	In Dacoity Operations Or Other Raids	By Riotous Mobs	By Other Criminals	On Border Duties	In Accidents	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	CONSTABLES	89	1	2	33	14	334	473
2	HEAD CONSTABLES	16	1	0	8	2	125	152
3	ASSISTANT SUB-INSPECTORS	6	1	1	3	3	59	73
4	SUB-INSPECTORS	12	1	0	3	2	28	46
5	INSPECTORS	3	0	0	0	0	8	11
6	OTHER GAZETTED OFFICERS	3	0	0	0	0	5	8
7	TOTAL	129	4	3	47	21	559	763

TABLE-15.4 (Concluded)

Sl. No. Rank		Number Of Victims Injured						Total
		In Terrorist/ Extremists/ Operations	In Dacoity Operation Or Other Raids	By Riotous Mobs	By Other Criminals	On Border Duties	In Accidents	
(1)	(2)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1	CONSTABLES	121	67	1404	290	7	473	2362
2	HEAD CONSTABLES	17	24	248	102	1	182	574
3	ASSISTANT SUB-INSPECTORS	8	7	138	45	1	61	260
4	SUB-INSPECTORS	8	13	186	64	1	73	345
5	INSPECTORS	10	5	96	29	0	22	162
6	OTHER GAZETTED OFFICERS	4	4	57	11	0	9	85
7	TOTAL	168	120	2129	541	10	820	3788

Tables
Chapter

16

**Complaints
Against
Police
Personnel
and Human
Rights
Violation by
Them**

TABLE-16.1

**Complaints/Cases Registered Against Police Personnel During 2008
(State & UT-Wise)**

Sl. No.	State/UT	No. Of Complaints Received/ Alleged During The Year	Complaints Received/Cases Registered						
			No. Of Inquiry Instituted			Complaints / Cases Declared False/ Unsubstantiated	No. Of Cases Registered During The Year	No. Of Cases	
			Departmental	Magisterial	Judicial			Reported For Regular Deptt. Action	Sent Up For Trials/ Charge-Sheeted
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
STATES:									
1	ANDHRA PRADESH	722	639	1	30	20	129	382	84
2	ARUNACHAL PRADESH	137	137	0	0	0	0	0	0
3	ASSAM	7	0	2	3	0	12	6	6
4	BIHAR	36	73	0	33	2	27	1	5
5	CHHATTISGARH	1516	703	1	0	1000	413	50	246
6	GOA	64	2	0	1	54	11	1	3
7	GUJARAT	786	572	2	18	313	246	373	182
8	HARYANA	1140	896	14	0	1105	42	17	21
9	HIMACHAL PRADESH	284	57	1	0	265	8	3	5
10	JAMMU & KASHMIR	417	347	3	1	258	40	16	58
11	JHARKHAND	23	0	0	0	0	1	0	0
12	KARNATAKA	499	438	12	11	13	77	417	39
13	KERALA	3096	2854	0	0	2571	132	53	45
14	MADHYA PRADESH	18315	4038	1	3	14306	23	60	26
15	MAHARASHTRA	3928	633	0	0	3011	373	126	130
16	MANIPUR	1	1	0	0	0	1	1	0
17	MEGHALAYA	6	6	0	0	0	6	2	2
18	MIZORAM	0	0	0	0	0	0	0	0
19	NAGALAND	7	6	1	0	0	3	4	3
20	ORISSA	64	29	5	16	0	41	99	0
21	PUNJAB	3714	1345	8	0	2215	477	49	34
22	RAJASTHAN	1263	384	9	3	867	66	50	31
23	SIKKIM	0	0	0	0	0	0	0	0
24	TAMIL NADU	139	67	28	44	10	124	72	75
25	TRIPURA	52	40	1	17	1	23	20	18
26	UTTAR PRADESH	6015	2998	10	0	3007	3008	2734	92
27	UTTARAKHAND	377	377	0	0	342	12	23	10
28	WEST BENGAL	46	31	0	9	6	37	29	11
	TOTAL (STATES)	42654	16673	99	189	29366	5332	4588	1126
UNION TERRITORIES:									
29	A & N ISLANDS	15	0	0	15	0	15	0	6
30	CHANDIGARH	234	3	0	0	141	0	3	0
31	D & N HAVELI	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0
33	DELHI	6031	539	0	0	70	93	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0
35	PUDUCHERRY	5	0	0	0	0	5	5	0
	TOTAL (UTs)	6285	542	0	15	211	113	8	6
	TOTAL (ALL-INDIA)	48939	17215	99	204	29577	5445	4596	1132

TABLE-16.1 (Continued)

Sl. No.	State/UT	Police Personnel Involved/Action Taken				
		No. Of Police Personnel Sent Up For Trial During The Year	No. Of Police Personnel Whose Cases Withdrawn Or Otherwise Disposed Of	No. Of Personnel In Whose Cases Trial Completed	No. Of Police Personnel	
					Convicted	Acquitted
(1)	(2)	(11)	(12)	(13)	(14)	(15)
STATES:						
1	ANDHRA PRADESH	164	9	13	2	11
2	ARUNACHAL PRADESH	0	0	0	0	0
3	ASSAM	7	0	0	0	0
4	BIHAR	15	1	0	0	0
5	CHHATTISGARH	0	0	15	9	6
6	GOA	1	0	1	1	0
7	GUJARAT	312	43	1	1	0
8	HARYANA	29	0	2	0	2
9	HIMACHAL PRADESH	5	1	2	0	2
10	JAMMU & KASHMIR	25	12	2	0	2
11	JHARKHAND	1	0	0	0	0
12	KARNATAKA	49	2	6	0	6
13	KERALA	52	7	14	0	14
14	MADHYA PRADESH	23	0	1	1	0
15	MAHARASHTRA	159	13	22	6	16
16	MANIPUR	0	0	0	0	0
17	MEGHALAYA	2	0	0	0	0
18	MIZORAM	0	0	0	0	0
19	NAGALAND	7	0	6	0	6
20	ORISSA	25	0	0	0	0
21	PUNJAB	70	15	20	4	16
22	RAJASTHAN	40	0	6	5	1
23	SIKKIM	0	0	0	0	0
24	TAMIL NADU	75	10	3	0	3
25	TRIPURA	19	10	3	0	3
26	UTTAR PRADESH	126	2	2	0	2
27	UTTARAKHAND	21	0	4	3	1
28	WEST BENGAL	12	0	3	1	2
	TOTAL (STATES)	1239	125	126	33	93
UNION TERRITORIES:						
29	A & N ISLANDS	6	0	2	0	2
30	CHANDIGARH	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0
33	DELHI	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0
	TOTAL (UTs)	6	0	2	0	2
	TOTAL (ALL-INDIA)	1245	125	128	33	95

TABLE-16.1 (Concluded)

Sl. No.	State/UT	Departmental Action/Punishment					
		No. Of Police Personnel					
		Against Whom Disciplinary Action Initiated	Whose Cases Withdrawn Or Otherwise Disposed Of	In Whose Cases Trial Was Completed	Dismissed/Removed From Service	Major Punishment Awarded	Minor Punishment Awarded
(1)	(2)	(16)	(17)	(18)	(19)	(20)	(21)
STATES:							
1	ANDHRA PRADESH	2839	811	10	59	352	1496
2	ARUNACHAL PRADESH	137	0	0	0	16	28
3	ASSAM	53	7	0	1	30	19
4	BIHAR	816	207	459	10	526	351
5	CHHATTISGARH	143	58	68	24	64	160
6	GOA	167	99	36	5	2	128
7	GUJARAT	1216	235	636	55	131	606
8	HARYANA	80	0	0	13	45	10
9	HIMACHAL PRADESH	85	8	20	2	16	24
10	JAMMU & KASHMIR	1350	481	196	219	575	324
11	JHARKHAND	521	51	206	7	112	168
12	KARNATAKA	757	37	251	9	18	508
13	KERALA	898	142	377	9	123	245
14	MADHYA PRADESH	294	74	89	18	98	272
15	MAHARASHTRA	203	55	61	25	13	51
16	MANIPUR	1	0	0	0	0	1
17	MEGHALAYA	0	0	0	0	11	31
18	MIZORAM	0	0	0	0	0	0
19	NAGALAND	0	0	10	1	3	0
20	ORISSA	264	48	48	2	87	201
21	PUNJAB	1401	326	30	96	516	3173
22	RAJASTHAN	4252	0	2877	87	290	2500
23	SIKKIM	31	15	15	0	7	8
24	TAMIL NADU	1510	24	1228	19	279	930
25	TRIPURA	89	27	27	14	33	84
26	UTTAR PRADESH	3151	412	2739	95	671	1973
27	UTTARAKHAND	397	14	343	14	123	206
28	WEST BENGAL	76	23	29	5	40	127
	TOTAL (STATES)	20731	3154	9755	789	4181	13624
UNION TERRITORIES:							
29	A & N ISLANDS	26	13	1	0	13	73
30	CHANDIGARH	75	52	0	3	28	35
31	D & N HAVELI	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	1185	0	0	87	319	919
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	107	0	1	0	0	2
	TOTAL (UTs)	1393	65	2	90	360	1029
	TOTAL (ALL-INDIA)	22124	3219	9757	879	4541	14653

TABLE-16.2

Incidence Of Human Rights Violation By Police During 2008

Sl. No.	State/UT	Disappearance Of Persons			Illegal Detention / Arrests			Fake Encounter Killings		
		CR	CS	CV	CR	CS	CV	CR	CS	CV
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	0	0	0	0	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	2	0	0	10	0	0	0	0	0
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	0	0	0	0
8	HARYANA	0	0	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0	0	0	0	0
13	KERALA	0	0	0	0	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	0	0	0	0	0
15	MAHARASHTRA	0	0	0	0	0	0	0	0	0
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0	0	0
	TOTAL (STATES)	2	0	0	10	0	0	0	0	0
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0	0	0
	TOTAL (ALL-INDIA)	2	0	0	10	0	0	0	0	0

CR – Cases Registered CS – No. Of Police Personnel Charge-Sheeted, CV –No. Of Police Personnel Convicted.

NOTE: Police Personnel Charge-Sheeted and Police Personnel Convicted May Be Out Of Cases Registered In Previous Year(s) Also.

TABLE-16.2 (Continued)

Sl. No.	State/UT	Violation Against Terrorists/Extremists			Extortion			Torture		
		CR	CS	CV	CR	CS	CV	CR	CS	CV
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
STATES:										
1	ANDHRA PRADESH	0	0	0	0	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	1	0	0	0	0	0	4	0	0
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	3	0	0	38	0	0	53	0	1
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	0	0	0	0
8	HARYANA	0	0	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0	0	1	0	0
13	KERALA	0	0	0	0	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	0	0	0	0	0
15	MAHARASHTRA	0	0	0	0	0	0	0	0	0
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	1	3	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0	0	0
	TOTAL (STATES)	4	0	0	38	0	0	59	3	1
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	1	1	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	1	1	0	0	0	0
	TOTAL (ALL-INDIA)	4	0	0	39	1	0	59	3	1

TABLE-16.2 (Continued)

Sl. No.	State/UT	False Implication			Failure In Taking Action			Indignity To Women		
		CR	CS	CV	CR	CS	CV	CR	CS	CV
(1)	(2)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
STATES:										
1	ANDHRA PRADESH	0	0	0	0	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	25	0	0	33	0	3	3	0	0
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	0	0	0	0	0
8	HARYANA	0	0	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0	0	0	0	0
13	KERALA	0	0	0	0	0	0	2	0	0
14	MADHYA PRADESH	0	0	0	0	0	0	0	0	0
15	MAHARASHTRA	0	0	0	0	0	0	1	1	0
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0	0	0
	TOTAL (STATES)	25	0	0	33	0	3	6	1	0
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	0	0	0
	TOTAL (ALL-INDIA)	25	0	0	33	0	3	6	1	0

TABLE-16.2 (Concluded)

Sl. No.	State/UT	Atrocities On SC/ST			Others			Total		
		CR	CS	CV	CR	CS	CV	CR	CS	CV
(1)	(2)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)
STATES:										
1	ANDHRA PRADESH	0	0	0	0	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	5	0	0
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	1	0	0	65	1	4	233	1	8
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	6	6	0	6	6	0
8	HARYANA	0	0	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	1	0	0	2	0	0
13	KERALA	0	0	0	0	0	0	2	0	0
14	MADHYA PRADESH	0	0	0	0	0	0	0	0	0
15	MAHARASHTRA	0	0	0	2	2	0	3	3	0
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	1	3	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0	0	0	0
	TOTAL (STATES)	1	0	0	74	9	4	252	13	8
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	1	1	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	0	0	0	1	1	0
	TOTAL (ALL-INDIA)	1	0	0	74	9	4	253	14	8

Tables
Chapter

17

Police Strength, Expenditure and Infrastructure

TABLE-17.1

**Sanctioned And Actual Strength Of Civil Police Including District Armed Police
As On 31.12.2008 (Men + Women)
(State & UT-Wise)**

Sl. No.	State/UT	DG/ Addl.DG / IG / DIG		SSP/SP/Addl.SP/ ASP/ Dy.SP		Inspector, SI & A.S.I.		Personnel Below A.S.I. Rank		Grand Total	
		Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	69	55	565	429	8254	6755	66547	59224	75435	66463
2	ARUNACHAL PRADESH	6	6	71	63	570	515	2857	2852	3504	3436
3	ASSAM	41	39	295	269	5008	4876	24696	22716	30040	27900
4	BIHAR	48	46	448	367	14196	9671	52393	37332	67085	47416
5	CHHATTISGARH	38	28	339	176	3023	1523	22316	15665	25716	17392
6	GOA	3	2	35	39	405	389	3720	3532	4163	3962
7	GUJARAT	73	56	303	244	10721	9001	48110	36402	59207	45703
8	HARYANA	37	34	202	172	6355	4313	40701	31941	47295	36460
9	HIMACHAL PRADESH	16	36	166	144	1691	1536	8882	8060	10755	9776
10	JAMMU & KASHMIR	35	46	429	390	5883	4586	42154	34013	48501	39035
11	JHARKHAND	29	36	312	216	6013	5163	47628	35669	53982	41084
12	KARNATAKA @	86	75	561	521	7535	6765	66852	58301	75034	65662
13	KERALA	33	22	347	328	3738	3244	35262	33148	39380	36742
14	MADHYA PRADESH *	50	50	730	730	7075	7075	47638	47638	55493	55493
15	MAHARASHTRA	85	100	959	670	28731	23268	136468	128173	166243	152211
16	MANIPUR	14	12	105	62	1836	1172	8797	4256	10752	5502
17	MEGHALAYA	18	15	60	54	973	895	5419	5047	6470	6011
18	MIZORAM	8	8	80	73	1103	1080	2410	2374	3601	3535
19	NAGALAND	22	22	78	76	519	494	5394	5199	6013	5791
20	ORISSA	45	32	512	237	8091	4869	24253	22784	32901	27922
21	PUNJAB	45	46	402	400	6130	5558	45628	42210	52205	48214
22	RAJASTHAN	63	51	718	595	9554	7634	55369	52769	65704	61049
23	SIKKIM	11	18	76	59	358	340	1725	1567	2170	1984
24	TAMIL NADU	92	79	901	812	10096	8975	76582	64617	87671	74483
25	TRIPURA	20	15	201	154	1462	1143	9803	8138	11486	9450
26	UTTAR PRADESH	149	103	1133	907	13679	10238	116640	96592	131601	107840
27	UTTARAKHAND	16	13	128	104	979	739	12909	10472	14032	11328
28	WEST BENGAL	77	82	426	366	21082	14633	50617	44294	72202	59375
	TOTAL (STATES)	1229	1127	10582	8657	185060	146450	1061770	914985	1258641	1071219
UNION TERRITORIES:											
29	A & N ISLANDS	2	2	12	12	398	339	1874	1842	2286	2195
30	CHANDIGARH	1	1	15	16	473	445	3301	3182	3790	3644
31	D & N HAVELI	0	0	3	3	17	14	222	196	242	213
32	DAMAN & DIU	1	1	4	3	22	15	218	201	245	220
33	DELHI	27	35	354	287	11846	11003	49457	41509	61684	52834
34	LAKSHADWEEP	0	0	2	2	85	30	469	276	556	308
35	PUDUCHERRY	2	2	21	19	289	233	1430	1315	1742	1569
	TOTAL (UTs)	33	41	411	342	13130	12079	56971	48521	70545	60983
	TOTAL (ALL-INDIA)	1262	1168	10993	8999	198190	158529	1118741	963506	1329186	1132202

@ There has been variation in police strength of Karnataka state as compared to last year as they have included police personnel posted in police headquarters from this year only.

* Due to non-availability of actual police strength from Madhya Pradesh state, the sanctioned police strength has been taken equal to actual police strength.

TABLE-17.2

**Sanctioned And Actual Strength Of Armed Police
As On 31.12.2008 (Men + Women)
(State & UT-Wise)**

Sl. No.	State/UT	DG/ Addl.DG / IG / DIG		SSP/SP/Addl.SP/ ASP/ Dy.SP		Inspector, SI & A.S.I.		Personnel Below A.S.I. Rank		Grand Total	
		Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	4	3	91	73	1230	1006	14241	13719	15566	14801
2	ARUNACHAL PRADESH	0	0	30	30	172	172	3855	3639	4057	3841
3	ASSAM	0	0	202	185	1000	965	24712	22679	25914	23829
4	BIHAR	4	4	122	45	1162	821	17033	11805	18321	12675
5	CHHATTISGARH	7	7	167	155	1632	1632	15175	15175	16981	16969
6	GOA	0	0	22	0	96	27	1670	638	1788	665
7	GUJARAT	3	3	72	28	2139	1196	14485	11236	16699	12463
8	HARYANA	3	3	54	34	545	463	6881	5608	7483	6108
9	HIMACHAL PRADESH	2	3	50	26	309	225	5042	3016	5403	3270
10	JAMMU & KASHMIR	4	3	333	214	1557	1163	28698	23353	30592	24733
11	JHARKHAND	2	2	114	114	829	711	12012	9917	12957	10744
12	KARNATAKA @	4	3	66	14	514	328	10950	9330	11534	9675
13	KERALA	3	3	50	43	362	290	7090	3977	7505	4313
14	MADHYA PRADESH *	10	10	124	124	2026	2026	19173	19173	21333	21333
15	MAHARASHTRA	4	0	104	36	2049	1501	15279	12618	17436	14155
16	MANIPUR	5	2	141	89	420	384	11805	10181	12371	10656
17	MEGHALAYA	0	0	53	35	240	156	4573	4064	4866	4255
18	MIZORAM	0	0	85	64	279	279	8066	6002	8430	6345
19	NAGALAND	0	0	33	33	143	142	4590	4477	4766	4652
20	ORISSA	0	0	215	90	1153	360	17309	12004	18677	12454
21	PUNJAB	9	9	209	205	1205	1114	18240	17713	19663	19041
22	RAJASTHAN	5	2	101	65	457	208	11847	11447	12410	11722
23	SIKKIM	1	1	0	12	120	96	1306	1508	1427	1617
24	TAMIL NADU	3	3	88	29	616	576	14720	14641	15427	15249
25	TRIPURA	2	2	143	86	637	376	15556	12629	16338	13093
26	UTTAR PRADESH	14	13	173	151	1977	1586	34229	28855	36393	30605
27	UTTARAKHAND	1	2	36	10	148	83	3912	3382	4097	3477
28	WEST BENGAL	8	7	145	104	5355	3076	18751	16156	24259	19343
	TOTAL (STATES)	98	85	3023	2094	28372	20962	361200	308942	392693	332083
UNION TERRITORIES:											
29	A & N ISLANDS	1	1	3	3	34	54	581	510	619	568
30	CHANDIGARH	0	0	1	1	14	14	404	404	419	419
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0
33	DELHI	2	0	86	23	707	473	12484	7114	13279	7610
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	2	2	26	14	741	697	769	713
	TOTAL (UTs)	3	1	92	29	781	555	14210	8725	15086	9310
	TOTAL (ALL-INDIA)	101	86	3115	2123	29153	21517	375410	317667	407779	341393

@ There has been variation in police strength of Karnataka state as compared to last year as they have included police personnel posted in police headquarters from this year only.

* Due to non-availability of actual police strength from Madhya Pradesh state, the sanctioned police strength has been taken equal to actual police strength.

TABLE-17.3

**Sanctioned And Actual Strength Of Civil Police Including District Armed Police
As On 31.12.2008 (Women Only)
(State & UT-Wise)**

Sl. No.	State/UT	DG/ Addl. DG / IG / DIG		SSP / SP/Addl.SP / ASP / Dy.SP		Inspector, SI & A.S.I.		Personnel Below A.S.I. Rank		Grand Total	
		Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	4	4	10	9	57	40	1592	1311	1663	1364
2	ARUNACHAL PRADESH	0	0	0	0	15	13	52	365	67	378
3	ASSAM	0	0	0	0	22	22	285	164	307	186
4	BIHAR	0	1	0	3	4	81	101	984	105	1069
5	CHHATTISGARH	0	0	16	16	89	89	1012	1012	1117	1117
6	GOA	0	0	0	2	4	20	211	288	215	310
7	GUJARAT	0	0	0	0	301	199	2246	1309	2547	1508
8	HARYANA	0	0	0	5	319	153	2690	1710	3009	1868
9	HIMACHAL PRADESH	0	0	0	9	3	29	137	528	140	566
10	JAMMU & KASHMIR	0	1	0	0	0	58	0	867	0	926
11	JHARKHAND	0	3	0	8	0	0	0	0	0	11
12	KARNATAKA @	0	3	0	15	0	118	0	1652	0	1788
13	KERALA	0	0	1	1	95	89	2691	2650	2787	2740
14	MADHYA PRADESH *	5	5	60	60	196	196	1504	1504	1765	1765
15	MAHARASHTRA	0	6	0	39	0	614	0	6631	0	7290
16	MANIPUR	0	0	0	0	205	11	1242	450	1447	461
17	MEGHALAYA	0	0	0	4	3	18	50	72	53	94
18	MIZORAM	0	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	2	2	6	6	87	71	95	79
20	ORISSA	2	2	15	15	351	342	2905	2905	3273	3264
21	PUNJAB	0	0	0	0	178	189	1384	1271	1562	1460
22	RAJASTHAN	1	1	35	35	112	142	1699	3142	1847	3320
23	SIKKIM	0	0	0	3	0	32	0	144	0	179
24	TAMIL NADU	7	5	56	45	1571	1393	7155	4870	8789	6313
25	TRIPURA	0	0	3	3	121	76	745	582	869	661
26	UTTAR PRADESH	2	2	52	51	340	338	2084	2015	2478	2406
27	UTTARAKHAND	0	1	0	11	8	29	695	989	703	1030
28	WEST BENGAL	0	1	8	10	298	276	1899	2009	2205	2296
TOTAL (STATES)		21	35	258	346	4298	4573	32466	39495	37043	44449
UNION TERRITORIES:											
29	A & N ISLANDS	0	0	0	0	2	23	14	151	16	174
30	CHANDIGARH	0	0	0	0	2	30	33	231	35	261
31	D & N HAVELI	0	0	0	0	2	2	7	7	9	9
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0
33	DELHI	0	2	1	29	568	750	3187	2498	3756	3279
34	LAKSHADWEEP	0	0	0	0	1	0	7	16	8	16
35	PUDUCHERRY	0	0	0	2	5	5	76	78	81	85
TOTAL (UTs)		0	2	1	31	580	810	3324	2981	3905	3824
TOTAL (ALL-INDIA)		21	37	259	377	4878	5383	35790	42476	40948	48273

In some States/UTs the strength of actual women police personnel is more than the sanctioned strength on account of certain specific reasons e.g. appointment on compassionate grounds etc.

@ There has been variation in police strength of Karnataka state as compared to last year as they have included police personnel posted in police headquarters from this year only.

* Due to non-availability of actual police strength from Madhya Pradesh state, the sanctioned police strength has been taken equal to actual police strength.

TABLE-17.4

Sanctioned And Actual Strength Of Armed Police As On 31.12.2008 (Women Only)
(State & UT-Wise)

Sl. No.	State/UT	DG/ Addl.DG / IG / DIG		SSP/SP/Addl.SP/ ASP/ Dy.SP		Inspector, SI & A.S.I.		Personnel Below A.S.I. Rank		Grand Total	
		Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
STATES:											
1	ANDHRA PRADESH	0	0	0	0	0	0	0	0	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	15	12	178	151	193	163
4	BIHAR	0	0	11	0	50	0	853	0	914	0
5	CHHATTISGARH	0	0	0	0	0	0	0	0	0	0
6	GOA	0	0	0	0	0	1	0	96	0	97
7	GUJARAT	0	0	0	0	0	0	0	0	0	0
8	HARYANA	0	0	0	4	0	0	0	0	0	4
9	HIMACHAL PRADESH	0	0	11	1	51	8	871	162	933	171
10	JAMMU & KASHMIR	0	0	0	18	0	21	0	1175	0	1214
11	JHARKHAND	0	0	0	5	0	0	0	0	0	5
12	KARNATAKA @	0	0	0	0	0	0	0	0	0	0
13	KERALA	0	0	0	0	0	0	0	0	0	0
14	MADHYA PRADESH *	0	0	0	0	36	36	96	96	132	132
15	MAHARASHTRA	0	0	0	0	0	0	0	0	0	0
16	MANIPUR	0	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	100	95	100	95
18	MIZORAM	0	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	1	0	0	0	13	8	14	8
20	ORISSA	0	0	0	0	0	0	0	0	0	0
21	PUNJAB	0	0	0	0	0	0	0	0	0	0
22	RAJASTHAN	0	0	0	0	0	7	0	234	0	241
23	SIKKIM	0	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	1	1	38	38	1376	1376	1415	1415
25	TRIPURA	0	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	6	0	238	217	244	217
28	WEST BENGAL	0	0	1	1	0	0	0	0	1	1
	TOTAL (STATES)	0	0	25	30	196	123	3725	3610	3946	3763
UNION TERRITORIES:											
29	A & N ISLANDS	0	0	0	0	0	1	0	34	0	35
30	CHANDIGARH	0	0	0	0	0	0	0	0	0	0
31	D & N HAVELI	0	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	1	5	434	167	435	172
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	1	0	0	0	78	0	79
	TOTAL (UTs)	0	0	0	1	1	6	434	279	435	286
	TOTAL (ALL-INDIA)	0	0	25	31	197	129	4159	3889	4381	4049

@ There has been variation in police strength of Karnataka state as compared to last year as they have included police personnel posted in police headquarters from this year only.

* Due to non-availability of actual police strength from Madhya Pradesh state, the sanctioned police strength has been taken equal to actual police strength.

TABLE-17.5

**Actual Police Strength In Relation To Area, Population, Cognizable Crimes And
Per Capita Expenditure On Policemen During 2008**

Sl. No.	State/UT	Area (In Sqr. Kms.)	Estimated Mid-Year Population (In Thousands)	Total Cases For Investigation (Including Pending Cases From Previous Year)			Actual Police Strength			Percentage Of Civil Police To Total Police
				IPC	SLL	Total	Civil	Armed	Total	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	275045	82461	238579	253893	492472	66463	14801	81264	81.8
2	ARUNACHAL PRADESH	83743	1204	3319	140	3459	3436	3841	7277	47.2
3	ASSAM	78438	30079	105881	7385	113266	27900	23829	51729	53.9
4	BIHAR	94163	94306	204937	20511	225448	47416	12675	60091	78.9
5	CHHATTISGARH	135191	23774	56327	247451	303778	17392	16969	34361	50.6
6	GOA	3702	1644	4811	2887	7698	3962	665	4627	85.6
7	GUJARAT	196024	56665	139926	220211	360137	45703	12463	58166	78.6
8	HARYANA	44212	23890	65883	24632	90515	36460	6108	42568	85.7
9	HIMACHAL PRADESH	55673	6571	17653	5119	22772	9776	3270	13046	74.9
10	JAMMU & KASHMIR	101387	12502	26824	3459	30283	39035	24733	63768	61.2
11	JHARKHAND	79714	30144	72774	6024	78798	41084	10744	51828	79.3
12	KARNATAKA @	191791	57602	184515	22768	207283	65662	9675	75337	87.2
13	KERALA	38863	34340	138355	146770	285125	36742	4313	41055	89.5
14	MADHYA PRADESH *	308245	69683	214317	184751	399068	55493	21333	76826	72.2
15	MAHARASHTRA	307713	107347	290335	169437	459772	152211	14155	166366	91.5
16	MANIPUR	22327	2637	11035	3280	14315	5502	10656	16158	34.1
17	MEGHALAYA	22429	2547	7065	646	7711	6011	4255	10266	58.6
18	MIZORAM	21081	984	2226	712	2938	3535	6345	9880	35.8
19	NAGALAND	16579	2196	2113	529	2642	5791	4652	10443	55.5
20	ORISSA	155707	40033	79867	21066	100933	27922	12454	40376	69.2
21	PUNJAB	50362	26689	54404	29296	83700	48214	19041	67255	71.7
22	RAJASTHAN	342239	64994	156475	41070	197545	61049	11722	72771	83.9
23	SIKKIM	7096	596	1698	272	1970	1984	1617	3601	55.1
24	TAMIL NADU	130058	66576	212841	550835	763676	74483	15249	89732	83.0
25	TRIPURA	10486	3524	6154	294	6448	9450	13093	22543	41.9
26	UTTAR PRADESH	240928	192049	184809	1909718	2094527	107840	30605	138445	77.9
27	UTTARAKHAND	53483	9543	10785	150082	160867	11328	3477	14805	76.5
28	WEST BENGAL	88752	88207	141153	13703	154856	59375	19343	78718	75.4
	TOTAL (STATES)	3155431	1132787	2635061	4036941	6672002	1071219	332083	1403302	76.3
UNION TERRITORIES:										
29	A & N ISLANDS	8249	415	1342	5919	7261	2195	568	2763	79.4
30	CHANDIGARH	114	1071	5825	937	6762	3644	419	4063	89.7
31	D & N HAVELI	491	265	691	24	715	213	0	213	100.0
32	DAMAN & DIU	112	189	416	25	441	220	0	220	100.0
33	DELHI	1483	17250	103029	18725	121754	52834	7610	60444	87.4
34	LAKSHADWEEP	32	69	230	18	248	308	0	308	100.0
35	PUDUCHERRY	492	1080	6093	1146	7239	1569	713	2282	68.8
	TOTAL (UTs)	10973	20339	117626	26794	144420	60983	9310	70293	86.8
	TOTAL (ALL-INDIA)	3166404	1153126	2752687	4063735	6816422	1132202	341393	1473595	76.8

@ There has been variation in police strength of Karnataka state as compared to last year as they have included police personnel posted in police headquarters from this year only.

* Due to non-availability of actual police strength from Madhya Pradesh state, the sanctioned police strength has been taken equal to actual police strength.

TABLE-17.5 (Concluded)

Sl. No.	State/UT	Actual Police Strength (Of Ranks)			Actual Police Strength Of I.Os. (Insp.+ SI+ ASI Of Civ. Pol.)	No. Of Police-men Per 100 Sqr. Kms. Of Area	No. Of Policemen Per 1,00,000 Of Population	No. Of IPC Cases Per Civil Police Man	Total Police Expenditure (Rs. In Crores) @@	Unit Cost Per Police-men (Per Annum)
		D.G. To A.S.I.	Head Constables To Constables	Teeth To Tail Ratio						
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
<i>STATES:</i>										
1	ANDHRA PRADESH	8321	72943	01:09	6755	29.5	99	3.6	1450.86	178537
2	ARUNACHAL PRADESH	786	6491	01:08	515	8.7	604	1.0	123.13	169204
3	ASSAM	6334	45395	01:07	4876	65.9	172	3.8	752.06	145385
4	BIHAR	10954	49137	01:04	9671	63.8	64	4.3	897.80	149407
5	CHHATTISGARH	3521	30840	01:09	1523	25.4	145	3.2	468.00	136201
6	GOA	457	4170	01:09	389	125	281	1.2	93.39	201837
7	GUJARAT	10528	47638	01:05	9001	29.7	103	3.1	986.81	169654
8	HARYANA	5019	37549	01:07	4313	96.3	178	1.8	772.76	181535
9	HIMACHAL PRADESH	1970	11076	01:06	1536	23.4	199	1.8	248.01	190104
10	JAMMU & KASHMIR	6402	57366	01:09	4586	62.9	510	0.7	1109.37	173970
11	JHARKHAND	6242	45586	01:07	5163	65	172	1.8	501.97	96853
12	KARNATAKA @	7706	67631	01:09	6765	39.3	131	2.8	1332.29	176844
13	KERALA	3930	37125	01:09	3244	105.6	120	3.8	817.49	199121
14	MADHYA PRADESH*	10015	66811	01:07	7075	24.9	110	3.9	1017.26	132411
15	MAHARASHTRA	25575	140791	01:06	23268	54.1	155	1.9	3237.79	194618
16	MANIPUR	1721	14437	01:08	1172	72.4	613	2.0	307.74	190457
17	MEGHALAYA	1155	9111	01:08	895	45.8	403	1.2	148.00	144165
18	MIZORAM	1504	8376	01:06	1080	46.9	1004	0.6	150.90	152733
19	NAGALAND	767	9676	01:13	494	63	476	0.4	388.39	371914
20	ORISSA	5588	34788	01:06	4869	25.9	101	2.9	596.26	147677
21	PUNJAB	7332	59923	01:08	5558	133.5	252	1.1	1462.24	217417
22	RAJASTHAN	8555	64216	01:08	7634	21.3	112	2.6	1002.60	137775
23	SIKKIM	526	3075	01:06	340	50.7	604	0.9	76.62	212774
24	TAMIL NADU	10474	79258	01:08	8975	69	135	2.9	2190.98	244169
25	TRIPURA	1776	20767	01:12	1143	215	640	0.7	349.35	154971
26	UTTAR PRADESH	12998	125447	01:10	10238	57.5	72	1.7	3506.15	253252
27	UTTARAKHAND	951	13854	01:15	739	27.7	155	1.0	330.87	223485
28	WEST BENGAL	18268	60450	01:03	14633	88.7	89	2.4	1087.00	138088
	TOTAL (STATES)	179375	1223927	01:07	146450	44.5	124	2.5	25406.09	181045
<i>UNION TERRITORIES:</i>										
29	A & N ISLANDS	411	2352	01:06	339	33.5	666	0.6	83.93	303764
30	CHANDIGARH	477	3586	01:08	445	3564	379	1.6	92.11	226704
31	D & N HAVELI	17	196	01:12	14	43.4	80	3.2	4.90	230047
32	DAMAN & DIU	19	201	01:11	15	196.4	116	1.9	4.45	202273
33	DELHI	11821	48623	01:04	11003	4075.8	350	2.0	1516.30	250860
34	LAKSHADWEEP	32	276	01:09	30	962.5	446	0.7	5.96	193506
35	PUDUCHERRY	270	2012	01:07	233	463.8	211	3.9	57.60	252410
	TOTAL (UTs)	13047	57246	01:04	12079	640.6	346	1.9	1765.25	251127
	TOTAL (ALL-INDIA)	192422	1281173	01:07	158529	46.5	128	2.4	27171.34	184388

@@ - BPR&D Data On Police Organisation

TABLE-17.6

Sanctioned and Actual Strength of Home Guards and Auxiliary Force During 2008

Sl. No.	State/UT	No. Of Officers (Dy. SP & Above)		No. Of Upper Subordinates (ASI To Inspectors)		No. Of Lower Subordinates And Supporting Staff	
		Sanctioned	Actual	Sanctioned	Actual	Sanctioned	Actual
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	16	14	44	35	180	161
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	67	43	2596	2435	566	478
4	BIHAR	49	33	349	84	1397	675
5	CHHATTISGARH	15	12	667	231	7740	6859
6	GOA	2	2	18	11	482	443
7	GUJARAT	153	26	1610	462	43517	38524
8	HARYANA	46	21	185	138	396	294
9	HIMACHAL PRADESH	19	7	310	167	240	150
10	JAMMU & KASHMIR	35	35	82	12	1501	1249
11	JHARKHAND	246	173	302	175	4864	3032
12	KARNATAKA @	5	3	29	25	25355	21288
13	KERALA	0	0	0	0	0	0
14	MADHYA PRADESH	70	49	659	481	16005	15739
15	MAHARASHTRA	30	29	4	2	636	508
16	MANIPUR	11	11	96	96	2211	2211
17	MEGHALAYA	18	16	63	57	433	410
18	MIZORAM	5	5	9	5	67	63
19	NAGALAND	8	5	18	6	132	182
20	ORISSA	19	11	290	252	124	101
21	PUNJAB	5	5	110	70	14767	11655
22	RAJASTHAN	50	30	236	140	431	330
23	SIKKIM	10	7	2	1	771	771
24	TAMIL NADU	0	0	0	0	11605	10150
25	TRIPURA	10	5	30	3	3036	1654
26	UTTAR PRADESH	89	58	262	228	3364	3289
27	UTTARAKHAND	20	5	241	106	6411	5795
28	WEST BENGAL	315	34	150	88	20043	15986
	TOTAL (STATES)	1313	639	8362	5310	166274	141997
UNION TERRITORIES:							
29	A & N ISLANDS	1	1	6	2	17	11
30	CHANDIGARH	1	1	2	1	1349	1298
31	D & N HAVELI	0	0	0	0	400	395
32	DAMAN & DIU	5	4	13	13	234	222
33	DELHI	5	4	13	11	0	0
34	LAKSHADWEEP	0	0	0	0	55	47
35	PUDUCHERRY	0	3	2	2	777	669
	TOTAL (UTs)	12	13	36	29	2832	2642
	TOTAL (ALL-INDIA)	1325	652	8398	5339	169106	144639

@ There has been variation in police strength of Karnataka state as compared to last year as they have furnished revised figures in 2008

TABLE-17.7

Information On Police Housing During 2008

Sl. No.	State/UT	Officers (Dy.SP & Above)			Upper Subordinates (ASI To Inspectors)			Lower Subordinates (Constables, Head Constables & Class IV Subordinate Staff)		
		Sanctioned Strength	Built-In Houses Provided By Government	Houses Provided On Lease, Rent/ General Pool By Govt.	Sanctioned Strength	Built-In Houses Provided By Government	Houses Provided On Lease, Rent/ General Pool By Govt.	Sanctioned Strength	Built-In Houses Provided By Government	Houses Provided On Lease, Rent/ General Pool By Govt.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	729	34	695	9484	2796	6688	80788	38104	42684
2	ARUNACHAL PRADESH	107	80	16	742	649	0	6712	2382	3174
3	ASSAM	538	18	0	6008	87	0	49408	67	0
4	BIHAR	622	159	463	15358	2378	12980	69426	5427	63999
5	CHHATTISGARH	551	11	28	4655	338	431	37491	3788	2701
6	GOA	60	11	6	501	273	1	5390	1052	1
7	GUJARAT	451	130	28	12860	6276	869	62595	31522	3738
8	HARYANA	296	188	55	6900	682	4094	47582	8676	30873
9	HIMACHAL PRADESH	234	40	15	2000	284	0	13924	2380	0
10	JAMMU & KASHMIR	801	156	45	7440	651	0	70852	4527	0
11	JHARKHAND	457	91	19	6842	837	176	59640	6313	0
12	KARNATAKA @	717	152	19	8049	3085	391	77802	39324	3076
13	KERALA	433	90	23	4100	763	82	42352	7071	49
14	MADHYA PRADESH	914	0	0	9101	2676	0	66811	24070	0
15	MAHARASHTRA	1152	0	0	30780	5315	0	151747	78162	0
16	MANIPUR	265	49	5	2256	65	2	20602	105	2
17	MEGHALAYA	131	34	70	1213	486	565	9992	1989	7122
18	MIZORAM	173	59	0	1382	174	0	10476	1268	0
19	NAGALAND	133	160	811	662	205	74	9984	580	1162
20	ORISSA	772	186	0	9244	1858	0	41562	7969	0
21	PUNJAB	665	47	0	7335	1609	0	63868	10982	0
22	RAJASTHAN	887	52	0	10011	1900	0	67216	13749	0
23	SIKKIM	88	8	9	478	190	0	3031	394	0
24	TAMIL NADU	1084	347	0	10712	3608	0	91302	40735	0
25	TRIPURA	366	79	0	2099	326	0	25359	1942	0
26	UTTAR PRADESH	1469	1033	436	15656	7275	1375	150869	43247	10315
27	UTTARAKHAND	181	78	0	1127	597	0	16821	3933	0
28	WEST BENGAL	656	398	22	26437	4862	191	69368	10338	859
	TOTAL (STATES)	14932	3690	2765	213432	50245	27919	1422970	390096	169755
UNION TERRITORIES:										
29	A & N ISLANDS	18	9	0	432	58	0	2455	948	0
30	CHANDIGARH	17	17	0	487	339	0	3705	1792	0
31	D & N HAVELI	3	0	3	17	0	17	222	0	200
32	DAMAN & DIU	5	0	0	22	6	0	218	69	0
33	DELHI	469	236	0	12553	9486	0	61941	5224	0
34	LAKSHADWEEP	2	1	1	85	40	0	469	179	0
35	PUDUCHERRY	25	14	0	315	87	0	2171	793	0
	TOTAL (UTs)	539	277	4	13911	10016	17	71181	9005	200
	TOTAL (ALL-INDIA)	15471	3967	2769	227343	60261	27936	1494151	399101	169955

@ There has been variation in police strength of Karnataka state as compared to last year as they have included police personnel posted in police headquarters from this year only.

TABLE-17.8

Equipment And Transport Support During 2008

Sl. No.	State/UT	Motor Vehicles	Motor Cycle	Car	Jeep	One Tonner	Three Tonner	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	6077	2927	274	1900	0	748	228
2	ARUNACHAL PRADESH	769	297	297	0	91	40	44
3	ASSAM	245	4	19	0	27	14	181
4	BIHAR	5395	1514	160	1856	2	10	1853
5	CHHATTISGARH	1459	490	89	45	189	0	646
6	GOA	423	215	13	145	0	0	50
7	GUJARAT	5688	2657	258	1507	791	344	131
8	HARYANA	257	18	39	12	0	0	188
9	HIMACHAL PRADESH	864	446	54	182	113	37	32
10	JAMMU & KASHMIR	4789	338	902	23	828	226	2472
11	JHARKHAND	3056	1545	391	57	510	302	251
12	KARNATAKA	10938	5270	264	2295	71	46	2992
13	KERALA	4800	1891	132	1256	14	41	1466
14	MADHYA PRADESH	5814	1921	348	2050	896	586	13
15	MAHARASHTRA	10807	4773	497	3478	0	1170	889
16	MANIPUR	1817	332	34	971	48	251	181
17	MEGHALAYA	684	57	76	281	114	156	0
18	MIZORAM	604	138	5	270	81	20	90
19	NAGALAND	463	84	6	166	42	60	105
20	ORISSA	3940	1619	135	1386	550	241	9
21	PUNJAB	4094	1476	162	1518	661	277	0
22	RAJASTHAN	4945	2370	130	1772	419	221	33
23	SIKKIM	61	10	0	37	4	3	7
24	TAMIL NADU	11918	5104	439	3962	618	1509	286
25	TRIPURA	1410	256	33	189	197	60	675
26	UTTAR PRADESH	11517	4569	504	2895	753	1407	1389
27	UTTARAKHAND	1047	317	48	52	71	195	364
28	WEST BENGAL	5180	1819	817	1101	828	424	191
	TOTAL (STATES)	109061	42457	6126	29406	7918	8388	14766
UNION TERRITORIES:								
29	A & N ISLANDS	387	235	12	60	26	7	47
30	CHANDIGARH	289	135	18	89	30	16	1
31	D & N HAVELI	55	23	2	0	26	0	4
32	DAMAN & DIU	58	29	4	14	1	1	9
33	DELHI	4598	2592	252	1024	0	0	730
34	LAKSHADWEEP	37	23	1	13	0	0	0
35	PUDUCHERRY	356	203	13	111	0	0	29
	TOTAL (UTs)	5780	3240	302	1311	83	24	820
	TOTAL (ALL-INDIA)	114841	45697	6428	30717	8001	8412	15586

TABLE-17.8 (Concluded)

Sl. No.	State/UT	Wireless Equipment	H.F. / V.H.F.	Walkie – Talkie	Other Wireless Equipments
(1)	(2)	(10)	(11)	(12)	(13)
STATES:					
1	ANDHRA PRADESH	15236	8734	6205	297
2	ARUNACHAL PRADESH	1570	1007	532	31
3	ASSAM	78	0	0	78
4	BIHAR	8202	4306	2979	917
5	CHHATTISGARH	5924	2330	3488	106
6	GOA	3990	1542	1056	1392
7	GUJARAT	15663	10797	4846	20
8	HARYANA	82816	150	450	82216
9	HIMACHAL PRADESH	2401	1041	1340	20
10	JAMMU & KASHMIR	10337	3820	6000	517
11	JHARKHAND	6314	2264	2279	1771
12	KARNATAKA	52683	25189	17362	10132
13	KERALA	8827	3461	3677	1689
14	MADHYA PRADESH	24966	8649	15980	337
15	MAHARASHTRA	27788	8436	6855	12497
16	MANIPUR	5907	1666	1273	2968
17	MEGHALAYA	2919	1465	998	456
18	MIZORAM	1131	627	452	52
19	NAGALAND	349	135	191	23
20	ORISSA	5772	3602	2146	24
21	PUNJAB	13434	4004	6374	3056
22	RAJASTHAN	13619	9097	4522	0
23	SIKKIM	2126	319	397	1410
24	TAMIL NADU	19149	7098	11150	901
25	TRIPURA	5186	2682	1932	572
26	UTTAR PRADESH	34653	15895	18561	197
27	UTTARAKHAND	128	53	30	45
28	WEST BENGAL	8093	5468	2425	200
	TOTAL (STATES)	379261	133837	123500	121924
UNION TERRITORIES:					
29	A & N ISLANDS	359	154	158	47
30	CHANDIGARH	1266	319	947	0
31	D & N HAVELI	136	96	40	0
32	DAMAN & DIU	199	94	103	2
33	DELHI	19271	2929	12032	4310
34	LAKSHADWEEP	265	99	166	0
35	PUDUCHERRY	783	407	357	19
	TOTAL (UTs)	22279	4098	13803	4378
	TOTAL (ALL-INDIA)	401540	137935	137303	126302

H.F.-High Frequency; V.H.F.-Very High Frequency

TABLE-17.9

Classification Of Police Stations By Registered Crimes During 2008

Sl. No.	State/UT	Number Of Police Stations								Total (Col.3 To 10)
		0-60 Cases	61-100 Cases	101-200 Cases	201-300 Cases	301-400 Cases	401-500 Cases	501-1000 Cases	1001 And Above	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
STATES:										
1	ANDHRA PRADESH	276	373	568	217	84	24	32	20	1594
2	ARUNACHAL PRADESH	60	4	3	2	0	0	0	0	69
3	ASSAM	35	46	107	66	24	18	12	4	312
4	BIHAR	191	188	251	105	41	23	27	1	827
5	CHHATTISGARH	73	52	98	46	30	23	22	28	372
6	GOA	8	4	10	2	1	0	0	0	25
7	GUJARAT	73	78	103	63	33	36	68	40	494
8	HARYANA	4	13	60	54	49	33	35	3	251
9	HIMACHAL PRADESH	17	17	32	16	10	6	3	0	101
10	JAMMU & KASHMIR	39	43	46	31	11	1	1	1	173
11	JHARKHAND	107	90	65	43	27	3	4	0	339
12	KARNATAKA	77	98	300	208	124	55	11	0	873
13	KERALA	19	9	24	61	72	47	164	60	456
14	MADHYA PRADESH	87	115	233	188	127	70	102	20	942
15	MAHARASHTRA	148	167	291	170	101	56	45	5	983
16	MANIPUR	49	4	11	2	3	1	0	0	70
17	MEGHALAYA	21	8	7	3	0	0	0	0	39
18	MIZORAM	23	5	4	1	0	1	1	0	35
19	NAGALAND	34	7	3	1	1	0	0	0	46
20	ORISSA	68	100	175	80	16	14	8	7	468
21	PUNJAB	17	31	129	64	29	12	7	0	289
22	RAJASTHAN	38	72	245	152	105	54	72	3	741
23	SIKKIM	25	2	1	0	0	0	0	0	28
24	TAMIL NADU	127	101	206	175	137	133	259	120	1258
25	TRIPURA	32	14	10	7	1	0	0	0	64
26	UTTAR PRADESH	96	144	256	259	195	221	236	67	1474
27	UTTARAKHAND	31	17	20	12	8	8	11	18	125
28	WEST BENGAL	91	84	127	85	49	25	18	0	479
	TOTAL (STATES)	1866	1886	3385	2113	1278	864	1138	397	12927
UNION TERRITORIES:										
29	A & N ISLANDS	4	4	3	6	1	1	0	2	21
30	CHANDIGARH	0	0	0	4	3	0	4	0	11
31	D & N HAVELI	0	1	0	0	1	0	0	0	2
32	DAMAN & DIU	2	1	0	0	0	0	0	0	3
33	DELHI	6	9	21	20	24	24	43	1	148
34	LAKSHADWEEP	9	0	0	0	0	0	0	0	9
35	PUDUCHERRY	9	2	10	11	3	3	2	1	41
	TOTAL (UTs)	30	17	34	41	32	28	49	4	235
	TOTAL (ALL-INDIA)	1896	1903	3419	2154	1310	892	1187	401	13162

TABLE-17.10

Classification of Police Stations By Manpower Strength During 2008

Sl. No.	State/UT	Number Of Police Stations (Sanctioned Strength)					
		Below 10	11 – 20	21 – 30	31 – 40	41 – 50	51 And Above
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	63	835	255	177	107	157
2	ARUNACHAL PRADESH	0	54	15	0	0	0
3	ASSAM	50	102	62	57	41	0
4	BIHAR	266	382	130	28	8	13
5	CHHATTISGARH	50	54	58	59	63	88
6	GOA	0	0	0	2	3	20
7	GUJARAT	1	15	61	87	76	254
8	HARYANA	12	54	64	39	38	44
9	HIMACHAL PRADESH	0	17	21	32	14	17
10	JAMMU & KASHMIR	3	10	21	30	38	71
11	JHARKHAND	117	126	43	33	11	9
12	KARNATAKA	0	2	130	288	185	268
13	KERALA	1	11	39	236	86	83
14	MADHYA PRADESH	37	333	259	112	71	130
15	MAHARASHTRA	1	32	143	158	154	495
16	MANIPUR	0	0	9	0	0	61
17	MEGHALAYA	9	25	2	3	0	0
18	MIZORAM	5	16	11	0	1	2
19	NAGALAND	3	2	7	11	9	14
20	ORISSA	120	268	71	5	2	2
21	PUNJAB	9	17	34	50	44	135
22	RAJASTHAN	1	283	230	138	49	40
23	SIKKIM	0	0	0	0	26	2
24	TAMIL NADU	0	0	872	0	155	231
25	TRIPURA	0	3	28	23	6	4
26	UTTAR PRADESH	39	198	427	284	194	332
27	UTTARAKHAND	6	35	29	18	3	34
28	WEST BENGAL	5	223	105	49	22	75
	TOTAL (STATES)	798	3097	3126	1919	1406	2581
UNION TERRITORIES:							
29	A & N ISLANDS	17	3	0	0	0	1
30	CHANDIGARH	0	0	0	0	0	11
31	D & N HAVELI	0	0	0	1	0	1
32	DAMAN & DIU	0	0	0	1	1	1
33	DELHI	0	0	4	0	0	144
34	LAKSHADWEEP	0	2	5	1	0	1
35	PUDUCHERRY	11	13	12	3	1	1
	TOTAL (UTs)	28	18	21	6	2	160
	TOTAL (ALL-INDIA)	826	3115	3147	1925	1408	2741

TABLE-17.11

Organisational Setup During 2008

Sl. No.	State/UT	Number Of							
		Zones	Ranges	Police Districts	Sub Divisions	Circles	Rural Police Stations	Urban Police Stations	Women Police Stations
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<i>STATES:</i>									
1	ANDHRA PRADESH	14	13	29	153	496	1209	385	27
2	ARUNACHAL PRADESH	1	2	15	5	17	54	15	0
3	ASSAM	2	6	30	30	46	182	130	1
4	BIHAR	5	12	44	113	207	679	148	2
5	CHHATTISGARH	0	5	21	63	0	251	121	4
6	GOA	0	0	2	8	0	9	16	1
7	GUJARAT	14	7	31	92	85	379	115	5
8	HARYANA	0	4	22	48	0	182	69	1
9	HIMACHAL PRADESH	0	3	13	24	0	70	31	0
10	JAMMU & KASHMIR	2	7	24	47	26	102	71	2
11	JHARKHAND	4	7	26	30	112	237	102	24
12	KARNATAKA	9	11	33	131	236	466	407	10
13	KERALA	2	4	18	54	197	301	155	3
14	MADHYA PRADESH	11	15	53	193	0	570	372	9
15	MAHARASHTRA	34	8	45	280	0	667	316	0
16	MANIPUR	3	4	9	21	0	64	6	9
17	MEGHALAYA	0	2	7	9	16	26	13	0
18	MIZORAM	0	2	8	14	0	25	10	0
19	NAGALAND	1	10	11	25	16	19	27	0
20	ORISSA	0	9	36	35	99	300	168	6
21	PUNJAB	3	6	24	77	0	160	129	0
22	RAJASTHAN	9	8	38	0	182	438	303	14
23	SIKKIM	1	1	4	11	0	6	22	0
24	TAMIL NADU	4	12	38	247	287	541	717	196
25	TRIPURA	1	2	4	21	30	39	25	1
26	UTTAR PRADESH	8	19	72	315	390	1131	343	30
27	UTTARAKHAND	0	2	13	72	37	71	54	2
28	WEST BENGAL	3	8	27	82	98	249	230	0
	TOTAL (STATES)	131	189	697	2200	2577	8427	4500	347
<i>UNION TERRITORIES:</i>									
29	A & N ISLANDS	0	0	3	4	4	18	3	1
30	CHANDIGARH	0	0	0	3	0	0	11	0
31	D & N HAVELI	0	0	1	0	0	1	1	0
32	DAMAN & DIU	0	0	2	0	0	1	2	0
33	DELHI	0	3	11	46	0	0	148	0
34	LAKSHADWEEP	1	1	1	1	1	9	0	0
35	PUDUCHERRY	0	0	2	6	15	16	25	3
	TOTAL (UTs)	1	4	20	60	20	45	190	4
	TOTAL (ALL-INDIA)	132	193	717	2260	2597	8472	4690	351

Note: The figures related to Delhi were inadvertently misprinted in the previous year's report. Users are advised to visit our website for the correct version of this Table for the year 2007.

TABLE-17.12

Representation Of SCs/STs And Muslims In Police Force During 2008

Sl. No.	State/UT	Number Of Police Personnel				
		SC	ST	Muslim	Others	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)
STATES:						
1	ANDHRA PRADESH	11750	5501	9833	54180	81264
2	ARUNACHAL PRADESH	68	5545	85	1579	7277
3	ASSAM	2727	5750	2284	40968	51729
4	BIHAR	5599	1628	2712	50152	60091
5	CHHATTISGARH	1533	3850	889	28089	34361
6	GOA	88	308	69	4162	4627
7	GUJARAT	8575	10103	3097	36391	58166
8	HARYANA	2562	0	256	39750	42568
9	HIMACHAL PRADESH	2950	849	187	9060	13046
10	JAMMU & KASHMIR	3092	3129	36910	20637	63768
11	JHARKHAND	3672	7668	1597	38891	51828
12	KARNATAKA	9998	2717	3960	58662	75337
13	KERALA	6698	623	5914	27820	41055
14	MADHYA PRADESH	NA	NA	NA	NA	NA
15	MAHARASHTRA	24630	14691	7281	119764	166366
16	MANIPUR	293	4533	1786	9546	16158
17	MEGHALAYA	328	8184	143	1611	10266
18	MIZORAM	230	8613	19	1018	9880
19	NAGALAND	336	9526	110	471	10443
20	ORISSA	6058	7160	915	26243	40376
21	PUNJAB	17661	20	214	49360	67255
22	RAJASTHAN	8482	7959	506	55824	72771
23	SIKKIM	141	859	3	2598	3601
24	TAMIL NADU	14095	645	3135	71857	89732
25	TRIPURA	3620	6384	924	11615	22543
26	UTTAR PRADESH	23759	2347	7558	104781	138445
27	UTTARAKHAND	3504	955	347	9999	14805
28	WEST BENGAL	11693	3212	6167	57646	78718
	TOTAL (STATES)	174142	122759	96901	932674	1326476
UNION TERRITORIES:						
29	A & N ISLANDS	0	252	242	2269	2763
30	CHANDIGARH	568	0	12	3483	4063
31	D & N HAVELI	21	108	3	81	213
32	DAMAN & DIU	73	8	7	132	220
33	DELHI	10326	4146	1229	44743	60444
34	LAKSHADWEEP @	1	240	2	65	308
35	PUDUCHERRY	417	0	66	1799	2282
	TOTAL (UTs)	11406	4754	1561	52572	70293
	TOTAL (ALL-INDIA)	185548	127513	98462	985246	1396769

Note: NA Stands for data not available

@ In Lakshadweep UT, the maximum number of ST Police personnel are also Muslims.

Tables
Chapter

18

Cyber Crimes

TABLE-18.1

Incidence Of Cases Registered Under Cyber Crimes in States/UTs During 2007 & 2008 and Percentage Variation

SL.No	State/UT	IT ACT			IPC Section		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	ANDHRA PRADESH	16	25	56.3	53	78	47.2
2	ARUNACHAL PRADESH	0	0	@	0	0	@
3	ASSAM	0	1	@	0	1	@
4	BIHAR	0	0	@	0	0	@
5	CHHATTISGARH	5	1	-80.0	52	19	-63.5
6	GOA	3	6	100.0	1	0	-100.0
7	GUJARAT	1	17	1600.0	2	16	700.0
8	HARYANA	0	0	@	1	0	-100.0
9	HIMACHAL PRADESH	0	6	@	0	0	@
10	JAMMU & KASHMIR	0	0	@	0	0	@
11	JHARKHAND	0	0	@	0	0	@
12	KARNATAKA	40	57	42.5	1	0	-100.0
13	KERALA	38	65	71.1	0	2	@
14	MADHYA PRADESH	6	9	50.0	158	2	-98.7
15	MAHARASHTRA	49	37	-24.5	1	2	100.0
16	MANIPUR	0	0	@	0	0	@
17	MEGHALAYA	0	0	@	0	0	@
18	MIZORAM	0	0	@	0	0	@
19	NAGALAND	0	0	@	0	0	@
20	ORISSA	0	3	@	2	12	500.0
21	PUNJAB	14	11	-21.4	35	36	2.9
22	RAJASTHAN	16	4	-75.0	0	0	@
23	SIKKIM	0	0	@	0	0	@
24	TAMIL NADU	10	21	110.0	5	4	-20.0
25	TRIPURA	0	0	@	0	0	@
26	UTTAR PRADESH	5	2	-60.0	0	0	@
27	UTTARAKHAND	1	2	100.0	0	0	@
28	WEST BENGAL	2	0	-100.0	2	2	0.0
	TOTAL (STATES)	206	267	29.6	313	174	-44.4
29	A & N ISLANDS	0	0	@	11	1	-90.9
30	CHANDIGARH	1	8	700.0	0	1	@
31	D & N HAVELI	0	0	@	0	0	@
32	DAMAN & DIU	0	0	@	0	0	@
33	DELHI	10	12	20.0	15	0	-100.0
34	LAKSHADWEEP	0	0	@	0	0	@
35	PUDUCHERRY	0	1	@	0	0	@
	TOTAL (UTS)	11	21	90.9	26	2	-92.3
	TOTAL (ALL INDIA)	217	288	32.7	339	176	-48.1

Note: @ indicates infinite percentage variation because of division by zero

TABLE-18.1 (Concluded)

SL.No	State/UT	IT ACT			IPC Section		
		2007	2008	% Variation	2007	2008	% Variation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
36	AGRA	0	1	@	0	0	@
37	AHMEDABAD	1	8	700.0	2	15	650.0
38	ALLAHABAD	0	0	@	0	0	@
39	AMRITSAR	4	1	-75.0	0	2	@
40	ASANSOL	0	0	@	0	0	@
41	BENGALURU	40	57	42.5	1	0	-100.0
42	BHOPAL	5	2	-60.0	158	2	-98.7
43	CHENNAI	4	1	-75.0	0	0	@
44	COIMBATORE	0	13	@	0	0	@
45	DELHI (CITY)	10	12	20.0	15	0	-100.0
46	DHANBAD	0	0	@	0	0	@
47	FARIDABAD	0	0	@	0	0	@
48	HYDERABAD	2	1	-50.0	0	17	@
49	INDORE	1	7	600.0	0	0	@
50	JABALPUR	0	0	@	0	0	@
51	JAIPUR	0	0	@	0	0	@
52	JAMSHEDPUR	0	0	@	0	0	@
53	KANPUR	1	0	-100.0	0	0	@
54	KOCHI	9	12	33.3	0	0	@
55	KOLKATA	0	0	@	2	2	0.0
56	LUCKNOW	3	0	-100.0	0	0	@
57	LUDHIANA	2	4	100.0	0	2	@
58	MADURAI	0	0	@	0	0	@
59	MEERUT	0	0	@	0	0	@
60	MUMBAI	9	11	22.2	1	1	0.0
61	NAGPUR	8	2	-75.0	0	0	@
62	NASIK	2	0	-100.0	0	0	@
63	PATNA	0	0	@	0	0	@
64	PUNE	14	9	-35.7	0	0	@
65	RAJKOT	0	0	@	0	1	@
66	SURAT	0	1	@	0	0	@
67	VADODARA	0	2	@	0	0	@
68	VARANASI	0	0	@	0	0	@
69	VIJAYAWADA	3	0	-100.0	1	0	-100.0
70	VISHAKHAPATNAM	0	0	@	0	0	@
	Total (Cities)	118	144	22.0	180	42	-76.7

TABLE -18.2

Person Arrested Under IT Act By Age Group During 2008 (States & UTs)

Sl.No.	State/UT	Below 18 years	Between 18 – 30 years	Between 30 – 45 years	Between 45 – 60 years	Above 60 years	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	0	4	1	0	0	5
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0
5	CHHATTISGARH	0	1	0	0	0	1
6	GOA	0	1	0	1	0	2
7	GUJARAT	1	14	4	0	0	19
8	HARYANA	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	1	2	0	0	3
10	JAMMU & KASHMIR	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0
12	KARNATAKA	0	2	4	0	0	6
13	KERALA	0	18	13	1	0	32
14	MADHYA PRADESH	0	6	2	0	0	8
15	MAHARASHTRA	3	34	16	5	0	58
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0
20	ORISSA	0	3	0	0	0	3
21	PUNJAB	0	10	1	0	0	11
22	RAJASTHAN	0	1	0	0	0	1
23	SIKKIM	0	0	0	0	0	0
24	TAMIL NADU	0	2	4	0	0	6
25	TRIPURA	0	0	0	0	0	0
26	UTTAR PRADESH	0	2	2	0	0	4
27	UTTARAKHAND	0	2	0	0	0	2
28	WEST BENGAL	0	0	0	0	0	0
	TOTAL (STATES)	4	101	49	7	0	161
UNION TERRITORIES:							
29	A & N ISLANDS	0	0	0	0	0	0
30	CHANDIGARH	0	2	6	0	1	9
31	D & N HAVELI	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	0	5	2	0	0	7
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	1	0	0	0	1
	TOTAL (UTs)	0	8	8	0	1	17
	TOTAL (ALL-INDIA)	4	109	57	7	1	178

TABLE -18.2 (Concluded)

Sl.No.	City	Below 18 years	Between 18 – 30 years	Between 30 – 45 years	Between 45 – 60 years	Above 60 years	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>CITIES</i>							
36	AGRA	0	2	2	0	0	4
37	AHMEDABAD	1	12	1	0	0	14
38	ALLAHABAD	0	0	0	0	0	0
39	AMRITSAR	0	0	0	0	0	0
40	ASANSOL	0	0	0	0	0	0
41	BENGALURU	0	2	4	0	0	6
42	BHOPAL	0	4	0	0	0	4
43	CHENNAI	0	1	0	0	0	1
44	COIMBATORE	0	0	0	0	0	0
45	DELHI (CITY)	0	5	2	0	0	7
46	DHANBAD	0	0	0	0	0	0
47	FARIDABAD	0	0	0	0	0	0
48	HYDERABAD	0	0	0	0	0	0
49	INDORE	0	2	2	0	0	4
50	JABALPUR	0	0	0	0	0	0
51	JAIPUR	0	1	0	0	0	1
52	JAMSHEDPUR	0	0	0	0	0	0
53	KANPUR	0	0	0	0	0	0
54	KOCHI	0	3	2	1	0	6
55	KOLKATA	0	0	0	0	0	0
56	LUCKNOW	0	0	0	0	0	0
57	LUDHIANA	0	4	0	0	0	4
58	MADURAI	0	0	0	0	0	0
59	MEERUT	0	0	0	0	0	0
60	MUMBAI	3	23	3	1	0	30
61	NAGPUR	0	0	0	0	0	0
62	NASIK	0	0	0	0	0	0
63	PATNA	0	0	0	0	0	0
64	PUNE	0	4	1	0	0	5
65	RAJKOT	0	0	0	0	0	0
66	SURAT	0	2	3	0	0	5
67	VADODARA	0	0	0	0	0	0
68	VARANASI	0	0	0	0	0	0
69	VIJAYAWADA	0	0	0	0	0	0
70	VISHAKHAPATNAM	0	0	0	0	0	0
	Total (Cities)	4	65	20	2	0	91

TABLE -18.3

Person Arrested Under IPC Section of Cyber Crime By Age Group During 2008 (States & UTs)

SL.NO.	State/UT	Below 18 years	Between 18 - 30 years	Between 30 - 45 years	Between 45 - 60 years	Above 60 years	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	0	25	66	14	0	105
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0
4	BIHAR	0	0	0	0	0	0
5	CHHATTISGARH	2	12	10	0	0	24
6	GOA	0	0	0	0	0	0
7	GUJARAT	0	1	1	0	0	2
8	HARYANA	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0	0
13	KERALA	0	0	0	0	0	0
14	MADHYA PRADESH	0	0	0	0	0	0
15	MAHARASHTRA	0	1	1	0	0	2
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0
20	ORISSA	0	9	6	0	0	15
21	PUNJAB	0	11	27	7	0	45
22	RAJASTHAN	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	0	0	0
25	TRIPURA	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0
28	WEST BENGAL	0	1	0	0	0	1
	TOTAL (STATES)	2	60	111	21	0	194
UNION TERRITORIES							
29	A & N ISLANDS	0	0	0	0	0	0
30	CHANDIGARH	0	0	0	1	0	1
31	D & N HAVELI	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0
	TOTAL (UTs)	0	0	0	1	0	1
	TOTAL (ALL-INDIA)	2	60	111	22	0	195

TABLE -18.3 (Concluded)

Person Arrested Under IPC Section of Cyber Crime By Age Group During 2008

SL.NO.	City	Below 18 years	Between 18 and Below 30 years	Between 30 and 45 years	Between 45 – 60 years	Above 60 years	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
CITIES:							
36	AGRA	0	0	0	0	0	0
37	AHMEDABAD	0	1	0	0	0	1
38	ALLAHABAD	0	0	0	0	0	0
39	AMRITSAR	0	0	1	0	0	1
40	ASANSOL	0	0	0	0	0	0
41	BENGALURU	0	0	0	0	0	0
42	BHOPAL	0	0	0	0	0	0
43	CHENNAI	0	0	0	0	0	0
44	COIMBATORE	0	0	0	0	0	0
45	DELHI (CITY)	0	0	0	0	0	0
46	DHANBAD	0	0	0	0	0	0
47	FARIDABAD	0	0	0	0	0	0
48	HYDERABAD	0	0	3	0	0	3
49	INDORE	0	0	0	0	0	0
50	JABALPUR	0	0	0	0	0	0
51	JAIPUR	0	0	0	0	0	0
52	JAMSHEDPUR	0	0	0	0	0	0
53	KANPUR	0	0	0	0	0	0
54	KOCHI	0	0	0	0	0	0
55	KOLKATA	0	1	0	0	0	1
56	LUCKNOW	0	0	0	0	0	0
57	LUDHIANA	0	1	0	0	0	1
58	MADURAI	0	0	0	0	0	0
59	MEERUT	0	0	0	0	0	0
60	MUMBAI	0	1	0	0	0	1
61	NAGPUR	0	0	0	0	0	0
62	NASIK	0	0	0	0	0	0
63	PATNA	0	0	0	0	0	0
64	PUNE	0	0	0	0	0	0
65	RAJKOT	0	0	1	0	0	1
66	SURAT	0	0	0	0	0	0
67	VADODARA	0	0	0	0	0	0
68	VARANASI	0	0	0	0	0	0
69	VIJAYAWADA	0	0	0	0	0	0
70	VISHAKHAPATNAM	0	0	0	0	0	0
Total (Cities)		0	4	5	0	0	9

TABLE - 18.4

**Incidence Of Cases Registered And Number Of Persons Arrested Under Cyber Crimes
(IT Act + IPC Section) During 2008
(All-India)**

Sl. No	Crime Head	Cases Registered	Persons Arrested
(1)	(2)	(3)	(4)
A. Offences under IT Act			
1	Tampering computer source documents	26	26
2	Hacking with Computer Systems		
	i) Loss/damage to computer resource/utility	56	41
	ii) Hacking	82	15
3	Obscene publication/transmission in electronic form	105	90
4	Failure		
	i) Of compliance/orders of certifying Authority	1	2
	ii) To assist in decrypting the information intercepted by Govt. Agency	0	0
5	Un-authorized access/attempt to access of protected Computer system	3	1
6	Obtaining License or Digital Signature Certificate by misrepresentation/suppression of fact	0	0
7	Publishing false digital Signature Certificate	0	0
8	Fraud Digital Signature Certificate	3	0
9	Breach of confidentiality/privacy	8	3
10	Other	4	0
12	Total (A)	288	178
B. Offences under IPC			
1	Offences by/Against Public Servant	0	0
2	False electronic evidence	1	0
3	Destruction of electronic evidence	0	0
4	Forgery	55	61
5	Criminal Breach of Trust/Fraud	79	96
6	Counterfeiting		
	i) Property/mark	17	20
	ii) Tampering	3	0
	iii) Currency/Stamps	21	18
7	Total (B)	176	195
Grant Total (A+B)		464	373

TABLE - 18.5
Person Arrested Under Cyber Crime (IT Act + IPC Section) By Age Group During 2008
(All-India)

Sl. No	Crime Head	Below 18 Years	Between 18 – 30 Years	Between 30 –45 Years	Between 45 – 60 Years	Above 60 Years	Total (All Age Groups)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
A. Offences under IT Act							
1	Tampering computer source documents	0	11	13	2	0	26
2	Hacking with Computer Systems						
	i) Loss/damage to computer resource/utility	0	26	14	1	0	41
	ii) Hacking	0	8	7	0	0	15
3	Obscene publication/transmission in electronic form	4	61	21	3	1	90
4	Failure						
	i) Of compliance/orders of certifying Authority	0	1	0	1	0	2
	ii) To assist in decrypting the information intercepted by Govt. Agency	0	0	0	0	0	0
5	Un-authorized access/attempt to access of protected Computer system	0	0	1	0	0	1
6	Obtaining License or Digital Signature Certificate by misrepresentation/suppression of fact	0	0	0	0	0	0
7	Publishing false digital Signature Certificate	0	0	0	0	0	0
8	Fraud Digital Signature Certificate	0	0	0	0	0	0
9	Breach of confidentiality/privacy	0	2	1	0	0	3
10	Other	0	0	0	0	0	0
11	Total (A)	4	109	57	7	1	178
B. Offences under IPC							
1	Offences by/Against Public Servant	0	0	0	0	0	0
2	False electronic evidence	0	0	0	0	0	0
3	Destruction of electronic evidence	0	0	0	0	0	0
4	Forgery	0	20	34	7	0	61
5	Criminal Breach of Trust/Fraud	0	24	58	14	0	96
6	Counterfeiting						
	i) Property/mark	2	8	10	0	0	20
	ii) Tampering	0	0	0	0	0	0
	iii) Currency/Stamps	0	8	9	1	0	18
7	Total (B)	2	60	111	22	0	195
Grant Total (A+B)		6	169	168	29	1	373

TABLE - 18.6
Incidence Of Cyber Crimes Cases Registered During 2008 (IT Act 2000)

Sl. No.	State/UT	Tampering Computer Source Document (Sec. 65)	Hacking		Obscene Publication / Transmission / In Electronic Form Sec. 67	Failure	
			Loss / damage to computer resource / Utility (Sec. 66(1))	Hacking (Sec. 66(2))		Of compliance / orders of certifying Authority (Sec. 68)	To assist to decoy or the information in interception by Govt. Agency (Sec. 69)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
STATES:							
1	ANDHRA PRADESH	0	19	4	2	0	0
2	ARUNACHAL PRADESH	0	0	0	0	0	0
3	ASSAM	0	0	1	0	0	0
4	BIHAR	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	1	0	0
6	GOA	0	4	2	0	0	0
7	GUJARAT	1	0	4	9	0	0
8	HARYANA	0	0	0	0	0	0
9	HIMACHAL PRADESH	1	0	0	4	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0
12	KARNATAKA	0	0	54	3	0	0
13	KERALA	6	10	7	39	0	0
14	MADHYA PRADESH	1	0	3	5	0	0
15	MAHARASHTRA	3	15	1	17	1	0
16	MANIPUR	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0
20	ORISSA	0	0	0	2	0	0
21	PUNJAB	2	0	0	9	0	0
22	RAJASTHAN	3	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0
24	TAMIL NADU	5	8	0	2	0	0
25	TRIPURA	0	0	0	0	0	0
26	UTTAR PRADESH	2	0	0	0	0	0
27	UTTARAKHAND	1	0	0	0	0	0
28	WEST BENGAL	0	0	0	0	0	0
	TOTAL (STATES)	25	56	76	93	1	0
UNION TERRITORIES:							
29	A & N ISLANDS	0	0	0	0	0	0
30	CHANDIGARH	1	0	1	4	0	0
31	D & N HAVELI	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0
33	DELHI	0	0	5	7	0	0
34	LAKSHADWEEP	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	1	0	0
	TOTAL (UTS)	1	0	6	12	0	0
	TOTAL (ALL INDIA)	26	56	82	105	1	0

TABLE - 18.6 (Continued)

Sl. No.	Cities	Tampering Computer Source Document (Sec. 65)	Hacking		Obscene Publication / Transmission / In Electronic Form Sec. 67	Failure	
			Loss / damage to computer resource / Utility (Sec. 66(1))	Hacking (Sec. 66(2))		Of compliance / orders of certifying Authority (Sec. 68)	To assist to decoy or the information in interception by Govt. Agency (Sec. 69)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<i>CITIES</i>							
36	AGRA	0	0	0	0	0	0
37	AHMEDABAD	0	0	0	8	0	0
38	ALLAHABAD	0	0	0	0	0	0
39	AMRITSAR	1	0	0	0	0	0
40	ASANSOL	0	0	0	0	0	0
41	BENGALURU	0	0	54	3	0	0
42	BHOPAL	0	0	0	0	0	0
43	CHENNAI	0	0	0	1	0	0
44	COIMBATORE	5	3	0	0	0	0
45	DELHI (CITY)	0	0	4	3	0	0
46	DHANBAD	0	0	0	0	0	0
47	FARIDABAD	0	0	0	0	0	0
48	HYDERABAD	0	0	1	0	0	0
49	INDORE	0	0	3	3	0	0
50	JABALPUR	0	0	0	0	0	0
51	JAIPUR	0	0	0	0	0	0
52	JAMSHEDPUR	0	0	0	0	0	0
53	KANPUR	0	0	0	0	0	0
54	KOCHI	1	7	1	3	0	0
55	KOLKATA	0	0	0	0	0	0
56	LUCKNOW	0	0	0	0	0	0
57	LUDHIANA	0	0	0	4	0	0
58	MADURAI	0	0	0	0	0	0
59	MEERUT	0	0	0	0	0	0
60	MUMBAI	0	5	0	6	0	0
61	NAGPUR	0	1	0	1	0	0
62	NASIK	0	0	0	0	0	0
63	PATNA	0	0	0	0	0	0
64	PUNE	1	2	1	5	0	0
65	RAJKOT	0	0	0	0	0	0
66	SURAT	1	0	0	0	0	0
67	VADODARA	0	0	1	0	0	0
68	VARANASI	0	0	0	0	0	0
69	VIJAYAWADA	0	0	0	0	0	0
70	VISHAKHAPATNAM	0	0	0	0	0	0
Total(cities)		9	18	65	37	0	0

TABLE 18.6 (Continued)

Sl. No.	State/UT	Un- authorised access / attempt to access of protected Computer system (Sec. 70)	Obtaining Licence or Digital Signature by misrepre- sentation / suppression of fact (Sec. 71)	Publishing false digital Signature certificate (Sec. 73)	Fraud Digital Signature (Sec. 74)	Breach of confidentiality/ privacy (Sec. 72)	Others	Total
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<i>STATES:</i>								
1	ANDHRA PRADESH	0	0	0	0	0	0	25
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	1
4	BIHAR	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	0	0	0	1
6	GOA	0	0	0	0	0	0	6
7	GUJARAT	0	0	0	1	2	0	17
8	HARYANA	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	1	0	0	6
10	JAMMU & KASHMIR	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0	0	57
13	KERALA	0	0	0	1	2	0	65
14	MADHYA PRADESH	0	0	0	0	0	0	9
15	MAHARASHTRA	0	0	0	0	0	0	37
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	1	0	3
21	PUNJAB	0	0	0	0	0	0	11
22	RAJASTHAN	0	0	0	0	1	0	4
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	1	0	0	0	1	4	21
25	TRIPURA	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	2
27	UTTARAKHAND	0	0	0	0	1	0	2
28	WEST BENGAL	0	0	0	0	0	0	0
	TOTAL (STATES)	1	0	0	3	8	4	267
<i>UNION TERRITORIES:</i>								
29	A & N ISLANDS	0	0	0	0	0	0	0
30	CHANDIGARH	2	0	0	0	0	0	8
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	12
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0		1
	TOTAL (UTS)	2	0	0	0	0	0	21
	TOTAL (ALL INDIA)	3	0	0	3	8	4	288

TABLE 18.6 (Concluded)

Sl. No.	City	Un- authorised access / attempt to access of protected Computer system (Sec. 70)	Obtaining Licence or Digital Signature by misrepre- sentation / suppression of fact (Sec. 71)	Publishing false digital Signature certificate (Sec. 73)	Fraud Digital Signature (Sec. 74)	Breach of confidentiality/p rivacy (Sec. 72)	Others	Total
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<i>CITIES</i>								
36	AGRA	0	0	0	0	0	1	1
37	AHMEDABAD	0	0	0	0	0	0	8
38	ALLAHABAD	0	0	0	0	0	0	0
39	AMRITSAR	0	0	0	0	0	0	1
40	ASANSOL	0	0	0	0	0	0	0
41	BENGALURU	0	0	0	0	0	0	57
42	BHOPAL	0	0	0	0	0	2	2
43	CHENNAI	0	0	0	0	0	0	1
44	COIMBATORE	0	0	0	0	1	4	13
45	DELHI (CITY)	0	0	0	0	0	5	12
46	DHANBAD	0	0	0	0	0	0	0
47	FARIDABAD	0	0	0	0	0	0	0
48	HYDERABAD	0	0	0	0	0	0	1
49	INDORE	1	0	0	0	0	0	7
50	JABALPUR	0	0	0	0	0	0	0
51	JAIPUR	0	0	0	0	0	0	0
52	JAMSHEDPUR	0	0	0	0	0	0	0
53	KANPUR	0	0	0	0	0	0	0
54	KOCHI	0	0	0	0	0	0	12
55	KOLKATA	0	0	0	0	0	0	0
56	LUCKNOW	0	0	0	0	0	0	0
57	LUDHIANA	0	0	0	0	0	0	4
58	MADURAI	0	0	0	0	0	0	0
59	MEERUT	0	0	0	0	0	0	0
60	MUMBAI	0	0	0	0	0	0	11
61	NAGPUR	0	0	0	0	0	0	2
62	NASIK	0	0	0	0	0	0	0
63	PATNA	0	0	0	0	0	0	0
64	PUNE	0	0	0	0	0	0	9
65	RAJKOT	0	0	0	0	0	0	0
66	SURAT	0	0	0	0	0	0	1
67	VADODARA	0	0	0	1	0	0	2
68	VARANASI	0	0	0	0	0	0	0
69	VIJAYAWADA	0	0	0	0	0	0	0
70	VISHAKHAPATNAM	0	0	0	0	0	0	0
Total(cities)		1	0	0	1	1	12	144

TABLE - 18.7
Incidence Of Cyber Crimes Cases Registered During 2008 (Offences under IPC)

Sl. No.	State /UT	Offences by / Against Public Servant	False electronic evidence	Destruction of electronic evidence	Forgery	Criminal Breach of Trust / Fraud	Counterfeiting			Total
							Property mark	Tampering	Currency / Stamps	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	ANDHRA PRADESH	0	0	0	33	21	12	0	12	78
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	1	0	0	0	0	1
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	0	0	0	1	11	4	3	0	19
6	GOA	0	0	0	0	0	0	0	0	0
7	GUJARAT	0	0	0	0	16	0	0	0	16
8	HARYANA	0	0	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	0	0	0	0	0	0	0	0	0
13	KERALA	0	0	0	2	0	0	0	0	2
14	MADHYA PRADESH	0	0	0	1	1	0	0	0	2
15	MAHARASHTRA	0	0	0	2	0	0	0	0	2
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	11	1	0	0	12
21	PUNJAB	0	1	0	7	19	0	0	9	36
22	RAJASTHAN	0	0	0	0	0	0	0	0	0
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	0	0	0	4	0	0	0	0	4
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	0	0	0	0
27	UTTARAKHAND	0	0	0	0	0	0	0	0	0
28	WEST BENGAL	0	0	0	2	0	0	0	0	2
	TOTAL (STATES)	0	1	0	53	79	17	3	21	174
	UNION TERRITORIES :									
29	A & N ISLANDS	0	0	0	1	0	0	0	0	1
30	CHANDIGARH	0	0	0	1	0	0	0	0	1
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	0	0	0	0
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	0	0
	TOTAL (UTS)	0	0	0	2	0	0	0	0	2
	TOTAL (ALL INDIA)	0	1	0	55	79	17	3	21	176

TABLE - 18.7 (Concluded)

Sl. No.	Cities	Offences by / Against Public Servant	False electronic evidence	Destruction of electronic evidence	Forgery	Criminal Breach of Trust / Fraud	Property/mark			Total
							Counter-feiting	Tampering	Currency / Stamps	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
36	AGRA	0	0	0	0	0	0	0	0	0
37	AHMEDABAD	0	0	0	0	15	0	0	0	15
38	ALLAHABAD	0	0	0	0	0	0	0	0	0
39	AMRITSAR	0	0	0	2	0	0	0	0	2
40	ASANSOL	0	0	0	0	0	0	0	0	0
41	BENGALURU	0	0	0	0	0	0	0	0	0
42	BHOPAL	0	0	0	1	1	0	0	0	2
43	CHENNAI	0	0	0	0	0	0	0	0	0
44	COIMBATORE	0	0	0	0	0	0	0	0	0
45	DELHI (CITY)	0	0	0	0	0	0	0	0	0
46	DHANBAD	0	0	0	0	0	0	0	0	0
47	FARIDABAD	0	0	0	0	0	0	0	0	0
48	HYDERABAD	0	0	0	9	8	0	0	0	17
49	INDORE	0	0	0	0	0	0	0	0	0
50	JABALPUR	0	0	0	0	0	0	0	0	0
51	JAIPUR	0	0	0	0	0	0	0	0	0
52	JAMSHEDPUR	0	0	0	0	0	0	0	0	0
53	KANPUR	0	0	0	0	0	0	0	0	0
54	KOCHI	0	0	0	0	0	0	0	0	0
55	KOLKATA	0	0	0	2	0	0	0	0	2
56	LUCKNOW	0	0	0	0	0	0	0	0	0
57	LUDHIANA	0	0	0	2	0	0	0	0	2
58	MADURAI	0	0	0	0	0	0	0	0	0
59	MEERUT	0	0	0	0	0	0	0	0	0
60	MUMBAI	0	0	0	1	0	0	0	0	1
61	NAGPUR	0	0	0	0	0	0	0	0	0
62	NASIK	0	0	0	0	0	0	0	0	0
63	PATNA	0	0	0	0	0	0	0	0	0
64	PUNE	0	0	0	0	0	0	0	0	0
65	RAJKOT	0	0	0	0	1	0	0	0	1
66	SURAT	0	0	0	0	0	0	0	0	0
67	VADODARA	0	0	0	0	0	0	0	0	0
68	VARANASI	0	0	0	0	0	0	0	0	0
69	VIJAYAWADA	0	0	0	0	0	0	0	0	0
70	VISHAKHAPATNAM	0	0	0	0	0	0	0	0	0
TOTAL(CITIES)		0	0	0	17	25	0	0	0	42

TABLE -18.8

Cases Registered Under Cyber Crimes Categorized By Motives and Suspects During 2008 (States & UTs)

Sl. State/UT No.	Motives									Total
	Revenge / Settling scores	Greed/ Money	Extortion	Cause Disrepute	Prank/ Satisfaction of Gaining Control	Fraud / Illegal Gain	Eye Teasing / Harassment	Others		
(1) (2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
STATES:										
1	ANDHRA PRADESH	1	2	0	8	0	16	0	76	103
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	0	0	1	1	2
4	BIHAR	0	0	0	0	0	0	0	0	0
5	CHHATTISGARH	1	9	0	7	0	2	0	1	20
6	GOA	0	3	0	0	0	0	3	0	6
7	GUJARAT	0	9	0	0	0	15	1	8	33
8	HARYANA	0	0	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	0	0	0	0	0	2	3	1	6
10	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0	0	0
12	KARNATAKA	0	54	0	0	0	0	3	0	57
13	KERALA	2	17	0	10	0	5	13	20	67
14	MADHYA PRADESH	0	2	0	0	0	2	5	2	11
15	MAHARASHTRA	6	6	0	0	0	16	10	1	39
16	MANIPUR	0	0	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	15	0	0	15
21	PUNJAB	0	8	0	0	0	7	9	23	47
22	RAJASTHAN	0	0	0	0	0	0	4	0	4
23	SIKKIM	0	0	0	0	0	0	0	0	0
24	TAMIL NADU	2	3	0	0	0	15	3	2	25
25	TRIPURA	0	0	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	2	0	0	2
27	UTTARAKHAND	0	1	0	0	0	0	1	0	2
28	WEST BENGAL	0	0	0	0	0	0	0	2	2
	TOTAL (STATES)	12	114	0	25	0	97	56	137	441
UNION TERRITORIES:										
29	A & N ISLANDS	0	0	0	0	0	0	0	1	1
30	CHANDIGARH	4	3	0	0	0	0	0	2	9
31	D & N HAVELI	0	0	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0	0	0
33	DELHI	0	0	0	0	0	5	7	0	12
34	LAKSHADWEEP	0	0	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	0	0	1	1
	TOTAL (UTs)	4	3	0	0	0	5	7	4	23
	TOTAL (ALL-INDIA)	16	117	0	25	0	102	63	141	464

TABLE -18.8 (Continued)

Sl. City No.	Motives								Total	
	Revenge / Settling scores	Greed/ Money	Extortion	Cause Disrepute	Prank/ Satisfaction of Gaining Control	Fraud / Illegal Gain	Eve Teasing / Harassment	Others		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
CITIES:										
36	AGRA	0	0	0	0	0	1	0	0	1
37	AHMEDABAD	0	0	0	0	0	15	0	8	23
38	ALLAHABAD	0	0	0	0	0	0	0	0	0
39	AMRITSAR	0	0	0	0	0	0	1	2	3
40	ASANSOL	0	0	0	0	0	0	0	0	0
41	BENGALURU	0	54	0	0	0	0	3	0	57
42	BHOPAL	0	0	0	0	0	0	2	2	4
43	CHENNAI	0	0	0	0	0	0	0	1	1
44	COIMBATORE	1	2	0	0	0	8	0	2	13
45	DELHI (CITY)	0	0	0	0	0	5	7	0	12
46	DHANBAD	0	0	0	0	0	0	0	0	0
47	FARIDABAD	0	0	0	0	0	0	0	0	0
48	HYDERABAD	0	0	0	0	0	2	0	16	18
49	INDORE	0	2	0	0	0	2	3	0	7
50	JABALPUR	0	0	0	0	0	0	0	0	0
51	JAIPUR	0	0	0	0	0	0	0	0	0
52	JAMSHEDPUR	0	0	0	0	0	0	0	0	0
53	KANPUR	0	0	0	0	0	0	0	0	0
54	KOCHI	0	3	0	0	0	0	4	5	12
55	KOLKATA	0	0	0	0	0	0	0	2	2
56	LUCKNOW	0	0	0	0	0	0	0	0	0
57	LUDHIANA	0	0	0	0	0	2	4	0	6
58	MADURAI	0	0	0	0	0	0	0	0	0
59	MEERUT	0	0	0	0	0	0	0	0	0
60	MUMBAI	6	0	0	0	0	5	0	1	12
61	NAGPUR	0	0	0	0	0	1	1	0	2
62	NASIK	0	0	0	0	0	0	0	0	0
63	PATNA	0	0	0	0	0	0	0	0	0
64	PUNE	0	3	0	0	0	1	5	0	9
65	RAJKOT	0	1	0	0	0	0	0	0	1
66	SURAT	0	1	0	0	0	0	0	0	1
67	VADODARA	0	2	0	0	0	0	0	0	2
68	VARANASI	0	0	0	0	0	0	0	0	0
69	VIJAYAWADA	0	0	0	0	0	0	0	0	0
70	VISHAKHAPATNAM	0	0	0	0	0	0	0	0	0
TOTAL(CITIES)		7	68	0	0	0	42	30	39	186

TABLE -18.8 (Continued)

Sl. No.	State/UT	Suspects					Others	Total
		Foreign National /Group	Disgruntled Employee / Employee	Cracker / Student / Professional learners	Business Competitor	Neighbours / Friends & Relatives		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
STATES:								
1	ANDHRA PRADESH	0	2	1	0	0	100	103
2	ARUNACHAL PRADESH	0	0	0	0	0	0	0
3	ASSAM	0	0	0	0	1	1	2
4	BIHAR	0	0	0	0	0	0	0
5	CHHATTISGARH	1	11	0	4	3	1	20
6	GOA	0	2	0	0	0	4	6
7	GUJARAT	1	0	0	0	0	32	33
8	HARYANA	0	0	0	0	0	0	0
9	HIMACHAL PRADESH	1	0	0	0	1	4	6
10	JAMMU & KASHMIR	0	0	0	0	0	0	0
11	JHARKHAND	0	0	0	0	0	0	0
12	KARNATAKA	1	0	0	0	3	53	57
13	KERALA	2	0	3	4	7	51	67
14	MADHYA PRADESH	0	0	1	0	0	10	11
15	MAHARASHTRA	0	4	2	0	10	23	39
16	MANIPUR	0	0	0	0	0	0	0
17	MEGHALAYA	0	0	0	0	0	0	0
18	MIZORAM	0	0	0	0	0	0	0
19	NAGALAND	0	0	0	0	0	0	0
20	ORISSA	0	0	0	0	0	15	15
21	PUNJAB	2	6	0	0	1	38	47
22	RAJASTHAN	0	0	0	0	0	4	4
23	SIKKIM	0	0	0	0	0	0	0
24	TAMIL NADU	0	1	0	0	4	20	25
25	TRIPURA	0	0	0	0	0	0	0
26	UTTAR PRADESH	0	0	0	0	0	2	2
27	UTTARAKHAND	0	0	0	0	0	2	2
28	WEST BENGAL	0	0	0	0	0	2	2
	TOTAL (STATES)	8	26	7	8	30	362	441
UNION TERRITORIES:								
29	A & N ISLANDS	0	0	0	0	0	1	1
30	CHANDIGARH	0	3	0	0	1	5	9
31	D & N HAVELI	0	0	0	0	0	0	0
32	DAMAN & DIU	0	0	0	0	0	0	0
33	DELHI	0	0	1	3	1	7	12
34	LAKSHADWEEP	0	0	0	0	0	0	0
35	PUDUCHERRY	0	0	0	0	0	1	1
	TOTAL (UTs)	0	3	1	3	2	14	23
	TOTAL (ALL-INDIA)	8	29	8	11	32	376	464

TABLE -18.8 (Concluded)

Sl. No.	City	Suspects					Others	Total
		Foreign National /Group	Disgruntled Employee / Employee	Cracker / Student / Professional learners	Business Competitor	Neighbours / Friends & Relatives		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
CITIES								
36	AGRA	0	0	0	0	0	1	1
37	AHMEDABAD	0	0	0	0	0	23	23
38	ALLAHABAD	0	0	0	0	0	0	0
39	AMRITSAR	1	0	0	0	1	1	3
40	ASANSOL	0	0	0	0	0	0	0
41	BENGALURU	1	0	0	0	3	53	57
42	BHOPAL	0	0	0	0	0	4	4
43	CHENNAI	0	0	0	0	0	1	1
44	COIMBATORE	2	0	4	1	1	5	13
45	DELHI (CITY)	0	0	1	3	1	7	12
46	DHANBAD	0	0	0	0	0	0	0
47	FARIDABAD	0	0	0	0	0	0	0
48	HYDERABAD	0	0	0	0	0	18	18
49	INDORE	0	0	1	0	0	6	7
50	JABALPUR	0	0	0	0	0	0	0
51	JAIPUR	0	0	0	0	0	0	0
52	JAMSHEDPUR	0	0	0	0	0	0	0
53	KANPUR	0	0	0	0	0	0	0
54	KOCHI	0	0	0	2	4	6	12
55	KOLKATA	0	0	0	0	0	2	2
56	LUCKNOW	0	0	0	0	0	0	0
57	LUDHIANA	0	0	0	0	0	6	6
58	MADURAI	0	0	0	0	0	0	0
59	MEERUT	0	0	0	0	0	0	0
60	MUMBAI	0	0	1	0	7	4	12
61	NAGPUR	0	0	0	0	0	2	2
62	NASIK	0	0	0	0	0	0	0
63	PATNA	0	0	0	0	0	0	0
64	PUNE	0	1	0	0	1	7	9
65	RAJKOT	0	0	0	0	0	1	1
66	SURAT	1	0	0	0	0	0	1
67	VADODARA	0	0	0	0	0	2	2
68	VARANASI	0	0	0	0	0	0	0
69	VIJAYAWADA	0	0	0	0	0	0	0
70	VISHAKHAPATNAM	0	0	0	0	0	0	0
TOTAL(CITIES)		5	1	7	6	18	149	186

Tables
Chapter

19

Crime in Railways

TABLE-19.1

**Incidence of Total IPC Crimes Reported by GRP and Percentage Variation
During 2006 to 2008**

Sl. No.	State/UT	2006	2007	2008	Percentage Variation in	
					2007 over 2006	2008 over 2007
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	ANDHRA PRADESH	871	993	1064	14.0	7.2
2	ASSAM	355	272	251	-23.4	-7.7
3	BIHAR	2352	2076	2238	-11.7	7.8
4	CHHATTISGARH	386	291	301	-24.6	3.4
5	GUJARAT	1316	1259	1156	-4.3	-8.2
6	HARYANA	859	1139	1260	32.6	10.6
7	HIMACHAL PRADESH	6	4	8	-33.3	100.0
8	JAMMU & KASHMIR	20	27	13	35.0	-51.9
9	JHARKHAND	591	546	429	-7.6	-21.4
10	KARNATAKA	543	488	447	-10.1	-8.4
11	KERALA	204	214	209	4.9	-2.3
12	MADHYA PRADESH	2078	2006	2029	-3.5	1.1
13	MAHARASHTRA	3276	3389	3924	3.4	15.8
14	ORISSA	756	624	808	-17.5	29.5
15	PUNJAB	302	306	401	1.3	31.0
16	RAJASTHAN	1032	972	745	-5.8	-23.4
17	TAMIL NADU	446	450	637	0.9	41.6
18	UTTAR PRADESH	1683	2153	2632	27.9	22.2
19	WEST BENGAL	1346	1028	1197	-23.6	16.4
20	DELHI UT	1076	926	951	-13.9	2.7
21	TOTAL (ALL-INDIA)	19498	19163	20700	-1.7	8.0

TABLE-19.2

Incidence of IPC Crimes Reported by GRP During 2006

Sl. No.	State/UT	Murder (Sec 302, 303 IPC)	Attempt to Commit Murder (Sec 307 IPC)	CH. not Amounting to Murder (Sec 304, 308 IPC)	Rape (Sec 376 IPC)	Kidnapping & Abduction (Sec 363-369, 371-373 IPC)			Dacoity (Sec 395- 398 IPC)	Preparation & Assembly for Dacoity (Sec 399-402 IPC)
						Total	Women & Girls	Others		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	ANDHRA PRADESH	20	1	0	2	4	2	2	7	0
2	ASSAM	6	0	0	1	1	0	1	3	0
3	BIHAR	50	18	4	7	27	7	20	49	6
4	CHHATTISGARH	4	1	0	1	0	0	0	1	0
5	GUJARAT	13	5	1	2	6	4	2	4	0
6	HARYANA	20	4	1	1	1	1	0	3	0
7	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
8	JAMMU & KASHMIR	0	0	0	0	0	0	0	0	0
9	JHARKHAND	16	0	0	2	0	0	0	30	2
10	KARNATAKA	22	2	0	0	2	0	2	3	0
11	KERALA	0	0	0	0	0	0	0	0	1
12	MADHYA PRADESH	10	4	4	5	5	2	3	1	4
13	MAHARASHTRA	26	3	2	6	8	7	1	14	1
14	ORISSA	10	2	1	3	8	5	3	3	3
15	PUNJAB	12	2	2	1	0	0	0	0	0
16	RAJASTHAN	7	5	0	0	10	5	5	2	1
17	TAMIL NADU	0	2	1	2	0	0	0	1	0
18	UTTAR PRADESH	18	22	6	1	7	3	4	5	0
19	WEST BENGAL	26	6	4	1	12	10	2	8	37
20	DELHI UT	5	2	0	1	11	10	1	0	3
21	TOTAL (ALL-INDIA)	265	79	26	36	102	56	46	134	58

TABLE-19.2 (Concluded)

Sl. No.	State/UT	Robbery (Sec 392-394, 397,398 IPC)	Burglary (Sec 449-452, 454, 455, 457-460 IPC)	Theft (Sec 379-382 IPC)	Riots (Sec 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Arson (Sec 435, 436, 438 IPC)	Hurt (Sec 323-333, 335-338 IPC)	Causing Death by Negligence (Sec 304A IPC)	Other IPC Crimes	Total IPC Crimes
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1	ANDHRA PRADESH	15	0	621	2	0	29	9	161	871
2	ASSAM	10	7	181	19	0	0	0	127	355
3	BIHAR	66	21	1351	33	0	21	2	697	2352
4	CHHATTISGARH	6	9	230	1	0	19	1	113	386
5	GUJARAT	58	21	868	20	0	46	6	266	1316
6	HARYANA	6	0	267	7	0	15	14	520	859
7	HIMACHAL PRADESH	1	1	0	0	0	0	0	4	6
8	JAMMU & KASHMIR	0	0	10	0	1	0	1	8	20
9	JHARKHAND	33	10	312	8	0	6	0	172	591
10	KARNATAKA	9	2	401	5	0	23	0	74	543
11	KERALA	6	0	153	1	0	13	0	30	204
12	MADHYA PRADESH	33	14	1402	1	1	23	4	567	2078
13	MAHARASHTRA	61	2	2781	27	3	56	7	279	3276
14	ORISSA	20	11	409	7	0	33	5	241	756
15	PUNJAB	1	0	51	0	1	16	0	216	302
16	RAJASTHAN	11	1	547	4	0	2	1	441	1032
17	TAMIL NADU	3	2	95	7	0	33	8	292	446
18	UTTAR PRADESH	22	0	761	13	0	7	5	816	1683
19	WEST BENGAL	16	1	1021	11	0	7	3	193	1346
20	DELHI UT	3	1	945	0	1	8	1	95	1076
21	TOTAL (ALL-INDIA)	380	103	12406	166	7	357	67	5312	19498

TABLE-19.3

Incidence of IPC Crimes Reported by GRP During 2007

Sl. No.	State/UT	Murder (Sec 302, 303 IPC)	Attempt to Commit Murder (Sec 307 IPC)	CH. not Amounting to Murder (Sec 304, 308 IPC)	Rape (Sec 376 IPC)	Kidnapping & Abduction (Sec 363-369, 371-373 IPC)			Dacoity (Sec 395- 398 IPC)	Preparation & Assembly for Dacoity (Sec 399-402 IPC)
						Total	Women & Girls	Others		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	ANDHRA PRADESH	18	1	0	0	2	1	1	3	0
2	ASSAM	2	0	0	3	3	3	0	1	0
3	BIHAR	39	13	3	7	21	6	15	35	6
4	CHHATTISGARH	1	1	0	1	1	1	0	0	0
5	GUJARAT	16	6	0	0	4	1	3	8	0
6	HARYANA	19	2	0	2	7	3	4	3	0
7	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
8	JAMMU & KASHMIR	1	1	1	0	0	0	0	0	0
9	JHARKHAND	11	0	0	2	4	2	2	22	0
10	KARNATAKA	17	4	0	0	2	0	2	3	2
11	KERALA	0	0	0	0	1	0	1	0	0
12	MADHYA PRADESH	12	3	5	6	0	0	0	2	4
13	MAHARASHTRA	14	6	1	1	4	2	2	12	1
14	ORISSA	8	0	0	1	4	2	2	4	2
15	PUNJAB	14	0	2	2	1	0	1	0	3
16	RAJASTHAN	4	5	0	0	6	3	3	1	3
17	TAMIL NADU	4	5	0	0	3	1	2	0	1
18	UTTAR PRADESH	20	20	4	2	8	3	5	11	1
19	WEST BENGAL	22	12	1	5	10	8	2	8	16
20	DELHI UT	3	0	0	4	12	8	4	0	8
21	TOTAL (ALL-INDIA)	225	79	17	36	93	44	49	113	47

TABLE-19.3 (Concluded)

Sl. No.	State/UT	Robbery (Sec 392-394, 397,398 IPC)	Burglary (Sec 449-452, 454, 455, 457-460 IPC)	Theft (Sec 379-382 IPC)	Riots (Sec 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Arson (Sec 435, 436, 438 IPC)	Hurt (Sec 323-333, 335-338 IPC)	Causing Death by Negligence (Sec 304A IPC)	Other IPC Crimes	Total IPC Crimes
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1	ANDHRA PRADESH	12	0	751	2	0	26	12	166	993
2	ASSAM	6	0	73	2	2	5	0	175	272
3	BIHAR	45	20	1164	25	0	9	14	675	2076
4	CHHATTISGARH	3	5	186	3	1	13	1	75	291
5	GUJARAT	35	21	811	5	1	75	3	274	1259
6	HARYANA	18	1	427	6	0	17	23	614	1139
7	HIMACHAL PRADESH	0	0	3	1	0	0	0	0	4
8	JAMMU & KASHMIR	0	0	14	0	0	0	2	8	27
9	JHARKHAND	13	3	286	12	0	5	0	188	546
10	KARNATAKA	21	0	367	4	0	10	0	58	488
11	KERALA	6	1	158	3	0	14	0	31	214
12	MADHYA PRADESH	21	10	1335	7	1	17	1	582	2006
13	MAHARASHTRA	68	3	2915	16	0	81	5	262	3389
14	ORISSA	21	14	310	3	0	30	3	224	624
15	PUNJAB	0	3	34	0	0	22	0	225	306
16	RAJASTHAN	2	0	483	14	1	7	9	437	972
17	TAMIL NADU	4	4	144	19	0	38	11	217	450
18	UTTAR PRADESH	27	0	1279	23	0	16	0	742	2153
19	WEST BENGAL	10	0	749	15	1	26	6	147	1028
20	DELHI UT	2	1	795	0	0	10	2	89	926
21	TOTAL (ALL-INDIA)	314	86	12284	160	7	421	92	5189	19163

TABLE-19.4

Incidence of IPC Crimes Reported by GRP During 2008

Sl. No.	State/UT	Murder (Sec 302, 303 IPC)	Attempt to Commit Murder (Sec 307 IPC)	CH. not Amounting to Murder (Sec 304, 308 IPC)	Rape (Sec 376 IPC)	Kidnapping & Abduction (Sec 363-369, 371-373 IPC)			Dacoity (Sec 395- 398 IPC)	Preparation & Assembly for Dacoity (Sec 399-402 IPC)
						Total	Women & Girls	Others		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	ANDHRA PRADESH	18	1	0	2	1	0	1	0	0
2	ASSAM	6	0	0	5	8	8	0	4	0
3	BIHAR	56	24	5	5	28	6	22	25	2
4	CHHATTISGARH	5	1	0	2	0	0	0	0	0
5	GUJARAT	10	1	0	2	4	3	1	4	0
6	HARYANA	27	3	2	1	7	3	4	1	1
7	HIMACHAL PRADESH	0	0	0	0	0	0	0	0	0
8	JAMMU & KASHMIR	0	1	0	0	1	1	0	0	0
9	JHARKHAND	19	2	0	0	1	1	0	19	2
10	KARNATAKA	13	6	0	0	2	0	2	3	2
11	KERALA	1	0	0	1	0	0	0	1	6
12	MADHYA PRADESH	9	4	4	6	4	3	1	4	0
13	MAHARASHTRA	15	10	0	6	12	5	7	19	2
14	ORISSA	10	5	0	2	6	3	3	1	1
15	PUNJAB	11	2	2	1	0	0	0	1	0
16	RAJASTHAN	4	4	0	2	4	1	3	1	1
17	TAMIL NADU	1	6	0	0	1	1	0	0	0
18	UTTAR PRADESH	14	16	8	2	11	8	3	18	7
19	WEST BENGAL	24	44	4	3	15	11	4	5	19
20	DELHI UT	6	0	0	0	6	5	1	1	2
21	TOTAL (ALL-INDIA)	249	130	25	40	111	59	52	107	45

TABLE-19.4 (Concluded)

Sl. No.	State/UT	Robbery (Sec 392-394, 397,398 IPC)	Burglary (Sec 449-452, 454, 455, 457-460 IPC)	Theft (Sec 379-382 IPC)	Riots (Sec 143-145, 147-151, 153, 153A, 153B, 157, 158, 160 IPC)	Arson (Sec 435, 436, 438 IPC)	Hurt (Sec 323-333, 335-338 IPC)	Causing Death by Negligence (Sec 304A IPC)	Other IPC Crimes	Total IPC Crimes
(1)	(2)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1	ANDHRA PRADESH	6	1	799	1	0	36	6	193	1064
2	ASSAM	6	7	155	1	0	7	4	48	251
3	BIHAR	36	27	1256	55	0	33	17	669	2238
4	CHHATTISGARH	4	7	195	1	0	14	1	71	301
5	GUJARAT	13	21	835	3	0	71	8	184	1156
6	HARYANA	22	1	497	11	0	13	24	650	1260
7	HIMACHAL PRADESH	0	0	3	0	0	0	0	5	8
8	JAMMU & KASHMIR	0	0	11	0	0	0	0	0	13
9	JHARKHAND	18	10	232	6	1	11	1	107	429
10	KARNATAKA	28	0	301	13	0	15	0	64	447
11	KERALA	1	1	148	1	0	24	0	25	209
12	MADHYA PRADESH	20	14	1345	12	0	17	3	587	2029
13	MAHARASHTRA	63	2	3326	50	0	78	2	339	3924
14	ORISSA	23	21	456	3	0	34	8	238	808
15	PUNJAB	1	0	45	0	0	32	0	306	401
16	RAJASTHAN	6	1	368	3	1	3	1	346	745
17	TAMIL NADU	18	1	288	9	0	28	6	279	637
18	UTTAR PRADESH	40	4	1521	27	0	7	5	952	2632
19	WEST BENGAL	11	1	866	23	0	18	2	162	1197
20	DELHI UT	2	1	821	0	1	15	0	96	951
21	TOTAL (ALL-INDIA)	318	120	13468	219	3	456	88	5321	20700

TABLE-19.5

Incidence of Crime under Railways Act and Percentage Variation During 2006 to 2008

Sl. No.	State/UT	2006	2007	2008	Percentage Variation in	
					2007 over 2006	2008 over 2007
(1)	(2)	(3)	(4)	(5)	(6)	(7)
STATES:						
1	ANDHRA PRADESH	6	2	4	-66.7	100.0
2	ARUNACHAL PRADESH	0	0	0	-	-
3	ASSAM	16	11	10	-31.3	-9.1
4	BIHAR	15	4	3	-73.3	-25.0
5	CHHATTISGARH	5	1	2	-80.0	100.0
6	GOA	0	0	3	-	-
7	GUJARAT	2	2	1	0.0	-50.0
8	HARYANA	11	11	7	0.0	-36.4
9	HIMACHAL PRADESH	0	0	0	-	-
10	JAMMU & KASHMIR	0	0	0	-	-
11	JHARKHAND	2	2	5	0.0	150.0
12	KARNATAKA	2	5	3	150.0	-40.0
13	KERALA	4	6	4	50.0	-33.3
14	MADHYA PRADESH	7	13	5	85.7	-61.5
15	MAHARASHTRA	23	39	19	69.6	-51.3
16	MANIPUR	0	0	0	-	-
17	MEGHALAYA	0	0	0	-	-
18	MIZORAM	0	0	0	-	-
19	NAGALAND	0	0	0	-	-
20	ORISSA	2	0	1	-100.0	-
21	PUNJAB	9	8	6	-11.1	-25.0
22	RAJASTHAN	8	6	15	-25.0	150.0
23	SIKKIM	0	0	0	-	-
24	TAMIL NADU	25	13	9	-48.0	-30.8
25	TRIPURA	0	0	0	-	-
26	UTTAR PRADESH	32	26	24	-18.8	-7.7
27	UTTARAKHAND	15	30	22	100.0	-26.7
28	WEST BENGAL	5	7	2	40.0	-71.4
	TOTAL (STATES)	189	186	145	-1.6	-22.0
UNION TERRITORIES:						
29	A & N ISLANDS	0	0	0	-	-
30	CHANDIGARH	0	0	0	-	-
31	D & N HAVELI	0	0	0	-	-
32	DAMAN & DIU	0	0	0	-	-
33	DELHI	0	0	0	-	-
34	LAKSHADWEEP	0	0	0	-	-
35	PUDUCHERRY	0	0	0	-	-
	TOTAL (UTs)	0	0	0	-	-
	TOTAL (ALL-INDIA)	189	186	145	-1.6	-22.0

¹ Indicates infinite variation because of division by zero

ANNEXURES

NAME OF ORGANISATION : **DIRECTORATE OF ENFORCEMENT ,
FOREIGN EXCHANGE MANAGEMENT ACT,
LOK NAYAK BHAWAN, KHAN MARKET,
NEW DELHI.**

RETURN OF OFFENCES REGARDING FOREIGN EXCHANGE MANAGEMENT ACT, -- FOR THE YEAR -- 2008

STATEMENT- I

INVESTIGATION AND ADJUDICATION STAGE

1.	No. of searches/inspections/raids conducted during the year.	95
2.	No. of searches/inspections/raids resulted in recoveries or seizures.	76
3.	Value of property seized or recovered other than the currency.	N.A.
4.	Indian currency seized and taken over for investigation.(Rs. in Lakhs)	1641.73
5.	Value of Foreign Currency seized (in Indian Rupee) and taken over for investigation. (Rs. in Lakhs)	100.03
6.	No. of cases pending investigation from the previous year	5331
7.	No. of cases registered for investigation during the year	1119
8.	Total cases for investigation during the year.	6450
9.	No. of cases closed being false etc.	N.A.
10.	No. of cases which resulted in initiation of adjudication proceedings.	382
11.	No. of cases which resulted in initiation of prosecution proceedings (U/s 56 of FERA, 1973)	N.A.
12.	No. of cases pending investigation at the end of the year.	1264
13.	No. of cases pending adjudication from the previous year. (FERA : : 3637 + FEMA: 1135)	4772
14.	No. of cases adjudicated imposing penalty or ordering confiscation etc.	374
15.	No. of Cases adjudicated resulting in acquittal of the party or dropping the adjudication proceedings		FERA 121 FEMA 253
16.	No. of cases pending adjudication at the end of the year.	5047
17.	Total amount of penalty or fine imposed by adjudication. (Rs. in Lakhs)	22079.41
18.	Indian currency confiscated by adjudication (Rs. in Lakhs)	233.08
19.	Foreign currency confiscated by adjudication. (Rs. in Lakhs)	27.99
20.	Value of goods confiscated by adjudication. (Rs. in Lakhs)	N.A.
21.	Amount of penalty or fine realised. (Rs. in Lakhs)	1545.45

* Seized + Taken over

ANNEXURE- III

NAME OF ORGANISATION : CENTRAL BOARD OF DIRECT TAXES,
MINISTRY OF FINANCE,
DEPARTMENT OF REVENUE,
NORTH BLOCK , NEW DELHI.

STATEMENT SHOWING DETAILS OF PROSECUTIONS UNDER
THE DIRECT TAXES ENACTMENTS
DURING THE FINANCIAL YEAR 2007-2008, 2008-2009

STATEMENT- I

RESULT OF SEARCHES

Financial Year	Number of warrants	Value of assets Seized(Rs. in Lakhs)
2007-2008	NR	NR
2008-2009	NR	NR

STATEMENT- II

STATISTICS FOR PROSECUTION

Financial Year	Number of prosecution proceedings launched	Number of proceedings decided	Number of proceedings where convictions obtained	Number of proceedings compounded	Number of proceedings acquitted
2006-2007	73	100	02	57	41
2007-2008	263	280	11	13	256
2008-2009	162	146	14	13	119

Note : NR. STANDS FOR DATA NOT RECEIVED

ANNEXURE- VI

NAME OF ORGANISATION :

DIRECTORATE GENERAL,
NARCOTICS CONTROL BUREAU,
NEW DELHI.

NARCOTIC DRUGS STATISTICS FOR THE YEAR 2008

1	Quantity of various Drugs	Drugs seized (rounded to nearest Kg.)	No. of cases
	Opium	2033	1067
	Morphine	73	260
	Heroin	1063	4950
	Ganja	103211	9054
	Hashish	4084	3370
	Cocaine	12	50
	Methaqualone	2382	18
	Ephedrine	1284	9
	Amphetamine	20	9
	Phenobarbital	-	-
	L.S.D. (Sq.Paper)	0	0
	Acetic Anhydride (Ltrs)	2754	11

2. Persons Arrested

i.	No. of persons arrested including foreigners	20515
ii.	No. of foreigners arrested	199

3. Destruction of narcotic drug yielding plants

a.	Poppy plants area (in Acres)	1560
b.	Poppy plants potential yield (in Kgs.)	0
c.	Cannabis plants area (in Acres)	406
d.	Cannabis plants potential yield (in Kgs.)	0

4. Destruction of manufacturing facilities

(i)	Facilities detected and quantity of finished drugs seized (in Kgs)	0
	Heroin	0
	Facilities detected	0
	Hashish	0
	Facilities detected	0
	Methaqualone	1724
	Facilities detected	1
	Morphine	0
	Facilities detected	0
(ii)	No. of persons arrested	4
(iii)	Incriminating materials seized in Kgs.	0
	Acetic Anhydride	0
	Acetylc Anthranilic Acid(Ltrs)	0
	Acetylc Anthranilic Powder	0
	Acetylc Chloride	0
	Ammonium Chloride	0
	Diethyl Ether	0
	Opium	0
	Opium Solution(Ltrs)	0
	Sodium Carbonate	0

5. Action taken against persons involved in drug trafficking

a.	No.of persons prosecuted	24931
b.	No.of persons convicted	15973
c.	No.of persons acquitted	6242

6. Action taken under PIT/(NDPS) Act,1988

a.	No.of detention order (PIT/(NDPS) Act, 1988)	0
b.	No.of persons detained	0

7. Disposal of Seized Narcotic Drugs & Psychotropic Substances By Destruction (In Kgs.)

Opium	717
Morphine	6
Heroin	370
Ganja	34746
Hashish	1372
Cocaine	0
Methaqualone	43
Ephedrine	30
L.S.D. (Sq Paper)	0
Acetic Anhydride (Ltrs.)	0
Amphetamine	0

8. Forfeiture of property

a.	Value of property forfeited (in Rs.)	984000
b.	No. of cases	1
c.	Value of the frozen property of drug traffickers (in Rs.)	26233464
d.	No. of cases	8

9. AGENCY-WISE NUMBER OF SEIZURES

1.	All India	18798
2.	Narcotic Control Bureau	148
3.	Directorate of Revenue Intelligence	55
4.	Customs and Central Excise	128
5.	Central Bureau of Narcotics organisation	26
6.	C.B.I.	0
7.	State Agencies(Total)	18441
	i. Police	18296
	ii. Excise	145
8.	Joint Operation	0

ANNEXURE – VI (Concluded)

10. AGENCY-WISE QUANTITY SEIZED (IN KGS.)

Drugs	NCB	DRI	CCE	C.B.N	C.B.I.	STATE POLICE	STATE EXCISE	JOINT OPERATION
Opium	105	0	1	62	0	1865	2	0
Morphine	2	0	0	0	0	71	0	0
Heroin	212	236	16	5	0	591	3	0
Ganja	1406	1672	21312	4580	0	74028	214	0
Hashish	202	246	23	6	0	3607	0	0
Cocaine	0	3	0	0	0	9	0	0
Methaqualone	1724	637	0	0	0	20	0	0
Ephedrine	139	1145	0	0	0	0	0	0
L.S.D	0	0	0	0	0	0	0	0
Acetic Anhydride Ltrs)	87	850	0	1766	0	50	0	0
Amphetamine	12	0	8	0	0	0	0	0

NCB	NARCOTICS CONTROL BUREAU
DRI	DIRECTORATE OF REVENUE INTELLIGENCE
CCE	CUSTOMS & CENTRAL EXCISE
C.B.N	CENTRAL BUREAU OF NARCOTICS (C.B.N.)
C.B.I.	CENTRAL BUREAU OF INVESTIGATION (C.B.I.)

Note:

1. Data on Annexure- I Statement – I (Annual statement of cognizable Crime (cases) registered under the Prevention of Corruption Act and related Sections of IPC during 2008) and Annexure I Statement II (Annual Statement of Persons Arrested in Cognizable Crime cases under the Prevention of Corruption Act and related Section of IPC during 2008) was not received from the Central Bureau of Investigation (CBI).
2. Data on Annexure – III Statement I (Statement showing details of prosecutions under the Direct Taxes Enactments during the Financial Year 2007 - 2008 and 2008 - 2009) was not received from Central Board of Direct Taxes (CBDT).
3. Data on Annexure – IV Statement I (Value of seizures under the Customs Act, 1962 for the year 2008), Annexure – IV. Statement II (Statement showing the value of major commodities seized under the Customs Act, 1962 for the year 2008 (Outright Smuggling)), Annexure IV Statement III (Statement showing number of persons arrested, prosecuted, convicted and detained under Customs Acts, COFEPOSA/PIT NDPS Act during 2008) and Annexure –IV Statement – IV (Commercial Frauds for the year – 2008) was not received from the Directorate of Revenue Intelligence.
4. Data on Annexure – V (Return of Customs Act 1962 for the year 2008) was not received from the Directorate General of Inspection, Customs and Central Excise.

Familie in Indien

Die Frau macht die Arbeit

Das Familiennetz in Indien ist größer als unseres, aber auch nicht harmonischer geknüpft. An der Großfamilie zerrn die Fliehkräfte der Moderne. Und in den Großstädten etabliert sich eine neue Lebensform: der weibliche Single.



Durch das Familiennetz gefallen: Witwen in Indien

12. Mai 2006 Seit Anfang April kochen deutsche Ausnahmemütter mittags wieder vier Kilo Kartoffeln für ihre zwölfköpfigen Familien. RTLII zeigt eine neue Staffel von „XXL Abenteuer Großfamilie“. Menschen wie die Narasinganavars in Karnataka würden über diese kümmerlich kleinen Familien nur lachen. Die hundertachtundsiebzig Männer, Frauen und Kinder zählende Sippe des Familienoberhauptes Bhimanna lebt auf einer Farm, hundertdreißig davon im selben Gebäude.

Einmal am Tag gemeinsam zu essen halte die Familie zusammen, ist die Maxime des Clanchefs Bhimanna. Und so backen die Frauen dieser

indischen Supergroßfamilie täglich sechzehnhundert Fladenbrote, braten himalajagroße Gemüseberge und rühren ozeanisch schwappende Currysuppen. Die Männer geben allerdings zu, daß das System nur funktioniere, wenn man die Frauen unter Kontrolle halte. Schwierigkeiten seien vermeidbar, indem man für die Dutzenden heiratsfähigen Söhne Bräute von höchstens fünfzehn Jahren mit möglichst geringer Schulbildung wähle.

Auch hier zerrn die Fliehkräfte der Moderne

Müssen wir Indien um die Jugend, um die kinderreichen Großfamilien und im Familienkreis gepflegten Alten beneiden? Immerhin 94 Prozent der indischen Alten haben Kinder. Nur ein Bruchteil des Milliardenvolkes lebt in einem der gerade tausend Altersheime, schon Bayern hat mehr Pflegeeinrichtungen. In fünfzehn Jahren werden wir Europäer ein Durchschnittsalter von fünfundvierzig erreicht haben, die Chinesen gemittelt ihren siebenunddreißigsten Geburtstag feiern, die Inder aber frische neunundzwanzig Lenze zählen. Von Vorteil ist dieser Altersvorsprung allerdings nur, wenn es Indien gelingt, die Jugend ihr Potential auch tatsächlich entfalten zu lassen. In der boomenden indischen Wirtschaft klagt man schon halblaut über Talentemangel, vor allem bei Ingenieuren, Managern und gut ausgebildeten Facharbeitern. Vielleicht sollten wir auswandern.

Vielleicht auch nicht. Sicher ist das indische Familiennetz größer als unseres, aber es ist nicht unbedingt harmonischer geknüpft. Auch an der indischen Großfamilie zerrn die Fliehkräfte der Moderne. Seit der Einwanderung der Aryas im zweiten vorchristlichen Jahrtausend ist die patriarchalische, patrilinear vererbende „Joint Family“, in der das Oberhaupt mit seiner Frau, seinen Söhnen und deren Ehefrauen sowie seinen Enkeln und unverheirateten Enkelinnen plus etwaiger Bediensteter zusammenlebt, das Familienmodell Indiens. Credo der Joint Family: Die Familie ist die kleinste Einheit des sozialen Gefüges, nicht das Individuum.

Junges Blut für die Städte

Um eine Zersplitterung des Eigentums, zumal natürlich des Landbesitzes, zu vermeiden,

bleiben nach dem Tod des Pater familias auch die Bruderfamilien zuweilen zusammen, der Älteste wird dann neues Oberhaupt. Kommt es zur Teilung der Familie, lastet das Denken im Bann der als selbstverständlich erachteten brüderlichen Harmonie die Schuld daran oft den „blutsfremden“ Ehefrauen an. Selbst das verwitwete weibliche Oberhaupt eines solchen Clans, die eben noch geliebte Großmutter, kann plötzlich als Fremdkörper empfunden und als solcher ausgestoßen werden. Sei es, daß man sie innerfamiliär ihres hohen Ranges beraubt, sei es, daß man sie während einer Pilgerfahrt in einer heiligen Stadt (immerhin mit direkter Himmelfahrtsgarantie) zum Sterben aussetzt. Allein in Varanasi warten gut zehntausend Witwen auf den Tod.

Noch ist die Joint Family die beherrschende Gesellschaftsstruktur der 600000 indischen Dörfer, nur gut ein Viertel aller Inder lebt bislang in einer der 35 Millionenstädte des Subkontinents, oft in Kleinfamilien. Doch die verbesserte Infrastruktur spült über neu asphaltierte Arterien beschleunigt junges Blut in die Städte. Langsam altert das ländliche Indien. Da auch indische Stadtluft befreit, ermöglicht sie weibliche Emanzipation, schafft Nischen für die lange unbekannte Lebensform „weiblicher Single“, bringt steigende Scheidungsraten, Frauenkarrieren und eben auch kleine Kernfamilien.

Statistisch gilt zwar noch: Wo deutsche Haushalte heute im Schnitt zwei Personen zählen, sind es in Indien sechs. Aber auch der indischen Jugend wird Mobilität um des Jobs willen abverlangt, und selbst wer wollte, kann im urbanen Indien die Lebensform Joint Family oft allein deshalb nicht aufrechterhalten, weil Wohnungen knapp, klein und teuer sind. Kinderarme Kleinfamilien werden die Zukunft der Städte sein, wie schon heute ein Blick auf die regional erheblich schwankenden Fruchtbarkeitsraten zeigt. Gebärt eine Frau indienweit nicht mehr wie noch vor fünfzig Jahren sechs Kinder, sondern im Schnitt nur noch drei bis vier, so sind es in den Großstädten und prosperierenden Staaten wie Goa, Tamil Nadu oder Kerala gerade einmal zwei. Das heißt Stillstand.

100.000 Rupien, wenn das Mädchen zwanzig wird

Indien altert langsamer als der Westen, aber daß es altert, läßt sich der steigenden Lebenserwartung und der sinkenden Geburtenrate leicht ablesen. Umfragen zufolge ist Verhütung schon für die Hälfte aller verheirateten Paare selbstverständlich. Nach den aggressiven Zwangssterilisierungsfeldzügen Indira Gandhis ist Bevölkerungspolitik ein heikles Thema. Der Bundesstaat Maharashtra legt Bauern mit mehr als zwei Kindern höhere Wasserabgaben auf. Staatliche Kliniken in Bombay verlangen nach zwei kostenfreien Geburten saftige Gebühren für das dritte Kind.

Abtreibung ist legal, zieht aber ganz eigene Probleme nach sich: Zwar wollen alle Inder Ehefrauen für ihre Erben, aber eher ungern Töchter haben. Pränatale Geschlechtsbestimmung mag verboten sein, dieses Gesetz wird aber landesweit unterlaufen. Ärzte kodieren die Botschaft etwa so: rote Unterschrift heißt Mädchen, blaue Junge. Um die Abtreibung weiblicher Föten zu verhindern und zugleich die Kinderzahl zu begrenzen, bezahlt Andhra Pradesh Eltern die stattliche Summe von 100.000 Rupien (das Sechseinhalbfache des jährlichen Pro-Kopf-Einkommens), wenn sie sich nach der Geburt ihres ersten und einzigen Kindes, eines Mädchens, sterilisieren lassen und dieses seinen zwanzigsten Geburtstag erlebt.

Im ländlichen Haryana werden Mädchen weiter in großer Zahl abgetrieben, der Staat schrumpft aber nicht, obwohl das Geschlechterverhältnis dort auf schockierende 861 Frauen pro tausend Männer gefallen ist. Man behilft sich immer häufiger damit, Bräute aus dem frauenreicheren Assam zu importieren. Ein derart versklavtes Mädchen kostet weniger als eine Kuh, ihr Status in ihrer neuen Joint Family wird wohl ebenfalls darunter liegen.

Arbeitsscheue sind geschützt

Indische Soziologen gehen davon aus, daß mit größerer individueller Autonomie aufgrund eines eigenen Gehalts statt vager Teilhabe an den allgemeinen Einkünften der Joint Family auch eine Zunahme an Liebesheiraten einhergehen wird. Wenn die Stimme der Ehefrau lauter wird als die der Eltern, werden Autorität und Kontrolle der Alten schwinden. Nicht Tradition, familiärer Zwang oder finanzielle Abhängigkeit, allein Zuneigung wird zukünftig über die Fürsorglichkeit den Alten gegenüber entscheiden. Kinder, sagen indische Demographen voraus, werden in der Kernfamilie seltener als in der Großfamilie. Noch ein Kind unter vielen scheint einfach weniger riskant, obwohl die Großfamilie oft weniger erfolgreich wirtschaftet als kleinere Familien, denn dieses ewige Solidarsystem schleppt Arbeitsunfähige wie Arbeitsscheue (Männer, versteht sich, den Frauen würde man das nicht durchgehen lassen) gleichermaßen mit.

Wie die steigende Zahl berufstätiger Frauen in den Städten nebenher Kinder und Eltern versorgen soll, weiß auch im weiten Indien keiner. Fest steht: Für Indiens wachsendes Heer Alter wird es ungemütlicher werden. 2001 soll es bereits 77 Millionen Menschen von sechzig Jahren und älter gegeben haben, das entspricht etwa 7,6 Prozent der Bevölkerung. Nichts im Vergleich zu dem japanischen Bevölkerungsviertel über Sechzig, möchte man anmerken, darf dabei jedoch nicht vergessen, daß das Altern in Indien früher beginnt. Bei einer Lebenserwartung von vierundsechzig Jahren darf ein Inder nur bis zum Alter von zweiundfünfzig davon ausgehen, gesund zu sein. Zu den Standardgebrechen des Alters kommen oft die Spätfolgen von Mangelernährung, Tuberkulose, Hepatitis, Malaria oder Typhus hinzu.

Die Herausforderungen an die Pflegenden sind enorm, ihre Schützlinge werden älter, sind länger krank und zwingend auf familiäre Hilfe angewiesen. Denn Indien kennt kein allgemeines Alterssicherungssystem, nur zehn Prozent aller Staatsbürger beziehen eine Rente. Wer nicht von Verwandten angemessen unterstützt wird, kann es sich oft überhaupt nicht leisten, aus dem Erwerbsleben auszuschneiden. Praktiziert wird das Arbeiten bis zum Umfallen hauptsächlich in der Landwirtschaft, aber selbst Universitätsangehörige richten sich nach ihrer Pensionierung in einer schlechter bezahlten Zweitkarriere ein - oft an derselben Alma mater. Die Frau auf dem Land trifft das Altern besonders hart. Weil der Ehemann oft zehn Jahre älter ist, fällt zumeist ihr die Pflege bis zu seinem Tod zu. Zwar steigt auch ihre Lebenserwartung stetig, doch ist ihr Gesundheitszustand im Alter oft miserabel, einfach weil sie mehr und körperlich oft härter arbeitet als der Mann, im Haus, in der Küche, auf dem Feld. Wasser holen, Brennholz sammeln? Frauensache!

Adoptiere eine Oma

Entwaldung und zunehmende Dürren verlangen von Landfrauen immer weitere Fußmärsche. Das zehrt enorm, dabei ist der Dank mäßig. Von himmlischer Vergeltung abgesehen, zeigen Statistiken gnadenlos, daß Kinder durchaus Unterschiede zwischen ihren Eltern machen. Alte Frauen erhalten eine geringere Unterstützung als alte Männer und gehören generell zu den Ärmsten des Landes. Hilfsorganisationen wie „HelpAge India“ haben daher Programme wie „Adopt-a-Gran“ gestartet. Hier werden Großmütter statt Kindern adoptiert und finanziell unterstützt.

Da mag manche alte Inderin von Kerala träumen. Dort gibt es zumindest Reste einer ökonomisch prosperierenden, matrilinearen Kultur, in der Matriarchen mit ihren Brüdern, Söhnen, Töchtern und Kindern der Töchter leben. Brüder und Schwestern ziehen die Kinder der Schwester gemeinsam auf, die sich daher nicht an Lebensabschnittsväter gewöhnen müssen, nur weil die Mutter ihre nächtlichen Besucher wechselt. Für uns Deutsche ist das allerdings kein zukunftssträchtiges Großfamilienmodell, unsere Kinder werden - statistisch - ja keine Brüder oder Schwestern mehr haben.

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Die österreichischen NGOs der Entwicklungspolitik und Entwicklungszusammenarbeit – ihre Rolle jetzt und in der Zukunft: ein unverzichtbarer Partner für die OEZA und die Länder des Südens

1. Einleitung

Um die internationalen Ziele der Armutsbekämpfung (Millenniums-Erklärung der Vereinten Nationen) zu erreichen, bedarf es gewaltiger Anstrengungen. Die wohlhabenden Industrieländer - unter ihnen Österreich - sind dabei ganz besonders gefordert. Das wichtigste Anliegen von Entwicklungszusammenarbeit und Entwicklungspolitik war und ist, für soziale Gerechtigkeit und ökologische Nachhaltigkeit weltweit einzutreten.

Aktuelle Trends erfordern ein Nachdenken über die Rolle, den Mehrwert und die Finanzierung der NGOs und der öffentlichen EZA. Staat wie auch NGOs müssen die legitimen Rollen der verschiedenen *Stakeholder* respektieren und in einen kontinuierlichen Dialog eintreten.

Die EZA stellt eine von vielen öffentlichen Aufgaben dar, die in den Industrieländern sowohl durch staatliche als auch durch private, gemeinnützige Träger wahrgenommen wird. Die Bandbreite der entwicklungspolitischen Aktivitäten reicht von Einzelhilfe im Rahmen von Projekten bis hin zur Unterstützung im Aufbau von Systemen sozialer Sicherung. Ihre innenpolitische Legitimation beruht in fast allen OECD-Ländern auf fragilen Fundamenten. Die NGOs repräsentieren das organisatorische Rückgrat der EZA-freundlichen Strömung. Der Staat kann und soll diese Aufgabe nicht übernehmen. Die NGOs sind in dieser Funktion nicht ersetzbar, da sie – im Gegensatz zum Staat – nicht auf politische Interessen Rücksicht nehmen müssen. EZA ist staatlicherseits Teil der Außenpolitik und befindet sich in ständiger Gefahr, strategischen Vorgaben anderer außenpolitischer Interessen, Politikvorgaben des Staates und internationaler Organisationen untergeordnet zu werden.

Die Einbeziehung der Zielgruppen in den Partnerländern stellt für die österreichischen NGOs eine essentielle Richtlinie in ihrer Arbeit dar. Nicht zuletzt aufgrund dieser partnerschaftlichen Kooperation und Vernetzung mit NGOs im Süden und Osten können die österreichischen NGOs für sich in Anspruch nehmen, Interessensvertretern der Betroffenen im Süden und Osten zu sein und zugleich Repräsentanten der Zivilgesellschaft im Norden für den Bereich der Entwicklungspolitik. Ihre Stärke liegt in ihrer Kreativität und raschen Reaktion auf neue Situationen. Ihre unmittelbare Unterstützung ist ein wesentlicher Beitrag zur Stärkung von Demokratie, Menschenrechten, Gendergerechtigkeit, der Berücksichtigung der Bedürfnisse von Menschen mit Behinderungen, Dezentralisierung und BürgerInnenbeteiligung. Die NGOs leisten mit ihrer Inlandsarbeit, also mit Bildungs-, Kultur- und Öffentlichkeitsarbeit, Anwaltschaft, Lobbying und Kampagnenarbeit einen wichtigen Beitrag für Entwicklungspolitik. Die Erfahrung mit den Menschen und zivilgesellschaftlichen Organisationen im Süden bringt zusätzlich bereichernde Impulse für die österreichische Gesellschaft: In der EZA tätige Menschen sind zumeist auch in Österreich sozial- und gesellschaftspolitisch engagiert. Die Entwicklungszusammenarbeit erfreut sich innerhalb der österreichischen Bevölkerung einer hohen Zustimmung und Wertschätzung.

2. Trends

Die Erreichung der Millennium-Entwicklungsziele (MDGs) verlangt nicht nur eine Steigerung der Quantität, sondern auch der Qualität der Entwicklungshilfe (Pariser Erklärung).¹ Diese Festlegung beruht auf der Einsicht, dass die bisherige Praxis der Entwicklungszusammenarbeit für viele Entwicklungsländer - insbesondere südlich der Sahara - nicht zu befriedigenden Ergebnissen geführt hat.²

Entwicklungen und Trends in der Entwicklungspolitik wirken sich auf die Arbeit der NGOs aus. Beispielsweise wollen „staatliche Geber“ den Partnerländern mehr Verantwortung geben, indem sie vermehrt direkte Kooperation mit Partnerstaaten in Form von Budgethilfe (*Budget support*)³, *Sector-Wide-Approaches* oder Unterstützung für Armutsbekämpfungsprogramme (PRSPs) forcieren. Gleichzeitig wird dadurch die Rolle der NGOs hinterfragt und eingeschränkt. Die Eile, *Budget Support* zu etablieren, könnte damit zusammenhängen, dass Geber darin eine Möglichkeit sehen, die Auszahlungsraten zu erhöhen und den eigenen Verwaltungsaufwand zu senken. Technische Aspekte treten zunehmend in den Vordergrund; Leistungsverträge werden in der öffentlichen Finanzierung Subventionen immer häufiger vorgezogen.

Um die dringend notwendige qualitative Steigerung der Wirksamkeit der internationalen Hilfe zu erreichen, haben mehr als 100 Geber- und Empfängerstaaten - darunter auch Österreich - 2005 die "Erklärung von Paris über die Wirksamkeit der Entwicklungszusammenarbeit" unterschrieben. Diese formuliert fünf Bereiche, die eine Verbesserung der Effizienz der EZA erreichen sollen.⁴

Wir begrüßen die Diskussion um die Verbesserung der Qualität von EZA, Kohärenz, Koordination und Ownership. Diese Diskussion darf aber nicht über die betroffenen Menschen hinweg geführt werden. Eine bürokratische und uniforme Abwicklungsstruktur darf die Sicherstellung der geeigneten Grundbedingungen nicht gefährden und die Qualität der EZA im jeweiligen Kontext nicht vermindern.

2.1. Die Qualität der EZA darf sich nicht auf technische Umsetzung beschränken

Die angestrebte Harmonisierung darf nicht zu einer Reduktion der öffentlichen EZA auf *Budget Support* bzw. auf eine Anpassung der Entwicklungszusammenarbeit an PRSPs oder andere nationale Programme führen. Es bedarf einer Analyse der bisherigen Praxis und der dahinter liegenden Entwicklungsansätze, um wohl überlegt Veränderungen vorzunehmen und vorschnelle Kurswechsel zu vermeiden. Die Unterstützung von zivilgesellschaftlichen Initiativen im Süden - in Kooperation mit den Nord-NGOs, die Eigenmittel einbringen - muss weiterhin ein wichtiger Bereich öffentlicher EZA sein.

¹ Vgl. Paris Declaration on Aid Effectiveness, Ownership, Harmonisation, Alignment, Results and Mutual Accountability, Paris, 28.Februar - 2.März 2005

² Vgl. Statement von SL Dr. Freudenschuss-Reichl bei der Fachtagung zur Rolle der NGOs, Wien Februar 2006

³ Vgl. Positionspapier von AGEZ, KOO und EU-Plattform zur Budgethilfe, Wien November 2005

⁴ Statement von SL Dr. Freudenschuss-Reichl bei der Fachtagung zur Rolle der NGOs, Wien Februar 2006; Vgl. ebenso Paris Declaration on Aid Effectiveness, Ownership, Harmonisation, Alignment, Results and Mutual Accountability, Paris, 28.Februar - 2.März 2005

Die Bereiche Budgethilfe und Projekthilfe müssen kombiniert angewendet werden. NGOs sollen im Süden gute Regierungsführung fordern und fördern. Sie sollen als *Watchdog-Organisationen* auftreten. Süd- und Nord-NGOs bringen Kreativität, Experimentierfreudigkeit, Erfahrung, gemeinsames Lernen, Know-how und professionelles Auftreten in den politischen Diskurs und in die Programmierung von Initiativen der EZA ein.

2.2. Es braucht eine andere Weichenstellung für eine ganzheitliche, menschliche Entwicklung.

Ziel von Entwicklung ist ein Leben in Frieden und Würde für alle Menschen. Darunter verstehen wir das Verfügen über das Lebensnotwendige, das Freisein von jeglicher Unterdrückung, das Wissen um die Würde und die Ziele ihres Lebens, die Fähigkeit und Möglichkeit, ihr Leben selbst zu gestalten und das Leben in der Gemeinschaft mitzubestimmen. Entwicklungspolitik setzt sich für die Einhaltung der Menschenrechte ein und engagiert sich für Menschen, denen ihre Rechte verwehrt werden. Sie engagiert sich für die Reduzierung der weltweiten Armut und für soziale Sicherheit.

Unsere Aktivitäten werden vom Prinzip geleitet, dass auf der ganzen Welt Gerechtigkeit, Frieden und die Bewahrung von Lebensgrundlagen möglich sind. Entwicklungspolitische Inlandsarbeit engagiert sich für einen gleichberechtigten Umgang mit allen Menschen ungeachtet des Geschlechts, der Kultur, Ethnie oder Religion.

NGO-Programme zielen in ihrer Konzeption auf die Veränderung von Machtverhältnissen ab: auf eine Veränderung der Politik im Sinne globaler sozialer Gerechtigkeit und ökologischer Nachhaltigkeit auf lokaler bis hin zur globalen Ebene. EZA bedeutet Vielfalt auf allen Ebenen, denn auch die Wirklichkeit der Welt ist vielfältig.

3. Politische Funktion und Legitimation

3.1. Entwicklungs- und gesellschaftspolitische Funktion

Aus der vielfältigen Befassung mit multikulturellen Fragestellungen und Konfliktprävention unter Beachtung des Genderaspekts verfügen NGOs über ein reichhaltiges Repertoire an Theorie und Erfahrung in diesem Bereich. Sie betrachten soziale Sicherheit und Friedenspolitik als Garanten für ein friedvolles Zusammenleben der Menschen.

Entwicklungspolitik setzt sich für das Zusammenwirken von Staat und ziviler Gesellschaft ein. Im Rahmen der Debatte um die Rolle der Zivilgesellschaft wird der sozialliberale und neoliberale Ansatz der Regierungen aufgegriffen: immer mehr staatliche Aufgaben sollen von Privaten finanziert und somit von der staatlichen Struktur ausgegliedert werden.

Aus entwicklungspolitischer Perspektive ist es einerseits wichtig, dass ein gut funktionierender, demokratischer Rechtsstaat Ordnungs- und Ablaufpolitik im Sinne von Sozialstaatlichkeit wahrnimmt, zivilgesellschaftliche Organisationen beteiligt und die Sichtweisen dieser Organisationen in Entscheidungen einbezieht. Aufgabe der Entwicklungspolitik ist es, Menschen, die in Armut leben, die Teilnahme an und die Beeinflussung von politischen und ökonomischen Entscheidungsprozessen zu ermöglichen. Andererseits übernehmen NGOs wichtige Aufgaben in Bereichen, wo der Staat diese nicht wahrnehmen kann. Hier braucht es sowohl finanzielle Mittel aus privaten und staatlichen Quellen als auch die Grundvoraussetzung, als zivilgesellschaftliche PartnerInnen ernst und wichtig genommen zu werden.

In Österreich waren die NGOs seit Beginn der Entwicklungszusammenarbeit die wichtigsten TrägerInnen dieser Tätigkeiten. Der Staat hat in Österreich, im Unterschied zu vielen anderen europäischen Ländern, bis 2004 keine eigene Projektdurchführungsstruktur geschaffen, sondern hat im Sinne der Subsidiarität die Programme und Projekte der NGOs gefördert.

3.2. Legitimation

Entwicklungspolitische NGOs sind zivilgesellschaftliche Organisationen von BürgerInnen. Sie wurden freiwillig und rechtskonform gegründet, um ihre Anliegen und Werte voranzutreiben. NGOs sind Non-Profit-Organisationen: Sie sind zum Nutzen der BürgerInnen, gemeinnützig, transparent, effektiv und effizient in ihren Projekten. Sie verfügen über Professionalität, Expertise und Wissen. Sie legen regelmäßig Rechenschaft über ihre Aktivitäten ab, nicht nur gegenüber Regierungen sondern v.a. auch gegenüber ihren Mitgliedern, UnterstützerInnen und SpenderInnen. Damit ist ihre Legitimation gegeben.

4. Selbstverständnis der NGOs

Nichtregierungsorganisationen sind ein wesentlicher Teil der strukturierten Zivilgesellschaft in der Entwicklungspolitik und Entwicklungszusammenarbeit und haben als gemeinsames Ziel, ein menschenwürdiges Leben für alle Menschen auf unserer Welt zu ermöglichen und die Armut zu bekämpfen. Die österreichischen NGOs verwirklichen dies direkt und vielfach in Zusammenarbeit mit PartnerInnen der Zivilgesellschaft im Süden und Osten durch Programme und Projekte. Sie führen entwicklungspolitische Bildungs- und Öffentlichkeitsarbeit in Österreich durch. NGOs leisten anwaltschaftliche Tätigkeit für die Benachteiligten, Armen und Ausgeschlossenen. Sie nehmen durch entwicklungspolitisches Lobbying und Politikarbeit Einfluss auf Gesellschaft und Politik.

NGOs nehmen internationale Entwicklungen und Trends wahr und definieren daraus für sich ihre Rolle.

5. Aufgaben der NGOs

5.1. Projektzusammenarbeit der NGOs

Die NGOs stellen den Anspruch, in der Nord-Süd-Kooperation eine Rolle einzunehmen, die weder durch Firmen noch durch Kooperationen, die der Staat direkt ausführt, ersetzt werden kann; beispielsweise ihre Tätigkeit an der zivilgesellschaftlichen Basis der Projektländer. Bei der Planung und Durchführung von kleinteiligeren Programmen haben NGOs häufig komparative Vorteile gegenüber Regierungen und Behörden. Der Aufbau staatlicher und gesellschaftlichen Strukturen, die ein breites Spektrum von Organisationen aus allen Bereichen der zivilen Gesellschaft umfassen sollen, können einander fruchtbar ergänzen. Für die Stärkung der zivilen Gesellschaft durch die Entwicklungszusammenarbeit sind die NGOs zweifellos das geeignetere Instrument als die Kooperation von Staat zu Staat. Schließlich muss auch beachtet werden, dass eine direkte Kooperation von österreichischen Regierungsstellen mit Regierungen im Süden von politischen Eigeninteressen der kooperierenden Regierungen – in einem entsprechenden Machtgefälle – geprägt sind. Die Unabhängigkeit der Nord-NGOs von den jeweiligen Regierungen in den Ländern des Südens und Ostens erlaubt es ihnen auch dann in einem Land tätig zu sein, wenn auf Regierungsebene die Kooperation wegen Missständen oder Menschenrechtsverletzungen in Frage gestellt werden muss.

5.2. Entwicklungspolitische Inlandsarbeit

Die entwicklungspolitische Inlandsarbeit umfasst Bildungs-, Kultur- und Öffentlichkeitsarbeit, Kampagnenarbeit, Anwaltschaft und Lobbying.

5.2.1. Entwicklungspolitische Bildungs-, Kultur- und Öffentlichkeitsarbeit, Kampagnenarbeit

Entwicklungspolitische Bildungs-, Kultur- und Öffentlichkeitsarbeit von NGOs und MigrantInnenorganisationen in Österreich stellt eine wichtige Komponente der Entwicklungspolitik und der Entwicklungszusammenarbeit dar. Verständnis für und Auseinandersetzung mit globalen Fragen führen zu politisch verantwortungsvollem Handeln, und dies hat Auswirkungen im Norden und im Süden. Weiters ist sie eine Orientierungshilfe für Menschen in Österreich, sich in einer komplexen, globalisierten Welt zurechtzufinden. AkteurInnen der entwicklungspolitischen Bildungs-, Kultur- und Öffentlichkeitsarbeit wählen verschiedene und unterschiedlich intensive Wege, um das Verständnis der österreichischen Bevölkerung für die weltweite Ausschließung der Armen aus den Gesellschaften zu verdeutlichen. Sie thematisieren die Auswirkungen des Rassismus und der globalisierten Weltwirtschaft auf Menschen in Nord und Süd. Kampagnen bringen diese Anliegen an eine breite Öffentlichkeit und fordern zum Handeln auf.

Empathiefähigkeit alleine reicht allerdings nicht aus. Es bedarf gleichzeitig einer Einsicht in komplexe Strukturen. Eine der Hauptaufgaben von entwicklungspolitischer Inlandsarbeit ist es daher, größere, globale Zusammenhänge herzustellen, indem eine Verbindung zwischen den Alltagserfahrungen der Menschen und weltweiten Ereignissen, Entscheidungen und Machtverhältnissen geschaffen wird. Eine geeignete didaktische Herangehensweise ermöglicht es, derartige Zusammenhänge zu klären und gleichzeitig Handlungsalternativen zu erarbeiten, die vom *Empowerment*-Ansatz ausgehen. Vom Erfolg der Bemühungen hängt die Akzeptanz einer nachhaltigen Lebensweise in Österreich ab. Diese Bemühungen haben auch Auswirkungen auf die Spendenbereitschaft der österreichischen Bevölkerung.

5.2.2. Entwicklungspolitisches Lobbying und Anwaltschaft

NGOs fungieren als Sensoren der Gesellschaft, sie greifen vernachlässigte Themen auf und konfrontieren das politische System mit einem Reformdruck von unten. NGOs müssen es sich leisten können, über den kurzen Zeithorizont von Wahlterminen hinauszuschauen, und Vorschläge zu unterbreiten, die aus machtpolitischen Gründen tabuisiert werden. Sie werden zunehmend AkteurInnen, die ein Problembewusstsein von weltweiten Strukturfragen schaffen: Seit den UN-Konferenzen der 1990er Jahren begannen sie sich international zu vernetzen und schufen sich damit eine Möglichkeit, Weltmeinung zu beeinflussen. Entscheidungen der Internationalen Finanzorganisationen und der WTO haben weitreichende - auch negative - Auswirkungen auf die Bevölkerung im Süden, die durch EZA-Projekte nicht wettgemacht werden können. Makroökonomische Entwicklungen (Verschuldung, Verfall der Rohstoffpreise etc.), politisches Versagen und bewaffnete Konflikte zerstören basisorientierte Projekte. Daher wird entwicklungspolitische Anwaltschaft und Lobbyarbeit gegenüber dem Staat, der Europäischen Union und internationalen Institutionen wie UN-Organisationen, Weltbank, Währungsfonds und WTO immer wichtiger. Es ist Aufgabe der NGOs, die Kohärenz der diversen Politiken Österreichs und der EU einzumachen. Andere Politikbereiche wie Außenpolitik, Agrarpolitik, Handelspolitik, Wirtschaftspolitik, Währungspolitik oder Landwirtschaftspolitik dürfen den Zielen der Entwicklungspolitik nicht widersprechen. Die NGOs haben auch eine Kontrollfunktion gegenüber der eigenen Regierung.

Nord-NGOs stellen in ihrer anwaltschaftlichen Arbeit eine Brücke zwischen den benachteiligten Bevölkerungsgruppen im Süden und den Politiken der Geberländer her. NGOs konzentrieren sich im Süden auf die Unterstützung von lokalen NGOs, sozialen Bewegungen und Organisationen, die in der Mobilisierung und Interessenvertretung benachteiligter Bevölkerungsgruppen stark sind. Dieses Empowerment lokaler zivilgesellschaftlicher Gruppen, damit sie selbst die ihnen zustehenden Rechte einfordern können, und die Veränderung der internationalen Rahmenbedingungen hin zu einer Berücksichtigung der Rechte und Bedürfnisse der benachteiligten Bevölkerungsgruppen, sind zwei Seiten derselben Medaille.

6. Zukünftige Herausforderungen und Ziele

Alle Industriestaaten verfolgen eine widersprüchliche Politik: Die Ziele, die sie in der EZA anstreben, stimmen nicht überein mit ihrer Politik im Außenhandel oder in den globalen Finanzbeziehungen. NGOs haben daher eine **Advocacy-Funktion**, welche staatliche Strukturen nicht erfüllen können.

Entwicklungspolitische NGOs weisen ein hohes gesellschaftliches und oft ehrenamtliches Engagement auf. Sie sind der strukturierte Teil einer Zivilgesellschaft, die sich auf globaler Ebene für Menschenrechte, Frieden und Entwicklung einsetzt. Für eine lebendige Demokratie ist die Stärkung der Strukturen der Zivilgesellschaft Voraussetzung. Da dies im Interesse der StaatsbürgerInnen geschieht, ist auch die Finanzierung aus Steuermitteln unerlässlich.

6.1. NGOs werden sich vermehrt auf Anwaltschaft konzentrieren

Es sollen Veränderungen weltweiter Rahmenbedingungen in einer Vielzahl von Bereichen in Wirtschaft und Politik sowie in internationalen Entscheidungsstrukturen erreicht werden. Dies erfordert verstärkte Analysekapazitäten, Kooperation mit der Wissenschaft und Austausch mit anderen gesellschaftlichen AkteurInnen. Die Vernetzung mit sozialen Bewegungen und die Behandlung auf internationaler Ebene von anwaltschaftlichen Themen, wie gerechter Welthandel oder die Änderung der internationalen Finanzarchitektur, ist Voraussetzung der politischen Rolle der NGOs. NGOs müssen für die Einhaltung international vereinbarter Rechte - Menschenrechte, einschließlich der Arbeitsrechte, wirtschaftlicher, sozialer und kultureller Rechte (WSK-Rechte) und des Rechts auf Entwicklung - arbeiten und die Verantwortung von Staaten und Unternehmen dahingehend einmahnen sowie diese zur Rechenschaft ziehen. Sie sind somit Ausdruck und Akteure einer partizipativen Demokratie und einer pluralistischen Gesellschaft.

NGOs im Norden wie im Süden werden daher in der Zukunft vermehrt Zivilcourage zeigen, vor allem dort, wo Rechtsstaat und internationale Rechtsordnung versagen. Sie sind eine initiativ- und transformatorische Kraft, indem sie seit Jahren innovative Vorschläge bringen und gesellschaftliche Alternativen reflektieren. Sie beobachten politische Prozesse und erheben ihre kritische Stimme um soziale Gerechtigkeit zu erreichen. Sie fordern Kohärenz ein. Sie sorgen für einen *bottom-up Ansatz* (Partizipation) und bringen so die Sichtweise der Basis ein.

6.2. Projektzusammenarbeit bleibt eine wesentliche Aufgabe der NGOs

Grundsätzlich gilt, dass operative EZA auch durch NGOs wahrgenommen werden muss. NGOs sind ein essentieller Träger operativer EZA und können in vielen Fällen flexibler und wirksamer als die entsprechenden staatlichen Instanzen arbeiten. Sie stellen sicher, dass in gut gestalteten Entwicklungsprozessen die Aktivitäten die Menschen erreichen. Sie haben ein fundiertes Know-how, und sie verfügen über eigene zivilgesellschaftliche Kontakt- und Partnernetze in den Entwicklungsländern.

7. Partizipation und Dialog

Die Arbeitsteilung zwischen Staat und NGOs erfolgt nach dem Subsidiaritätsprinzip.

... **Gemeinsam agieren**

NGOs und die staatliche EZA verfolgen trotz ihrer unterschiedlichen Rollen, Aufgaben und Handlungsrahmen gemeinsame Ziele: die Bekämpfung und die Beseitigung der weltweiten Armut und Menschen zu ihren Rechten zu verhelfen. Es liegt im Interesse beider Akteure, gemeinsam zu handeln und eine möglichst hohe Akzeptanz und Beteiligung der Bevölkerung zu erreichen.

7.1. Orientierung an den Stärken

Jeder der beiden Kooperationspartner hat Stärken und bestimmte komparative Vorteile. NGOs und staatliche EZA sind zwei Akteure in einem gemeinsamen Feld, die Stärken und Schwächen aufzuweisen haben. Es ist sinnvoll, sich an den Stärken, nicht an den Schwachstellen, zu orientieren.

7.2. Strukturierter Dialog ist nötig

Die Kooperation zwischen NGOs und staatlicher EZA braucht einen strukturierten Dialog. Dieser bezeichnet - in der Zusammenarbeit zwischen der staatlichen Hoheitsverwaltung und den NGOs im Bereich der EZA - die Form der Kooperation, in der beide Seiten einen Nutzen aus der Beziehung zum Kooperationspartner ziehen. Beide Seiten, sowohl die NGOs wie auch die staatliche EZA, profitieren von der Kooperation - die eigene Arbeit wird in ihrer Qualität verbessert. Die Beibehaltung der eigenen Identität ist eine wichtige Komponente.

... **Grenzen anerkennen**

Es gibt keinen grenzenlosen Dialog. Wenn sich NGOs und die staatliche EZA dieser Grenzen bewusst sind, kann ein Dialog gut und sinnvoll stattfinden.

... **Kritik äußern**

Die Rolle der NGOs als kritische Stimme in der EZA gegenüber Verwaltung, Politik und Gesellschaft muss erhalten bleiben.

... **Verbindlichkeit des Dialogs**

Im Dialog müssen Verbindlichkeit und klare Spielregeln festgelegt werden. Dies beinhaltet die Einführung von Qualitätsstandards wie beispielsweise die frühzeitige Einbindung der NGOs im Planungsstadium, die Bereitstellung ausreichender Dokumente, ausreichende Fristen sowie klare Kompetenzen für die Dialogpartner. Eine Orientierung an *Good Practice*-Beispielen aus anderen EU-Ländern wäre wünschenswert. Der Dialog sollte in regelmäßigen Abständen evaluiert werden.

8. Ressourcen

Einerseits sind viele Organisationen von der staatlichen Finanzierung in kleinerem oder größerem Umfang abhängig, andererseits muss festgestellt werden, dass die NGOs in allen genannten Bereichen auch Eigenmittel in die Projekte einbringen (Kofinanzierung mit Österreich und EU).

8.1. Alle diese Aufgaben benötigen finanzielle und personelle Ressourcen

Bezüglich der Finanzierung sind sowohl ausreichende Eigenmittel aufzubringen, als auch öffentliche Mittel bereitzustellen: Modelle der Grundfinanzierung (analog Parteienfinanzierung oder Presseförderung) und Optimierung bereits bestehender Möglichkeiten müssen weiterentwickelt werden. Ziel ist, dass die anwaltschaftlichen Kapazitäten der NGOs ausgebaut werden (im Durchschnitt 10–15% Anteil des Mitteleinsatzes). Wesentlich wird sein, dass Finanzierungssysteme die Unabhängigkeit der politischen Arbeit gewährleisten müssen.

8.2. Festschreibung einer eigenen NGO-Budgetlinie

Die Anerkennung der Arbeit, des Wertes und der Rolle der NGOs muss sich in der Finanzierung äußern. Eine eigene Budgetlinie soll auf NGOs beschränkt sein und ein Initiativ-Recht seitens der NGOs gewährleisten. Dies erhöht die Transparenz für die Öffentlichkeit und die Planungssicherheit von Projektarbeit für die durchführenden Organisationen und deren PartnerInnen.

NGOs und Partnerorganisationen aus der Zivilgesellschaft im Süden und Osten brauchen für die Planung, Umsetzung und Kontinuität ihrer Projekte Budgetsicherheit. Sie fordern daher die Festlegung eines eigenen NGO-Bereichs und eine verbindliche Strukturierung des bilateralen Budgets:

- Budgetansatz für Programm- und Projektarbeit der EZA und humanitärer Hilfe
- Budgetansatz für entwicklungspolitische Bildungs-, Kultur- und Öffentlichkeitsarbeit und anwaltschaftliche Arbeit
- Budgetansatz für strukturelle Maßnahmen (Befähigung der NGOs zur Implementierung von inhaltlichen Maßnahmen)

Angedacht werden sollte auch eine in anderen Ländern übliche projekt- und einzelprogramm-unabhängige Förderung von NGOs, deren Gesamtprogramm dort als wichtiger ergänzender Beitrag zur staatlichen EZA anerkannt wird.

Eine Planungssicherheit ist nur dann wirksam, wenn sich die Verbindlichkeit der Budgetplanung auch auf die genannten Tätigkeitsfelder erstreckt und wenn der Teil, der durch die NGOs geleistet werden soll, definiert ist. Die Dotierung der NGO-Budgetlinie soll - analog der Steigerung des EZA-Budgets auf 0,7% des BNE bis 2015 -in Jahresschritten erhöht werden. Es ist anzustreben, dass die Finanzierung für entwicklungspolitische Inlandsarbeit ebenso schrittweise auf 3% der ODA ansteigt.

9. Schlussbemerkungen – Die unverzichtbare Rolle der NGOs

NGOs haben eine nicht ersetzbare Rolle inne. Ihr Mehrwert leitet sich aus ihrer Wertebasis, ihrer Unparteilichkeit und ihrer Verankerung in der zivilgesellschaftlichen Basis ab. Mit diesen Parametern identifizieren wir uns als nicht staatliche Organisationen, die auf eine breite Zustimmung der Zivilbevölkerung bauen können.

NGOs haben eine politische Rolle als transformatorische Kraft in der Entwicklung gesellschaftlicher Alternativen und nehmen eine *Watchdog-Funktion* gegenüber dem Staat wahr. Sie ermöglichen politische Teilhabe für benachteiligte Bevölkerungsgruppen und setzen sich für funktionierende öffentliche und demokratische Strukturen und die Einhaltung der Menschenrechte ein. Ergänzend zu staatlichen Stellen übernehmen sie operative Aufgaben effizient und bürgernah, unabhängig von staatlichen Strukturen. Nord-NGOs erfüllen eine Vermittlerrolle für Partnerorganisationen im Süden und Osten.

Daraus leiten sich folgende Aufgaben für NGOs ab:

- Umsetzung und Implementierung von Programmen auf *Grassroots*-Ebene;
- Stärkung und Begleitung von Süd-NGOs und zivilgesellschaftlichen Organisationen in ihren Entwicklungsprozessen, Programmen und Projekten, sowie Förderung von Vernetzungsprozessen und sozialen Bewegungen als Gegengewicht zur Staatsmacht;
- Zusammenarbeit in Ländern mit schlechter oder gar keiner Regierungsführung (bad governance, failed states);
- *Capacity building* und *Empowerment* der südlichen NGOs im Projektmanagement und in der anwaltschaftlichen Arbeit (Planung, Budgetierung, Partizipation und Monitoring von politischen Prozessen);
- Sensibilisierung und Anwaltschaft im Norden, um in der Bevölkerung in Österreich das Verständnis für globale Zusammenhänge zu fördern, die Situation in Entwicklungsländern nahe zubringen und den PartnerInnen und Zielgruppen aus dem Süden zu ermöglichen, ihre Positionen und Anliegen im Sinne einer Veränderung der globalen Politikfelder einzubringen.

Die NGOs wünschen sich von staatlicher Seite Anerkennung für ihre Leistungen. Dies beinhaltet die Berücksichtigung ihrer Position beim Erarbeiten der OEZA-Leitlinien zur NGO-Policy. Um ihrer Arbeit gerecht werden zu können, benötigen die NGOs eine verstärkte und langfristig gesicherte Finanzierung, die Freiräume gewährt (NGO-Budgetlinie). Die NGOs setzen auf klar definierte Gesprächsstrukturen und möchten in einem kontinuierlichen Dialog ihr *Know-how* und ihre Unterstützung einbringen.

Wien, am 27. März 2006

WOZ DIE WOCHENZEITUNG

WOZ vom 03.09.2009 - Ressort Wirtschaft

Die selbstständigen Frauen von Indien

Die kühnen Ideen von Gandhis vielen Töchtern

Von Joseph Keve, Ahmedabad

Sie ist eine Gewerkschaft und ein Kooperativenverband, sie hat eine Bank, eine Versicherung, eine Akademie aufgebaut: Sewa, die Assoziation selbstständiger Frauen, gewinnt in Indien immer mehr Einfluss.

«Sie hatten Glück, Sie sind zur Präsidentin gewählt worden», sagte die Besucherin und fügte hinzu: «Mir blieb das versagt.» Die Angesprochene war Ramila Rohit, eine scheue Landarbeiterin, die vor kurzem zur Präsidentin der Self Employed Women's Association (Sewa) gewählt worden war; die Sewa ist mit rund einer Million Mitglieder eine der grössten basisnahen Organisationen in Indien. Und die, die das sagte, war US-Aussenministerin Hillary Clinton, die es sich während ihrer Fünftagereise durch Indien im Juli nicht hatte nehmen lassen, eine Sewa-Einrichtung in Bombay zu besuchen. «Frau Clinton ist seit über einem Jahrzehnt eine Freundin und Unterstützerin», erläuterte Sewa-Gründerin Ela Bhatt einem der vielen ReporterInnen, die Clintons Stippvisite in Hansiba, einem neu eröffneten Verkaufsladen für traditionelle Handwerkserzeugnisse, begleitet hatten.

In Ahmedabad (Bundesstaat Gujarat) – abseits der Medienöffentlichkeit und fern aller Aussenministerinnen – finden die einfachen Sewa-Mitglieder weniger Zuspruch. «Diese Verkäuferinnen sind eine Plage», knurrt der Verkehrspolizist Ganpat Patel und fuchtelt mit seinem Stock. «Sie blockieren mit ihren Handwagen den Verkehr. Bloss weil sie in einer Gewerkschaft sind, benehmen sie sich, als würde ihnen der Platz gehören.» Man müsste sie samt und sonders wegweisen, sagt er noch. Doch damit kommt er bei einer 68-Jährigen schlecht an: «Was schreist du hier rum? Bist du vielleicht wichtiger, nur weil du eine Uniform trägst? Versuch uns doch rauszuwerfen! Das haben schon Mächtigere als du probiert.» Und dann, an die Umstehenden gewandt, sagt Laxmiben Teta: «Der Kerl weiss doch nichts über die Geschichte dieses Viertels. Wir waren vor den Strassen, dem Verkehr und Leuten wie dem da.» Schon ihre Mutter und ihre Grossmutter hätten in Manek Chowd, einem Quartier inmitten der Neunmillionenstadt Ahmedabad, Gemüse verkauft.

Aha-Erlebnisse

Laxmiben Teta hat erlebt, wie sich das ehemalige Brachland durch den Markt entwickelte. Den Gemüseverkäuferinnen von Manek Chowd folgten Getreide-, Gewürz- und TuchhändlerInnen, Geschäfte und Häuser entstanden, Juweliere liessen sich nieder, immer mehr Kundschaft strömte herbei, das Verkehrsaufkommen explodierte. Und jetzt betrachtet die Polizei die Frauen, von denen die Entwicklung des Viertels ausging, als Verkehrshindernis. Die Stadtverwaltung behandelt sie als Eindringlinge und verhängt immer wieder Bussen. Und die StadtplanerInnen würden auf dem Territorium, das die Frauen beanspruchen, gern Einkaufszentren, Hochhäuser und Luxuswohnungen errichten. Also nahm Laxmiben Teta vor langer Zeit Kontakt mit Sewa auf und erzählte den Frauen dort von den Problemen der Strassenverkäuferinnen von Manek Chowd. Kurz darauf begann die Organisierung.

«Frauen holen das Wasser, sie sammeln Brennholz, sie putzen das Haus und waschen die Wäsche. All das ist Frauenarbeit, für die es nie Anerkennung gibt. Die Frauen kochen, und sie essen zuletzt, bei der Landarbeit schufteten sie so viel wie der Mann und müssen noch nach den Tieren schauen. Auf dem Bau arbeiten sie wie die Männer zwölf Stunden und verdienen doch nur die Hälfte.» Die 35-jährige Hausfrau und Arbeiterin Dakshaben* beschreibt diese Verhältnisse, die auch die ihren sind, auf einem Sewa-Workshop über Arbeitsrechte und Frauen im Dorf Vasa, 65 Kilometer von Ahmedabad entfernt. Und dann sagt sie, am Ende ihrer Ausführungen: «Sewa hat mir geholfen zu verstehen, dass die Gesetze auf meiner Seite sind. Und meine Schwestern sind wie ich zum Kampf bereit.»

Laxmiben Teta und Dakshaben sind beide entschlossen, den ihnen zustehenden Platz und Freiraum in einer Gesellschaft zu erkämpfen, die von den Männern dominiert wird, überaus konservativ ist und grundsätzlich davon ausgeht, dass Frauen in die Küche gehören und die Armen sich gefälligst unten einzureihen haben. Und noch eine Gemeinsamkeit haben sie: Beide fanden ihr Aha-Erlebnis in der Sewa.

Der gewerkschaftliche Ansatz

Sewa, Indiens Assoziation selbstständiger Frauen, war im Dezember 1971 in der Wirtschaftsmetropole Ahmedabad als

Arbeiterinnenverband von Karrenzieherinnen und Kopflasträgerinnen gegründet worden. 1972 liess sich der Zusammenschluss als Gewerkschaft registrieren. Bald rekrutierte und organisierte die Assoziation auch Frauen in anderen Bereichen und weitete ihren Aktionsraum auf das Land und über den Bundesstaat Gujarat aus: Während sich die Organisation anfangs auf städtische Selbstständige konzentrierte, leben und arbeiten mittlerweile über sechzig Prozent ihrer Mitglieder in den Dörfern und Weilern acht indischer Bundesstaaten.

Eigenständigkeit und Vollbeschäftigung stehen im Mittelpunkt. «Mit Vollbeschäftigung meinen wir Arbeitssicherheit, Einkommenssicherheit, Lebensmittelsicherheit und soziale Sicherheit», erläutert Pratibha Pandya, Sewa-Verwaltungsdirektorin und Mitglied des siebenköpfigen Leitungsteams. «Unter Eigenständigkeit verstehen wir, dass Frauen in jeder Hinsicht, individuell und kollektiv, autonom agieren und entscheiden sollten.» Nur eine Mobilisierung der Frauen, von ihnen selbst kollektiv vorangetrieben, könne ihre Lage auf Dauer verbessern.

Je nach den Verhältnissen, sagt Pandya im Sewa-Hauptquartier in Ahmedabad, nehme diese Mobilisierung verschiedene Formen an. Manchmal seien Berufsverbände die richtige Antwort, die für bessere Arbeitsmöglichkeiten und damit höhere Einkünfte streiten. In anderen Bereichen böten Sozialvereine, die sich um Krankenversicherung und Kinderbetreuung kümmern, eine bessere Lösung. Auch Produktions- und Vermarktungskoooperativen spielen eine entscheidende Rolle. Und all diese Ansätze sind vom gewerkschaftlichen Grundgedanken geprägt: die Konkurrenz unter Produzentinnen auszuschalten und gemeinsam eine bessere Zukunft zu suchen.

Eine verwirrende Vielfalt von Organisationsformen vielleicht, aber eine, die den indischen Lebens- und Arbeitsverhältnissen entspricht. «Die Zusammenschlüsse können auf Dorfebene beschränkt sein, im Distrikt agieren oder auf bundesstaatlicher oder nationaler Ebene mobilisieren», sagt die 45-jährige Soziologin Pandya – wichtig sei nur, das sie von Frauen initiiert, gemanagt, kontrolliert würden – und zwar autonom und unabhängig.

«Sewa befindet sich im Spagat, wir sind eine Gewerkschaft und eine Kooperative zugleich», erläutert die 76-jährige Ela Bhatt, die die Idee zur Gründung von Sewa hatte. «Die Gewerkschaft mobilisiert und organisiert die Frauen rund um Arbeitsthemen, danach bilden die Frauen oft Genossenschaften, um als Selbstständige besser überleben zu können. Auch die Sparvereine sind genossenschaftliche Unternehmen.» Mittlerweile, so die vielfach ausgezeichnete Aktivistin, die früher als Anwältin arbeitete, hätten sich hundert Kooperativen unter dem Sewa-Dach zusammengeschlossen.

Alle Sewa-Gliederungen gehören den an ihnen beteiligten Frauen: Sie zahlen einen Jahresbeitrag von fünf Rupien (umgerechnet zehn Rappen), sie besitzen die Anteile, sie treffen die Entscheidungen, sie wählen aus ihren Reihen die Verantwortlichen, die ihnen rechenschaftspflichtig sind. Die Struktur ähnelt der anderer Gewerkschaften: Die Frauen sind in Branchen organisiert und bestimmen ihre Delegierten, die den Branchenrat bilden. Parallel dazu treffen sich monatlich ebenfalls gewählte Branchenkomitees, die die aktuellen Probleme debattieren. Alle drei Jahre wählen die Branchenräte das 25-köpfige Exekutivkomitee.

Das Exekutivkomitee, das nur in aussergewöhnlichen Fällen externe Hauptamtliche einstellt, vertritt selbstständige Arbeiterinnen aus den drei Bereichen Heimarbeit, Strassenverkauf, Produktion und Dienstleistung (Baugewerbe, Landwirtschaft, Transport, Wäscherei, Hausarbeit). Ausserdem beaufsichtigt das Komitee eine eigene Bank, eine eigenes Sozialversicherungssystem und eine eigene Akademie.

Bidis und Räucherstäbchen

In der Sewa-Hochburg Gujarat haben sich knapp 100 000 Heimarbeiterinnen der Organisation angeschlossen. Eine von ihnen ist Mehrunnisaben. Die Vierzigjährige rollt Bidis, jene eher rustikalen Zigaretten, bei denen Tabak oder andere Kräuter in ein Tendublatt gewickelt und mit einem Faden zusammengebunden werden. «Seit drei Generationen rollen wir Bidis», erzählt Mehrunnisaben, die in einem Slum beim Hauptbahnhof von Ahmedabad lebt und arbeitet.

«Auch die Kinder müssen in ihrer Freizeit mithelfen. Ich weiss, dass die Arbeit gesundheitsschädigend ist» – bei der Herstellung fällt viel Tabakstaub an, der zu Lungenkrankheiten führen kann –, «aber wir haben keine andere Möglichkeit zum Lebensunterhalt, seit mein Mann 2002 bei den antimuslimischen Pogromen getötet wurde.» Aber immerhin, ergänzt sie, hätten die 20 000 Bidi-Rollerinnen, die in Sewa organisiert sind, ein höheres Entgelt durchsetzen und einen Sozialfonds für Bidi-Arbeiterinnen gründen können.

In der Sektion Heimarbeit sind auch die Herstellerinnen von Räucherstäbchen vertreten, die parfümierte Paste um Bambusstöckchen rollen, dann trocknen und in bunte Tüten packen. Diesen Bereich hatte Sewa 1981 zu organisieren begonnen; inzwischen zählt die Sektion im Grossraum von Ahmedabad über 10 000 Mitglieder. Obwohl die Zahl der unorganisierten Räucherstäbchenproduzentinnen gross ist (Schätzungen zufolge sind es knapp 60 000), ist es Sewa gelungen, einen branchenbezogenen Mindestlohn und ein Minimum an Sozialversicherung zu erkämpfen. «Wir haben es mit der Androhung von Arbeitsverweigerung und durch Verhandlungen geschafft, das Einkommen um ein Drittel zu erhöhen», sagt die vierzigjährige Slumbewohnerin Mumtaz Patel. Die nichtorganisierten Heimarbeiterinnen hätten durch die Verhandlungen gewonnen: Für sie gilt inzwischen der gesetzliche Mindestlohn.

Lumpenkleider und Stickerei

Einen Schritt weiter in der Selbstorganisation sind die Konfektionsschneiderinnen und die Stickerinnen. Ahmedabad ist das indische Zentrum für Lumpenrecycling: Viele Frauen, zumeist Musliminnen, kaufen Tuchfetzen auf, säubern sie und nähen Puppen, Kinderkleider, Futterale, Teppiche und Bettdecken aus den Abfällen der Textilproduktion. Lange Zeit bestimmten

jedoch nicht sie das Geschäft, sondern die Zwischenhändler. Um den Frauen eine Zukunft zu bieten, müsse man diesen Handel ausschalten – zu diesem Schluss kam eine Untersuchung, die von Mitgliedern der Sewa-Akademie Mitte der achtziger Jahre vorgenommen worden war.

Sie fanden heraus, dass die überwiegende Mehrheit der Lumpennäherinnen nicht einmal 500 Rupien im Monat umsetzt (nach heutigem Umrechnungskurs etwa zehn Franken) und nach Abzug der Maschinen-, Material- und Stromkosten weniger als 300 Rupien verdient. Ausserdem, so die Studie, litten neunzig Prozent der Befragten unter Fusschmerzen, geschwollenen Beinen, steifen Rücken und Schlaflosigkeit. Daraufhin lancierte Sewa eine politische Kampagne – mit Erfolg. 1988 legte die damalige Regierung des Bundesstaats Gujarat einen Mindestlohn für die Näherinnen fest.

Einen Erlass durchzusetzen und ihn auch zur Geltung zu bringen, sind in Indien aber zweierlei: Die Gewerkschaft musste Hunderte Prozesse führen; manche gewann sie, andere verlor sie. Und so entschied sich die Organisation für eine andere Strategie: Sie unterstützte die Bildung einer Kooperative, die mit einem kleinen Laden begann, aus dem ein ansehnliches Verkaufszentrum wurde, das inzwischen mehr bietet als zusammengenähte Lumpen. Denn viele Sewa-Mitglieder in diesem Sektor schneiden mittlerweile auch, sie bügeln und verpacken; sie produzieren Konfektionsware, die immer mehr nachgefragt wird, sauber gefertigte Kleidung. Ein gut ausgebildetes Team von jungen Sewa-Aktivistinnen wartet regelmässig ihre Maschinen und informiert über neue Modetrends.

Die Näherinnen folgten damit dem Beispiel der Stickerinnen. Vor allem im Norden des Bundesstaats, in der Wüstenregion von Banaskantha, hat Sticken eine lange Tradition; in jedem Dorf entwickelten Frauen über Generationen hinweg eigene Muster und Ornamente – meist für den Eigenbedarf, denn leben konnten sie davon nicht. Das Problem war, dass ihnen die kunstfertig bestickten Jacken, Schals oder Kissenbezüge oft nicht lange gehörten. Umiaben aus dem Dorf Vauva erinnert sich gut, wie sie während einer der langen Dürreperioden ihre besten Stickereien für hundert Rupien (rund zwei Franken) verkaufen musste, um über die Runden zu kommen. Und so gründete Sewa 1989 eine kleine Genossenschaft: Vier skeptische Frauen erhielten den Auftrag, zwölf Kurtas – lockere, kragenlose Hemden – herzustellen. Inzwischen arbeiten 20 000 Stickerinnen für Sewa-Kooperativen. Ihnen schlossen sich Frauen mit anderen Fertigkeiten an: Bäuerinnen, Kautschuksammlerinnen, Landarbeiterinnen. 40 000 von ihnen sind mittlerweile in 91 Sewa-Gruppen organisiert.

«Dann gehe ich zu seinem Boss ...»

Sie tauschten sich aus, gewannen neue Erkenntnisse, führten Qualitätskontrollen ein. Sie lernten, mit Zeit und Terminen umzugehen, Geschäfte zu führen und entwickelten ein Selbstbewusstsein, das sie auch an die Machbarkeit anderer Projekte glauben liess. So bauten die Dorfgemeinschaften dieses trockenen Distrikts unter Federführung der Frauen Wassertanks, Dorfteiche und Regenauffangsysteme. «Jetzt, da wir auf eigenen Beinen stehen, kann uns niemand so schnell mehr etwas vormachen», sagt Gauriben, die die Wasserprojekte mit angeschoben hat. «Wenn mich heute ein Regierungsbeamter ignoriert, gehe ich schnurstracks zu seinem Boss; hört der mir ebenfalls nicht zu, werde ich bei dessen Chef vorstellig. Manchmal dauert es eine Weile, aber ich finde immer einen, der sich mit meinen Anliegen auseinandersetzen muss.»

Um die gemeinsam produzierten Waren zu vermarkten, haben die Sewa-Frauen von Nordgujarat 2006 das Sewa Trade Facilitation Centre gegründet – eine Art Handelsabteilung, die die Erzeugnisse der Handwerkerinnen unter dem Markennamen Hansiba vertreibt. Es war das neue Hansiba-Geschäft in Ahmedabad, das Clinton vor zwei Monaten besuchte.

Weniger auffällig, aber genauso engagiert agieren die Sewa-Mitglieder im Produktions- und Dienstleistungsbereich. Die Bauarbeiterinnen, Kopflasträgerinnen, Haushaltshilfen, Wäscherinnen; Fabrikarbeiterinnen und Altstoffsammlerinnen bilden mit rund 400 000 Mitgliedern die grösste Sewa-Sektion und haben eine Reihe von Kooperativen gegründet. Und auch sie profitieren von den Einrichtungen der Assoziation.

Von der Sewa-Bank zum Beispiel. Die war entstanden, als Ende 1973 eine Altkleiderhändlerin in Ahmedabad eine simple Frage gestellt hatte: «Wenn uns die Banken keine Kredite gewähren – warum gründen wir dann nicht selber eine?». Sechs Monate später, 6287 Frauen hatten da schon über 70 000 Rupien für das Projekt gesammelt, gründete Sewa die Frauen-Coop-Bank. Heute hat die Genossenschaftsbank über 60 000 Besitzerinnen und ein Betriebskapital von über einer Milliarde Rupien (etwa 22 Millionen Franken). Sie ist eine Art Sparverein, vergibt Kleinkredite (98 Prozent davon werden pünktlich zurückgezahlt), unterstützt die Entwicklung der Kooperativen und dient zuweilen auch als Pfandhaus. Shakiben, eine 54 Jahre alte Ladenbesitzerin, hat vor kurzem ein paar Schmuckstücke zur Sewa-Bank gebracht, weil sie ihr Geschäft ausweiten will. «Andere Banken verlangen höhere Zinsen, stecken mehr Gebühren ein, und man muss länger warten», sagt sie. «Dies aber ist meine Bank, sie gehört auch mir.»

Doch wie sieht es mit der sozialen Sicherheit aus, einer der Grundideen der Bewegung, von denen Sewa-Verwaltungsdirektorin Pratibha Pandya sprach? Auch da hat sich viel getan: Seit 1992 betreibt die Kooperativengewerkschaft eine Assekuranz, die die Anlagen (Gebäude und Maschinen) der Genossenschaften versichert, Sewa-Mitglieder für einen kleinen Jahresbeitrag (Fr. 2.70) im Krankheits- und Todesfall unterstützt und auch eine Lebensversicherung anbietet. Über 200 000 Frauen nutzen diese Versicherung.

Antwort auf die Globalisierung?

Mehrere Zehntausend Frauen haben in den letzten Jahren zudem die Sewa-Akademie besucht, die auf den Dörfern und in den Städten Kurse anbietet: Wie formuliere ich eine Eingabe? Wie gründe ich eine neue Initiative? Wie arbeite ich mit einem Computer? Videoworkshops, politische Weiterbildung für Aktivistinnen, Kurse zur Gewerkschaftsarbeit – all dies hat die

Academy in ihrem Programm; zudem unternimmt sie eigene Studien (wie die über die Lumpennäherinnen). Der Unterricht zur Selbsthilfe, Selbstorganisation und Mobilisierung war nicht vergebens: Im Dezember 2008 verabschiedete das indische Parlament aufgrund vieler (auch von Sewa-Mitgliedern initiierten) Petitionen, Kundgebungen und Kampagnen ein Gesetz, das die Regierung verpflichtet, ein Sozialversicherungssystem für die ArbeiterInnen des informellen Sektors einzuführen. Passiert ist seither nicht viel, aber der Druck von unten hält an.

Mit ihrem Verständnis von politischer und gewerkschaftlicher Mobilisierung sind die Sewa-Mitglieder anderen Organisationen – auch in den industrialisierten Gesellschaften – ein Stück weit voraus. Bis vor ein paar Jahren waren Massenproduktion und industrielle Grosseinheiten die Regel. Die Globalisierung, die Flexibilisierung der Arbeitsverhältnisse, die Diversifizierung von Produktpaletten haben diesen Trend gekippt: In Ahmedabad und Bombay zum Beispiel gibt es keine grossen Textilfabriken mehr; ihre Arbeit erledigen kleine, hoch spezialisierte Unternehmen. Sie konzentrieren sich auf einzelne Fertigungsschritte: Sie spinnen, weben, färben, drucken und stützen sich dabei auf noch kleinere Zulieferbetriebe und eine Armee von HeimarbeiterInnen, zumeist Frauen.

Diese Entwicklung hat enorme Folgen für die ProduzentInnen: Vorbei die Zeit, in der sich ganze Belegschaften in Gewerkschaften organisieren und ihre Interessen allein mit traditionellen Arbeitskämpfmassnahmen durchsetzen konnten. Inzwischen wächst die Zahl der selbstständig Erwerbstätigen – auch in den Industriestaaten. Selbst wo noch Grossbetriebe bestehen, werden immer mehr Tätigkeiten ausgegliedert, die Zahl der prekären Arbeitsverhältnisse nimmt zu, immer mehr Lohnabhängige schlagen sich als vereinzelt VerkäuferInnen ihrer Arbeitskraft durch – wie die Stickerin in Nordgujarat, wie die Karrenzieherin von Ahmedabad. Überall entsteht eine neue Klasse von armen, gesellschaftlich diskriminierten Selbstständigen, die auf eigene Rechnung und auf eigenes Risiko arbeiten und wirtschaften müssen.

Sewa, diese merkwürdige Mischung aus Gewerkschaft, Kooperativenverbund und Selbstermächtigungsorganisation hat diese Veränderungen vielleicht früher erkannt als andere. Jedenfalls hat sie schon früher zu handeln begonnen.

Aber setzt sie auch die richtigen Akzente? Die Ungerechtigkeit hat drei Gesichter, schrieb einst Ela Bhatt: das des Ausbeuters, das eines politischen Systems, das die Ausbeutung unterstützt, und das einer Justiz, die den PolitikerInnen den Rücken frei hält. Den ersten Gegner haben Gandhis Töchter in Sewa dank ihrer Zähigkeit, ihres Einfallsreichtums, ihrer Visionen und ihrer Erfolge zumindest teilweise ausschalten können. Die anderen können sie nicht alleine erledigen.

* In Gujarat werden die Menschen meist mit ihrem Vornamen angesprochen, dem eine Nachsilbe folgt. Frauennamen wird «ben» (Schwester) hinzugefügt, Männernamen enden auf «bhai» (Bruder). Nach dem Nachnamen zu fragen, gilt als unhöflich und wird besonders von jüngeren Frauen als Einmischung in die Privatsphäre empfunden.

Indiens informeller Sektor

Derzeit arbeiten über neunzig Prozent der indischen Frauen im informellen Sektor. Da sie nicht in die gängigen Muster passen und zumeist unorganisiert sind, werden sie von keiner Statistik erfasst. «Das hat zur Folge, dass sie unsichtbar bleiben und von der Politik ignoriert werden», sagt Sewa-Gründerin Ela Bhatt. Die Trennung zwischen formellem und informellem Sektor sei künstlich: «Dies macht zwar Analysen und Verwaltungsentscheide einfacher, verewigt aber die Armut.» Selbst die internationalen Gewerkschaftsverbände hätten etwa Heimarbeiterinnen lange nicht als abhängig Beschäftigte anerkannt.

Es ist die Tendenz zur Kategorisierung, die die Organisation von Frauen entlang herkömmlichen Schemata so schwierig macht. In ihrem Buch «We Are Poor but so Many» (Wir sind arm, aber viele) erläutert dies Ela Bhatt an einem Beispiel: «Eine Kleinbäuerin arbeitet auf ihrer Farm. In schwierigen Zeiten arbeitet sie als Hilfskraft auf anderen Farmen. Wenn die Agrarsaison vorbei ist, sammelt sie Kautschuk und andere Waldprodukte. Das ganze Jahr hindurch stickt sie entweder im Auftrag eines Kontraktors und erhält dafür einen Stücklohn, oder sie verkauft die Stickereien an einen Händler.» Wie ist, so fragt Bhatt, «ihr Beruf nun einzuordnen? Ist er dem Agrarsektor, dem Gewerbe oder dem Bereich Heimarbeit zuzurechnen? Ist sie Bäuerin oder Landarbeiterin? Ist sie selbstständig oder Stücklohnarbeiterin?» Aufgrund ihrer Situation könne die Frau nicht eingeordnet werden: Sie hat keinen Arbeitsstatus, kann keiner Gewerkschaft beitreten, bekommt keinen Zugang zu günstigen Krediten und erfährt keine Weiterbildung.

Was sie hingegen problemlos bekommt, sind abwertende Etiketten: «ungebildet», «abhängig», «Hausfrau». Dabei würde ohne die Armen und Verwundbaren des informellen Sektors nichts funktionieren – nicht auf dem Land, nicht in der Industrie, nicht in den Verwaltungen. Sewa hat das im Unterschied zu vielen Organisationen – auch nichtstaatlichen – begriffen.

Sewa International

Sewa konzentriert ihre Aktivitäten zwar auf den westindischen Bundesstaat Gujarat, ist aber längst national und international vernetzt. So hat es im Laufe der letzten Jahre immer wieder Kooperationen mit Arbeiterinnenorganisationen in Südafrika, Ghana, Nigeria, Sambia, in den südasiatischen Nachbarstaaten, in Thailand, Kambodscha, Südkorea, auf den Philippinen sowie in der Türkei und im Jemen gegeben. Ihnen griff Sewa stets mit Rat, oft auch mit konkreter Hilfe unter die Arme.

Sewa ist zudem Mitglied vieler internationaler Gewerkschaftsverbände. Sie gehört dem Dachverband der Lebensmittel-, Landwirtschafts- und HotelarbeiterInnen IUL an, der Föderation der Chemie-, Energie- und Bergbaugewerkschaften

ICEM , der Bau- und HolzarbeiterInnen-Internationalen BWI, dem Bund der Textil-, Bekleidungs- und LederarbeiterInnen ITGLWF sowie dem Internationalen Gewerkschaftsdachverband ITUC – und ist bei der Internationalen Arbeitsorganisation ILO registriert.

Wirtschaft zum Glück

Dieser Artikel ist der zehnte Beitrag der WOZ-Serie «Wirtschaft zum Glück», in der wir nachhaltige Produktions- und Eigentumsformen, neue Ideen für eine neue Ökonomie und ökologisch sinnvolle Projekte vorstellen. Finanziert wird diese Serie aus einem Legat des früheren Nachhaltigen Wirtschaftsverbandes WIV.

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3.1 : EMPLOYMENT IN ORGANISED SECTORS—PUBLIC AND PRIVATE

(Lakh persons as on 31 March)

	1991	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PUBLIC SECTOR														
A. By branch														
1 Central Government	34.11	33.95	33.66	32.95	32.53	33.13	32.73	32.61	31.95	31.33	30.27	29.38	28.60	28.00
2 State Governments	71.12	73.55	74.14	74.85	74.58	74.58	74.60	74.25	73.84	73.67	72.22	72.02	73.00	72.09
3 Quasi-Governments	62.22	65.20	64.58	65.35	64.61	63.85	63.26	61.92	60.20	59.01	58.22	57.48	59.09	58.61
4 Local bodies	23.13	21.97	21.92	22.44	22.46	22.59	22.55	22.61	21.75	21.79	21.26	21.18	21.18	21.32
Total	190.58	194.66	194.29	195.59	194.18	194.15	193.14	191.38	187.73	185.8	181.97	180.07	181.88	180.02
B. By industry														
1 Agriculture, hunting etc.	5.56	5.39	5.40	5.33	5.30	5.15	5.14	5.02	4.83	5.06	4.93	4.96	4.69	4.75
2 Mining and quarrying	9.99	10.16	9.93	9.78	9.37	9.26	9.24	8.75	8.61	8.47	10.30	10.14	11.46	11.37
3 Manufacturing	18.52	17.56	17.38	16.61	16.16	15.69	15.31	14.30	13.50	12.60	11.89	11.30	10.92	10.87
4 Electricity, gas and water	9.05	9.35	9.46	9.56	9.54	9.62	9.46	9.35	9.23	9.13	8.74	8.60	8.49	8.49
5 Construction	11.49	11.64	11.59	11.34	11.09	11.07	10.92	10.81	10.26	9.48	9.32	9.11	8.94	8.66
6 Wholesale and retail trade	1.50	1.62	1.62	1.64	1.64	1.63	1.63	1.63	1.57	1.82	1.81	1.84	1.82	1.78
7 Transport, storage & communications	30.26	31.06	30.92	30.92	30.84	30.84	30.77	30.42	30.09	29.39	28.15	27.51	26.75	26.37
8 Finance, insurance, real estate etc.	11.94	12.83	12.80	12.94	12.88	12.95	12.96	12.81	12.30	13.77	14.08	14.08	13.90	13.69
9 Community, Social & personal services	92.27	95.04	95.20	97.47	97.37	97.94	97.71	98.30	97.35	96.09	92.76	92.52	91.76	90.90
Total	190.58	194.66	194.29	195.59	194.18	194.15	193.14	191.38	187.73	185.80	181.97	180.07	178.73	176.88
PRIVATE SECTOR														
1 Agriculture, hunting etc.	8.91	8.94	9.19	9.12	9.04	8.71	9.04	9.31	8.55	8.95	9.17	9.83	10.28	9.50
2 Mining and quarrying	1.00	1.03	1.07	0.92	0.91	0.87	0.81	0.79	0.68	0.66	0.65	0.79	0.95	1.00
3 Manufacturing	44.81	47.06	50.49	52.39	52.33	51.78	50.85	50.13	48.67	47.44	44.89	44.89	45.49	47.50
4 Electricity, gas and water	0.40	0.40	0.42	0.41	0.42	0.41	0.41	0.52	0.42	0.50	0.47	0.49	0.40	0.50
5 Construction	0.73	0.53	0.53	0.54	0.74	0.71	0.57	0.57	0.56	0.44	0.45	0.49	0.55	0.70
6 Wholesale and retail trade	3.00	3.08	3.17	3.17	3.21	3.23	3.30	3.39	3.35	3.60	3.51	3.75	3.87	4.10
7 Transport, storage & communications	0.53	0.58	0.60	0.63	0.65	0.69	0.70	0.76	0.76	0.79	0.81	0.85	0.87	1.00
8 Finance, insurance, real estate etc.	2.54	2.93	3.06	3.22	3.41	3.58	3.58	3.70	3.91	4.26	4.58	5.23	6.52	8.80
9 Community, social & personal services	14.85	16.03	16.58	16.44	16.77	17.00	17.23	17.34	17.42	17.56	17.92	18.20	18.78	19.50
Total	76.77	80.59	85.12	86.86	87.48	86.98	86.46	86.52	84.32	84.21	82.46	84.52	87.71	92.40
BY SEX														
PUBLIC SECTOR														
Male	167.10	168.66	167.94	168.31	166.55	166.04	164.57	162.79	158.86	156.75	153.07	150.86	151.85	149.84
Female	23.47	26.00	26.35	27.28	27.63	28.11	28.57	28.59	28.87	29.05	28.90	29.21	30.03	30.18
Total	190.57	194.66	194.29	195.59	194.18	194.15	193.14	191.38	187.73	185.80	181.97	180.07	181.88	180.02
PRIVATE SECTOR														
Male	62.42	64.31	67.20	67.77	67.37	66.80	65.80	65.62	63.83	63.57	62.02	63.57	66.87	69.80
Female	14.34	16.28	17.92	19.09	20.11	20.18	20.66	20.90	20.49	20.64	20.44	20.95	21.18	22.94
Total	76.76	80.59	85.12	86.86	87.48	86.98	86.46	86.52	84.32	84.21	82.46	84.52	88.05	92.74
PUBLIC AND PRIVATE SECTOR														
Male	229.52	232.97	235.14	236.08	233.92	232.84	230.37	228.40	222.71	220.32	215.09	214.42	218.72	219.64
Female	37.81	42.28	44.26	46.37	47.74	48.29	49.23	49.49	49.35	49.68	49.34	50.16	51.21	53.12
Total	267.33	275.25	279.41	282.45	281.66	281.13	279.60	277.89	272.06	270.00	264.43	264.58	269.93	272.76

Source : Ministry of Labour & Employment, Director General of Employment and Training.

Note : 1. Coverage in construction, particularly on private account, is known to be inadequate.

2. Employment in private sector relates to non-agriculture establishments in private sector employing 10 or more persons. Employment in public sector relate to all establishments irrespective of size.

3. Excludes Sikkim, Arunachal Pradesh, Dadra & Nagar Haveli and Lakshadweep as these are not yet covered under the programme.

4. Due to non-availability of data as per NIC 1998, information in respect of J&K, Meghalaya, Mizoram, Daman & Diu not included in totals.



Bundesministerium für
wirtschaftliche Zusammenarbeit
und Entwicklung

BMZ KONZEPTE 173

Entwicklungspolitischer Gender-Aktionsplan 2009 – 2012

Frauenrechte stärken, denn keine Hälfte der Welt
kann ohne die andere überleben.

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kann ohne die andere überleben.



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1. Einleitung und politische Einordnung

1.1 Internationale Vorgaben und aktuelle Situation

„Keine Hälfte der Welt kann ohne die andere überleben“ – Dieses Motto des vorliegenden

Gender-Aktionsplans soll Leserinnen und Leser daran erinnern, dass nur im Zusammenwirken von beiden Hälften der Weltbevölkerung, Frauen und Männern, nachhaltige Entwicklung möglich ist.

Meilensteine auf dem Weg zur Gleichberechtigung von Frauen und Männern

1948: Allgemeine Erklärung der Menschenrechte - universelles Menschenrecht

1979: Antidiskriminierungskonvention, CEDAW

Übereinkommen der Vereinten Nationen zur Beseitigung jeder Form der Diskriminierung der Frau (CEDAW) – beinhaltet das Verbot jeder Form von Diskriminierung der Frau; ist auf internationaler und nationaler Ebene rechtsverbindliche Grundlage für die Verwirklichung von Gleichberechtigung zwischen Männern und Frauen

1994: VN-Konferenz über Bevölkerung und Entwicklung in Kairo

1995: IV. VN-Weltfrauenkonferenz, Peking – Aktionsplattform mit Empfehlungen für zwölf Handlungsfelder (Armut, Bildung, Gesundheit, Gewalt, bewaffnete Konflikte, Wirtschaft, Entscheidungsstrukturen, institutionelle Mechanismen, Menschenrechte, Medien, Umwelt, Mädchen) und zum „Mainstreaming“

2000: Millenniumserklärung - Empowerment von Frauen als zentrales Entwicklungsziel

VN-Sicherheitsrat-Resolution 1325 - Frauen, Frieden und Sicherheit

2003: Protocol to the African Charter on human and peoples' rights on the rights of women in Africa – Sicherung aller international anerkannten Menschenrechte für Frauen in Afrika

2007: EU-Ratsschlussfolgerungen: Gleichstellung und Teilhabe – die Rolle der Frauen in der Entwicklungszusammenarbeit

2008: Die Millenniumsentwicklungsziele (MDGs) - aktualisierte Fassung fordert ein geschlechterdifferenziertes Monitoring aller Millenniumsentwicklungsziele, Zielvorgaben und Indikatoren

SADC Gender and Development Protocol

VN-Sicherheitsrat-Resolution 1820 - Vergewaltigung als Kriegsverbrechen

Accra Aktionsagenda zur Steigerung der Wirksamkeit – Gleichberechtigung der Geschlechter systematisch in der Entwicklungspolitik verankern

Doha - Entwicklungsfinanzierung – Kapazitätsaufbau und Bereitstellung zweckgebundener Mittel für die Förderung der Gleichberechtigung von Frauen und Männern

Die Gleichberechtigung der Geschlechter voranzubringen, ist bereits seit Jahren ein Grundprinzip der deutschen Entwicklungspolitik. Geschlechtergleichberechtigung zu schaffen, bleibt ein Schlüssel zu nachhaltiger Entwicklung. Nur wenn Frauen und Männer einer Gesellschaft gemeinsam an deren Fortentwicklung arbeiten, werden die Ergebnisse tragfähig sein.

Diese Erkenntnisse sind nicht neu. Entsprechend werden Programme deutscher Entwicklungspolitik auf die Gleichstellung der Geschlechter und die Stärkung der Rolle der Frau ausgerichtet. War dies in der Vergangenheit genug?

In den letzten Jahren wurden weltweit deutliche Fortschritte bei der Gleichberechtigung der Geschlechter erzielt, nicht zuletzt durch entwicklungspolitische Maßnahmen. So ist in zwei Dritteln aller Länder die Einschulungsrate von Mädchen und Jungen nahezu ausgeglichen, der Anteil von Frauen in entlohnten Arbeitsverhältnissen außerhalb der Landwirtschaft ist auf fast 40 Prozent gestiegen. Den partiellen Erfolgen stehen aber andere Fakten gegenüber: Nach wie vor sind fast 70 Prozent der ärmsten Menschen weiblich, die meisten Frauen arbeiten im Niedriglohn- oder informellen Sektor und können ihre Rechte kaum oder gar nicht einfordern. Der Weltbevölkerungsbericht 2008 unterstreicht überdies, dass Müttersterblichkeit und Gewalt gegen Frauen kaum reduziert wurden und weiterhin Herausforderung und Aufgabe der Entwicklungspolitik bleiben müssen.

Internationale Bemühungen und Initiativen haben die Notwendigkeit zu handeln, um die Benachteiligung der Frauen aufzuheben, aufgegriffen und weiterentwickelt. So bilden die Menschenrechtsabkommen, die Aktionsplattform der VN-Weltfrauenkonferenz in Peking sowie die Millenniumserklärung einen verbindlichen Rahmen für deutsche entwicklungspolitische Maßnahmen. Dass die Benachteiligung der Frauen oft gravierende Menschenrechtsverletzungen be-

deutet, weist den Weg zu wirksamen Instrumenten, um Frauenrechte durchzusetzen: die international anerkannten Menschenrechte. Rahmenbedingungen sollen umgestaltet, Frauen zu Rechtsträgerinnen werden, die Leistungen ihres Staates einfordern können.

Auch unsere Partner in den Entwicklungsländern haben in den letzten Jahren erkannt: Es ist in ihrem eigenen Interesse, die Gleichberechtigung der Geschlechter zu fördern. Sie haben in einer Reihe regionaler und nationaler Rahmenwerke wegweisende Bezugspunkte erstellt, an denen wir entwicklungspolitisch gemeinsam anknüpfen können und wollen. Dabei können wir uns auf Frauen als Akteurinnen stützen, die sich zunehmend selbst formieren und artikulieren.

Die Gleichstellung der Geschlechter ist nicht nur eine Frage der Gerechtigkeit und der Demokratie. Um die Wirksamkeit der entwicklungspolitischen Zusammenarbeit zu steigern und die internationalen Vereinbarungen zur Entwicklungsfinanzierung effizient auszugestalten, heben die zwei großen entwicklungspolitischen Konferenzen des Jahres 2008 im Aktionsplan von Accra wie auch in der Erklärung von Doha folgendes deutlich hervor: Geber und Entwicklungsländer haben ihre jeweiligen Entwicklungspolitiken und -programme so zu gestalten und umzusetzen, dass sie den vereinbarten internationalen Verpflichtungen zur Gleichstellung der Geschlechter und den Menschenrechten entsprechen.

Vor dem Hintergrund dieser aktuellen Entwicklungen ist die Zeit gekommen, durch einen entwicklungspolitischen Gender-Aktionsplan unseren Beitrag zur Umsetzung und Einhaltung der internationalen Verpflichtungen zu verdeutlichen. Konkrete Wirkungen und Ergebnisse zu befördern, darin liegen Auftrag und Ziel des vorliegenden Aktionsplans.

Der Plan richtet sich an alle BMZ-Mitarbeiterinnen und -Mitarbeiter und die deutschen ent-

wicklungspolitischen Vorfeldorganisationen. Darüber hinaus soll er als Orientierung und Diskussionsgrundlage für unsere Partner, insbesondere die Zivilgesellschaft, Nichtregierungsorganisationen sowie wissenschaftliche Forschungseinrichtungen (DIE, wissenschaftlicher Beirat) dienen.

Ein Grundprinzip bei der Umsetzung des Aktionsplans wird der weiterhin intensive Austausch mit der Zivilgesellschaft und den Nichtregierungsorganisationen bleiben. Nur in enger Zusammenarbeit aller Akteure lassen sich nachhaltig und breitenwirksam Erfolge erzielen.

1.2 Frauenrechte als Menschenrechte

Frauenförderung – selten wird sie als das verstanden, was sie ist: nämlich die Beseitigung von anhaltenden, teils massiven Menschenrechtsverletzungen in vielen Lebensbereichen. Frauenrechte sind Menschenrechte.

Die Benachteiligung von Frauen aufzuheben, ihre Rechte durchzusetzen, die Gleichstellung von Mann und Frau zu verwirklichen, bedeutet zu allererst ein fundamentales Menschenrecht zu realisieren. In dem Internationalen Pakt über bürgerliche und politische Rechte (Zivilpakt, 1966) und dem Internationalen Pakt über wirtschaftliche, soziale und kulturelle Rechte (Sozialpakt, 1966) ist dieses Recht völkerrechtlich bindend verankert.

In zu vielen Entwicklungsländern ist es jedoch immer noch Praxis, diese internationalen Verpflichtungen zu ignorieren oder dagegen zu verstoßen. Auch in der gängigen entwicklungspolitischen Zusammenarbeit wird nicht immer erkannt, dass nichts zu tun, um die geschlechtsspezifische Benachteiligungen und Diskriminierungen zu beseitigen, bereits eine Missachtung der Menschenrechte darstellt.

Zu Recht war das Diskriminierungsverbot schon im Jahr 1948 wesentliches Element der Allgemei-

nen Erklärung der Menschenrechte. Es wurde kontinuierlich weiterentwickelt, so dass im Internationalen „Übereinkommen zur Beseitigung jeder Form von Diskriminierung der Frau“ (CEDAW, 1979) neben dem Verbot der Diskriminierung ein *Gebot* der Gleichbehandlung und darüber hinaus ein spezieller Schutz von Frauen und Mädchen gefordert und durch zu ergreifende Maßnahmen konkretisiert wird.

Diese Menschenrechte bieten den Referenzrahmen, dem sich das BMZ in seinen entwicklungspolitischen Aktionsplänen für Menschenrechte seit 2004 verpflichtet hat. Wir bekennen uns damit zum sogenannten menschenrechtsbasierten Ansatz, der global und universell geltende Werte in der entwicklungspolitischen Praxis umsetzt. Frauen sollen als Rechtsträgerinnen gestärkt werden, die ihre Rechte gegenüber ihren Regierungen geltend machen. Die menschenrechtlichen Prinzipien und praxisorientierte Zielvorgaben bieten Orientierung bei der Ausgestaltung von Aktivitäten, die die Gleichberechtigung der Geschlechter und Stärkung der Rechte und Rolle der Frau in der Gesellschaft gezielt fördern, zum Beispiel in den Bereichen Gesundheit, Bildung, Wasserversorgung, Teilhabe am Wirtschaftsleben.

Achtung, Schutz und Gewährleistung aller Menschenrechte und darunter explizit die Anerkennung und Förderung der Frauenrechte werden für länderbezogene Weichenstellungen des BMZ regelmäßig überprüft. Die Entscheidung, in welcher Form Deutschland mit einem Land entwicklungspolitisch zusammenarbeitet, kann daher vor dem Hintergrund der rechtlichen Stellung der Frau gezielt beeinflusst werden. Achtung, Schutz und Gewährleistung von allen Menschenrechten für Frauen zu unterstützen, ist ein Ziel des vorliegenden Gender-Aktionsplans. Er leistet die konzeptionelle Verknüpfung von Menschenrechten und Gleichberechtigung der Geschlechter. Damit setzen wir einen neuen Akzent bei der Frauenförderung wie auch bei der Umsetzung der Menschenrechte.

2. Grundsätze und Gestaltung

Der vorliegende Gender-Aktionsplan baut auf dem BMZ-Konzept für die Förderung der gleichberechtigten Beteiligung von Frauen und Männern am Entwicklungsprozess (Gleichberechtigungskonzept) von 2001 auf. Das weiterhin gültige Konzept legt fest, dass die Gleichberechtigung der Geschlechter und die Stärkung der Rechte und Rolle der Frau inhärentes und explizites Ziel sowie durchgängiges Gestaltungsprinzip der deutschen Entwicklungspolitik ist.

In der Vergangenheit wurden verschiedene methodische Ansätze erprobt, um Geschlechtergerechtigkeit zu befördern. Internationale Erfahrungen zeigen, dass der **duale Ansatz** – die Kombination von Gender-Mainstreaming und gezielter Frauenförderung – die besten Ergebnisse erzeugt. Das BMZ legt für den Aktionsplan diesen dualen Ansatz zugrunde. Die G(ender)-Kennungen, abgeleitet von dem DAC Gender Policy Marker, bleiben dabei ein verbindliches Steuerungs- und Qualitätssicherungsinstrument.

Gender-Mainstreaming steht für die systematische und kohärente Integration der Geschlechterperspektive in alle Politik- und Handlungsfelder der Entwicklungszusammenarbeit. Das bedeutet, bei allen gesellschaftlichen und politischen Vorhaben die unterschiedlichen Lebenssituationen, Interessen und Potentiale von Frauen und Männern schon im Vorfeld zu prüfen, um geschlechtsspezifische Benachteiligungen und Wirkungen zu identifizieren (Genderanalyse). Bei der Planung, Formulierung und Umsetzung von Entwicklungspolitiken und -maßnahmen in allen Sektoren und Schwerpunkten sind diese geschlechtsspezifischen Wirkungen zu berücksichtigen. Wir zielen damit auf durchgängig verankerte Geschlechtergerechtigkeit.

Frauenspezifische Fördermaßnahmen sind notwendig, um konkrete geschlechtsspezifische Be-

nachteiligungen und Diskriminierungen abzubauen. Rahmenbedingungen müssen verändert und Frauen befähigt werden, als Akteurinnen und Rechtsträgerinnen ihre Rechte wahrzunehmen und auszuüben – mit gleichen Rechten und Pflichten wie Männer.

Bei allen aktuellen internationalen Diskussionen zur Steigerung der Wirksamkeit von Entwicklungspolitik wurde der duale Förderansatz immer wieder bestätigt. Dies unterstreichen die im Rahmen der deutschen EU-Ratspräsidentschaft (2007) verabschiedeten EU-Ratsschlussfolgerungen ‚Gleichstellung und Teilhabe – die Rolle der Frauen in der Entwicklungszusammenarbeit‘ und nicht zuletzt die Accra Aktionsagenda (2008).

Der Frauenförderansatz beinhaltet implizit, dass in einer Reihe von Situationen die Zielgruppe nicht „Frauen“, sondern „Männer“ heißen wird. Dies ist das Ergebnis vieler Erfahrungen in den Bereichen Konflikte, häusliche Gewalt, Wirtschaftsförderung. Auch Mikrokreditsysteme funktionieren in einigen Regionen nur, wenn Männer miteinbezogen werden. Diese Perspektive werden wir bei der Umsetzung des Aktionsplans berücksichtigen.

Angesichts einer stärkeren Ausrichtung an der „Ownership“ und Eigenverantwortung unserer Partner sowie einer weiteren Arbeitsteilung und Programmorientierung der Entwicklungspolitik wird eine dritte Dimension, der politische und sektorspezifische Dialog zur Gleichberechtigung von Frauen und Männern zunehmend an Bedeutung gewinnen. Dem wollen wir uns in nationalen, regionalen und multilateralen Maßnahmen und Instrumenten aktiv stellen.

Mit dem vorliegenden Aktionsplan werden wir Ansätze für Gender-Mainstreaming und für frauenspezifische Fördermaßnahmen – in allen

Schwerpunkten – noch gezielter identifizieren und umsetzen. In vier thematischen Bereichen besteht jedoch besonderer Handlungsbedarf. Er leitet sich aus internationalen Verpflichtungen, aktuellen Herausforderungen und erkannten Defiziten ab. Der Gender-Aktionsplan 2009 – 2012 konzentriert sich daher auf:

- **Wirtschaftliches Empowerment:** Die Förderung der Privatwirtschaft in Entwicklungsländern gehört seit Jahren zum Kanon der entwicklungspolitischen Aktivitäten. Dennoch ist es bis heute nicht gelungen, den Anteil von Frauen an volkswirtschaftlicher Wertschöpfung wesentlich zu erhöhen. Immer noch erwirtschaften Frauen offiziell nur 10 Prozent des weltweiten Einkommens. Auch dass Frauen 60 Prozent der Armen stellen, die trotz erwerbstätiger Arbeit die Armutsgrenze nicht überwinden können, ist Appell, die wirtschaftliche Teilhabe der Frauen stärker in den Fokus von Aktivitäten zur Wirtschaftsförderung zu rücken.
- **Frauen in bewaffneten Konflikten und ihre Rolle bei der Konfliktbearbeitung:** Angesichts des dramatischen Anstiegs von Menschenrechtsverletzungen an Frauen in Form sexualisierter Gewalt und dem zunehmend systematischen Einsatz von Vergewaltigung als Kriegswaffe herrscht ein enormer Handlungsdruck. Gleichzeitig öffnet die Verabschiedung der VN-Sicherheitsratsresolution 1820, in der sexuelle Gewalt gegen Frauen zum Kriegsverbrechen erklärt wird, neue Möglichkeiten zur systematischen Bekämpfung geschlechtsspezifischer Gewalt und zum Schutz und „Empowerment“ von Frauen in und nach bewaffneten Konflikten.
- **Geschlechtsspezifische Herausforderungen und Antworten auf den Klimawandel:** Die Kenntnisse über die absehbar verheerenden Folgen des Klimawandels ge-

bieten es, darauf zu reagieren. Frauen als Produzentinnen von Nahrungsmitteln werden von klimabedingten Ertragsseinbußen, verknappter landwirtschaftlicher Nutzfläche, Veränderungen des Wasserhaushalts und extremen Naturereignissen am stärksten betroffen sein. Wir müssen ihre spezifischen Unterstützungsbedürfnisse frühzeitig in Anpassungsstrategien integrieren.

- **Sexuelle und reproduktive Gesundheit – Familienplanung:** Weltweit muss die immer noch inakzeptabel hohe Müttersterblichkeit verringert werden. Das ist ein klares entwicklungspolitisches Anliegen. Den Zugang zu Familienplanung für Frauen zu verbessern, ist dabei wesentliches Element einer integrierten Strategie. Indem wir das Recht auf sexuelle und reproduktive Gesundheit mit Familienplanung und der Erreichung der Millenniumsentwicklungsziele verbinden, schaffen wir den Rahmen für einen umfassenden Ansatz unserer entwicklungspolitischen Maßnahmen. In diesem Handlungsfeld setzen wir einen deutlichen Akzent, auch um den internationalen Verpflichtungen nachzukommen.

2.1 Gender-Mainstreaming – Strategie und handlungsleitendes Prinzip

Gender-Mainstreaming kann und muss in allen sektoralen Programmen der **bilateralen Entwicklungszusammenarbeit** verwirklicht werden. Wichtige Ergebnisse wurden im Bereich Gesundheit einschließlich reproduktiver Gesundheit, und HIV/AIDS-Bekämpfung erreicht: Entwicklungspolitische Maßnahmen in der HIV/AIDS-Bekämpfung verbinden gezielt die genderrelevanten Bereiche Information, Bildung, wirtschaftliches Empowerment zu einem ganzheitlichen Frauenförderansatz. Wir werden diese Erfahrungen nutzen, weiter ausbauen und als „best practice“ auf neue Vorhaben und Sektoren übertragen.

Zentrale Weichenstellungen für Gender-Mainstreaming werden durch Verfahren und Abläufe vorgenommen. Indem wir BMZ intern konkrete und verbindliche Vorgaben zur Integration der Geschlechterperspektive in Handreichungen und internen Verfahren, wie zum Beispiel den Sektor-konzepten oder Sektorschwerpunktstrategien verankert haben, verfügen wir über eine gute Grundlage für ein effektives and nachvollziehbares Gender-Mainstreaming. Auch mit dem neuen „Konzept zur Budgetfinanzierung im Rahmen der Programmorientierten Gemeinschaftsfinanzierung“ (2008) werden wir Gender-Mainstreaming voranbringen. Bei deutschen Beteiligungen an diesen Finanzierungen werden wir darauf hinwirken, dass die Gleichberechtigung der Geschlechter Eingang in die Politik-, Haushalts- und Budgetplanungsprozesse findet. Unser Ziel für die Zukunft ist, unsere Partner noch besser dabei zu unterstützen, dass sie ihre eigenen sowie die von ihnen ratifizierten regionalen und internationalen Verpflichtungen zur Gleichberechtigung von Frauen und Männern umsetzen.

Auf **internationaler Ebene** hat die deutsche Entwicklungspolitik in den letzten Jahren maßgeblich dazu beigetragen, dass in Konzepten und Ver-

einbarungen Gender-Mainstreaming zwingend enthalten ist. Inzwischen sind auf EU- und VN-Ebene wie auch in multilateralen Institutionen, wie der Weltbank, und vertikalen Fonds wie dem Globalen Fonds zu Aids, Tuberkulose und Malaria (GFATM) Fragen der Geschlechtergerechtigkeit prominent platziert und integriert. Mit deutscher Beteiligung und aktiver Unterstützung hat zum Beispiel der GFATM 2008 seine erste Gender Strategie verabschiedet, die Weltbank hat sich über den Weltbank Gender Aktionsplan hinaus zu weiteren konkreten Zielen zur Stärkung der wirtschaftlichen Teilhabe von Frauen verpflichtet, die EU hat die Gleichberechtigung der Geschlechter zu einer der fünf zentralen Säulen ihres im Mai 2008 verabschiedeten Aktionsplans zu den Millenniumszielen erklärt. Auf Partnerseite bietet die internationale Initiative „Making Finance work for Africa“ als integralen Bestandteil konkrete Maßnahmen und Dienstleistungen für Frauen in Afrika.

Mit dem Gender-Aktionsplan werden wir diese internationalen Vorgaben sowie die neu hinzugekommenen des Accra Aktionsplans und der Doha-Erklärung zum Gender-Mainstreaming, zu denen wir uns auf höchster politischer Ebene verpflichtet haben, umsetzen.

Accra Aktionsagenda: Stärkung der Eigenverantwortung der Länder für ihre Entwicklung „Wir werden einen offenen und breit angelegten Dialog zur Entwicklungspolitik führen. Zur Förderung dieses Ziels werden wir wie folgt aktiv: Die Entwicklungsländer und die Geber stellen sicher, dass ihre jeweiligen Entwicklungspolitiken und -programme so gestaltet und umgesetzt werden, dass sie den vereinbarten internationalen Verpflichtungen zur Gleichstellung der Geschlechter, zu den Menschenrechten, ... entsprechen.“

Erklärung von Doha: „Wir erinnern daran, dass die Geschlechtergleichheit ein grundlegendes Menschenrecht, ein Grundwert und eine Frage der sozialen Gerechtigkeit ist; sie ist unerlässlich für wirtschaftliches Wachstum, die Armutsminderung, ökologische Nachhaltigkeit und die Effektivität der Entwicklungshilfe. Wir erklären erneut, dass es notwendig ist, die Geschlechterperspektive systematisch in die Formulierung und Umsetzung von Entwicklungspolitiken, einschließlich der Entwicklungsfinanzierungspolitiken, einzubeziehen und zweckgebundene Mittel bereitzustellen. Wir verpflichten uns darauf, uns verstärkt um die Erfüllung unserer Verpflichtungen in Bezug auf die Geschlechtergleichheit und die Ermächtigung der Frauen zu bemühen.... Wir werden den Kapazitätsaufbau durch staatliche Akteure und andere Interessenträger in Bezug auf eine geschlechtergerechte öffentliche Verwaltung weiter fördern und stärken, wozu auch eine geschlechtergerechte Haushaltsplanung gehört.“

Mit unseren Maßnahmen von 2009 – 2012 werden wir Gender-Mainstreaming fördern durch:

1. Fortbildungsmaßnahmen für BMZ-Mitarbeiter/innen und DOs durchführen:

Flexibel einsetzbare Module für relevante Schwerpunkte der deutschen Entwicklungspolitik konzipieren, dafür Erfahrungen und „best practices“ bedarfsgerecht aufbereiten, Arbeitshilfen erstellen und „Coaching“ zu spezifischen Fragestellungen anbieten.

2. Konzept der Gender-Kennungen überprüfen, präzisieren und anpassen:

Dialog mit Durchführungsorganisationen intensivieren, ein stimmiges Konzept zur durchgängigen Integration von Gender-Mainstreaming vereinbaren und dazu den Prozess der Verfahrensvereinfachung nutzen.

3. Deutsche Beteiligung an Budgethilfeporhaben mitgestalten:

Vorgaben des Konzepts auf konkrete Handlungsansätze und Kooperationen mit bestehenden Vorhaben unter Gesichtspunkten der Geschlechtergerechtigkeit analysieren und Monitoring durchführen.

4. Internationale Vorgaben, insbesondere den Accra Aktionsplan sowie die Doha Erklärung, umsetzen:

Wir werden alle Phasen des Projektzyklus auf Anpassungsbedarf für Gender-Mainstreaming überprüfen, Indikatoren formulieren und damit die Umsetzung einem Monitoring unterwerfen.

5. Gestaltungsspielraum in den Länderportfolios nutzen: Gemeinsam mit den operativen Einheiten des BMZ länderspezifische Schwerpunkte identifizieren, in denen Gender-Mainstreaming verbessert und geeignete Komponenten angefügt werden können.

2.2 Empowerment – Frauenspezifische Fördermaßnahmen

Der Menschenrechtsansatz bildet die Grundlage, um gezielt Barrieren zu beseitigen, die Frauen daran hindern, ihre Rechte wahrzunehmen. Die Antidiskriminierungskonvention (CEDAW) benennt ganz konkrete Bereiche, in denen Frauenrechte verwirklicht werden müssen, darunter Bildung, Gesundheit, Arbeitsmarkt, Wirtschaft (Finanzwesen), ländliche Infrastruktur, Besitz- und Eigentumsrechte (Landtitel). Über allem steht das Recht auf Beteiligung an der Regierungspolitik und Zugang zu öffentlichen Ämtern in der staatlichen Verwaltung. In diesen Handlungsfeldern werden wir neue Ansätze finden, um die aktive, selbstbestimmte Mitwirkung der Frauen an politischen Prozessen zum ökonomischen, rechtlichen und sozialen Empowerment von Frauen und Mädchen zu fördern.

Auch bei unseren frauenspezifischen Fördermaßnahmen gilt das Prinzip, primär unsere Partnerländer dabei zu unterstützen, dass sie eigene nationale Strategien und Aktionspläne zum Abbau bestehender Diskriminierungen und Menschenrechtsverletzungen an Frauen und Mädchen er-

Beispiel: Gender-Mainstreaming

Jemen: Bildung und Gleichberechtigung in der Finanziellen Zusammenarbeit: Um schulische Bildung auch Mädchen zu ermöglichen, ist es in einem islamischen Land besonders wichtig, dass sich Mädchen angstfrei und auf dem Schulgelände bewegen können; die deutsche Entwicklungszusammenarbeit finanziert daher die mädchenfreundliche Umgestaltung der Schulgebäude.

stellen oder umsetzen. Wir helfen damit, die Millenniumsentwicklungsziele (MDGs) zu erreichen. Dazu werden wir noch gezielter mit zivilgesellschaftlichen Institutionen zum Schutz und zur Stärkung der Rechte von Frauen kooperieren. Ein fester Bestandteil unseres Maßnahmenkatalogs ist, das Recht auf sexuelle und reproduktive Gesundheit zu fördern und den Zugang zu Familienplanung zu ermöglichen.

In diesem Sinne finanzieren wir ebenfalls Maßnahmen zur Bekämpfung geschlechtsspezifischer Gewalt, wie zum Beispiel der weiblichen Genitalverstümmelung (FGM). Die Problematik der weiblichen Genitalverstümmelung wird im Politikdialog mit betroffenen Ländern systematisch thematisiert. Langfristiges Ziel zur Überwindung der weiblichen Genitalverstümmelung ist die Integration erfolgreicher Ansätze in relevante Programme in Ländern mit hoher FGM-Prävalenz. Wir werden unser Engagement gegen diese grausame, menschenverachtende Praktik intensivieren und regional ausweiten.

Mit unseren Maßnahmen von 2009 – 2012 werden wir gezielte Frauenförderung unterstützen durch:

1. **Menschenrechtsbasierten Ansatz zur Identifizierung frauenspezifischer Fördermaßnahmen nutzen:** Im Dialog mit den operativen Arbeitseinheiten im BMZ die Länderschwerpunkte systematisch auf Anknüpfungspunkte analysieren, die sich aus besonderem Bedarf aufgrund der Frauenrechtssituation ergeben; Politikdialog intensivieren, Kriterienkatalog als Instrument nutzen.
2. **Zusammenarbeit mit Regionen ausbauen:** In Zusammenarbeit mit operativen Einheiten des BMZ regionalspezifische Problemfelder identifizieren, Handlungsoptionen und –Ansätze für Maßnahmen zur gezielten Frauenförderung formulieren und gemeinsam mit den operativen Einheiten die Umsetzung begleiten.
3. **Potential der Institutionen des Entwicklungspolitischen Umfelds besser nutzen und stärker vernetzen:** Kenntnisse aller Akteure über Bedarf zur gezielten Frauenförderung zusammenführen und durch Kooperationen von staatlichen und nichtstaatlichen Trägern gemeinsame Strategien länderspezifisch vereinbaren. Gesprächskreis etablieren.
4. **Gezielte Frauenförderung über öffentliches Finanzmanagement stärken:** Gender responsive public management als Methode weiterentwickeln und die Gleichberechtigung der Geschlechter im Kontext von Arbeitsteilung, Geberharmonisierung, Accountability und Capacity Development weiter konkretisieren; Instrument „Debt-2-MDG3“ analog „Debt-2-Health“ erarbeiten.
5. **EU-Kommission als globalen Partner zur Umsetzung und Einhaltung internationaler und regionaler Verpflichtungen fordern:** Mitwirkung an dem zu erstellenden EU-Gender-Aktionsplan zur Verankerung konkreter Politikmaßnahmen für geschlechtsspezifische Mobilisierung von Ressourcen und dafür alle Phasen der Haushalts- und Fiskalpolitik im EU-Zuständigkeitsbereich nutzen.

Beispiele: Empowerment

Die Frauenrechte-Charta von Aceh – Indonesien – Mit Unterstützung der deutschen Entwicklungszusammenarbeit ist es gelungen, die erste Frauenrechts-Charta in der islamischen Welt zu verabschieden. Die Charta billigt den Frauen konkrete politische und zivile Rechte zu. Dazu zählt erstmals das Recht alleinstehender Frauen und Witwen auf einen Personalausweis und auf Landbesitz. Der Charta unterstreicht, dass die gerechte Behandlung von Frauen im Einklang mit den Prinzipien des Islam steht.

Überwindung der weiblichen Genitalverstümmelung (FGM) – Mali: Mittels eines pädagogischen Leitfadens wird die FGM-Thematik mit partizipativen Methoden in den Schulunterricht integriert. Inhaltliche und didaktische Grundlagen werden den Lehrkräften in intensiven Aus- und Fortbildungen vermittelt. Ergänzend hierzu werden außerschulische Dialogforen für Diskussion, Information und Austausch – sogenannte Generationendialoge – geschaffen.

3. Thematische Schwerpunkte

3.1 Wirtschaftliches Empowerment

Die Steigerungen des wirtschaftlichen Wachstums vieler Entwicklungsländer in den letzten Jahren sind nicht zu ignorieren. Deutlich ist aber auch, dass Frauen an diesem Wachstum oft nur unzureichend beteiligt sind. Dabei liegen genügend Erfahrungen vor, die belegen, dass Frauen über ein enormes ungenutztes Potenzial verfügen, dass sie weniger korruptionsanfällig sind, dass sie zuverlässiger Kredite zurückzahlen als Männer. Auch wenn ihre produktiven und wirtschaftlich relevanten Tätigkeiten oft nur im geringen Umfang von der offiziellen Wachstumsdefinition und -statistik erfasst werden, sind Frauen in vielen sozio-ökonomischen Bereichen zentrale Leistungsträgerinnen ihrer Gesellschaft. In den meisten Entwicklungsländern produzieren Frauen den Großteil der Grundnahrungsmittel sowohl für den Eigenbedarf als auch für die lokalen Märkte. Unabhängig von den Wertvorstellungen verschiedener Religionsgemeinschaften, Traditionen und Ethnien, beteiligen sich Frauen umfas-

send am wirtschaftlichen Leben, weshalb die „wirtschaftliche Teilhabe von Frauen“ ein wichtiger Bestandteil einer sozial und ökologisch nachhaltigen Wirtschaftsentwicklung ist.

Gleichberechtigter Zugang von Frauen und Männern zu wirtschaftlicher Betätigung ist ein Menschenrecht und eine Grundvoraussetzung für eine wettbewerbsfähige Wirtschaft. Mit 90 Prozent der Anbauflächen und über 90 Prozent des globalen Vermögens sind es jedoch vor allem Männer, die über für wirtschaftliche Betätigung und Wachstum notwendige Ressourcen und Produktionsmittel, wie Land oder Zugang zu Krediten, verfügen. Die Beschäftigungsverhältnisse der Frauen sind dagegen häufig diskriminierend ausgestaltet: ihnen fehlt der Zugang zu formaler Beschäftigung, sie werden ungleich oder gar nicht bezahlt, sie sind sozial schlechter abgesichert.

Nicht zuletzt die einschlägigen Erfolge bei Mikrokrediten beweisen, dass Frauen zu erheblichen Beiträgen zu den Volkswirtschaften ihrer Länder

in der Lage sind: In Indien werden durch deutsche Unterstützung eines Mikrofinanzprogramms angepasste Banken-Kreditprogramme im ländlichen Raum geschaffen, die mit den Finanzdienstleistungen 50 Millionen Haushalte erreichen und inzwischen Kredite mit einem Gesamtvolumen von drei Milliarden Euro vergeben haben. Von wirtschaftlichem Empowerment werden nicht nur die Frauen, sondern die Männer, die Kinder und die Gesellschaft insgesamt profitieren.

Wirtschaftliche Benachteiligung von Frauen ist daher nicht nur undemokratisch, sondern auch volkswirtschaftlich kurzsichtig. Mit der gleichberechtigten Teilhabe von Frauen und Männern am Wirtschaftsleben lassen sich nachweislich Effizienz und Produktivität der Wirtschaftsleistung steigern. Jedes Programm, das nachhaltige Wirtschaftsentwicklung zum Ziel hat, muss folglich dazu beitragen, geschlechtsspezifische Benachteiligungen abzubauen.

Soll Armut erfolgreich strategisch bekämpft werden, so sind die Rechtspositionen von Frauen zu stärken und ihre geschlechtsspezifischen Benachteiligungen im Wirtschafts- und Erwerbsektor strukturell zu beseitigen. Die im Rahmen des Weltbank Genderaktionsplans 2008 erstellte Gender-Law-Datenbank („Gender Law Library“) kann hierzu einen wertvollen Beitrag leisten. Länderspezifisch gibt sie Auskunft über konkrete Diskriminierungen von Frauen in nationalen Gesetzen. Erklärtes Ziel des Gender-Aktionsplans der Weltbank ist es, dass die Weltbank ihre Programme und Beteiligungen stärker am Grund-

satz der Geschlechtergerechtigkeit orientiert. Wir müssen darauf hinwirken, dass sie mit ihren Finanzierungen insbesondere von Wirtschaftsreformen, Landrechtsreformen, Infrastrukturmaßnahmen tatsächlich dazu beiträgt, die Benachteiligung von Frauen zu überwinden.

Wichtige Schritte auf diesem Weg sind Maßnahmen der gezielten Privatwirtschaftsförderung, die den Zugang zu Finanzdienstleistungen, zu Kapital, Land, Produktionsmitteln und Beschäftigung, zum Handel, zu sozialen Sicherungssystemen (zum Beispiel Mikroversicherungen) sowie zu modernen Informations- und Kommunikationstechnologien (IKT) erleichtern. Wesentliche Voraussetzungen bleiben Rechtsreformen und Bildungsprogramme, um geschlechtsspezifische Benachteiligung so früh wie möglich zu überwinden. Dabei reicht es nicht aus, sich auf Grundbildung zu beschränken. Mädchen müssen auch im weiteren Verlauf ihrer Ausbildung bessere Chancen erhalten. Daher sind berufliche Bildung und Hochschulbildung entscheidende Aktionsfelder, um Frauen den Zugang zu gerecht bezahlten Arbeitsverhältnissen auch außerhalb des landwirtschaftlichen Sektors zu öffnen.

Dies fordert uns heraus, Wachstums und Entwicklungsprozesse – mehr als bisher – geschlechtergerecht zu gestalten, das wirtschaftliche Potenzial von Frauen zur Entfaltung zu bringen und uns dafür einzusetzen, dass die ILO-Kernarbeitsnormen und Sozialstandards menschenwürdiger Arbeit eingehalten werden.

Unsere Ausgangsbasis:

- Millenniumsentwicklungsziele, insbesondere MDG 1 und 3
- EU-Ratsschlussfolgerungen: Beschäftigung (2007) und Gleichstellung und Teilhabe – die Rolle der Frauen in der Entwicklungszusammenarbeit (2007)
- World Bank – Gender Action Plan “Gender Equality As Smart Economics” (2007 – 2010)

Was tun wir bereits?

In Partnerländern:

- Wir leisten Beiträge zur beruflichen Qualifizierung von Mädchen und Frauen und zur Privatwirtschaftsförderung und Finanzsystementwicklung
- Wir beraten Partnerministerien und fördern Unternehmerinnenverbände und Business Development Maßnahmen für Frauen

Internationale Ebene:

- Wir unterstützen den Gender Action Plan der Weltbank
- Wir integrieren Genderthemen in die Partnerschaft „Making Finance Work for Afrika“

National:

- Wir vertiefen Fragen zu „Gender und Nachhaltige Wirtschaftsentwicklung“ in Fachgesprächen mit dem entwicklungspolitischen Umfeld

Mit unseren Maßnahmen von 2009 – 2012 werden wir:

In Partnerländern:

1. **Rahmenbedingungen für Privatwirtschaftsförderung verbessern:** Rechtsreformen zum Abbau geschlechtsspezifischer Benachteiligungen von Frauen in wirtschaftlichen Sektoren unterstützen; gendersensible Arbeitsmarktanalysen und Qualifizierungsstrategien sowie an den unterschiedlichen Bedürfnissen von Männern und Frauen ausgerichtete öffentliche Infrastruktur fördern; in bilateralen Programmen Beteiligung von Frauen am Handel und an Wertschöpfungsprozessen, insbesondere in der Nahrungsmittelherstellung, -verarbeitung und -vermarktung unterstützen.
2. **Bildung und Berufliche Bildung ausbauen:** Zugang von Frauen zu qualifizierten Bildungsangeboten verbessern; Programme zur beruflichen Bildung in Wirtschaftsförderungsmaßnahmen integrieren; Berufsberatungs- und Vermittlungsangebote fördern.
3. **Finanzinstrumente weiterentwickeln:** für Frauen und Unternehmerinnen geeignete Instrumente weiterentwickeln und durch entwicklungspolitische Programme und Kooperationen verbreiten; private Finanzinstitutionen dabei einbeziehen; spezifische Finanzdienstleistungsprogramme für Frauen, auch Mikrokreditprogramme, verstärkt unterstützen; den informellen Sektor einbeziehen.

International

4. **Gender-Aktionsplan der Weltbank begleiten:** Performance-Indikatoren des Gender-Aktionsplans der Weltbank kontinuierlich überprüfen und Umsetzung über politische Ebene einfordern; qualitative und quantitative Verpflichtungen des Aktionsplans sowie Harmonisierung der Bank-Aktivitäten nachhalten; Nutzung der „Gender Law Library“ zur Analyse von Gesetzen, die sich für gezielte Reformen anbieten.

National:

5. **Genderaspekte im Schwerpunkt Nachhaltige Wirtschaftsentwicklung verankern:** Genderaspekte durchgängig in den Sektorkonzepten Privatwirtschaftsförderung, Wirtschaftspolitik, und Bildung, im Positionspapier zu IKT sowie in den entsprechenden Umsetzungsmaßnahmen verankern; genderspezifische Aspekte im Rahmen von Corporate Responsibility von Unternehmen einbringen.

3.2 Frauen in bewaffneten Konflikten und ihre Rolle bei der Konfliktbearbeitung

Die kriegerischen Auseinandersetzungen im Ostkongo und in Darfur haben auf erschreckende Weise gezeigt: Massenvergewaltigungen und Gewalt gegen Frauen werden zunehmend als grausame Kriegswaffe eingesetzt und von den Konfliktparteien systematisch als Mittel der Kriegsführung genutzt.

Gewaltsame Konflikte verbreiten stets furchtbares Elend unter der Zivilbevölkerung. Frauen leiden dabei jedoch in mehrfacher Hinsicht: Sie müssen auch unter den schweren Bedingungen der Krisensituation für ihre Familien sorgen, sie werden verschleppt, missbraucht, ihre Kinder als

Soldaten rekrutiert. Frauen benötigen in bewaffneten Konflikten besonderen Schutz und gezielte Unterstützung, um aktiv an der Konflikt- und Krisenbewältigung auf allen Ebenen mitzuwirken.

Zwar hat die Staatengemeinschaft schon früh die Gewalt gegen Frauen geächtet und in der Sicherheitsratsresolution 1325 alle Parteien bewaffneter Konflikte aufgefordert, spezielle Maßnahmen zum Schutz von Frauen und Mädchen vor geschlechtsspezifischer Gewalt zu ergreifen, insbesondere vor Vergewaltigungen. Es ist jedoch erst mit der VN-Sicherheitsratsresolution 1820 im Jahr 2008 gelungen, sexuelle Gewalt als Kriegsverbrechen zu ahnden. Damit eröffnen sich neue Möglichkeiten, den Kampf gegen geschlechtsspezifische Gewalt zu verstärken.

Die Zunahme von Gewalt gegen Frauen in den vergangenen Jahren hat verdeutlicht, dass wir weit davon entfernt sind, die Forderungen der Sicherheitsratsresolutionen umzusetzen, dass es nicht ausreicht, in Konfliktsituation kurative Maßnahmen zu ergreifen und dass vor allem noch erheblich mehr getan werden muss, um präventiv geschlechtsspezifische Gewalttaten und Menschenrechtsverletzungen an Frauen in und nach bewaffneten Konflikten zu verhindern.

Häufig ist die Gewalt an Frauen und Mädchen in Konflikt- und Krisensituationen dort am größten, wo geschlechtsspezifische Gewalt auch in Friedenszeiten nicht oder nur unzureichend geahndet wird und ein fehlendes Unrechtsbewusstsein die Basis für eine weit verbreitete Akzeptanz bietet. Gegen häusliche Gewalt vor und nach Konfliktsituationen vorzugehen, bedeutet daher, frühzeitig präventiv gegen Gewalteskalation in Konflikten tätig zu werden.

Die Entwicklungspolitik trägt bereits mit einer Vielzahl von Maßnahmen zur Friedensentwicklung und zu einer zivilgesellschaftlichen und wirtschaftlich-sozialen Entwicklung in Krisenländern bei. Sie muss in Zukunft aber noch stärker

ker darauf ausgerichtet werden, präventiv Gewalt gegen Frauen zu vermeiden und die spezifischen Belange der Frauen in und nach Konflikten in Maßnahmen zu integrieren.

Wir werden in Umsetzung der VN-Sicherheitsratsresolutionen gezielt Maßnahmen identifizieren, die in Krisenländern frauenspezifische Belange durch entwicklungspolitische Maßnahmen begleiten. Dazu gehört es, Frauen ganz gezielt, verstärkt und gleichberechtigt in den Aufbau einer demokratischen- und gerechten Gesellschaftsordnung einzubeziehen. In fragilen Kon-

flikt- und Post-Konflikt-Gesellschaften kommt es darauf an, Gewaltbereitschaft von Männern durch Aufklärung und Verarbeitung der Konflikte einzudämmen. Frauen müssen vor der geschlechtsspezifischen Gewalt, der sie in und auch nach den Krisen oft verstärkt ausgesetzt sind, geschützt werden.

Enge Zusammenarbeit mit zivilgesellschaftlichen Organisationen und spezialisierten Frauengruppen ist gerade in diesem schwierigen Arbeitsfeld eine Grundvoraussetzung dafür, dass wir situationsangepasst vorgehen.

Unsere Ausgangsbasis sind die Resolutionen des VN-Sicherheitsrats:

- **1325** : zu Frauen, Frieden und Sicherheit aus dem Jahr 2000, in der Mitgliedstaaten und GS der VN aufgefordert werden, für eine stärkere Beteiligung von Frauen auf allen Ebenen der institutionellen Prävention, Bewältigung und Beilegung von Konflikten Sorge zu tragen.
- **1820**: zu sexueller Gewalt gegen Zivilpersonen in bewaffneten Konflikten aus dem Jahr 2008; Vergewaltigungen und insbesondere sexuelle Gewalt gegen Frauen und Mädchen werden zu Kriegsverbrechen, Verbrechen gegen die Menschlichkeit oder eine die Tatbestandsmerkmale des Völkermords erfüllende Handlung erklärt.
- **Politische Erklärung der EU-Entwicklungsminister/innen (Madeira, 2007)**: Forderung konkreter Schritte zur Prävention und strafrechtlichen Verfolgung von Gewaltverbrechen gegen Frauen.

Was tun wir bereits?

In Partnerländern:

- Wir leisten Beiträge zu Demobilisierungs- und Reintegrationsprogrammen, fördern Ex-Kombattantinnen bei der Integration in ein ziviles Leben und leisten psychologische und medizinische Hilfe für Opfer sexueller Gewalt in Konfliktländern.
- Wir entwickeln Ausbildungseinheiten für Sicherheitskräfte in Flüchtlingslagern und für internationale Friedenseinsätze.

International:

- Wir fördern politische Öffentlichkeitsarbeit durch die Unterstützung der EU Studie zu Frauen in bewaffneten Konflikten („Enhancing the EU Response to Women affected by Armed Conflicts“ 2008).

National:

- Wir engagieren uns im Nationalen Ressortkreis Krisenprävention und wirken mit, den Aktionsplan „Zivile Krisenprävention, Konfliktlösung und Friedenskonsolidierung“ der Bundesregierung (2004) durch Integration gender-relevanter Inhalte in die Offiziersausbildung an der Führungsakademie der Bundeswehr (FüAK) umzusetzen.

Mit unseren Maßnahmen von 2009 – 2012 werden wir:

tionen (CIMIC) Genderaspekte verstärkt einbringen.

In Partnerländern:

1. **Hilfe für Opfer sexueller Gewalt** und ehemalige Kombattantinnen leisten: Psychologische und medizinische Versorgung verstärken sowie die Reintegration der Frauen in die Gesellschaft gezielter unterstützen, zum Beispiel durch spezifischere Ausbildungsprogramme; bei deutschen Beteiligungen an internationalen Demobilisierungs- und Wiederaufbauprogrammen auf die unterschiedlichen Erfordernisse für weibliche und männliche Ex-Kombattanten hinwirken; mehr geschützte Räume, zum Beispiel Frauenhäuser, für gefährdete Frauen schaffen.
2. **Zugang zu Rechtssprechung** für Frauen: Rechtsberatungsangebote und Informationsmöglichkeiten ausbauen; Möglichkeiten für Opfer schaffen, als Nebenklägerinnen im Prozess mitzuwirken; Strafverfolgungsinstitutionen in Post-Konfliktländern unterstützen; das „Social Empowerment“ von Mädchen im Rahmen von Friedenspädagogik an Schulen fördern, zum Beispiel durch Erarbeitung von Curricula; in existierende zivil-militärische Koopera-

International:

3. **Empfehlungen der EU-Studie zu Frauen in bewaffneten Konflikten** mit umsetzen: Thema in entwicklungspolitischen Ratsgremien auf der Tagesordnung halten; stärkere Ausrichtung der konfliktrelevanten Maßnahmen der Europäischen Kommission auf gendersensible Konzeptionen einfordern; bei der Überarbeitung der VN-Sicherheitsratsresolution 1325 im Jahr 2010 intensiv mitwirken und auf Belange der Frauen aus entwicklungspolitischer Perspektive drängen. Massenvergewaltigungen von Frauen als Verbrechen gegen die Menschlichkeit bezeichnen und für die Bestrafung der Täter national oder vor dem ISGH einsetzen.

National:

4. **Zusammenarbeit mit relevanten Bundesressorts intensivieren:** Weitere Trainingsinhalte und Fortbildungen zu frauenspezifischen Fragestellungen in bewaffneten Konflikten in Zusammenarbeit mit der Führungsakademie der Bundeswehr und weiteren Akteuren des Sicherheitssektors

erarbeiten und einsetzen; gemeinsame Umsetzung der VN-SR-Resolutionen weiter abstimmen.

5. **Gesprächskreis etablieren:** Mit Zivilgesellschaft, Nichtregierungsorganisationen und Sicherheitsinstitutionen die entwicklungspolitische Umsetzung der VN-Sicherheitsratsresolutionen 1325 und 1820 konsultieren und fortentwickeln; Öffentlichkeitsarbeit zum Thema ausbauen.

3.3 Geschlechtsspezifische Herausforderungen und Antworten auf den Klimawandel

Klimawandel ist in vielen Entwicklungsländern bereits heute eine bedrohliche Realität. Die Folgen wie Trockenheiten, Überflutungen, Stürme haben erhebliche Auswirkungen auf die landwirtschaftliche Produktion, die für die ländliche Bevölkerung oft die einzige Lebensgrundlage darstellt. Frauen sind als Hauptproduzentinnen von Nahrungsmitteln in der Landwirtschaft besonders verletzlich, denn Ertragsverluste, Missernten, Wasserknappheit treffen sie als Ernährerinnen ihrer Familien. Durch Verschiebung von Vegetationszonen ist überdies die Versorgung mit gebräuchlichen Nutzpflanzen nicht mehr sichergestellt.

Gleichzeitig leiden Frauen vermehrt unter den Folgen des Klimawandels, da sie zuständig für die häusliche Wasserversorgung sind und Brennstoffe zum Kochen und Heizen beschaffen. Beide Ressourcen werden knapper, die Distanzen für die Frauen länger. Mehr benötigte Zeit zum Wasser- und Feuerholzholen durch weitere Entfernungen mindert ohne unterstützende Maßnahmen auch in Zukunft ihre Chancen, außerlandwirtschaftlichen Erwerbstätigkeiten nachzugehen oder sich dafür zu qualifizieren.

Die absehbaren Auswirkungen des Klimawandels werden Frauen zusätzlich in besonderer Weise

treffen, da sie Naturkatastrophen auch physisch ungeschützt ausgesetzt sind als Männer: Sie verfügen oft nicht über die notwendigen Informationen oder werden bei Hilfsmaßnahmen häufig benachteiligt.

Rechtliche Fragen, die der Klimawandel aufwerfen wird, betreffen zu einem großen Teil Landrechte. Bei klimawandelbedingten Umsiedlungen und Entschädigungen dürfen Frauen nicht benachteiligt werden. Wir erleben bereits heute: Obwohl die formalen Gesetze in der Regel genderneutral formuliert sind, sind die Ungerechtigkeiten hinsichtlich der Landrechte und Landtitel faktisch kaum oder gar nicht beseitigt. Auf diesem Gebiet müssen wir durch entwicklungspolitische Maßnahmen gezielter und damit präventiv Risiken minimieren.

Derzeit liegen kaum Strategien vor, wie mit den Realitäten des Klimawandels in der entwicklungspolitischen Praxis umzugehen ist. Noch weniger aber sind Szenarien für die besonderen Nöte von Frauen entworfen. Praxisrelevante Forschung wird vor diesem Hintergrund einen unterstützenden Beitrag leisten.

Unsere entwicklungspolitischen Maßnahmen werden wir in Zukunft so gestalten, dass sie die besondere Verletzlichkeit von Frauen angesichts des Klimawandels berücksichtigen. Ihren spezifischen Bedarf bei Anpassungsmaßnahmen an den Klimawandel werden wir erfassen und in bi- und multilaterale Anpassungsstrategien integrieren. Dazu gehört es auch, weiterhin aktiv die Frage des Zugangs zu Produktionsmitteln für Frauen bei der Anpassung an den Klimawandel anzugehen, denn deren stabile Sicherung wirkt sich auf die Überlebensbedingungen von Frauen maßgeblich aus.

Das BMZ wird in Umsetzung des Aktionsplans systematisch die Risiken für Frauen insbesondere in den Bereichen Wasserwirtschaft, Landwirtschaft, Infrastruktur, Gesundheit, prüfen.

Unsere Ausgangsbasis:

- Positionspapiere der Vertragsstaatenkonferenz der Klimarahmenkonvention 2007 (COP13)
- Aktionsplan Gender der Vertragsstaatenkonferenz der Biodiversitätskonvention 2008 (COP 9)

Was tun wir bereits?

In Partnerländern:

- Wir fördern die Beratung und Schulung von Bäuerinnen bei der Steigerung ihrer Produktivität und setzen uns für den gleichberechtigten Zugang von Frauen und Männern zu produktiven Ressourcen der ländlichen Wirtschaft, wie Land, Dünger, Saatgut, Kredite ein.

National:

- Studie zum Thema „Anpassung an den Klimawandel aus Geschlechterperspektive“

Mit unseren Maßnahmen von 2009 – 2012 werden wir:

In Partnerländern:

1. **Informationslage verbessern:** Wissen über die Folgen und Gefahren des Klimawandels für Frauen im ländlichen Raum aufbereiten; angepasste landwirtschaftliche Produktionsmethoden erforschen und Ergebnisse verbreiten; Zugang zu Rechtsprechung, zum Beispiel zu Fragen von Umsiedlungen und Landrechten unterstützen.
2. **Geschlechtersensible und -differenzierte Strategien zur Anpassung an den Klimawandel erarbeiten:** Anpassungserfordernisse für Frauen länderspezifisch identifizieren und in Forschungsaktivitäten, Programmen und Maßnahmen der Ernährungssicherung, ländlicher Entwicklung, Landwirtschaft, Agrar- und Landreformen, ländlicher und landwirtschaftlicher Infrastruktur berücksichtigen; Katastrophenvorsorge in relevanten Vorhaben geschlechtsspezifisch integrieren.

International:

3. **Deutsche Beteiligungen an internationalen Fonds** zur Anpassung an den Klimawandel: In den GEF-Anpassungsfonds Genderaspekte verankern.
4. **Zusammenarbeit mit nationalen und internationalen Organisationen und wissenschaftlichen Institutionen aufnehmen:** Gemeinsam spezifische Anpassungsmaßnahmen für Frauen identifizieren, konkretisieren und unterstützen, Genderaspekte in die Fachdiskussion zu Versicherungslösungen einbringen.

National:

5. **BMZ-Strategie zur Anpassung an den Klimawandel genderspezifisch ausrichten:** Genderaspekte integrieren und die Strategie in entwicklungspolitischen Programmen umsetzen.

3.4 Sexuelle und reproduktive Gesundheit und Rechte (SRGR) – Familienplanung

Mehr als eine halbe Million Frauen sterben jährlich aufgrund von Komplikationen im Zusammenhang mit Schwangerschaft und Geburt, nahezu alle in Entwicklungsländern. Die Verringerung der Müttersterblichkeit, das Millenniumsentwicklungsziel 5, hat von allen Millenniumszielen die geringsten Fortschritte zu verzeichnen. Immer noch bleibt vielen Frauen der Zugang zu modernen Verhütungsmethoden verwehrt. In ihrer Not sehen sie den einzigen Ausweg in Schwangerschaftsabbrüchen, die häufig unsachgemäß durchgeführt werden. Die Konsequenzen sind verheerend: Die Frauen sterben oder leiden lebenslang unter den Folgewirkungen der Eingriffe.

Diese erschreckende Bilanz verdeutlicht, dass wir weit davon entfernt sind, den zahlreichen internationalen Forderungen gerecht zu werden. In vielen Entwicklungsländern weist die Entwicklungspolitik immer wieder darauf hin, dass sexuelle und reproduktive Gesundheit und Rechte (SRGR) auf den universal anerkannten Rechten auf ein höchstmögliches Maß an Gesundheit, auf körperliche Unversehrtheit und auf Nicht-Diskriminierung basieren. Sie sind in internationalen Verträgen, Vereinbarungen und nationalen Gesetzgebungen festgeschrieben. Die Weltbevölkerungskonferenz in Kairo (1994) markierte einen Wendepunkt von einem überwiegend demografisch ausgerichteten hin zu einem am Individuum orientierten menschenrechtsbasierten Ansatz, der die reproduktiven Rechte von Frauen erstmals international anerkennt. Seitdem wird sexuelle und reproduktive Gesundheit als körperliches, seelisches und soziales Wohlbefinden in Bezug auf Sexualität und Fortpflanzung definiert.

In der entwicklungspolitischen Praxis erweisen sich die weit verbreiteten geschlechtsspezifischen Diskriminierungen und Benachteiligungen der Frau, ihre mangelnde Rechtssicherheit und die fehlende Gleichberechtigung der Geschlechter als fatal wirkende strukturelle Ursachen für die schlechte reproduktive Gesundheit von Frauen und Mädchen. Hierin liegen wichtige Anknüpfungspunkte für unterstützende Maßnahmen.

Deutschland hat sich verpflichtet, aktiv an der Erreichung internationaler Entwicklungsziele, insbesondere der Millenniumsentwicklungsziele, mitzuwirken. Deutsche Entwicklungspolitik fördert sexuelle und reproduktive Gesundheit und Rechte im Rahmen einer an Menschenrechten orientierten, geschlechterdifferenzierten Herangehensweise. Ein solcher integrierter Ansatz bezieht auch die Stärkung eines umfassenden Gesundheitssystems und sozialer Sicherungssysteme ein, die den Bedürfnissen von Frauen und jungen Menschen beiderlei Geschlechts gerecht werden. Über breit angelegte Programme der Gesundheitsversorgung wird Frauen der Zugang zu Mitteln der Familienplanung eröffnet.

Ein fester Bestandteil unseres Maßnahmenkatalogs ist daher, das Recht auf sexuelle und reproduktive Gesundheit auf der Basis der vorliegenden Erfahrungen verstärkt zu fördern und den Zugang zu Familienplanung zu verbessern. Dabei werden wir gezielt nationale und internationale Ansätze unterstützen, die den Zugang von Frauen zu Mitteln der Familienplanung als Menschenrecht definieren und die entsprechend konzipiert sind.

Unsere Ausgangsbasis:

- Internationaler Pakt über wirtschaftliche, soziale und kulturelle Rechte von 1966 (Sozialpakt), zum Recht auf Gesundheit (Artikel 12)
- Erklärung der VN-Konferenz über Bevölkerung und Entwicklung in Kairo 1994 (Weltbevölkerungskonferenz)
- Millenniumsentwicklungsziele, insbesondere MDG 3, 5 und 6
- EU-Ratsschlussfolgerungen zur Gleichstellung und Teilhabe von Frauen und zu HIV/AIDS
- G8 Abschlusserklärung von Heiligendamm zum verstärkten Engagement zu Mutter-Kind-Gesundheit und Familienplanung in Afrika

Was tun wir bereits?**In Partnerländern:**

- Wir fördern die Sicherstellung eines angemessenen und verlässlichen Angebots an wesentlichen Verhütungsmitteln im Rahmen von sogenannten *Social Marketing*-Programmen.
- Wir unterstützen Partnerländer bei der Verbesserung der Qualität, Verfügbarkeit und Zugänglichkeit von Gesundheitsdiensten für Schwangere und Mütter.
- Wir fördern Reformen der nationalen Gesetzgebung, wie der Liberalisierung restriktiver Gesetzgebungen zu Schwangerschaftsabbrüchen und die qualifizierte Versorgung von nicht fachgerecht durchgeführten Abbrüchen.

International:

- Im Rahmen unseres Engagements in multilateralen Organisationen, wie zum Beispiel dem Globalen Fonds zur Bekämpfung von AIDS, Tuberkulose und Malaria, setzen wir uns für Genderstrategien und deren Umsetzung ein.

National:

- Wir tauschen Erfahrungen aus und erarbeiten Strategien im Bereich der sexuellen und reproduktiven Gesundheit und Rechte in verschiedenen Foren: am „Runden Tisch SRGR“ treffen sich staatliche Akteure der Entwicklungszusammenarbeit mit Nicht-Regierungsorganisationen und kirchlichen Hilfswerken.

Mit unseren Maßnahmen von 2009 – 2012 werden wir:

In Partnerländern:

1. **Verknüpfung von sexueller und reproduktiver Gesundheit und Rechten mit HIV/AIDS und der Gleichberechtigung der Geschlechter fördern:** Frauen und jungen Menschen beiderlei Geschlechts den Zugang zu Informationen, Dienstleistungen und Produkten, wie Verhütungsmitteln und Kondomen, erleichtern.
2. **Angebot an modernen Methoden zur Empfängnisverhütung fördern:** breite Angebotspalette sicherstellen; Gleichberechtigung von Frauen und Männern bei allen Maßnahmen verstärkt berücksichtigen.
3. **Gesundheitsversorgung von Frauen verbessern:** Zugang von Frauen und ihren Partnern zu Familienplanungsangeboten verbessern; geburtshilfliche Betreuung

durch ausgebildete Hebammen sicherstellen; qualifizierte Versorgung bei Schwangerschaftsabbrüchen unterstützen (soweit im Einklang mit den örtlichen Gesetzen möglich).

International:

4. **Multilaterale Partnerschaften ausbauen:** gezielt internationale Ansätze fördern, die Gesundheitsversorgung von Frauen und den Zugang zu Mitteln der Familienplanung als Menschenrecht betrachten; Zusammenarbeit mit Bevölkerungsfonds der Vereinten Nationen (UNFPA), die Parenthood Federation (IPPF), sowie die Weltgesundheitsorganisation (WHO) nutzen.

National:

5. **Zusammenarbeit mit anderen Bundesressorts verstärken:** Kooperation mit der Bundeszentrale für Gesundheitliche Aufklärung (BZgA) intensivieren.

Anhang

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Gewusst wie – Gender in der Entwicklungs- zusammenarbeit



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Vorwort

Afrika hat in Liberia die erste Frau als Staatsoberhaupt, Lateinamerika hat sie mit der chilenischen Präsidentin. Und dennoch: Frauen haben in keinem Land der Welt die gleichen Möglichkeiten politischer und ökonomischer Teilhabe wie Männer, und in vielen Staaten sind sie rechtlich immer noch nicht gleichgestellt. Sie erhalten nur zehn Prozent des Welteinkommens und besitzen kaum mehr als ein Prozent des Weltvermögens. Und das obwohl sie weiterhin zwei Drittel aller Weltarbeitsstunden leisten. Über 60 Prozent der so genannten »working poor«, die kein Auskommen von ihrem Einkommen haben, sind weiblich. Sie arbeiten überwiegend im informellen Sektor und in unsicheren Beschäftigungsverhältnissen ohne sozialen Schutz, angemessenen Lohn und feste Arbeitszeiten. Auch bei der Ausbildung und im Gesundheitsbereich sind Frauen stark benachteiligt: Zwei Drittel aller AnalphabetInnen und 55 Prozent der HIV/AIDS-Infizierten im südlichen Afrika sind weiblich und über 70 Prozent der absolut Armen, die von weniger als einem Dollar pro Tag leben, sind Frauen und Kinder.

Um diese strukturellen und alltäglichen Benachteiligungen zu beenden, fordert die Millenniumserklärung der Vereinten Nationen ausdrücklich die Umsetzung von Geschlechtergerechtigkeit und Frauenförderung. Besonders wichtig sind hierfür der Grundschulbesuch aller Mädchen, die Verringerung der Mütter- und Säuglingssterblichkeit und die Halbierung der absoluten Armut.

Im Zeitalter der Globalisierung ist und bleibt Geschlechtergerechtigkeit ein zentrales Thema auf der Weltagenda und eine Herausforderung für die Entwicklungszusammenarbeit. Trotz vieler Fortschritte in der Gleichstellungspolitik hat die Bekämpfung der Frauenarmut bislang nur unzureichende Erfolge gebracht. Die Arbeit von Nichtregierungsorganisationen (NRO) muss deswegen auch daran gemessen werden, wie sie Geschlechtergerechtigkeit durch Frauenförderung und Gender Mainstreaming herstellt. Das gilt für NRO im Norden und im Süden gleichermaßen. Die UN-Weltfrauenkonferenz von 1995 hat mit der Aktionsplattform die Geschlechterperspektiven für das 21. Jahrhundert formuliert, die bislang jedoch nicht umgesetzt wurden. Vielmehr gibt es in vielen Staaten Rückschritte durch fundamentalistische Tendenzen,

Ideologien und Religionen. Die Zivilgesellschaft ist daher mehr denn je dazu aufgerufen, zur Überwindung der anhaltenden Diskriminierung von Frauen beizutragen. Programme und Projekte sind hierfür geeignete Instrumente. Die Beispiele für gendersensitive Ansätze in VENRO-Mitgliedsorganisationen und in von ihnen geförderten Projekten in Partnerländern sind ansteckend. Sie machen Mut und zeigen, dass entwicklungspolitische Nichtregierungsorganisationen nicht mehr geschlechterblind sind, auch wenn vieles noch verbessert werden kann. Denn wie ein afrikanisches Sprichwort sagt: Worte füllen keine Körbe.

A handwritten signature in black ink, reading "Ananda Randzio-Plath". The signature is written in a cursive, flowing style.

Prof. Dr. h.c. Randzio-Plath
Stellvertretende Vorsitzende von VENRO



Gender-Konzepte in der Entwicklungszusammenarbeit





1

Einleitung

Frauenförderung und Gender Mainstreaming in der Entwicklungszusammenarbeit: rhetorische Erfolge – praktische Schwierigkeiten

Geschlechtergerechtigkeit ist heute ein wesentlicher Bestandteil des Selbstverständnisses von Organisationen der Entwicklungszusammenarbeit. In der entwicklungspolitischen Debatte besteht Einigkeit darüber, dass

1. Frauen in allen Gesellschaften strukturell diskriminiert werden und besonderen Belastungen ausgesetzt sind,
2. Frauen eine Schlüsselrolle in Entwicklungsprozessen spielen, weil sie vielerorts das Überleben von Familien sichern und somit wichtige Trägerinnen wirtschaftlicher und sozialer Entwicklung sind,
3. die Strategien Frauenförderung und Gender Mainstreaming komplementär eingesetzt werden müssen, um Geschlechtergerechtigkeit herzustellen.

Dennoch gibt es bei der Verwirklichung von Geschlechtergerechtigkeit vielfältige Schwierigkeiten, sowohl in der Entwicklungszusammenarbeit im Allgemeinen als auch bei der Arbeit von NRO im Besonderen. Eine der Ursachen liegt dabei möglicherweise in der Entwicklung der Frauen- und Gender-Ansätze innerhalb der vergangenen drei Jahrzehnte.

In den siebziger Jahren wurde aufgrund eines innovativen entwicklungspolitischen Ansatzes der früheren deutschen Entwicklungsministerin Marie Schlei auf UN-Ebene *Frauenförderung**¹ als Instrument zur Bekämpfung der Benachteiligung und Diskriminierung von Frauen im Süden durchgesetzt. Hieran beteiligten sich nicht nur staatliche Akteure, sondern auch einzelne NRO. Mit der Weltfrauenkonferenz in Peking 1995 und der dort verabschiedeten Aktionsplattform wurde als zweites strategisches Element das *Gender Mainstreaming** eingeführt, um die anhaltende Diskriminierung zu überwinden und zur Geschlechtergerechtigkeit beizutragen. In der Entwicklungspolitik besteht seitdem grundsätzlich der Anspruch, bei allen Maßnahmen (wie Projekten und Programmen) die Auswirkungen auf das Geschlechterverhältnis

1 Alle mit * gekennzeichneten Begriffe werden in Kapitel 4.1 erläutert.

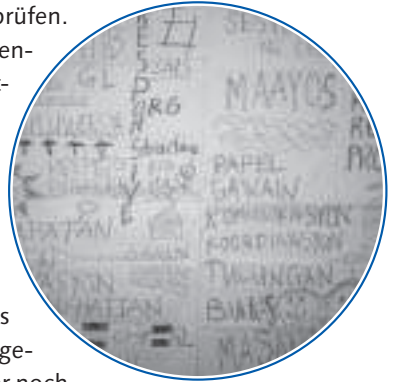
und den Nutzen für Frauen wie für Männer zu prüfen. Damit hat sich ein Perspektivwechsel vom Frauen- zum Gender-Ansatz vollzogen. Auch in der Entwicklungszusammenarbeit ist seitdem nicht nur Frauenförderung, sondern auch Gender Mainstreaming verbindlich.

Die Durchsetzung des Gender-Ansatzes verlief jedoch keineswegs reibungslos und hat viele neue Fragen aufgeworfen. Werden Gender Mainstreaming und Frauenförderung tatsächlich als zwei sich ergänzende Konzepte begriffen und angewendet oder verdrängt der neue Ansatz die immer noch notwendige Frauenförderung? In den aktuellen Debatten zum Spannungsverhältnis zwischen Gender Mainstreaming und Frauenförderung gehen einige FeministInnen und FrauenaktivistInnen so weit, Gender Mainstreaming als Mogelpackung zu kritisieren. Vor allem wird immer wieder hinterfragt, ob Gender Mainstreaming seinem Anspruch auch in der Praxis der Entwicklungszusammenarbeit gerecht wird.

Das Ergebnis der bisherigen Diskussion innerhalb von VENRO ist eindeutig. Frauenförderung darf sich nicht gegen Gender Mainstreaming ausspielen lassen. Der Ansatz des Gender Mainstreaming bietet vielmehr den strategischen Rahmen für Gleichstellungspolitik. Als Strategie ist Gender Mainstreaming nicht ergebnisoffen, sondern auf das Ziel der Gleichstellung von Frauen und Männern ausgerichtet. Damit gehört auch Frauenförderung in das Spektrum der Umsetzung von Gender Mainstreaming. Mit Gender Mainstreaming werden Maßnahmen der Frauenförderung noch systematischer auf ihre Wirkungen hin überprüft und in einen größeren Zusammenhang der Gleichstellungspolitik gestellt, der beide Geschlechter einbezieht.

Doch die Bilanz der konkreten Umsetzung von Gender Mainstreaming in der Entwicklungszusammenarbeit ist ernüchternd. Trotz der Verankerung in der Programmatik der NRO sind die praktischen Fortschritte unbefriedigend. Die Umsetzung wird zu langsam und mit zu wenig Nachdruck verfolgt. Vielfach fehlt es an politischem Willen, so dass die nötigen finanziellen, personellen und zeitlichen Ressourcen nicht bereitgestellt werden. Dies verdeutlicht die mangelnde Priorität, die dem Ziel Geschlechtergerechtigkeit in vielen Entwicklungsorganisationen tatsächlich beigemessen wird. Nur in wenigen Organisationen existieren abgestimmte Strategien, wie das Ziel organisationsweit erreicht werden soll.

Neben dem fehlenden politischen Willen gibt es auch eine Reihe kon-



zeptioneller Unklarheiten. Begriffe wie »Frauen« und »Gender«* oder »Frauenförderung« und »Gender Mainstreaming« werden sprachlich nicht klar voneinander abgegrenzt, sondern häufig synonym verwendet. TeilnehmerInnen des VENRO-Workshops »**Gewusst wie? Frauenförderung und Gender Mainstreaming in der NRO-Praxis**« im Dezember 2004 berichteten, dass in der Praxis nach wie vor das Ziel der Geschlechtergerechtigkeit vor allem mittels Projekten aus dem Bereich der Frauenförderung verfolgt werde, obwohl Gender Mainstreaming nach der Weltfrauenkonferenz in Peking theoretisch in ihren Organisationen verankert worden sei. Dies zeigt den Widerspruch zwischen dem theoretischen Konsens, dass Gender nicht gleichbedeutend mit dem biologischen Geschlecht ist, und der praktischen Handhabung von Entwicklungszusammenarbeit. So richten sich Maßnahmen fast ausschließlich an die weibliche Bevölkerung. Männerspezifische Konzepte für eine gleichberechtigte Entwicklung fehlen noch weitgehend.

Hinzu kommt, dass es vielfach nicht gelingt, erfolgreiche Strategien für eine konkrete Umsetzung des Ziels der Geschlechtergerechtigkeit zu entwickeln. Analyse, Planung und Durchführung von Gender-Programmen sind hoch komplex. Die üblichen Planungs- und Auswertungsinstrumente reichen hier nur selten aus. Meist liegen weder geschlechtsdifferenzierte Daten vor, noch werden geschlechtsspezifische Bedürfnisse identifiziert. Auch über die Auswirkungen von Projekten auf Männer, Frauen und das Geschlechterverhältnis können nur selten zuverlässige Aussagen gemacht werden.

Ziel dieser Handreichung ist es, zur Beseitigung dieser Defizite beizutragen, indem sie

- Impulse für die Diskussion über Frauenförderung, Gender Mainstreaming und deren Umsetzung gibt und damit den politischen Willen zur Herstellung von Geschlechtergerechtigkeit befördert,
- zentrale Begriffe erläutert, um konzeptionelle Unklarheiten zu beseitigen,
- praxiserprobte Instrumente und gute Projektbeispiele vorstellt.

In die Handreichung sind die Ergebnisse aus dem oben erwähnten VENRO-Workshop »Gewusst wie? Frauenförderung und Gender Mainstreaming in der NRO-Praxis« eingeflossen, bei dem ausführlich über Unterschiede und Gemeinsamkeiten der beiden Ansätze und über Strategien, Verfahren und Instrumente zur Veränderung tradierter Geschlechterrollen diskutiert wurde.

Die Handreichung versteht sich als ein »work-in-progress«-Dokument, das in den kommenden Jahren im Dialog mit den VENRO-Mitgliedern weiter entwickelt werden soll.



2

Internationale Abkommen und Verpflichtungen

»Gewalt gegen Frauen ist vielleicht die schändlichste aller Menschenrechtsverletzungen. Sie kennt keine Grenzen, weder geographisch noch kulturell noch im Hinblick auf materiellen Wohlstand. Solange sie anhält, können wir nicht behaupten, dass wir wirkliche Fortschritte in Richtung Gleichstellung der Geschlechter, Entwicklung und Frieden machen.«

Kofi Annan, UN Generalsekretär (1997–2006)

In der langen Geschichte des Kampfes gegen die Diskriminierung von Frauen wurden – nicht zuletzt auf Druck der Zivilgesellschaft – wichtige Schritte zur Geschlechtergerechtigkeit getan. Das folgende Kapitel gibt einen Überblick über die wichtigsten internationalen Abkommen seit 1948.

[1948 bis 1975] UN-Menschenrechtscharta und Frauenkommission

Obwohl das Ziel der Gleichberechtigung von Frauen und Männern schon in den Gründungstexten der Vereinten Nationen (Allgemeine Erklärung der Menschenrechte von 1948) festgeschrieben wurde, fanden frauenspezifische Diskriminierungen und Menschenrechtsverletzungen kaum Beachtung in den Gremien der Organisation. Lediglich die Frauenkommission der UN befasste sich mit der Gleichstellung von Männern und Frauen. Die Frauenkommission hatte jedoch – anders als die Menschenrechtskommission – nicht die Befugnis, Staaten, die Frauen diskriminieren, zur Verantwortung zu ziehen. Dadurch wurde eine weltweite Durchsetzung der Frauenrechte maßgeblich erschwert.

[1975 bis 1985] Internationales Jahr der Frauen und Frauendekade

Als Reaktion auf die mangelnden Befugnisse der UN-Frauenkommission wurden 1975 in einem ersten Schritt das **Internationale Jahr der Frauen** und die **Dekade der Frauen** (1975 bis 1985) ausgerufen. Das Internationale Jahr sowie die Dekade markieren einen Wendepunkt, weil in dieser Zeit drei Weltfrauenkonferenzen abgehalten wurden und die Diskriminierung der Frauen weltweit ein Thema wurde. Alle UN-Mitgliedsstaaten mussten nun in eigenen

Berichten die Lage der Frauen in ihren Ländern darstellen. Frauenverbände, Frauengruppen und andere NRO organisierten sich, ebenso wurden Frauenministerinnen, Gleichstellungsstellen und Abgeordnete aktiv. So entstanden zahlreiche Frauennetzwerke.

[1979] CEDAW und CEDAW-Aktionsprogramm

1979 wurde mit der Verabschiedung des »**Übereinkommens zur Beseitigung jeder Form der Diskriminierung der Frauen**«, international bekannt als **CEDAW**, ein Meilenstein für die Gleichberechtigung gesetzt. Das Abkommen liefert eine Bestandsaufnahme der existierenden Schutzbestimmungen und Nicht-Diskriminierungsklauseln. Außerdem erweitert es die Verantwortung der Vertragsstaaten für Rechtsverletzungen auf nicht-staatliche Akteure und auf Einzelpersonen. Dies ist ein großer Fortschritt, weil nun erstmals gesellschaftliche Diskriminierungen von Frauen in der Privatsphäre angeprangert werden können. Von großer Bedeutung ist zudem das **CEDAW-Aktionsprogramm**, das die Vertragsstaaten zur Durchführung von Maßnahmen verpflichtet, die nicht nur die rechtliche (*de jure*), sondern auch die tatsächliche (*de facto*) Gleichberechtigung von Frauen und Männern herbeiführen sollen. CEDAW leidet allerdings darunter, dass der Frauenkonventionsausschuss (auch »Frauenausschuss« genannt) verglichen mit anderen UN-Menschenrechtsorganen nur über geringe finanzielle und personelle Mittel verfügt und die Erstellung der staatlichen Berichte zur Lage der Frauenrechte viel Zeit in Anspruch nimmt. Die Konvention hat darüber hinaus keine weiteren Überprüfungs- oder Sanktionsmaßnahmen vorgesehen und der Ausschuss ist nicht befugt, Informationen von NRO zu nutzen.

[1993] Zweite Weltmenschrechtskonferenz und die »Erklärung über die Beseitigung der Gewalt gegen Frauen«

Bei der **2. Weltmenschrechtskonferenz** 1993 in Wien wurde mit der Verabschiedung des Abschlussdokuments beschlossen, dass »Menschenrechte von Frauen und Mädchen ein unveräußerlicher, integraler und unteilbarer Bestandteil der universellen Menschenrechte sind« (Artikel 18 der Wiener Erklärung). Im Anschluss an die Konferenz wurde die »**Erklärung über die Beseitigung der Gewalt gegen Frauen**« verabschiedet, die Gewalt gegen Frauen im öffentlichen und privaten Bereich als Menschenrechtsverletzung anerkennt. Hiermit wird auch für die Programme und Maßnahmen der Entwicklungszusammenarbeit klargestellt, dass sich solche Rechtsverletzungen nicht mehr mit dem Verweis auf kulturelle Gewohnheiten und Traditionen relativieren lassen.

[1995] Vierte Weltfrauenkonferenz in Peking

1995 fand in Peking die **4. Weltfrauenkonferenz** unter dem Motto ›Handeln für Gleichberechtigung, Entwicklung und Frieden‹ statt, auf der die Frauenrechte als integraler Bestandteil der Menschenrechte festgeschrieben wurden. Besonders wichtig ist die bei der Pekinger Konferenz verabschiedete »**Aktionsplattform**«, die von 189 Staaten unterschrieben wurde. Sie enthält eine Reihe von Verpflichtungen, unter anderem:

- die Gleichstellung der Geschlechter in Politik, Wirtschaft und Gesellschaft zu fördern,
- die Armut von Frauen zu bekämpfen, besonders in Entwicklungsländern,
- das gleiche Erbrecht für Töchter und Söhne sowie den gleichberechtigten Zugang zu wirtschaftlichen Ressourcen und zu Bildung und Gesundheit zu fördern,
- geschlechtsspezifische Unterschiede abzubauen.

Die **Pekinger Aktionsplattform**, die ohne die Lobbyarbeit von NRO nicht zustande gekommen wäre, ist für UN-Mitgliedsstaaten verbindlich. Allerdings verfügt auch die Plattform über keinerlei Sanktionsmöglichkeiten bei Nichterfüllung der Verpflichtungen.

[1999] Fakultativprotokoll zur Antidiskriminierungskonvention

Das »**Fakultativprotokoll zur Antidiskriminierungskonvention**«, das 1999 von der UN-Generalversammlung verabschiedet wurde und 2000 in Kraft getreten ist, erlaubt es Einzelpersonen, eine Individualbeschwerde zu führen. Nun können sich Frauen, deren Rechte verletzt wurden und die alle innerstaatlichen Rechtswege ausgeschöpft haben, an den CEDAW-Ausschuss wenden. Der Ausschuss kann dann vom Staat vorläufige Maßnahmen zur Sicherung der Rechte der Betroffenen verlangen. Bei Hinweisen auf »schwerwiegende oder systematische Verletzungen der im Übereinkommen niedergelegten Rechte« kann der Ausschuss eine Untersuchung durch seine Mitglieder verlangen. Voraussetzung ist allerdings, dass der betreffende Staat sowohl das CEDAW-Übereinkommen als auch das Fakultativprotokoll ratifiziert hat – was bislang lediglich auf rund 50 Länder zutrifft.



[2000] Peking+5 und UN-Resolution 1325

Auf der Nachfolgekonferenz **Peking+5** im Juni 2000 wurde betont, dass die volle Gewährleistung aller Menschenrechte und Grundfreiheiten für Frauen und Mädchen ein vorrangiges Anliegen der Staatengemeinschaft sein müsse.

Im Dezember 2000 beschloss der UN-Sicherheitsrat einstimmig die **UN-Resolution 1325**. Sie verweist auf die Peking-Aktionsplattform und sieht eine stärkere Rolle der Frauen bei der Verhinderung und Lösung von Konflikten vor. Außerdem verlangt sie die Umsetzung von Gender Mainstreaming für alle friedenssichernden und konsolidierenden Maßnahmen, die stärkere Partizipation von Frauen in Führungspositionen, die Förderung von Frauen und Mädchen als Schwerpunkt in allen Programmen und spezielle Maßnahmen gegen sexuelle Gewalt in bewaffneten Konflikten.

Fazit und Ausblick

Im Post-Peking-Prozess ist entscheidend, dass die entwicklungspolitischen NRO die Forderungen der Aktionsplattform mit Leben füllen, denn neokonservative und neoliberale Gruppen versuchen seit der Proklamierung der Plattform, wichtige Verpflichtungen und Frauenrechte zu widerrufen. Zugleich ist deutlich geworden, dass die meisten Regierungen die Verpflichtungen der Plattform nicht umgesetzt haben. Die Tatsache, dass die Evaluierungskonferenz **Peking+10** lediglich im Rahmen einer UN-Kommission stattgefunden hat, spricht für eine niedrige Priorität des Themas innerhalb des UN-Systems und verlangt nach vermehrten Aktivitäten der Zivilgesellschaft. Immerhin hat die Konferenz Peking+10 an der Aktionsplattform von Peking festgehalten, obwohl fundamentalistische Kreise in vielen Staaten dies zu verhindern versucht haben. Es wurde keine neue Weltfrauenkonferenz verabredet, aber die Verbindung der Umsetzung der Aktionsplattform mit den Millenniumszielen (MDGs) beschlossen. Es ist ein positives Zeichen, dass Geschlechtergerechtigkeit darin als eigenständiges Ziel (MDG 3) genannt wird. Trotzdem wird das Thema Gender in der Millenniumserklärung nicht ausreichend berücksichtigt, da eine gendersensible Sicht vorrangig bei den Themen Grund- und Sekundarschulbildung sowie Gesundheit angewendet wurde. Bei anderen wichtigen MDGs, wie etwa Ziel 8 »zur Entwicklung einer globalen Partnerschaft«, fehlt eine geschlechtsspezifische Dimension.



Quellen und weiterführende Literatur:

- UN: »UN Action for Women«: www.un.org/ecosocdev/geninfo/women/dpi1796e.htm
- Deutsches Institut für Menschenrechte »Links« CEDAW: www.institut-fuer-menschenrechte.de/webcom/show_article.php/_c-503/_nr-2/i.html
- GTZ: Glossar / »CEDAW«: www2.gtz.de/gender_project/deutsch/weiterfuehend/glossar/glossar/CEDAW.htm
- Auswärtiges Amt: »Fakultativprotokoll zum Übereinkommen zur Beseitigung jeder Form von Diskriminierung der Frau in deutscher Übersetzung«: www.auswaertiges-amt.de/diplo/de/Aussenpolitik/Menschenrechte/Download/Fakultativprotokoll__CEDAW.pdf
- BMZ: »Internationale Vereinbarungen zu Frauenrechten«: www.bmz.de/de/themen/menschenrechte/allgemeine_menschenrechte/gleichberechtigung/internationales_anliegen/vereinbarung/index.html
- Auswärtiges Amt: »Internationale Frauenpolitik«: <http://www.auswaertiges-amt.de/diplo/de/Aussenpolitik/Menschenrechte/Frauen.html> [mit weiterführenden Dokumenten zum Download wie der »Erklärung zu Gewalt gegen Frauen der 60. Menschenrechtskommission der UN (2004)« und »CEDAW«]
- EU scadplus: »Die Prioritäten der EU für die Vierte Weltfrauenkonferenz«: <http://europa.eu/scadplus/leg/de/cha/c11903.htm> [Zusammenfassungen der Gesetzgebung der EU]
- Womnet. Gender und globale Strukturpolitik: »Konventionen – Deklarationen zur Gewährung und Umsetzung von Frauenrechten«: www.womnet.de/content/konventionen/index.html
- GLOW. Virtuelles Feministisches Institut der Heinrich Böll Stiftung: »Peking+5«: www.glow-boell.de/de/rubrik_2/5_658.htm
- Arbeitsgemeinschaft Friedenspädagogik e.V.; Aktion: »Es gibt 1325 Gründe für die Umsetzung der UN-Resolution 1325«: <http://un1325.de/postkarte.htm>
- Rodenberg, Birte: Gender und Armutsbekämpfung. Neuere konzeptionelle Ansätze in der internationalen Entwicklungszusammenarbeit. Gutachten, Bonn, 2003



3

Warum Gender in der Entwicklungszusammenarbeit?

Entwicklungszusammenarbeit wurde jahrzehntelang praktiziert, ohne dabei einen bewussten Blick auf die Geschlechterverhältnisse in den Partnerländern zu werfen. Vielmehr herrschte die Grundannahme, dass durch die Modernisierung der Gesellschaft und die Ausrichtung von Programmen auf einkommensschwache Frauen eine Chancengleichheit für alle Teile der Gesellschaft automatisch zustande kommen würde. Erst als die Effektivität der Entwicklungsprogramme insgesamt in Frage gestellt wurde und zeitgleich eine öffentliche Diskussion über die allenthalben vorhandene Ungleichheit in den Geschlechterverhältnissen stattfand, wurde zuerst der Ruf nach deren nachdrücklicher Berücksichtigung in den Programmen der Entwicklungszusammenarbeit und später nach einer geschlechtsspezifischen Sicht in den Programmen und Projekten laut.

Denn obwohl es ein erster bedeutender Schritt ist, dass Frauen heute eine wichtigere Rolle in Entwicklungsprojekten und -programmen spielen, reicht dies nicht aus. Frauen übernehmen damit in der Regel neue Rollen, Aufgaben und Verantwortung, was grundsätzlich positiv ist. Häufig sind aber durch die damit verbundene Mehrarbeit zusätzliche Belastungen für die Frauen entstanden. Eine wirkliche Chance für Frauen, an politischer und wirtschaftlicher Macht teilzuhaben und darüber gesellschaftliche Entwicklung mitzugestalten, wird sich erst durch eine nachhaltige Genderpolitik verwirklichen lassen.

Neben grundlegenden menschenrechtlichen Aspekten der Geschlechtergerechtigkeit sind es ganz pragmatische Gründe, warum eine aktive Genderpolitik in der Entwicklungszusammenarbeit unverzichtbar ist.

So gelten z.B. Frauen einkommensschwacher Haushalte aufgrund ihrer Verantwortung für die Befriedigung der Grundbedürfnisse und für die Existenzsicherung bereits seit den siebziger Jahren als wichtige Zielgruppe der Entwicklungshilfe. Mit einer erhöhten marktwirtschaftlichen Produktivität sollten sie »in die Entwicklung integriert werden« (**Women in Development**). Es stellte sich jedoch bald heraus, dass die Umsetzung dieses Ansatz keine Zunahme an politischen und wirtschaftlichen Rechten für Frauen mit sich brachte.

Darum hat sich in den neunziger Jahren das »Gender and Development«-Konzept durchgesetzt, das beim sozialen Geschlecht der Frau ansetzt. Dieses Konzept basiert auf der Grundannahme, dass Frauen und Männer geschlechterspezifische kulturelle und gesellschaftliche Rollen erlernen, die kontextabhängig und veränderbar sind. Von der bestehenden Ungleichheit zwischen Frauen und Männern ausgehend, rückt das Geschlechterverhältnis in den Vordergrund der Analyse politischer und rechtlicher Rahmenbedingungen.

Passgenaue, effiziente und gerechte Angebote sind in der Entwicklungszusammenarbeit nur möglich, wenn eine geschlechtsspezifische Sicht angenommen wird. Der qualitative »Mehrwert« geschlechtsspezifischer Analysen und Planungsinstrumente liegt darin, dass so Programme und Projekte entwickelt werden können, die den Bedürfnissen von Männern und Frauen der Zielgruppe entsprechen. Die Qualität der Arbeit und der Erfolg der Organisation werden erhöht. Es ist erwiesen, dass Investitionen in die Verbesserung der Situation der Frauen (unter anderem Bereitstellung von Bildung, bessere Gesundheitsversorgung, Sicherstellung von Landeigentumsrechten und arbeitsrechtliche Absicherung) ein effektives Mittel zur Entwicklungsförderung sind. Der UN-Generalsekretär Kofi Annan hob bei der Eröffnung der Frauenrechtskommission im Februar 2005 hervor, dass die Gleichstellung von Frauen und Männern besser als jedes andere Mittel die Entwicklung eines Landes fördere. Durch Gleichstellung könne die Kinder- und Müttersterblichkeit gesenkt sowie die Gesundheit und die Bildung der nächsten Generation verbessert werden.

Darüber hinaus ist die Gleichstellung von Frauen und Männern eine Frage der sozialen Gerechtigkeit und Demokratie und entspricht somit dem Selbstverständnis der meisten sozialen Organisationen. Ein unverhältnismäßig großer Anteil der weltweit in Armut lebenden Menschen sind Frauen, die in manchen Fällen nicht nur keinen gleichberechtigten Zugang zu wirtschaftlichen und sozialen Ressourcen erhalten, sondern denen darüber hinaus auch noch die individuellen Menschenrechte verweigert werden. Eine Vielzahl von Strategien, Leitlinien und Erklärungen der NRO benennen deshalb ausdrücklich Geschlechtergerechtigkeit beziehungsweise Gleichstellung der Geschlechter als Ziel ihrer Entwicklungszusammenarbeit.





Drei Gründe für eine Gender-Perspektive in der Entwicklungszusammenarbeit

Gerechtigkeit:

Die Gleichstellung von Frauen und Männern ist eine Frage der sozialen Gerechtigkeit und Demokratie und entspricht somit dem Selbstverständnis der meisten sozialen Organisationen. Ungleiche Machtbeziehungen zwischen Frauen und Männern sind verantwortlich für die Benachteiligung von Frauen, wobei dies besonders mehrfach diskriminierte Frauen betrifft (zum Beispiel aufgrund von ethnischer, religiöser Zugehörigkeit, Behinderung und sexueller Orientierung).

Passgenauigkeit:

Projekte und Programme können auf unterschiedliche Bedürfnisse von Männern und Frauen der Zielgruppe ausgerichtet werden. Geschlechtsspezifische Analysen und Planungsinstrumente machen Interessen- und Bedürfnisunterschiede sichtbar und tragen dazu bei, dass Programme und Projekte passgenauer werden.

Effizienz:

Projekte und Programme, die eine Gender-Perspektive einbeziehen, fördern die Effizienz von Entwicklungszusammenarbeit. Die Erfolge frauenfördernder Maßnahmen sowie die Übernahme des Gender-Ansatzes in neueren Verfassungen einiger Länder des Südens sprechen dafür.

Quellen und weiterführende Literatur:

- Rodenberg, Birte: »Gender und Armutsbekämpfung. Neuere konzeptionelle Ansätze in der internationalen Entwicklungszusammenarbeit«. Gutachten, Bonn, 2003a.
- Rodenberg, Birte: »Gender Mainstreaming in der Entwicklungszusammenarbeit der Europäischen Kommission«. Gutachten für das BMZ, Bonn, 2003b.
- Deutsches Institut für Entwicklungspolitik (DIE): »Anforderungen an eine kohärente EZ: Die Integration von Gender in Armutsbekämpfungsstrategien«: www.die-gdi.de/die_homepage.nsf/0/a2e01774dd48735ec1256dad0048a8da?OpenDocument
- NRO-Frauenforum: Infobrief 1/2002. »Gender und Armut«: www.womnet.de/content/publikationen/dokumente/Armut-und-Gender-Infobrief-20021.pdf
- EU scadplus: »Gleichstellung von Frauen und Männern«: <http://europa.eu/scadplus/leg/de/s02310.htm>

4

Gender-Konzepte in der Entwicklungszusammenarbeit

4.1 Eine Begriffsklärung

Um Geschlechtergerechtigkeit zu erreichen, werden in der Entwicklungszusammenarbeit verschiedene Ansätze genutzt. Im Folgenden wird eine Auswahl der wichtigsten Grundbegriffe erläutert. Obwohl in der Praxis oft Mischformen zum Tragen kommen, sind klare Begriffsdefinitionen wichtig, damit die geeigneten Instrumente und Methoden zur Stärkung von Frauen und zur Herstellung von Geschlechtergerechtigkeit ausgewählt werden.

[Empowerment] Der Begriff Empowerment umfasst Strategien und Maßnahmen, die Menschen dabei helfen, ein selbstbestimmtes und unabhängiges Leben zu führen. Durch Empowerment sollen sie in die Lage versetzt werden, ihre Belange zu vertreten und zu gestalten. In der Entwicklungszusammenarbeit versteht man unter Empowerment vor allem einen Prozess, der das Selbstvertrauen benachteiligter Bevölkerungsgruppen stärkt und sie in die Lage versetzt, ihre Interessen zu artikulieren und sich am politischen Prozess zu beteiligen. Im Mittelpunkt steht dabei die Stärkung der vorhandenen Potenziale der Menschen. Empowerment wird deshalb als eine Voraussetzung für die Nachhaltigkeit von Projekten angesehen.

Quellen und weiterführende Literatur:

- BMZ: Glossar / »Empowerment«: www.bmz.de/de/service/glossar/empowerment.html
- Schöninger, Iris: »Empowerment – für eine geschlechtergerechte Entwicklung.« DED-Rundbrief. Ausgabe 4/2000, S. 13ff.

[Frauenförderung] Frauenförderung bezeichnet Projekte und Programme, die sich speziell an Frauen richten, ihre Lebenssituation direkt verbessern und ihre wirtschaftliche, soziale und politische Benachteiligung verringern sollen. Dies umfasst beispielsweise Weiterbildungen, Einkommen schaffende Maßnahmen, Beteiligung an politischen Entscheidungsprozessen und Verbesserung ihrer rechtlichen Stellung. Frauenförderung zielt auf Selbst-

bestimmung, Erweiterung der Selbstorganisation und eine aktivere Rolle von Frauen in allen gesellschaftlichen Prozessen ab. Mittels dieser Strategie sollen soziale, ökonomische, rechtliche und politische Institutionen verändert werden, die die gegenwärtigen Machtverhältnisse verkörpern.



Quellen und weiterführende Literatur:

- Ulrike Bartels: »Frauenförderung in der deutschen Entwicklungszusammenarbeit«. Tectum Verlag Marburg, 2002.
- BMFSFJ: Glossar / »Frauenförderung«: www.gender-mainstreaming.net/gm/Service/glossar,did=14308.html

[Gender] Der Begriff »Gender« stammt aus dem Englischen, das sprachlich zwischen dem »sozialen Geschlecht« (gender) und dem »biologischen Geschlecht« (sex) unterscheidet. Spricht man von »Gender«, so sind die gesellschaftlich bedingten Unterschiede zwischen Männern und Frauen gemeint. Unterschiedliches Rollenverhalten und tradierte Stereotype fallen genauso darunter wie das Verhältnis zwischen den beiden Geschlechtern. Damit ist Gender auch ein Indikator für Machtbeziehungen und Diskriminierung. Gender ist sozial und kulturell konstruiert und damit abhängig von den jeweiligen kulturellen, gesellschaftlichen, ökonomischen und historischen Rahmenbedingungen. Da soziale Geschlechterrollen erlernt sind, sind sie auch veränderbar.

Quellen und weiterführende Literatur:

- GenderKompetenzZentrum: »Gender Mainstreaming als Strategie«: <http://www.genderkompetenz.info/genderkompetenz/gender/>
- Frauenbüro Wien: Glossar / »Sieben Schritte zur Gleichstellung«: www.gleichstellung.info/026/Glossar/
- BMFSFJ: Glossar / »Gender Mainstreaming«: www.gender-mainstreaming.net/gm/definition.html

[Gender-Analyse] Die Gender-Analyse ist eine grundlegende Voraussetzung, um eine Gender-Perspektive in Projekten, Programmen und Institutionen zu verankern. Sie ist sozusagen der erste Schritt, bevor die Erkenntnisse in zielgerichtetes politisches Handeln umgesetzt werden. Im Rahmen der Gender-Analyse wird das Projektumfeld unter Geschlechteraspekten betrachtet und eine Problemanalyse erstellt. Mit Hilfe der Gender-Analyse können

die spezifischen Probleme, Zielvorstellungen und Potenziale von Frauen und Männern identifiziert werden. Ihr wesentliches Merkmal ist, dass sie zwischen den »praktischen Interessen« zur Sicherung der Grundbedürfnisse und den »strategischen Interessen« zur strukturellen Verbesserung der Verhältnisse unterscheidet. Eine Gender-Analyse kann in jedem Themenfeld durchgeführt werden. Folgende Schritte müssen dabei berücksichtigt werden:

- Klärung des Gender-Ansatzes und Formulierung der geschlechterpolitischen Zielsetzung
- Sammlung geschlechtersensibler Daten
- Formulierung geschlechtersensibler Problemstellungen
- Vorläufige Schlussfolgerungen

Zu einer Gender-Analyse gehören geschlechtsspezifische Datenerhebungen. Dabei werden alle erhobenen Daten zunächst nach dem biologischen Geschlecht (*sex*) differenziert. Diese Differenzierung ist jedoch nicht ausreichend, da Frauen und Männer keine homogenen Gruppen bilden, in der alle Personen denselben Diskriminierungen ausgesetzt sind und die gleichen Interessen und Bedürfnisse haben. Deshalb müssen bereits bei der Datenanalyse zusätzliche Merkmale der Zielgruppen hinzugezogen werden, die mit der Geschlechterrolle verknüpft sind:

- Haben die Befragten eigene Kinder? Wie viele Kinder haben sie? Wie alt sind diese?
- Welchen Altersgruppen lassen sich die Befragten zuordnen?
- Sind sie erwerbstätig? In welchem Umfang?
- Verfügen Frauen und Männer über eigene finanzielle und materielle Mittel?
- Leben sie auf dem Land oder in der Stadt? Welche Infrastruktur steht ihnen zur Verfügung?
- Wie ist der Gesundheitszustand der Zielpersonen? Gibt es gesundheitliche Beeinträchtigungen?
- Zu welcher ethnischen Gruppe gehören die Befragten? Welcher ethnischen Gruppe ordnen sie sich selber zu? Gibt es einen Migrationshintergrund?

Quellen und weiterführende Literatur:

- GTZ: Glossar / »Gender-Analyse«: www2.gtz.de/gender_project/deutsch/weiterfuehend/glossar/glossar/genderanalyse.htm
- Rodenberg, Birte: »Gender und Armutsbekämpfung. Neuere konzeptionelle Ansätze in der internationalen Entwicklungszusammenarbeit«. Gutachten, Bonn, 2003.

- BASIS Institut: »Gender-Analysen«: www.genderanalyse.de/arbeitsbereiche/gender/content3.html
- GTZ, Pilotprogramm Gender/Kerstan, Birgit: »Gender-specific Participatory Approaches in Situation Analysis, Monitoring and Evaluation«. Eschborn, 1995.
- Rosa Luxemburg Institut: »Gender BASICS«: www.rli.at/Seiten/3welt/3W_basic.htm
- Stiegler, Barbara: »Was ist Gender Mainstreaming und was ist eine Gender-Analyse?« In: Dieselbe: Mit Gender Mainstreaming zum »gerechten« Lohn? Bonn, 2003: http://library.fes.de/fulltext/asfo/01638.htm#P18_237

[Gender-Ansatz] Der Gender-Ansatz stellt die strukturellen Ursachen geschlechtsspezifischer Diskriminierung ins Zentrum von Analyse und Aktionen. Damit liegt der Fokus auf sozialen Prozessen und Institutionen, die das Ungleichgewicht zwischen Frauen und Männern – meist zum Nachteil von Frauen – verursachen und aufrechterhalten. Zielsetzung des Gender-Ansatzes ist es, durch den Abbau geschlechtsspezifischer Diskriminierung und *Empowerment* von Frauen sozial, wirtschaftlich und ökologisch nachhaltige Entwicklungsprozesse zu sichern. Der Gender-Ansatz setzt parallel auf der Mikro-, Meso- und Makroebene an und berücksichtigt sowohl praktische Gender-Bedürfnisse als auch strategische Gender-Interessen, die auf ein ausgewogenes Machtverhältnis zwischen den Geschlechtern abzielen.



Quellen und weiterführende Literatur:

- GTZ: Glossar / »Gender-Ansatz«: www2.gtz.de/gender_project/deutsch/weiterfuehrend/glossar/glossar/genderansatz.htm
- Bliss, Frank et al: »Ansätze der Frauenförderung im internationalen Vergleich: Empfehlungen für die deutsche Entwicklungszusammenarbeit. Forschungsberichte des BMZ«, Band 115. Weltforum Verlag, Köln, 1994.
- Schaefer, Stefanie/Osterhaus, Juliane: »Gender und Projektmanagement: Ein Beitrag zum Qualitätsmanagement der GTZ«. Eschborn, 1999.

[Gender-Budgeting] Gender-Budgeting bezeichnet die geschlechtsdifferenzierte Analyse öffentlicher Haushalte. Mit Hilfe des Gender-Budgeting können die unterschiedlichen Auswirkungen der öffentlichen Einnahmen und Ausgaben auf Frauen- und Männergruppen ermittelt werden. So lassen sich Auswirkungen auf Geschlechterverhältnisse offen legen, Prioritäten verändern und Mittel umverteilen, um einen geschlechtersensiblen und gerechten Haushalt aufzustellen.

Quellen und weiterführende Literatur:

- BMFSFJ: Glossar / »Gender-Budgeting«: www.gender-mainstreaming.net/gm/gender-budgeting.html
- GenderKompetenzZentrum: »Gender-Budgeting«: www.genderkompetenz.info/gendermainstreaming/strategie/genderbudgeting/

[Gender Mainstreaming] Das Ziel von Gender Mainstreaming ist die konsequente Umsetzung des Gleichstellungsgedankens auf allen Handlungsebenen. Oft impliziert dies eine grundlegende Veränderung bisheriger Entscheidungs- und Organisationsabläufe. Gender Mainstreaming ist eine prozessorientierte Querschnittsaufgabe. Mit systematischen Schritten der Analyse, der Durchführung und des Controlling bezieht sie sich auf alle Entscheidungsprozesse in allen Sachgebieten und berührt alle Handlungsfelder auf allen Ebenen. Geschlechterfragen werden also zum integralen Bestandteil des Denkens, Entscheidens und Handelns aller Beteiligten.

Quellen und weiterführende Literatur:

- GenderKompetenzZentrum: »Gender Mainstreaming«: www.genderkompetenz.info/gendermainstreaming/
- Friedrich-Ebert-Stiftung: »Frauen- & Genderpolitik«: <http://www.fes.de/gender/>
- Stiegler, Barbara: »Gender macht Politik. 10 Fragen und Antworten zum Konzept Gender Mainstreaming«. Friedrich-Ebert-Stiftung, Bonn, 2002.
- BMFSFJ: Glossar / »Gender Mainstreaming«: www.gender-mainstreaming.net/gm/Hintergrund/gender-mainstreaming-und-frauenpolitik.html

[Unterschiede zwischen der institutionalisierten Frauenpolitik und dem Gender Mainstreaming-Ansatz]

Gender Mainstreaming lässt sich nicht gegen Frauenförderung ausspielen. Der Ansatz des Gender Mainstreaming bietet vielmehr den strategischen Rahmen für Gleichstellungspolitik. Als Strategie ist Gender Mainstreaming nicht ergebnisoffen, sondern zielführend auf die Gleichstellung von Frauen und Männern ausgerichtet. Damit gehört auch die Frauenförderung in das Spektrum der Umsetzung von Gender Mainstreaming. Mit Gender Mainstreaming werden Maßnahmen der Frauenförderung noch systematischer auf ihre Wirkungen hin überprüft und in den größeren Zusammenhang der Gleichstellungspolitik gestellt, die beide Geschlechter einbezieht.

Quelle:

- GenderKompetenzZentrum: »Gender Mainstreaming«: www.genderkompetenz.info/gendermainstreaming/strategie/frauenpolitik/

Frauenförderung und Gender Mainstreaming – zwei Seiten einer Medaille

Auf einen Blick

Frauenförderung

Frauenförderung wird von organisatorischen Einheiten betrieben, die auf die Geschlechtergerechtigkeit und Gleichstellung von Frau und Mann setzen, wie zum Beispiel staatliche Stellen, Unternehmen, Verbände, aber auch NRO und Frauengruppen.

Frauenförderpolitik will sowohl die konkrete als auch die strukturelle Benachteiligung von Frauen beenden.

Es kann rasch und zielorientiert gehandelt werden; die jeweilige Maßnahme konzentriert sich auf spezifische Problemstellungen.

Quelle:

- BMFSFJ: Glossar/»Gender Mainstreaming und Frauenpolitik«: www.gender-mainstreaming.net/gm/Hintergrund/gender-mainstreaming-und-frauenpolitik.html

Gender Mainstreaming

Gender Mainstreaming setzt auf die Beteiligung aller Personen, die an einer Entscheidung mitwirken. Es liegt in der Verantwortung aller Politiken – und nicht mehr ausschließlich in der Verantwortung der Frauenpolitik –, eine Gleichstellung zwischen Männern und Frauen zu realisieren.

Gender Mainstreaming setzt bei allen politischen Entscheidungen an, auch bei denen, die auf den ersten Blick keinen geschlechtsspezifischen Problemgehalt haben.

Gender Mainstreaming setzt als Strategie grundlegender und breiter an. Die Umsetzung dauert daher länger. Der Ansatz beinhaltet das Potenzial für eine nachhaltige Veränderung bei allen Akteuren und Akteurinnen und bei allen politischen Prozessen zur Herbeiführung von Geschlechtergerechtigkeit.



4.2 Gender in der entwicklungspolitischen Arbeit von NRO

4.2.1 Kontext und Instrumente

Die meisten entwicklungspolitischen NRO wurden gegründet, um einen gezielten Beitrag zur Reduzierung von Armut und ungerechten Verhältnissen zu leisten. Einige von ihnen, wie zum Beispiel der *Marie-Schlei-Verein*, *Terre des Femmes* oder *medica mondiale*, zielten von Anfang an darauf ab, durch ihre entwicklungspolitische Arbeit gesellschaftliche und kulturelle Rollen von Frauen und somit auch von Männern in den jeweiligen Gesellschaften zu verändern. Solche NRO haben den Gender-Ansatz als konstituierendes Moment und verfügen in der Regel über eine größere Expertise als NRO, die in anderen entwicklungspolitischen Bereichen arbeiten. Letztere müssen in der Regel ihre Abläufe weitaus grundlegender ändern. Dies erfordert Modifikationen auf allen Ebenen der Entwicklungsorganisationen und ein neuartiges Vorgehen in der Projektarbeit mit den Zielgruppen.

Der Gender-Ansatz sollte für Nord- und Süd-NRO gleichermaßen gelten. Das heißt, dass er nicht nur in gemeinsamen Projekten, sondern auch in den beteiligten Nord- und Süd-NRO angewendet wird. Nord-NRO müssen sich kritisch fragen, welche Kriterien sie für Projektpartner aufstellen und wie ausschließlich sie diese Richtlinien anwenden wollen. Wenngleich es nicht ausgeschlossen sein darf, die Kooperation aufgrund mangelnder Berücksichtigung von Gender-Aspekten zu beenden, sollte in einem solchen Fall grundsätzlich auch die Möglichkeit zur Verbesserung durch gemeinsame Lernprozesse bestehen (vgl. Kap. 4.2.1a, S. 28–29). Dazu sollte eine Gender-Perspektive in bestehende Instrumente und Verfahren zur Qualitätssicherung integriert werden (vgl. Kap. 4.2.1.b, S. 29–30).

Exkurs: Gender-Ansätze bei EIRENE

Von Eckehard Fricke, Geschäftsführer von EIRENE (seit September 2005 Landesdirektor des DED in Mosambik)

Der Entwicklungsdienst EIRENE betrachtet die beiden Konzepte Frauenerförderung und Gender Mainstreaming als ergänzend. Der Grund dafür liegt auf der Hand: Armut ist immer noch weiblich. Deshalb bedarf es zum einen weiterhin der besonderen Förderung von Frauen, vor allem bei arbeitserleichternden Technologien, verbessertem Ressourcenzugang, besserer Ausbildung und mehr Entscheidungsfreiheit.

- ▶ EIRENE hat deshalb einen Teil des Projektbudgets verbindlich für spezifische Maßnahmen mit Frauen vorgesehen.

Zum anderen ist bei EIRENE eine Gender-Analyse fester Bestandteil von Länderkonzepten und Berichten. Die NRO legt ein besonderes Augenmerk auf Frauen bei der Zielgruppenanalyse und auf die aktive Beteiligung von Frauen an allen projektrelevanten Phasen. Bei Evaluierungen werden die Auswirkungen des Projekts auf die Situation von Frauen besonders berücksichtigt. Erfahrungen zeigen, dass sich personelle und zeitliche Engpässe in der Vorbereitung negativ auf die Partizipation von Frauen niederschlagen.

Beitrag von Eckehard Fricke beim VENRO-Workshop »Gewusst wie? Frauenförderung und Gender Mainstreaming in der NRO-Praxis« vom 2. Dezember 2004

Instrumente einer gendersensiblen Entwicklungszusammenarbeit

a) Förderung des Dialogs und der Reflexionsprozesse

Im Rahmen einer aktiven Strategie der Geschlechtergerechtigkeit sind folgende Instrumente wichtige Voraussetzungen, um den Anforderungen des Gender-Ansatzes gerecht zu werden

[kontinuierlicher Partnerdialog] Häufig fehlen in schriftlichen Projektanträgen geschlechtsspezifische Informationen. Gründe hierfür können in der Antragsformulierung liegen, oft aber deutet dies auf Lücken in einer Gender-Analyse zu Beginn der Planungen hin. Wenn solche Informationen auch nach Rückfragen nicht nachgeliefert werden, sollte verabredet werden, bis wann geschlechterdifferenzierte Daten zu erheben und nachzureichen sind. Außerdem muss darauf geachtet werden, dass Projektpartner klar nach den strategischen Interessen der Frauen suchen und Frauen in diesem Prozess einbeziehen, um eine strukturelle Verbesserung zu ermöglichen.

[Partnerbesuche] Die beste Möglichkeit zu einem intensiven Austausch bietet sich bei persönlichen Besuchen, da die schriftliche und telefonische Kommunikation über die geplanten und durchgeführten Maßnahmen die Gefahr birgt, dass sie oberflächlich bleibt. Bei Projektbesuchen, runden Tischen

und Partnerkonsultationen muss hinsichtlich der Reisegestaltung darauf geachtet werden, dass Frauen an den Gesprächen teilnehmen, ihre konkreten Projekte besucht werden und sie nach Möglichkeit diese Besuche mitgestalten. Das internationale Interesse wird in der betreffenden Organisation oft als Aufwertung der Frauen-Aktivitäten verstanden.

[Partnerberatung] Als unterstützende Maßnahmen der Partnerorganisationen können fachliche Gender-Beratungen, Seminare zum Erfahrungsaustausch, die Entwicklung von Umsetzungsschritten oder spezielle Studien, die einen inhaltlichen Schwerpunkt aus der Gender-Perspektive beleuchten, angeboten werden (vgl. *Projektbeispiel von Brot für die Welt*, S. 50). Lokale Trainerinnen/Expertinnen sollten solche Beratungsaktivitäten mitgestalten.

b) Tipps für eine Integration von Gender-Aspekten in Planung, Monitoring und Evaluation (PME)

Das PME-Instrumentarium dient dazu, in allen Phasen des Projekts zu überprüfen, ob effizient und wirkungsvoll auf die gesetzten Ziele hingearbeitet wird. PME ist ein zyklischer Prozess, in dem gewonnene Erkenntnisse über Projektabläufe genutzt werden, um nachfolgende Projektabläufe zu optimieren. Gendersensible PME-Instrumente prüfen, ob das Ziel Geschlechtergerechtigkeit und dazu formulierte Unterziele erreicht werden. So sollen Prioritäten überdacht und zukünftige Entwicklungsaktivitäten besser geplant werden.

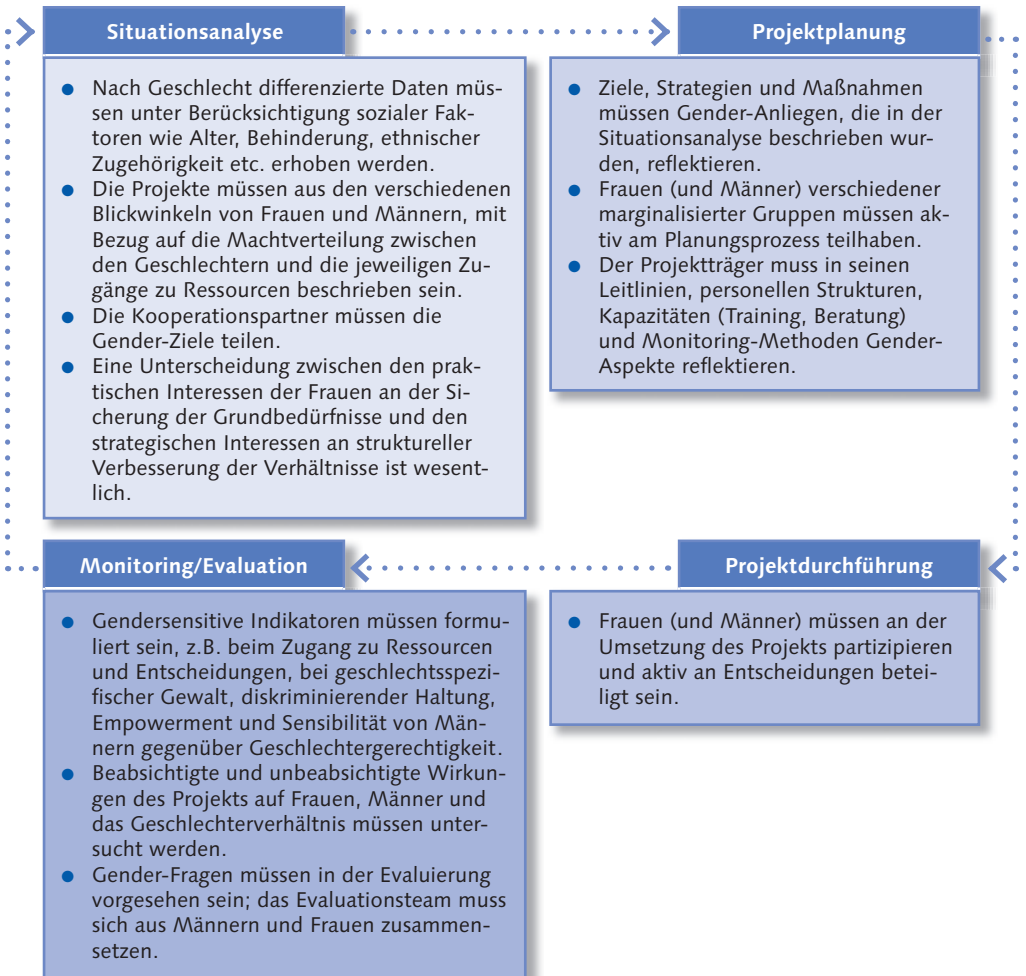
[Gender-Aspekte in den ›Terms of Reference‹] In den ›Terms of Reference‹ muss die genderbezogene Zielrichtung der Analyse explizit und umsetzbar formuliert werden. Unscharfe Formulierungen wie »Gender sollte in Fragen aufgenommen werden« sind ungenügend, da sie zu vage sind, um eine Orientierung zu bieten, und leicht übersehen werden. Fragen zur Gleichberechtigung und zum Geschlechterverhältnis müssen dem Projektkontext entsprechen.

[Gender-Aspekte in der Evaluierung] Im Evaluierungsteam sollte mindestens eine Person über die nötige Qualifikation in Genderfragen verfügen und den ausdrücklichen Auftrag erhalten, diese Fragen zu untersuchen. Für den Fall, dass diese Person durch mehrere Aufgaben beansprucht wird, muss eventuell ein Zeitkontingent festgelegt werden. Außerdem müssen strengere Kriterien für die Bewertung der Evaluierungsanalyse und der Empfehlungen angewandt werden. Es reicht nicht aus, die Partizipation von Frauen oder

die positiven Auswirkungen des Programms auf Frauen losgelöst vom Kontext zu betrachten. Statt der Beteiligung von Frauen ein eigenes Kapitel zu widmen, sollte in die gesamte Evaluation und in die Schlussfolgerungen eine Geschlechterdifferenzierung (gestützt auf entsprechende Daten und deren Analyse) mit einbezogen werden.

(vgl. auch die ausführliche Checkliste S. 34–37).

Schema eines Projektzyklus unter Geschlechterperspektive



c) Förderung von Gender Mainstreaming in NRO

[Querschnittsaufgabe] Die Projektprüfung sollte Hand in Hand gehen mit der Institutionalisierung von Gender als Regelaufgabe in den Abläufen der NRO. Gender Mainstreaming meint dabei die formale Integration in die Politiken und das Grundverständnis der Organisation. In der Umsetzung sollte Gender in alle Programme, Länder-Policies und andere thematischen Schwerpunkte integriert werden.

[Top Down-Ansatz] Gender Mainstreaming ist eine Top-Down-Strategie, das heißt sie wird von der Leitung einer Organisation für alle Mitarbeitenden verbindlich angeordnet. Dazu bedarf es zunächst einer grundsätzlichen Entscheidung der Leitung und es müssen klare Verantwortlichkeiten und Verfahren festgelegt werden. Neben einer verbindlichen Anordnung sind transparente Verfahren notwendig, die durch die Erhebung von geschlechtsdifferenzierenden Indikatoren eine Messung der Ergebnisse erlauben. Die Durchsetzung von Policy-Leitlinien hängt auch davon ab, welche Konsequenzen eine Nichtbeachtung seitens der Mitarbeitenden hat. Es hat sich gezeigt, dass Gender Mainstreaming dort erfolgreicher ist, wo es neben dem Top-Down auch eine von den Beschäftigten ausgehende Bottom-Up-Unterstützung gibt.

[Gender-Training] Mit Gender Mainstreaming entstehen neue Anforderungen an die Mitarbeitenden. Neben der Bereitstellung des technischen Handwerkszeugs muss die Belegschaft dafür gewonnen werden, die Bedeutung der Ziele zu erkennen. Fortbildungen, so genannte Gender-Trainings, können zur Sensibilisierung beitragen. Sie sollten jedoch nicht isoliert durchgeführt werden, sondern Teil eines Pakets von Maßnahmen sein, das auch eine Nachbereitung der Fortbildung beinhaltet.

[Organisationsweiter Aktionsplan] Gender Mainstreaming darf nicht dem guten Willen Einzelner überlassen bleiben. Denn hohe Arbeitsbelastung ist häufig eine Erklärung für dessen Nichtbeachtung. Langfristig sollte die gendersensible Projektbearbeitung zum professionellen Handwerkszeug aller Mitarbeitenden gehören. Erste Schritte können durch zeitlich befristete Schwerpunktsetzungen erfolgen oder in Form eines organisationsweiten Aktionsplans, indem für konkrete Aktivitäten Ziele, Indikatoren und ein Zeitrahmen formuliert werden.



[Gender-Expertise] Auf eine interne und externe Gender-Expertise kann meist nicht verzichtet werden. Häufig benötigen Partnerorganisationen und NRO fortlaufende methodische und inhaltliche Hilfen. Aber auch innerhalb der NRO sind Mitarbeitende nötig, die – obschon gendersensible Projektbearbeitung zum Handwerkszeug aller gehören sollte – in diesem Bereich die Fachdebatte verfolgen, aktiv Kontakte zu entsprechenden Netzwerken halten und Initiativen zur Weiterentwicklung des Arbeitsbereiches vorantreiben. Für Gender-Beratungen müssen also in den Budgets von NRO beziehungsweise in den einzelnen Arbeitsbereichen Mittel bereitgestellt werden.

[Gender-Budgets] Gender-Budgeting ist ein integratives Verfahren, das eine systematische Analyse von Haushaltspolitik und der konkreten Haushalte und Kostenaufstellungen ermöglicht. Dabei wird untersucht, welche direkten und indirekten positiven und negativen Auswirkungen diese auf Frauen und Männer beziehungsweise verschiedene Gruppen von Frauen und Männern haben oder haben können. Es ist ein wichtiges Instrument im Rahmen des Gender Mainstreaming. *Zu Gender-Budgeting bei der Kostenplanung eines Projekts, siehe Checkliste S. 76–77.*

[Frauenförderung] Unterstützt werden muss Gender Mainstreaming durch eine Gleichstellungspolitik, die Frauen hilft, Verantwortung in den Institutionen zu übernehmen. Die Erhöhung von Frauen in Fach- und Führungspositionen ist ein zentraler Baustein organisationsinterner Frauenförderung. Ein Frauenanteil von 30 Prozent in Führungspositionen wird von der Frauenforschung und UNDP als »kritische Masse« für Mitgestaltungsmöglichkeit, Effizienz und Innovation betrachtet.

Exkurs: Gender-Ansätze bei Brot für die Welt

Von Hannelore Moll, Abteilungsleiterin für Projekte und Programme

Bei Brot für die Welt ist Gender Mainstreaming an die Stelle des Konzepts der Frauenförderung getreten. Aber es ist neu zu überlegen, ob nicht beides nebeneinander und miteinander verbunden seinen eigenständigen Raum haben muss.

Brot für die Welt sieht zunehmend die Notwendigkeit, beiden Strategien eine eigenständige Bedeutung zu geben. Gerade bei Projektkooperationen in Ländern mit einer schwachen Frauenbewegung muss zunächst beim *Empowerment** angesetzt werden. Dies ist eine

- ▶ Voraussetzung, damit Frauen den Gender Mainstreaming-Ansatz in ihrem Kontext selbstbewusst und mit eigenen Vorstellungen verfolgen können. So werden auf den Philippinen in der Regel von Brot für die Welt keine Frauenfördermaßnahmen mehr unterstützt, sondern Partnerorganisationen werden dabei gefördert, Gender Mainstreaming als Querschnittsaufgabe in ihre Organisation und in ihre gesamte Arbeit zu integrieren. Dies rührt daher, dass es auf den Philippinen eine starke Frauenbewegung gibt, die Bedürfnisse von Frauen offensiv in das Gender-Konzept einbringt. Anders sieht es in Ländern wie Bangladesch aus. Hier werden von Brot für die Welt weiterhin Frauenfördermaßnahmen unterstützt, um die Frauen vor Ort beispielsweise durch Stipendien und durch die Unterstützung bei der Bildung von Netzwerken zu stärken.

Für kaum ein anderes Ziel wurden bei Brot für die Welt so klare Richtlinien entwickelt wie für das Ziel Geschlechtergerechtigkeit: Gender Mainstreaming wurde als Unternehmenskonzept auf Leitungsebene verabschiedet; es ist als Handlungsfeld in dem Brot für die Welt-Grundsatzdokument »Den Armen Gerechtigkeit« fest verankert; Standards zur Projektbearbeitung, -begleitung und -evaluierung wurden entwickelt; Fortbildungen durchgeführt und ein dreijähriges internationales Programm zum Thema häusliche Gewalt gemeinsam mit Partnerorganisationen rund um den Globus wird durchgeführt.

Anmerkung: Inzwischen ist im Rahmen der Strategieplanung von Brot für die Welt entschieden worden, ab 2006 »Frauenförderung« und »Gender-Gerechtigkeit« als eigenständige Handlungsfelder zu betrachten.

Beitrag von Hannelore Moll beim VENRO-Workshop »Gewusst wie? Frauenförderung und Gender Mainstreaming in der NRO-Praxis« vom 2. Dezember 2004

4.2.2 Checkliste zur Projektprüfung aus geschlechtsspezifischer Perspektive

Checkliste

Situationsanalyse



- Wird in der Beschreibung des Projektumfeldes die Situation von Frauen und Männern differenziert berücksichtigt (Zugang zu Ressourcen, Präsenz in Entscheidungsgremien, Fähigkeiten, Kenntnisse, Bedürfnisse und Interessen)?
- Werden lokale Expertinnen in den Analyseprozess einbezogen?

Checkliste

Projektträger

- Hat die Organisation eine Gender-Policy und eine Gleichstellungs-Policy?
- Wie sieht die Beschäftigungsstruktur (Anzahl und Qualifikation weiblicher/männlicher Mitarbeiter) in den Durchführungseinheiten (Verwaltung/Programmarbeit) und den Leitungs- und Kontrollorganen aus?
- Inwiefern sind Mitarbeiterinnen an internen Entscheidungsprozessen beteiligt?
- Sind bei den Zielgruppen die Frauen an Entscheidungsprozessen der Organisation beteiligt?
- Wie werden die MitarbeiterInnen des Projektträgers für das Thema »Gewalt gegen Frauen« sensibilisiert?

Checkliste

Planung

Projektzielformulierung

- Wird die Gender-Thematik (Geschlechtergerechtigkeit, Frauen-Empowerment) im Oberziel berücksichtigt (explizit oder implizit)?
- Werden die Lebenssituationen von Frauen und Männern oder die Veränderung der Geschlechterverhältnisse zwischen Frauen und Männern in den Projektzielen berücksichtigt?



- ▶ Fließen geschlechterpolitische Erfahrungen in die Zielformulierung ein?
- Welche Organisationen können zur Zielerreichung beitragen? Warum?
- Werden in den erwarteten Ergebnissen mögliche positive oder negative Auswirkungen indirekter Art auf Frauen und Männer vorhergesehen? Welche?

Checkliste

Zielgruppe

- Ist die geschlechtsspezifische Zusammensetzung der Zielgruppe in Bezug auf Geschlechtergerechtigkeit angemessen?
- Wird bei der Zielgruppenanalyse die Situation von Frauen und Männern differenziert betrachtet? Werden zum Beispiel Angaben zum sozioökonomischen, kulturellen Status, zu Alter, Ethnie, Organisationsstruktur gemacht?
- Welche praktischen Bedürfnisse und strategischen Gender-Interessen bestehen?

Checkliste

Methodenwahl

- Ist die Wahl der Methoden angemessen angesichts der hierarchischen Unterschiede zwischen Frauen und Männern in der jeweiligen Gesellschaft?
- Fördert das Projekt die aktive Teilnahme von Frauen und Männern in allen Phasen?
- Ziehen Frauen und Männer gleichermaßen Nutzen aus dem Projekt?
- Wird die Arbeitslast im Rahmen des Projekts und seines Umfelds gerecht zwischen den Geschlechtern verteilt?

▶ Geplante Maßnahmen



- Sind Aktivitäten vorgesehen, die dazu beitragen, traditionelles Rollenverhalten und Geschlechterverhältnisse zu verändern?
- Sind Aktivitäten vorgesehen, bei denen das Gender-Thema mit Frauen und Männern der Zielgruppe bearbeitet wird?

Checkliste

Ressourcen

- Ist das Verhältnis von personellen und finanziellen Ressourcen für Frauen und Männer sinnvoll in Bezug auf die geschlechtsspezifische Zusammensetzung der Zielgruppen?
- Sind gesonderte personelle und finanzielle Ressourcen für die Arbeit zu Geschlechtergerechtigkeit notwendig?
- Sind die Ressourcen des Projekts für Frauen und Männer der Zielgruppen gleichermaßen zugänglich? Wenn nicht, welche Maßnahmen sind zur Überwindung dieses Zustands vorgesehen?

Checkliste

Umsetzung

- Wird die (geschlechtersensible) Planung auch tatsächlich umgesetzt?
- Wurden Verantwortung und Entscheidungsbefugnisse im Arbeitsteam gerecht zwischen den Geschlechtern verteilt?
- Wurde die Arbeitsbelastung im Arbeitsteam gerecht zwischen den Geschlechtern verteilt?
- Ist dafür gesorgt, dass das Arbeitsteam über die nötige Gender-Sensibilität verfügt?
- Steht dem Arbeitsteam – falls nötig – Gender-Beratung zur Verfügung? Wurde das Arbeitsteam fortlaufend für das Thema »sexualisierte Gewalt gegen Frauen« sensibilisiert und entsprechend beraten?



▶ **Monitoring und Evaluierung**

- Sind Indikatoren geschlechtersensibel formuliert?
- Welche geschlechtsspezifischen Wirkungen sind festzustellen?
- Welche unerwarteten Wirkungen sind eingetreten?
- Ist sichergestellt, dass die Erkenntnisse aus dem bisherigen Prozess in die nächste Programm-/Projektplanung einfließen?



Quellen und weiterführende Literatur:

- Brot für die Welt: Standards zur Information und Prüfung von Projektträger und Projektantrag.
- Evangelischer Entwicklungsdienst: Mitwirkungsvorlage und Unterlagen zu PME (Planung, Monitoring und Evaluierung).
- Meentzen, Angela und Gomáriz, Enrique: »Umsetzung der Geschlechterdemokratie«, eine Studie zur Anwendung der Geschlechterdemokratie in der Planung und Evaluierung von Projekten im Auftrag der Heinrich Böll Stiftung, April 2002.
- Oxfam: Gender Mainstreaming Tools. Questions and checklists to use across the programme management cycle, November 2002.

Weitere Checklisten zu Gender-Budgeting und zu Gender in der humanitären Hilfe finden Sie auf den Seiten 41–42 und 76–84. Eine Übersicht über alle Checklisten enthält der Servicekasten auf Seite 5.

4.3 Gender in der humanitären Hilfe

4.3.1 Kontext und Instrumente

Humanitäre Hilfe ist – im Gegensatz zu Entwicklungszusammenarbeit – die kurzfristige Hilfe, die nach einer Naturkatastrophe (wie Erdbeben, Vulkanausbrüche, Erdbeben, Dürren, Überschwemmungen) oder einem bewaffneten Konflikt gebraucht wird. Humanitäre Hilfe richtet sich an die Opfer von Krisen und Katastrophen. Sie hat zum Ziel, Leben zu retten und menschliches Leid zu lindern, und wird unabhängig von der ethnischen, religiösen und politischen Zugehörigkeit der Opfer geleistet.

Angesichts der komplexen Situation und der Eile, in der die humanitäre Hilfe erfolgen muss, mag Gender nicht wesentlich erscheinen. Doch die Erfahrungen zeigen, dass wirksame Hilfe nur dann erfolgen kann, wenn Geschlechterverhältnisse, Verantwortlichkeiten, Arbeitsteilung, Unterschiede und Ungleichheiten zwischen Frauen, Mädchen, Männern und Jungen berücksichtigt werden.

Frauen und Männer werden unterschiedlich von den Katastrophen betroffen. Der Grad der Gefährdung eines Menschen hängt wesentlich von seiner sozialen, kulturellen und wirtschaftlichen Situation in der Gesellschaft ab. So sind Frauen meist weniger gebildet, haben weniger Erfahrung mit Autoritäten, haben geringere wirtschaftliche Ressourcen und nehmen in manchen Ländern nicht in gleichem Maße am öffentlichen Leben teil. Diese Ausgangssituation bestimmt, wer leicht Zugang zu Hilfe findet, wessen Bedürfnisse besser wahrgenommen werden und wer am Wiederaufbau beteiligt wird. Nicht alle Frauen und Männer sind hier gleichermaßen betroffen. Neben dem Geschlecht spielen auch Alter, ethnische Identität und gesellschaftliche Stellung eine wichtige Rolle. Es geht also darum, die besondere Gefährdung der Zielgruppe wahrzunehmen und sie in den Hilfsprogrammen zu berücksichtigen.

Aber nicht nur die Schwächen, sondern auch die Stärken und das jeweilige Potential muss in der humanitären Hilfe erkannt und unterstützt werden. Gleich zu Beginn der Planung müssen bestehende Strukturen (wie beispielsweise formelle und informelle Frauengruppen) gestärkt werden, denn die Verteilungskämpfe wirken über die aktuelle Situation hinaus. Langfristig entscheiden sie, welche gesellschaftlichen Gruppen zukünftig wichtige Ressourcen kontrollieren und politische Entscheidungsgewalt erhalten. Hierbei geht es unter anderem um den Zugang zu Bildung, Ein-



kommen, Rechtstiteln und den Erwerb von Eigentum. Die großen Veränderungen in den Geschlechterverhältnissen, die Katastrophen mit sich bringen, z.B. allein dadurch, dass zahlenmäßig mehr Männer oder Frauen Opfer der Katastrophe sind, bergen auch eine Chance, neue gesellschaftliche Modelle zu entwickeln.

Die Gender-Perspektive verhilft

- zu einem wirklichkeitsnahen Verständnis der Situation über unterschiedliche Bedürfnisse und Prioritäten gemäß der Geschlechterunterschiede, der Berücksichtigung aller Gruppen und ihrer besonderen Bedürfnisse,
- zur Entwicklung von angemessenen Programmen: Wahrnehmung von möglichen Hindernissen, die Teilen der Zielgruppe die Teilnahme an Programmen verwehren, Bewusstmachen von Machtverhältnissen zwischen Männern und Frauen (auch andere Machtungleichgewichte in der Gesellschaft werden deutlich),
- zur Nutzung aller Potentiale: Wahrnehmung der Potentiale aller Gruppen und ihres Beitrags zum gesellschaftlichen Wiederaufbau und zur Friedensbildung,
- zu mehr Geschlechtergerechtigkeit in der sich neu bildenden Gemeinschaft.

4.3.2 Herausforderungen für die humanitäre Hilfe aus Gender-Perspektive

medica mondiale und der Frauensicherheitsrat haben in einem Aide-mémoire anlässlich der Sitzung der Menschenrechtskommission im April 2005 gefordert, dass Gender-Gesichtspunkte in alle Programme zur humanitären Hilfe integriert werden. Bislang haben die NRO hierfür keine einheitlichen Standards. Richtlinien für die praktische Arbeit in Katastrophensituationen, die der Situation von Frauen und Mädchen nach natürlichen oder kriegerischen Katastrophen gerecht werden, müssen fortentwickelt werden.

Speziell mit der Situation von Frauen in und nach bewaffneten Konflikten beschäftigte sich auch eine Fachkonferenz »Unterwegs vom Krieg zum Frieden« der Deutschen Welthungerhilfe im November 2004. In der Abschlusserklärung werden humanitäre und frauenpolitische Organisationen aufgefordert, ihre Nothilfe- und Entwicklungsmaßnahmen den Lebensrealitäten von Frauen in der unmittelbaren Übergangsphase vom Krieg zum Frieden und im Wiederaufbau Rechnung zu tragen.



Sie fordern die Integration von geschlechtsspezifischer Traumabearbeitung, da Frauen während des Krieges oftmals Zeuginnen oder Opfer von Gewalt geworden sind. Dies passiert unter anderem durch (Massen-)Vergewaltigungen, Versklavung, Todesfälle oder Folterungen nahe stehender Personen. Die Aufarbeitung dieser seelischen Wunden ist neben dem humanitären Gebot eine wichtige Strategie, um zukünftige Konflikte zu vermeiden und Frauen die Chance zu geben, ihre Potentiale in den Friedensprozess einzubringen.

In dem Aide-mémoire wird betont, dass der Ansatz der Nothilfe-Programme über reine Bedürfnisorientierung hinausgehen muss. Da Projektinterventionen immer den Aufbau von Strukturen beeinflussen, wird darin gefordert, dass gerade in der Nothilfe und beim Wiederaufbau ein umfassender Menschenrechtsansatz zur Geltung kommen müsse, der auch Bedürfnisse von Frauen nach gesellschaftlicher Transformation berücksichtigt.

Da nach dem Ende bewaffneter Konflikte die Gewalt innerhalb der Familien zunimmt, ist gerade eine Sensibilisierung für die Zunahme häuslicher Gewalt nach dem Krieg notwendig. Persönliche Verunsicherung von Männern und mangelnde Perspektiven, oft gepaart mit Alkoholismus, entladen sich häufig in Gewalt gegenüber Frauen und Kindern. Es ist wichtig, dass häusliche Gewalt als Kriegsgewalt anerkannt wird.

Für eine verstärkte Sensibilisierungsarbeit mit Männern und männlichen Jugendlichen werden neue Ansätze benötigt. Eine der größten Herausforderungen ist die gesellschaftliche Wiedereingliederung demobilisierter KämpferInnen und KindersoldatInnen in Verbindung mit der Schaffung von Einkommen für diese Gruppe. Darüber hinaus muss eine gesellschaftliche Diskussion ihrer Rolle während der bewaffneten Auseinandersetzung geführt werden, sollen die gesellschaftlichen Strukturen langfristig gerechter gestaltet und neue Perspektiven für ein friedliches Zusammenleben entwickelt werden.

4.3.3 **Checkliste für eine gendersensible humanitäre Hilfe**

Die Methoden der Datenerhebung sollten soziale Faktoren berücksichtigen, da wirksame Antworten auf Naturkatastrophen, bewaffnete Konflikte und Migration abhängen von dem detaillierten Wissen über Gefährdung, Bedürfnisse und Potentiale. Genderspezifische Daten sind ein wichtiges Planungsinstrument für PraktikerInnen, das in den meisten Fällen jedoch nicht verfügbar ist.

Schlüsselfragen an Einsätze der humanitären Hilfe



- Wie sind Frauen und Männer, Mädchen und Jungen jeweils von der Katastrophe betroffen?
- Entstehen aus der Katastrophe spezielle Probleme für Frauen, Kinder, Männer (Sicherheit, Schutz)?
- Was bedeutet dies für die Hilfe, den Wiederaufbau und die Rehabilitationsmaßnahmen (in Bezug auf ihre Bedürfnisse, Zugang zu Hilfe und ihren Beitrag zum Wiederaufbau)?
- Gibt es Sensibilisierungstrainings zu geschlechtsspezifischer Gewalt und Traumata vor dem Einsatz?
- Gibt es einen Code of Conduct für MitarbeiterInnen der humanitären Hilfe, der sexualisierte Gewalt benennt und bestraft?
- Gibt es eine Gender-Mainstreaming-Policy für Helfer und Helferinnen?
- Werden während des Einsatzes Daten zu geschlechtsspezifischer Gewalt gesammelt?
- Was wird Überlebenden sexualisierter und anderer Gewalt angeboten? (z.B. traumasensible psychosoziale Unterstützung, medizinische Versorgung, HIV post exposure prophylaxis (PEP))
- Welche geschlechtsspezifischen Normen haben einen Einfluss beim Zugang zu Hilfe? Haben Frauen die gleichen Möglichkeiten oder wird ihr Zugang behindert, beispielsweise durch begrenzte Mobilität, Bildungsstand, Arbeitsbelastung?
- Wie partizipieren Frauen an sozialen, wirtschaftlichen, religiösen und politischen Strukturen?
- Werden Frauen und ihre Zusammenschlüsse aktiv in die Planung und Umsetzung einbezogen?
- Sind Frauenorganisationen in die Budgetierung durch die Geberländer explizit einbezogen?
- Sind Frauen und Männer in Entscheidungen einbezogen und als Hilfskräfte angestellt?



► **Insbesondere muss auf folgende Punkte geachtet werden:**

- Werden die Bedürfnisse von Frauen bezüglich ihrer reproduktiven Gesundheit berücksichtigt (Verhütungsmittel, Hygieneartikel)?
- Wird kulturell angepasste Kleidung für Frauen zur Verfügung gestellt, damit sie am öffentlichen Leben teilhaben können (Kopfbedeckung, Unterwäsche)?
- Gibt es Aufklärung über Krankheiten und Erste Hilfe für Frauen, die für die Pflege von Kranken verantwortlich sind?
- Gibt es Dienste für Frauen, die HIV-Ansteckung und andere sexuell übertragbare Krankheiten traumasensitiv behandeln?
- Birgt das Wasserholen und der Gang zu den Toiletten erhöhte Gefahren für Frauen und Kinder?
- Werden die Bedürfnisse von schwangeren und stillenden Frauen, allein erziehenden, alten oder behinderten Frauen berücksichtigt? Wird die Zielgruppe »Männer« als Einheit oder differenziert nach ihren unterschiedlichen Bedürfnissen betrachtet?
- Inwiefern beeinflusst die Gender-Identität von Männern ihre Gefährdung, ihre Bedürfnisse und Prioritäten und inwiefern entladen sich die Spannungen in häuslicher Gewalt?
- Werden Frauen bei der Planung / Organisation von Nothilfmaßnahmen konsultiert und auf der Entscheidungsebene mit einbezogen?



Quelle:

- Gender Consideration in Disaster Assessment by WHO/GWH, January 2005

Weiterführende Literatur und Weblinks:

- Gender and Disaster Network: <http://www.gdnonline.org>
- Gender Equality and Disaster Risk Reduction Workshop 2004: www.ssri.hawaii.edu/research/GDWwebsite/pages/proceeding.html
- Gender Equality and Humanitarian Assistance: A guide to the issue (CIDA): [http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUIImages/Africa/\\$file/Guide-Gender.pdf](http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUIImages/Africa/$file/Guide-Gender.pdf)
- Checklist for Action Prevention & Response to Gender-Based Violence in Displaced Settings RHRC Consortium (adapted from a checklist of UNHCR) Juni 2004

Weitere Checklisten zu Gender in der Entwicklungszusammenarbeit und in der humanitären Hilfe finden Sie auf den Seiten 34–37 und 76–84. Eine Übersicht über alle Checklisten enthält der Servicekasten auf Seite 5.

4.4 Gender in der staatlichen Entwicklungszusammenarbeit

Kontext und Instrumente

Die nachfolgenden Ausführungen dienen dazu, einen knappen Überblick über den staatlichen Gender-Ansatz zu geben. Eine politische Bewertung ist an dieser Stelle nicht beabsichtigt.

Das Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) hat 1997 den Gender-Ansatz als Querschnittsaufgabe verankert. Seither gilt, dass Entwicklungszusammenarbeit insgesamt die Bedürfnisse und Potenziale von Männern und Frauen berücksichtigen muss. Das BMZ stützt sich auf den »**Gender and Development**«-Ansatz (*mehr zu diesem Ansatz siehe Kapitel A3, S. 19*) und verfährt nach dem »Dual-Track«-Prinzip, setzt also sowohl Gender Mainstreaming als auch Frauenförderung ein.

2001 hat das BMZ das »Aktionsprogramm 2015« gestartet, das darauf abzielt, die Zahl der Menschen, die in extremer Armut leben, bis 2015 zu halbieren. Dabei wird die Gleichberechtigung der Geschlechter als Schlüsselfaktor zur Erreichung des Programmziels genannt. Ein Ansatzpunkt ist die Förderung von Maßnahmen, die den Zusammenhang zwischen Armut und fehlenden politischen Rechten sowie Macht- und Entscheidungsbefugnissen betreffen. Zentrale Maßnahme für die Verwirklichung von Geschlechtergleichheit und die Stärkung von Frauen soll dabei die Sicherstellung der Grundbildung für Frauen sein. Ein weiterer Ansatzpunkt wird in der Bekämpfung von Gewalt, Zwangsprostitution und Frauenhandel gesehen. Das Aktionsprogramm sieht auch eine Förderung von Gender-Budget-Initiativen in der bilateralen Zusammenarbeit vor. Außerdem will das BMZ durch gezielte Rechtsberatung und Menschenrechtsbildung Frauen dazu befähigen, sich besser über ihre Rechte zu informieren und diese einzufordern, sowie ihnen dabei helfen, die nationale Rechtslage im Sinne der Geschlechtergerechtigkeit zu verändern. Insgesamt setzt sich das BMZ in den Partnerländern dafür ein, dass das Thema Gerechtigkeit der Geschlechter auch in die nationalen Armutsbekämpfungsstrategien einbezogen wird. Ferner unterstützt das Ministerium Frauennetzwerke und Frauen-NRO.

Der Entwicklungshilfeausschuss der OECD (DAC) hat 1995 die Gleichberechtigung der Geschlechter zum strategischen Entwicklungsziel erklärt. Das BMZ ist, genauso wie die EU und die UN, diesem Schritt weitgehend gefolgt. Zur Umsetzung hat das BMZ die »G-Kennung« des DAC übernommen, die das Ziel der Geschlechtergerechtigkeit in den jeweiligen Entwicklungsvorhaben markiert.

Die überarbeiteten Vergabekriterien für die G-Kennungen (Stand September 2005) sollen dazu beitragen, dass Entwicklungsmaßnahmen (Projekte und Programme) in Zukunft nach ihren Wirkungsbeiträgen zur Förderung der Gleichberechtigung der Geschlechter und dem *Empowerment* von Frauen in einem Land eingestuft werden. Die geschlechtsspezifische Analyse, die das Gleichberechtigungskonzept des BMZ vorsieht, wird im Rahmen der Prüfung zur Pflicht. Alle Einstufungen (Vergabe der G-Kennung) müssen sich daran messen lassen und eingehend begründet werden. Die Interpretation und Anwendung der G-Kennungen soll zwischen BMZ und den Vorfeldorganisationen einheitlich sein, und die Vergabe von G-Kennungen soll ganz gezielt der Planung und Steuerung von Entwicklungsmaßnahmen im Sinne einer konsequenten Umsetzung des Gleichberechtigungskonzepts dienen.

Die folgenden Kriterien sind aus den Bestimmungen des BMZ über die G-Kennungen der deutschen Entwicklungszusammenarbeit übernommen.

Allgemeine Kriterien des BMZ, gültig für alle Entwicklungsmaßnahmen (Projekte und Programme):

- Ausrichtung aller Entwicklungsmaßnahmen auf die Umsetzung des ›Konzepts für die Förderung der gleichberechtigten Beteiligung von Frauen und Männern am Entwicklungsprozess‹ (Gleichberechtigungskonzept) und damit auf systemische Wirkung für Gender / Gleichberechtigung der Geschlechter und nicht allein auf Zielgruppenbeteiligung.
- Bei der Vorbereitung der Entwicklungsmaßnahme wird eine geschlechtsspezifische Analyse durchgeführt. Bereits die Kurzstellungnahme muss die geschlechtsspezifische Bewertung der Ausgangssituation enthalten. Fundierte Begründungen für die G-Einstufung müssen für alle Entwicklungsmaßnahmen vorgelegt werden. Der Umfang der obligatorisch zu erstellenden Gender-Analyse kann je nach Konzept und zu erwartenden Wirkungen der Maßnahme angepasst werden, aber nicht entfallen.
- Bei TZ/FZ-Kooperationen wird die gesamte Entwicklungsmaßnahme (Kooperationsprojekt/-programm) beurteilt, ebenso bei Gemeinschaftsfinanzierungen und Programmansätzen. Allerdings soll der Beitrag der jeweiligen Entwicklungsmaßnahme/Komponente zur Förderung der Gleichberechtigung auf Ziel- beziehungsweise Indikatorebene klar herausgehoben werden.

Kriterien des BMZ für die Eingruppierung von Entwicklungsmaßnahmen (Projekte und Programme) in G-2, G-1 und G-0

G-2:

Gleichberechtigung der Geschlechter ist ein Hauptziel der Entwicklungsmaßnahme.

Die folgenden Kriterien müssen in ihrer Gesamtheit erfüllt sein:

- Die Entwicklungsmaßnahme ist konsistent mit der nationalen Gender-Strategie sowie genderrelevanten Aspekten in anderen nationalen Entwicklungsstrategien (zum Beispiel PRS) des Kooperationslandes und fördert diese. Die Entwicklungsmaßnahme ist darauf ausgerichtet, einen signifikanten Beitrag zum Abbau geschlechterspezifischer Benachteiligungen zu leisten. Die Signifikanz des Beitrags zum jeweiligen Sektor ist zu beschreiben/belegen.
- Die Entwicklungsmaßnahme dient nicht nur der unmittelbaren Verbesserung der Lebensbedingungen von Männern oder Frauen, die aufgrund ihrer Geschlechtszugehörigkeit benachteiligt sind, sondern zielt darüber hinaus auf gesellschaftliche Veränderungsprozesse im Sinne der Gleichberechtigung von Männern und Frauen. Direkte strukturelle Wirkungen auf die Gleichberechtigung der Geschlechter sind über Wirkungsketten klar definiert, nachvollziehbar beschrieben und mit Indikatoren belegt. Sonst ist die Entwicklungsmaßnahme als G-1 einzustufen.
- Frauen und Männer können entsprechend ihren Interessen die Planung und Durchführung der Entwicklungsmaßnahme beeinflussen. Der methodische Ansatz, über den dies gewährleistet wird, ist im Konzept der Entwicklungsmaßnahme dargelegt.
- Gleichberechtigung der Geschlechter ist durchgängig in der Konzeption der Entwicklungsmaßnahme verankert, das heißt, ist zentraler Gegenstand der Indikatoren, der Ressourcenzuteilung (finanzielle und personelle Ressourcen) sowie der im Rahmen der Entwicklungsmaßnahme geplanten Aktivitäten.
- Stand der Umsetzung der oben aufgeführten Punkte ist zentraler Gegenstand von Monitoring und Berichterstattung.

G-1:

Die Entwicklungsmaßnahme hat ableitbare positive Auswirkungen auf die Gleichberechtigung der Geschlechter. Die Gleichberechtigung der Geschlechter ist aber keine Hauptzielsetzung der Entwicklungsmaßnahme.

Zur Einordnung in G-1 müssen die folgenden Kriterien in ihrer Gesamtheit erfüllt sein:

- Die Entwicklungsmaßnahme leistet einen signifikanten und relevanten Beitrag zur Gleichberechtigung der Geschlechter im jeweiligen Sektor beziehungsweise auf der regionalen Ebene.
- Konkrete Wirkungen auf die Gleichberechtigung der Geschlechter werden über Wirkungsketten formuliert und mit (Wirkungs-)Indikatoren belegt. Bei Programmen muss die Gleichberechtigung der Geschlechter entweder durch ein Komponentenziel oder durch einen Indikator auf der Ebene des Hauptziels der Entwicklungsmaßnahme belegt sein.
- Potenziale für unterstützende Maßnahmen zur Förderung der Gleichberechtigung der Geschlechter sind in der Konzeption der Entwicklungsmaßnahme beschrieben und angelegt.
- Geschlechterspezifische Benachteiligungen treten nicht auf beziehungsweise werden, wenn sie sich nicht vermeiden lassen, durch zusätzliche Maßnahmen kompensiert.
- Ansatz und Vorgehensweise zur Förderung der Gleichberechtigung der Geschlechter sind Bestandteil des Monitoring und der Berichterstattung zu der Entwicklungsmaßnahme.

G-0:**Die Entwicklungsmaßnahme birgt nicht das Potenzial, zur Gleichberechtigung der Geschlechter beizutragen.**

Zur Einstufung in G-0 müssen die folgenden Kriterien erfüllt sein:

- G-0 ist dann zu vergeben, wenn sich für die Entwicklungsmaßnahme keine geschlechtsspezifischen Wirkungen ableiten lassen. G-0 darf nur in besonders zu begründenden Ausnahmefällen vergeben werden.
- Die Nutzung der Leistungen einer Entwicklungsmaßnahme gleichermaßen von Männern und Frauen rechtfertigt keine Einstufung in G-0.

**Quellen und weiterführende Literatur:**

- BMZ 2005: Die-G-Kennungen der deutschen EZ. Stand September 2005/Aus den verbindlichen Handlungsrichtlinien des BMZ, Referat 211 (im Extranet des BMZ ab August 2006).
- BMZ: »Arbeitsfelder und Instrumente: Frauenrechte verwirklichen«: www.bmz.de/de/themen/menschenrechte/allgemeine_menschenrechte/gleichberechtigung/arbeitsfelder/index.html
- GTZ: Glossar: »G-Kennung«: www2.gtz.de/gender_project/deutsch/weiterfuehrend/glossar/glossar/g-kennung.htm



Good Practice – Geschlechtergerechte Projektbeispiele deutscher NRO



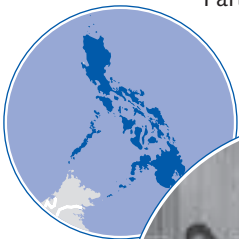
1. Brot für die Welt: Gender-Beratung auf den Philippinen

Partnerorganisationen von Brot für die Welt benannten in einem Workshop eine Vielzahl von Problemen in ihrem Arbeitsumfeld, die sich aufgrund von ungleichen Geschlechterbeziehungen ergeben: Gewalt in der Familie, ökonomische Diskriminierung von Frauen, kulturelle Barrieren und Vorurteile etc. Viele von ihnen waren sich der Problematik bewusst und hatten auch schon vereinzelt Maßnahmen dagegen ergriffen. Jedoch bekundeten sie ein starkes Interesse an vertiefter Beratung und systematischer Weiterbildung aufgrund von mangelnden Kenntnissen und fehlenden passenden Instrumenten im Umgang mit der Gender-Thematik. Einige hatten zwar Gender-Trainings absolviert, hatten aber Schwierigkeiten, diese in ihrer Institution und konkreten Arbeit mit der Zielgruppe umzusetzen. Häufig werden Gender-Fortbildungen nur als einmalige Veranstaltungen konzipiert, die die Teilnehmenden nicht ausreichend befähigen, den Lernstoff im Projektalltag umzusetzen. Im Dialog mit Partnerorganisationen hat Brot für die Welt festgestellt, dass für eine nachhaltige Umsetzung eine breitere Beratung und ein längerer Prozess erforderlich sind.

15 philippinische Partner sollen in einem Prozess, der von 2002 bis 2007 stattfindet, in Gender Mainstreaming qualifiziert werden. Sowohl ihre Arbeitsfelder als auch ihr Maß an Gender-Sensibilität sind unterschiedlich. Hauptziel des Beratungsprozesses ist es, die Partner zu befähigen, eine Gender-Perspektive auf den Ebenen der eigenen Organisation, ihrer Programme und Projekte zu integrieren. Die Partner nehmen freiwillig an der Beratung teil und bestimmen das Tempo und den Ablauf des Prozesses selbst. Es handelt sich also um einen kontextgerechten und auf die Bedürfnisse des jeweiligen Partners abgestimmten Beratungsansatz.

Die Beratung beginnt mit einem formalen Vertrag zwischen der Partnerorganisation und der unabhängigen philippinischen Gender-Beratungsorganisation WISE Act. In einem zweitägigen Workshop wird eine Bestandsaufnahme zu Gender in den Strukturen der Organisationen und ihren Programmen erstellt. Ebenso wird der Fortbildungsbedarf festgestellt. Dieser »Gender-Audit« wird der ganzen Organisation zur Verfügung gestellt.

Im nächsten Schritt lernen die Partner in einem Planungsworkshop die er-



forderlichen Konzepte und Werkzeuge für die Ausarbeitung ihres eigenen Gender-Aktionsplanes kennen. Dieser Aktionsplan mit konkreten Ziel- und Zeitvorgaben wird dann erarbeitet und umgesetzt. Die Umsetzung wird durch die Beratungsorganisation betreut. Verschiedene regionale und thematische Arbeitsgruppen innerhalb des Partnerspektrums sorgen dafür, dass die Partner ihre Erfahrungen austauschen und sich gegenseitig stützen können.

Die Gender-Beratung der Partner versucht auf allen Ebenen und in allen Phasen, Männer in den Prozess einzubeziehen, vor allem die Entscheidungsebene – die überwiegend mit Männern besetzt ist – zur Mitarbeit zu motivieren.

Noch ist der Ausgang offen: Als sehr positiv wird die Bereitschaft zum Dialog und zur Teilnahme am Beratungsprozess gewertet. Aber wird es gelingen, Gender als Querschnittsaufgabe in allen Bereichen zu verankern?

Brot für die Welt erwägt, die positiven Erfahrungen auch auf andere Projektregionen Asiens auszudehnen.

Brot für die Welt schätzt an diesem Prozess:

- die Verknüpfung von neuen Einsichten mit der konkreten Umsetzung in der eigenen Organisation,
- das große Maß an Identifikation mit dem Prozess und die Aneignung der Thematik aufgrund einer freiwilligen Teilnahme und einer langfristigen, teilnehmerorientierten Beratungsmethode,
- das Interesse, sich mit anderen Akteuren über Gender-Themen auseinanderzusetzen.



Weitere Informationen unter:

- www.brot-fuer-die-welt.de

2. DESWOS: Ausbildung als Maurerin in Indien – eine handfeste Qualifizierung mit Jobperspektive

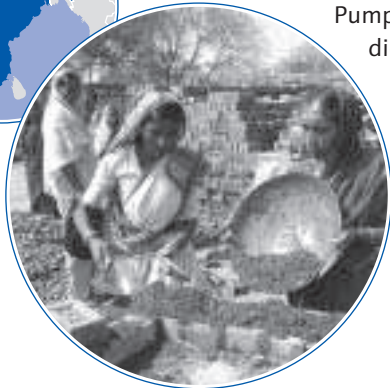
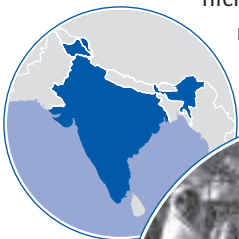
Landarbeiterinnen im indischen Bundesstaat Maharashtra stehen nach einjähriger Ausbildung kurz vor dem Abschluss und sind bald qualifizierte Maurerinnen. Durchgeführt wird das Projekt »Marathwada« von der Organisation »Institute for Integrated Rural Development (IIRD)« im Verbund mit lokalen Frauengruppen. In Gemeinschaftsarbeit fertigen zwei frisch ausgebildete Fachkräfte – als Solidarbeitrag an die jeweils bedürftigste Familie eines Dorfes – ihr Gesellenstück: ein Haus in einfacher Bauweise. Fachliche Unterstützung, eine Materialspende und viel Selbsthilfe machen es möglich!

Das Konzept hat sich weitgehend bewährt: Der Beruf der Maurerin – in einer Gegend, in der es für Dalit-Frauen nur saisonabhängige Tagelohnarbeit in der Landwirtschaft gibt – ist sehr begehrt. Der Ansturm junger Frauen, an dem Programm teilzunehmen, ist gewaltig, zumal die Partnerorganisation IIRD einen guten Ruf hinsichtlich ihrer Betreuung hat und in der Kernausbildungszeit der Frauen eine kleine finanzielle Entschädigung als Unterhaltszuschuss bezahlt. Lokale Frauengruppen entscheiden über die Aufnahme ins Ausbildungs- und Bauprogramm.

Neben einer kurzen theoretischen Ausbildung, einer Auffrischung und Weiterentwicklung geringer und längst vergessener Schulkenntnisse, ist die praktische Arbeit der Kern der Ausbildung. IIRD soll auch helfen, wenn die kleinen Frauen-Baukolonnen sich hinterher bei Ausschreibungen bewerben, oder beim Einholen privater Bauaufträge.

Außerdem passt sich die Ausbildungskonzeption den Bedürfnissen von jungen Müttern und Frauen an, die Kranke pflegen und daher die Dörfer nicht verlassen können. In diesem Fall sind Ausbildungen als Elektromotorwicklerin, Näherin oder Pflanzenzüchterin möglich. Verschiedene Elektromotoren neu zu wickeln, ist im ländlichen Indien ein fast sicheres Geschäft. Da Motorschutz bei den alten

Pumpenmotoren fast unbekannt ist, brennen die Motoren sehr oft durch und müssen reihenweise neu gewickelt werden. Die Bauern sind dankbar, dafür nicht in die Stadt fahren zu müssen, sondern im Dorf Hilfe zu bekommen. Das Nähen ist hingegen kein gutes Geschäft, aber immerhin ein Zusatzverdienst. Genäht wird für Verwandte, Freunde und Nach-



barn. Oft zahlen die Betroffenen nicht mit Geld, sondern mit einem Huhn oder einer jungen Ziege oder einer anderen Gefälligkeit. Finanziell lohnend ist hingegen das Züchten von Pflanzen für Aufforstungsmaßnahmen.

Das IIRD leistet theoretische und praktische Hilfestellung, um die soziale und wirtschaftliche Situation von Frauen in ihren sehr traditionell geprägten Dorfgemeinschaften und Familien zu verbessern. Erfahrungsgemäß führt die wirtschaftliche Emanzipation von Frauen auch zu weiteren positiven Resultaten, zum Beispiel zur besseren Organisation des Familienlebens oder zur Teilhabe an Entscheidungsprozessen im Dorf.

Der Stolz auf das Erreichte zeigt sich auf allen Seiten: Bei den einen überwiegt die Freude über ein sicheres Haus, die anderen sind froh, mit ihrer Ausbildung ihre Chancen auf ein gutes Einkommen verbessert zu haben. Für die IIRD jedoch zählt etwas anderes: Das Projekt hat mit der Ausbildung das Eindringen in eine berufliche Männerdomäne gewagt und dabei gewonnen. Ein überzeugter Bauherr, der die Frauen kürzlich erstmals als Maurerkolonie beauftragt hat, sagte es im Klartext: »Die Frauen sind zuverlässig und pünktlich, sie pfuschen nicht und sie bringen auch keine Schnapsflaschen mit. Am Ende sind sie preiswerter als Männerkolonnen«.

DESWOS schätzt an diesem Projekt:

- die basisdemokratische und partizipatorische Auswahl der Teilnehmerinnen,
- die Offenheit für konzeptionelle Änderungen,
- die Stärkung der Solidarität und des Gemeinschaftssinns unter Frauen,
- die kritische Gender-Rollenreflektion in der Dorfgemeinschaft,
- das innovative Dienstleistungsmarketing.



Weitere Informationen unter:

- www.deswos.de

3. EED: Bekämpfung des Mädchenhandels und der Prostitution Minderjähriger in Westbengalen

Von 400.000 Kinderprostituierten in Indien leben allein 40.000 in Kalkutta. Ein Großteil der Prostituierten wurde in ihren Beruf gezwungen. Häufig kommen sie aus armen Regionen Indiens, die meisten aber aus Bangladesch und Nepal. Zuhälter und Zwischenhändler nutzen die Armut der Bevölkerung, um unter falschen Versprechungen Mädchen aus den Dörfern anzuwerben.

Sexuelle Gewalt und Ausbeutung dieser Frauen und Mädchen sind an der Tagesordnung. Sie haben fast keine Möglichkeit, Unterstützung und Schutz zu erhalten. Im Gegenteil, sie erleben oft auch Gewalt durch Polizei oder Behörden.

Die Frauenorganisation SANLAAP engagiert sich in der Rettung und Rehabilitation von Opfern, in Kampagnen zum Schutz vor Frauenhandel und Prostitution, in der Unterstützung bei der Strafverfolgung sowie Lobbyarbeit zur wirkungsvolleren Verfolgung von Straftätern und zur besseren Unterstützung von ZeugInnen und Opfern.

Als ständige Serviceeinrichtungen werden 14 »Drop-In-Centres« in den verschiedenen Rotlichtvierteln Kalkuttas unterhalten. Sie bieten Alphabetisierungskurse, Gesundheitsunterricht, persönliche, psychologische, rechtliche und finanzielle Beratung an. Außerdem wird dem Wunsch der Frauen Rechnung getragen, für ihre Kinder eine bessere Erziehung, Arbeitsmöglichkeiten und Sicherheit zu erreichen. So sind an die Drop-In-Zentren häufig Kindergärten, Mittagstische sowie Schulpflegschaften und Hausaufgabenbetreuungen angegliedert.

Gemeinsam mit der Polizei werden Razzien zur Rettung von minderjährigen Prostituierten in den Rotlichtvierteln durchgeführt. Drei Rettungs- und Rehabilitationsheime stehen zur Verfügung, in denen 62 Mädchen aufgenommen werden können. Hauptziel ist es, für ihre Sicherheit und ihren Schutz zu sorgen, in zweiter Linie werden auch Maßnahmen für ihre Reintegration getroffen. Dazu gehören psychologische Hilfe bei der Verarbeitung von Traumata und das Erlernen von Überlebensstrategien.

An vielen Stellen will SANLAAP einen Beitrag dazu leisten, dass FrauenhändlerInnen verfolgt werden können. Die NRO engagiert sich in der Weiter-



bildung von Mitarbeitenden in Polizei, Gesundheits- und Sozialbehörden und Justiz, um deren Einstellung zu Frauenhandel und Prostitution zu beeinflussen. Dazu stellt sie Informationen aus selbst recherchierten Fällen von Frauenhandel zur Verfügung und erarbeitet mit ihnen Handlungsalternativen. Des Weiteren sollen mittels Lobbyarbeit die offizielle Zusammenarbeit mit der Grenzpolizei von Bangladesh und Nepal gestärkt und ein Aktionsplan verabschiedet werden, der auch die sichere Rückführung der Mädchen und Frauen in ihre Herkunftsländer erleichtert.

Ferner engagiert sich SANLAAP in der Prävention, damit nicht noch mehr Frauen und Mädchen aus wirtschaftlicher Not oder aus Unkenntnis Opfer von Frauenhandel werden. Zu diesem Zweck werden Kurse durchgeführt, Frauenorganisationen und Schulen aufgeklärt und Artikel in Zeitungen publiziert.

Der EED schätzt an diesem Projekt:

- die nachhaltigen Erfolge im Kampf gegen Prostitution und Handel von Minderjährigen,
- die Schaffung von Kompetenzen, wie etwa psychosoziale Beratung und Rehabilitationsmethodik, die auch für andere Organisationen relevant sind,
- die Vorbildfunktion für andere soziale Akteure,
- das aktive Engagement von Jugendgruppen in den Rotlichtvierteln und von Prostituierten für die Rechte der gehandelten Mädchen und der minderjährigen Prostituierten,
- den breiten Ansatz, der neben konkreter Hilfe auch Lobby- und Öffentlichkeitsarbeit beinhaltet.



Weitere Informationen unter:

- www.eed.de

4. EIRENE: Arbeiterrechte in nicaraguanischen Bekleidungsunternehmen

In Nicaragua gibt es seit den siebziger Jahren so genannte »Maquilas«. Das sind ausländische Zuliefererbetriebe, die in speziellen »Freihandelszonen« angesiedelt sind und dort für große internationale Unternehmen produzieren. Sie zahlen weder Steuern noch Zölle. Die Produktion beschränkt sich auf die arbeitsintensiven Teilfertigungen für die Bekleidungsindustrie. In Nicaragua arbeiten heute über 24.000 Menschen in insgesamt 38 Maquilas, über 80 Prozent der Beschäftigten sind Frauen.

Die Arbeitsbedingungen in der Maquila-Industrie sind schlecht: Kennzeichnend sind großer psychischer und physischer Druck, unzureichender Arbeits- und Gesundheitsschutz, sexuelle Belästigungen, oft erzwungene, zum Teil unbezahlte Überstunden und generell schlechte Bezahlung. Permanente Kontrolle und Leistungsdruck durch Akkordarbeit unter Überwachung, Schläge und Beschimpfungen, drohende Entlassung bei Schwangerschaft, Haut- und Lungenerkrankungen durch Staub, Hitze und unzureichende Frischluftzufuhr sowie Beeinträchtigung der Seh- und Hörfunktionen durch schlechte Beleuchtung und Lärm sind Widrigkeiten, denen sich die Frauen ausgesetzt sehen.

Obwohl Nicaragua im Vergleich zu anderen zentralamerikanischen Ländern die kleinste Freihandelszone hat, war dort die höchste Rate organisierter Arbeiterinnen zu verzeichnen; aber in den letzten fünf Jahren wurden auch hier die Gewerkschaften aus den Maquilas verbannt. Hartnäckig setzt sich eine kleine Frauenorganisation namens »Maria Elena Cuadra (MEC)« weiter für die Rechte der Arbeiterinnen ein.

MEC bemüht sich um die Verankerung von Verhaltenskodizes und Sozialklauseln in bi- und multilateralen Handelsabkommen, um damit Menschenrechte in der Exportproduktion durchzusetzen. Sie will, dass mittelamerikanische Frauenorganisationen am Prozess des Monitoring und der Verifizierung dieser Verhaltenskodizes in den Maquilas beteiligt werden, um eine Berücksichtigung frauenspezifischer Interessen sicherzustellen. Ferner hat sie die Entwicklung von »Runden Tischen« zur sozialen Verantwortung von Unternehmen im Maquila-Sektor initiiert und bietet Streitschlichtungsverfahren für Konflikte in den Maquilas an.

MEC setzt sich in Öffentlichkeits- und Lobbykampagnen und in der Wei-



terbildung von Promotorinnen in den Betrieben für die Verbesserung des Arbeits- und Gesundheitsschutzes der Arbeiterinnen ein. Durch intensive Netzwerkarbeit mit Nichtregierungsorganisationen im Norden und der Zusammenarbeit mit Kampagnen – wie der Clean Clothes Campaign – kann MEC konkrete Menschenrechtsverletzungen international bekannt machen.

EIRENE unterstützt die Frauenorganisation MEC mit der Beratung durch eine Entwicklungshelferin sowie mit der Finanzierung interner Weiterbildungsmaßnahmen und Kampagnen. Neben der auf die Freihandelszonen bezogenen Arbeit setzen sich die Mitarbeiterinnen von MEC aber auch für die Belange von Frauen in anderen Lebenslagen ein: So bieten sie Unterstützung für Frauen bei innerfamiliären Problemen und Gewalt und bei Schwierigkeiten im Bereich des Sorgerechts und der Unterhaltspflicht, beraten die Frauen und Mädchen, die sich als Haushaltshilfe verdingen, und begleiten Landfrauen in ihrem Kampf um die Verbesserung ihrer Lebensbedingungen.

EIRENE schätzt an diesem Projekt:

- die Stärkung des Selbstbewusstseins der Frauen, insbesondere die Weiterbildung der Promotorinnen, die selbst Maquila-Arbeiterinnen sind,
- die Unterstützung in konkreten Problemfällen,
- den gesellschaftlichen Druck durch öffentliche Kampagnen, Teilnahme an demonstationen, Präsenz in Radiosendungen und Fernsehdebatten,
- das Ausloten und Nutzen von politischen Spielräumen, um auf die Partizipationsdefizite von Frauen hinzuweisen und eigene Positionen zu entwickeln,
- die Positionierung von Frauen auch in komplizierten Wirtschaftsfragen: So werden Frauen auch mit geringer Schulbildung in Ökonomiefragen »alphabetisiert« und damit in die Lage versetzt, eigene Entwürfe in die Globalisierungsdebatte einzubringen.



Weitere Informationen unter:

- www.eirene.org

5. FIAN: Zugang zu Landtiteln in Honduras

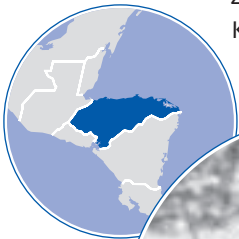
Sechzig landlose Bäuerinnen besetzten am 10. Juni 2001 ein brachliegendes Terrain an der honduranischen Atlantikküste. Seit über vier Jahren behaupten sie sich auf dem Landstück. Ein Präzedenzfall im Land. Eine ungewöhnliche Geschichte.

Der Kern der Gruppe entstand als Hausfrauenclub. Nachdem 1998 der Hurrikan Mitch über das Land gefegt war und sie mit dem Wenigen, was ihnen geblieben war, kein Auskommen mehr hatten, traten sie die Flucht nach vorn an und besetzten brachliegendes Land der nationalen Universität.

Die meisten von ihnen haben Kinder und sind allein erziehend. Sie wussten, wo es in ihrer Nähe brachliegendes Staatsland gab, und mit der Beratung durch erfahrene Bauernführerinnen bereiteten sie sich auf den Einsatz vor. Zunächst wurden sie sogar vom nationalen Agrarreforminstituts unterstützt. Darüber hinaus hatte sich auch das honduranische Parlament mit dem Fall befasst und bestätigt, dass das Land an die Agrarreformbehörde zurückfallen und dann an die Frauengruppen übertragen werden sollte. Doch letztlich setzte sich die Universität gegen die juristisch nicht optimal beratenen Frauengruppen durch. So fand die erste gewaltsame Räumung am 6. Februar 2002 statt. Die einfachen Behausungen der Frauen wurden niedergerissen, der darin befindliche Hausrat verbrannt. Sie haben den Fall juristisch verloren, nicht aber ihren Mut.

Interessant daran ist, dass in dieser Teilgruppe der gemischt-geschlechtlichen Organisation »Central Nacional de Trabajadores del Campo« (CNTC) Frauen die politische Entscheidungsmacht besitzen, während auf nationaler Ebene traditionell Männer die Entscheidungen treffen.

Zur nationalen Lage setzt die Frauenlandbesetzung einen wichtigen Kontrapunkt: Nach offiziellen Angaben besitzen in Honduras 44 Prozent der bäuerlichen Bevölkerung gar kein Land oder zu wenig, um davon zu leben. Die Lage der armen Bäuerinnen ist noch viel schwieriger. Sie wurden selbst im Rahmen des Agrarreformprozesses diskriminiert. Nur vier Prozent aller Personen, die im Rahmen der Agrarreform zwischen 1962 und 1991 Landtitel bekamen, waren Frauen. Auch wenn heute die Gesetzeslage die traditionelle Diskriminierung der Frauen bezüglich der Landrechte formal nicht länger unterstützt,



ist es in der Realität weiterhin außerordentlich schwierig für Bäuerinnen, Land und eine dazugehörige Besitzurkunde darüber zu bekommen.

Auch international hat die Besetzung Aufmerksamkeit erregt. Eine der Sprecherinnen der Bewegung reiste auf Einladung hiesiger Organisationen durch Europa. Mehrere internationale Aktionen, zuletzt die Übergabe von 3.500 Postkarten aus acht Ländern Europas, Asiens und Lateinamerikas durch die honduranische FIAN-Sektion, haben bei der Regierung und der Universität Beachtung gefunden. Im August 2005 haben die Leitung der Universität und das Agrarreforminstitut versichert, dass die Frauen »bis auf weiteres« keine Vertreibung zu befürchten hätten, sondern sie an einer Tauschlösung arbeiteten. Danach sollte den Frauen das besetzte Land zugesprochen werden und die Universität ein anderes Terrain erhalten. Der Teufel steckt aber auch hier im Detail: So musste die Gruppe zuletzt erneut darauf aufmerksam machen, dass sie nicht – wie behauptet – aus sieben oder 13, sondern aus 60 Frauen besteht, die nicht einfach mit einem Viertel des Landstücks abgefertigt werden können.

In dieser Phase der Hoffnung, in der eine gewisse Ruhe herrschte, waren die Frauen nicht untätig. Sie haben Gemüse, Mais und Bohnen angebaut und betreiben einen Fischteich und ein Hühnerprojekt. Eine Basis für eine zukünftige selbständige Ernährungssicherung haben sie damit bereits gelegt, auch wenn sie noch mitten im Konflikt stecken. Nach dem Regierungswechsel in Honduras droht nun erneut die Vertreibung. Deswegen wird FIAN die Frauen auch in diesem Jahr durch Gespräche mit den Verantwortlichen in Honduras, Öffentlichkeitsarbeit und internationale Protestbriefaktionen unterstützen.

Einen gewissen Respekt für ihren Einsatz haben die Frauen sich bei den Behörden ertrout, wachsende Anerkennung und Unterstützung in der Landarbeiter- und Landfrauenbewegung gewonnen. Darüber hinaus verleiht die internationale Unterstützung ihren Forderungen Nachdruck. Ein baldiges Feiern einer für sie günstigen Konfliktlösung wäre ihnen zu wünschen.

FIAN schätzt an diesem Projekt:

- die politische Steuerung durch Frauen und die Unterstützung durch Männer,
- das gelebte Empowerment durch Verhandlungen in eigener Sache,
- die Verknüpfung von menschenrechtlichen und wirtschaftlichen Elementen,
- die fruchtbare internationale Zusammenarbeit.

Weitere Informationen unter:

- www.fian.de



6. Marie-Schlei-Verein: Biokaffeeanbau für Frauen in Marcala, Honduras

Im Westen von Honduras liegt das Kaffeeanbaugebiet Marcala. Dort haben sich 1993 Landfrauen zu der Organisation COMUCAP zusammengeschlossen, die inzwischen 250 Mitglieder umfasst. Unterstützt vom Marie-Schlei-Verein e.V. haben sich die Frauen im ökologischen Anbau von Kaffee qualifiziert und eine sehr gut laufende Biokaffeefarm aufgebaut.

Die kühle Höhenlage der honduranischen Kordillere bietet den Frauen optimale Bedingungen für den Anbau eines hervorragenden Kaffees. Auf der COMUCAP-Farm produzieren sie Kaffee, ohne dabei künstlichen Dünger, Pestizide oder Herbizide einzusetzen. Mittlerweile gibt es für jedes Arbeitsgebiet Spezialistinnen. So ist eine Frauengruppe für die Herstellung des Bio-Düngers verantwortlich, während eine andere Gruppe die Setzlinge in schwarzen Plastiktüten zieht, bis sie in die Erde gepflanzt werden können. Da Qualitätskaffee von Anfang an viel Schatten benötigt, müssen die Frauen darauf achten, dass die Jungpflanzen nicht zu viel Sonne abbekommen. Ein Kaffeestrauch braucht, bis er trägt, im Durchschnitt drei bis fünf Jahre. Geerntet wird von Januar bis März. Nicht alle Kaffeekirschen reifen gleichzeitig. Sie müssen von Hand gepflückt werden.

Mit viel Fleiß, Energie, Einsatz und Phantasie haben die Frauen geschafft, was sie selbst am Anfang nicht für möglich gehalten hätten: Der von ihnen angebaute und vorbehandelte Biokaffee ist von so hoher Qualität, dass er in Deutschland mit großem Erfolg im fairen Handel vertrieben wird. Ihr ökonomischer Erfolg hat die Frauen motiviert, ihre Produktpalette zu erweitern. Inzwischen bauen sie auch Aloe Vera, Mora (eine Art Brombeere), Gemüse, Medizinalpflanzen, Früchte, Holz liefernde Bäume und Getreide an.

In ihrem Vereinshaus in Marcala betreiben die Frauen in ihrem Versammlungsraum einen eigenen Vertrieb all jener Dinge, die sie aus ihren landwirtschaftlichen Erzeugnissen produzieren. Aus

Aloe Vera werden Seife und Shampoo hergestellt, die auf den regionalen Märkten wachsenden

Absatz finden. Auch der Orangenwein der Frauen wird von der Bevölkerung gut angenommen und insbesondere für Feste gern gekauft. Außerdem betreiben die Frauen eine kleine Bäckerei, deren Erzeugnisse Abwechslung in die Ernährung bringt.



Durch ihre Produkte haben sich die Frauen einen Namen gemacht. Ihr Fachwissen ist sehr gefragt. So haben sie, um als Multiplikatorinnen ihr Wissen weiterzugeben, in der schönsten Ecke ihrer Finca Marie, die nach Marie Schlei benannt ist, ein Haus gebaut, das als Landschule dient. Dort finden Seminare statt, nicht nur für die Frauen selbst. Auch Gruppen, die von weit außerhalb kommen, werden dort von den Frauen in Kaffeeanbau, Düngerherstellung, Vermarktung, Buchführung und allem anderen, was dazugehört, unterrichtet. Das Interesse an den Kursen ist sehr hoch.

Ihr ökonomischer Erfolg und die Nachfrage nach ihrem Know-how haben das Selbstbewusstsein der Frauen enorm gesteigert. Sie sind stolz auf das, was sie sich gemeinsam aufgebaut haben, und darauf, dass sie ihren wirtschaftlichen Erfolg auf dem Wege der ökologischen Nachhaltigkeit erreicht haben.

Der Marie-Schlei-Verein e.V. schätzt an dem Projekt:

- die Durchführung des Projekts von Frauen für Frauen,
- die langfristige ökonomische Stärkung der Frauen,
- der Beitrag des Projekts zur ökologisch nachhaltigen Entwicklung in der Region,
- die Stärkung des Selbstbewusstseins und gesellschaftlichen Ansehens der Frauen,
- die Förderung der zivilgesellschaftlichen Zusammenarbeit von Frauen.



Weitere Informationen unter:

- www.marie-schlei-verein.de

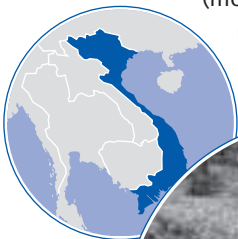
7. Materra: Kleinkredite für Bergbäuerinnen in Vietnam

Die BewohnerInnen der Bergregionen Nordvietnams, die hauptsächlich Volksminoritäten angehören, sind bis heute von der wirtschaftlichen Entwicklung des Landes weitgehend abgeschnitten und leben oft in großer Armut. Da die Angehörigen der verschiedenen »Bergvölker« in den Kriegen jeweils auf der gegnerischen Seite kämpften, waren sie zudem nach der Wiedervereinigung Vietnams großen Repressionen ausgesetzt. Noch heute sind die Menschen in den Bergdörfern sehr arm und leben fast ausschließlich von der Subsistenzwirtschaft. Der Staat stellt zwar den Schulbesuch der Kinder sicher, viele notwendige Gemeindeaufgaben wie Kindergärten, Kranken- und Altenversorgung werden jedoch nicht finanziert, wovon im wesentlichen Frauen und Kinder betroffen sind.

Seit 1996 verfügt die Frauenunion der Berggemeinde Hoa Son, die acht Dörfer umfasst, über einen Fonds für landwirtschaftliche Kleinkredite. Die Kredite werden für die Tierzucht, den Reis- und Obstanbau sowie den Handel mit landwirtschaftlichen Produkten verwandt. Die meisten Kreditnehmerinnen allerdings kaufen sich Hühner oder Schweine, denn im Gegensatz zu den anderen Bereichen können hier bereits mit kleineren Beträgen und in einer kürzeren Rückzahlungszeit gute Erfolge erzielt werden.

Eine Kreditnehmerin kann den Betrag von 50 US-Dollar erhalten und muss diesen nach etwa einem Jahr mit geringem Zins zurückzahlen. Im Jahr 2001 haben von den 1.091 Haushalten in Hoa Son 1.052 Frauen einen Kredit erhalten, und somit konnte fast jede Familie die Kreditmöglichkeit nutzen. Auch zuvor hatten sich diese Frauen Geld geliehen, um Investitionen zu tätigen. Doch bei den privaten Geldverleihern mussten sie deutlich höhere Zinsen (monatlich zehn Prozent) bezahlen als bei der Nichtregierungsorganisation (monatlich 1,5 Prozent). Schon seit zehn Jahren zahlen die Frauen den Kredit und die Zinsen pünktlich nach einem Jahr zurück.

Aus den Zinsüberschüssen des Kreditvergabeprogramms konnte die Frauenunion die Kosten für den Unterhalt und das Personal von vier Kindergärten in den Gemeinden sowie die Renovierung einer kleinen Gesundheitsstation finanzieren. Außerdem dienen die Zins-einnahmen dem Werterhalt des Rotationsfonds und seiner Verwaltung.



Um den Austausch zwischen den in der Vergangenheit stets benachteiligten ethnischen Bergminoritäten und dem Staat zu erleichtern und die Verwaltung des Kreditfonds zu verbessern, wurde die Beratungsorganisation »Center for Sustainable Development in Mountainous Areas« beauftragt, die Leistungsfähigkeit der Frauen in Hoa Son zu stärken und gleichzeitig ihre Stammesidentität zu erhalten. Durch Trainings, Workshops und Expertenberatung wurde den Frauen beim Kreditmanagement geholfen und bei Darlehens- und Spareinrichtungen beratend zur Seite gestanden.

Die Initiative und die Leistungsfähigkeit der Frauenunion haben maßgeblich dazu beigetragen, dass dieser Kreditfond zur Finanzierung von Frauenaktivitäten und zur Verbesserung der Einkommenssituation der Familien dient.

Materra – Stiftung Frau und Gesundheit schätzt an diesem Projekt:

- die Förderung der Leistungsfähigkeit und Sicherung des Familieneinkommens,
- die Stärkung der wirtschaftlichen Selbstständigkeit der Frauen,
- die soziale Stärkung der Frauen in Familie und Kommune,
- die Vernetzung von Landfrauen, die einer ethnischen Minderheit angehören,
- die Heranführung an Weiterbildung in der Landwirtschaft und im Kreditmanagement,
- die Stärkung der Frauenunion.



Weitere Informationen unter:

- www.materra.org

8. medica mondiale: Frauenrechte in Afghanistan

Nach fast 25 Jahren Krieg ist Afghanistan ein völlig zerstörtes Land. Für Frauen ist die Situation besonders schwierig, denn die meisten haben im Krieg geschlechtsspezifische Gewalt erfahren, und nach wie vor bestimmen Menschenrechtsverletzungen ihren Alltag. Frauen werden inhaftiert, weil sie vor häuslicher Gewalt fliehen. Mädchen, oft gerade erst zehn Jahre alt, werden gegen ihren Willen verheiratet. Frauen und Mädchen haben kaum Zugang zu medizinischer Versorgung. Gleichzeitig leiden viele Afghaninnen unter psychosozialen und zum Teil traumatischen Folgen von Vergewaltigungen, psychischer und körperlicher Gewalt.

Die Arbeit von medica mondiale in Afghanistan zielt darauf ab, die psychosoziale, rechtliche und gesundheitliche Situation von Frauen und ihre Stellung in der Gesellschaft nachhaltig zu verbessern. Dabei kann die Arbeit von medica mondiale in Afghanistan eher als »Programm« denn als »Projekt« bezeichnet werden. Denn sie ist – wenngleich unterteilt in fünf Programmkomponenten – ganzheitlich und interdisziplinär angelegt.

Im Qualifizierungsprogramm (QP) werden Hebammen, Psychologinnen und Sozialarbeiterinnen aus staatlichen und nichtstaatlichen Organisationen für die Arbeit mit traumatisierten Frauen geschult. Auf regionaler Ebene bieten afghanische Psychologinnen und Sozialarbeiterinnen des medica mondiale-Teams psychosoziale Beratung und Begleitung für Frauen und Mädchen an. In kleinen Stadtteilzentren, im »Women's Garden« und in den Frauengefängnissen bilden sie so genannte »support groups« und bieten individuelle Unterstützung an. Bei Bedarf werden Frauen an andere Hilfsprogramme weitervermittelt.

Exil-afghanische Ärztinnen unterstützen und qualifizieren in Kurzeinsätzen das Personal in afghanischen Krankenhäusern zur traumasensitiven Behandlung. Mit dem »women at risk shelter network programme« werden in Mazar, Herat und Kabul Unterstützungs- und Schutzstrukturen speziell für von Gewalt betroffene Frauen und Mädchen gefördert, unter anderem durch Trainingsmaßnahmen für Mitarbeiterinnen in Schutzhäusern.

Durch kontinuierliche Trainingsmaßnahmen hat das Projekt »Legal Aid Fund« erreicht, dass Frauen ein Recht auf Verteidigung haben und weibliche



Gefangene in ihrem Gerichtsverfahren eine Strafverteidigung erhalten, was in den allermeisten Fällen zur Freilassung führt.

Die Vernetzung der Frauenorganisationen und die Lobbyarbeit für Frauenrechte als Menschenrechte in allen gesetzgebenden Gremien, den Gemeinden und Regierungen bilden den Rahmen der Arbeit von medica mondiale. Ziel der Lobbyarbeit ist es, die gleichberechtigte Teilhabe von Frauen an allen gesellschaftspolitischen Prozessen zu fördern und die Rechte der Frauen gegen fundamentalistische Strömungen zu verteidigen. Die Lobbyaktivistinnen beraten gesetzgebende Gremien, um die Rechte von Frauen in der Verfassung zu verankern.

Das Engagement in den Städten Kabul, Herat und Mazar ist dadurch besonders effektiv, dass die Organisation mit ihrer so genannten Doppelstrategie die direkte Unterstützung betroffener Frauen mit einer kontinuierlichen Sensibilisierung von Gesellschaft, Fachöffentlichkeit und Politik verbindet. So konnte zum Beispiel durch die fachspezifische Lobbyarbeit eine Verbesserung der medizinischen Versorgung von Frauen erreicht werden: Die Regierung erklärte sich 2002 bereit, ein Dekret zu erlassen, nach dem lebenserhaltende Operationen wie zum Beispiel ein Kaiserschnitt nun auch ohne Einwilligung männlicher Familienangehöriger durchgeführt werden können. Im Jahr 2005 wurde die Zwangsverheiratung von Mädchen durch eine Untersuchung in den öffentlichen Fokus gerückt, was zur Einrichtung eines politischen Runden Tisches zu diesem Thema führte.

Alle Projekte wirken auf eine öffentliche Präsenz von Frauen in der afghanischen Gesellschaft hin.

medica mondiale schätzt an diesem Programm:

- den interdisziplinären Ansatz von konkreter Beratung und Unterstützung, der Qualifizierung von Fachpersonal, der Vernetzung, der Öffentlichkeits- und Lobbyarbeit;
- den für Afghanistan innovativen Ansatz der niedrighschwelligen Supportgroups, bei denen Frauen sich erstmals familienunabhängig austauschen und gegenseitig unterstützen können;
- die Nachhaltigkeit im Bereich gesellschaftlicher Veränderung;
- das Empowerment von Frauen in Beruf, Rechtssystem, Gesundheitssektor und Politik;
- die Verankerung von Menschenrechtsarbeit für Frauen in allen Projektkomponenten.

Weitere Informationen unter:

- www.medicamondiale.org



9. NGO-IDEAs: Partizipative Wirkungsbeobachtung

NGO-IDEAs (»NGO Impact on Development, Empowerment and Actions«) ist eine Kooperation von 32 indischen und 14 deutschen NRO, die Mitglieder von VENRO sind. Ziel der Zusammenarbeit ist es, die Wirkungen der NRO im Bereich Sparen und Kredit zu erfassen und zugleich NRO-spezifische Instrumente für Monitoring und Evaluierung von Wirkungen zu identifizieren und zu verbessern. Projektträger ist der Paritätische Wohlfahrtsverband, Gesamtverband e.V. Die Koordination obliegt der Karl Kübel Stiftung für Kind und Familie.

Das Projekt entstand vor dem Hintergrund, dass es vielen NRO nicht gelingt, zuverlässige Aussagen über die Wirkungen ihrer Programme zu machen. In diesem Prozess entstanden schrittweise zwei wichtige Ergebnisse von NGO-IDEAs:

- eine Studie über die Wirkungen der Spar- und Kreditprogramme der NRO und
- ein Methoden-Handbuch der NRO zur Wirkungsbeobachtung (»Toolbox«).

Fast alle Spar- und Kreditprogramme der beteiligten NRO richten sich an Selbsthilfegruppen, in denen sich ausschließlich Frauen organisiert haben. Die Programme bieten den Frauen nicht nur finanzielle Dienstleistungen an – neben Sparkonten und Krediten auch Versicherungen –, sondern sie begleiten die Frauen und befähigen sie, ihr Leben nachhaltig zu verändern und zu gestalten. Die Verbesserungen in der Lebenssituation der Frauen wirken sich unmittelbar auch auf die gesamte Familie aus.

Eine breite Palette von Wirkungen wurde festgestellt: Die Programme führen bei den Frauen zunächst zu **persönlichen** Veränderungen, die sich nicht nur in einer verbesserten Bildung zeigen, sondern Hand in Hand gehen mit veränderten Einstellungen und Verhaltensweisen – vor allem mit erhöhtem Selbstbewusstsein der Frauen als eine Voraussetzung von Entwicklung.

Diese wiederum sind eng verknüpft mit Veränderungen im **kulturellen** Kontext: Abbau von Vorurteilen und Diskriminierungen, Aufwertung des Ansehens und der Rechte von Frauen,



ebenso von diskriminierten Kasten und ethnischen Gruppen. Das Lernen, mit Geld umzugehen, ist in diesem Zusammenhang nicht eine nebensächliche Wirkung, sondern kann entscheidend sein für das Wohlergehen der Familie.

Daraus ergeben sich Veränderungen der **sozialen** Situation und im gesellschaftlichen Gefüge. Die Lebensbedingungen, schwerpunktmäßig Bildung, Gesundheit und Ernährung, verbessern sich für die ganze Familie, insbesondere für junge Mädchen. Gewalt gegen Frauen nimmt ab, Frauen erheben öffentlich ihre Stimme, sie nehmen immer mehr Teil an den Entscheidungen in Familie und Gemeinschaft – nicht zuletzt aufgrund ihrer gestiegenen wirtschaftlichen Kompetenz und Leistungsfähigkeit.

Der verbesserte Zugang zu Krediten, die Schaffung neuer Einkommensquellen und die erhöhte Managementkompetenz führen zu **wirtschaftlichen** Auswirkungen, wie etwa erhöhtem Beschäftigungsniveau und Einkommen. Die benachteiligten Gruppen beginnen, Vermögen zu bilden, Frauen in der Regel auf ihren eigenen Namen.

Häufig werden die Mitglieder der Selbsthilfegruppen auch **politisch** aktiv. So lässt sich beispielsweise feststellen, dass zunehmend Frauen aus den Selbsthilfegruppen für die Gemeinderäte kandidieren und auch gewählt werden. Die lokale Entwicklung wird so stärker an den Bedürfnissen der Armen ausgerichtet.

Bei diesen Veränderungen wird jeweils untersucht, was sie befördert und was sie behindert hat; so können die Wirkungszusammenhänge ermittelt werden. Zur genderspezifischen Differenzierung der Wirkungen werden in jeder Selbsthilfegruppe mit zwei bis drei Paaren vertiefende Gespräche durchgeführt, bei denen speziell die Wechselwirkungen der Veränderungen auf Frauen und Männer sowie auf Mädchen und Jungen erkundet werden.

Die NGO-IDEAS-Partner schätzen an diesem Projekt:

- das partizipative Wirkungsmonitoring: Die Frauen können selbst die Wirkungen ihrer Selbsthilfe-Aktivitäten feststellen;
- die Sichtbarmachung der vielfältigen Wirkungen von NRO-Programmen auf Frauen und Familien.

 Weitere Informationen unter:

- www.ngo-ideas.net

10. Oxfam: Fußball, Aids und Sex: Gesundheitsberatung von Jungen in Südafrika

Armut, Arbeitslosigkeit und das große Gefälle zwischen reich und arm in Südafrika haben dort bestimmte Aspekte der schwierigen Geschlechterverhältnisse verschärft. Frauen sind Opfer dieser Verhältnisse. In den vergangenen Jahren stieg die HIV-Infektionsrate von Frauen sprunghaft an. Bereits jetzt sind mehr Frauen als Männer infiziert. Die jährlichen Zuwachsraten zeigen, dass insbesondere für Mädchen eine deutlich größere Infektionsrate besteht. Im Vergleich zu den Jungen ist die Ansteckungsgefahr bei Teenage-Mädchen fünf bis sechsmal Mal höher. Die Ansteckung mit dem Virus und die Erkrankung wirken sich aufgrund der gesellschaftlichen Stellung der Frauen auf diese anders als auf Männer aus. Frauen erfahren ein hohes Maß an gesellschaftlicher Diskriminierung, werden schlechter gesundheitlich versorgt und tragen die Hauptlast für die Pflege kranker Angehöriger.

Das Sexualverhalten von Männern spielt eine entscheidende Rolle bei der Ausbreitung von HIV. Deshalb muss das Geschlechterverhältnis auch in seinen Auswirkungen auf die Rollen junger Männer analysiert werden. Jungen sind nach der Geschlechtsreife dem gesellschaftlichen Druck ausgesetzt, sexuell aktiv zu werden – möglichst mit wechselnden Partnerinnen, deren große Zahl ihre Virilität vor anderen bestätigen soll. Auch haben Männer rollenbedingt nicht gelernt, über ihre reproduktive Gesundheit zu reden. Dies war schon immer ein Frauenthema, weshalb sich viele AIDS-Programme an Frauen richten.

Die südafrikanische Nichtregierungsorganisation »Targeted AIDS Intervention« (TAI) in Pietermaritzburg hat dies erkannt und wendet sich deshalb vor allem an männliche Jugendliche aus sozial benachteiligten Schichten.

Sie werden motiviert, offen über Sexualität und soziale Konstrukte der Männlichkeit zu reflektieren und sich über Verhütung von HIV-Infektionen zu informieren.

Über die »South African Football Association« und die Amateurfußballliga der Provinz KwaZulu-Natal hat TAI Zugang zu den vielen kleinen Fußballvereinen gewonnen, deren Spiele oft die wichtigsten Treffpunkte für marginalisierte junge Männer darstellen. Innerhalb der Fußballmannschaften und unter ihren Fans sind »Peer Educators« (gleichalt-



rige Multiplikatoren) ausgebildet worden. Diese bilden eigene Gruppen von je zehn 12- bis 22-Jährigen. Zusammen diskutieren sie in diesen Gruppen und führen gemeinsame Aktivitäten durch, bei denen offen über Sexualität, Gender-Rollen und geschlechtsspezifische Gewalt gesprochen wird und Informationen über HIV-Prävention weitergegeben werden.

Fußballspieler, selbst in den kleinsten Amateurteams, sind angesehene Rollenmodelle für Jugendliche in Südafrika. Es ist »cool«, Mitglied einer Peer-Gruppe von TAI zu sein. Die »Peer Educators« gewinnen schnell an Selbstvertrauen, entwickeln Eigeninitiative und Verantwortungsgefühl. Mitglieder fungieren auch fern von Fußballplätzen – zum Beispiel beim Viehhüten – als kompetente Berater für Gleichaltrige. In Diskussionen mit TAI-Verantwortlichen gestalten die »Peer Educators« aktiv den Verlauf des Projekts.

Obwohl eine externe Gender-Analyse von TAI (2004) noch keine tief greifenden Veränderungen in den herrschenden patriarchalischen Männlichkeitsbildern feststellen konnte, wurden vor allem bei den jüngeren Teilnehmern große, positive Veränderungen in den Kenntnissen über HIV/AIDS und »Safer Sex« beobachtet. Auch ist es Projektteilnehmern gelungen, für sich Männlichkeitsbilder zu konstruieren, die von den dominanten Verhaltensmustern abweichen. So haben einige jüngere Gruppenmitglieder begonnen, ihren Müttern im Haushalt zu helfen. Andere geben an, sie würden sich nicht mehr für die geringe Anzahl ihrer Freundinnen schämen.

Oxfam Deutschland schätzt an diesem Projekt:

- die Erkenntnis, dass sich Gender-Ansätze und HIV-Prävention nicht allein an die Frauen richten dürfen, dass auch Männer Opfer der herrschenden Geschlechterverhältnisse sind und deswegen angesprochen werden müssen,
- die innovative und einfühlsame Weise, in der Jugendliche lernen, über Geschlechterrollen und Männlichkeitsbilder zu reflektieren,
- den Bottom-up-Ansatz, der es den »Peer Educators« ermöglicht, Verantwortung und wachsenden Einfluss auf die Projektdurchführung zu nehmen,
- die Tatsache, dass die Leiterin von TAI, Gethwana Makaye, eine Frau ist – obwohl sich TAI-Projekte inzwischen vor allem auf junge Männer konzentrieren.

Weitere Informationen unter:

- www.oxfam.de



11. Plan: Ägypten – Sensibilisierung in Gender

Laut einer Studie des Weltwirtschaftsforums von 2005 liegt Ägypten unter 58 untersuchten Ländern an letzter Stelle, was die Gleichberechtigung von Männern und Frauen betrifft. Obwohl Ägyptens Frauenbewegung Anfang des 20. Jahrhunderts eine Vorreiterrolle in den arabischen Staaten gespielt hat, haben sich gerade in den ländlichen Gebieten traditionelle kulturelle Vorstellungen bisher wenig verändert und werden auch nur selten hinterfragt. Viele Kinder wachsen in einem Umfeld auf, in dem Mädchen einen anderen Stellenwert haben als Jungen und ihnen vielfach nicht die gleichen Rechte zugesprochen werden. Die traditionelle Rollenaufteilung ist weiterhin üblich und die meisten Frauen sind ökonomisch immer noch auf die Männer angewiesen. Auch ihre politische Teilhabe auf Gemeindeebene ist sehr eingeschränkt. Frauenspezifische Gewalt, wie zum Beispiel Gewalt in der Ehe oder weibliche Genitalbeschneidung (mehr als 85 Prozent der 13- bis 19-jährigen Mädchen sind beschnitten), ist weiterhin verbreitet. Trotz engagierter Bemühungen der Frauenbewegung können gerade in den ländlichen Gebieten viele Mädchen ihre Schulausbildung nicht beenden, da sie früh verheiratet werden.

Plan setzt sich in Ägypten aktiv für die Gleichberechtigung von Mädchen und Jungen ein. Hierbei wird dem Gender Mainstreaming eine besondere Bedeutung beigemessen. In einem zweijährigen Pilotprojekt wurde die Integration des Gender-Ansatzes in die Projektarbeit in ausgewählten Programmbereichen umgesetzt. Ziel war es, über einen partizipativen Ansatz kulturelle Verhaltensmuster zu hinterfragen, sich mit ihrer Wirkung auf das Rollenverständnis von Mädchen und Jungen, Frauen und Männern auseinanderzusetzen und neue Wege für ein gleichberechtigtes Miteinander aufzuzeigen.

Im Mittelpunkt des Projektes standen Lobby- und Aufklärungsarbeit, Gender-Trainings für unterschiedliche Zielgruppen (zum Beispiel Plan-MitarbeiterInnen, Jugendliche, GrundschullehrerInnen, lokale Autoritäten, Frauengruppen), Informationskampagnen und -materialien, Theaterstücke sowie die Gründung und Unterstützung von zehn Gender-Komitees im Rahmen der Gemeindeentwicklungsräte. Heranwachsende wurden in der Kindzu-Kind-Methode ausgebildet, um sich mit anderen Altersgenossen über Gender-Fragen auszutauschen.



In einer umfassenden Gender-Analyse in den Gemeinden, den Partnerorganisationen und bei Plan wurden unter anderem 700 Kinder zu den Lebensbedingungen von Mädchen und Jungen in ihren Gemeinden befragt. Ein wichtiges Ergebnis der Studie war die Erkenntnis der fehlenden Beteiligung der Mädchen und Frauen an Entscheidungsprozessen auf allen Ebenen und ihrer damit verbundenen Abwertung.

Da Mädchen und Frauen weiterhin von spezifischen Benachteiligungen betroffen sind, thematisierten Broschüren, Plakate, Theaterstücke, Seminare und Diskussionsveranstaltungen auch Bereiche wie weibliche Genitalbeschneidung, reproduktive Gesundheit, Geburtenregistrierung oder frühe Heirat von Mädchen. Plan setzte sich zudem für die amtliche Registrierung von 2.000 Frauen und Mädchen ein, die daraufhin einen Personalausweis erhielten.

Bei einer nationalen Konferenz zu Gender und den Millenniumszielen waren hochrangige RegierungsvertreterInnen und ExpertInnen anwesend, die gemeinsam mit der Öffentlichkeit und den Jugendlichen über notwendige Schritte zur Verbesserung der Gleichberechtigung von Mädchen und Jungen, Frauen und Männern diskutierten. Gefordert wurde vor allem eine stärkere Zusammenarbeit der Gesellschaft mit der Regierung und den Medien, um zum Beispiel der Gewalt gegen Frauen und Mädchen in den Familien entgegenzuwirken.

Plan schätzt an diesem Projekt:

- die aktive Beteiligung der Kinder, ihrer Familien und der Gemeinden bei der Projektplanung, -durchführung und -evaluierung,
- das Engagement sowohl der Frauen als auch der Männer, sich mit dem traditionellen Rollenverständnis auseinanderzusetzen und Gleichberechtigung als wichtigen Entwicklungsfaktor anzusehen,
- die Umsetzung des Gender-Ansatzes in einem traditionell männerdominierten und islamischen Land,
- die Berücksichtigung der vielfältigen Akteure auf Gemeindeebene, die zur Nachhaltigkeit des Projektes beiträgt,
- den Einsatz verschiedener Vermittlungsansätze, wie zum Beispiel Theaterstücke, der auch AnalphabetInnen den Zugang zu der Thematik ermöglichte.

Weitere Informationen unter:

- www.plan-deutschland.de



12. terre des hommes: Stärkung von Führungspersönlichkeiten unter den Mayafrauen

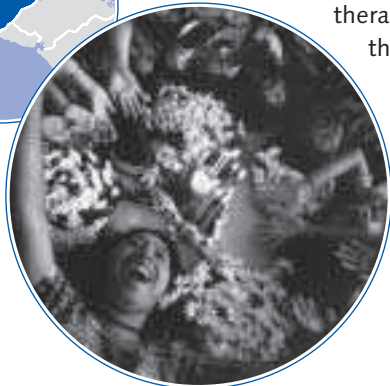
Nachdenken, fühlen und teilen wollen die Frauen von Kaqla – die Regenbogenfrauen. Es sind Mayafrauen aus verschiedenen Sprachgemeinschaften Guatemalas. 1996 haben etwa 35 Frauen den Zusammenschluss gegründet. Sie waren 35 bis 45 Jahre alt. Als Kinder und Jugendliche haben sie den brutalen Bürgerkrieg in Guatemala erlebt, als junge Frauen waren fast alle von ihnen in den Widerstandsbewegungen und Volksorganisationen engagiert. Sie kämpften gegen die Diskriminierung der armen Mayabevölkerung und für ein Leben in Frieden und Gerechtigkeit. Heute haben sie leitende Aufgaben in verschiedenen Organisationen.

Aufgrund ihrer Geschichte und der aktuellen politischen Situation produzieren Männer und Frauen vertikale, autoritäre, ausgrenzende und dominierende Führungsstile. Diese sind das Resultat der verinnerlichten Unterdrückung ihrer Ethnien, Klassen und Geschlechter. Am meisten davon betroffen sind Frauen, was sich konkret in ihren geringen Chancen und ihrem schlechten Zugang zu Bildung, Gesundheit und Wohnraum, in unzureichender Partizipation und mangelnder realer Machtteilhabe ausdrückt. Darüber hinaus wird ihnen die Möglichkeit verweigert, diese Realität zu verändern.

Kaqla verfolgt das Ziel, einen Raum für die Auseinandersetzung über die eigene Identität, die Rolle der indigenen Frauen in der eigenen Kultur und in Guatemala zu schaffen. Die Frauen von Kaqla möchten aktiv und selbstbestimmt am Aufbau einer gleichberechtigten, demokratischen und multi-kulturellen guatemalteckischen Gesellschaft mitwirken, die die Tradition der Gewalt und Dominanz durchbricht.

Für sie beginnt die Arbeit mit der inneren Aufarbeitung der eigenen schmerzvollen Geschichte und der Rolle der Frauen in Widerstandsbewegungen und Volksorganisationen. Zentrale Arbeitsfelder sind die Durchführung von Sensibilisierungskursen, therapeutischer Begleitung beziehungsweise therapeutischer und methodischer Ausbildung von Mayafrauen.

In ihren Seminaren und Gesprächsgruppen, zu denen sie sich in regelmäßigen Abständen treffen, lernen sie zum ersten Mal, ihre Gefühle ernst zu nehmen, Vertrauen aufzubauen, Schwächen einzugestehen und sich



als gleichwertige und sich ergänzende Frauen mit unterschiedlichen Fähigkeiten wahrzunehmen. Neben den Gesprächen, der energetischen Arbeit, Atemübungen, Massagen und Spielen werden auch Elemente ihrer eigenen Kultur in die Arbeit aufgenommen. Die Frauen lernen, ihre eigene Energie wahrzunehmen und durch Dank-, Bitt- und Heilungsrituale der Maya mit der Energie der Pflanzen, Bäume, Flüsse, Berge, der ganzen Natur zu kommunizieren. Die Herausforderung bei dieser Arbeit besteht darin, kritisch die eigene Realität als Mayafrauen zu hinterfragen, sich neuen Erkenntnissen zu öffnen, ohne die Werte der eigenen Kultur zu verlieren, beziehungsweise diese wieder zu entdecken und aufzuwerten.

Vor diesem Hintergrund entwickeln sie neue Führungsstile, bei denen sie ihre Macht human, sensibel, gesund, frei und sicher mit theoretischen, politischen, technischen und methodischen Fähigkeiten ausüben sowie den emotionalen und spirituellen Anteil mit einer neuen Vision und einem neuen Führungsstil anerkennen, ansprechen und berücksichtigen.

terre des hommes schätzt an diesem Projekt:

- die Wiederentdeckung der kulturellen Identität und die Stärkung der Führungspersönlichkeiten von Mayafrauen bei gleichzeitiger Hinterfragung der eigenen Rolle,
- die Stärkung des Eigenen und Indigenen als gleichberechtigte Werte in der Gesellschaft: Bei der Mitgestaltung der Gesellschaft werden nicht die von Männern konstruierten und vorgelebten Rollen und gesellschaftlichen Strukturen übernommen, sondern Lebensweisen, die der eigenen Kultur entsprechen und die Bedürfnisse aller Menschen – Männer wie Frauen, Alte wie Kinder – berücksichtigen, wieder aufgenommen,
- die Entwicklung neuer Führungs- und Erziehungsstile und die Umsetzung in den jeweiligen Organisationen.



Weitere Informationen unter:

- www.tdh.de



Anhang



Anhang 1

Gender-Budgeting bei der Kostenplanung eines Projektes

Gender-Budgeting ist grundsätzlich auf der Regierungsebene zu verankern, damit langfristig die kulturell und gesellschaftlich tradierten Rollenmuster verändert werden können. Nichtsdestotrotz müssen auch Träger der Entwicklungszusammenarbeit die Kosten ihrer Programme und Maßnahmen unter diesem Vorzeichen kalkulieren.

Leitfrage:

Wem (Männern/Frauen, aber auch welchen Gruppen von Männern/Frauen) kommen die veranschlagten Mittel voraussichtlich zugute?

Checkliste

A) Unmittelbare Zuordnungen auf der Ebene der Partnerinstitution(en)

- Wie verteilen sich die Personalkosten?
- Wer verfügt über die zusätzlichen Arbeitsressourcen (Autos, Computer, etc.)?
- Bei Frauenprojekten: Sind diese mit den gleichen Arbeitsressourcen ausgestattet wie andere vergleichbare Projekte?



Checkliste

B) Unmittelbare Zuordnung auf der Ebene der Zielgruppen

- Wie viele Mädchen/Frauen und Jungen/Männer profitieren direkt von der Maßnahme (NutzerInnenanalyse)?
- Wie viele Mittel werden im Schnitt pro Kopf verausgabt?
- Wie verteilt sich der Zugang zu und die Kontrolle über Land?
- Wer erhält Arbeitsgeräte und Kredite?
- Wer soll an Bildungsmaßnahmen teilnehmen?
- Wie verteilen sich mögliche Beschäftigungseffekte?



▶ **C) Mittelbare Zuordnung der Projektmittel**

- Wie wird das höhere Einkommen verteilt?
- Wem kommt der Inhalt der Bildungsmaßnahme am meisten zugute?
- Wie wirkt sich die Maßnahme auf Zeit, Gesundheit, soziales Kapital, Beteiligungs- und Entscheidungsmöglichkeiten etc. aus?

Checkliste

D) Anteil der Mittel für die Stärkung von Gender-Ansätzen

- Wie hoch ist der finanzielle Anteil für die Stärkung von Gender-Ansätzen?
- Werden Gender-Trainings finanziert?
- Gibt es finanzielle Mittel für Gender-Beratung, aber auch Förderung von Männern und Frauen in geschlechtsuntypischen Sphären?

Checkliste

E) Mögliche Wirkungen auf das Geschlechterverhältnis

- Wie verändert sich die Ressourcenverteilung?
- Wie verändert sich die Arbeitsteilung?
- Verändern sich Machtverhältnisse und Entscheidungsspielräume durch das Projekt?



Quelle:

- EED-Handreichung: Orientierungshilfe Gender-Budgeting. Vorschläge zur Anwendung einer geschlechtsspezifischen Budgetanalyse in der Projektzusammenarbeit und im Projekt- und Partnerdialog, Bonn 2003

Weitere Checklisten zu Gender in der Entwicklungszusammenarbeit und in der humanitären Hilfe finden Sie auf den Seiten 34–37, 41–42 und 78–84. Eine Übersicht über alle Checklisten enthält der Servicekasten auf Seite 5.

Anhang 2

Gender Equality in Disasters, Six Principles for Engendered Relief and Reconstruction

Gender and Disaster Network
January 2005

Checkliste

1. THINK BIG. Gender equality and risk reduction principles must guide all aspects of disaster mitigation, response and reconstruction. The »window of opportunity« for change and political organization closes very quickly. Plan now to:

- respond in ways that empower women and local communities
- rebuild in ways that address the root causes of vulnerability, including gender and social inequalities
- create meaningful opportunities for women's participation and leadership
- fully engage local women in hazard mitigation and vulnerability assessment projects
- ensure that women benefit from economic recovery and income support programs, e.g. access, fair wages, non-traditional skills training, child care/social support
- give priority to social services, children's support systems, women's centres, women's »corners« in camps and other safe spaces
- take practical steps to empower women, among others:
 - consult fully with women in design and operation of emergency shelter
 - deed newly constructed houses in both names
 - include women in housing design as well as construction
 - promote land rights for women
 - provide income-generation projects that build non-traditional skills
 - fund women's groups to monitor disaster recovery projects



▶ **2. GET THE FACTS.** Gender analysis is not optional or divisive but imperative to direct aid and plan for full and equitable recovery. Nothing in disaster work is »gender neutral«. Plan now to:

- collect and solicit gender-specific data
- train and employ women in community-based assessment and follow-up research
- tap women's knowledge of environmental resources and community complexity
- identify and assess sex-specific needs, e.g. for home-based women workers, men's mental health, displaced and migrating women vs. men
- track the (explicit/implicit) gender budgeting of relief and response funds
- track the distribution of goods, services, opportunities to women and men
- assess the short- and long-term impacts on women/men of all disaster initiatives
- monitor change over time and in different contexts

Checkliste

3. WORK WITH GRASSROOTS WOMEN. Women's community organizations have insight, information, experience, networks, and resources vital to increasing disaster resilience. Work with and develop the capacities of existing women's groups such as:


- women's groups experienced in disasters
- women and development NGOs; women's environmental action groups
- advocacy groups with a focus on girls and women, e.g. peace activists
- women's neighbourhood groups
- faith-based and service organizations
- professional women, e.g. educators, scientists, emergency managers



- ▶ **4. RESIST STEREOTYPES.** Base all Initiatives on knowledge of difference and specific cultural, economic, political, and sexual contexts, not on false generalities:
- women survivors are vital first responders and rebuilders, not passive victims
 - mothers, grandmothers and other women are vital to children's survival and recovery but women's needs may differ from children's
 - not all women are mothers or live with men
 - women-led households are not necessarily the poorest or most vulnerable
 - women are not economic dependents but producers, community workers, earners
 - gender norms put boys and men at risk too, e.g. mental health, risk-taking, accident
 - targeting women for services is not always effective or desirable but can produce backlash or violence
 - marginalized women (e.g. undocumented, HIV/AIDS, low caste, indigenous, sex workers) have unique perspectives and capacities
 - no »one-size« fits all: culturally specific needs and desires must be respected, e.g. women's traditional religious practices, clothing, personal hygiene, privacy norms

Checkliste

- 5. TAKE A HUMAN RIGHTS APPROACH.** Democratic and participatory initiatives serve women and girls best. Women and men alike must be assured of the conditions of life needed to enjoy their fundamental human rights, as well as simply survive. Girls and women in crisis are at increased risk of:
- sexual harassment and rape
 - abuse by intimate partners, e.g. in the months and year following a major disaster
 - exploitation by traffickers, e.g. into domestic, agricultural and sex work

- 
- ▶ erosion or loss of existing land rights
 - early/forced marriage
 - forced migration
 - reduced or lost access to reproductive health care services
 - male control over economic recovery resources

Checkliste

6. RESPECT AND DEVELOP THE CAPACITIES OF WOMEN. Avoid overburdening women with already heavy work loads and family responsibilities likely to increase:

- identify and support women's contributions to informal early warning systems, school and home preparedness, community solidarity, socioemotional recovery, extended family care
- materially compensate the time, energy and skill of grassroots women who are able and willing to partner with disaster organizations
- provide child care, transportation and other support as needed to enable women's full and equal participation in planning a more disaster resilient future

**Quelle und weiterführende Literatur:**

- Gender and Disaster Network: »Gender Equality in disasters«: <http://www.gdnonline.org/resources/genderbroadsheet.doc>
- Gender and Disaster Network: »What's out there? Practical Guides and Checklists«: http://www.gdnonline.org/wot_practical.htm

Weitere Checklisten zu Gender in der Entwicklungszusammenarbeit und in der humanitären Hilfe finden Sie auf den Seiten 34–37, 41–42, 76–77 und 82–84. Eine Übersicht über alle Checklisten enthält der Servicekasten auf Seite 5.

Anhang 3

Evaluating the Gender Sensitivity of Project Proposals

This section provides a checklist which can be used to rapidly gauge the extent to which the designers of a project proposal have taken gender concerns seriously. It is based on a similar checklist in use by SIDA (B. Woroniuk, J. Schalkwyk, and H. Thomas, 1997). It is a generic check-list in that it can be applied to emergency projects in any sector but, in itself, it does not provide guidance on the types of gender issues that a particular project should be seeking to address.

Evaluating the Gender Sensitivity of Project Proposals

Checkliste

In Presenting Women/Gender in Good Proposals:

- collective terms (like ›refugees‹; ›farmers‹ etc.) include different groups of people within them – male and female farmers do different work; male and female refugees face very different problems;
- women are not just classified as a ›vulnerable‹ group;
- discussion of gender differences appears throughout the proposal, not just in a separate section, unrelated to the main project design.



Checkliste

Gender Analysis in Good Emergency Proposals:

- is consistent throughout the document, and relates to all components and aspects of the project (rather than simply appearing under a women-specific project activity);
- differentiates the vulnerabilities, capacities and needs of men and women and identifies any gender differences in coping strategies that the target group is adopting to deal with the crisis;
- relates gender differences in vulnerabilities or in coping strategies, to the nature and design of the project activities themselves.



▶ **In the Logical Framework, Good Proposals:**

- have a clear vision of what the initiative aims to achieve in relation to gender equality and/or women's participation in the project;
- include separate logical framework outputs relating to gender equality, or at the least have gender disaggregated OVIs;

Checklist

In Project Design and in Project Management, Good Proposals:

- demonstrate that women primary stakeholders have been consulted in the process of project design and have influenced the setting of priorities;
- identify appropriate and realistic structures for representing women's perspectives in the management of the project, that take account of the restrictions on women's time, and of cultural restrictions in women's participation (even under strict purdah or similar regimes, it is not acceptable for women's participation to be written off on cultural grounds);
- explicitly seeks to employ women field staff in communities where access to female primary stakeholders is restricted.
- Include a specific allocation of resources (financial and human) for mainstreaming gender, if the proposed project is extremely large, or the working environment for addressing gender inequalities is extremely difficult.

Checklist

Other Questions to Consider When Appraising Project Proposals

- Does the proposing agency have a track record in promoting gender equality (e.g. does it have a stated gender policy? Have you seen the agency engaging on gender issues constructively in the past?)?
- Is there evidence that a gender analysis has been carried out during project design/preparation, or is this something you 'feel' an HQ based desk officer has added afterward to meet DFID's criteria?

**Quelle:**

- Department for International Development: »Conflicts and Emergencies«. UK, 1999.

Weitere Checklisten zu Gender in der Entwicklungszusammenarbeit und in der humanitären Hilfe finden Sie auf den Seiten 34–37, 41–42 und 76–81. Eine Übersicht über alle Checklisten enthält der Servicekasten auf Seite 5.

Anhang 4

Verzeichnis der genderbezogenen Veröffentlichungen von VENRO-Mitgliedsorganisationen

AEJ

- AEJ 2002: *Gender Mainstreaming. Dokumentation der Befassung der 112. Mitgliederversammlung der Arbeitsgemeinschaft der evangelischen Jugend in der Bundesrepublik Deutschland e.V.*, Hannover.
- Howe, Nicole/Schön, Franz 2004: *Gender Mainstreaming pass(t) genau.* Hannover.
- Schön, Franz 2002: *Gender Mainstreaming. Standortbestimmung und Chancen.* Reihe: aej Studien, 6. Beiträge zur evangelischen Jugendarbeit. Hannover.

AGEH

- Arbeitsgemeinschaft für Entwicklungshilfe (AGEH) 2006: »Frauen stärken – Männer auch«. In: *Contacts*. Nr. 1/2006, 41. Jahrgang. Köln.

Caritas

- Caritas Germany 2004: *Women in Kabul: A Needs Assessment. Studie zur Situation der Frauen in Afghanistan.* Freiburg. Auch unter <http://www.caritas-international.de/22917.html> verfügbar.
- Caritas Internationalis publication 2002: *Women in Caritas: The History.* <http://www.caritas.org/Upload/w/woman-ING.qxd1.pdf>
- Caritas Internationalis publication 2002: *Women in Caritas: The Voices of Women.*
- Caritas Internationalis publication 2003: *Women in Caritas: Moving forward.*
- Caritas Internationalis Broschüre 2003: *Women in Caritas: Women in leadership.*

DSW

- DSW-Infoblatt 2005: *Millennium-Entwicklungsziele.* Hannover.
- Deutsche Stiftung Weltbevölkerung (Hrsg.) 2005: *UNFPA: Weltbevölkerungsbericht 2005. Das Versprechen der Gleichberechtigung. Gleichstellung der Geschlechter, reproduktive Gesundheit und die Millennium-Entwicklungsziele.* Hannover.

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- Dederichs-Bain, Birgit 1996: *Frauenförderung in der Entwicklungszusammenarbeit. Eine Leitlinie für die Arbeit der Deutschen Welthungerhilfe*. Bonn.
- Deutsche Welthungerhilfe 2004: *Überleben: Frauensache. Frauen in bewaffneten Konflikten*. (Broschüre, DVD, Poster, Postkarte). Bonn.
- Deutsche Welthungerhilfe 1998: *Armut ist weiblich. Fakten, Berichte, Projekte zur Situation der Frauen*. (Arbeitsmappe/Loseblatt). Bonn.
- Benad, Annette 2002: »Women and gender in development projects: Experiences of the Deutsche Welthungerhilfe«. In: Leonhäuser, Ingrid-Ute (ed.): *Women in the Context of International Development and Co-operation. Review and Perspectives. Selected Papers and Abstracts presented at Justus-Liebig-University Gießen, 26.–28. October 2000. Schriften zur internationalen Entwicklungs- und Umweltforschung*.

Diakonisches Werk der EKD

- Diakonisches Werk der EKD 2005: *Gender Mainstreaming in der Diakonie, Dokumentation einer Fachtagung*. Stuttgart.
- Diakonisches Werk der EKD 2004: *Handreichung zur Besetzung von Gremien*. Hannover.
- Diakonie 2004: »Gender Mainstreaming wird Teil der Arbeit vor Ort«. In: *Impulse, Magazin für Führungskräfte*. 3/2004. Stuttgart.
- Diakonisches Werk der EKD 2001: *Personal- und Organisationsentwicklung und diakonisches Arbeitsrecht aus der Sicht von Frauen, Dokumentation einer Fachtagung*. Stuttgart.
- Diakonisches Werk der EKD 2001: *Handreichung für eine geschlechtergerechte Sprache im Diakonischen Werk der EKD*. Stuttgart.
- Diakonisches Werk der EKD 1999: *Geschlechterdemokratie in der Diakonie, Dokumentation einer Fachtagung*. Stuttgart.
- Trommer, Heide 2005: *Katholische Jugendsozialarbeit: Gender Mainstreaming für Dienststellen und Organisationen: Praxistipps zur Umsetzung von Gender Mainstreaming*. Düsseldorf.
- Trommer, Heide 2005: *Mitteilungen für die Arbeitsgemeinschaft der Mitarbeitervertretungen, Sprache als Ausdruck von Herrschaftsverhältnissen*. Stuttgart.
- Trommer, Heide 2005: *Katholische Jugendsozialarbeit: Praxistipps zur Umsetzung von Gender Mainstreaming – Übungen und Checklisten*. Düsseldorf.
- AaO: *Gender-Trainings – Ein Baustein bei der Umsetzung von Gender Mainstreaming*.

- Trommer, Heide 2004: »Gender in der Pädagogik« In: *EREV-Schriftenreihe 1/2004*.
- Trommer, Heide 2004: »Gender Mainstreaming – Zauberstrategie auf dem Weg zur Geschlechtergerechtigkeit?!« In: Netzwerk Gender-Training (Hrsg.): *Geschlechterverhältnisse bewegen – Erfahrungen mit Gender-Training*. Königstein/Taunus.

Dritte Welt JournalistInnen Netz

- Bärbel Röben/Cornelia Wilß (Hrsg.) 1996: *Dritte-Welt-JournalistInnen-Netz DWJN: Verwaschen und verschwommen. Fremde Frauenwelten in den Medien*.
- Frankfurt/Main FIAN Deutschland e.V.

EED

- EED/Brot für die Welt 2005: *Wir schließen die Lücke zwischen Theorie und Praxis. Eine Handlungsstrategie zur Förderung gleicher Lebenschancen für Frauen und Männer mit den Programmen von EED und BfdW (2006–2010)*. Bonn und Stuttgart.
- EED 2003: *Orientierungshilfe Gender Budgeting. Vorschläge zur Anwendung einer geschlechtsspezifischen Budgetanalyse in der Projektzusammenarbeit und im Projekt- und Partnerdialog*. Bonn.
- Arbeitsgemeinschaft Kirchlicher Entwicklungsdienst (AG KED) 1998: *Frauenförderung zwischen Anspruch und Wirklichkeit. Bilanz und Perspektiven einer frauengerechten Entwicklungszusammenarbeit in der AG KED*. Hamburg.
- Arbeitsgemeinschaft Kirchlicher Entwicklungsdienst (AG KED) 1996: *Wege zu einer frauengerechten Entwicklungszusammenarbeit*. Reihe: Texte für den Kirchlichen Entwicklungsdienst 52. Hamburg.

FIAN

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Anhang 5

Abkürzungsverzeichnis

BMFSFJ	Bundesministerium für Familie, Senioren, Frauen und Jugend
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DED	Deutscher Entwicklungsdienst
EED	Evangelischer Entwicklungsdienst
EU	Europäische Union
FZ	Finanzielle Zusammenarbeit
G-Kennung	Kennung für die Gleichberechtigung der Geschlechter
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
MDGs	Millennium Development Goals
NRO	Nichtregierungsorganisationen
OECD	Organisation for Economic Co-operation and Development
OECD (DAC)	Organisation for Economic Co-operation and Development (Development Assistance Committee)
TZ	Technische Zusammenarbeit
UN	United Nations
VENRO e.V.	Verband Entwicklungspolitik deutscher Nichtregierungsorganisationen e.V.

Anhang 6

VENRO-Mitglieder (Stand: Dezember 2006)

- a**ction medeor – Deutsches Medikamenten Hilfswerk
- ADRA** – Adventistische Entwicklungs- und Katastrophenhilfe
- Ärzte der Welt
- Ärzte für die Dritte Welt
- Ärzte ohne Grenzen *
- AeJ** – Arbeitsgemeinschaft der Evangelischen Jugend
- AGEH** – Arbeitsgemeinschaft für Entwicklungshilfe
- agl** – Arbeitsgemeinschaft der Eine-Welt Landesnetzwerke
- Akademie Klausenhof
- Aktion Canchanabury
- Andheri-Hilfe Bonn
- Arbeiter Samariter Bund Deutschland
- AWO International**
- AT-Verband** *
- B**DKJ – Bund der Deutschen Katholischen Jugend
- Behinderung und Entwicklungszusammenarbeit*
- BEI** – Bündnis Entwicklungspolitischer Initiativen
- Bundesvereinigung Lebenshilfe für Menschen mit geistiger Behinderung
- Brot für die Welt**
- CARE International Deutschland**
- Casa Alianza Kinderhilfe Guatemala
- CCF** Kinderhilfswerk
- Christliche Initiative Romero
- Christoffel-Blindenmission
- D**EAB – Dachverband entwicklungspolitischer Aktionsgruppen in Baden-Württemberg
- DESWOS** – Deutsche Entwicklungshilfe für soziales Wohnungs- und Siedlungswesen
- Deutsche Kommission Justitia et Pax
- Deutsche Lepra- und Tuberkulosehilfe
- Deutsche Stiftung Weltbevölkerung
- Deutsche Welthungerhilfe
- Deutscher Caritasverband – Caritas International
- Deutscher Paritätischer Wohlfahrtsverband AK »Parität International«
- Deutsches Blindenhilfswerk
- Deutsches Komitee Katastrophenvorsorge *
- Deutsches Rotes Kreuz – Generalsekretariat *
- DGB-Bildungswerk** – Nord-Süd-Netz
- Die Lichtbrücke
- Dritte Welt JournalistInnen Netz
- E**ED – Evangelischer Entwicklungsdienst
- Eine Welt Netz NRW
- Eine Welt Netzwerk Hamburg
- EIRENE** – Internationaler Christlicher Friedensdienst
- Evangelische Akademien in Deutschland
- FIAN Deutschland**
- G**emeinschaft Sant Egidio
- Germanwatch Nord-Süd-Initiative
- GSE** – Gesellschaft für solidarische Entwicklungszusammenarbeit
- H**andicap International
- Hildesheimer Blindenmission e.V. *
- Hilfswerk der deutschen Lions
- I**LD – Internationaler Landvolkdienst der KLB
- Indienhilfe Herrsching

INKOTA – Ökumenisches Netzwerk
Internationaler Hilfsfonds
Internationaler Verband Westfälischer Kin-
derdörfer

Johanniter-Unfall-Hilfe – Johanniter
International
Jugend Dritte Welt

Kairos Europa – Unterwegs zu einem Europa
für Gerechtigkeit
Karl Kübel Stiftung für Kind und Familie
KATE – Kontaktstelle für Umwelt und Ent-
wicklung – Berlin
Kindernothilfe

Lateinamerika-Zentrum

Malteser International
Marie-Schlei-Verein
materra – Stiftung Frau und Gesundheit
Medica mondiale
medico international
Misereor Bischöfliches Hilfswerk
Missionszentrale der Franziskaner *

Nationaler Geistiger Rat der Bahà'i in
Deutschland
NETZ – Partnerschaft für Entwicklung und
Gerechtigkeit

ÖEIW – Ökumenische Initiative Eine Welt
OIKOS Eine Welt
ORT Deutschland
Oxfam Deutschland

Peter-Hesse-Stiftung – Solidarität in Partner-
schaft für eine Welt
Plan international Deutschland

Rhein-Donau-Stiftung *
Rotary Deutschland Gemeindienst *

Senegalhilfe-Verein
SES – Senior Experten Service
SID – Society for International Development
SODI – Solidaritätsdienst International
Sozial- und Entwicklungshilfe des Kolping-
werkes Stiftung Entwicklung und Frieden
Stiftung Nord-Süd-Brücken
Susila Dharma – Soziale Dienste

Terra Tech – Förderprojekte Dritte Welt
terre des hommes Bundesrepublik Deutsch-
land
Tierärzte ohne Grenzen *
TransFair – Verein zur Förderung des Fairen
Handels mit der »Dritten Welt«

VEN – Verband Entwicklungspolitik Nieder-
sachsen
VENROB – Verbund entwicklungspolitischer
Nichtregierungsorganisationen Branden-
burgs

Weltfriedensdienst
Welthaus Bielefeld
Weltladen-Dachverband.
Weltnotwerk der KAB Westdeutschlands
Werkhof Darmstadt
Werkstatt Ökonomie
World Vision Deutschland
W. P. Schmitz Stiftung
WUS – World University Service – Deutsches
Komitee

Zukunftsstiftung Entwicklungshilfe bei der
GLS Treuhand e.V.

*) Gastmitglied



Gender und Frauenförderung in der Entwicklungszusammenarbeit? Ja, aber in welchem Verhältnis stehen die beiden Ansätze und wie lassen sie sich bestmöglich für das Ziel der Geschlechtergerechtigkeit in der Praxis umsetzen? Wie machen es die NRO, was können diese eventuell von anderen lernen und wie können sich die aktuellen Konzepte an wandelnde Wirklichkeiten anpassen?

Die Handreichung »Gewusst wie« will auf der Basis von Erfahrungen und aktueller Praxis sowohl Programmbeauftragte als auch Entscheidungsträgerinnen und -träger bei ihrer täglichen Arbeit unterstützen und somit selbst einen direkten Beitrag zur Geschlechtergerechtigkeit leisten. Das Praxisheft stellt Ansätze der Geschlechtergerechtigkeit in der Entwicklungszusammenarbeit vor, präsentiert erfolgreiche Praxisbeispiele von VENRO-Mitgliedsorganisationen, erklärt wichtige Fachbegriffe und bietet Checklisten und Online-Quellen.



Gendercide

The worldwide war on baby girls

Also in this section

68 Distorted sex ratios in India

Technology, declining fertility and ancient prejudice are combining to unbalance societies

XINRAN XUE, a Chinese writer, describes visiting a peasant family in the Yimeng area of Shandong province. The wife was giving birth. "We had scarcely sat down in the kitchen", she writes*, "when we heard a moan of pain from the bedroom next door... The cries from the inner room grew louder—and abruptly stopped. There was a low sob, and then a man's gruff voice said accusingly: 'Useless thing!'"

"Suddenly, I thought I heard a slight movement in the slops pail behind me," Miss Xinran remembers. "To my absolute horror, I saw a tiny foot poking out of the pail. The midwife must have dropped that tiny baby alive into the slops pail! I nearly threw myself at it, but the two policemen [who had accompanied me] held my shoulders in a firm grip. 'Don't move, you can't save it, it's too late.'

"'But that's...murder...and you're the police!' The little foot was still now. The policemen held on to me for a few more minutes. 'Doing a baby girl is not a big thing around here,' [an] older woman said comfortingly. 'That's a living child,' I said in a shaking voice, pointing at the slops pail. 'It's not a child,' she corrected me. 'It's a girl

baby, and we can't keep it. Around these parts, you can't get by without a son. Girl babies don't count.'"

In January 2010 the Chinese Academy of Social Sciences (CASS) showed what can happen to a country when girl babies don't count. Within ten years, the academy said, one in five young men would be unable to find a bride because of the dearth of young women—a figure unprecedented in a country at peace.

The number is based on the sexual discrepancy among people aged 19 and below. According to CASS, China in 2020 will have 30m-40m more men of this age than young women. For comparison, there are 23m boys below the age of 20 in Germany, France and Britain combined and around 40m American boys and young men. So within ten years, China faces the prospect of having the equivalent of the whole young male population of America, or almost twice that of Europe's three largest countries, with little prospect of marriage, untethered to a home of their own and without the stake in society that marriage and children provide.

Gendercide—to borrow the title of a 1985 book by Mary Anne Warren—is often seen as an unintended consequence of China's one-child policy, or as a product of

poverty or ignorance. But that cannot be the whole story. The surplus of bachelors—called in China *guanggun*, or "bare branches"—seems to have accelerated between 1990 and 2005, in ways not obviously linked to the one-child policy, which was introduced in 1979. And, as is becoming clear, the war against baby girls is not confined to China.

Parts of India have sex ratios as skewed as anything in its northern neighbour. Other East Asian countries—South Korea, Singapore and Taiwan—have peculiarly high numbers of male births. So, since the collapse of the Soviet Union, have former communist countries in the Caucasus and the western Balkans. Even subsets of America's population are following suit, though not the population as a whole.

The real cause, argues Nick Eberstadt, a demographer at the American Enterprise Institute, a think-tank in Washington, DC, is not any country's particular policy but "the fateful collision between overweening son preference, the use of rapidly spreading prenatal sex-determination technology and declining fertility." These are global trends. And the selective destruction of baby girls is global, too.

Boys are slightly more likely to die in infancy than girls. To compensate, more boys ▶▶

* "Message from an Unknown Chinese Mother", by Xinran. Reviewed on page 88.

are born than girls so there will be equal numbers of young men and women at puberty. In all societies that record births, between 103 and 106 boys are normally born for every 100 girls. The ratio has been so stable over time that it appears to be the natural order of things.

That order has changed fundamentally in the past 25 years. In China the sex ratio for the generation born between 1985 and 1989 was 108, already just outside the natural range. For the generation born in 2000-04, it was 124 (ie, 124 boys were born in those years for every 100 girls). According to CASS the ratio today is 123 boys per 100 girls. These rates are biologically impossible without human intervention.

The national averages hide astonishing figures at the provincial level. According to an analysis of Chinese household data carried out in late 2005 and reported in the *British Medical Journal**, only one region, Tibet, has a sex ratio within the bounds of nature. Fourteen provinces—mostly in the east and south—have sex ratios at birth of 120 and above, and three have unprecedented levels of more than 130. As CASS says, “the gender imbalance has been growing wider year after year.”

The BMJ study also casts light on one of the puzzles about China's sexual imbalance. How far has it been exaggerated by the presumed practice of not reporting the birth of baby daughters in the hope of getting another shot at bearing a son? Not much, the authors think. If this explanation were correct, you would expect to find sex ratios falling precipitously as girls who had been hidden at birth start entering the official registers on attending school or the doctor. In fact, there is no such fall. The sex ratio of 15-year-olds in 2005 was not far from the sex ratio at birth in 1990. The implication is that sex-selective abortion, not under-registration of girls, accounts for the excess of boys.

Other countries have wildly skewed sex ratios without China's draconian population controls (see chart 1). Taiwan's sex ratio also rose from just above normal in 1980 to 110 in the early 1990s; it remains just below that level today. During the same period, South Korea's sex ratio rose from just above normal to 117 in 1990—then the highest in the world—before falling back to more natural levels. Both these countries were already rich, growing quickly and becoming more highly educated even while the balance between the sexes was swinging sharply towards males.

South Korea is experiencing some surprising consequences. The surplus of bachelors in a rich country has sucked in brides from abroad. In 2008, 11% of marriages were “mixed”, mostly between a Ko-

Where boys are off balance

Males per 100 females at birth, 2000-05



rean man and a foreign woman. This is causing tensions in a hitherto homogenous society, which is often hostile to the children of mixed marriages. The trend is especially marked in rural areas, where the government thinks half the children of farm households will be mixed by 2020. The children are common enough to have produced a new word: “Kosians”, or Korean-Asians.

China is nominally a communist country, but elsewhere it was communism's collapse that was associated with the growth of sexual disparities. After the Soviet Union imploded in 1991, there was an upsurge in the ratio of boys to girls in Armenia, Azerbaijan and Georgia. Their sex ratios rose from normal levels in 1991 to 115-120 by 2000. A rise also occurred in several Balkan states after the wars of Yugoslav succession. The ratio in Serbia and Macedonia is around 108. There are even signs of distorted sex ratios in America, among various groups of Asian-Americans. In 1975, calculates Mr Eberstadt, the sex ratio for Chinese-, Japanese- and Filipino-Americans was between 100 and 106. In 2002, it was 107 to 109.

But the country with the most remarkable record is that other supergiant, India. India does not produce figures for sex ratios at birth, so its numbers are not strictly comparable with the others. But there is no doubt that the number of boys has been rising relative to girls and that, as in China, there are large regional disparities. The north-western states of Punjab and Haryana have sex ratios as high as the provinces of China's east and south. Nationally, the ratio for children up to six years of age rose from a biologically unexceptionable 104 in 1981 to a biologically impossible 108 in

2001. In 1991, there was a single district with a sex ratio over 125; by 2001, there were 46.

Conventional wisdom about such disparities is that they are the result of “backward thinking” in old-fashioned societies or—in China—of the one-child policy. By implication, reforming the policy or modernising the society (by, for example, enhancing the status of women) should bring the sex ratio back to normal. But this is not always true and, where it is, the road to normal sex ratios is winding and bumpy.

Not all traditional societies show a marked preference for sons over daughters. But in those that do—especially those in which the family line passes through the son and in which he is supposed to look after his parents in old age—a son is worth more than a daughter. A girl is deemed to have joined her husband's family on marriage, and is lost to her parents. As a Hindu saying puts it, “Raising a daughter is like watering your neighbours' garden.”

“Son preference” is discernible—overwhelming, even—in polling evidence. In 1999 the government of India asked women what sex they wanted their next child to be. One third of those without children said a son, two-thirds had no preference and only a residual said a daughter. Polls carried out in Pakistan and Yemen show similar results. Mothers in some developing countries say they want sons, not daughters, by margins of ten to one. In China midwives charge more for delivering a son than a daughter.

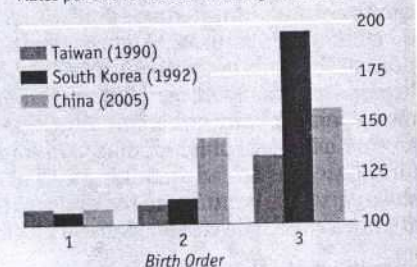
Chasing puppy-dogs' tails

The unusual thing about son preference is that it rises sharply at second and later births (see chart 2). Among Indian women with two children (of either sex), 60% said they wanted a son next time, almost twice the preference for first-borns. This reflected the desire of those with two daughters for a son. The share rose to 75% for those with three children. The difference in parental attitudes between first-borns and subsequent children is large and significant.

Until the 1980s people in poor countries ▶▶

No younger sisters

Males per 100 females at birth, by birth order



Sources: Park and Cho, *Population and Development Review*, Vol 21, No 1, March 1995; BMJ 2009

* “China's excess males, sex selective abortion and one child policy”, by Wei Xing Zhu, Li Lu and Therese Hesketh. BMJ 2009

could do little about this preference: before birth, nature took its course. But in that decade, ultrasound scanning and other methods of detecting the sex of a child before birth began to make their appearance. These technologies changed everything. Doctors in India started advertising ultrasound scans with the slogan "Pay 5,000 rupees (\$110) today and save 50,000 rupees tomorrow" (the saving was on the cost of a daughter's dowry). Parents who wanted a son, but balked at killing baby daughters, chose abortion in their millions.

The use of sex-selective abortion was banned in India in 1994 and in China in 1995. It is illegal in most countries (though Sweden legalised the practice in 2009). But since it is almost impossible to prove that an abortion has been carried out for reasons of sex selection, the practice remains widespread. An ultrasound scan costs about \$12, which is within the scope of many—perhaps most—Chinese and Indian families. In one hospital in Punjab, in northern India, the only girls born after a round of ultrasound scans had been mistakenly identified as boys, or else had a male twin.

The spread of fetal-imaging technology has not only skewed the sex ratio but also explains what would otherwise be something of a puzzle: sexual disparities tend to rise with income and education, which you would not expect if "backward thinking" was all that mattered. In India, some of the most prosperous states—Maharashtra, Punjab, Gujarat—have the worst sex ratios. In China, the higher a province's literacy rate, the more skewed its sex ratio. The ratio also rises with income per head.

In Punjab Monica Das Gupta of the World Bank discovered that second and third daughters of well-educated mothers were more than twice as likely to die before their fifth birthday as their brothers, regardless of their birth order. The discrepancy was far lower in poorer households. Ms Das Gupta argues that women do not necessarily use improvements in education and income to help daughters. Richer, well-educated families share their poorer neighbours' preference for sons and, because they tend to have smaller families, come under greater pressure to produce a son and heir if their first child is an unlooked-for daughter*.

So modernisation and rising incomes make it easier and more desirable to select the sex of your children. And on top of that smaller families combine with greater



wealth to reinforce the imperative to produce a son. When families are large, at least one male child will doubtless come along to maintain the family line. But if you have only one or two children, the birth of a daughter may be at a son's expense. So, with rising incomes and falling fertility, more and more people live in the smaller, richer families that are under the most pressure to produce a son.

In China the one-child policy increases that pressure further. Unexpectedly, though, it is the relaxation of the policy, rather than the policy pure and simple, which explains the unnatural upsurge in the number of boys.

In most Chinese cities couples are usually allowed to have only one child—the policy in its pure form. But in the countryside, where 55% of China's population lives, there are three variants of the one-child policy. In the coastal provinces some 40% of couples are permitted a second child if their first is a girl. In central and southern provinces everyone is permitted a second child either if the first is a girl or if the parents suffer "hardship", a criterion determined by local officials. In the far west and Inner Mongolia, the provinces do not really operate a one-child policy at all. Minorities are permitted second—sometimes even third—children, whatever the sex of the first-born (see map).

The provinces in this last group are the only ones with close to normal sex ratios. They are sparsely populated and inhabited by ethnic groups that do not much like abortion and whose family systems do not disparage the value of daughters so much. The provinces with by far the highest ratios of boys to girls are in the second group, the ones with the most exceptions to the one-child policy. As the BMJ study shows, these exceptions matter because of the preference for sons in second or third births.

For an example, take Guangdong, China's most populous province. Its overall sex ratio is 120, which is very high. But if you take first births alone, the ratio is "only" 108. That is outside the bounds of normality but not by much. If you take just second children, however, which are per-

mitted in the province, the ratio leaps to 146 boys for every 100 girls. And for the relatively few of births where parents are permitted a third child, the sex ratio is 167. Even this startling ratio is not the outer limit. In Anhui province, among third children, there are 227 boys for every 100 girls, while in Beijing municipality (which also permits exceptions in rural areas), the sex ratio reaches a hard-to-credit 275. There are almost three baby boys for each baby girl.

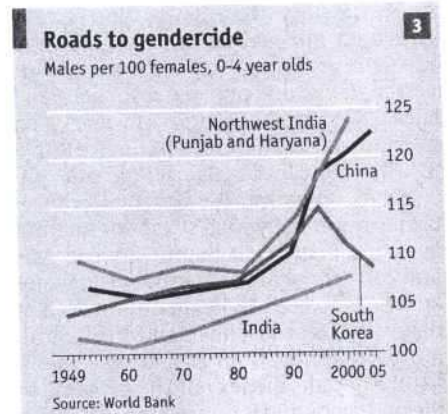
Ms Das Gupta found something similar in India. First-born daughters were treated the same as their brothers; younger sisters were more likely to die in infancy. The rule seems to be that parents will joyfully embrace a daughter as their first child. But they will go to extraordinary lengths to ensure subsequent children are sons.

The hazards of bare branches

Throughout human history, young men have been responsible for the vast preponderance of crime and violence—especially single men in countries where status and social acceptance depend on being married and having children, as it does in China and India. A rising population of frustrated single men spells trouble.

The crime rate has almost doubled in China during the past 20 years of rising sex ratios, with stories abounding of bride abduction, the trafficking of women, rape and prostitution. A study into whether these things were connected† concluded that they were, and that higher sex ratios accounted for about one-seventh of the rise in crime. In India, too, there is a correlation between provincial crime rates and sex ratios. In "Bare Branches"‡, Valerie Hudson and Andrea den Boer gave warning that the social problems of biased sex ratios would lead to more authoritarian policing. Governments, they say, "must decrease the threat to society posed by these young men. Increased authoritarianism in an effort to crack down on crime, gangs, smuggling and so forth can be one result."

Violence is not the only consequence. In parts of India, the cost of dowries is said to have fallen (see box on next page). Where people pay a bride price (ie, the ▶▶



* "Why is son preference so persistent in East and South Asia?" By Monica Das Gupta, Jiang Zhenghua, Li Bohua, Xie Zhenming, Woojin Chung and Bae Hwa-Dk. World Bank, Policy Research Working Paper 2942.

† "Sex ratios and crime: evidence from China's one-child policy", by Lena Edlund, Hongbin Li, Junjian Yi and Junsen Zhang. Institute for the Study of Labour, Bonn. Discussion Paper 3214

‡ "Bare Branches", by Valerie Hudson and Andrea den Boer. MIT Press, 2004

groom's family gives money to the bride's), that price has risen. During the 1990s, China saw the appearance of tens of thousands of "extra-birth guerrilla troops"—couples from one-child areas who live in a legal limbo, shifting shift restlessly from city to city in order to shield their two or three children from the authorities' baleful eye. And, according to the World Health Organisation, female suicide rates in China are among the highest in the world (as are South Korea's). Suicide is the commonest form of death among Chinese rural women aged 15-34; young mothers kill themselves by drinking agricultural fertilisers, which are easy to come by. The journalist Xinran Xue thinks they cannot live with the knowledge that they have aborted or killed their baby daughters.

Some of the consequences of the skewed sex ratio have been unexpected. It has probably increased China's savings rate. This is because parents with a single son save to increase his chances of attracting a wife in China's ultra-competitive marriage market. Shang-Jin Wei of Columbia University and Xiaobo Zhang of the International Food Policy Research Institute in Washington, DC, compared savings rates for households with sons versus those with daughters. "We find not only that households with sons save more than households with daughters in all regions," says Mr Wei, "but that households with sons tend to raise their savings rate if they also happen to live in a region with a more skewed sex ratio." They calculate that about half the increase in China's savings in the past 25 years can be attributed to the rise in the sex ratio. If true, this would suggest that economic-policy changes to boost consumption will be less effective than the government hopes.

Over the next generation, many of the problems associated with sex selection will get worse. The social consequences will become more evident because the boys born in large numbers over the past decade will reach maturity then. Meanwhile, the practice of sex selection itself may spread because fertility rates are continuing to fall and ultrasound scanners reach throughout the developing world.

Yet the story of the destruction of baby girls does not end in deepest gloom. At least one country—South Korea—has reversed its cultural preference for sons and cut the distorted sex ratio (see chart 3 on previous page). There are reasons for thinking China and India might follow suit.

South Korea was the first country to report exceptionally high sex ratios and has been the first to cut them. Between 1985 and 2003, the share of South Korean women who told national health surveyors that they felt "they must have a son" fell by almost two-thirds, from 48% to 17%. After a lag of a decade, the sex ratio began to fall in the mid-1990s and is now 110 to 100. Ms Das

Distorted sex ratios in India

Haryana's lonely bachelors

NANDGAON, HARYANA

Struggling to cope with a dearth of brides

BALJEET SINGH dandles his baby daughter on his knee, a picture of contented fatherhood. Last year the 37-year-old Hindu truck driver became the envy of his friends when he married a 16-year-old Muslim from Assam, in India's north-east. The unorthodox marriage suited both. Mr Singh's romantic life had become a casualty of India's preference for boy babies, which in his state, Haryana, has led to the most skewed sex ratio in India: 116 to 100, according to the 2001 census, compared with a national average of 108. By the age of 30, says Mr Singh, he had given up hope of finding a girl from his own village, Nandgaon, or from his state. His wife, Sona Khatum, comes from an impoverished

family in one of India's poorest states, though village rumour mutters that she may be an illegal migrant from Bangladesh. Mr Singh paid handsomely. "Here, I've always been made comfortable," she says shyly, from beneath her veil.

Ms Khatum is one of an increasing number of brides imported into Haryana, one of India's richest states. The Red Cross Society of India, which campaigns against gendercide in the country, reckons that at least 100 brides have been brought into Bhiwani, one of Haryana's 21 districts. Nandgaon, a village of some 1,700 people, most of them farmers, is a microcosm of bachelor angst. The Red Cross reckons that at least 100 bachelors have passed the age range thought ideal for marriage, which is 20 to 25. At least five have married women from other states, and "lots of my friends ask me, how can I find one?" says Mr Singh.

Besides ushering in a new tolerance of outsiders, the bride shortage has changed social mores in other ways. Villagers say that no girl may marry into a neighbouring village until her in-laws promise to provide a girl in return. They also say that girls' parents are no longer expected to pay big dowries; instead, the onus is on young men to provide well for their future brides.

Meanwhile, the greying bachelors pine on. "I still want a wife," says Babulal Yadav, a 50-year-old farmer. "I'm used to being alone. But I want a son."



Sona Khatum and daughter, lucky ones

Gupta argues that though it takes a long time for social norms favouring sons to alter, and though the transition can be delayed by the introduction of ultrasound scans, eventually change will come. Modernisation not only makes it easier for parents to control the sex of their children, it also changes people's values and undermines those norms which set a higher store on sons. At some point, one trend becomes more important than the other.

It is just possible that China and India may be reaching that point now. The census of 2000 and CASS study both showed the sex ratio stable at around 120. At the very least, it seems to have stopped rising. Locally, Ms Das Gupta argues*, the provinces which had the highest sex ratios (and have two-thirds of China's population) have seen a deceleration in their ratios since 2000, and provinces with a quarter of the population have seen their ratios fall. In India, one study found that the cultural preference for sons has been falling,

too, and that the sex ratio, as in much of China, is rising more slowly. In villages in Haryana, grandmothers sit veiled and silent while men are present. But their daughters sit and chat uncovered because, they say, they have seen unveiled women at work or on television so much that at last it seems normal to them.

Ms Das Gupta points out that, though the two giants are much poorer than South Korea, their governments are doing more than it ever did to persuade people to treat girls equally (through anti-discrimination laws and media campaigns). The unintended consequences of sex selection have been vast. They may get worse. But, at long last, she reckons, "there seems to be an incipient turnaround in the phenomenon of 'missing girls' in Asia." ■

* "Is there an incipient turnaround in Asia's 'missing girls' phenomenon?" By Monica Das Gupta, Woojin Chung and Li Shuzhuo. World Bank, Policy Research Working Paper 4846.

Gendercide

Killed, aborted or neglected, at least 100m girls have disappeared—and the number is rising



IMAGINE you are one half of a young couple expecting your first child in a fast-growing, poor country. You are part of the new middle class; your income is rising; you want a small family. But traditional mores hold sway around you, most important in the preference for sons over daughters. Perhaps hard physical labour is still needed for the family to make its living. Perhaps only sons may inherit land. Perhaps a daughter is deemed to join another family on marriage and you want someone to care for you when you are old. Perhaps she needs a dowry.

Now imagine that you have had an ultrasound scan; it costs \$12, but you can afford that. The scan says the unborn child is a girl. You yourself would prefer a boy; the rest of your family clamours for one. You would never dream of killing a baby daughter, as they do out in the villages. But an abortion seems different. What do you do?

For millions of couples, the answer is: abort the daughter, try for a son. In China and northern India more than 120 boys are being born for every 100 girls. Nature dictates that slightly more males are born than females to offset boys' greater susceptibility to infant disease. But nothing on this scale.

For those who oppose abortion, this is mass murder. For those such as this newspaper, who think abortion should be "safe, legal and rare" (to use Bill Clinton's phrase), a lot depends on the circumstances, but the cumulative consequence for societies of such individual actions is catastrophic. China alone stands to have as many unmarried young men—"bare branches", as they are known—as the entire population of young men in America. In any country rootless young males spell trouble; in Asian societies, where marriage and children are the recognised routes into society, single men are almost like outlaws. Crime rates, bride trafficking, sexual violence, even female suicide rates are all rising and will rise further as the lopsided generations reach their maturity (see page 65).

It is no exaggeration to call this gendercide. Women are missing in their millions—aborted, killed, neglected to death. In 1990 an Indian economist, Amartya Sen, put the number at 100m; the toll is higher now. The crumb of comfort is that countries can mitigate the hurt, and that one, South Korea, has shown the worst can be avoided. Others need to learn from it if they are to stop the carnage.

The dearth and death of little sisters

Most people know China and northern India have unnaturally large numbers of boys. But few appreciate how bad the problem is, or that it is rising. In China the imbalance between the sexes was 108 boys to 100 girls for the generation born in the late 1980s; for the generation of the early 2000s, it was 124 to 100. In some Chinese provinces the ratio is an unprecedented 130 to 100. The destruction is worst in China but has spread far beyond. Other East Asian countries, including Taiwan and Singapore, former communist states in the western Balkans and the Caucasus, and even sections of America's population

(Chinese- and Japanese-Americans, for example): all these have distorted sex ratios. Gendercide exists on almost every continent. It affects rich and poor; educated and illiterate; Hindu, Muslim, Confucian and Christian alike.

Wealth does not stop it. Taiwan and Singapore have open, rich economies. Within China and India the areas with the worst sex ratios are the richest, best-educated ones. And China's one-child policy can only be part of the problem, given that so many other countries are affected.

In fact the destruction of baby girls is a product of three forces: the ancient preference for sons; a modern desire for smaller families; and ultrasound scanning and other technologies that identify the sex of a fetus. In societies where four or six children were common, a boy would almost certainly come along eventually; son preference did not need to exist at the expense of daughters. But now couples want two children—or, as in China, are allowed only one—they will sacrifice unborn daughters to their pursuit of a son. That is why sex ratios are most distorted in the modern, open parts of China and India. It is also why ratios are more skewed after the first child: parents may accept a daughter first time round but will do anything to ensure their next—and probably last—child is a boy. The boy-girl ratio is above 200 for a third child in some places.

How to stop half the sky crashing down

Baby girls are thus victims of a malign combination of ancient prejudice and modern preferences for small families. Only one country has managed to change this pattern. In the 1990s South Korea had a sex ratio almost as skewed as China's. Now, it is heading towards normality. It has achieved this not deliberately, but because the culture changed. Female education, anti-discrimination suits and equal-rights rulings made son preference seem old-fashioned and unnecessary. The forces of modernity first exacerbated prejudice—then overwhelmed it.

But this happened when South Korea was rich. If China or India—with incomes one-quarter and one-tenth Korea's levels—wait until they are as wealthy, many generations will pass. To speed up change, they need to take actions that are in their own interests anyway. Most obviously China should scrap the one-child policy. The country's leaders will resist this because they fear population growth; they also dismiss Western concerns about human rights. But the one-child limit is no longer needed to reduce fertility (if it ever was: other East Asian countries reduced the pressure on the population as much as China). And it massively distorts the country's sex ratio, with devastating results. President Hu Jintao says that creating "a harmonious society" is his guiding principle; it cannot be achieved while a policy so profoundly perverts family life.

And all countries need to raise the value of girls. They should encourage female education; abolish laws and customs that prevent daughters inheriting property; make examples of hospitals and clinics with impossible sex ratios; get women engaged in public life—using everything from television newscasters to women traffic police. Mao Zedong said "women hold up half the sky." The world needs to do more to prevent a gendercide that will have the sky crashing down. ■

Projektland: Indien**Quartal/Jahr: 1/2010****Projektbericht Indien (Quartalsbericht 1. Januar – 31. März 2010)****Teil B: Partnerberichte**

Einleitung:

Das Oberziel unseres Projektes in Indien lautet: Beitrag zur Armutsbekämpfung

Die Projektziele lauten: Verbesserung der fachlichen (1), beruflichen (2) und staatsbürgerlichen (3) Qualifizierung bei ausgewählten Zielorganisationen und –gruppen

Fachliche Qualifizierung (Projektziel 1) findet mit allen MoU-Partnern und sonstigen indischen Durchführungsorganisationen statt.

Berufliche Qualifizierung (Projektziel 2) wird mit der Federation of Indian Chambers of Commerce and Industries Ladies Organization (FLO) in ganz Indien und den SAARC-Staaten und der Young Women's Christian Association (YWCA) im Großraum Delhi durchgeführt.

Staatsbürgerliche Qualifizierung (Projektziel 3) wird mit der Society for Integrated Developmental Activities, Research and Training (SIDART) im Bundesstaat Rajasthan und Shree Shakti Consciousness Foundation (SHAKTI) im Großraum Delhi durchgeführt, aber auch im übergeordneten Rahmen in einem Top Down-Ansatz in Form von politischen Dialogprogrammen mit der Delhi Policy Group (DPG) in Delhi und dem Centre for Security Analysis (CSA) in Chennai

Maßnahmen im Einzelnen entlang der oben erwähnten LogFrameziele:**1. Fachliche Qualifizierung**

Es werden fortlaufend mehrstündige LogFrame-Sitzungen pro Monat mit **FLO, YWCA, SIDART und SHAKTI** abgehalten, insb. zum Thema Planung mittels LogFrame. Detaillierte Zahlen siehe Tabelle: Erbrachte Leistungen.

2. Berufliche Qualifizierung

FLO - Federation of Indian Chambers of Commerce and Industries Ladies Organization

FLO wurde 1983 als eine Abteilung des Bündnisses der indischen Handels- und Industriekammern gegründet und ist ein indienweites Forum zur Förderung von Unternehmerinnen und berufliche Qualifizierung von Frauen.

Organisation

Der Hauptsitz von FLO befindet sich in Delhi. Über ganz Indien verteilt gibt es sieben weitere regionale Niederlassungen, die insgesamt über 1800 Mitglieder - größtenteils Unternehmer, Führungskräfte und Leiter von NGO's - umfassen.

Der Wirkungskreis von FLO geht weit über die Grenzen Indien hinaus. Von ihrer Zweigstelle in Chennai aus koordiniert FLO sämtliche SAARC-Meetings und empfängt bzw. entsendet Delegationen um globales Unternehmertum und Netzwerkbildung unter Frauen zu fördern.

Grundsätze

Unter dem Motto „power to empower“ sieht sich FLO als Katalysator für denn sozio-ökonomischen Fortschritt von Frauen. Die Organisation will mit ihren Bildungsangeboten und berufsqualifizierenden Programmen alle gesellschaftlichen Ebenen ansprechen. FLO vertritt die Ansicht, dass das die Mitglieder der Wirtschaft und Industrie Verantwortung übernehmen sollen um das Leben und die Zukunftschancen aller Bürger zu verbessern.

Tätigkeitsbereiche / Zusammenarbeit mit HSS

Das Projektziel von FLO in der Zusammenarbeit mit HSS ist die Verbesserung der beruflichen Qualifizierung bei ausgewählten Zielgruppen (vgl. LogFrame Projektziel 2). Auch fachliche Qual. -> Ziel 1

FLO arbeitet, wie bereits kurz angedeutet, indienweit und auf gesellschaftlichen Ebenen mit verschiedenen, auf die Zielgruppe abgestimmten Programmen. Auf dem Grassroot-Level werden Menschen in Dörfern und abgelegenen Gebieten Training im Kunsthandwerk angeboten, um ihnen so ein Perspektive für ihren beruflichen Weg aufzuzeigen. Auf der mittleren Ebene werden Frauen und Männer dabei unterstützt neue Geschäftsideen umzusetzen ihre Fähigkeiten im Bereich der Produktfindung, der Projektplanung und des „Fundraisings“ auszubauen. Auf oberer Ebene hilft FLO Geschäftspersonen ihre Kompetenzen zu verbessern, indem sie ihnen Training in den Bereichen Managementtechniken, Marketing, Human Ressource, Buchhaltung und Informatik anbietet. Als zusätzliche Maßnahme wird in Delhi individuelle Unternehmungsberatung für Frauen durchgeführt, die allen Interessierten offen steht.

Zusammen mit der HSS bietet FLO ein sehr umfangreiches Programm an und veranstaltet in ganz Indien und in gezielten Einzelmaßnahmen auch im SAARC-Länderverbund eine Vielzahl unterschiedlicher Seminare in den Bereichen Unternehmertum, Managementtraining

4. Programm

Subject	Day	Time
1. Introduction: Overview of Internationalisation Strategies and International Marketing for SMEs	1	09.00-10.30h
Tea break		10.30-1100h
2. International Marketing Tools for SMEs: the "Market Brief" – concept and application to selected countries (US,EU,Asia)		11.00-13.00h
EXECUTIVE SUMMARY		
A. PRODUCT DESCRIPTION.		
B. PRODUCTION, FOREIGN TRADE AND CONSUMPTION.		
Lunch Break		13.00-14.00h
C. MARKET CHARACTERISTICS		14.00-17.00h
	2	
D. MARKET ACCESS		09.00-10.30h
E. PRICES		
Tea Break		10.30-1100h
F. DISTRIBUTION CHANNELS		11.00-13.00h
G. COMMERCIAL PRACTICES		
H. PACKAGING AND LABELLING		
Lunch Break		13.00-14.00h
I. SALES PROMOTION		14.00-16.00h
J. MARKET PROSPECTS		
3. Wrap up		16.00-17.00h

5. Empfehlung für die weitere Vorgehensweise:

Auf Basis der im Jahr 2008 gemachten Erfahrungen wurde die Veranstaltung inhaltlich wieder in zwei Abschnitte geteilt. Es wurden zunächst die allgemeinen einführenden Themen behandelt. So konnte dem verbreiteten Bedürfnis nachgekommen werden, bislang auf den Inlandsmarkt ausgerichtete Unternehmen an eine Internationalisierung heranzuführen. Darauf folgend wurden Fragen der schon im internationalen Geschäft aktiven Unternehmen berücksichtigt und -soweit möglich- als Beispiele für internationale Lösungsansätze gewürdigt. Hier standen Training und Beratung nebeneinander.

Die Partnerorganisation FLO zeigt Interesse daran, dass die Reihe in 2011 fortgesetzt wird.

YWCA - Young Women's Christian Association

Organisation

Weltweit ist die YWCA in über 120 Ländern tätig und bringt mehr als 25 Millionen Frauen zusammen. In Indien gehört YWCA Delhi heute zu einem nationalen Netzwerk dem über 100 Schwestereinrichtungen aus ganz Indien angehören.

In der indischen Hauptstadt verfügt der Verein über ein großes Gelände in zentraler Lage, ein eigenes Institut für Managementtraining und Berufsausbildung, ein Wohnheim für berufstätige Frauen und ein Gästehaus. Insgesamt beschäftigt YWCA in Delhi 160 Mitarbeiter.

Grundsätze

Der YWCA Delhi arbeitet auf lokaler Ebene nach den Grundsätzen der Ökumene und steht Frauen und Mädchen jeder Religionszugehörigkeit offen. Unabhängig von Nationalität, Kastenzugehörigkeit, wirtschaftlichen und sozialen Status sollen Frauen und Mädchen dabei unterstützt werden, als ein volles und gleichberechtigtes Mitglied der Gesellschaft in allen Prozessen teilhaben zu können. YWCA bemüht sich an die sich wandelnden Bedürfnisse der Gesellschaft in einer sich ständig ändernden Welt anzupassen.

Tätigkeitsbereiche / Zusammenarbeit mit HSS

Das Projektziel von YWCA in der Zusammenarbeit mit HSS ist die Verbesserung der beruflichen Qualifizierung bei ausgewählten Zielgruppen (vgl. Logframe Projektziel 2).

Auch fachliche Qual. -> Ziel 1

YWCA Delhi fördert vor allem den Weg von Frauen in die Berufstätigkeit bzw. bereits berufstätige Frauen. Darüber hinaus unternimmt YWCA in der Region Delhi umfangreiche Projekte für städtische und ländliche Entwicklung, die sich in den Bereichen Gesundheitsaufklärung, Berufsqualifizierung, Familienberatung, Menschenrechte, Umweltschutz und Friedenssicherung engagieren.

YWCA bemüht sich darüber hinaus, Weiterbildungsmaßnahmen für ihre Mitarbeiter bereitzustellen. Nach einer Phase der Stagnation nutzte der Verein die Zusammenarbeit mit der HSS, um der Leitungsebene und den Lehrkräften des hauseigenen Instituts für Managementtraining durch angemessene Bildungsmaßnahmen (LogFrame-Schulungen) bessere Motivation und Schritte zu einem höheren Wirkungsgrad zu vermitteln. Parallel wurden Programme für die Aus- und Weiterbildung von YWCA- und NGO-Mitarbeiterinnen im gesamtindischen Maßstab auf verschiedenen Sachgebieten des Managements sowie der Buchführung und Finanzierung initiiert.

Die Jahresprogramme mit Fokus Nähen und Schneidern wurden auch im ersten Quartal 2010 fortgeführt.

Auch die Halbjahresprogramme mit Fokus „Beauty“ (Frisör-, Manikür- etc. bereich) wurden fortgeführt. Detaillierte Zahlen siehe Tabelle: Erbrachte Leistungen.

und Marketing mit einer jeweiligen Dauer von ein bis zwei Tagen. Detaillierte Zahlen siehe Tabelle: Erbrachte Leistungen.

Neben den Standardprogrammen (siehe Tabelle: Erbrachte Leistungen) soll an dieser Stelle eine HSS/FLO Maßnahme hervorgehoben werden: Im Februar fand ein je zweitägiger Workshop zum Thema "How to Develop International Marketing Skills" in den südindischen Metropolen Chennai und Hyderabad mit einem deutschen Kurzzeitexperten, Herrn Prof. Dr. Wolfgang Veit, statt:

1. Teilnehmerinnen und Teilnehmer

Am Seminar in Chennai nahmen ca. 50 Personen, davon rund 50% Frauen teil. Am Seminar in Hyderabad nahmen ca. 40 Personen, davon über 50% Frauen, teil. Die Teilnehmerinnen und Teilnehmer äußerten besonderes Interesse an Exportmöglichkeiten für folgende Produkte:

1. Halbedelsteine
2. Pumpen
3. Folkloristische Kunst
4. Duftöle
5. Lederprodukte
6. Fair Trade/Bio-Nahrungsmittel
7. Reiseveranstaltungen
8. IT-Beratungsdienstleistungen

Die TeilnehmerInnen wurden in Gruppen aufgeteilt und übten an ihren ausgewählten Produkten in Gruppenarbeit entlang des vorgegebenen Seminarplanes (vgl. Punkt 4: Programm).

2. Evaluierung

Die Teilnehmerinnen und Teilnehmer beteiligten sich rege an Diskussionen und brachten ihre speziellen Interessen ein. Da die Gruppe in Chennai recht heterogen zusammengesetzt war, konnte nicht allen Interessen der Teilnehmer im gewünschten Masse Aufmerksamkeit geschenkt werden. In Hyderabad war die Gruppenstruktur homogener, so dass die Informationswünsche und Trainingsbedarfe gut gedeckt werden konnten.

In einem gemeinsamen Gespräch mit der Direktorin von FLO wurde die Thematik Heterogenität der Zielgruppe erörtert.

3. Bedürfnisse der Teilnehmerinnen und Teilnehmer

Es wurde sowohl ein deutliches Interesse an allgemeinen, einführenden Darstellungen des internationalen Marketing deutlich, als auch ein spezielles Interesse an konkreten Lösungsvorschlägen für einzelne Produkte.

3. Staatsbürgerliche Qualifizierung

Society for Integrated Developmental Activities, Research and Training (SIDART)

SIDART ist eine ehrenamtliche Organisation, die 1998 gegründet wurde und zum Ziel hat, die wirtschaftliche und soziale Position von marginalisierte Gruppe in den urbanen Slums und ländlichen Gebieten des indischen Bundesstaates Rajasthan, zu verbessern. Der besondere Fokus liegt bei Frauen und Kindern.

Organisation

SIDART hat ihren Sitz in Jaipur, der Hauptstadt des indischen Bundesstaates Rajasthan, und koordiniert von hier aus auch alle Aktionen in den ländlichen Gebieten Rajasthan's. Sechzehn teilweise ehrenamtliche Mitarbeiter, die davor bereits für NGO's und / oder Regierungsorganisationen gearbeitet haben, stellen den Mitarbeiterstab von SIDART. Eine Beraterin ist für den Ablauf der zahlreichen Seminare und für die Koordination zur Regierung in Jaipur und zu SIDART und der HSS verantwortlich. SIDART ist dezentral organisiert und basiert auf einem partizipierenden Führungsstil, der seine Mitarbeiter in die Verantwortung mit einbindet und sie regelmäßig dementsprechend schult.

Grundsätze

SIDART folgt dem Leitsatz "we aim to reach the unreachable" und basiert auf dem Gedanken der Hilfe zur Selbsthilfe. Die Idee hinter allem ist, vor allem Frauen Möglichkeiten aufzuzeigen, wie sie aus eigener Kraft selbständig ihre Lebenssituation dauerhaft verbessern können. Die Organisation will lokales Wissen und Ressourcen nutzbar machen und bemüht sich in diesem Rahmen um die Mobilisierung lokaler finanzieller und materieller Unterstützung, bevor sie auf externe Beihilfe zurückgreifen. Die initiierten Projekten sollen gemeindebasiert sein und zudem dauerhaft im Besitz der Gemeinden bleiben.

Tätigkeitsbereiche / Zusammenarbeit mit HSS

Das Projektziel von SIDART in der Zusammenarbeit mit HSS ist die Verbesserung der staatsbürgerlichen Qualifizierung bei ausgewählten Zielgruppen (vgl. LogFrame Projektziel 2). Auch fachliche Qual. -> Ziel 1

Mit relativ einfachen Mittel gelang es SIDART vor der Kooperation mit der Hanns-Seidel-Stiftung, ein sehr breites Spektrum an unterschiedlichsten Tätigkeitsbereichen abzudecken. Die Aktivitäten der früheren Jahre reichen von der Installation von Wasserpumpen und Errichtung von Netzwerkstrukturen über Berufstraining, Kompetenzförderung und Einrichtung informeller Bildungsangebote für Frauen und Kinder bis hin zu Aufklärungskampagnen über HIV / AIDS, Gesundheitsaufklärung für Minenarbeiter, Umweltschutz und anwendungsbezogener Forschungen.

Die Organisation fördert speziell Frauen, indem sie ihnen durch konkrete Aufklärungskampagnen zu Frauenrechten sowie Bildungsmaßnahmen mögliche Wege für persönliche, berufliche, finanzielle und wirtschaftliche Emanzipation vor Augen führt. Zusätzlich unterstützt SIDART kleine von Frauen geleitete Organisationen, baut Selbsthilfegruppen für Frauen aus und vermittelt Kredite an Frauen.

In Zusammenarbeit mit der Hanns Seidel Stiftung veranstaltete SIDART zahlreiche Workshops, um Frauen über ihre Rechte und Möglichkeiten aufzuklären, sie in Führungspositionen der Gesellschaft zu bringen und sie dort zu unterstützen. Zentrum der

Aktivitäten sind die Dorfparlamente mit einem Drittel reservierter Sitze für Frauen. Hier ist die Wiege der Staatsbürgerkunde und des Demokratisierungsansatzes der SIDART/HSS-Bildungsmaßnahmen zu sehen.

Mit SIDART konnten im ersten Quartal 2010 wieder zahlreiche Seminare durchgeführt werden. Detaillierte Zahlen siehe Tabelle: Erbrachte Leistungen.

Shree Shakti Consciousness Foundation (SHAKTI)

SHAKTI wurde im Juni 2005 gegründet und arbeitet seither hauptsächlich in den JJ-Clustern (Slums) der National Capital Region mit dem Ziel, die beruflichen, staatsbürgerlichen und sozialen Skills (Fähigkeiten) der Bewohner zu stärken und ihnen so ein unabhängiges, selbstbestimmtes Leben zu ermöglichen.

Darüber hinaus ist es ein Ziel von SHAKTI, die Arbeit des indischen NGO-Sektors durch Zertifizierung von NGO's qualitativ zu verbessern.

Tätigkeitsbereiche/ Zusammenarbeit mit der HSS

Das Projektziel von SHAKTI in der Zusammenarbeit mit HSS ist die Verbesserung der staatsbürgerlichen Qualifizierung bei ausgewählten Zielgruppen (vgl. LogFrame Projektziel 2). Auch fachliche Qual. -> Ziel 1

Die beiden Hauptziele von SHAKTI sind, wie oben bereits erwähnt, die Förderung schwacher Schichten der Gesellschaft und die Stärkung von NGOs (Capacitybuilding). Ersteres wird durch verschiedene Förderprogramme zur Verbesserung konkreter Fähigkeiten erreicht. Das Hauptaugenmerk liegt hierbei auf Staatsbürgerkunde. SHAKTI sieht dabei den Umgang mit einem Computer als zwingende Voraussetzung an, um den wichtigen Schritt zum Recht auf Information, welches 2005 im „Right to Information Act“ für jeden Bürger digital zugänglich gemacht wurde, zu erreichen. Nur mit Hilfe eines Computers gelingt es, auf die Homepage der indischen Regierung zu gelangen und das Recht auf Information direkt und schnell ausüben zu können. Die Zielgruppe, vor allem Slumbewohner und Bewohner von ehemaligen Slums, wird also durch Nutzung von Computern an die digitale Welt herangeführt und staatsbürgerlich gefestigt. Es hat sich in den letzten Monaten gezeigt, dass sich vor allem männliche Jugendliche für die Kurse registrieren. Für weibliche Teilnehmer wird deshalb gerade ein spezieller Kursplan erarbeitet, der die Themen Staatsbürgerkunde und Right to Information als nicht direkt zu erkennende Themen in einem Nähkurs einbindet. Väter senden ihre Töchter nur zu Kursen, aus denen erkennbar ist, dass eine messbare Entlastung der Haushaltskasse am Ende der Ausbildung steht. Durch die Fähigkeit des Nähens können die jungen Frauen Röcke, Hosen, Bettwäsche u.s.w. selbst nähen und entlasten die Haushaltskasse. Dadurch gibt es keine Einwendungen der Väter gegen die Kursteilnahme. Die Frauen werden also zunächst mit Nähen und Schneiden vertraut gemacht und können in der ersten Phase des Projektes leider nicht direkt in das Thema e-Governance mit eingebunden werden. Besonders engagierte Frauen werden in den Workshops aber identifiziert. Danach wird mit den Vätern gezielt diskutiert und Überzeugungsarbeit geleistet, um den jeweiligen Frauen den Zugang in die digitale Welt zu eröffnen, ggf. eingebunden in eine Ausbaustufe „Nähen und Schneiden für Fortgeschrittene unter Nutzung von Computertechnologie“. Hierüber liegen aber noch keine Plandaten vor. Der Unterricht (immer an Samstagen) findet im Rahmen von Dreimonatsprogrammen statt.

Stärkung des NGO-Sektors:

Eine Stärkung und Verbesserung des indischen NGO-Sektors soll erzielt werden, indem allgemeine Kurse angeboten werden. Gegenstand des Lehrplanes: Projektplanung (mittels LogFrame), Monitoring und Evaluierung, aber auch Administration und Abrechnung.

Das Ergebnis dieser Aktivitäten ist die Erreichung von mehr Transparenz für NGOs und Zuwendungsgeber.

In den kommenden Jahren soll auf diesem Gebiet mit der HSS zusammengearbeitet werden. Ziel ist die Zertifizierung von NGO's entlang von ISO-Kriterien. Dieser Ansatz ist mit Aktivitäten der indischen Regierung abgestimmt.

Die Durchführungsorganisation SHAKTI qualifiziert sich mittlerweile inhaltlich und abrechnungstechnisch als Partner für die HSS. Der rechtliche Rahmen für die einzelnen Workshops wird in Agreements festgehalten. Die Unterzeichnung eines MoU ist vorgesehen.

Mit SHAKTI läuft im ersten Quartal 2010 ein Workshop. Detaillierte Zahlen siehe Tabelle: Erbrachte Leistungen.

Politische Dialogprogramme

DPG - Delhi Policy Group

Die Delhi Policy Group wurde 1994 gegründet und ist inzwischen eine anerkannte und effektiv operierende Think Tank Organisation in Delhi, die vorwiegend im sicherheitspolitischen Bereich tätig ist.

Organisation

Das Büro des DPG befindet sich in Delhi, wo es in einem Zentrum untergebracht ist, von dem aus mehrere etablierte Organisationen aus Politik, Wirtschaft und Kultur operieren und das eine gute strukturelle und technische Ausstattung bereithält.

Der ständige Stab von DPG besteht aus zwei Direktoren, zwei Forschungsassistentinnen und einem Sekretär. Für spezifische Maßnahmen bildet DPG Arbeitsgruppen, wobei ein Pool von etwa 200 Personen in der indischen Hauptstadt und weiteren 100 Personen in anderen Städten des Landes zur Verfügung steht.

Grundsätze

Die DPG handelt parteiunabhängig. Ihr Ziel ist es frei von parteipolitischer Beeinflussung eine Antwort für kritische Fragen im nationalen Interesse zu finden. Die Gruppe arbeitet auf der Grundlage einer modernen Sicherheitsperzeption (comprehensive security) und spürt sowohl regionalen als auch globalen Fragestellungen nach. Ihre akademische Aufarbeitung von Sicherheits- und Konfliktfragen ist geprägt durch praktisch-politische Erwägungen und Strategien.

Tätigkeitsbereiche / Zusammenarbeit mit HSS

Mit Bezug auf DPG ist das Projektziel die Unterstützung nationaler und internationaler Dialogprogramme des zivilgesellschaftlichen Sektors (vgl. LogFrame Projektziel 3).

Die Haupttätigkeitsbereiche der DPG bestehen aus dem Veranstalten von Dialogprogrammen mit internationaler Beteiligung in Indien und anderen Ländern und der Publikation zu Sicherheitspolitischen Themen sowie im Bereich der Friedens- und Konfliktforschung.

Beispiele für vergangene Veranstaltungstitel:

- "Afghanistan Today"
- "Strategic Situation in West Asia Today"
- "Pakistan In Flux"
- "India's Evolving National Security Strategy"

Die DPG/HSS Seminare zielen auf den Themenkreis „Beziehungen mit dem Nachbarstaat Pakistan und Afghanistan“ ab. Zusammen mit der HSS werden seit 2004 Seminare mit internationaler Beteiligung durchgeführt. Die Wahlen in Pakistan 2008 zwangen zum Abwarten und daher zum Pausieren der Seminarreihe. Sie wird jedoch ab Mitte 2010 in veränderter Form fortgesetzt werden.

Keine Veranstaltung im ersten Quartal 2010

CSA - Centre for Security Analysis

Das Centre for Security Analysis wurde 2002 in Chennai als unabhängiger non-profit Think Tank in dem Bereich sicherheitspolitische Forschungs- und Bildungsarbeit gegründet. Innerhalb weniger Jahre hat sich CSA zu einer Institution entwickelt, die von nationalen und internationalen Sicherheitsexperten als Plattform zum Meinungs austausch genutzt wird.

Organisation

Von seinem Sitz in Chennai aus operiert CSA indienweit und auch zunehmend über die Grenzen Indiens hinaus. Es gehört zu dem regionalen Netzwerk von Strategic Studies Centers das von der National Defence University Washington aufgebaut wurde und wird lokal von einem durch die Mitglieder gewähltes Komitee geleitet.

Grundsätze

Das CSA will frei von parteipolitischen Prägungen agieren, um ein unabhängiges Bewusstsein für Sicherheitspolitische Themen zu schaffen und durch die Bereitstellung von Analysen und Studien in dem politischen Prozess mitzuwirken. Zentrale Ziele sind ein Beitrag zur Konfliktlösung und zur Friedenssicherung zu leisten, die Zivilgesellschaft bei Aktivitäten zur Verbesserung der Regierungsführung und Sicherheitslage zu unterstützen sowie moderne Sicherheitsdiskurse zu prägen, indem es auf die Multi-Dimensionalität und Vielschichtigkeit von Sicherheitsthematiken aufmerksam macht. In seinem Vorgehen und in seiner Arbeit wendet CSA eine ausgeprägte südindische Betrachtungsweise der nationaler Sicherheitsinteressen an.

Tätigkeitsbereiche / Zusammenarbeit mit HSS

Mit Bezug auf CSA ist das Projektziel die Unterstützung nationaler und internationaler Dialogprogramme des zivilgesellschaftlichen Sektors (vgl. LogFrame Projektziel 3).

Die Haupttätigkeitsbereiche der CSA bestehen aus dem Veranstalten von Dialogprogrammen mit internationaler Beteiligung in Indien und anderen Ländern und der Publikation zu Sicherheitspolitischen Themen sowie im Bereich der Friedens- und Konfliktforschung, Zivilgesellschaft und Regierungsführung (Governance), transnationale Dimensionen von Terrorismus, Sicherheitsbeziehungen in Südasien, Gleichberechtigung der Geschlechter und Frauenrechte.

Um eine möglichst große Zielgruppe zu erreichen, bindet CSA die Presse stets mit ein und erreicht so eine breite Berichterstattung über ihre Veranstaltungen.

Das CSA veröffentlicht selbst Bücher, Merkblätter, Artikel und betreibt einen eigenen Internetblog zu aktuellen sicherheitspolitischen Themen namens „Security Watch“. Ein besonderer regionaler Fokus liegt auf Sri Lanka und dessen sicherheitspolitische Lage.

Durch spezielle Beratungsangebote die das CSA in den Universitäten und anderen Institutionen in der Region Chennai durchführt wird ein breiteres und jüngeres Publikum angesprochen und informiert.

Zusammen mit der HSS werden seit 2004 Seminare mit internationaler Beteiligung durchgeführt die den Ruf des CSA als starker indischer Think Tank auch über die Grenzen Indiens hinaus festigten.

Keine Veranstaltung im ersten Quartal 2010

Bisher erbrachte Leistungen in 2010, wie sie zum Redaktionsschluss am 8.4.2010 vorlagen

Projektziel 1: Verbesserung der fachlichen Qualifizierung bei ausgewählten Zielgruppen	Anzahl und Art der Aktivitäten	Zahl der TN	
		Weibl.	Männl.
1. Projektergebnis: Zivilgesellschaftliche Organisationen sind gestärkt (Capacity Building): Federation of Indian Chamber of Commerce and Industries Ladies Organization (FLO)	1 Workshop HSS half aktiv bei der Erstellung von LogFrames zu verschiedenen Themen als auch mit Bezug auf genauere Abrechnung.	5	
2. Projektergebnis: Zivilgesellschaftliche Organisationen sind gestärkt (Capacity Building): Young Women's Christian Association (YWCA)	1 Gespräch mit Bezug auf genauere Abrechnung und bei der Erstellung von Prozessketten. Bis jetzt weist YWCA Mängel bei In-House Kommunikation auf. Starke Personal-Fluktuation, beträchtliche Schwächen beim Planen, Budgetieren und Monitoren der Programme sind weitere Schwachstellen.	1	
3. Projektergebnis: Zivilgesellschaftliche Organisationen sind gestärkt (Capacity Building): Society for Integrated Developmental Activities, Research and Training	1 Gespräch zum Thema EU-Antrag, LogFrame und Monitoring. Höchstes Effektivitätsniveau erreicht. SIDART zeigt keine Schwächen beim Planen, Budgetieren und Implementieren der	1	3

(SIDART)	Programme. Ein detaillierter LogFrame für die Maßnahmen von 2010 liegt vor.		
4. Projektergebnis: Zivilgesellschaftliche Organisationen sind gestärkt (Capacity Building): Shree Shakti Consciousness Foundation (SHAKTI)	3 Gespräche zum Thema Abrechnung und LogFrame		2

Projektziel 2:	Anzahl und Art der Aktivitäten	Zahl der TN Weibl. Männl.	
Verbesserung der beruflichen Qualifizierung bei ausgewählten Zielgruppen			
1. Projektergebnis: Berufliche Qualifizierung der Zielgruppen bei der Federation of Indian Chamber of Commerce and Industries Ladies Organization (FLO) ist erhöht	Eine Seminarreihe „Internationales Marketing“ in Chennai und Hderabad mit einem KZE aus Deutschland 10 Seminare, hauptsächlich Workshops zur Förderung potenzieller und aktueller Unternehmerinnen. Themen : Unternehmertum, Managementtraining, Marketing. Ebenen der Vermittlung: Führungswissen, Managementfähigkeiten, Erfahrungsaustausch. Dauer: 1 bis 2 Tage. Ort: verschiedene Orte in verschiedenen Bundesstaaten Indiens. individuelle Businessberatung Ort: Delhi Publikation „Study on Marketing Achievements“, als Grundlage für weitere Seminare über Marketing „Bed and Breakfast“.	45 (30% 150	45 70%) 340
2. Projektergebnis: Berufliche Qualifizierung der Zielgruppen bei der Young Women's Christian Association (YWCA) ist erhöht	3 Veranstaltungen (63 Teilnehmerinnen; a=oberes Management; b=mittleres und unteres Management, sowie Support Staff), Ort: Großraum Delhi Thema: Managementskills, Awareness (Women Empowerment) 2 ganzjährig verlaufende Veranstaltungen und 4 Halbjahreskurse. Thema: Cutting, Tailoring, Beauty Culture	(100% a. 0 + b. 63	0%) a. 0 + b. 60 0

Projektziel 3:	Anzahl und Art der Aktivitäten	Zahl der TN Weibl. Männl.	
Verbesserung der staatsbürgerlichen Qualifizierung bei ausgewählten Zielgruppen			

<p>1. Projektergebnis: Staatsbürgerliche Qualifizierungsprogramme sind bei Society for Integrated Developmental Activities, Research and Training (SIDART) eingeführt.</p>	<p>49 Seminare Thema : Staatsbürgerkunde Ort : ländliches Gebiet im Bundesstaat Rajasthan (Nordwesten Indiens)</p>	<p>(98%) <u>1340</u></p>	<p>(2%) 26</p>
<p>2. Projektergebnis: Staatsbürgerliche Qualifizierungsprogramme sind bei Shree Shakti Consciousness Foundation (SHAKTI) eingeführt.</p>	<p>1 Seminar (dauert noch an; Zahlen im 2. Quartal) Thema : Staatsbürgerkunde für urbane Slumbewohner. Ort: Großraum Delhi</p>	<p>(ca. 60% Ca.40</p>	<p>(ca. 40%) Ca. 30</p>
<p>3. Projektergebnis mit Bezug auf Delhi Policy Group (DPG): 3.1 Ein Netzwerk von Organisationen zur Durchführung von Maßnahmen im Bereich politischen Bildung ist eingerichtet 3.2 Der Informationsaustausch im Bereich der Sicherheitspolitik ist erhöht.</p>	<p>Netzwerk besteht und wird durch weitere Veranstaltungen von CSA und DPG ausgebaut und gestärkt. kein Seminar im Berichtszeitraum</p>		
<p>4. Projektergebnis mit Bezug auf Centre for Security Analysis (CSA) 4.1 Ein Netzwerk von Organisationen zur Durchführung von Maßnahmen im Bereich politischen Bildung ist eingerichtet 4.2 Der Informationsaustausch im Bereich der Sicherheitspolitik ist erhöht</p>	<p>Netzwerk besteht und wird durch weitere Veranstaltungen von CSA und DPG ausgebaut und gestärkt. kein Seminar im Berichtszeitraum</p>		

Verlaufs- und Wirkungsmonitoring (Kommentierung)

FLO

Auch im ersten Quartal 2010 lehnten sich die durchgeführten Maßnahmen mit FLO an die in den Jahren zuvor durchgeführten Maßnahmen an und entsprachen in ihren Hauptinhalten mehrheitlich den Zielvorstellungen des Projektes. Bei der Größe und wirtschaftlichen Wachstums des Landes konnten die Maßnahmen natürlich auch weiterhin keine deutliche Stoßkraft verursachen. Zu gering ist der Mitteleinsatz. Trotzdem war die Resonanz der Teilnehmer sehr gut. Besonders in wirtschaftlich vernachlässigten Regionen des Landes erhielten die angebotenen Bildungsmaßnahmen großen Zuspruch, wobei nicht zu übersehen ist, dass die Auswahl der Orte in hohem Masse von Zufälligkeiten abhing und die Möglichkeiten der regionalen Gliederungen von FLO fast nicht berücksichtigt wurden.

Während in Delhi eine große Anzahl von Frauen die angebotenen Fortbildungsmöglichkeiten nutzte, nahmen auch im ersten Quartal 2010 außerhalb der Hauptstadt insgesamt mehr Männer als Frauen an den Veranstaltungen teil. Insofern wurde dem Titel des Projektes „Women Entrepreneuership“ vom Projektpartner nur bedingt Rechnung getragen. Hingegen wurden die Businessberatungen vorwiegend von Frauen wahrgenommen, und zwar von Personen, die bereits unternehmerisch tätig waren oder den Weg ins Unternehmertum ernsthaft erwogen.

Regelmäßige gemeinsame Arbeitsberatungen (etwa 3 x pro Monat) mit der Exekutivdirektorin und regelmäßige Gespräche mit der Präsidentin und anderen Vorstandsmitgliedern sowie Teilnahme des AM und der Mitarbeiterinnen des HSS-Büros an Bildungsmaßnahmen waren konstruktiv mit dem Ziel angelegt, die genannten Mängel abzubauen und neben dem hohen Grad der Effizienz bei der Organisation der Seminare auch eine höhere Effektivität der Maßnahmen zu erreichen. Neben den angesprochenen persönlichen Treffen wird telefonisch auf dem kurzen Dienstweg viel Feintuning mit Bezug auf Abwicklung der landesweit durchgeführten Seminare geleistet.

Das FLO-Unternehmerinnenförderungsprogramm wird derzeit noch von einem Problem verdunkelt, dessen Beseitigung in der Zusammenarbeit in 2010 als Maßnahme im Rahmen des Institutional Building bei FLO im Fokus steht:

- Weiterhin keine umfassende, exakte Planung in Form von LogFrames und keine Nachbereitung und somit keine genaue Erfassung der Erfolgsquote. Somit kann auch das Reporting nicht effektiv sein, da nur allgemeine Aussagen zum Verlauf der Maßnahmen mitgeteilt werden können.

In diesen beiden Punkten wurde eine Verständigung erzielt. Die HSS hilft nun beim Erstellen von LogFrames für auserwählten, größeren Maßnahmen und hilft bei der Erstellung eines Monitoringkonzeptes, ggf. unter Hinzuziehung eines indischen Experten. Mittlerweile ist es gelungen, die Direktorin vom Nutzen einer zielorientierten Planung zu überzeugen. Der Prozess ist aber schleppend, denn zu eingefahren sind die Wege, die bisher bei FLO mit Bezug auf Abwicklung der Trainingsprogramme auf- und ausgebaut wurden. Auch ist das FLO-Team zu klein, um neben der Organisation auch noch eine detaillierte Planung und Erfolgskontrolle alleine ausüben zu können.

YWCA

Regelmäßige Beratungen (ca. 2 x pro Monat) mit der Generalsekretärin, der Präsidentin und der Programmkoordinatorin von YWCA, die Teilnahme von Mitarbeitern des HSS-Büros an

Bildungsveranstaltungen, Gespräche mit Lehrkräften sowie zahlreiche Begegnungen und Telefonate mit YWCA-Mitarbeitern, die an den Bildungsmaßnahmen teilgenommen haben, geben einen guten Einblick in Verlauf und Erfolg der Veranstaltungen. Im vertrauensvollen Diskurs mit der neu gewählten Generalsekretärin und Vorstandsmitgliedern machten Teilnehmerinnen der Bildungsveranstaltungen auf Verkrustungen in der Praxis der Institution aufmerksam und erreichten damit, dass die Führungsebene durch eine wachsende Fähigkeit zur Selbstkritik Verständnis für die berechtigten Anliegen des Personals entwickelt. Die regelmäßige Teilnahme des AM im Auswahlprozess für Lehrpersonal gewährleistet die hohe Qualität der danach von dem ausgewählten Personal durchgeführten Programme. Die jetzige Präsidentin des YWCA-Delhi ist auch Präsidentin des nationalen YWCA, die letztjährige Präsidentin des YWCA von Delhi wurde zur Vizepräsidentin des nationalen YWCA gewählt. Zu beiden Personen und weiteren des nationalen Boards des YWCA hat die HSS einen hervorragenden Arbeitskontakt während der jeweiligen Amtszeiten in Delhi seit Mitte 2008 hergestellt, so dass nun das bisher auf Delhi begrenzte Programm des Institutional Building des YWCA auf den gesamten indischen Subkontinent ausstrahlen kann.

SIDART

Der Hauptsitz von SIDART ist in Jaipur. Da Jaipur ca. fünf Autostunden von Delhi, dem Sitz der HSS entfernt liegt, können Projektbesuche nur ca. alle sechs Wochen durchgeführt werden. Dies erschwert zwar das direkte Monitoring, SIDART ist aber selbst in der Lage, effektives Monitoring zu betreiben und hat bereits ein Instrumentarium hierfür entwickelt. Längere Telefonate, die mindestens einmal pro Woche durchgeführt werden, kompensieren die Projektbesuche wenigstens teilweise. Nach Bedarf wird Projektpersonal von SIDART zu Besprechungen nach Delhi eingeladen.

Als Organisation operiert SIDART auf sehr hoher Qualitätsebene und wird eine der ersten NGO's sein, die ein ISO-Zertifikat erhalten wird (vgl. hierzu auch Ansatz mit SHAKTI).

Im ersten Quartal 2010 lehnten sich die durchgeführten Maßnahmen an die in den Jahren zuvor durchgeführten Maßnahmen an und entsprachen voll den Zielvorstellungen des Projektes. Bei der Größe und wirtschaftlichen Wachstums von Rajasthan konnten die Maßnahmen natürlich noch keine deutliche Stoßkraft verursachen. Dies wird in den nächsten Jahren erwartet, wenn multiplizierende Effekte durch die eingesetzten Change Agents erfolgen. Die Resonanz der Teilnehmerinnen in den Dörfern ist sehr gut. Gerade in den ruralen, wirtschaftlich vernachlässigten Regionen des Bundesstaates Rajasthan erhielten die angebotenen Bildungsmaßnahmen großen Zuspruch.

Im ersten Quartal 2010 fand ein Besuch von ausgewählten Repräsentantinnen der Dorfparlamente im Landtag in Jaipur statt.

Darüber hinaus finden regelmäßige Abstimmungsgespräche mit Regierungsvertretern der Landesregierung von Rajasthan in Jaipur statt.

SHAKTI

Der Hauptsitz von SHAKTI ist in Delhi. Dadurch können Projektbesuche mit Bezug auf Inhalt des Trainingprogramms und mit Bezug auf Institutional Building monatlich zwei bis drei Mal durchgeführt werden. Dies erleichtert das direkte Monitoring. Flankierende Telefonate zu Inhalten und Abrechnungsfragen ergänzen die persönlichen Meetings. Die durchgeführten Maßnahmen sind neu. Vergleiche können deshalb nicht angestellt werden. Die durchgeführten Maßnahmen entsprachen aber voll den Zielvorstellungen des Projektes. Die Resonanz der Teilnehmer ist sehr gut. Die erste Maßnahme des Jahres 2010 dauert noch an.

Mit **DPG** und **CSA** beginnen die Dialogprogramme erst im 2. Quartal 2010.

Im Berichtszeitraum fanden mit DPG-Mitarbeitern auf Entscheidungs- und Durchführungsebene sechs persönliche Treffen und begleitende Telefongespräche statt. Dabei wurden Inhalte und Abrechnungsmodalitätender bevorstehenden Seminare in Delhi und Berlin diskutiert.

Mit CSA (der Standort Cherrnai ist ca. 2000 km von Delhi entfernt) finden ca. drei Mal pro Monat abstimrende Telefonate statt. Falls notwendig. Können CSA-Themen mit Gen. Raghavan auch im Rahmen von DPG-Treffen erörtert werden, denn Gen. Raghvan ist, wie wir wissen, in Personalunion Direktor von DPG und Präsident von CSA. Ein persönliches Treffen konnte während der HSS-Asientagung in Chennai mit dem Direktor von CSA, Brig. Srinivasan, durchgeführt werden.

New Delhi, 8.4.2010
Dr. Volker Bauer

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India's women's quota passes upper house

Last Updated: Tuesday, March 9, 2010 / 2:04 PM ET [Comments36](#)[Recommend24](#)

The Associated Press



India's ruling Congress party supporters celebrate outside party leader Sonia Gandhi's house after the Women's Reservation Bill was passed Tuesday by the Rajya Sabha, the upper house of parliament. (Associated Press) India's upper house of parliament voted overwhelmingly Tuesday for a historic bill that would reserve one-third of legislative seats for women, despite a boycott by socialist lawmakers.

Prime Minister Manmohan Singh described the 186-1 vote as a "historic step forward toward emancipation of Indian womanhood."

The vote came after socialist lawmakers blocked the parliamentary debate on Monday and forced the upper house to adjourn twice on Tuesday. The protesters later boycotted the voting.

The bill to reserve one-third of legislative seats for women — in national and state parliaments — has faced strong opposition since it was initially proposed more than a decade ago, with many political leaders worried that their male-dominated parties would lose seats.

Socialists want seats for low castes, minorities



Women activists of India's main opposition Bharatiya Janata Party shout slogans after being detained by police during a protest against the women's reservation bill in front of parliament in New Delhi. (B Mathur/Reuters) But socialist lawmakers feel the bill does not go far enough because it fails to reserve seats for ethnic minorities and people from low castes.

The Bahujan Samaj Party lawmakers, who mainly represent lower castes, participated in the debate but abstained from voting. They were protesting the government's rejection of their demand to reserve seats for women belonging to their community within the government proposal.

On Monday, angry legislators in the Rajya Sabha, the upper house of parliament, rushed to the chairman's seat as he presided over the session, tore up copies of the bill and tried to grab his microphone.

The bill is expected to go before the powerful lower house of parliament for voting next week. It will have to be approved by 15 of India's 28 states before it becomes law.

It is expected to pass since the main opposition parties, including the right-wing Bharatiya Janata Party and communist groups have already announced their support for the legislation proposed by the ruling Congress Party.

Arun Jaitley, a top leader of the Hindu nationalist Bharatiya Janata Party, said even 63 years after India's independence from British colonialists, women had only 10 per cent representation in the powerful lower house of parliament. They make up nearly 50 per cent of India's more than one billion people.

The proposal is an attempt to correct some of the historical gender disparities in India, where women receive less education than men and are weighed down by illiteracy, poverty and low social status.

The bill would raise the number of female lawmakers in the 545-seat lower house to 181 from the current 59. It would nearly quadruple the number of women in the 250-seat upper house.

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[lov2ski](#) wrote:Posted 2010/03/11

at 4:45 PM ET "Caste based" political parties in fact are protecting the majority of lower caste people of India, which are cleverly sidelined by the Brahmin caste comprising of mere 3% of the population together with the other upper castes of Kashtriya and Vaish, and have been ruling India in the name of a fake majority. The stranglehold of these highhanded upper castes is directly linked and strengthened by the new much publicized women's reservation bill.

The Bill in practice will make it that much impossible for lower caste political groupings to get even a proportion of their proportion of voting strength in Parliament and State Assemblies. So the propaganda of women's rights should not fool anybody.

The line up of 3 major political parties --- Congress, BJP and Communists --- to pass the bill is proof enough that all these Brahmin led political parties have ganged up to drive out the lower caste parties like Samajwadi Paty, RJD and BSP from the political arena. This is an open coup d'etat camouflaged as 'Women's Reservation Bill'.

- [1](#)
- [0](#)

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[Mik1973](#) wrote:Posted 2010/03/11

at 2:09 PM ET What an absolute recipe for disaster. Putting unqualified people into responsible positions of government based purely on a visual aesthetic will lead to massive social and economic problems. More people will suffer because of this, not less. What if a man in a riding get's the majority vote, but falls victim to the 'equal opportunity' axe? Will the female 2nd (or 3rd or 4th) place candidate suddenly get in? How is this democracy? Will ridings only be allowed to field all-female candidates? Which ridings? What if they are all terrible choices?

Democracies are inefficent enough at the best of times. Mandating that lesser qualified individuals be given the reigns, assuming they inherently 'speak for' some DNA-encoded interests of their sub-type is just pure ignorance.

This wouldn't work for a small business in the long term, so how can you expect it to work on a national scale, with billions of peoples lives at stake? How can this do anything but create stronger divides between people. Seperating everyone into "this gender" or "that color" or "some other caste".

That is not building an inclusive, enlightened society. That seperates everbody into their little proscribed 'types', and expects them to vote accordingly (how can a healthy person speak for a disabled person, how can a man speak for a woman, a woman for a man?). You'll be expected to vote according to your type instead of your beliefs and ideas, lest you be branded a 'traitor' to your gender/caste/subtype etc.

What a complete mess-in-the-making.

- [2](#)
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[Strawe](#) wrote:Posted 2010/03/10

at 9:00 AM ETGravityBites wrote:Posted 2010/03/09

at 11:01 PM ET

This is definitely a needed step in India. No, we don't need 1/3 of seats delegated to men cause they get 2/3 or more without even trying in most countries.

=====

Legislation is supposed to be about principles. Reserving 1/3 of the seats for men also, while merely a token addition to the bill, has to be done in the interest of balance.

- [1](#)
- [0](#)

[1 Agree](#) [0 Disagree](#) [Policy Report abuse](#)

[Carey Carrier](#) wrote:Posted 2010/03/10

at 5:15 AM ETSo sad that the wolds larges democracy is no longer a democracy. Democracies do not tell you who you an or can not vote for.

- [8](#)
- [5](#)

[8 Agree](#) [5 Disagree](#) [Policy Report abuse](#)

[FiniteDifferences](#) wrote:Posted 2010/03/10

at 1:58 AM ETPeople who are against this move have valid points. However, I think they are making an error by looking at India through our own Canadian glasses. India is a different ball game. More specifically, India is a very conservative country, and a good amount people believe in the "traditional roles" of a woman. In that context, I believe this is a good move because it's going to force some of those traditions to come down. The fundamental base of thought is different, so they perceive roles of gender much more differently. Things are changing, but maybe a little too slow and this step will help move it along.

Just to put it into perspective for you. The leader of the ruling party in India is an Italian born woman, is respected and feared by both her party and the opposition. In Hindu philosophy, there are many female gods, and people worship them. However, in this same society you have men who dominate women, husbands are worshiped, and boys are preferred over girls (more of an issue in rural India). So there exists an imbalance, and I think this proposed law is going to even it out a bit, or at least try.

- [7](#)

- [3](#)

[7](#) [Agree](#) [3](#) [Disagree](#) [Policy](#) [Report](#) [abuse](#)

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3.1 Ratio of girls to boys in primary, secondary and tertiary education

MDG  Gender Parity Index in primary level enrolment Last updated: 20 Jul 2010			0,76							0,84	0,84	0,85	0,87	0,96	0,96	0,96	0,95	0,97		
MDG  Gender Parity Index in secondary level enrolment Last updated: 20 Jul 2010									0,70	0,71	0,72	0,74	0,81	0,81	0,82	0,83	0,86			
MDG  Gender Parity Index in tertiary level enrolment Last updated: 20 Jul 2010			0,54							0,66	0,68	0,70	0,68	0,67	0,71	0,72	0,70			

3.2 Share of women in wage employment in the non-agricultural sector

MDG  Percentage Last updated: 23 Jun 2010	12,7	13,0	13,3	13,7	14,1	14,4	14,9	15,5	16,0	16,3	16,6	16,8	17,3	17,6	17,9	18,1				
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3.3 Proportion of seats held by women in national parliament

MDG  Seats held by women in national parliament, percentage Last updated: 23 Jun 2010	5,0							7,2	7,2	8,1	9,0	9,0	8,8	8,8	8,8	8,3	8,3	8,3	9,1	9,1	10,8
Total number of seats in national parliament Last updated: 23 Jun 2010	521							545	545	543	543	544	543	543	543	543	545	545	541	541	545
Seats held by men in national parliament Last updated: 23 Jun 2010	495							506	506	499	494	495	495	495	495	498	500	500	492	492	486
Seats held by women in national parliament Last updated: 23 Jun 2010	26							39	39	44	49	49	48	48	48	45	45	45	49	49	59

Important note: Some of the MDG data presented in this website have been adjusted by the responsible specialized agencies to ensure international comparability, in compliance with their shared mandate to assess progress towards the MDGs at the regional and global levels.

Download the entire MDG dataset: 

India

Series	1991	1993	1997	1999	2000	2001	2002	2003	2004	2005	2006
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5.1 Maternal mortality ratio

<p>MDG Maternal mortality ratio per 100,000 live births Last updated: 14 Jul 2008</p>										450 ¹	
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5.2 Proportion of births attended by skilled health personnel

<p>MDG Percentage Last updated: 23 Jun 2010</p>		34,2 ²		42,3 ^{3,4}	42,5 ⁵						46,6 ^{6,7}
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5.3 Contraceptive prevalence rate

<p>MDG Current contraceptive use among married women 15-49 years old, any method, percentage Last updated: 10 Aug 2010</p>		40,7 ⁸		48,2 ^{9,10}	46,9			53,0 ^{11,12,13,14}			56,3 ¹⁵
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<p>Current contraceptive use among married women 15-49 years old, modern methods, percentage Last updated: 10 Aug 2010</p>		36,5 ⁸		42,8 ^{9,10}	42,3			45,7 ^{11,12,13,14}			48,5 ¹⁵
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<p>Current contraceptive use among married women 15-49 years old, condom, percentage Last updated: 10 Aug 2010</p>		2,4 ⁸		3,1 ^{9,10}				4,8 ^{11,12,13,14}			5,2 ¹⁵
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5.4 Adolescent birth rate

<p>MDG Adolescent birth rate, per 1,000 women Last updated: 23 Jun 2010</p>	76,0 ¹⁶		54,0 ¹⁷	52,1 ¹⁸	51,0 ¹⁹	48,9 ²⁰	47,0 ²¹	46,1 ²²	51,6 ²³	45,9 ²⁴	45,2 ²⁵
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5.5 Antenatal care coverage (at least one visit and at least four visits)

<p>MDG Antenatal care coverage, at least one visit, percentage Last updated: 23 Jun 2010</p>		61,9 ^{26,27}		65,1 ^{28,29}	61,8 ³⁰						74,2 ^{31,32}
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<p>MDG Antenatal care coverage, at least four visits, percentage Last updated: 23 Jun 2010</p>		26,9 ^{26,33}		29,5 ^{28,34}							37,0 ^{31,35}
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5.6 Unmet need for family planning

<p>MDG Unmet need for family planning, total,</p>											
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percentage Last updated: 23 Jun 2010		16,5		15,8				21,1			12,8
 Unmet need for family planning, spacing, percentage Last updated: 23 Jun 2010		9,0 ⁸		8,3 ^{9,10}				8,5 ^{11,12,36}			6,2 ¹⁵
 Unmet need for family planning, limiting, percentage Last updated: 23 Jun 2010		7,5 ⁸		7,5 ^{9,10}				12,7 ^{11,12,36}			6,6 ¹⁵

Millenniums-Entwicklungsziele



VEREINTE NATIONEN

Bericht 2009



Dieser Bericht beruht auf einem Stammdatensatz, der von der Interinstitutionellen und Sachverständigengruppe über die Indikatoren für die Millenniums-Entwicklungsziele unter der Führung der Hauptabteilung Wirtschaftliche und Soziale Angelegenheiten im Sekretariat der Vereinten Nationen zusammengestellt wurde. Damit wurde dem Wunsch der Generalversammlung nach einer regelmäßigen Fortschrittsbewertung hinsichtlich der Ziele entsprochen. Die Gruppe besteht aus Vertretern der nachstehend aufgeführten internationalen Organisationen, zu deren Aufgaben die Erstellung einer oder mehrerer der statistischen Indikatorreihen gehört, die für die Überwachung des Umsetzungsstands der Ziele für geeignet befunden wurden. Weitere Beiträge stammen von Statistikern einzelner Länder sowie von externen sachverständigen Beratern.

INTERNATIONALE ARBEITSORGANISATION

ERNÄHRUNGS- UND LANDWIRTSCHAFTSORGANISATION DER VEREINTEN NATIONEN

ORGANISATION DER VEREINTEN NATIONEN FÜR BILDUNG; WISSENSCHAFT UND KULTUR

ORGANISATION DER VEREINTEN NATIONEN FÜR INDUSTRIELLE ENTWICKLUNG

WELTGESUNDHEITSORGANISATION

WELTBANK

INTERNATIONALER WÄHRUNGSFONDS

INTERNATIONALE FERNMELDEUNION

WIRTSCHAFTSKOMMISSION FÜR AFRIKA

WIRTSCHAFTSKOMMISSION FÜR EUROPA

WIRTSCHAFTSKOMMISSION FÜR LATEINAMERIKA UND DIE KARIBIK

WIRTSCHAFTS- UND SOZIALKOMMISSION FÜR ASIEN UND DEN PAZIFIK

WIRTSCHAFTS- UND SOZIALKOMMISSION FÜR WESTASIEN

GEMEINSAMES PROGRAMM DER VEREINTEN NATIONEN FÜR HIV/AIDS

KINDERHILFSWERK DER VEREINTEN NATIONEN

HANDELS- UND ENTWICKLUNGSKONFERENZ DER VEREINTEN NATIONEN

ENTWICKLUNGSFONDS DER VEREINTEN NATIONEN FÜR DIE FRAU

ENTWICKLUNGSPROGRAMM DER VEREINTEN NATIONEN

UMWELTPROGRAMM DER VEREINTEN NATIONEN

RAHMENÜBEREINKOMMEN DER VEREINTEN NATIONEN ÜBER KLIMAÄNDERUNGEN

AMT DES HOHEN FLÜCHTLINGSKOMMISSARS DER VEREINTEN NATIONEN

PROGRAMM DER VEREINTEN NATIONEN FÜR MENSCHLICHE SIEDLUNGEN

BEVÖLKERUNGSFONDS DER VEREINTEN NATIONEN

INTERNATIONALES HANDELSZENTRUM

INTERPARLAMENTARISCHE UNION

ORGANISATION FÜR WIRTSCHAFTLICHE ZUSAMMENARBEIT UND ENTWICKLUNG

WELTHANDELSORGANISATION

Millenniums- Entwicklungsziele Bericht 2009



VEREINTE NATIONEN

NEW YORK 2009

EIN ENDE DER ARMUT **2015** *Gehen wir es an*
MILLENNIUMS-ENTWICKLUNGSZIELE



Vorwort

Vor neun Jahren stellten die führenden Politiker der Welt weitsichtige Ziele auf, um einen großen Teil der Menschheit von den Fesseln der extremen Armut, des Hungers, des Analphabetentums und der Krankheit zu befreien. Sie setzten Zielvorgaben für die Verwirklichung der Gleichstellung der Geschlechter und der Ermächtigung der Frauen, die ökologische Nachhaltigkeit und eine weltweite Entwicklungspartnerschaft. Mit einem Wort, sie verabschiedeten einen Plan für eine bessere Welt und gelobten, keine Mühen zu scheuen, um diese Vision Wirklichkeit werden zu lassen.

Wir haben hierbei bedeutende Fortschritte erzielt und viele Erfolge zu verzeichnen, auf denen wir aufbauen können. Doch kommen wir bei der Erreichung unserer Ziele zu schleppend voran. Überdies stehen wir heute vor einer weltweiten Wirtschaftskrise, deren volle Auswirkungen noch gar nicht abzusehen sind. Im günstigsten Fall wird uns diese Krise nur auf einigen wichtigen Gebieten, vorwiegend in den Entwicklungsländern, vom Kurs abbringen. Schlimmstenfalls jedoch könnte sie uns daran hindern, unsere Zusagen einzuhalten, und bei Gefahr sozialer und politischer Unruhen weitere Millionen Menschen in die Armut stürzen. Dies müssen wir unter allen Umständen verhindern.

Wir dürfen nicht zulassen, dass ein ungünstiges Wirtschaftsklima die im Jahr 2000 abgegebenen Zusagen untergräbt. Wir sollten im Gegenteil unsere Bemühungen um die Wiederherstellung des Wirtschaftswachstums als Chance ansehen, einige der schweren Entscheidungen zu treffen, die für die Schaffung einer gerechteren und nachhaltigen Zukunft notwendig sind. Wie aus diesem Bericht hervorgeht, können die richtigen grundsatzpolitischen und sonstigen Maßnahmen durchaus zu Ergebnissen führen, wenn sie durch ausreichende Finanzmittel und starken politischen Willen untermauert sind. Heute sterben weniger Menschen an Aids, und viele Länder verfolgen bewährte Strategien zur Bekämpfung von Malaria und Masern, zwei der Krankheiten, denen viele Kinder zum Opfer fallen. Die Welt nähert sich dem Ziel der allgemeinen Grundschulbildung, und wir befinden uns auf dem besten Weg, die Zielvorgabe betreffend einwandfreies Trinkwasser zu erreichen.

Der Bericht zeigt jedoch auch, dass viele Herausforderungen fortbestehen und angesichts des derzeitigen Wirtschaftsklimas noch schwieriger zu bewältigen sein dürften. Erste Anzeichen deuten, wie zu erwarten, darauf hin, dass die Armen von den Turbulenzen des vergangenen Jahres am meisten in Mitleidenschaft gezo-

gen wurden. Weitaus mehr Menschen leiden heute Hunger und leben in extremer Armut, als dies bei ununterbrochenem Fortschritt der Fall gewesen wäre. Durch wirtschaftliche Härten wurden viele Millionen in prekäre Beschäftigungsverhältnisse gedrängt, und die Zahl derjenigen, die zwar erwerbstätig sind, jedoch nicht genug verdienen, um für sich selbst und ihre Familien die Armutsgrenze von 1,25 US-Dollar pro Tag zu überschreiten, hat zugenommen.

Die Zeit ist gekommen, nicht etwa den Rückzug anzutreten, sondern vielmehr die Erreichung der Millenniums-Entwicklungsziele beschleunigt voranzutreiben und die weltweite Entwicklungspartnerschaft zu stärken. Wenn die Weltgemeinschaft mit konstruktiven Maßnahmen auf die Krise reagiert, sind die Ziele noch zu erreichen. Die zugesagte Erhöhung der Hilfe wahrzumachen, ist unverzichtbar. Ebenso wichtig ist es, zu gewährleisten, dass die Interessen der Entwicklungsländer, insbesondere der ärmsten unter ihnen, bei Handelsverhandlungen auch künftig an zentraler Stelle stehen. Auch müssen wir im Dezember in Kopenhagen ein neues Regelwerk betreffend die Klimaänderung unter Dach und Fach bringen. Es ist an der Zeit, die erforderlichen Strukturänderungen vorzunehmen, um entschiedener auf eine gerechtere Entwicklung und auf Nachhaltigkeit hinzuwirken und gegen die Klimakrise anzugehen.

Die Weltgemeinschaft darf sich nicht von den armen und gesellschaftlich schwachen Menschen abwenden. Wir müssen die weltweite Zusammenarbeit und Solidarität stärken und mit neuer Kraft auf die Erreichung der Millenniums-Entwicklungsziele und die Förderung der umfassenderen Entwicklungsagenda hinwirken. Nichts Geringeres als die Lebensfähigkeit der Erde und die Zukunft der Menschheit steht auf dem Spiel. Ich bitte die politischen Entscheidungsträger und alle Beteiligten eindringlich, sich die Botschaft dieses wertvollen und zeitgerechten Berichts zu eigen zu machen.



BAN KI-MOON
Generalsekretär der Vereinten Nationen

Überblick

Die Millenniums-Erklärung erklärt 2015 zum Zieldatum für die Erreichung der meisten Millenniums-Entwicklungsziele, mit denen quantitative Kriterien für die Halbierung der extremen Armut in allen ihren Formen vorgegeben wurden. Bis zu diesem Datum verbleiben nicht einmal mehr sechs Jahre, und die Welt befindet sich in einer von ihrer Schwere und ihrem globalen Ausmaß her beispiellosen Wirtschaftskrise.

Schleppendes oder sogar negatives Wirtschaftswachstum, verringerte Ressourcen, weniger Handelschancen für die Entwicklungsländer und der mögliche Rückgang der Hilfsströme aus den Geberländern erschweren nun die Erreichung der Ziele. Gleichzeitig treten die Auswirkungen des Klimawandels mit seinen potenziell verheerenden Folgen für reiche wie arme Länder immer deutlicher zutage. Heute mehr denn je müssen wir uns in unseren gemeinsamen Anstrengungen von der Entschlossenheit leiten lassen, die in der Millenniums-Erklärung zum Ausdruck kommende weltweite Partnerschaft aufzubauen.

Die düsteren Auswirkungen der Wirtschaftskrise

Dieser Bericht enthält eine jährliche Bewertung der Fortschritte im Hinblick auf die Millenniums-Entwicklungsziele. Zwar vermitteln die bisher vorliegenden Daten noch kein volles Bild der Auswirkungen der jüngsten Wirtschaftsflaute, doch lässt sich schon erkennen, dass es im Hinblick auf die acht Ziele verschiedentlich zu einem verlangsamten Fortschrittsverlauf oder zu rückläufigen Entwicklungen kommen wird.

Es sieht beispielsweise so aus, als seien die erheblichen Fortschritte, die zwischen 1990 und 2005 im Kampf gegen die extreme Armut erzielt worden waren, zum Stillstand gekommen. Während dieses Zeitraums war die Zahl der Menschen, die mit weniger als 1,25 Dollar pro Tag auskommen müssen, von 1,8 Milliarden auf 1,4 Milliarden gesunken. 2009 hingegen werden schätzungsweise 55 bis 90 Millionen mehr Menschen in extremer Armut leben als vor der Krise erwartet.

Auch der ermutigende Trend bei der Beseitigung des Hungers, der seit Anfang der 1990er Jahre zu beobachten war, kehrte sich 2008 hauptsächlich wegen höherer Nahrungsmittelpreise um. Die Hungerprävalenz in den Entwicklungsregionen steigt wieder an, nämlich von 16 Prozent im Jahr 2006 auf 17 Prozent im Jahr 2008. Der Rückgang der Nahrungsmittelpreise auf dem Weltmarkt in der zweiten Jahreshälfte 2008 bedeutete für die meisten Menschen auf der Welt nicht, dass Nahrungsmittel erschwinglicher wurden.

Es verwundert nicht, dass Kinder die Hauptleidtragenden sind. Mehr als ein Viertel der Kinder in den Entwicklungsregionen sind für ihr Alter untergewichtig, was ihre Aussichten auf Überleben, Wachstum und langfristige Entwicklung schmälert. Die zwischen 1990 und 2007 erzielten geringfügigen Fortschritte auf dem Gebiet der Ernährung von Kindern reichen nicht aus, um die Zielvorgabe für 2015 zu erreichen, und werden durch höhere Nahrungs-

mittelpreise und wirtschaftliche Instabilität wohl zunichte gemacht werden.

Diese Krisen könnten auch Verbesserungen bei der Gleichstellung der Geschlechter in Frage stellen, da neue Hürden für die Erwerbstätigkeit von Frauen entstehen. Nach Schätzungen der Internationalen Arbeitsorganisation könnte die weltweite Arbeitslosenquote 2009 für Männer auf 6,1 bis 7,0 Prozent und auf 6,5 bis 7,4 Prozent für Frauen ansteigen; letztere bleiben vielfach in unsicheren und oft unbezahlten Tätigkeiten gefangen.

Die globale Finanzlage könnte sich außerdem dahingehend auswirken, dass weniger Mittel für Programme zur Verbesserung der Müttergesundheit bereitstehen – dasjenige Ziel, bei dem bisher die geringsten Fortschritte erzielt wurden. Seit Mitte der 1990er Jahre war in den meisten Entwicklungsländern ein erheblicher Rückgang der pro Frau bereitgestellten Gebermittel für Familienplanung zu verzeichnen, obwohl solche Programme zweifellos zur Gesundheit von Müttern und Kindern beitragen.

Auch die Fähigkeit der Länder, einheimische Ressourcen für die Entwicklung zu mobilisieren, ist bedroht. Im letzten Quartal 2008 sanken die Exporteinnahmen der Entwicklungsländer mit dem Zusammenbruch der Preise für Rohstoffe und Ausfuhr Güter im Allgemeinen. Das Verhältnis Schuldendienst/Export Erlöse wird sich in den Entwicklungsländern wahrscheinlich weiter verschlechtern, insbesondere in den Ländern, die in den vergangenen Jahren höhere Exporteinnahmen verzeichnet hatten.

Die bisherigen Erfolge

Es gibt jedoch auch Lichtblicke. In dem Bericht werden auch die bemerkenswerten Fortschritte genannt, die viele Länder und Regionen vor dem drastischen Umschwung der Weltwirtschaft 2008 erzielt hatten.

- 2005 lebte etwas mehr als ein Viertel der Bevölkerung der Entwicklungsländer in extremer Armut. 1990 war es noch fast die Hälfte.
- Auch im Bildungsbereich waren erhebliche Erfolge zu verzeichnen. In den Entwicklungsländern als Gruppe stieg die Grundschulbesuchsrate zwischen 2000 und 2007 von 83 auf 88 Prozent. Die meisten Fortschritte stellten sich in den Regionen ein, die am weitesten zurücklagen. In Afrika südlich der Sahara und in Südasien stieg die Einschulungsquote zwischen 2000 und 2007 um 15 beziehungsweise 11 Prozentpunkte.
- Die Anzahl der Sterbefälle bei Kindern unter fünf Jahren ging weltweit stetig zurück und betrug trotz gleichzeitigen Bevölkerungswachstums 2007 etwa 9 Millionen gegenüber 12,6 Millionen im Jahr 1990. Die Kindersterblichkeitsrate ist in Afrika südlich der Sahara nach wie vor am höchsten, doch zeigen jüngste Erhebungen bemerkenswerte Verbesserungen bei wichtigen Interventionsmaßnahmen, die in den kommenden Jahren zu einem maßgeblichen Durchbruch für die Kinder dieser Region führen könnten. Zu diesen Maßnahmen gehört die Verteilung von imprägnierten Moskitonetzen zur

Verhütung der Malaria, die zu den für Kinder todbringendsten Krankheiten zählt. Auch im Kampf gegen Masern werden im Rahmen von Impfprogrammen im „zweiten Anlauf“ beachtenswerte Fortschritte erzielt.

- Auf weltweiter Ebene wurde in bisher beispielloser internationaler Zusammenarbeit vereinbart, den Verbrauch an Stoffen, die die schützende Ozonschicht der Erde abbauen, um 97 Prozent zu senken.

Bereiche, in denen raschere Fortschritte erforderlich sind

Diese Erfolge zeigen, dass die Ziele auf weltweiter Ebene und selbst in sehr armen Ländern in Reichweite liegen. Wir müssen unsere Anstrengungen auch künftig an den Millenniums-Entwicklungszielen ausrichten und dürfen selbst in diesen schweren Zeiten die Vision einer Welt ohne Armut nicht aus den Augen verlieren.

- Mit frischen Kräften müssen Anstrengungen unternommen werden, eine produktive Vollbeschäftigung und menschenwürdige Arbeit für alle, einschließlich Frauen und junger Menschen, zu verwirklichen. Der Frauenanteil an den unselbständig Erwerbstätigen im nichtlandwirtschaftlichen Sektor ist über die Jahre nur unwesentlich gestiegen. In Süd-Asien, Nordafrika und Westasien sind die Beschäftigungsmöglichkeiten für Frauen nach wie vor äußerst gering.
- Der Kampf gegen den Hunger muss insbesondere im Interesse der jüngsten Bürger mit neuer Entschlossenheit geführt werden. In den vom letzten Anstieg der Nahrungsmittelpreise am stärksten betroffenen Ländern müssen die Verfügbarkeit von Nahrungsmitteln durch entsprechende Maßnahmen erhöht und sozialpolitische Maßnahmen verstärkt auf die Bekämpfung der nachteiligen Auswirkungen dieses Anstiegs auf arme Menschen ausgerichtet werden.
- Es gilt, verstärkt dafür zu sorgen, dass alle Kinder, insbesondere in ländlichen Gemeinden, eine Schule besuchen und dass jede Ungleichstellung im Bildungsbereich aufgrund des Geschlechts sowie aufgrund der Zugehörigkeit zu einer bestimmten Volksgruppe, sprachlichen und religiösen Minderheit beseitigt wird. Das Ziel, bis 2005 geschlechtsspezifische Disparitäten bei der Grund- und Sekundarschulbildung zu beseitigen, wurde bereits verfehlt.
- Zur Senkung der Müttersterblichkeit, insbesondere im subsaharischen Afrika und in Südasien, wo bisher kaum Fortschritte erzielt wurden, muss größerer politischer Wille mobilisiert werden.
- Weitaus raschere Fortschritte sind erforderlich, um verbesserte sanitäre Einrichtungen für die 1,4 Milliarden Menschen bereitzustellen, die 2006 mit allen damit verbundenen Folgen für die Gesundheit in den Gemeinwesen und für die lokale Umwelt noch ohne solche Einrichtungen auskommen mussten. Geht die Entwicklung so weiter wie bisher, wird das auf 2015 terminierte Ziel der flächendeckenden sanitären Grundversorgung verfehlt werden.

- Zur Verbesserung der Lebensbedingungen armer Stadtbewohner müssen raschere und noch weiter reichende Anstrengungen unternommen werden. Obwohl alle Regionen mit einer Ausnahme auf dem Gebiet der Slumsanierung vorangekommen sind, können die Verbesserungen mit dem raschen Städtewachstum in den Entwicklungsländern kaum Schritt halten.
- Schließlich muss der Erhaltung unserer natürlichen Ressourcengrundlage, auf die wir alle angewiesen sind, höherer Vorrang eingeräumt werden. Wir sind bisher weder energisch genug noch geschlossen gegen die Klimaänderung vorgegangen, unsere Fischbestände sind gefährdet, Waldgebiete, insbesondere Primärwälder, nehmen ab, und in zahlreichen ariden Regionen herrscht heute bereits tatsächlich Wasserknappheit.

Aus Erfahrungen lernen und nach vorne blicken

Fortschritte sind dort am offensichtlichsten, wo gezielte Interventionsmaßnahmen sofortige Wirkung gezeigt haben und wo sich erhöhte Finanzmittel in erweiterte Programme zur direkten Bereitstellung von Diensten und Instrumenten an die Bedürftigen umgesetzt haben. Dies zeigt sich beim Kampf gegen die Malaria, bei der drastischen Verringerung der durch Masern verursachten Sterbefälle und in der innerhalb von fünf Jahren verzehnfachten Versorgungsdichte für die antiretrovirale HIV/Aids-Therapie. Demgegenüber waren die Fortschritte bescheidener, wenn Strukturveränderungen und starker politischer Wille erforderlich waren, um über einen längeren Zeitraum hinweg eine ausreichende und nachhaltige Finanzierung zu gewährleisten. Dies ist aller Wahrscheinlichkeit nach der Grund für die schlechten Ergebnisse der meisten Länder bei der Senkung der Müttersterblichkeit und der Ausweitung des Zugangs armer Landbewohner zu verbesserten Sanitäreinrichtungen.

Die Erreichung der Millenniums-Entwicklungsziele erfordert die volle Integration der Entwicklungsagenda in die Anstrengungen zum Wiederanstoss des Wachstums und zum Wiederaufbau der Weltwirtschaft. An oberster Stelle steht das Problem des Klimawandels, das als Gelegenheit aufzufassen ist, effizientere „grüne“ Technologien zu entwickeln und die notwendigen Strukturveränderungen vorzunehmen, die zu einem zukunftsfähigen Wachstum beitragen werden. Zur Erreichung der Millenniums-Entwicklungsziele ist außerdem gezielt auf die Bereiche und Bevölkerungsgruppen einzugehen, die klar ins Hintertreffen geraten sind – ländliche Gemeinwesen, die ärmsten Haushalte und ethnische Minderheiten, denen allesamt eine Rolle bei der Gestaltung unserer gemeinsamen Zukunft zukommen wird.

SHA ZUKANG
Untergeneralsekretär für wirtschaftliche und soziale Angelegenheiten

Ziel 1

Beseitigung der extremen Armut und des Hungers

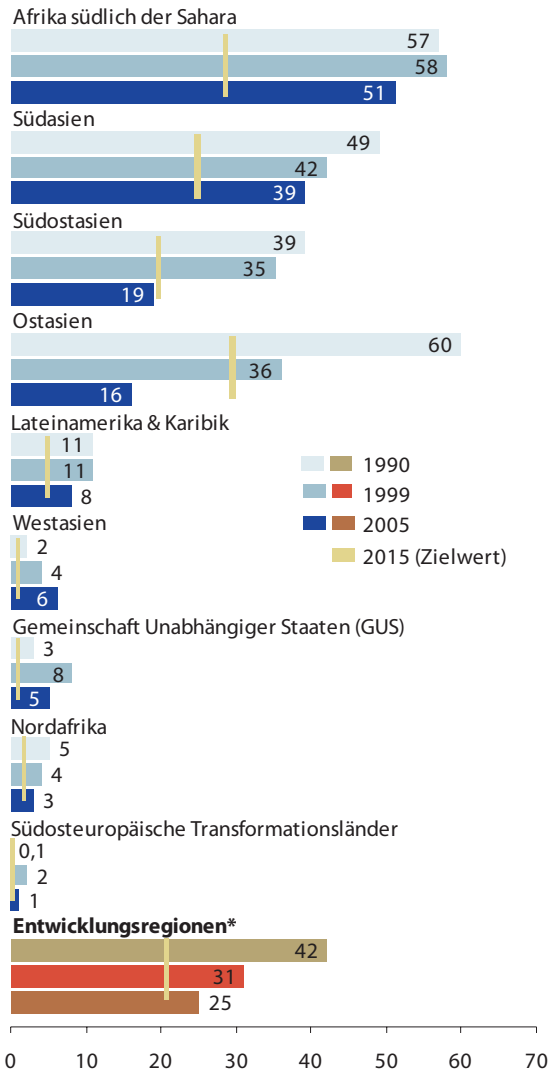


ZIELVORGABE

Zwischen 1990 und 2015 den Anteil der Menschen halbieren, deren Einkommen weniger als 1 Dollar pro Tag beträgt

Die weltweite Wirtschaftskrise verhindert Fortschritte im Kampf gegen die Armut

Anteil der Menschen, die mit weniger als 1,25 Dollar pro Tag auskommen müssen – 1990, 1999 und 2005 (Prozent)



* Umfasst alle Entwicklungsregionen, die Gemeinschaft Unabhängiger Staaten und die Transformationsländer Südosteuropas.

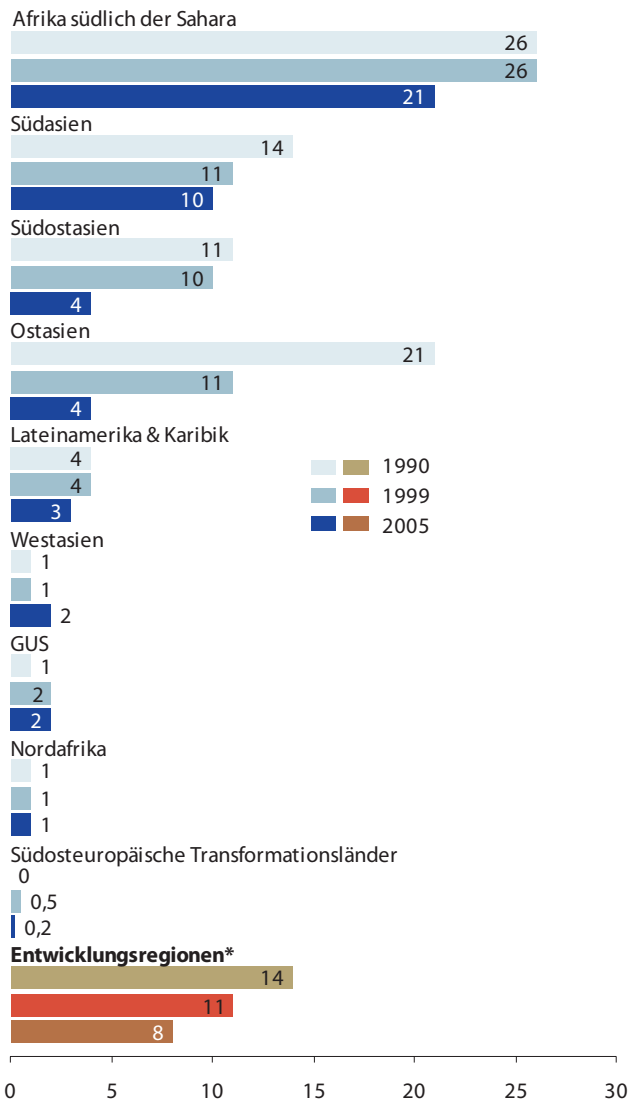
Die Zahl der weltweit in extremer Armut lebenden Menschen wird 2009 voraussichtlich um 55 bis 90 Millionen höher liegen als vor der Weltwirtschaftskrise erwartet, wobei sich die konkreten Auswirkungen allerdings nach Regionen und Ländern unterscheiden werden. Nach aktuellen Hoch-

rechnungen werden die Armutsquoten in den Entwicklungsländern insgesamt 2009 noch fallen, aber sehr viel langsamer als vor dem Abschwung. Für manche Länder kann dies darüber entscheiden, ob sie ihr Ziel der Armutsminderung erreichen oder nicht. In Afrika südlich der Sahara und in Südasien werden in einigen der anfälligeren und wachstumsschwachen Volkswirtschaften sowohl die Zahl der Armen als auch die Armutsquote voraussichtlich weiter steigen.

Vor der Wirtschaftskrise und dem Anstieg der Nahrungsmittelpreise war die Zahl der in den Entwicklungsregionen in extremer Armut lebenden Menschen – Menschen, die mit weniger als 1,25 Dollar pro Tag (Basisjahr: 2005) auskommen müssen – von 1,8 Milliarden im Jahr 1990 auf 1,4 Milliarden im Jahr 2005 gesunken. Demzufolge lebte 2005 etwas mehr als ein Viertel der Bevölkerung der Entwicklungsländer in extremer Armut, wohingegen es 1990 noch fast die Hälfte gewesen war. In Ostasien war hauptsächlich dank des raschen Wirtschaftswachstums in China, durch das 475 Millionen Menschen aus der extremen Armut befreit wurden, ein drastischer Rückgang der Armutsquote zu verzeichnen. Anderswo stellten sich Fortschritte langsamer ein, und in einigen Regionen trug das Bevölkerungswachstum ursächlich dazu bei, die Zahl der Mittellosen zu erhöhen. In Afrika südlich der Sahara lebten 2005 100 Millionen mehr Menschen in extremer Armut als 1990, und die Armutsquote lag weiter über 50 Prozent, wenngleich sie nach 1999 zu sinken begann. Weltweit gesehen wird die Zielvorgabe, die Armutsquote bis 2015 zu halbieren, wohl erreicht werden. Einige Regionen werden jedoch weit dahinter zurückbleiben, und bis zu 1 Milliarde Menschen werden bis zum Zieldatum wohl weiter in extremer Armut leben.

Vor der Krise nahm die Armutstiefe in fast allen Regionen ab

Armutslückenverhältnis bei 1,25 Dollar pro Tag – 1990, 1999 und 2005 (in Prozent)

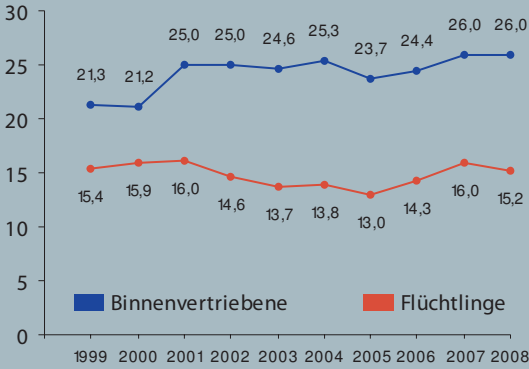


* Umfasst alle Entwicklungsregionen, die Gemeinschaft Unabhängiger Staaten und die Transformationsländer Südosteuropas.

Wie groß die Herausforderung der Armutsbeseitigung ist, misst sich nicht nur an der Zahl der armen Menschen weltweit, sondern auch daran, wie weit sie die Armutsgrenze unterschreiten. Mit dem Anstieg der Durchschnittseinkommen seit 2000 konnten sich viele Menschen aus der Armut befreien, und die Armutstiefe der weiter in extremer Armut verharrenden Menschen nahm ab. Bei einer Armutsgrenze von 1,25 Dollar pro Tag ging das Armutslückenverhältnis zwischen 1990 und 2005 in allen Regionen außer Westasien zurück. 2005 war die Armutstiefe in Afrika südlich der Sahara am größten, sank dort jedoch seit 1999 auf den Stand Ostasiens im Jahr 1990. Die Weltwirtschaftskrise im Verein mit hohen Nahrungsmittelpreisen hat wohl eine Umkehr dieser positiven Trends bewirkt.

Konflikte stürzen Millionen in die Armut

Zahl der Binnenvertriebenen und Flüchtlinge – 1999-2008 (in Millionen)



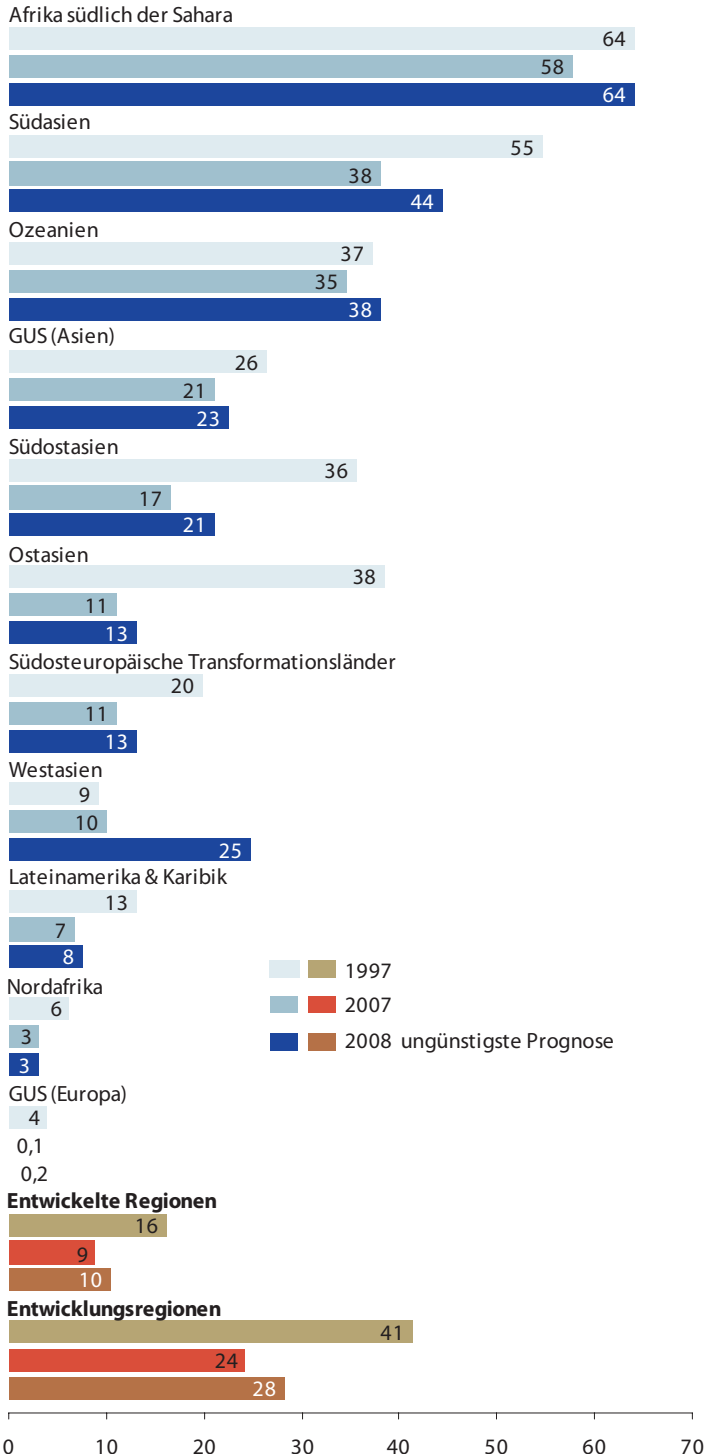
Konflikte und Verfolgung sind Hauptgründe dafür, dass Menschen ihr Zuhause verlassen und entweder in ihrem eigenen Land oder jenseits seiner Grenzen zu Flüchtlingen werden. Sie verfügen in der Regel weder über eine Beschäftigung noch über einen festen Wohnsitz und fallen ohne soziales Sicherungsnetz schnell in Armut. Die Zahl der Binnenvertriebenen lag in den vergangenen beiden Jahren weltweit unverändert bei 26 Millionen. Hingegen kehrten 2008 mehr als 600.000 Menschen freiwillig in ihr Herkunftsland zurück, und die Zahl der Flüchtlinge sank. Ende 2008 standen noch immer schätzungsweise 4,7 Millionen Flüchtlinge unter der Obhut des Hilfswerk der Vereinten Nationen für Palästinaflüchtlinge im Nahen Osten (UNRWA). Das Amt des Hohen Flüchtlingskommissars der Vereinten Nationen (UNHCR) vermittelte Hilfe an weitere 10,5 Millionen Menschen, fast die Hälfte davon Flüchtlinge aus Afghanistan (2,8 Millionen) und Irak (1,9 Millionen).

ZIELVORGABE

Produktive Vollbeschäftigung und menschenwürdige Arbeit für alle, einschließlich Frauen und junger Menschen, verwirklichen

Düstere Aussichten im Bereich Erwerbsarmut

Anteil der Erwerbstätigen, die mit weniger als 1,25 Dollar pro Tag auskommen müssen – 1997, 2007 und 2008 (Hochrechnung) (in Prozent)



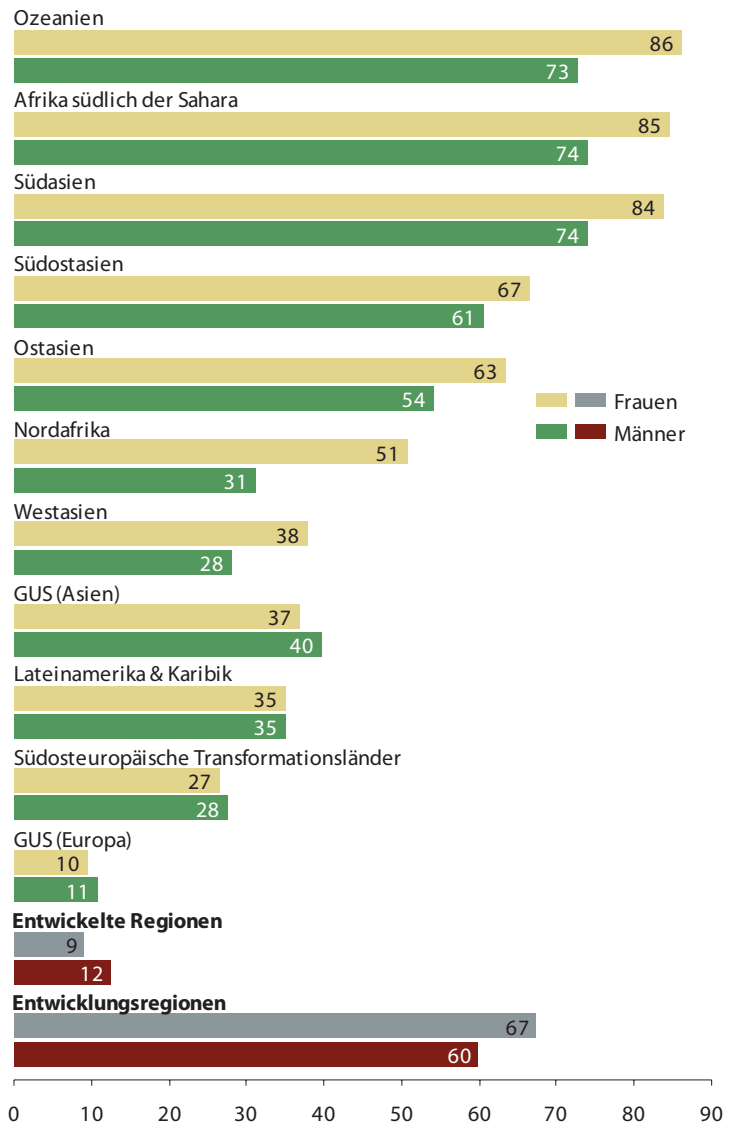
Es ist wohl davon auszugehen, dass sich die hohen Energie- und Rohstoffpreise Anfang 2008, noch verschärft durch einen schweren Wirtschaftsabschwung in der zweiten Jahreshälfte, in erheblichem Maße negativ auf den Anteil der in extremer Armut lebenden Erwerbstätigen ausgewirkt haben. Dabei handelt es sich um Menschen, die zwar erwerbstätig sind, jedoch nicht genug verdienen, um für sich selbst und ihre Familie die Armutsgrenze von 1,25 Dollar pro Tag zu überschreiten. Die bis 2007 zu beobachtenden ermutigenden Trends werden für 2008 wohl rückläufig sein oder günstigstenfalls stagnieren. Die Internationale Arbeitsorganisation (IAO) sieht drei Szenarien. Im ungünstigsten Fall wird die Erwerbsarmut in den Entwicklungsregionen von 24 Prozent der Erwerbstätigen im Jahr 2007 auf 28 Prozent im Jahr 2008 ansteigen. Das mittlere Szenario zeigt einen prozentualen Anstieg der Erwerbsarmut in den meisten Regionen und einen Anstieg auf 25 Prozent für alle Entwicklungsländer. Selbst im besten Fall bleiben Fortschritte auf dem Gebiet der Erwerbsarmut in Afrika südlich der Sahara völlig aus.

Die Beschäftigungsquote ist ein guter Indikator für die Fähigkeit einer Volkswirtschaft, Arbeitsplätze zu schaffen. In den meisten Ländern liegt diese Quote zwischen 55 und 75 Prozent. Dennoch ist es durchaus möglich, dass eine hohe Beschäftigungsquote und hohe Armutsindikatoren nebeneinander bestehen, weil die Menschen arbeiten müssen, um zu überleben, und auf die Qualität ihres Arbeitsplatzes keine Rücksicht nehmen können. Dies ist in Afrika südlich der Sahara der Fall, das zwar von allen Regionen die zweithöchste Erwachsenen-Beschäftigungsquote (etwa 74 Prozent), jedoch die niedrigste Arbeitsproduktivität aufweist. Mehr als die Hälfte der Erwerbstätigen in dieser Region lebte in extremer Armut, und mehr als drei Viertel der Erwerbstätigen befanden sich in einem prekären Beschäftigungsverhältnis.

Zwischen 1998 und 2008 stieg die Beschäftigungsquote von Frauen weltweit von 48 auf 49 Prozent. Dennoch befinden sich noch immer weitaus mehr Frauen als Männer außerhalb des Arbeitsmarktes. Die Beschäftigungsquote von Frauen liegt in Nordafrika und Westasien besonders niedrig, nämlich um 45 Prozentpunkte niedriger als für Männer. In Südasien liegt sie um 44 Prozentpunkte unter der von Männern.

Wirtschaftsturbulenzen drängen viele Millionen Menschen in prekäre Beschäftigungsverhältnisse

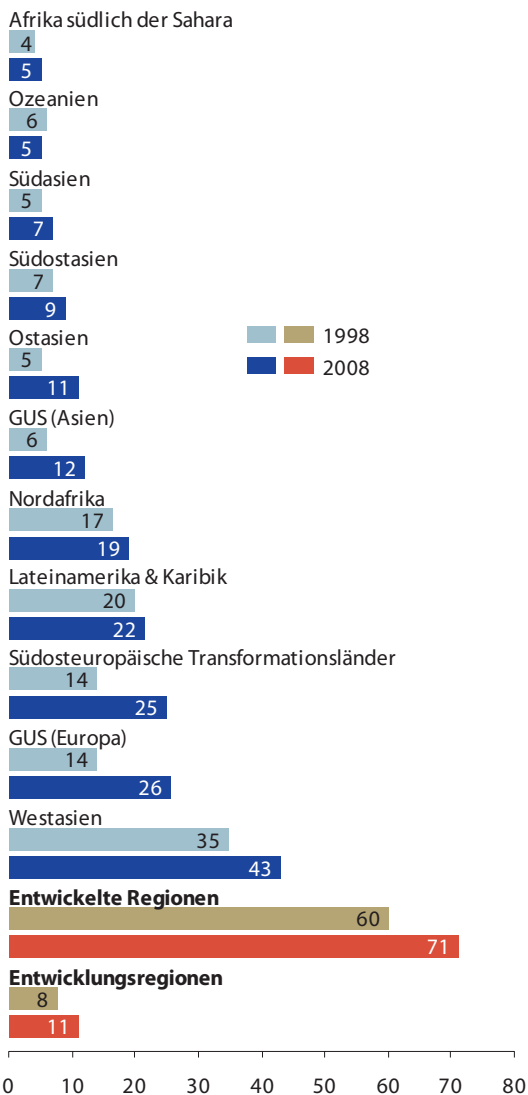
Anteil der Selbständigen und der Familienarbeitskräfte an der Gesamtbeschäftigung – Hochrechnungen nach Szenario 2 für 2008, Frauen und Männer (in Prozent)



Wenn man das zweite Szenario der IAO ansetzt, das angesichts der Schwere der Wirtschaftskrise als das realistischste gilt, könnte die Zahl der Menschen in den Entwicklungsregionen, die sich in prekären Beschäftigungsverhältnissen befinden, 2008 um 77 Millionen höher liegen als 2007 und würden die ermutigenden Trends der letzten zehn Jahre umgekehrt. Menschen in prekären Beschäftigungsverhältnissen verrichten entweder unbezahlte Arbeit in Familienbetrieben oder sind Selbständige und kommen in der Regel nicht in den Genuss der Sicherheitsnetze, die während harter wirtschaftlicher Zeiten vor Einkommensverlust schützen. Nach beiden Szenarien waren 2008 wahrscheinlich weit über 80 Prozent der weiblichen Erwerbsbevölkerung in Ozeanien, Subsahara-Afrika und Südasien in prekären Beschäftigungsverhältnissen tätig.

Die Arbeitsproduktivität in den Entwicklungsregionen ist weiter niedrig – ein schlechtes Zeichen für die künftige Schaffung von Arbeitsplätzen

Produktionsleistung pro Beschäftigten in konstanten US-Dollar von 2005 (Kaufkraftparität) – 1998 und 2008 (in Tausend)



Die Arbeitsproduktivität ist ein wichtiges Maß der Wirtschaftsleistung. Auch lässt sich mit ihrer Hilfe ermitteln, mit welcher Wahrscheinlichkeit ein Land menschenwürdige Beschäftigungsmöglichkeiten mit fairer und ausgewogener Entlohnung schaffen und erhalten kann. Bei geringfügigen Produktivitätszuwächsen steigen in der Regel auch die Löhne und Gehälter nur wenig, und es gibt kein zusätzliches Potenzial für die Schaffung von Arbeitsplätzen. Darüber hinaus ist es

wichtig, dass neben Produktivitätssteigerungen auch Verbesserungen in Bildung und Ausbildung zustande kommen, sodass die zukünftige Erwerbsbevölkerung besser auf die Arbeitsplatzanforderungen vorbereitet ist. In den Entwicklungsregionen ist die Arbeitsproduktivität in den letzten zehn Jahren nur unwesentlich angestiegen und dabei weit hinter der der entwickelten Regionen zurückgeblieben. In Ostasien, der Gemeinschaft Unabhängiger Staaten (GUS) und den Transformationsländern Südosteuropas wurden deutliche Fortschritte erzielt. In Afrika südlich der Sahara ist die Produktivität nach wie vor äußerst niedrig, in Ozeanien sogar leicht rückläufig. Die höhere Produktivität in Ostasien ging mit einem scharfen Rückgang der Zahl der als erwerbsarm eingestuft Personen im gleichen Zeitraum einher. Ähnlich verhielt es sich in den Transformationsländern Südosteuropas, wo der Anteil dieser Menschen seit 1997 um beinahe neun Prozentpunkte zurückging, sich gleichzeitig die Produktivität fast verdoppelte und der Anteil prekärer Beschäftigungsverhältnisse sank.

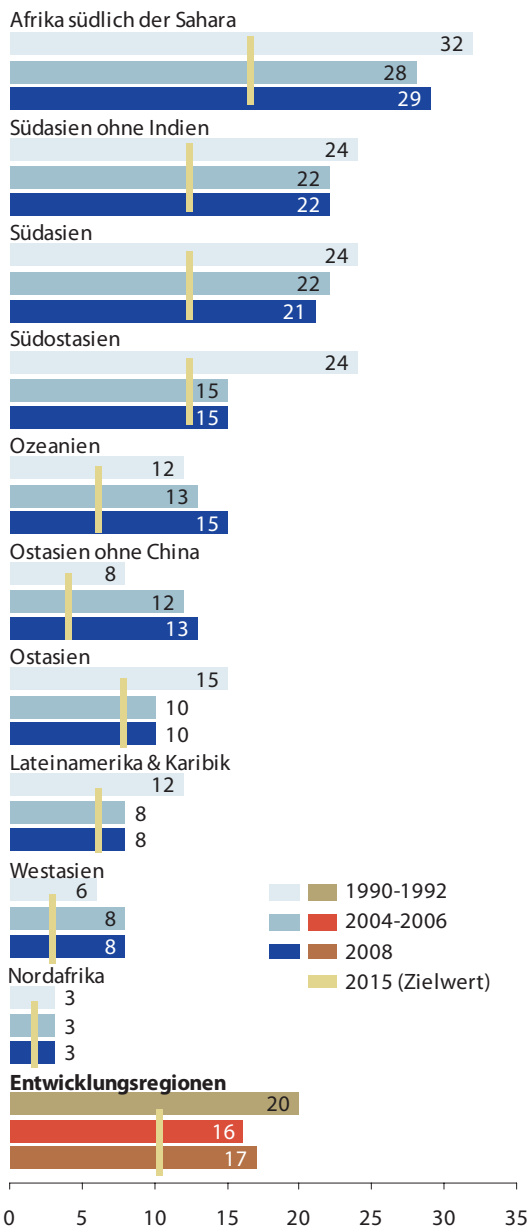


ZIELVORGABE

Zwischen 1990 und 2015 den Anteil der Menschen halbieren, die Hunger leiden

Hohe Nahrungsmittelpreise erschweren Fortschritte bei der Beseitigung des Hungers

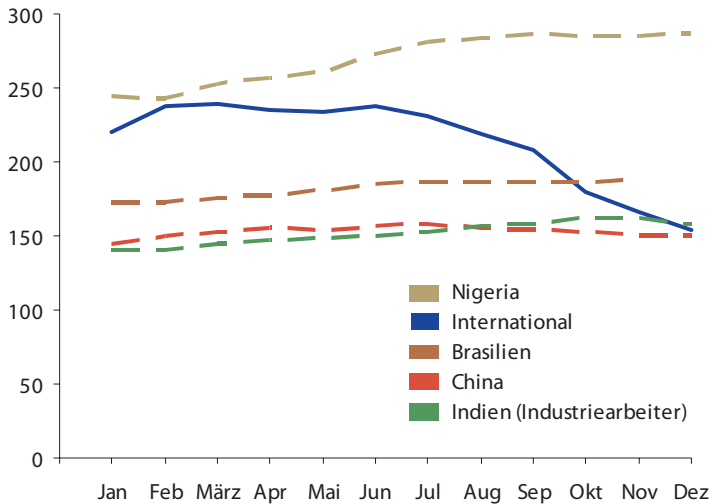
Bevölkerungsanteil, der unterernährt ist – 1990-1992, 2004-2006 und 2008 (in Prozent)



Der in den Entwicklungsländern seit 1990-1992 rückläufige Trend bei der Unterernährungsquote kehrte sich 2008 hauptsächlich wegen eskalierender Nahrungsmittelpreise um. Der Anteil der unterernährten Menschen sank von rund 20 Prozent Anfang der 1990er Jahre auf etwa 16 Prozent zur Mitte der folgenden Dekade. Vorläufigen Schätzungen zufolge erhöhte er sich 2008 jedoch um einen Prozentpunkt. Der rasche Anstieg der Nahrungsmittelpreise sorgte 2008 für einen erhöhten Anteil Hunger leidender Menschen in Afrika südlich der Sahara und in Ozeanien. Lässt man China unberücksichtigt, so nahm auch in Ostasien die Hungerprävalenz zu. In den meisten anderen Regionen kam der rückläufige Trend zum Erliegen.

Rückläufige Nahrungsmittelpreise auf dem Weltmarkt bedeuten nicht, dass Nahrungsmittel auf lokalen Märkten erschwinglicher werden

Internationaler Nahrungsmittelpreisindex und Index der Verbraucherpreise für Nahrungsmittel in ausgewählten Ländern – 2008 (Jahr 2000 = 100)

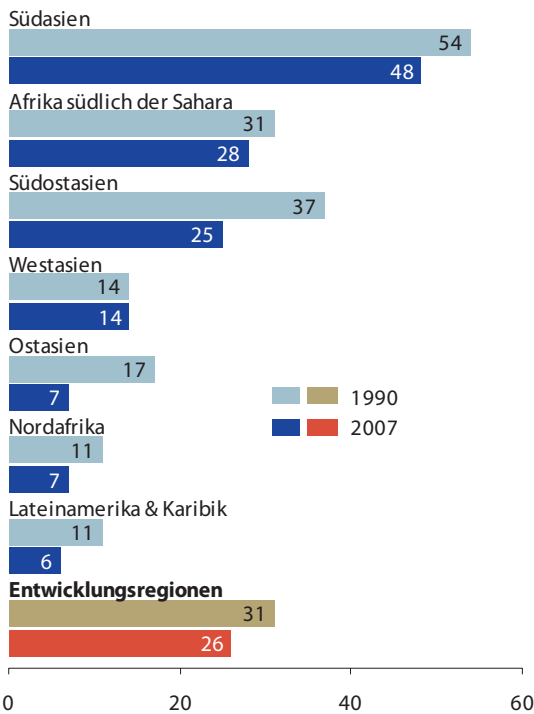


Anmerkung: Der Nahrungsmittelpreisindex errechnet sich aus dem Durchschnitt der Preisindizes für sechs Gütergruppen, gewichtet mit dem durchschnittlichen Exportanteil jeder dieser Gruppen für die Jahre 2002-2004.

Wird der Kampf gegen den Hunger nicht entschlossen geführt, könnte es zu einer anhaltenden Nahrungsmittelkrise kommen. In Anbetracht der rückläufigen Nahrungsmittelpreise auf dem Weltmarkt in der zweiten Jahreshälfte 2008 hätten die Preise auf den lokalen Märkten innerhalb relativ kurzer Zeit sinken sollen. Dazu kam es jedoch nicht, und in vielen Entwicklungsländern, beispielsweise Brasilien, Indien und Nigeria, und in geringem Maße auch in China, verbesserte sich der Zugang der Verbraucher zu Nahrungsmitteln nicht wie erwartet. Insbesondere in den am schwersten betroffenen Ländern sollten die Regierungen und ihre Entwicklungspartner Maßnahmen durchführen, um die Verfügbarkeit von Nahrungsmitteln zu erhöhen, indem sie unter anderem die Produktion steigern und durch verstärkte sozialpolitische Maßnahmen die negativen Auswirkungen höherer Nahrungsmittelpreise, insbesondere auf die Armen, abzufangen suchen.

Geringfügige Fortschritte bei der Kinderernährung werden durch hohe Nahrungsmittelpreise und die Weltwirtschaftslage wohl zunichte gemacht

Anteil der untergewichtigen Kinder unter fünf Jahren – 1990 und 2007 (in Prozent)



Anmerkung: Die Schätzungen der Prävalenz von Untergewicht bei Kindern basieren auf der Referenzbevölkerung, die vom Nationalen Zentrum für Gesundheitsstatistiken (USA), der Weltgesundheitsorganisation und dem Zentrum für die Kontrolle und Eindämmung von Krankheiten (USA) verwendet wird.

Eine angemessene Ernährung ist für die Entwicklung des Immunsystems, der motorischen und der kognitiven Fähigkeiten von Kindern unerlässlich. Dennoch ist in den Entwicklungsregionen etwa ein Viertel der Kinder untergewichtig. Dies kann tödliche Folge haben: Mehr als ein Drittel aller Kindstode weltweit lassen sich auf Unterernährung zurückführen. In den Entwicklungsländern ging der Anteil der untergewichtigen Kinder unter fünf Jahren zwischen 1990 und 2007 um lediglich fünf Prozentpunkte – von 31 auf 26 Prozent – zurück. Selbst wenn es zwischenzeitlich nicht zu einem Anstieg der Nahrungsmittelpreise und zu einer Wirtschaftskrise gekommen wäre, könnte bei gleich bleibendem Fortschrittsverlauf das Ziel, die Prävalenz von Untergewicht um die Hälfte zu senken, nicht erreicht werden.

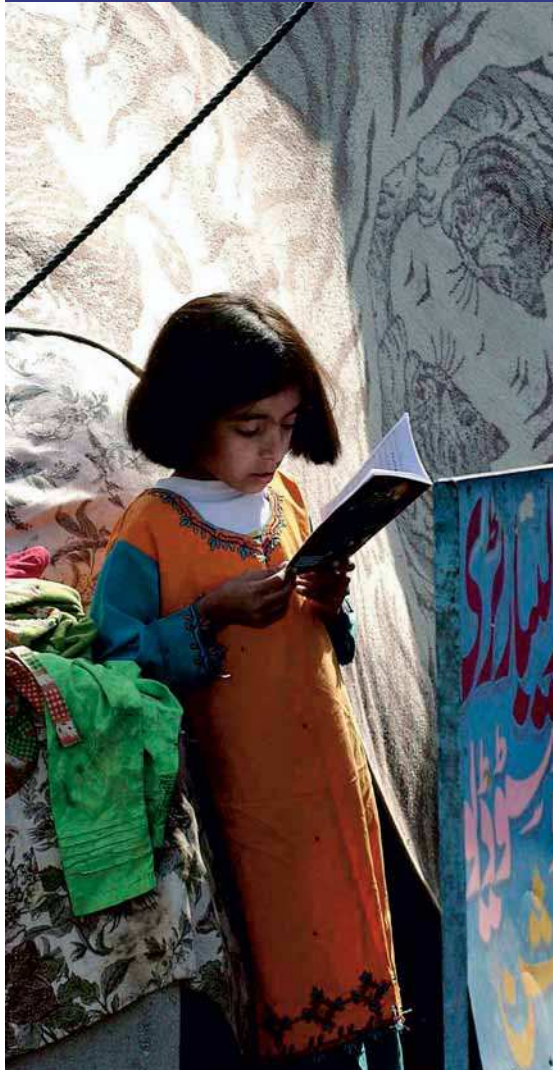
Die noch vor dem Anstieg der Nahrungsmittelpreise erhobenen Daten zeigen, dass Kinder in den ärmsten Haushalten der Entwicklungsländer mehr als doppelt so häufig untergewichtig waren wie die in den reichsten Haushalten. In ähnlicher Weise waren Kinder in ländlichen Gebieten eher untergewichtig als in Städten und Großstädten lebende Kinder.

Der Ernährung von Kindern, insbesondere aus gesellschaftlich schwächeren Gruppen, muss bei der nationalen Entwicklung höhere Priorität beigemessen werden. Dazu gehören die Aufnahme des Stillens innerhalb einer Stunde nach der Geburt, das volle Stillen während der ersten sechs Lebensmonate, rechtzeitige und geeignete Beikost ab einem Alter von sechs Monaten und Teilstillen bis zu einem Alter von zwei Jahren und darüber hinaus. Auch die Verhütung eines niedrigen Geburtsgewichts ist wichtig. Die Ernährungssituation der Mutter vor und während der Schwangerschaft beeinflusst maßgeblich das Geburtsgewicht des Kindes. Das Geburtsgewicht wiederum hat einen entscheidenden Einfluss auf die Überlebenschancen, das Wachstum, die langfristige Gesundheit und die psychosoziale Entwicklung des Neugeborenen. In Südasien ist im Vergleich zum Rest der Welt niedriges Geburtsgewicht am häufigsten – ein Viertel der Neugeborenen wiegt unter 2.500 Gramm – und die Prävalenz von Untergewicht bei Kindern am höchsten.



Ziel 2

Verwirklichung der allgemeinen Grundschulbildung

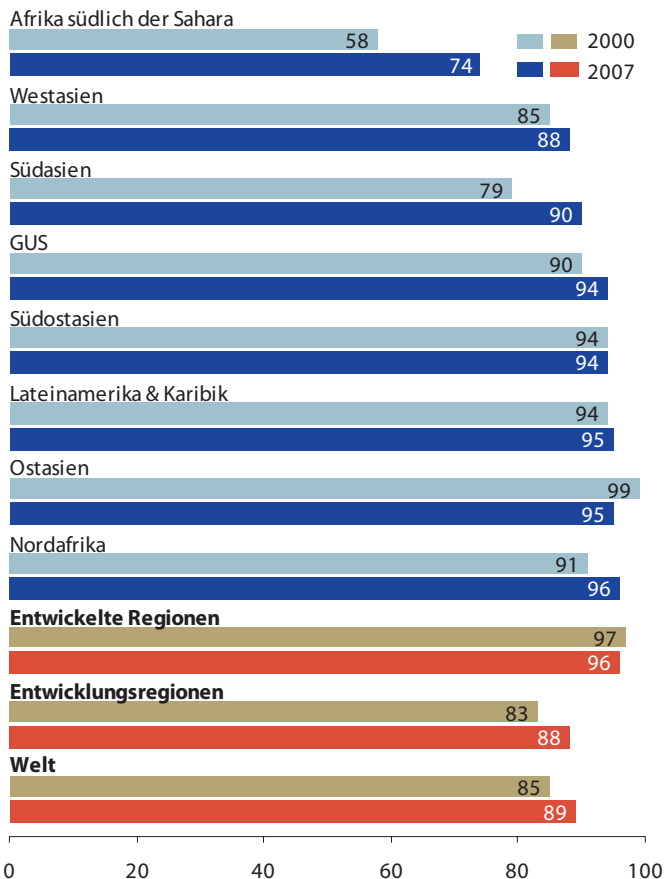


ZIELVORGABE

Bis zum Jahr 2015 sicherstellen, dass Kinder in der ganzen Welt, Jungen wie Mädchen, eine Grundschulbildung vollständig abschließen können

Die Welt rückt dem Ziel der allgemeinen Grundschulbildung näher, jedoch zu langsam, um es bis zum Zieldatum 2015 zu erreichen

Bereinigte Netto-Einschulungsquote im Grundschulbereich* – 1999/2000 und 2006/2007 (in Prozent)



* Definiert als der Prozentanteil der in der Grund- oder Sekundarschulstufe eingeschriebenen Kinder im theoretischen Schulalter an der Gesamtbevölkerung dieser Altersgruppe.

Anmerkung: Für Ozeanien liegen keine Daten vor.

In Bezug auf das Ziel der allgemeinen Grundschulbildung sind Fortschritte zu verzeichnen, doch noch immer besuchen mehr als 10 Prozent der Kinder im Grundschulalter keine Schule. In den Entwicklungsländern als Gruppe stieg die Einschulung im Grundschulbereich zwischen 2000 und 2007 von 83 auf 88 Prozent. Wesentliche Durchbrüche verzeichneten Afrika südlich der Sahara, wo die Einschulungsquote zwischen 2000 und 2007

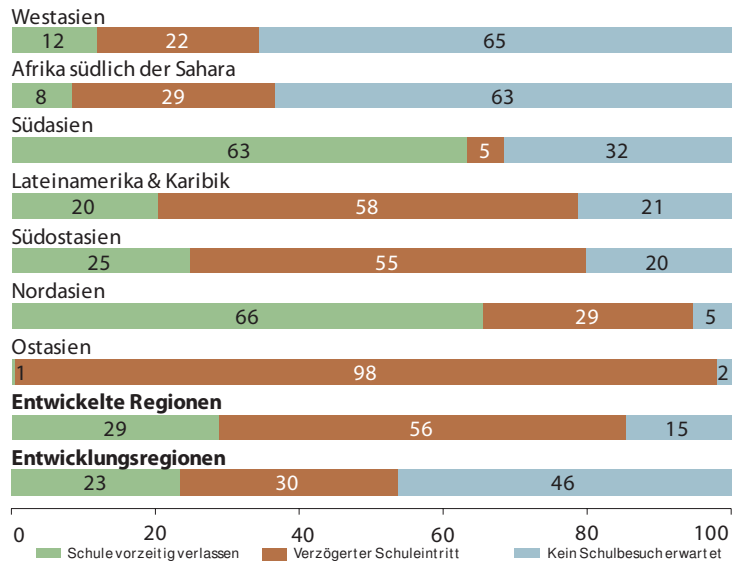
um 15 Prozentpunkte stieg, und Südasien, wo sie im gleichen Zeitraum um 11 Prozentpunkte zunahm.

In vielen Ländern waren Verbesserungen bei der Schuleinschreibung mit höheren staatlichen Bildungsausgaben verbunden, bei denen es infolge der Weltwirtschaftskrise allerdings zu schweren Einbrüchen kommen könnte. Auch demografische Trends können die Erreichung des Ziels beeinflussen, da durch Bevölkerungswachstum gewöhnlich ein stärkerer Druck auf die veranschlagten Bildungsmittel entsteht. Der trotz des raschen Bevölkerungswachstums relativ starke Anstieg der Schuleinschreibungen in Afrika südlich der Sahara und in Südasien ist ermutigend. Die Gesamtzahl der Kinder, die keine Schule besuchen, fällt jedoch zu langsam und zu ungleichmäßig, als dass die Zielvorgabe bis 2015 erreicht werden könnte.

Die Zahl der Kinder im Grundschulalter, die keine Schule besuchen, ist seit 1999 um 33 Millionen gesunken. Dennoch waren 2007 weltweit 72 Millionen Kinder vom Recht auf Bildung ausgeschlossen. Beinahe die Hälfte lebt im subsaharischen Afrika, gefolgt von Südasien mit 18 Millionen Kindern, die nicht zur Schule gehen. Nach Teilprognosen im *Education for All Global Monitoring Report* (Weltbericht „Bildung für alle“) der Organisation der Vereinten Nationen für Erziehung, Wissenschaft und Kultur (UNESCO), der auf Daten von 2006 beruht, werden auch 2015 noch mindestens 29 Millionen Kinder nicht zur Schule gehen.

Die Hälfte der 72 Millionen Kinder, die keine Schule besuchen, haben nie ein Klassenzimmer von innen gesehen

Verteilung der Kinder, die keine Schule besuchen, nach Schulsituation – 2006 (in Prozent)



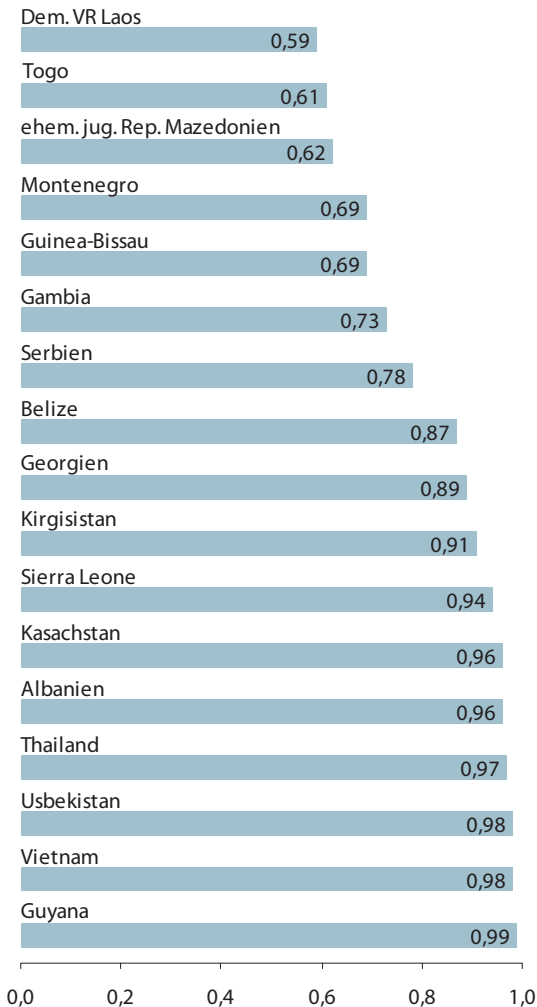
Fast die Hälfte der heute nicht schulbesuchenden Kinder ist mit formaler Bildung nie in Berührung gekommen. Ohne neue Politiken und zusätzliche Anreize werden sie wahrscheinlich nie zur Schule gehen. Etwa 30 Prozent der Kinder in den Entwicklungsländern, die keine Schule besuchen, lassen sich vielleicht irgendwann verspätet einschulen. Weitere 23 Prozent sind Schulabbrecher.

Weitreichender ist das Problem in Subsahara-Afrika mit den meisten Kindern, die derzeit nicht zur Schule gehen und zu zwei Dritteln wahrscheinlich niemals gehen werden. Ähnlich ist es auch in Westasien, wo von den 3 Millionen nicht schulbesuchenden Kindern 64 Prozent Mädchen sind. Zwei Drittel der Millionen von Kindern, die in Südasien keine Schule besuchen, sind Schulabbrecher.

Dass so viele Kinder keine Schule besuchen, ist wegen der Zukunftswirkung auf die anderen Millenniumsziele besonders besorgniserregend. So steht erfahrungsgemäß ein höherer Anteil von Müttern mit Grund- oder Sekundarschulbildung mit einer niedrigeren Kindersterblichkeitsrate im Zusammenhang, und die Kinder von Eltern mit Bildungshintergrund sind besser ernährt. Auch hat der Alphabetisierungsgrad der Eltern einen Einfluss darauf, ob ihre Kinder zur Schule gehen. Bildung wirkt sich nachweislich positiv auf den Erfolg der HIV-Prävention aus und erhöht die Chance auf Zugang zu einer menschenwürdigen Beschäftigung.

Ungleichheit untergräbt die Bildungschancen von Millionen von Kindern

Index der Bildungsparität im Grundschulbereich nach Volksgruppe, Sprache oder Religion, niedrigste/höchste Schulbesuchsquote, ausgewählte Länder – 2005-2006



Chancenungleichheit durch Benachteiligung aufgrund von Geschlecht, Volksgruppenzugehörigkeit, Einkommen, Sprache oder Behinderung ist weit verbreitet und ein wesentliches Hindernis für die Bildung für alle. Kinder aus armen Gemeinden und Mädchen geraten am häufigsten ins Hintertreffen. In einigen weniger entwickelten Ländern besuchen Kinder, die zum ärmsten Fünftel der Bevölkerung gehören, dreimal seltener eine Grundschule als Kinder aus dem reichsten Fünftel. 2007 waren von den Kindern, die weltweit keine Schule besuchen, 54 Prozent Mädchen.

Auch Angehörige ethnischer, sprachlicher und religiöser Minderheiten haben geringere Bildungschancen als die Gesamtbevölkerung. Eine Analyse der Erhebungsdaten aus 17 Ländern zeigt, dass die Nettoschulbesuchsquoten im Grundschulbereich bei den am wenigsten benachteiligten Gruppen um bis zu 1,7 Mal höher lagen als bei den am stärksten benachteiligten Gruppen; im Sekundarschulbereich waren sie bis zu sechsmal so hoch.

Ein Index der Bildungsparität, der für ein bestimmtes Land die Schulbesuchsquote der am stärksten benachteiligten Gruppe mit derjenigen der am wenigsten benachteiligten Gruppe ins Verhältnis setzt, zeigt für den Grundschulbereich Werte zwischen 0,59 und 0,99. Ein Wert von 0,59 bedeutet, dass die Schulbesuchsquote der am stärksten benachteiligten Gruppe nur 59 Prozent derjenigen der Gruppe mit der höchsten Schulbesuchsquote beträgt; bei 0,99 besteht keine bzw. nur eine geringfügige Ungleichheit zwischen den Gruppen. Im Sekundarschulbereich sind die Ungleichgewichte extremer, und der Index liegt zwischen 0,17 und 0,98.

In einigen Ländern haben sich Fördermaßnahmen der öffentlichen Hand, die auf die ärmsten und am stärksten benachteiligten Gruppen gerichtet sind, als wirksam erwiesen. So haben beispielsweise die Abschaffung von Schulgebühren, der Bau von Schulen in unterversorgten Gebieten und die verstärkte Einstellung von Lehrern in bemerkenswerten Fortschritten bei der Schuleinschreibung der ärmsten Kinder geführt. Insgesamt und insbesondere bei Minderheitengruppen muss weiter mit Vorrang dafür gesorgt werden, dass Mädchen zur Schule gehen und ihre Schulbildung abschließen.

Unter welchen Voraussetzungen kann die Zielvorgabe im Bereich Bildung erreicht werden?

Die Verwirklichung der allgemeinen Grundschulbildung bis 2015 erfordert, dass alle Kinder im offiziellen Schuleintrittsalter bis 2009 Bildungszugang haben. Einige Fortschritte wurden dabei bereits erzielt: 2007 betraten fast 137 Millionen Kinder zum ersten Mal ein Klassenzimmer – 7 Millionen mehr als 1999. Die Bruttoaufnahmequote, die die Fähigkeit von Bildungssystemen misst, allen Kindern Zugang zu Schulbildung zu verschaffen, stieg im selben Zeitraum in den Entwicklungsländern um neun Prozentpunkte. Der mit 25 Prozentpunkten größte Zuwachs war im subsaharischen Afrika zu verzeichnen.

Bildungszugang ist jedoch nur ein Teil der Lösung. Die Verwirklichung der allgemeinen Grundschulbildung setzt voraus, dass die Grundschulbildung vollständig abgeschlossen wird. Millionen von Kindern brechen jedoch ihre Schulbildung vorzeitig ab. In vielen Entwicklungsländern leiden die Schulsysteme unter chronischem Finanz- und Ressourcenmangel und bieten oft keine hochwertige Bildung. Dies hat zur Folge, dass zu viele Kinder die Schule verlassen, ohne auch nur die grundlegendsten Fähigkeiten im Lesen, Schreiben und Rechnen erworben zu haben.

Zur Bewältigung dieser Probleme bedarf es weitreichender Reformen und höherer Investitionen. Anhand von Daten aus dem Jahr 2004 schätzt die UNESCO, dass zur Verwirklichung des Ziels der allgemeinen Grundschulbildung allein in Afrika südlich der Sahara bis 2015 3,8 Millionen Lehrer eingestellt werden müssen.



Ziel 3

Förderung der Gleichstellung der Geschlechter und Ermächtigung der Frauen

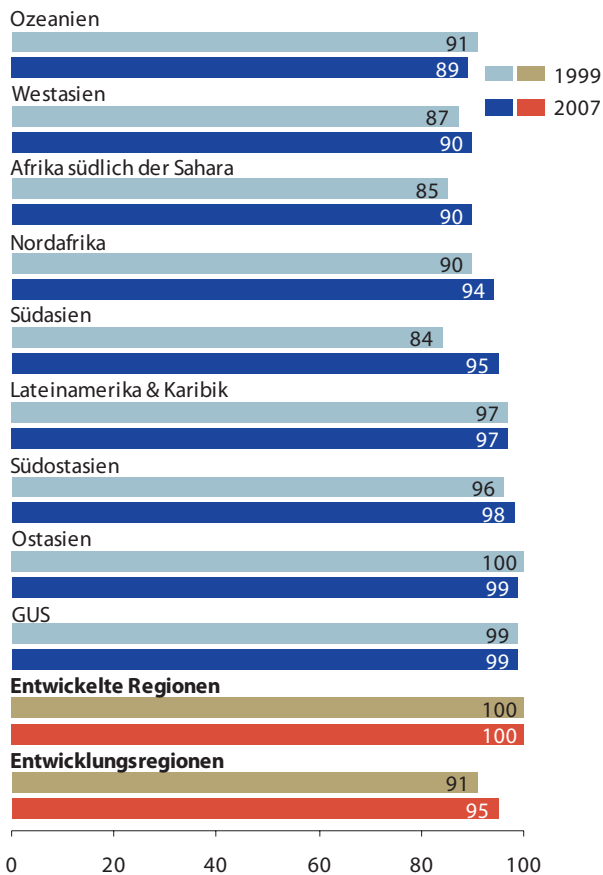


ZIELVORGABE

Das Geschlechtergefälle in der Grund- und Sekundarschulbildung beseitigen, vorzugsweise bis 2005 und auf allen Bildungsebenen bis spätestens 2015

Vier Jahre nach Verstreichen des Zieldatums ist die Geschlechterparität in der Bildung noch immer nicht erreicht

Verhältnis Mädchen/Jungen bei der Einschulung im Grundschulbereich – 1998/1999 und 2006/2007 (Mädchen je 100 Jungen)



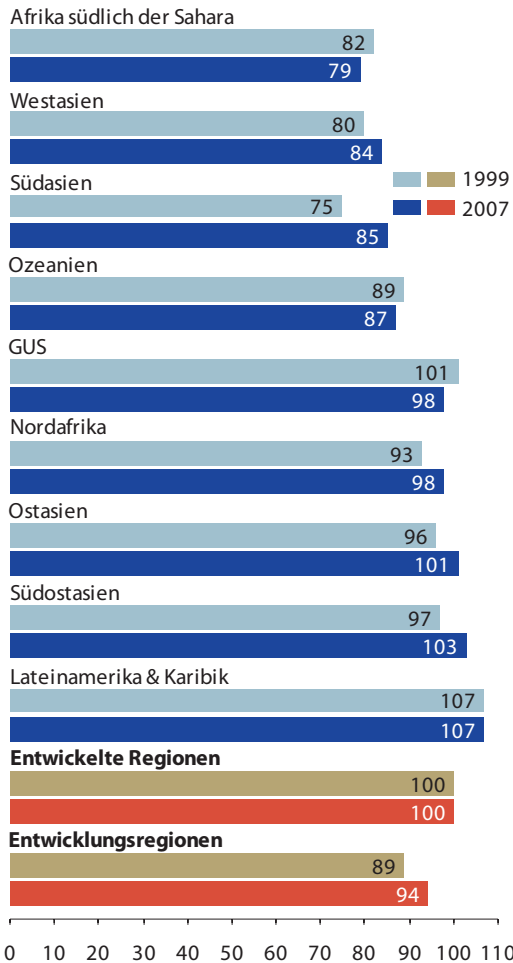
Die Welt kommt der Geschlechterparität in der Bildung, gemessen am Verhältnis der Brutto-Einschulungszahlen von Mädchen und Jungen, immer näher. In den Entwicklungsregionen insgesamt kamen 2007 auf 100 männliche Grundschüler 95 weibliche; 1999 waren es noch 91 gewesen. Doch die Zielvorgabe, geschlechtsspezifische Disparitäten bei der Grund- und Sekundarschulbildung bis 2005 zu beseitigen, wurde verfehlt. Wenn diese Chance nicht auch 2015 vertan werden soll, muss mit neuer Dynamik und Entschlossenheit vorgegangen werden.

2007 hatten von den 171 Ländern, für die Daten vorlagen, lediglich 53 die Geschlechterparität (vom Statistischen Institut der UNESCO definiert als ein zwischen 97 und 103 liegendes Verhältnis Mädchen/Jungen bei der

Einschulung) im Grund- und Sekundarschulbereich erreicht. Das sind 14 Länder mehr als 1999. Dennoch gibt die Tatsache, dass mehr als 100 Länder die Zielvorgabe bisher verfehlt haben, Anlass zur Besorgnis.

Im Sekundarschulbereich ist das Geschlechtergefälle stärker ausgeprägt

Verhältnis Mädchen/Jungen bei der Einschulung im Sekundarschulbereich – 1998/1999 und 2006/2007 (Mädchen je 100 Jungen)

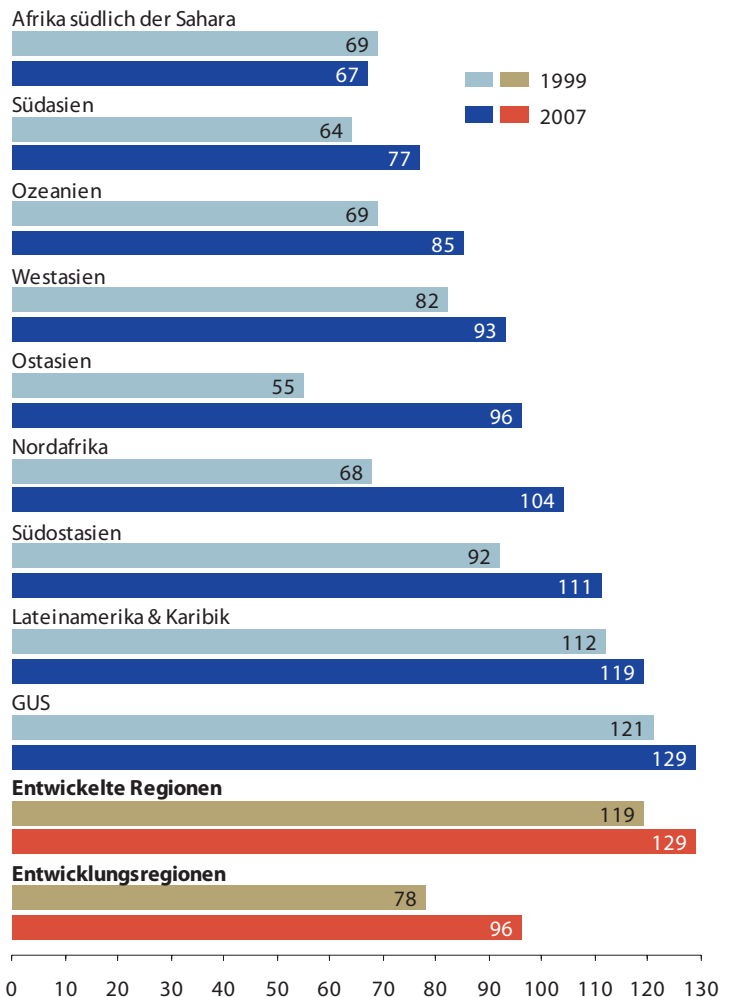


Im Sekundarschulbereich ist das Geschlechtergefälle stärker ausgeprägt, und weitaus mehr Länder sind im Rückstand. Das Geschlechtergefälle ist in Ländern mit insgesamt niedrigen Einschulungsquoten besonders groß, denn steigende Einschulungsquoten im Sekundarschulbereich gehen in der Regel mit einem sinkenden Geschlechtergefälle einher. Viele Faktoren haben zu den Fortschritten beigetragen, darunter höhere Einschulungs- und Schulabschlussquoten für Mädchen im Grundschulbereich und sinkende Armutquoten. In vielen Ländern hat auch die Politik eine Wende herbeigeführt.

Während sich insgesamt eine Verbesserung der Lage abzeichnet, sind folgende Ausnahmen erwähnenswert: Subsahara-Afrika, wo das Verhältnis der Einschulungszahlen von Mädchen und Jungen im Sekundarschulbereich zwischen 1999 und 2007 von 82 auf 79 zurückging, sowie Ozeanien und die GUS, wo es im gleichen Zeitraum von 89 auf 87 bzw. von 101 auf 98 sank.

Mehr Mädchen als Jungen besuchen Hochschulen, außer in den ärmeren Regionen

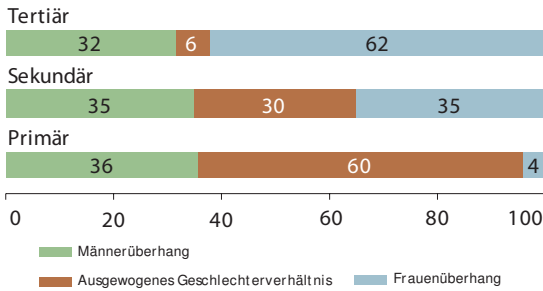
Verhältnis Mädchen/Jungen im tertiären Bildungsbereich – 1998/1999 und 2006/2007 (Mädchen je 100 Jungen)



Auf den höheren Bildungsebenen zeichnet sich ein ganz anderes Bild ab. Weltweit besuchen mehr junge Frauen als Männer tertiäre Bildungseinrichtungen. In diesem Bereich ist das Verhältnis Mädchen/Jungen von 96 im Jahr 1999 auf 108 im Jahr 2007 gestiegen. Zwischen den Regionen gibt es jedoch dramatische Unterschiede. In den entwickelten Regionen, den GUS-Ländern, Lateinamerika und der Karibik sowie in Südostasien besteht ein starkes Geschlechtergefälle zugunsten von Mädchen. In Afrika südlich der Sahara, Südasiens und Ozeanien sind weitaus weniger Studentinnen als Studenten in den tertiären Bildungsbereich vorgedrungen.

Entwicklungsfortschritte und Mädchenbildung gehen Hand in Hand

Länderverteilung nach Stand der Geschlechterparität in der Grund- und Sekundarschulstufe und im tertiären Bildungsbereich – 2007 (in Prozent)

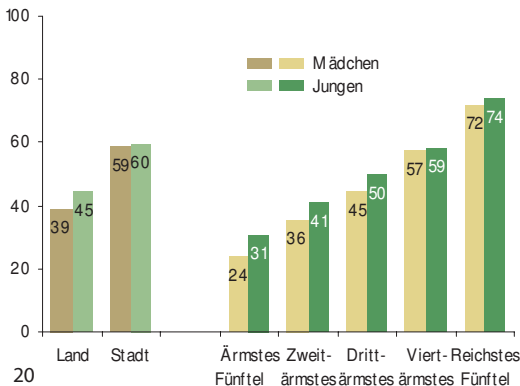


* Datengrundlage: 191 Länder für die Grundschulstufe, 179 Länder für die Sekundarschulstufe und 133 Länder für den tertiären Bildungsbereich. Waren für 2007 keine Daten verfügbar, wurden die letzten verfügbaren Daten – von 2005 oder 2006 – herangezogen.

Aus den verfügbaren Daten geht hervor, dass in der Grundschulstufe 60, in der Sekundarschulstufe 30 und im tertiären Bildungsbereich nur 6 Prozent der Länder die Geschlechterparität verwirklicht haben. Weltweit verläuft das Geschlechtergefälle auf den höheren Bildungsebenen wesentlich stärker zugunsten von Mädchen. Dies gilt jedoch hauptsächlich für die höher entwickelten Länder, in denen die Einschulungsquoten – auch im tertiären Bildungsbereich – überhaupt hoch sind. Dort schneiden Jungen in der Schule im Vergleich oft schlechter ab. In ärmeren Ländern und Ländern mit insgesamt niedriger Einschulungsquote setzt sich die Benachteiligung von Mädchen auch auf höheren Bildungsebenen fort und ist gewöhnlich stärker ausgeprägt.

Mädchen aus armen und ländlichen Haushalten stehen vor höheren Bildungsschranken

Netto-Schulbesuchsquote in der Sekundarschulstufe für Jungen und Mädchen, aufgeschlüsselt nach Wohnort und relativem Haushaltseinkommen – 1998/2007 (in Prozent)

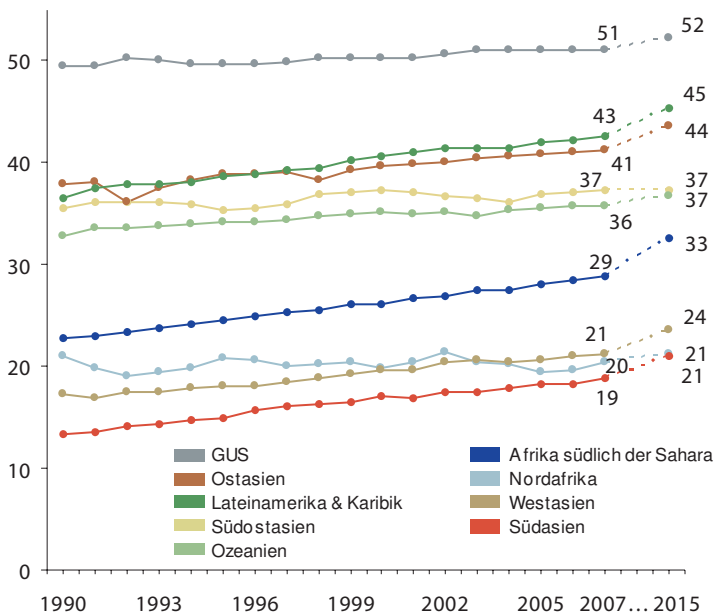


Mädchen in armen Haushalten oder ländlichen Gemeinwesen sind im Bildungsbereich deutlich im Nachteil. Eine Analyse des Grundschulbesuchs in 108 Entwicklungsländern, aufgeschlüsselt nach Wohnort und relativem Haushaltseinkommen, zeigt, dass in Städten und bei den reichsten 40 Prozent der Haushalte Geschlechterparität besteht. In ländlichen Gegenden und in den ärmsten Haushalten hingegen sind Mädchen eher von der Grundschulbildung ausgeschlossen.

Auf dem Gebiet der Sekundarschulbildung sind geschlechtsbedingte Disparitäten, die mit Armut und Wohnsitz auf dem Land verbunden sind, noch stärker ausgeprägt. Kulturelle Einstellungen und Praktiken, die eine Frühverheiratung fördern, junge Mädchen abzuschotten suchen oder der Erziehung von Jungen größeren Wert beimessen als der Erziehung von Mädchen, können für die Geschlechterparität fast unüberwindliche Hindernisse bilden. Doch gezielte Politik- und Steuerungsinitiativen können helfen, die geschlechtsbedingte Ungleichstellung zu überwinden. So kann beispielsweise durch die Abschaffung von Schulgebühren und die Bereitstellung von Anreizen für Mädchen, die Schule zu besuchen, die finanzielle Belastung von Haushalten verringert werden. Der Bau von Schulen in der Nähe entlegener Gemeinden und die Einstellung lokaler Lehrkräfte können das Geschlechtergefälle in ländlichen Gegenden ebenfalls vermindern.

Die Erwerbsbeteiligung von Frauen nimmt weiter nur langsam zu und ist in vielen Regionen nach wie vor sehr gering

Anteil der Frauen an der Gesamt-Erwerbsbevölkerung im nichtlandwirtschaftlichen Sektor – 1990 und 2007 und Hochrechnungen für 2015 (in Prozent)

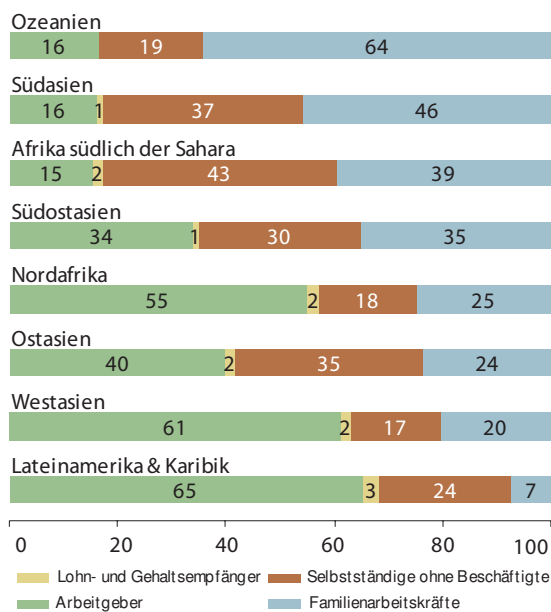


Der Anteil der Frauen an den unselbständig Erwerbstätigen im nichtlandwirtschaftlichen Sektor ist über die Jahre hinweg weltweit marginal weiter angestiegen. In Südasien, Nordafrika und Westasien existieren jedoch nach wie vor nur äußerst geringe Beschäftigungsmöglichkeiten für Frauen. Auch in Afrika südlich der Sahara sind Frauen als Erwerbstätige im

nichtlandwirtschaftlichen Sektor kaum vertreten. Die Situation der Frauen in diesen Regionen variiert jedoch erheblich. In den afrikanischen Ländern südlich der Sahara sind Frauen zu 64 Prozent in der Landwirtschaft beschäftigt, und ihr Anteil an der Erwerbsbevölkerung ist relativ hoch: 55 Prozent der Frauen im erwerbsfähigen Alter in dieser Region sind erwerbstätig, wenn auch zumeist in prekären Beschäftigungsverhältnissen. In Nordafrika und Westasien, wo Industrie und Dienstleistungen die wichtigsten Sektoren sind, sind nur 23 bzw. 21 Prozent der Frauen im erwerbsfähigen Alter auch erwerbstätig.

Frauen befinden sich am Arbeitsmarkt noch immer in einer schwächeren Position und tragen die Hauptlast der unbezahlten Arbeit

Verteilung der gesamten Erwerbstätigkeit von Frauen nach Erwerbskategorie – 2008 (in Prozent)



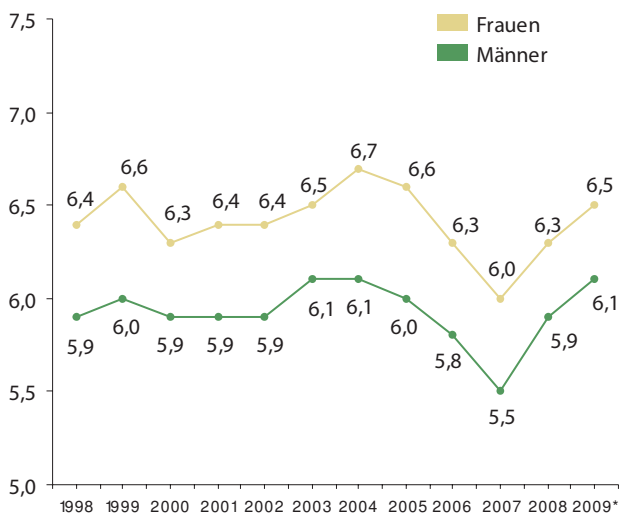
Zwar konnten mehr Frauen Beschäftigung außerhalb des Agrarsektors finden, doch haben sie im Allgemeinen keinen Zugang zu menschenwürdiger Arbeit. Fast zwei Drittel aller beschäftigten Frauen befinden sich in prekären Beschäftigungsverhältnissen, entweder als Familienarbeitskräfte oder als Selbstständige. Mit 64 bzw. 46 Prozent der Beschäftigungschancen für Frauen im Bereich der Familienarbeit ist die Beschäftigungssituation von Frauen in Ozeanien und Südasien besonders schlecht. Diese Arbeitskräfte, auch als unbezahlte Familienarbeitskräfte bezeichnet, stellen ihre Zeit unentgeltlich dem Familienbetrieb zur Verfügung. Die Bürde der unbezahlten Arbeit, die Frauen in allen Regionen im Haushalt leisten und die sich nicht in amtlichen Beschäftigungsstatistiken niederschlägt, wird hierdurch noch schwerer.





Die weltweite Finanzkrise schafft neue Hürden für die Erwerbsbeteiligung von Frauen

Arbeitslosenquote weltweit – 1998-2009 (in Prozent)

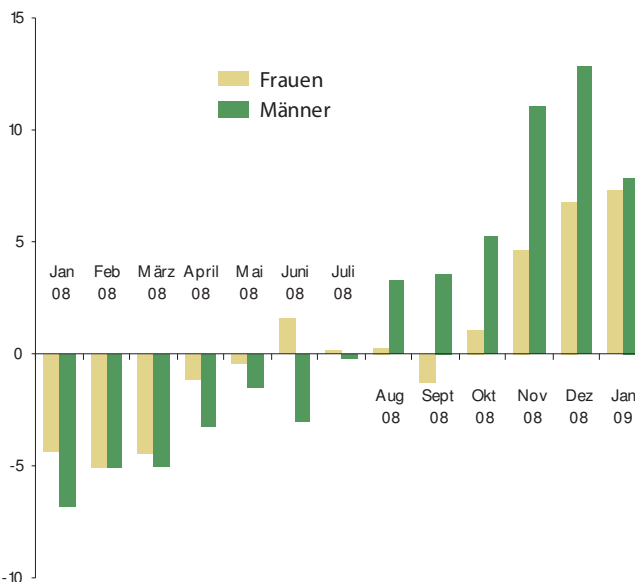


* Hochrechnungen der IAO nach Szenario I. Nach Szenario II läge die Arbeitslosigkeit für Frauen bei 7,0, für Männer bei 6,8 Prozent; unter Szenario III wären es 7,4 bzw. 7,0 Prozent.

Durch die Finanzkrise von 2008 und die hohen Grundstoffpreise wurden die Arbeitsmärkte weltweit in Mitleidenschaft gezogen. Nach Schätzungen der IAO könnte die weltweite Arbeitslosenquote 2009 auf 6,3 bis 7,1 Prozent ansteigen; für Frauen auf 6,5 bis 7,4 Prozent und für Männer auf 6,1 bis 7,0 Prozent. Dies bedeutet einen Anstieg der weltweiten Arbeitslosenzahlen um weitere 24 bis 52 Millionen Menschen, darunter 10 bis 22 Millionen Frauen.

Obschon der Finanzschock Männer am härtesten getroffen hat, könnte er langfristig weiterreichende Auswirkungen auf Frauen haben

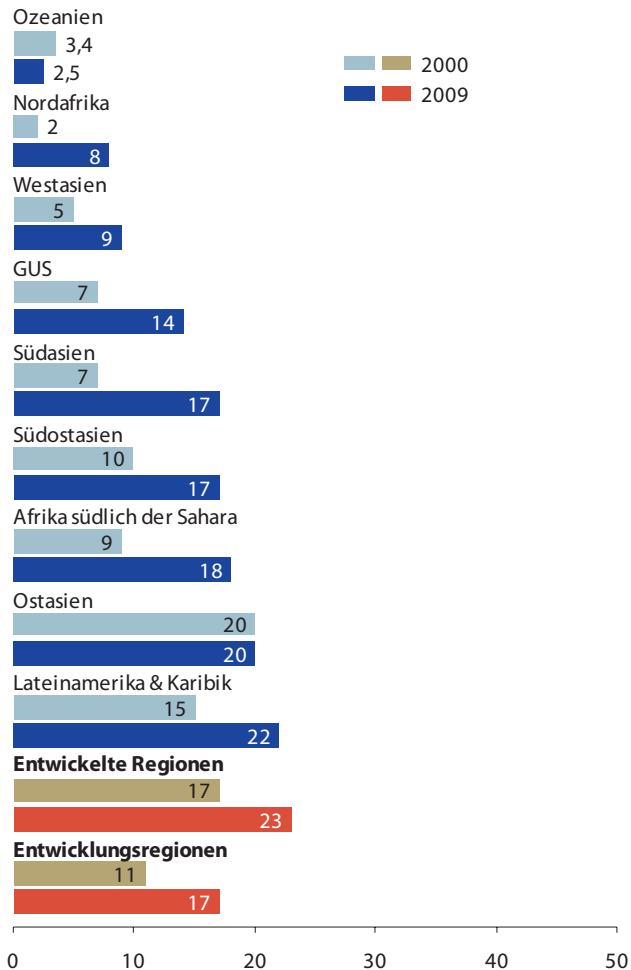
Veränderung der weltweiten Arbeitslosenquoten – Januar 2008 - Januar 2009 (in Prozent)



Nach Schätzungen der IAO waren im Dezember 2008 weltweit 12,8 Prozent mehr Männer und 6,7 Prozent mehr Frauen arbeitslos als im Dezember 2007. Die Zahl der arbeitslosen Männer stieg rascher als die der Frauen, insbesondere in der zweiten Jahreshälfte 2008. Neuere Daten zeigen jedoch, dass die Frauenarbeitslosigkeit wohl weiter rasch ansteigen wird, während sich der Anstieg der Arbeitslosigkeit bei Männern verlangsamt. Dies legt nahe, dass die Finanzkrise nach dem anfänglichen Schock in von Männern dominierten Industrien nun die von Frauen dominierten Industrie- und Dienstleistungsbereiche erreicht hat und langfristig weiterreichende Auswirkungen auf Frauen haben könnte.

Die Vertretung von Frauen in politischen Repräsentationsorganen nimmt allmählich zu, wobei Lateinamerika und die Karibik unter den Entwicklungsregionen führend sind

Sitzanteil der Frauen in den nationalen Parlamenten (nur Einkammerparlamente oder Unterhäuser) – 2000 und 2009 (in Prozent)



Der Sitzanteil der Frauen in den Parlamenten steigt weiter langsam an und betrug im Januar 2009 im Durchschnitt aller Parlamentskammern 18 Prozent. Einen Sitzanteil von 30 Prozent oder mehr haben Frauen in Einkammerparlamenten oder Unterhäusern in 24 Ländern und in Oberhäusern in 15 Ländern inne. Diese Spitzenwerte werden in ganz unterschiedlichen Ländern erreicht: Neben entwickelten Ländern finden sich darunter auch Postkonfliktländer und Entwicklungsländer in Afrika, Asien, Lateinamerika und der Karibik. Am anderen Ende des Spektrums liegt noch immer ein Viertel aller Parlamentskammern mit weniger als 10 Prozent weiblichen Mitgliedern. Neun Kammern – zumeist in pazifischen Inselstaaten und arabischen Golfstaaten – gehören überhaupt keine Parlamentarierinnen an.

Im Anschluss an Parlamentswahlen und Umbildungen 2008 wurden in Lateinamerika und der Karibik beeindruckende Gewinne erzielt; dort liegt der Frauenanteil bei 22 Prozent aller Sitze und stellt damit den höchsten Regionaldurchschnitt dar. Kuba verzeichnete 2008 in dieser Region den mit 43 Prozent höchsten Frauenanteil. Subsahara-Afrika erzielt auch weiterhin Fortschritte, wobei Ruanda den Spitzenplatz einnimmt: Es schrieb im September 2008 Geschichte, als mit 56 Prozent mehrheitlich Frauen in sein Unterhaus gewählt wurden. In Westasien wurden im Mai 2009 in Kuwait erstmals vier Frauen ins Parlament gewählt, nachdem sie erst vier Jahre zuvor das aktive Wahlrecht erhalten hatten – ein bedeutender Fortschritt für Frauen in diesem Land.

In Ozeanien, Nordafrika und Westasien haben Frauen noch immer weniger als 10 Prozent der Parlamentssitze inne. Weder Katar, wo auch 2008 keine Frauen in die 35-köpfige Beratende Versammlung Katars ernannt wurden, noch die Föderierten Staaten von Mikronesien noch Saudi-Arabien hatten jemals ein weibliches Parlamentsmitglied. Auch in Nauru, Palau (Unterhaus) und Tonga konnten Frauen bei den Parlamentswahlen 2008 keine Sitze erringen. In der Karibik wurden in Belize 2008 keine Frauen ins Unterhaus gewählt.

In Ländern mit Verhältniswahlrecht werden mehr Frauen gewählt als in Ländern mit Mehrheitswahlrecht. Auch vorübergehende Sondermaßnahmen oder Quoten haben sich als wirksam erwiesen, um mehr Frauen in die Politik zu bringen. 2008 hatten Frauen in Ländern, die solche Maßnahmen nutzten, durchschnittlich 24 Prozent der Parlamentssitze inne, in Ländern ohne solche Maßnahmen waren es 18 Prozent. Abgesehen von Quotenregelungen erhalten Frauen, die sich um ein Wahlamt bewerben, auch durch andere Mechanismen Unterstützung, wie etwa durch Führungstraining und Kampagnenfinanzierung.

Weltweit erobern Frauen ein breiteres Feld an politischen Führungspositionen. Im Januar 2009 standen sie als Parlamentspräsidentinnen an der Spitze von 31 Parlamenten. Diese Zahl ist im letzten Jahrzehnt weitgehend gleich geblieben. 2008 bekleideten in Pakistan, Ruanda, Rumänien, Serbien und Usbekistan erstmals Frauen das Amt des Parlamentspräsidenten. Im März 2009 waren 15 Frauen Staats- oder Regierungschefinnen; 2000 waren es noch 9 und 1995 12.

Ziel 4

Senkung der Kindersterblichkeit

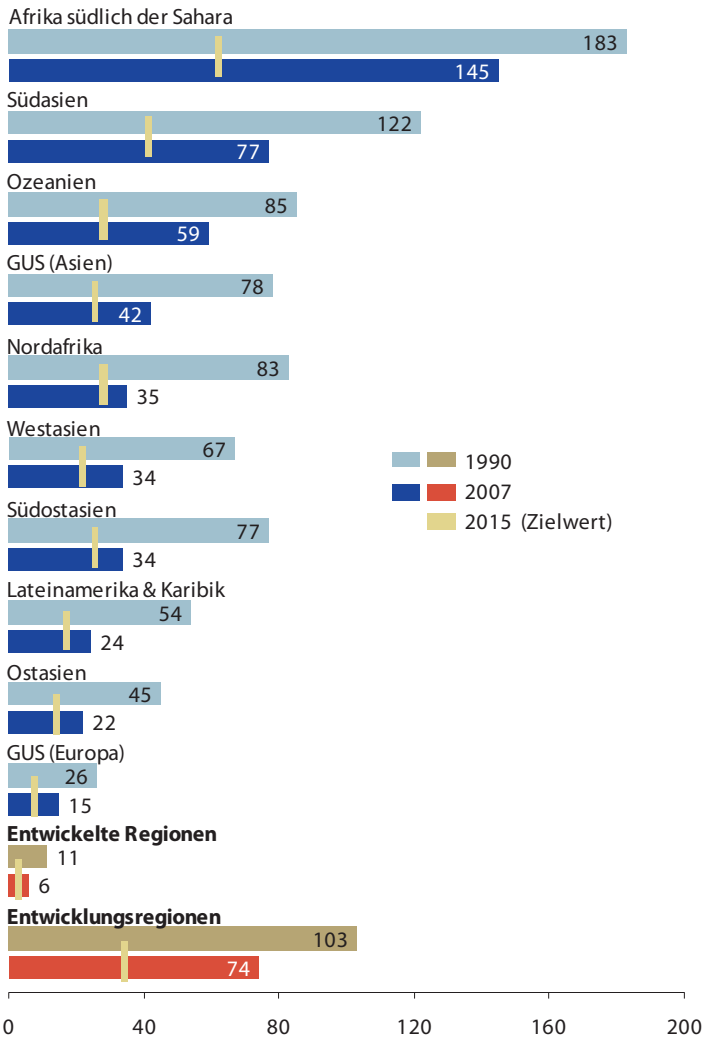


ZIELVORGABE

Zwischen 1990 und 2015 die Sterblichkeitsrate von Kindern unter fünf Jahren um zwei Drittel senken

Im subsaharischen Afrika und in Südasien gelten dem Überleben von Kindern verstärkte Anstrengungen

Sterblichkeitsrate von Kindern unter fünf Jahren (Sterbefälle je 1.000 Lebendgeburten) – 1990 und 2007



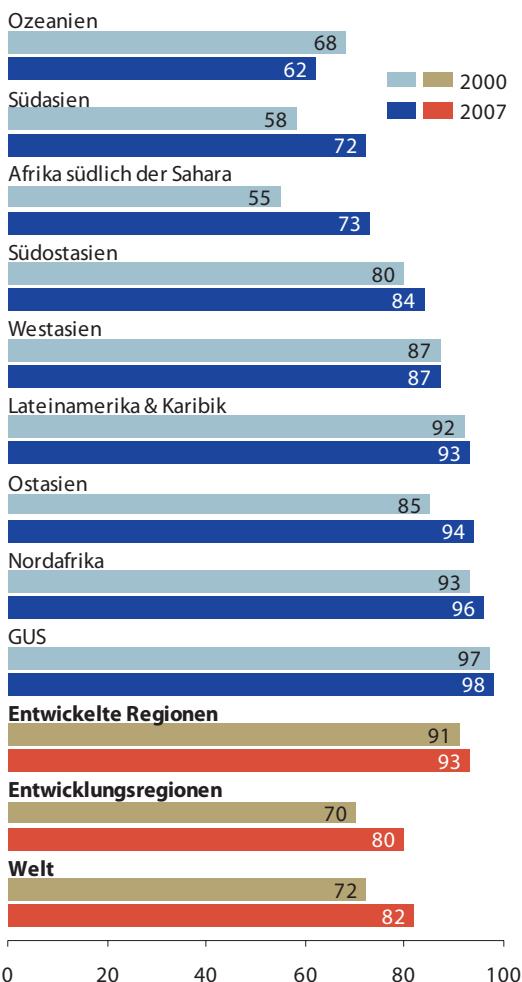
Die Sterbefälle bei Kindern unter fünf Jahren gehen weltweit weiter stetig zurück. 2007 lag die Sterblichkeitsrate von Kindern unter fünf Jahren weltweit bei 67 Sterbefällen je 1.000 Lebendgeburten; 1990 waren es noch 93. Im letztgenannten Jahr starben noch mehr als 12,6 Millionen Kleinkinder an zumeist vermeidbaren oder behandelbaren Ursachen. Diese Zahl ist heute trotz Bevölkerungswachstums auf etwa 9 Millionen zurückgegangen.

In den Entwicklungsregionen insgesamt ging die Sterblichkeitsrate von Kindern unter fünf Jahren von 103 im Jahr 1990 auf 74 im Jahr 2007 zurück. Viele Länder, insbesondere in Afrika südlich der Sahara und Südasien, haben jedoch nur geringe oder überhaupt keine Fortschritte erzielt. Die höchsten Sterblichkeitsraten verzeichnet Subsahara-Afrika, wo 2007 nahezu jedes siebte Kind vor Vollendung seines fünften Lebensjahrs starb. Dies führte in Verbindung mit hohen Fruchtbarkeitsraten zu einem Anstieg der absoluten Zahl der Sterbefälle bei Kindern unter fünf Jahren von 4,2 Millionen im Jahr 1990 auf 4,6 Millionen im Jahr 2007. Die Hälfte aller Sterbefälle bei Kindern unter fünf Jahren entfällt heute auf Subsahara-Afrika.

Afrika südlich der Sahara und Südasien kommt auf diesem Gebiet auch weiterhin oberste Priorität zu, und verstärkte Anstrengungen dort scheinen aussichtsreich zu sein. Für das subsaharische Afrika zeigen jüngste Erhebungen bemerkenswerte Verbesserungen bei mehreren wichtigen Interventionsmaßnahmen zur Förderung des Überlebens von Kindern, die in den kommenden Jahren zu einem weiteren Rückgang der Sterblichkeitsrate von Kindern unter fünf Jahren führen sollten. Dazu gehören Vitamin-A-Zusätze, die Verwendung imprägnierter Moskitonetze zur Malariaprävention, ausschließliches Stillen sowie Impfungen. Zusätzlich wurden in den meisten Ländern des subsaharischen Afrika, wo die HIV-Prävalenz hoch ist, kritische HIV-Interventionsmaßnahmen flächendeckend bereitgestellt. Dazu gehört die antiretrovirale Behandlung von HIV-positiven Schwangeren, um die Mutter-Kind-Übertragung des Virus zu verhindern.

Im Kampf gegen Masern werden bedeutende Fortschritte erzielt

Kinder im Alter von 12 bis 23 Monaten, die mindestens eine Dosis Masernimpfstoff erhalten haben – 2000 und 2007 (in Prozent)



Routineimpfungen gegen Masern werden weltweit weiter ausgebaut. Im Rahmen einer seit 2000 stetig zunehmenden Flächendeckung stieg der Impfschutz von Kindern 2007 weltweit auf 82 Prozent, was hauptsächlich auf Impfkampagnen und konzentriertere Maßnahmen in Ländern mit unzugänglichen Gebieten zurückzuführen war. Während dieses Zeitraums gingen die Sterbefälle durch Masern um erstaunliche 74 Prozent zurück, wobei der Rückgang in Afrika südlich der Sahara am größten war. Weltweit gab es 2007 schätzungsweise 197.000 auf Masern zurückzuführende Sterbefälle; 2000 waren es noch 750.000.

Die Fortschritte werden einer Kombination aus höherer Versorgungsdichte bei Routineimpfungen und Bereitstellung einer Zweitimpfung zugeschrieben. Eine Zweitimpfung gegen Masern ist für Kinder, die bei der ersten Impfrunde nicht bedient wurden, von entscheidender Bedeutung. Auch zur Gewährleistung eines universalen Impfschutzes in Gemeinwesen ist sie wichtig. Diese Impfungen im „zweiten Anlauf“ wurden in 46 der 47 Länder mit dem höchsten Krankheitsrisiko durchgeführt und erreichten seit 2000 insgesamt 576 Millionen Kinder.

Die Maßnahmen müssen fortgeführt und erforderlichenfalls verstärkt werden, wenn anhaltende Fortschritte erzielt werden sollen. Bei einem Impfstoffpreis von weniger als 1 Dollar pro Kind ist die Masernimpfung heute eine der kostenwirksamsten Gesundheitsinitiativen. Masernimpfkampagnen haben den zusätzlichen Vorteil, dass im gleichen Zuge auch andere Gesundheitsdienste erbracht werden können, wie die Verteilung von imprägnierten Moskitonetzen und Entwurmungsmitteln.

Ziel 5

Verbesserung der Gesundheit von Müttern

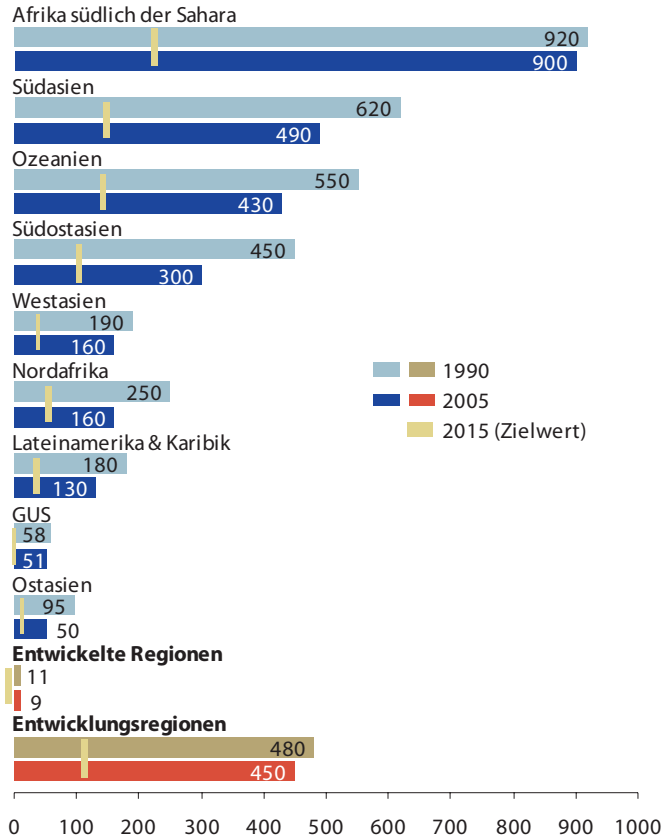


ZIELVORGABE

Zwischen 1990 und 2015 die Müttersterblichkeitsrate um drei Viertel senken

Eine sichere Entbindung ist in den meisten Fällen ein Privileg der Reichen

Sterbefälle von Müttern je 100.000 Lebendgeburten – 1990 und 2005



Jedes Jahr sterben 536.000 Frauen und Mädchen an Komplikationen während der Schwangerschaft, der Entbindung oder den sechs Folgewochen. Fast alle dieser Sterbefälle (99 Prozent) ereignen sich in Entwicklungsländern. Die Müttersterblichkeit gehört zu den Gesundheitsindikatoren, bei denen zwischen Arm und Reich sowohl innerhalb eines Landes als auch im Ländervergleich die Schere am weitesten auseinandergeht. In den entwickelten Regionen sterben neun Mütter je 100.000 Lebendgeburten; in Entwicklungsregionen sind es 450, und in 14 Ländern dieser Region liegt die Müttersterblichkeitsrate bei mindestens 1.000 je 100.000 Lebendgeburten. Auf Afrika südlich der Sahara entfällt die Hälfte aller Fälle von Müttersterblichkeit (265.000), ein weiteres Drittel auf Südasien (187.000). Insgesamt entfallen 85 Prozent aller Fälle von Müttersterblichkeit auf diese beiden Regionen.

Die Messung der Müttersterblichkeit ist, gelinde gesagt, problematisch. Systematische Meldungslücken und unrichtige Meldungen sind an der

Tagesordnung, und die Schätzungen weisen hohe Unsicherheitsintervalle auf. Die Verlässlichkeit der derzeit verfügbaren Datenquellen schwankt, und die genaue Überwachung von Fortschritten wird mittel- bis langfristig von besseren Überwachungs- und Registrierungssystemen abhängen. Nach den vorhandenen Trenddaten zu urteilen, waren die Fortschritte in den Entwicklungsländern insgesamt mit einem Rückgang der Müttersterblichkeitsrate von 480 je 100 Geburten im Jahr 1990 auf 450 im Jahr 2005 gering und lediglich den Verbesserungen in bestimmten Regionen zu verdanken. In Ostasien, Nordafrika und Südostasien betrug der Rückgang zwischen 1990 und 2005 30 Prozent und mehr. Südasiens meldete für denselben Zeitraum einen Rückgang von über 20 Prozent, doch ist die Zahl der Sterbefälle in dieser Region weiter unannehmbar hoch. In Afrika südlich der Sahara, wo Frauen das höchste Risiko tragen, im Verlauf ihres Lebens während Schwangerschaft oder Entbindung zu sterben, wurden kaum Fortschritte erzielt.

Komplikationen bei der Entbindung – darunter Blutungen nach der Geburt, Infektionen, Eklampsie, protrahierte Geburt oder Geburtsstillstand – und Komplikationen nach unsachgerechter Abtreibung sind die häufigsten Ursachen der Müttersterblichkeit. Anämie, die durch Malaria, HIV und andere Krankheiten noch verschlimmert wird, erhöht das Risiko für Mütter, an Blutungen zu sterben. In Afrika südlich der Sahara sind Blutungen allein für 34 Prozent aller Fälle von Müttersterblichkeit verantwortlich. Die meisten dieser Komplikationen ließen sich jedoch durch gute reproduktionsmedizinische Dienste, Schwangerenvorsorge, die Betreuung durch medizinisches Fachpersonal bei der Geburt und den Zugang zu geburtshilflicher Notversorgung verhüten oder behandeln.

Gegenüber 1995 steht heute in allen Entwicklungsregionen mehr medizinisches Fachpersonal (Ärzte, Pflegepersonal oder Hebammen) bereit, um bei der Entbindung zu helfen. Der Gesamtanteil der von medizinischem Fachpersonal betreuten Geburten ist in den Entwicklungsregionen von 53 Prozent im Jahr 1990 auf 61 Prozent im Jahr 2007 angestiegen. In Südasiens und Subsahara-Afrika fehlt eine solche Betreuung jedoch noch immer bei mehr als der Hälfte aller Geburten.

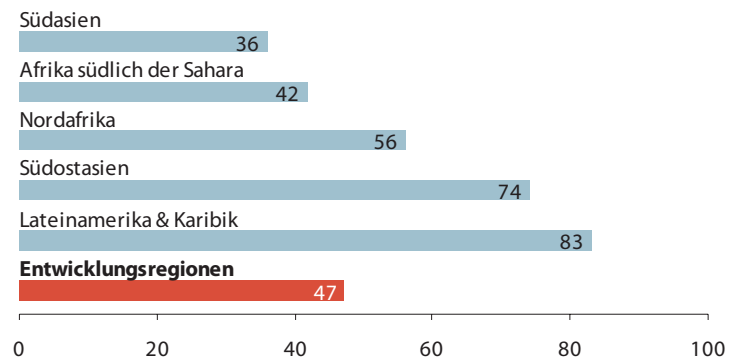
Eine geburtshilfliche Notversorgung muss leicht erreichbar sein, um bei lebensbedrohlichen Komplikationen rechtzeitig eine höhere Versorgungsstufe gewährleisten zu können. Zur Verfügbarkeit und Zugänglichkeit geburtshilflicher Notversorgung liegen zwar keine globalen Daten vor, doch lässt sich der Anteil der Kaiserschnitte stellvertretend als Indikator dafür heranziehen. In Afrika südlich der Sahara erfolgen nur 3 Prozent aller Entbindungen durch Kaiserschnitt.

ZIELVORGABE

Bis 2015 den allgemeinen Zugang zu Leistungen der Reproduktionsmedizin verwirklichen

Weniger als die Hälfte der Schwangeren in den Entwicklungsländern können eine angemessene Schwangerenvorsorge nutzen

Anteil der 15- bis 49-jährigen Frauen, die während der Schwangerschaft mindestens viermal von medizinischem Fachpersonal behandelt wurden – 2003/2008 (in Prozent)



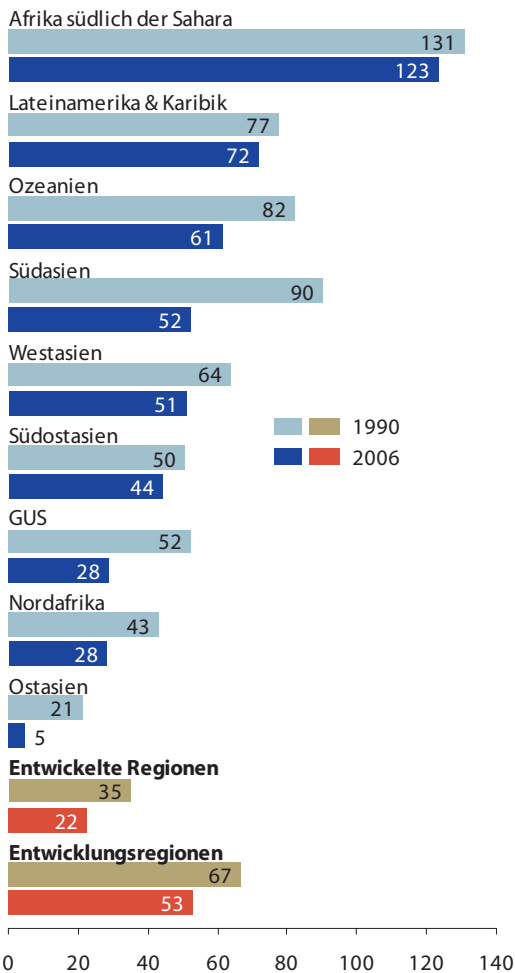
Anmerkung: Für die GUS, Ostasien, Westasien und Ozeanien liegen keine Daten vor.

Viele Gesundheitsprobleme bei Schwangeren sind vermeidbar, diagnostizierbar oder behandelbar, wenn vor der Geburt medizinisches Fachpersonal aufgesucht wird. Das Kinderhilfswerk der Vereinten Nationen (UNICEF) und die Weltgesundheitsorganisation (WHO) empfehlen, sich mindestens viermal zur Schwangerenvorsorge zu begeben. Dabei können Frauen auf wichtige Leistungen zugreifen, wie etwa Tetanusimpfungen oder die Erkennung und Behandlung von Infektionen, und potenziell lebensrettende Informationen zu warnenden Anzeichen erhalten, die während der Schwangerschaft möglicherweise auftreten.

Seit den 1990er Jahren ist der Anteil der Schwangeren in den Entwicklungsländern, die mindestens einmal die Schwangerenvorsorge in Anspruch nahmen, von 64 auf 79 Prozent gestiegen. Ein weitaus geringerer Teil der Schwangeren kommt jedoch in den Genuss der vom UNICEF und der WHO empfohlenen standardmäßigen vier Besuche bei der Schwangerenvorsorge. Der Anteil der Frauen, die mindestens viermal die Schwangerenvorsorge aufsuchen, liegt im subsaharischen Afrika und in Südasiens, wo die Müttersterblichkeit am höchsten ist, noch immer unter 50 Prozent. Diese Zahlen haben sich in den letzten zehn Jahren kaum verändert, was darauf hindeutet, dass die Gesundheit von Müttern und die Bereitstellung von Diensten auf dem Gebiet der reproduktiven Gesundheit in diesen Regionen kaum vorangekommen ist.

Bei verfrühter Schwangerschaft sind die Risiken für Mutter und Kind besonders hoch

Zahl der Geburten pro 1.000 Frauen im Alter von 15-19 Jahren – 1990 und 2006

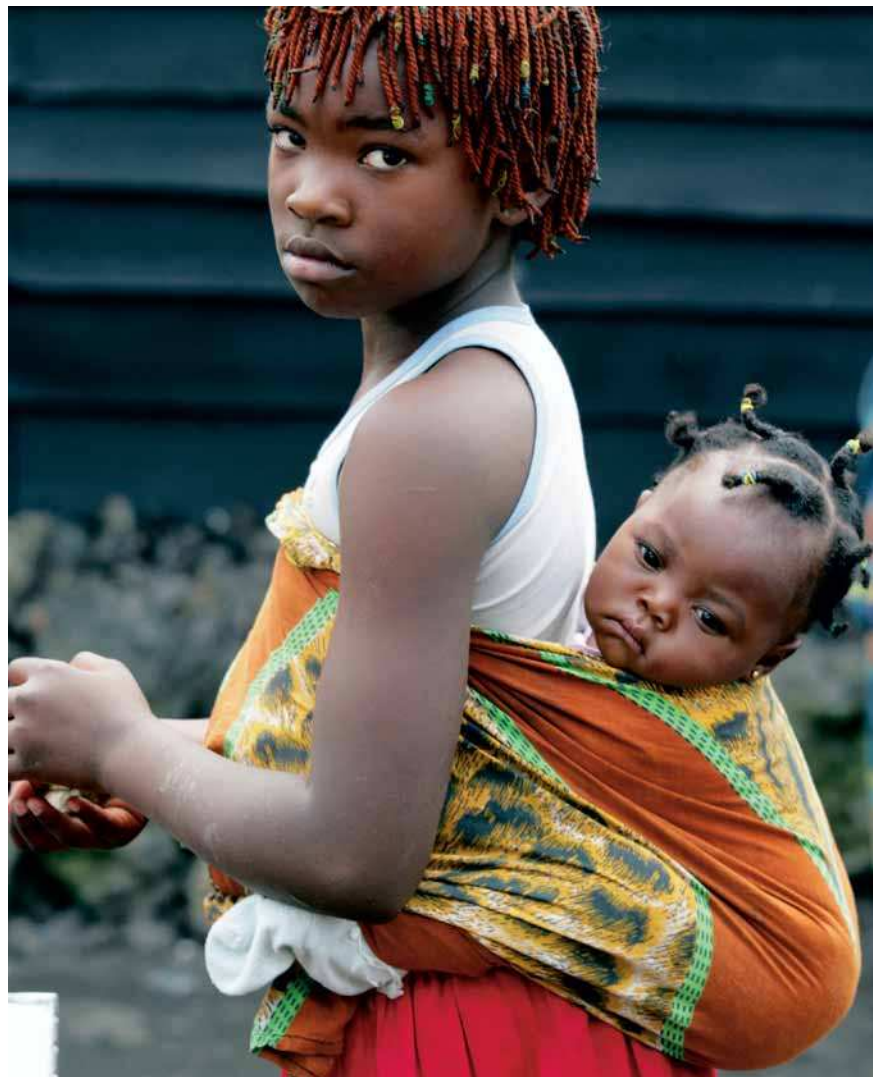


Sehr junge Frauen tragen im Vergleich zu erwachsenen Frauen ein höheres Risiko, während der Schwangerschaft oder der Entbindung zu sterben oder Komplikationen zu erleiden. Auch für ihre Kinder ist das Morbiditäts- und Sterblichkeitsrisiko höher. Mädchen unter 15 Jahren sterben mehr als fünfmal so häufig bei der Entbindung wie Frauen zwischen 20 und 30 Jahren. Verfrühte Schwangerschaft trägt zu den ca. 70.000 Sterbefällen bei, zu denen es bei jungen Müttern zwischen 15 und 19 Jahren alljährlich kommt. Das Mortalitätsrisiko für Säuglinge unter einem Jahr ist um 60 Prozent höher, wenn die Mutter unter 18 Jahre alt ist. Die Geburtenrate bei Jugendlichen ist die Zahl der Geburten je 1.000 Frauen im Alter zwischen 15 und 19 Jahren. Diese Altersspanne umfasst nicht nur Jugendliche, sondern auch Frauen über 18 Jahre, bei

denen das Morbiditäts- und Mortalitätsrisiko während Schwangerschaft und Geburt niedriger liegt als bei den jüngeren Frauen dieser Altersgruppe. Dennoch bedeutet eine hohe Geburtenrate bei Jugendlichen in der Regel auch eine hohe Zahl von – teils außerehelichen – Schwangerschaften im frühen Jugendalter. Diese Schwangerschaften sind oft von Umständen geprägt, die nicht nur der Gesundheit der Mutter, sondern auch ihren Bildungsaussichten und ihren Chancen auf soziale und wirtschaftliche Besserstellung abträglich sind.

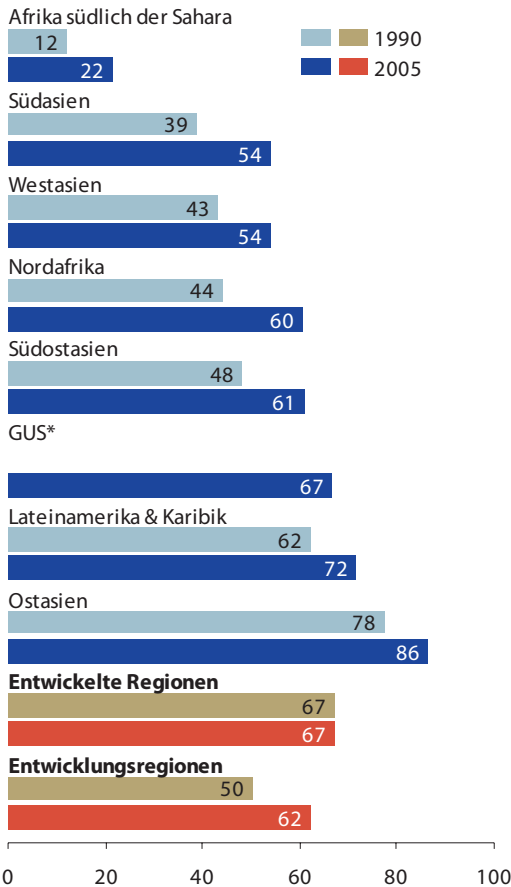
In Afrika südlich der Sahara liegt die Geburtenrate bei Jugendlichen am höchsten und ist seit 1990 kaum zurückgegangen. In dieser Region ist die Fruchtbarkeit für alle Altersstufen hoch, und frühe Schwangerschaften sind hauptsächlich aufgrund des in vielen Ländern äußerst niedrigen Heiratsalters weit verbreitet. Auch in Lateinamerika und der Karibik ist die Geburtenrate bei Jugendlichen weiter hoch, und außereheliche Schwangerschaften sind sehr häufig.

Frühverheiratung – oftmals zwischen einer jungen Frau und einem sehr viel älteren Mann – trägt zur hohen Zahl der Jugendschwangerschaften bei. Nach jüngsten Schätzungen auf der Grundlage von Erhebungsdaten für den Zeitraum 1998-2007 waren in Südasien 49 Prozent der 20- bis 24-jährigen Frauen bereits vor Erreichen des 18. Lebensjahrs verheiratet. In bestimmten Ländern West- und Zentralafrikas waren es 44 Prozent. In Bangladesch, Guinea, Mali, Mosambik, Niger, Tschad und der Zentralafrikanischen Republik waren mehr als die Hälfte aller Frauen vor ihrem 18. Geburtstag verheiratet und mehr als ein Drittel Mütter.



Verhütungsmittel sind besser zugänglich, doch der ungedeckte Bedarf, insbesondere in den Ländern mit den höchsten Fruchtbarkeitsraten, ist weiter hoch

Anteil der verheirateten oder in einer Partnerschaft lebenden 15- bis 49-jährigen Frauen, die eine Verhütungsmethode verwenden – 1990 und 2005 (in Prozent)



* Für 1990 liegen keine Daten vor.

Mit dem steigenden Gebrauch von Verhütungsmitteln in allen Entwicklungsregionen war ein genereller Rückgang der Fruchtbarkeit verbunden. 2005 verwendeten in fast allen Regionen weit über die Hälfte aller verheirateten oder in einer Partnerschaft lebenden Frauen Verhütungsmittel. Die größte Ausnahme ist Afrika südlich der Sahara, wo sich der Gebrauch von Verhütungsmitteln zwischen 1990 und 2005 zwar verdoppelt hat, aber dennoch 2005 bei nur 22 Prozent lag.

Obwohl Verhütungsmittel in allen Regionen verstärkt gebraucht werden, besteht in den meisten Regionen nach wie vor ein mäßiger bis hoher ungedeckter Bedarf an Familienplanungsdiensten – die Diskrepanz zwischen dem Wunsch der Frauen, Kinder später oder überhaupt nicht zu bekommen, und ihrem tatsächlichen Gebrauch von Verhütungsmitteln. Afrika südlich der Sahara hebt sich ab: In dieser Region hat jede vierte verheiratete oder in einer Partnerschaft lebende Frau einen ungedeckten Bedarf an Familienplanungsdiensten; diese Zahl hat sich seit 1995 kaum verändert. Ein mäßiger bis hoher Bedarf an solchen Diensten bestand auch in den meisten anderen Entwicklungsregionen mit Ausnahme Ostasiens, doch hatten die meisten dieser Regionen bis 2005 eine hohe Prävalenz von Verhütungsmitteln erreicht.

Besonders hoch ist der ungedeckte Bedarf in den am wenigsten entwickelten Ländern, wo der fehlende Zugang zu modernen Verhütungsmethoden der Hauptgrund für die nach wie vor hohe Fruchtbarkeitsrate ist. Während der ungedeckte Bedarf in den Entwicklungsregionen insgesamt bei 11 Prozent liegt, beträgt er in den am wenigsten entwickelten Ländern bis zu 25 Prozent. Von den 17 am wenigsten entwickelten Ländern mit dem niedrigsten Verwendungsstand moderner Verhütungsmittel liegen alle bis auf eines in Afrika südlich der Sahara.

Die Geberfinanzierung für Familienplanungsdienste ist rückläufig, und Fortschritte auf dem Gebiet der Müttergesundheit kommen zum Erliegen

Prozentuale Veränderung der Geberhilfe für Familienplanungsprogramme pro Frau zwischen 15 und 49 Jahren – 1996 bis 2006



Es bestehen auffallende Finanzierungslücken bei den notwendigen Programmen zur Erreichung des Millenniums-Entwicklungsziels 5, des Ziels mit dem bisher schwächsten Verwirklichungsstand. So kann beispielsweise die Stärkung und Ausweitung von Familienplanungsprogrammen wesentlich zur Verbesserung der Gesundheit von Müttern und Kindern beitragen, erfordert jedoch ausreichende Finanzmittel und Zugang zu Versorgungsgütern. Doch seit Mitte der 1990er Jahre war in den meisten Entwicklungsländern ein erheblicher Rückgang der pro Frau bereitgestellten Gebermittel für Familienplanung zu verzeichnen.

In den meisten Flüchtlingslagern, über die hier Bericht erstattet wird, steigen die Chancen auf eine problemlose Entbindung, in anderen hingegen sind sie weiter schlecht

Nach Angaben des UNHCR sehen sich Flüchtlinge und andere von Notsituationen Betroffene beim Zugang zu Diensten der Reproduktionsmedizin einer Vielzahl von Schwierigkeiten gegenüber. Durch den Wegfall unterstützender Familiennetzwerke verlieren junge männliche und weibliche Flüchtlinge oft ihre traditionellen Quellen der Information, der Hilfe und des Schutzes. Durch den Verlust des Einkommens sind sie in ihrer Wahlfreiheit eingeschränkt. Frauen sind zudem oft nicht frei in ihrer Entscheidung darüber, wann und wo sie Dienste der Reproduktionsmedizin in Anspruch nehmen oder ob überhaupt ein Teil des Familieneinkommens für Gesundheit aufgewandt wird. Außerdem können Flüchtlingsfrauen mitunter allein verantwortlich für das Wohl ihrer Familien sein und so eine emotionelle und physische Belastung auf sich nehmen müssen, die nicht durch entsprechende Dienste hinlänglich ausgeglichen wird.

Die Daten zeigen, dass zwischen 2007 und 2008 in 60 der 91 untersuchten Flüchtlingslager in 16 Ländern mehr Geburten durch medizinisches Fachpersonal betreut wurden. In einigen Lagern, beispielsweise in Bangladesch, Sambia und Tschad, war nach wie vor bei weniger als 20 Prozent der Geburten qualifiziertes Personal anwesend. An diesen Orten sind verstärkte Anstrengungen erforderlich, wenn wir unsere Versprechen gegenüber Frauen und Kindern halten wollen.





Ziel 6

Bekämpfung von HIV/AIDS, Malaria und anderen Krankheiten

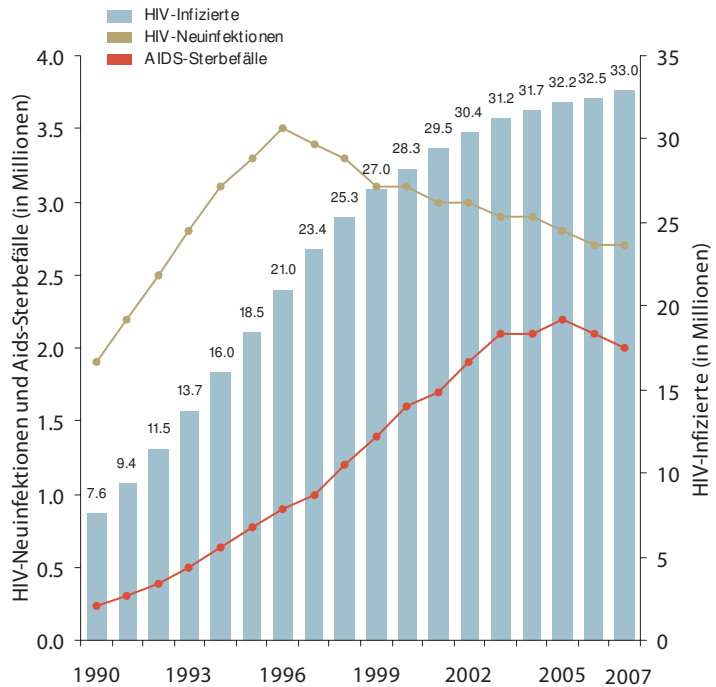


ZIELVORGABE

Bis 2015 die Ausbreitung von HIV/AIDS zum Stillstand bringen und allmählich umkehren

Die Zahl der HIV-Neuinfektionen und Aids-Sterbefälle hat ihren Höhepunkt überschritten, doch sind noch immer 33 Millionen Menschen HIV-positiv

Zahl der Menschen mit HIV, Zahl der HIV-Neuinfektionen und Zahl der Aids-Sterbefälle weltweit (in Millionen) – 1990-2007

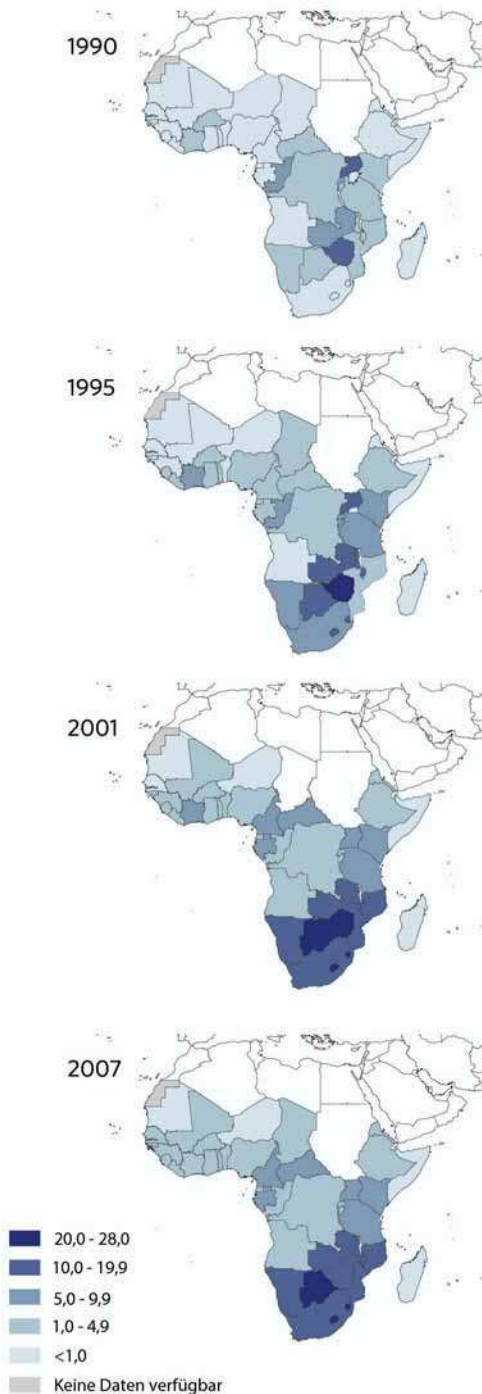


Die Zahl der HIV-Neuinfektionen erreichte 1996 weltweit ihren Höhepunkt, geht seither zurück und betrug 2007 2,7 Millionen. Diese positive Entwicklung ist hauptsächlich auf die sinkende jährliche Zahl der Neuinfektionen in einigen Ländern Asiens, Lateinamerikas und Afrikas südlich der Sahara zurückzuführen. Gleichzeitig steigen die Infektionsraten in anderen Teilen der Welt, insbesondere Osteuropa und Zentralasien, weiter an. In diesen Regionen hat sich die HIV-Prävalenz seit 2001 – dem Jahr der Unterzeichnung der Verpflichtungserklärung der Vereinten Nationen zu HIV/AIDS – fast verdoppelt, und die Zahl der Menschen mit HIV stieg von 630.000 auf 1,6 Millionen.

Auch die geschätzte Zahl der Aids-Sterbefälle scheint 2005 mit 2,2 Millionen ihren Höhepunkt erreicht zu haben und ging 2007 auf 2 Millionen zurück. Dies liegt unter anderem an dem besseren Zugang zu antiretroviralen Medikamenten in ärmeren Ländern. Trotz der insgesamt sinkenden Zahl der Neuinfektionen wächst die Zahl der Menschen mit HIV weltweit weiter, vor allem, weil Infizierte länger überleben. 2007 lebten schätzungsweise 33 Millionen Menschen mit dem HIV.

Zwei Drittel der Menschen mit HIV leben im subsaharischen Afrika, zur Mehrzahl Frauen

Bevölkerungsanteil mit HIV – 1990, 1995, 2001 und 2007 (in Prozent)



2007 entfielen mehr als ein Drittel der HIV-Neuinfektionen und 38 Prozent der Aids-Sterbefälle auf das südliche Afrika. Insgesamt leben 67 Prozent aller HIV-Infizierten im subsaharischen Afrika.

Die Hälfte aller Menschen mit HIV weltweit sind Frauen; in Afrika südlich der Sahara sind es fast 60 Prozent. Überall auf der Welt beeinträchtigt die Ungleichstellung der Geschlechter weiter die Entscheidungsfähigkeit und das Risikoverhalten von Frauen, und ob und inwieweit sie sich einer HIV-Infektion aussetzen, entzieht sich oft ihrer Kontrolle.

Richtiges Wissen über HIV ist noch immer unzulänglich weit verbreitet

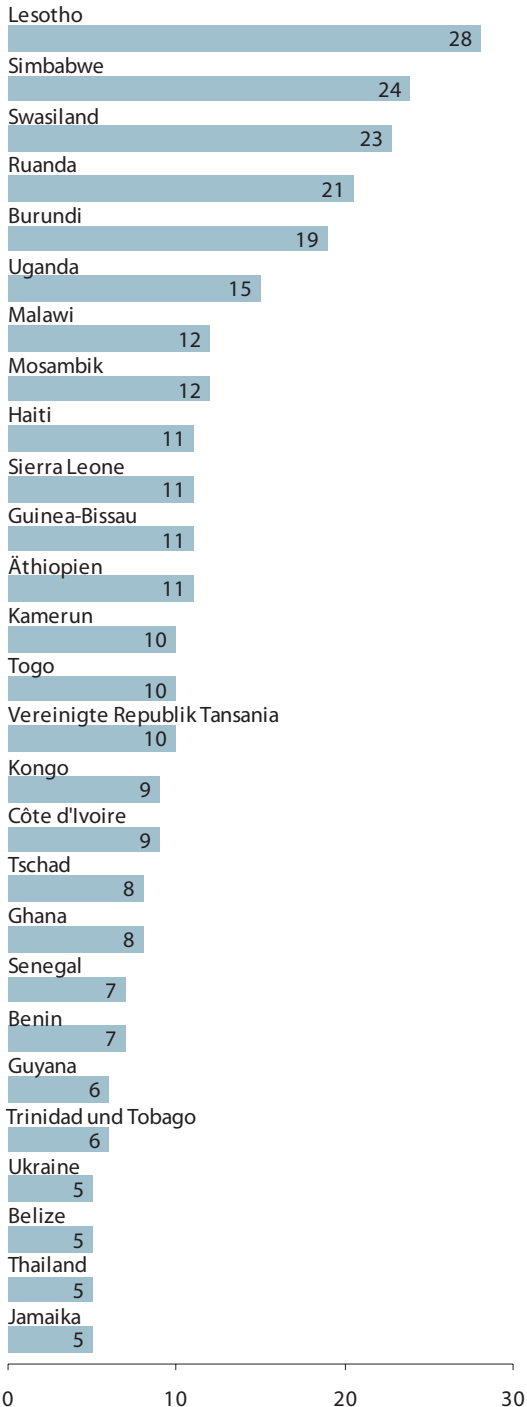
Allmählich lernen Jugendliche mehr über HIV und wie sich eine Infektion verhüten lässt. Diese Kenntnisse sind in den meisten Ländern jedoch nach wie vor zu gering und liegen weit unter dem von der Generalversammlung der Vereinten Nationen auf ihrer Sondertagung über HIV/Aids gesteckten Ziel, dass bis 2010 95 Prozent der jungen Menschen Zugang zu umfassendem Wissen über HIV haben sollen. Im Schnitt haben nur etwa 31 Prozent der Männer und 19 Prozent der Frauen im Alter zwischen 15 und 24 Jahren in den Entwicklungsländern ein gründliches und zutreffendes Verständnis des HIV.

Das Bildungswesen ist ein unverzichtbarer Partner in der HIV-Prävention. Es ist von entscheidender Bedeutung, dass Kindern und Jugendlichen im Grund- und Sekundarschulalter konkrete, geschlechtsspezifische und altersgerechte Informationen zur HIV-Prävention sowie die Problemlösungs-, Verhandlungs- und Entscheidungsfähigkeit vermittelt werden, um dieses Wissen praktisch anzuwenden. Alles deutet darauf hin, dass eine umfassende Sexualerziehung in den Schulen die Einstellungen und Praktiken, die zu riskantem Verhalten führen, wirksam ändern kann.

Zu den Verhaltensweisen, die junge Frauen einem erhöhten HIV-Infektionsrisiko aussetzen, gehören ein früher erster Geschlechtsverkehr, ungeschützter Geschlechtsverkehr (insbesondere mit wechselnden Partnern), Geschlechtsverkehr mit einem wesentlich älteren und in der Vergangenheit wahrscheinlich HIV-exponierten Partner, Sex als Gegenleistung sowie Gewalt gegen Frauen und Mädchen. Junge Frauen sind außerdem stärker gefährdet, wenn sie nicht über die Kenntnisse und Fähigkeiten verfügen, um sich zu schützen, und wenn ihr Zugang zu hochwertigen Diensten der sexuellen und reproduktiven Gesundheit, einschließlich HIV-Prävention, eingeschränkt ist. Soziale und kulturelle Normen, Gepflogenheiten, Überzeugungen und Gesetze können die relative Machtlosigkeit junger Frauen und ihre Anfälligkeit für HIV-Infektionen ebenfalls verstärken.

Aus der Not von Aids betroffener Kinder erwachsen neue, gezielt auf Kinder, ihre Familien und Gemeinwesen ausgerichtete Ansätze

Kinder unter 18 Jahren, die einen oder beide Elternteile verloren haben, in Ländern mit einer HIV-Prävalenz über 1 Prozent –2003/2007 (in Prozent)



2007 hatten schätzungsweise 15 Millionen Kinder weltweit, fast 12 Millionen im subsaharischen Afrika, einen oder beide Elternteile durch Aids verloren. Viele weitere Millionen wurden aus anderen Gründen zu Waisen; in Burundi und Ruanda beispielsweise eher durch bewaffnete Konflikte als durch die HIV-Epidemie. Bis 2007 hatten schätzungsweise 47,5 Millionen Kinder in Afrika südlich der Sahara einen oder beide Elternteile durch Aids oder andere Ursachen verloren.

Auf nationaler Ebene erfolgen seit den 1990er Jahren zunehmend stärkere Antwortmaßnahmen auf die Not dieser Kinder. Ende 2007 gab es in 32 Ländern, 29 davon in Afrika südlich der Sahara, konkrete nationale Aktionspläne zugunsten von Aids-Waisen und anderen gefährdeten Kindern. In zehn weiteren Ländern – neun davon in Afrika südlich der Sahara – waren solche Pläne in der Entwurfsphase. Viele Länder integrieren Maßnahmen zugunsten von Aids betroffener Kinder in die nationalen Entwicklungspläne, die Aktionspläne für Kinder und die von Fachministerien, beispielsweise für Bildung und Gesundheit, verfolgte Politik.

Daten aus nationalen Erhebungen in 36 Ländern zeigen neuerdings, dass Aids und Verwaisung Kinder und Familien zwar vor gewaltige Herausforderungen stellen, dass das Wohlergehen von Kindern aber auch durch andere Faktoren stark mitbestimmt wird. Zu diesen Faktoren gehören das relative Haushaltseinkommen, das Verhältnis des Kindes zu seinen Betreuungspersonen und der Bildungsstand der Erwachsenen, insbesondere der weiblichen Betreuungsperson, in dem Haushalt. In Gebieten mit weit verbreiteter Armut und hoher HIV-Prävalenz treffen in der Regel mehrere Gefährdungsursachen zusammen. Viele von Aids betroffene Kinder finden sich in armen Haushalten mit niedrigem Bildungsstand. Es ist daher ebenso wie kostenwirksam, allen gefährdeten Kindern zu helfen, um die von HIV und Aids betroffenen Kinder zu erreichen. Kinder herauszugreifen, die Mutter oder Vater durch Aids verloren haben, ist nicht nur stigmatisierend, sondern auch so gut wie unmöglich. Bei dem derzeit verfolgten Ansatz geht es also darum, Aids-sensible, aber nicht ausschließlich auf



Aids abstellende Programme zu fördern und zu propagieren. Die Mittel und Programme für von HIV und Aids betroffene Kinder sollten daher nach Möglichkeit dazu verwendet werden, Gemeinwesen und Familien zu erreichen und Systeme aufzubauen und zu stärken, die auf das Wohl der Kinder im Allgemeinen abstellen.

In vom HIV stark betroffenen Gemeinwesen haben sich Geldtransferprogramme als erfolgreich erwiesen. Sie sorgen dafür, dass Kinder Nahrung und Unterkunft haben und eine Schule besuchen. Bargeldtransfers verringern darüber hinaus die wirtschaftliche Belastung der von Aids betroffenen Haushalte, in denen Kinder, oft Mädchen, oder Großmütter erkrankte Eltern pflegen müssen. Diese einfache und doch wirksame Form des Schutzes könnte jedoch durch den von der Weltwirtschaftskrise ausgehenden Druck zunichte gemacht werden. Damit Bargeldtransfers – namentlich für von Aids betroffene Kinder – ihre volle Reichweite und Wirkung entfalten können, müssen die Sozialfürsorgestrukturen auf lokaler, nationaler und globaler Ebene gleichzeitig der heutigen bedrohlichen Wirtschaftslage entgegnetreten.

ZIELVORGABE

Bis 2010 den allgemeinen Zugang zu HIV/Aids-Behandlung für alle, die sie benötigen, verwirklichen

Breiterer Zugang zur Behandlung trägt zum ersten Rückgang der Aids-Sterbefälle seit Beginn der Epidemie bei

In nur fünf Jahren hat sich die Versorgungsdichte für antiretrovirale Behandlung in den ärmeren Ländern verzehnfacht, was zum ersten Rückgang der Zahl der Aids-Sterbefälle seit Erkennung der Epidemie Anfang der 1980er Jahre geführt hat. Bis Dezember 2007 hatten 3 Millionen Menschen in den Entwicklungsregionen Zugang zu antiretroviralen Medikamenten, was einem Anstieg um 47 Prozent seit Dezember 2006 entspricht. 2007 wurden etwa 200.000 Kinder behandelt; 2005 waren es 75.000. Auf jede Person, die 2007 mit einer antiretroviralen Behandlung begann, kamen jedoch drei HIV-Neuinfektionen, und 69 Prozent der Behandlungsbedürftigen hatten keinen Zugang zu den erforderlichen Medikamenten.

Weltweit ist der Zugang von Frauen zu antiretroviralen Medikamenten ebenso gut oder besser als der von Männern. 2007 erhielten etwa 33 Prozent der HIV-positiven Schwangeren eine antiretrovirale Behandlung, um eine Mutter-Kind-Übertragung des Virus zu verhindern. Dies bedeutet konkret, dass von den etwa 1,5 Millionen HIV-positiven Schwangeren, die im genannten Jahr die Medikamente benötigten, 491.000 diese auch erhielten, was gegenüber der Behandlungsquote von 10 Prozent im Jahr 2004 eine deutliche Steigerung darstellt. Am stärksten stieg die Versorgungsdichte in Afrika südlich der Sahara. Dennoch wurde bei nur 12 Prozent der Schwangeren in dieser Region, die während der Schwangerschaft als HIV-positiv identifiziert wurden, festgestellt, ob sie für eine Behandlung mit antiretroviralen Medikamenten in Betracht kämen.

ZIELVORGABE

Bis 2015 die Ausbreitung von Malaria und anderen schweren Krankheiten zum Stillstand bringen und allmählich umkehren

Beinahe eine Million Menschen sterben noch immer jedes Jahr an Malaria, zumeist Kleinkinder in Afrika südlich der Sahara

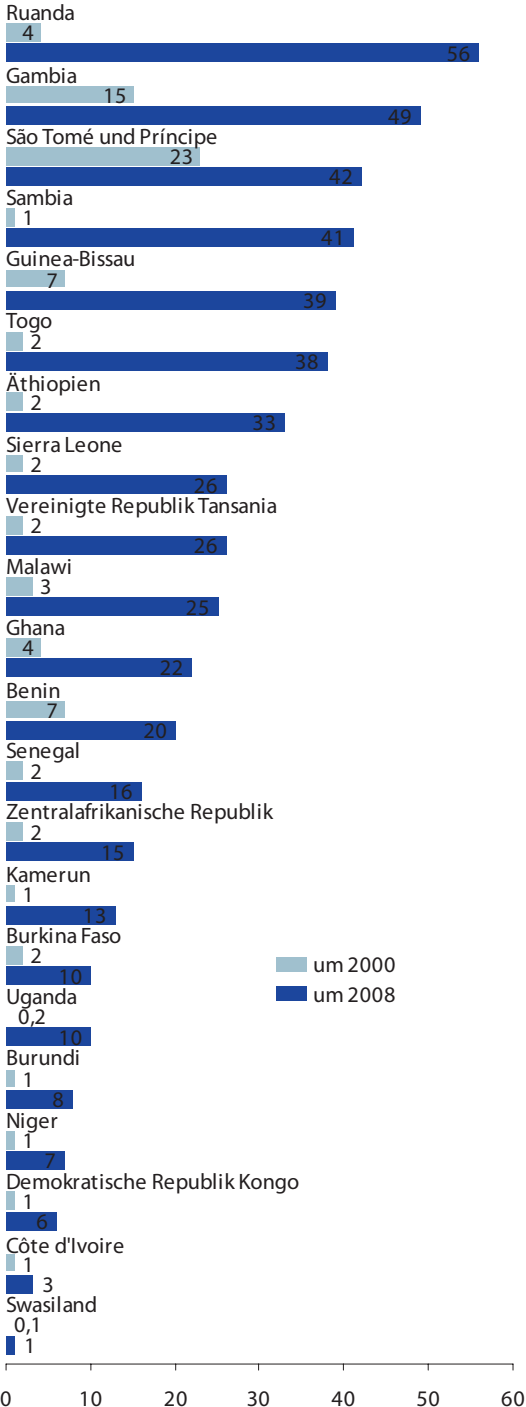
Nach Angaben der WHO starben 2006 beinahe eine Million Menschen an Malaria. 95 Prozent lebten in Afrika südlich der Sahara, und die weitaus meisten waren unter fünf Jahre alt. Im genannten Jahr ereigneten sich zwischen 190 und 330 Millionen Malariaepisoden; 88 Prozent in Afrika südlich der Sahara, 6 Prozent in Südasien und 3 Prozent in Südostasien.

Im subsaharischen Afrika ist das Risiko, an Malaria zu sterben, deutlich höher als in anderen Teilen der Welt. Dies hat mehrere Gründe. Die Übertragung der Krankheit ist intensiver, die tödlichere Form des Malariaparasiten – *Plasmodium falciparum* – ist häufiger, und die Gesundheitssysteme der Region sind eher schwach. Malaria ist eine Krankheit der Armen: Malariahäufigkeit und -sterblichkeit sind in den am wenigsten entwickelten Ländern unverhältnismäßig hoch.

Dennoch wurden in den letzten Jahren im Kampf gegen die Malaria große Fortschritte erzielt, hauptsächlich dank höherer Finanzmittel und größerer Aufmerksamkeit für die Malariabekämpfung. Durch die neuen, ehrgeizigen Ziele in dem Globalen Aktionsplan von 2008 zur Zurückdrängung der Malaria sind die Länder gefordert, ambitionierte Pläne umzusetzen, um bis 2010 eine flächendeckende Versorgung mit wichtigen Interventionsmaßnahmen zu erreichen. Gleichzeitig wurden weltweit auch deutlich mehr Mittel für Antimalariamaßnahmen bereitgestellt. Nach Schätzungen der Kampagne zur Zurückdrängung der Malaria sind die internationalen Finanzmittel für die Malariabekämpfung von 250 Millionen Dollar im Jahr 2004 auf 700 Millionen Dollar im Jahr 2007 gestiegen und werden 2008 voraussichtlich 1,1 Milliarden Dollar erreichen. Im September 2008 sagten die politischen Führer der Welt auf der Veranstaltung auf hoher Ebene über die Millenniums-Entwicklungsziele erneut weitere Milliarden von Dollar für Antimalariamaßnahmen zu.

In Afrika südlich der Sahara hat die Verwendung von Moskitonetzen, um Kinder vor Malaria zu schützen, deutlich zugenommen

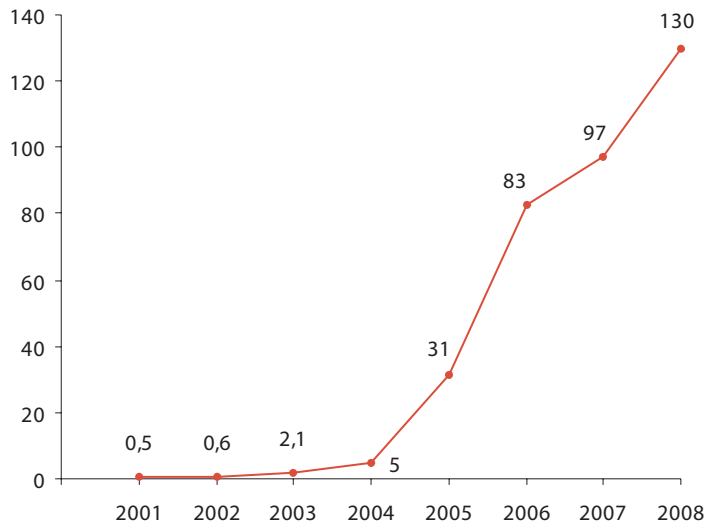
Prozentsatz der Kinder unter fünf Jahren, die unter imprägnierten Moskitonetzen schlafen, ausgewählte Länder – um 2000 und um 2008 (in Prozent)



Auf internationaler Ebene wird beschleunigt daran gearbeitet, wichtige Hilfsgüter und -maßnahmen, insbesondere imprägnierte Moskitonetze, bereitzustellen und gleichzeitig Engpässe bei ihrer Herstellung, Beschaffung und Verteilung zu reduzieren. Die Länder haben sich rasch die wirksameren Strategien zu eigen gemacht, die ohne das Vorhandensein von Mitteln gar nicht möglich gewesen wären. Im Rahmen dieser Strategien wird auch die nationale Arzneimittelpolitik so geändert, dass wirksamere, jedoch teurere Behandlungsformen sowie Diagnostik verstärkt zum Einsatz kommen, um eine gezieltere Behandlung zu gewährleisten. Überall im subsaharischen Afrika stieg die Verwendung imprägnierter Moskitonetze für Kinder sprunghaft an: von 2 Prozent im Jahr 2000 auf 20 Prozent im Jahr 2006. In 19 der 22 Länder Afrikas südlich der Sahara, für die Trenddaten vorlagen, hatte sich der Wert im genannten Zeitraum mindestens verdreifacht, in 17 Ländern sogar mindestens verfünffacht.

Die großflächige Ausweitung von Interventionsmaßnahmen zur Senkung der Malariasterblichkeit zeigt erste Ergebnisse

Zahl der weltweit beschafften Dosen an Kombinationstherapien auf Artemisininbasis – 2001-2008 (in Millionen)



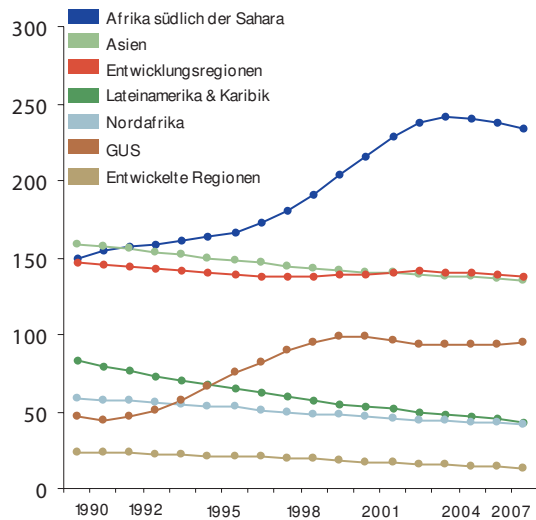
Obwohl seit 2004 erheblich mehr Kombinationstherapien auf Artemisininbasis beschafft wurden, erhalten viele afrikanische Kinder noch immer Medikamente mit geringerem Wirkungsgrad. Die meisten Länder sind seit 2000 bei der großflächigeren Bereitstellung solcher Therapien kaum oder gar nicht vorangekommen. Ein ähnlicher Trend zeigt sich auch bei der Behandlung anderer schwerer Krankheiten bei Kindern, beispielsweise Durchfallerkrankungen und Lungenentzündung. Daran wird deutlich, dass ein integriertes, gemeinwesengestütztes Fallmanagement für schwere Kinderkrankheiten dringend gestärkt werden muss.

In letzter Zeit unternommene Anstrengungen zur großflächigen Umsetzung der Programme zeitigen jedoch erste Ergebnisse. In den Ländern, die eine hohe Versorgungsdichte mit zwei oder mehr Antimalariamaßnahmen erreicht haben (Eritrea, Ruanda, Sansibar und São Tomé und Príncipe), sind schwere Fälle von Malaria und Sterbefälle in Gesundheitseinrichtungen um mehr als 50 Prozent zurückgegangen. In den kommenden Jahren werden noch größere Fortschritte erwartet.



Die Tuberkuloseinzidenz geht zurück, doch die Zahl der neuen Fälle steigt weiter

Anzahl der neuen Tuberkulosefälle je 100.000 Einwohner (ohne HIV-positive Menschen) – 1990-2007

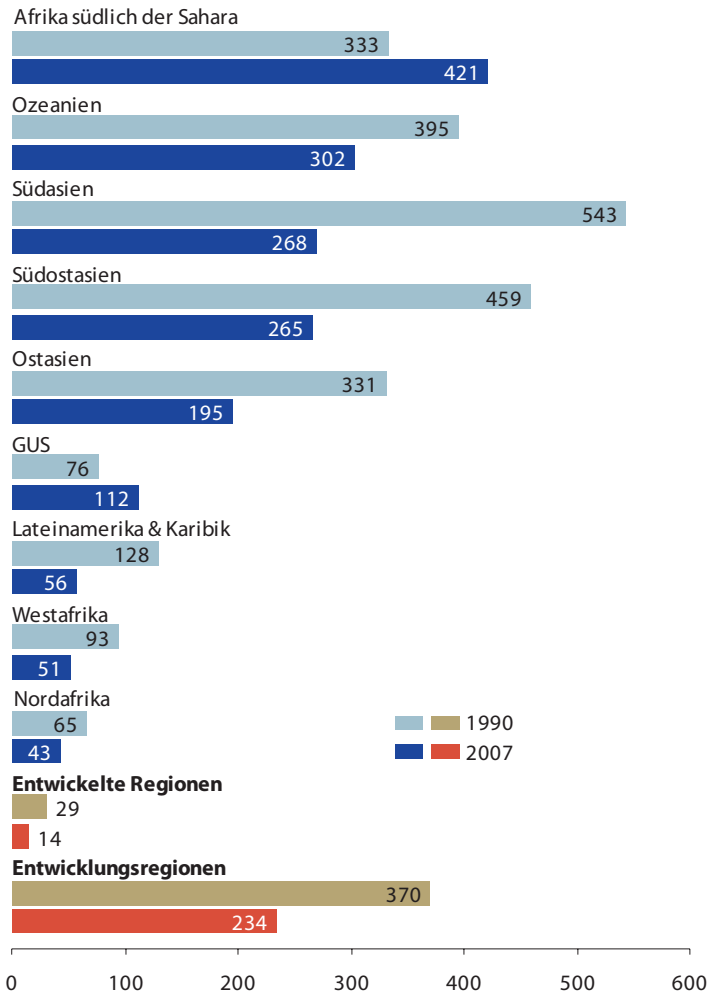


Die weltweite Tuberkuloseinzidenz, also die Zahl der neuen Fälle je 100.000 Einwohner, scheint 2004 ihren Höhepunkt erreicht zu haben und geht jetzt zurück. Die Inzidenzraten sinken zwar in allen Regionen, jedoch nicht schnell genug, um mit dem Bevölkerungswachstum Schritt halten zu können. Damit steigt die absolute Zahl der Neuinfektionen weiter an.

2007 gab es weltweit schätzungsweise 9,3 Millionen neue Tuberkulosefälle gegenüber 9,2 Millionen im Jahr 2006 und 8,3 Millionen im Jahr 2000. Die meisten Fälle traten 2007 in Asien (55 Prozent) und Afrika (31 Prozent) auf. Von den 9,3 Millionen neuen Tuberkulosefällen im Jahr 2007 betrafen schätzungsweise 1,4 Millionen (15 Prozent) HIV-positive Menschen, der Großteil (79 Prozent) davon in Afrika. Das Verhältnis Männer/Frauen bei den neuen abstrichpositiven Fällen, die der WHO 2007 gemeldet wurden, lag bei 1,8; das heißt, fast doppelt so viele Männer wie Frauen wurden infiziert. Die Gründe dafür sind weitgehend unbekannt. Eine mögliche Erklärung besagt, dass biologische Unterschiede zwischen Männern und Frauen bestimmter Altersgruppen das Infektionsrisiko und die Progression in die aktiven Phasen der Krankheit beeinflussen. Des Weiteren könnte die unterschiedliche gesellschaftliche Rolle von Männern und Frauen ihre Ansteckungsgefahr sowie ihren Zugang zu Behandlung beeinflussen.

Tuberkuloseprävalenz und Sterblichkeitsraten sinken, jedoch nicht rasch genug, um die globalen Zielvorgaben zu erreichen

Anzahl der Tuberkulosefälle je 100.000 Einwohner (ohne HIV-positive Menschen) – 1990 und 2007



Auch die Tuberkuloseprävalenz, also die Zahl der Tuberkulosefälle je 100.000 Einwohner, ist weltweit zurückgegangen. Dennoch wird das von der Partnerschaft „Stopp der Tb“ festgelegte Ziel, die Prävalenz- und Sterblichkeitsraten von 1990 bis 2015 um die Hälfte zu senken, wohl nicht erreicht werden. Dies liegt hauptsächlich daran, dass die Prävalenz in Afrika südlich der Sahara noch immer ansteigt und die Prävalenzraten in der GUS in den 1990er Jahren drastisch gestiegen sind. In dieser Region ist die Prävalenzrate noch nicht einmal auf das Niveau von 1990 zurückgekehrt und wird sich bis 2015 kaum halbieren lassen.

2007 gab es weltweit 13,7 Millionen Tuberkulosefälle. Dies ist nur ein geringer Rückgang gegenüber 2006, als 13,9 Millionen Fälle gemeldet wurden, von denen 1,3 Millionen tödlich verliefen. Zusätzlich starben 456.000 HIV-positive Menschen an Tuberkulose.

Die erfolgreiche Durchführung der Strategie „Stopp der Tb“ und die Erreichung ihrer Ziele wird von Maßnahmen an mehreren Fronten abhängen. Der wichtigste und am häufigsten angewandte Teil der Strategie besteht in einer als „DOTS“ bezeichneten Diagnose- und Behandlungsmodalität. Die Diagnoserate nach DOTS betrug 2007 weltweit 63 Prozent, und die Behandlung

hatte 2006 eine 85-prozentige Erfolgsquote. Es muss jedoch dringend dafür gesorgt werden, dass die Labortests von Kulturen und das Ansprechverhalten auf Medikamente verbessert sowie die vielen Länder unterstützt werden, die weiter Fehlbestände an Erstlinienmedikamenten melden. Die Diagnose und Behandlung mehrfachresistenter Tuberkulose und die Durchführung kombinierter TB/HIV-Initiativen gehören ebenfalls zu den Hauptbestandteilen der Strategie „Stopp der Tb“.



Ziel 7

Sicherung der ökologischen Nachhaltigkeit

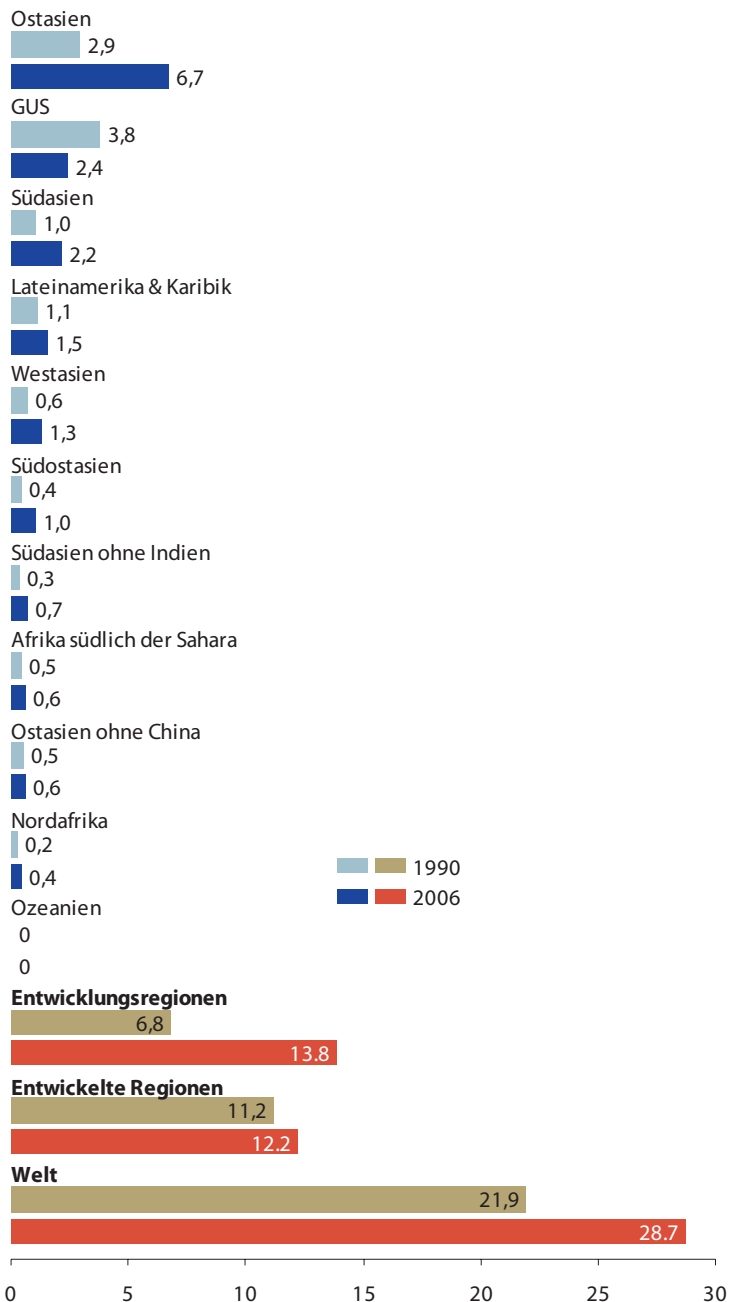


ZIELVORGABE

Die Grundsätze der nachhaltigen Entwicklung in einzelstaatliche Politiken und Programme einbauen und den Verlust von Umweltressourcen umkehren

Der weitere Anstieg der Treibhausgasemissionen macht erneut deutlich, wie dringlich das Problem des Klimawandels ist

Emissionen von Kohlendioxid (CO₂) – 1990 und 2006
(in Milliarden Tonnen)



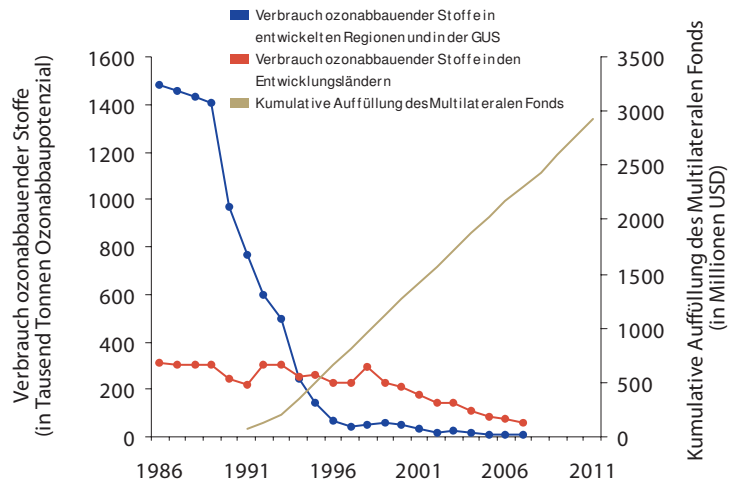
Kohlendioxidemissionen tragen zum Treibhauseffekt bei, einem weltweiten Temperaturanstieg, der sich schon heute auf die Menschen, Tiere und Pflanzen der Erde auswirkt. Auch im Jahr 2006 nahmen die globalen Kohlendioxidemissionen wieder zu. Sie stiegen gegenüber dem Vorjahr um 2,5 Prozent auf 29 Milliarden Tonnen an und lagen 2006 um 31 Prozent höher als 1990.

Der Pro-Kopf-Ausstoß ist nach wie vor in den entwickelten Regionen am höchsten und liegt bei etwa 12 Tonnen CO₂ pro Person pro Jahr, verglichen mit etwa 3 Tonnen in den Entwicklungsregionen und 0,8 Tonnen, dem niedrigsten regionalen Wert, in Afrika südlich der Sahara. Die Emissionen pro Wertschöpfungseinheit gingen in den entwickelten Regionen um mehr als 24 Prozent und in den Entwicklungsregionen um etwa 8 Prozent zurück.

Der fortgesetzte Anstieg der weltweiten Emissionen bestätigt, dass die Bekämpfung des Klimawandels auch weiterhin eine Priorität der Weltgemeinschaft sein muss. In diesem Zusammenhang ist es außerordentlich wichtig, bei der im Dezember 2009 in Kopenhagen anberaumten nächsten Verhandlungsrunde zum Rahmenübereinkommen der Vereinten Nationen über Klimaänderungen einen entscheidenden Durchbruch zu erzielen. Gleichzeitig gilt es zu zeigen, dass die Welt selbst mitten in einem globalen Wirtschaftsabschwung das Problem des Klimawandels in den Griff bekommen und neue „grüne“ Wachstumschancen nutzen kann. Die Bewältigung der Wirtschaftskrise kann und sollte als Gelegenheit angesehen werden, auf umfassendere und effizientere Weise gegen den Klimawandel vorzugehen.

Starke Partnerschaften und solide einzelstaatliche Politiken führen zu außerordentlichen Fortschritten beim Schutz der Ozonschicht

Verbrauch aller ozonabbauenden Stoffe – 1986–2007 (in Tausend Tonnen Ozonabbaupotenzial) und Wiederauffüllung des Multilateralen Fonds für die Umsetzung des Montrealer Protokolls (in Millionen US-Dollar)



Zwischen 1986 und 2007 erzielten die derzeit 195 Vertragsstaaten des Montrealer Protokolls einen 97-prozentigen Verbrauchsrückgang bei den Stoffen, die die Ozonschicht der Erde schädigen. Diese außerordentliche Leistung ist ein Paradebeispiel für die Integration der Grundsätze einer nachhaltigen Entwicklung in nationale Politikrahmen (Millenniums-Entwicklungsziel 7) und für eine weltweite Entwicklungspartnerschaft (Millenniumsziel 8).

Bislang haben 177 Vertragsstaaten des Montrealer Protokolls innerstaatliche Rechts- und sonstige Vorschriften zur Förderung des wirksamen Schutzes der Ozonschicht und zur nachhaltigen Befolgung des Protokolls geschaffen. Der Multilaterale Fonds für die Umsetzung des Montrealer Protokolls finanziert nicht nur diese unverzichtbaren Tätigkeiten, sondern hat im Laufe der vergangenen 19 Jahre auch den Aufbau von nationalen Kapazitäten und von Beziehungsnetzen zwischen politischen Entscheidungsträgern, Zollbeamten und anderen unterstützt. Außerdem half der Fonds beim Transfer wesentlicher Technologien, die Entwicklungsländern den Sprung zu neuen, energieeffizienten Technologien und den Export ihrer Güter auf den Weltmarkt gestatten.

Dennoch bestehen weiterhin Herausforderungen, denen es zu begegnen gilt. An erster Stelle steht der schrittweise Nutzungsverzicht auf Fluorchlorkohlenwasserstoffe bei gleichzeitiger Vermeidung von Ersatzstoffen mit hohem Klimaerwärmungspotenzial. Weitere ernstzunehmende Fragen sind das Management – einschließlich der Vernichtung – der vorhandenen Bestände ozonabbauender Stoffe und die Gewährleistung dessen, dass nach einem Nutzungsverzicht auf die Hauptsubstanzen kein illegaler Handel mit diesen entsteht. Schließlich müssen auch für die wenigen kritischen und wesentlichen Verwendungszwecke, für die den Vertragsstaaten des Protokolls zurzeit noch Ausnahmen gewährt werden, technisch und wirtschaftlich tragfähige Alternativen gefunden werden.

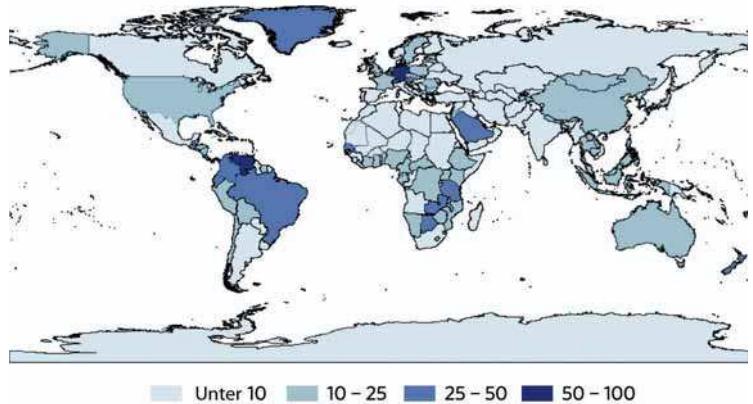


ZIELVORGABE

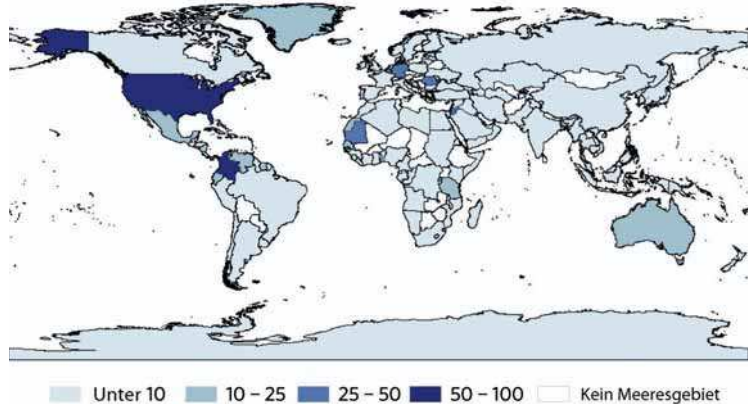
Den Verlust an biologischer Vielfalt reduzieren, mit einer signifikanten Reduzierung der Verlustrate bis 2010

Zum Schutz bedrohter Arten und Ökosysteme sind viel größere Anstrengungen notwendig

Anteil der geschützten Landgebiete – 2008 (in Prozent)



Anteil der geschützten Meeresgebiete – 2008 (in Prozent)

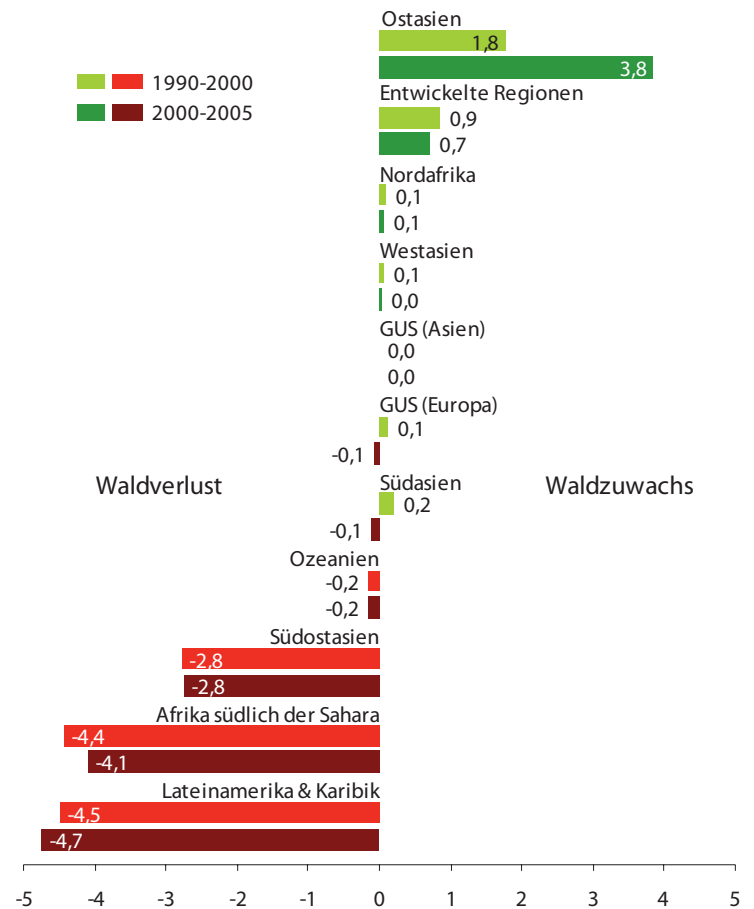


Schutzgebiete bilden den Grundstein der Bemühungen um die Erhaltung der Arten und Ökosysteme der Welt und sind ein Schlüsselfaktor beim Klimaschutz. Allerdings waren 2008 lediglich 12 Prozent der Erdoberfläche auf die eine oder andere Weise geschützt. Darunter fielen etwa 18 Millionen Quadratkilometer geschützter Landgebiete und über 3 Millionen Quadratkilometer geschützter Hoheitsgewässer (Meeresgebiete unter nationaler Hoheitsgewalt). Da Hoheitsgewässer nur einen kleinen Bruchteil der gesamten Meeresfläche ausmachen, bedeutet dies, dass weniger als 1 Prozent der Meeresgebiete der Welt geschützt sind. Darüber hinaus werden bestehende Schutzgebiete zum Teil schlecht verwaltet und sind ständigen Beeinträchtigungen durch Verschmutzung, Klimawandel, unverantwortlichen Tourismus, Infrastrukturentwicklung und wachsende Nachfrage nach Land- und Wasserressourcen ausgesetzt.

Trotz des wirtschaftlichen und anderweitigen Drucks, unter dem sie stehen, ist es vielen Entwicklungsländern gelungen, umfangreiche Land- und Wasserflächen unter Schutz zu stellen. So schuf die Demokratische Republik Kongo 2007 eines der größten tropischen Regenwald-Schutzgebiete der Welt. In Indonesien wurden vor kurzem sieben neue Meeresschutzgebiete mit einer Gesamtfläche von 9.000 Quadratkilometern eingerichtet, die 45 Prozent der Flachwasser-Ökosysteme der Region umfassen. Dennoch stieg 2008 die Zahl der weltweit vom Aussterben bedrohten Arten weiter an. Dem Rote-Liste-Index der Weltnaturschutzunion zufolge sind Säugetiere stärker bedroht als Vögel. Beide Gruppen sind wiederum in Entwicklungsländern stärker gefährdet als in entwickelten Ländern. Säugetiere sind aufgrund von Entwaldung und Bejagung in Südostasien besonders gefährdet, während Vögel auf den Inseln Ozeaniens am stärksten bedroht sind; in erster Linie durch invasive Arten. Auch für andere Klassen von Organismen ist tendenziell ein Rückgang wahrscheinlich. Es bedarf nachhaltiger Investitionen, damit die biologische Vielfalt sowohl innerhalb als auch außerhalb von Schutzgebieten wirksam erhalten wird.

Eine verminderte Entwaldung könnte für die Senkung der Treibhausgasemissionen ausschlaggebend sein

Jährliche Nettoveränderung der Waldfläche – 1990-2000 und 2000-2005 (in Millionen Hektar pro Jahr)

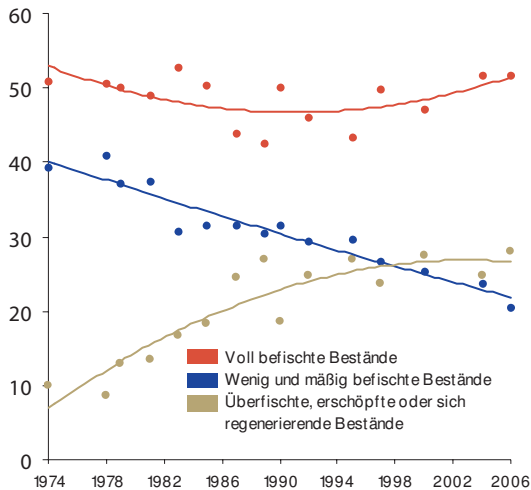


Die Entwaldung setzt sich mit alarmierender Geschwindigkeit fort. Mit etwa 13 Millionen Hektar gehen jährlich Waldgebiete von etwa der Größe Bangladeschs verloren. Diese Verluste werden durch Aufforstung, Renaturierung und natürlichen Waldzuwachs teilweise ausgeglichen, wodurch der Nettorückgang an bewaldeten Flächen erheblich geringer ausfiel. Der Netto-Waldverlust im Zeitraum 2000-2005 wird auf 7,3 Millionen Hektar pro Jahr beziffert und war somit geringer als 1990-2000, als er bei 8,9 Millionen Hektar pro Jahr lag. Afrika südlich der Sahara und der lateinamerikanisch-karibische Raum verzeichnen auch weiterhin die größten Netto-Waldverluste.

Eine verminderte Entwaldung und Waldschädigung trägt zum Klimaschutz bei. Bäume und Pflanzen absorbieren und speichern Kohlenstoff und helfen somit, den CO₂-Gehalt der Atmosphäre zu verringern. Werden Bäume jedoch gefällt oder verbrannt, wird Kohlendioxid freigesetzt. Im Jahr 2004 waren 17,4 Prozent aller anthropogenen Treibhausgasemissionen (gemessen als CO₂-Äquivalente) auf Waldnutzung zurückzuführen, hauptsächlich auf die umfangreiche Entwaldung und Waldschädigung in Entwicklungsländern.

Die Erderwärmung bringt weitere Gefahren für die Gesundheit der weltweiten Fischereiressourcen mit sich

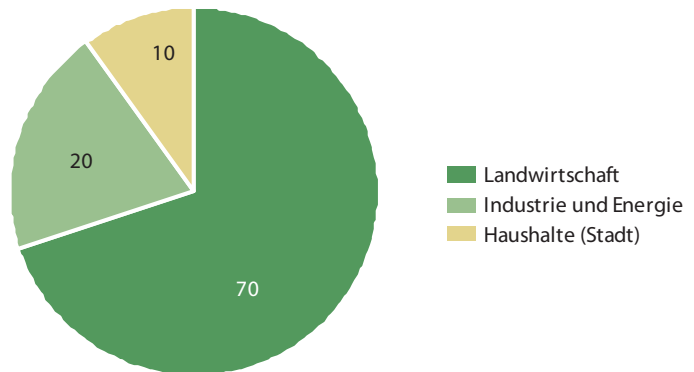
Status der bewirtschafteten Fischbestände – 1974-2006 (in Prozent)



Maßnahmen zur Begrenzung der Auswirkungen der Fischerei und anderer menschlicher Aktivitäten auf bewirtschaftete Fischpopulationen sind im Gange. Dennoch ist der Prozentsatz erschöpfter, voll befischter oder überfischter und sich regenerierender Bestände von 70 Prozent im Jahr 1995 auf 80 Prozent im Jahr 2006 angestiegen. Die Situation wird dadurch noch verschlimmert, dass der Klimawandel Meeres- und Süßwasserökosysteme allmählich verändert. Diese Veränderungen wirken sich auf das jahreszeitliche Einsetzen bestimmter biologischer Prozesse aus und beeinträchtigen Nahrungsnetze in den Meeren und im Süßwasser. Dies wiederum hat unabsehbare Folgen für die Fischbestände. Auf die Fischerei angewiesene Gemeinwesen sind je nach ihrer Anpassungsfähigkeit und den konkreten Veränderungen vor Ort auch für den Klimawandel anfällig. In Anbetracht der Unsicherheit hinsichtlich der Auswirkungen des Klimawandels auf Ressourcen und Ökosysteme ist bei der Bewirtschaftung der Fischereiressourcen ein höheres Maß an Vorsicht geboten.

Der wachsende Nahrungsmittelbedarf erfordert eine effizientere Wassernutzung in der Landwirtschaft

Wassernutzung – 2000 (in Prozent)



Etwa 70 Prozent des weltweit entnommenen Wassers dienen der Landwirtschaft; in manchen Regionen sind es über 80 Prozent. Wenn mehr als 75 Prozent des Wasservolumens von Fließgewässern für landwirtschaftliche, industrielle und kommunale Zwecke abgeleitet werden, ist einfach nicht mehr genug Wasser vorhanden, um sowohl den menschlichen Bedarf zu decken als auch die ökologisch notwendige Fließmenge zu gewährleisten. Physische Wasserknappheit – gekennzeichnet durch schwere Umweltschädigung, einen sinkenden Grundwasserpegel und eine Wasserallokation, bei der einige Gruppen bevorzugt werden – droht dann, wenn dieser Wert 60 Prozent erreicht; alles deutet also darauf hin, dass die Welt unmittelbar vor einer Wasserkrise steht.

Zwischen 1990 und 2000 nahm das für Bewässerungs- und andere landwirtschaftliche Zwecke entnommene Wasservolumen um 8 Prozent zu. Zur Umkehr dieses Trends muss Wasser effizienter genutzt werden, primär durch verbesserte Pflanzensorten und bessere Ackerbauverfahren, die höhere wirtschaftliche Erträge abwerfen und mit der gleichen Wassermenge einen höheren Ernteertrag erbringen.

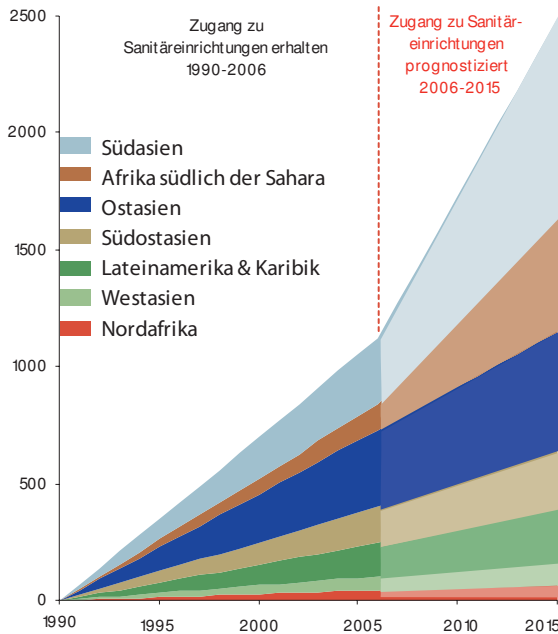
In einigen Regionen sind die Wasserressourcen schwersten Belastungen ausgesetzt. Die Wasserentnahme ist in ariden und semiariden Gebieten, hauptsächlich zu Bewässerungszwecken, am höchsten und in tropischen Ländern am geringsten. In Nordafrika werden pro Jahr durchschnittlich 78 Prozent der erneuerbaren Wasserressourcen entnommen, in Westasien nahezu die Hälfte. Im Gegensatz dazu verbraucht Lateinamerika jedes Jahr nur 2 Prozent seiner erneuerbaren Wasserressourcen.

ZIELVORGABE

Bis 2015 den Anteil der Menschen um die Hälfte senken, die keinen nachhaltigen Zugang zu einwandfreiem Trinkwasser und grundlegenden sanitären Einrichtungen haben

Zur Erreichung der Zielvorgabe zur Sanitärversorgung sind noch hohe Hürden zu überwinden

Menschen, die Zugang zu verbesserten sanitären Einrichtungen erhielten, – 1990-2006 (in Millionen) und Menschen, die zur Erreichung der Millenniums-Zielvorgabe Zugang zu verbesserten sanitären Einrichtungen erhalten müssen, – 2006-2015 (in Millionen)



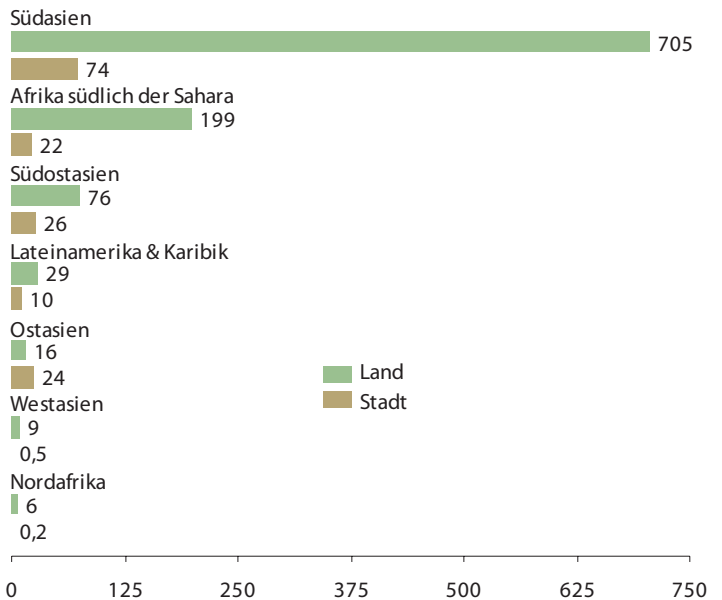
Zwischen 1990 und 2006 hatten 1,1 Milliarden Menschen in den Entwicklungsländern erstmals Zugang zu Toiletten, Latrinen und anderen verbesserten sanitären Einrichtungen. Weitere 1,4 Milliarden Menschen müssen diesen Zugang noch erhalten, wenn die Zielvorgabe bis 2015 erreicht werden soll. 2006 gab es weltweit 2,5 Milliarden Menschen ohne sanitäre Grundversorgung. Die größte Herausforderung besteht in Südasien, wo 580 Millionen Menschen nicht über eine verbesserte Sanitärversorgung verfügen. Die Zahl der Menschen, die bessere sanitäre Ein-

richtungen verwenden, muss sich in der Region zwischen 2006 und 2015 mehr als verdoppeln. Auch das subsaharische Afrika steht vor gewaltigen Herausforderungen. Nach der Zielvorgabe müssen 63 Prozent der Bevölkerung der Region eine verbesserte Sanitärversorgung erhalten. Das bedeutet, dass zusätzlich zu den schätzungsweise 242 Millionen Menschen, die diese Einrichtungen heute verwenden, weitere 370 Millionen Menschen Zugang dazu erhalten müssen.

Obwohl sie 1990 den niedrigsten Versorgungsgrad mit sanitären Einrichtungen hatten, haben Südasien und Afrika südlich der Sahara bemerkenswerte Fortschritte erzielt. In Südasien hat sich der Anteil der Bevölkerung, der verbesserte Einrichtungen verwendet, seit 1990 mehr als verdoppelt, und in Afrika südlich der Sahara ist er um über 80 Prozent gestiegen.

Trotz gesundheitlicher Gefahren für ihre Familien und Gemeinwesen praktizieren 1,2 Milliarden Menschen offene Defäkation

Offene Defäkation in städtischen und ländlichen Gebieten – 2008 (in Millionen Menschen)



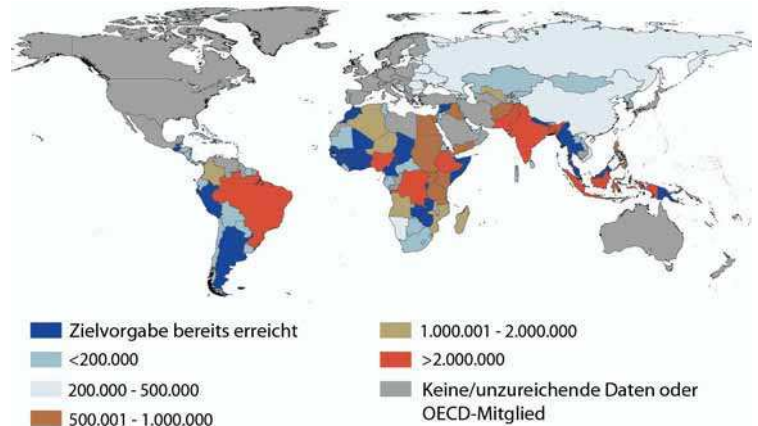
An offenen, oft öffentlich zugänglichen Stellen ihre Notdurft zu verrichten, ist für Menschen ohne jede Form der Sanitärversorgung oft der letzte Ausweg. Die Praxis gefährdet nicht nur die eigene Gesundheit und die der Familie, sondern auch die Gesundheit derjenigen, die in der Nähe leben, sogar wenn sie selbst über verbesserte sanitäre Einrichtungen verfügen. Das Aufsuchen uneinsehbarer Stellen zu diesem Zweck kann für Frauen und Mädchen zudem ein Sicherheitsrisiko darstellen.

Von den 18 Prozent der Weltbevölkerung – 1,2 Milliarden Menschen –, die offene Defäkation praktizieren, lebt der überwiegende Teil (87 Prozent) in ländlichen Gebieten. In Entwicklungsregionen verrichten mehr als ein Drittel aller Landbewohner ihre Notdurft im Freien; nur in Ostasien kommt dies in städtischen Gebieten häufiger vor als in ländlichen.



Die Welt hat im Hinblick auf das Trinkwasserziel gute Fortschritte gemacht, wenngleich manche Länder noch vor enormen Schwierigkeiten stehen

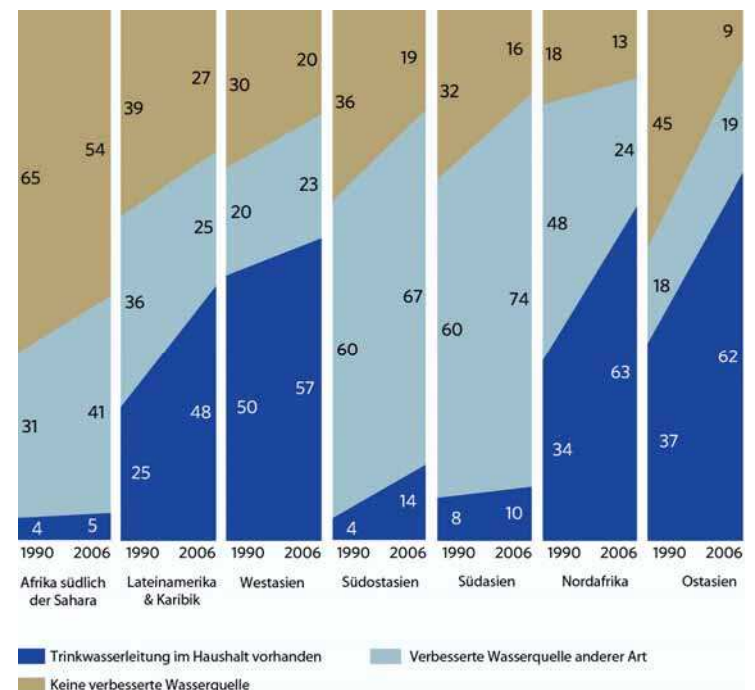
Menschen, die zur Erreichung der Millenniums-Zielvorgabe 2006-2015 Zugang zu einer verbesserten Trinkwasserquelle erhalten müssen (Personen pro Jahr)



Die Welt kann das Trinkwasser-Ziel insgesamt schon vor dem Jahr 2015 erreichen. Einige Länder jedoch haben noch einen schwierigen Kampf vor sich: Weltweit greifen noch immer 884 Millionen Menschen zum Trinken, Kochen, Baden und für andere Haushaltszwecke auf unhygienische Wasserquellen zurück. 84 Prozent dieser Menschen (746 Millionen) leben in ländlichen Gebieten.

Zugang zu verbesserten Trinkwasserquellen ist vorwiegend auf dem Land ein Problem

Anteil ländlicher Haushalte, die Leitungswasser, andere verbesserte Wasserquellen und unverbesserte Quellen verwenden – 1990 und 2006 (in Prozent)



Weltweit kamen 2006 nur 27 Prozent der auf dem Land lebenden Menschen in den Genuss einer bequemen und ihrer Gesundheit zuträglichen Leitungswasserversorgung im oder beim Haus. 50 Prozent der Landbewohner nutzten andere verbesserte Trinkwasserquellen, beispielsweise öffentliche Zapfstellen, Handpumpen, bessere befestigte Brunnen oder Quellen (ein geringer Anteil dieser Menschen griff auch auf Regenwasser zurück). Nahezu ein Viertel (24 Prozent) der ländlichen Bevölkerung beschaffte sich sein Trinkwasser aus „nicht verbesserten“ Quellen: Oberflächengewässern wie Seen, Flüssen, Stauseen oder ungeschützten Ziehbrunnen oder Quellen. Die Wasserversorgung aus verbesserten Quellen ist indessen keine Gewähr dafür, dass das Wasser auch sauber ist: Im Test genügt Trinkwasser aus verbesserten Quellen oft nicht den von der WHO aufgestellten mikrobiologischen Standards.

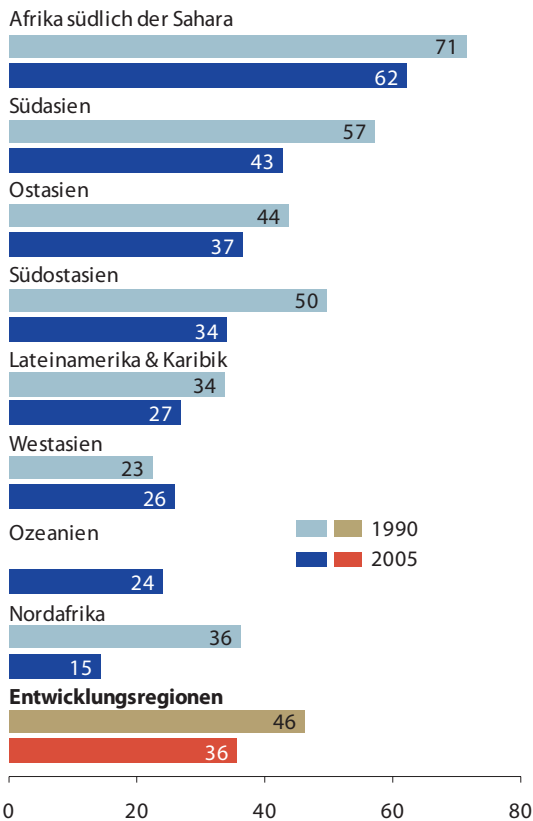
Stadtbewohner in Entwicklungsregionen verfügen mit mehr als doppelt so hoher Wahrscheinlichkeit über Leitungswasserversorgung wie Landbewohner. Besonders deutlich sind die Unterschiede in Lateinamerika und der Karibik, der Region mit der zweitniedrigsten ländlichen Trinkwasserversorgung aus verbesserten Quellen. Nur 73 Prozent der Landbevölkerung in dieser Region verwenden eine solche Quelle; bei den Stadtbewohnern hingegen sind es 97 Prozent.

ZIELVORGABE

Bis 2020 eine erhebliche Verbesserung der Lebensbedingungen von mindestens 100 Millionen Slumbewohnern herbeiführen

Fast alle Regionen kommen bei der Verbesserung der Lebensbedingungen der Armen in den Städten voran

Anteil der Stadtbevölkerung mit Wohndefiziten – 1990 und 2005 (in Prozent)



Im Jahr 1990 lebte fast die Hälfte der Stadtbewohner in Entwicklungsregionen in Slums. 2005 hatte sich dieser Anteil auf 36 Prozent reduziert. Der gängigen Definition nach bestehen Slumverhältnisse dann, wenn mindestens eines der folgenden vier Grundkriterien nicht gegeben ist: sauberes Wasser, verbesserte Sanitärversorgung, feste Behausungen und ausreichender Wohnraum.

Die Lebensbedingungen von Slumbewohnern haben sich in fast allen Regionen gebessert. In Ostasien lässt sich der scharfe Rückgang des Anteils der Slumbewohner größtenteils auf die erhöhte Nutzung verbesserter Wasserversorgungsquellen und Sanitäreinrichtungen in China zurückführen. Auf ähnliche Weise hat sich der verbesserte Zugang zu Wasser und Sanitärversorgung in Indien fortschrittsfördernd auf die gesamte südasiatische Region ausgewirkt.

Trotz einiger Fortschritte ist das subsaharische Afrika nach wie vor die Region mit den meisten Slums. Slums wie Stadtgebiete scheinen sich in der Region gleichermaßen rapide auszudehnen, und arme Bevölkerungsgruppen leben unter schlimmen, oft von mehrfachen Wohndefiziten gekennzeichneten Bedingungen. Daher sind zur Verbesserung der Lebensbedingungen von Slumbewohnern in den meisten subsaharischen Ländern Afrikas hohe, sektorübergreifende Investitionen erforderlich. In allen anderen Regionen, in denen die Mehrzahl der Slumbewohner nur unter einem Wohndefizit leidet, könnten einfache, kostengünstige Interventionen die Lebensbedingungen erheblich verbessern.

Westasien ist die einzige Region, in der heute geringfügig mehr Stadtbewohner in Slums leben, überwiegend wegen der schlechteren Lebensbedingungen in Irak und Libanon nach fast einem Jahrzehnt des Konflikts und der politischen Instabilität.

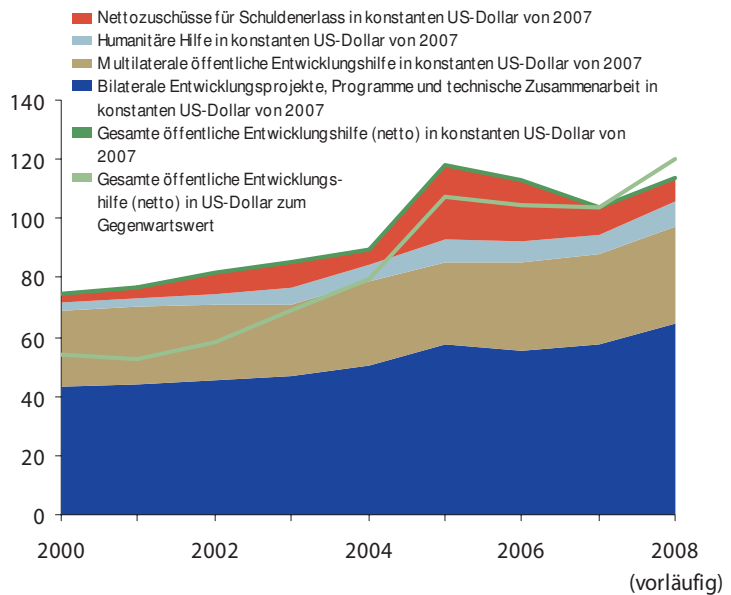
Wenngleich weltweit gesehene Verbesserungen in den Slums erzielt wurden, könnte die derzeit herrschende Wohnraum- und Energiekrise den Fortschritt in den Entwicklungsregionen verlangsamen und in manchen Fällen positive Trends wieder umkehren.

Ziel 8

Aufbau einer weltweiten Entwicklungspartnerschaft

Die Einhaltung höherer Hilfszusagen ist in wirtschaftlichen Krisenzeiten ausschlaggebend

Öffentliche Entwicklungshilfe aus entwickelten Ländern – 2000-2008
(in konstanten US-Dollar von 2007 und US-Dollar zum Gegenwartswert)



Die Nettoauszahlungen an öffentlicher Entwicklungshilfe stiegen 2008 um 10,2 Prozent auf 119,8 Milliarden US-Dollar, den höchsten je verzeichneten Betrag. Er entspricht 0,30 Prozent des kombinierten Nationaleinkommens der entwickelten Länder. Auch die Ausgaben im Rahmen bilateraler Hilfsprogramme und -projekte haben in den letzten Jahren zugenommen und sind zwischen 2007 und 2008 real um 12,5 Prozent angestiegen – ein Zeichen dafür, dass die Geber ihre grundlegenden Hilfsprogramme erweitern.

Damit liegen die Hilfszahlungen allerdings insgesamt immer noch deutlich unter dem von den Vereinten Nationen angesetzten Zielwert von 0,7 Prozent des Bruttonationaleinkommens. Die einzigen Länder, die diesen Zielwert 2008 erreichten oder überschritten, waren Dänemark, Luxemburg, die Niederlande, Norwegen und Schweden.

Absolut gesehen waren die Vereinigten Staaten 2008 der größte Geber, gefolgt von Deutschland, dem Vereinigten Königreich, Frankreich und Japan. Die von den 15 der Europäischen Union (EU) angehörenden Mitgliedsländern des OECD-Ausschusses für Entwicklungshilfe (DAC) gewährte öffentliche Netto-Entwicklungshilfe stieg zwischen 2007 und 2008 real um 8,6 Prozent an und erreichte 70,2 Milliarden US-Dollar. Dies entsprach 59 Prozent der von diesem Ausschuss insgesamt gewährten öffentlichen Entwicklungshilfe. Als Anteil am Bruttonationaleinkommen stieg der Nettowert der von den EU/DAC-Mitgliedsländern gewährten öffentlichen Entwicklungshilfe auf 0,42 Prozent.

2005 verpflichteten sich die Geber auf dem Gipfeltreffen 2005 der Gruppe der Acht in Gleneagles und später auf dem Weltgipfel der Vereinten Nationen auf höhere Hilfszahlungen. Diese Zusagen zusammen mit weiteren Verpflichtungen ließen einen Anstieg der Hilfe von 80 Milliarden Dollar im



Jahr 2004 auf 130 Milliarden Dollar im Jahr 2010 (in konstanten Preisen von 2004) erwarten. Einige wenige Länder haben seit 2005 ihre Hilfeziele geringfügig gesenkt, doch der Großteil der Verpflichtungen hat weiter Bestand. Allerdings wurden einige davon als Prozentanteil am Nationaleinkommen ausgedrückt. Wenn die Weltwirtschaft 2009 also wie erwartet schrumpft, sinkt auch der absolute Wert dieser Verpflichtungen. Unter diesen Voraussetzungen beliefe sich die nach den bestehenden Verpflichtungen gewährte öffentliche Entwicklungshilfe – ausgedrückt als Prozentanteil des Bruttonationaleinkommens der Geber – 2010 auf 121 Milliarden Dollar zu konstanten Preisen von 2004.

Die Hilfe wird voraussichtlich noch etwas erhöht werden. So dürfte nach der letzten verfügbaren OECD-Erhebung zur künftigen Ausgabenplanung der Geber die angesetzte Hilfe zwischen 2008 und 2010 um 11 Prozent steigen, einschließlich einiger größerer Auszahlungen bestimmter multilateraler Organisationen. Sollen die Hilfszahlungen 2010 indessen den zum Verpflichtungszeitpunkt (d. h. vor der Wirtschaftskontraktion) zu erwartenden Dollarwert erreichen, so müssten die Geber ihre gegenwärtigen Ausgabenpläne um mindestens 10 bis 15 Milliarden Dollar erhöhen.

Viele Geber werden den anvisierten Anteil ihrer öffentlichen Entwicklungshilfe am Bruttonationaleinkommen ganz oder fast erreichen. Andere werden indessen erheblich dahinter zurückbleiben. So lag beispielsweise 2008 die öffentliche Entwicklungshilfe Griechenlands, Italiens und Österreichs ohne Schuldenerleichterungen um mehr als die Hälfte unter dem entsprechenden Zielwert für 2010.

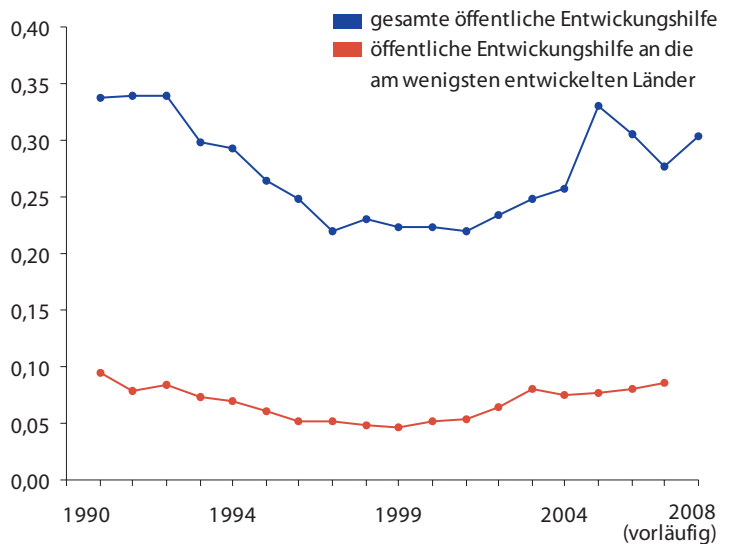
Auf ihrem Treffen im April 2009 kamen die Führer der Gruppe der 20 überein, 50 Milliarden Dollar bereitzustellen, um in Niedrigeinkommensländern den Sozialschutz zu unterstützen, den Handel anzuregen und die Entwicklung zu sichern. Sie vereinbarten außerdem, im Laufe der kommenden zwei bis drei Jahre zusätzlich 6 Milliarden Dollar an konzessionären und flexiblen Finanzmitteln für die ärmsten Länder bereitzustellen. Kurz darauf legte der gemeinsame Entwicklungsausschuss der Weltbank und des Internationalen Währungsfonds allen Gebern eindringlich nahe, ihre Zusagen nicht nur rascher zu verwirklichen, sondern auch zu erwägen, über sie hinauszugehen. Sollten diese Zusagen nicht eingehalten werden, würden dadurch nicht nur die Fortschritte bei der Verwirklichung der Millenniums-Entwicklungsziele aufgehalten, sondern das bereits Erreichte würde möglicherweise in Frage gestellt.

ZIELVORGABE

Den besonderen Bedürfnissen der am wenigsten entwickelten Länder, Binnenländer und kleinen Inselentwicklungsländer Rechnung tragen

Die Hilfe für die ärmsten Länder bleibt weit hinter der Zielvorgabe für 2010 zurück

Anteil der öffentlichen Entwicklungshilfe (netto) der OECD/DAC-Länder am Bruttonationaleinkommen der Geber – 1990-2008 (in Prozent)



Im Allgemeinen stellen Hilfeleistungen auf die ärmsten Länder ab, d. h. auf die Länder, die als „am wenigsten entwickelte Länder“ oder als Länder mit niedrigem bzw. mit niedrigerem mittlerem Einkommen eingestuft sind. Die 49 am wenigsten entwickelten Länder erhalten etwa ein Drittel aller Hilfsgelder.

Auf ihrem Gipfeltreffen von Gleneagles 2005 prognostizierte die Gruppe der Acht, dass sich die öffentliche Entwicklungshilfe für Afrika durch ihre Mittelzusagen und die anderer Geber bis 2010 verdoppeln würde. Aus vorläufigen Daten für 2008 geht hervor, dass die bilaterale öffentliche Entwicklungshilfe ohne Schuldenerleichterungen für den gesamten Kontinent gegenüber dem Vorjahr real um 10,6 Prozent angestiegen ist; der entsprechende Wert für das subsaharische Afrika betrug 10 Prozent. Wenn sie ihre 2005 gegebenen Zusagen erfüllen wollen, werden die Geber trotz dieser Fortschritte ihre Hilfe für Afrika umgehend anheben müssen.

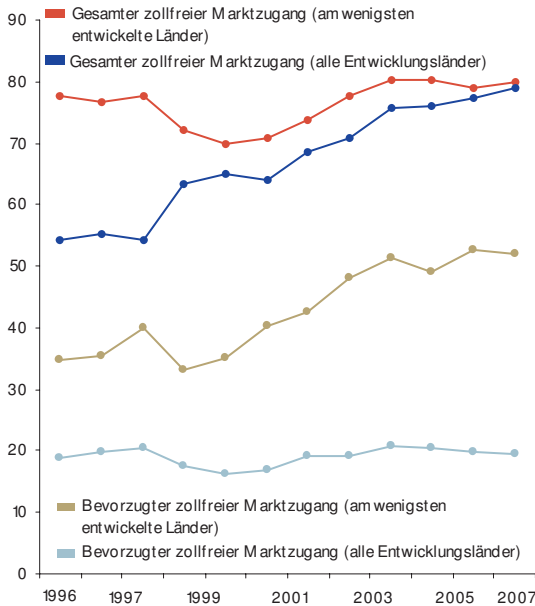
Im Zeitraum 2006-2007 waren von dem Gesamtbetrag der sektoral aufschlüsselbaren öffentlichen Entwicklungshilfe in Höhe von 59 Milliarden Dollar 10,2 Milliarden Dollar pro Jahr der Erreichung des dritten Millenniums-Entwicklungsziels gewidmet – der Förderung der Gleichstellung der Geschlechter und Ermächtigung der Frauen.

ZIELVORGABE

Ein offenes, regelgestütztes, berechenbares und nichtdiskriminierendes Handels- und Finanzsystem weiterentwickeln

Echter Präferenzstatus bleibt hauptsächlich den am wenigsten entwickelten Ländern vorbehalten

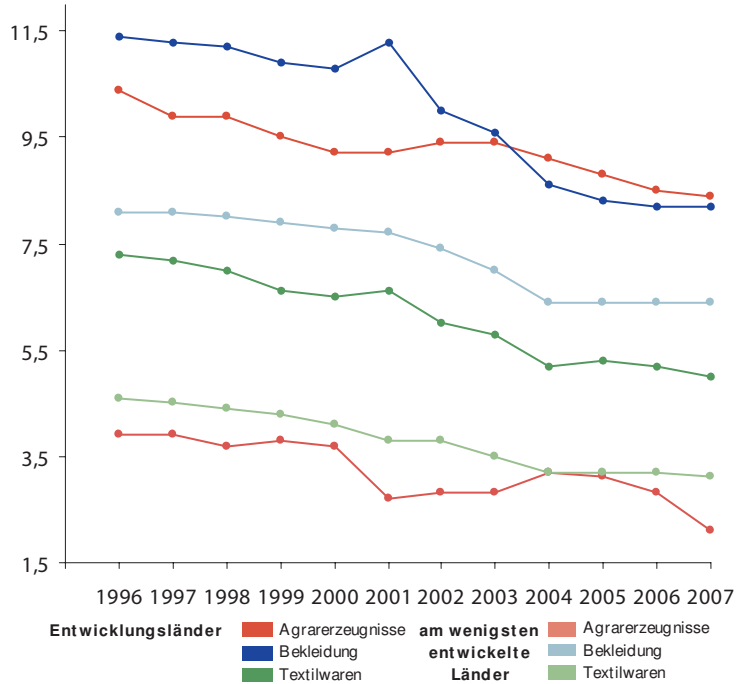
Anteil der aus Entwicklungsländern und am wenigsten entwickelten Ländern stammenden Erzeugnisse, die in entwickelte Länder zollfrei eingeführt wurden, und der Erzeugnisse, die zollfrei eingeführt wurden, während auf Konkurrenzprodukte ein Meistbegünstigungszoll erhoben wurde (präferenzzieller zollfreier Zugang) – 1996-2007 (in Prozent)



Der Anteil der zollfreien Einfuhren an den Gesamteinfuhren der entwickelten Länder aus den Entwicklungsländern hat sich 2007 erheblich gebessert. Dies war eher auf die Eliminierung von Meistbegünstigungszöllen zurückzuführen als auf die Einräumung einer echten Präferenzbehandlung (zollfreie Einfuhren bei gleichzeitiger Erhebung von Meistbegünstigungszöllen auf Konkurrenzprodukte). Der Anteil aller Ausfuhren aus Entwicklungsländern, die echte präferenzzielle Zollfreiheit erhalten, liegt seit 10 Jahren um 20 Prozent. Demgegenüber ist der Anteil der Ausfuhren der am wenigsten entwickelten Länder, denen diese Zollfreiheit eingeräumt wird, von 35 Prozent Ende der 1990er Jahre auf 50 Prozent 2007 gestiegen.

Für die am wenigsten entwickelten Länder sind die Handelspräferenzen für Agrarexporte am größten

Durchschnittszölle der entwickelten Länder auf Einfuhren von Schlüsselerzeugnissen aus Entwicklungsländern und am wenigsten entwickelten Ländern – 1996-2007 (in Prozent)



Im Verhältnis zu anderen Entwicklungsländern erhalten die am wenigsten entwickelten Länder für die meisten ihrer arbeitsintensiven Hauptexporte wie Agrarerzeugnisse, Bekleidung und Textilwaren präferenzziellen Handelszugang. Wegen der zwischen 2000 und 2007 rückläufigen Durchschnittszölle auf die Agrarerzeugnisse der am wenigsten entwickelten Länder ist die Präferenzmarge in diesem Sektor mit über 6 Prozentpunkten besonders hoch.

Bei Textilwaren und Bekleidung bietet sich nach wie vor ein gemischtes Bild. Seit 2000 konnten die am wenigsten entwickelten Länder Afrikas und die kleinen Inselentwicklungsländer erhebliche Präferenzen für ihre Bekleidungsexporte erhalten; diese genießen heute Zollfreiheit auf allen entwickelten Märkten. Für die am wenigsten entwickelten Länder Asiens, die größten Exporteure dieser Waren, liegen die Durchschnittszölle allerdings noch immer höher. Für diese Länder unterliegt Bekleidung, das arbeitsintensivste Fertigerzeugnis, nach wie vor den höchsten Zollsätzen, und die Präferenzmarge gegenüber anderen Entwicklungsländern ist am niedrigsten.

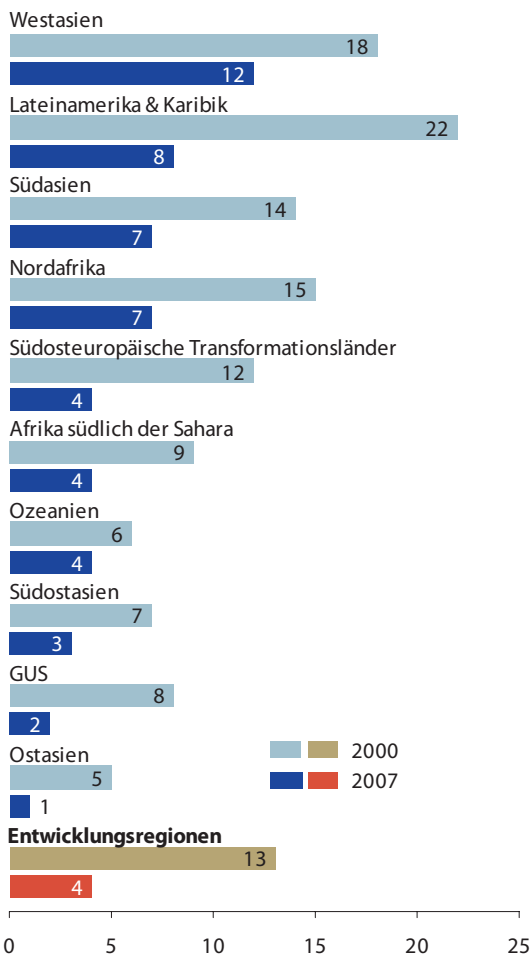
Bei diesen Präferenzmaßnahmen wird davon ausgegangen, dass die Exporteure in der Lage sind, sie auch voll auszuschöpfen. In Wirklichkeit liegt die Nutzungsrate aufgrund von Schranken wie nichttarifären Maßnahmen, Ursprungsregeln und Verwaltungsverfahren allerdings generell nicht höher als 80-90 Prozent.

Der Süd-Süd-Handel ist heute das am schnellsten wachsende Segment des Welthandels. Die Gewährung präferenziellen Marktzugangs durch andere Entwicklungsländer im Rahmen des Globalen Systems der Handelspräferenzen oder auf der Grundlage bilateraler und regionaler Vereinbarungen steht noch im Anfangsstadium und schlägt sich in den Millenniums-Indikatoren nicht nieder, gewinnt aber für die am wenigsten entwickelten Länder zunehmend an Bedeutung.

ZIELVORGABE
Die Verschuldung der Entwicklungsländer umfassend angehen

Die Schuldendienstquoten sind gesunken, doch die Wirtschaftskrise lässt härtere Zeiten befürchten

Höhe des Auslandsschuldendienstes im Verhältnis zu den Exporteinnahmen – 2000-2007 (in Prozent)

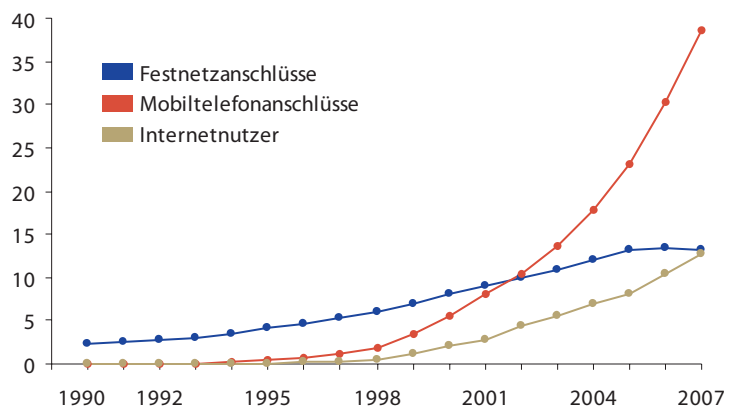


Ende März 2009 hatten 35 der 41 berücksichtigungsfähigen Länder die Voraussetzungen für Schuldenerleichterungen im Rahmen der Initiative für hochverschuldete arme Länder (HIPC-Initiative) erfüllt. Davon hatten 24 ihren „Abschlusspunkt“ erreicht, zu dem Schuldenerleichterungen unwiderruflich gewährt werden. Insgesamt wurden ihnen 54,3 Milliarden Dollar zum Gegenwartswert von Ende 2007 fest zugesagt. Länder, die den Abschlusspunkt bereits überschritten hatten, erhielten im Rahmen der Multilateralen Entschuldungsinitiative (MDRI) zusätzliche Hilfe in Höhe von 22,8 Milliarden Dollar, was ihre Schuldendienstbelastung weiter senkte. Die Exporteinnahmen der Entwicklungsländer haben sich seit 2003 nahezu verdoppelt, was ihnen mehr Mittel für den Auslandsschuldendienst an die Hand gibt. Für ein durchschnittliches Entwicklungsland sank die entsprechende Belastung von nahezu 13 Prozent der Exporteinnahmen 2000 auf 4 Prozent im Jahr 2007. Allerdings schmälerte die Finanzkrise in den Hocheinkommensländern die Exporteinnahmen der Entwicklungsländer im letzten Quartal 2008. Die für eine umfassende Bewertung notwendigen Daten liegen noch nicht vor, doch wird das Verhältnis Schuldendienst/Ausfuhrerlöse für die Entwicklungsländer sicher wieder ansteigen, insbesondere soweit in den letzten Jahren die Ausfuhrerlöse höher waren.

ZIELVORGABE
In Zusammenarbeit mit dem Privatsektor dafür sorgen, dass die Vorteile der neuen Technologien, insbesondere der Informations- und Kommunikationstechnologien, genutzt werden können

Mobiltelefone und Fortschritte in der Kommunikationstechnologie schaffen neue Chancen für die Entwicklung

Anzahl der Mobiltelefonanschlüsse, Festnetzanschlüsse und Internetnutzer je 100 Einwohner, Entwicklungsregionen – 1990-2007



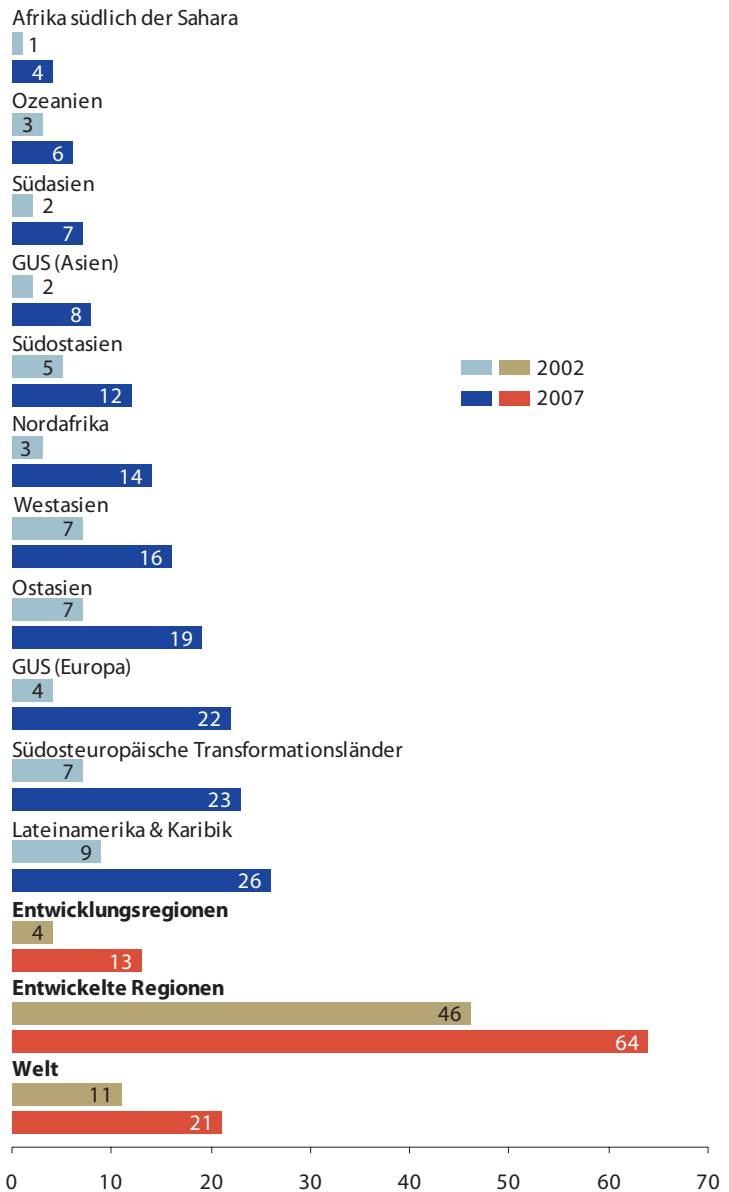
Das Fernmeldewesen und die Informations- und Kommunikationsinfrastruktur erfahren auch weiterhin ununterbrochenes Wachstum, insbesondere im Mobilfunksektor. Ende 2007 gab es in den Entwicklungsländern mehr als 2 Milliarden Mobiltelefonanschlüsse, was einer Durchdringungsrate von 39 Prozent entspricht. Dem gegenüber stehen 0,7 Milliarden Festnetzleitungen und eine Durchdringungsrate von 13 Prozent.

Die Mobiltelefonie eröffnet Regionen die neuen, wichtigen Kommunikationskanäle, die ihnen lange verschlossen waren. Im Laufe des Jahres 2007 kamen in Afrika südlich der Sahara fast 50 Millionen neuer Mobiltelefonanschlüsse hinzu, und während 2000 nicht einmal jeder Fünzigste über ein Mobiltelefon verfügte, liegt die Durchdringungsrate jetzt bei fast einem Viertel der Bevölkerung. Mobiltelefone haben nicht nur den Zugang zur elementaren Sprachkommunikation verbessert, sondern sie werden zunehmend auch für nicht-sprachliche Anwendungen eingesetzt, so etwa für SMS-Nachrichten, mobile Bankgeschäfte oder Handelstransaktionen und beim Katastrophenmanagement. Da die Mobilfunktechnologie der dritten Generation Breitbandzugang ermöglicht, wird erwartet, dass der Mobilfunkverkehr eine zunehmende Rolle beim Anschluss der Entwicklungsländer an das Hochgeschwindigkeitsinternet spielen wird.



Mehr als ein Fünftel der Weltbevölkerung ist heute online, allerdings überwiegend in den entwickelten Ländern

Zahl der Internetnutzer je 100 Einwohner – 2002 und 2007



Die Zahl der Internetnutzer nimmt stetig zu, und Ende 2007 waren fast 1,4 Milliarden Menschen, nahezu ein Fünftel der Weltbevölkerung, online. In den Entwicklungsregionen kann Internetzugang zur Erreichung der Millenniumsziele beitragen, insbesondere im Gesundheits-, Bildungs- und Armutsreduzierungs-bereich. Auffällig ist indessen, dass 2007 64 Prozent aller Einwohner der entwickelten Regionen das Internet nutzten, hingegen nur 13 Prozent in den Entwicklungsregionen und 1,5 Prozent in den am wenigsten entwickelten Ländern. Breitband-Festnetzanschlüsse setzen sich in vielen Entwicklungsregionen nur schleppend durch. Zwar verfügen fast alle Länder inzwischen über kommerzielle Breitband-Festnetze, doch sind diese Dienste in vielen Entwicklungsländern vergleichsweise teuer und bleiben daher vielen potenziellen Nutzern verschlossen.



Hinweise für den Leser

Messung des Umsetzungsstands der Millenniums-Entwicklungsziele

In der Millenniums-Erklärung der Vereinten Nationen vom September 2000 einigten sich führende Politiker aus 189 Nationen auf eine Vision einer Welt, in der entwickelte Länder und Entwicklungsländer partnerschaftlich zusammenarbeiten, um Verbesserungen für alle zu erzielen. Um einen Rahmen für die Messung des Umsetzungsstands zu schaffen, wurde diese Vision in acht Millenniums-Entwicklungsziele, 18 Zielvorgaben und 48 Indikatoren umgesetzt. 2007 wurde dieser Überwachungsrahmen überarbeitet und um vier neue Zielvorgaben ergänzt, auf die sich die Mitgliedstaaten auf dem Weltgipfel 2005¹ geeinigt hatten; darüber hinaus wurden zusätzliche Indikatoren zur Messung des Umsetzungsstands der neuen Zielvorgaben festgelegt².

In diesem Bericht wird der Umsetzungsstand auf der Grundlage der im Juni 2009³ verfügbaren Daten zu allen offiziellen Indikatoren für die Millenniums-Entwicklungsziele bewertet. Die in diesem Bericht verwendeten aggregierten Zahlen dienen der Gesamtbewertung der regionalen Fortschritte im Hinblick auf die acht Ziele und sind ein geeignetes Mittel, die im Laufe der Zeit erzielten Fortschritte zu verfolgen. Die Situation einzelner Länder innerhalb einer bestimmten Region kann jedoch erheblich von den gesamtregionalen Werten abweichen. Das Jahr 1990 ist das Basisjahr für die Bewertung, doch sind die Daten für 2000 in Einzelfällen ebenfalls angegeben, um ein Bild der Fortschritte zu vermitteln, die seit Unterzeichnung der Erklärung erzielt wurden. Eine Zusammenstellung der Indikatoren für alle Regionen und Subregionen in Bezug auf zwei oder mehr Vergleichsjahre sowie eine Liste der zu jeder Region gehörenden Länder findet sich unter <http://mdgs.un.org>.

Grundlagen dieser Analyse

Dieser Analyse liegen von der Interinstitutionellen und Sachverständigengruppe über die Indikatoren für die Millenniums-Entwicklungsziele („Sachverständigengruppe“) zusammengestellte regionale und subregionale Werte zugrunde. Diese errechnen sich in der Regel aus dem gewichteten Mittel der Daten für ein bestimmtes Land, wobei die Referenzbevölkerung der Gewichtungsfaktor ist. Pro Indikator wurden eine oder mehrere Organisationen zur offiziellen Datenquelle und federführende Stelle für die Entwicklung von Datenerhebungs- und -analysemethoden bestimmt (eine Auflistung der beitragenden Organisationen findet sich auf der vorderen Umschlagsinnenseite).

Die Daten stammen in der Regel aus amtlichen Statistiken, die die Regierungen den für den jeweiligen Indikator zuständigen internationalen Organisationen übermitteln. Dies geschieht über die regelmäßige Erhebung von Daten bei Ministerien und nationalen Statistikämtern aus aller Welt. Um die vielfach bestehenden Datenlücken zu schließen, werden für die Erfassung bestimmter Indikatoren ergänzend oder ausschließlich Daten aus Erhebungen herangezogen, die von internationalen Organisationen gefördert und durchgeführt werden. Dies gilt vor allem für Gesundheitsindikatoren, die größtenteils aus Mehrfachindikator-Clustererhebungen sowie aus demografischen Erhebungen und Gesundheits-erhebungen abgeleitet werden.

In einigen Fällen verfügen einzelne Länder über aktuellere Daten als die zuständigen Sonderorganisationen. In anderen Fällen legen Länder die zur Errechnung des Indikators erforderlichen Daten nicht vor, woraufhin die zuständigen internationalen Organisationen die fehlenden Werte schätzen. Schließlich sind, selbst wenn die Länder die erforderlichen Daten vorlegen, oft Anpassungen notwendig, um internationale Vergleichbarkeit zu gewährleisten. Die Daten aus internationalen Quellen weichen daher oft von den in den einzelnen Ländern verfügbaren Daten ab.

Die VN-Statistikabteilung verwaltet die offizielle Website (<http://mdgs.un.org>) und die Datenbank der Sachverständigengruppe. Durch farbliche Absetzung lässt sich im Interesse höherer Transparenz erkennen, welche Zahlen in den Landesdatenreihen Schätzwerte sind und welche von nationalen Stellen stammen. Die begleitenden Metadaten erklären die Berechnung der Indikatoren und die für die regionale Aggregation verwendete Methodik im Einzelnen.

Ableich nationaler und internationaler Daten

Zuverlässige, zeitnahe und international vergleichbare Daten zu den Millenniums-Indikatoren sind für die Rechenschaftslegung der internationalen Gemeinschaft ebenso unverzichtbar wie für die Mobilisierung von öffentlicher Unterstützung und Entwicklungsfinanzierung, die wirksame Hilfszuweisung und den Vergleich der Fortschritte in einzelnen Regionen und Ländern. Unterschiede zwischen nationalen und internationalen Datenquellen, Lücken bei den nationalen Daten und resultierende Differenzen bei den Indikatorwerten beunruhigen allerdings Statistiker wie Lieferanten von Länderdaten.

In jüngster Zeit wurde verschiedentlich versucht, die nationale und die internationale Überwachung miteinander abzugleichen und Unterschiede zwischen den Methoden und Definitionen verschiedener Stellen innerhalb eines Landes und internationaler Organisationen auszuräumen. So wird innerhalb von Ländern und Regionen daran gearbeitet, die Verfügbarkeit von Daten, die Koordinierung der nationalen Statistiksyste-me und die Mechanismen für die Berichterstattung an internationale Statistikorganisationen zu verbessern.

Diese Bemühungen zeigen erste Ergebnisse. Die Sachverständigengruppe, der Vertreter für die globale Überwachung zuständiger internationaler Organisationen und Vertreter nationaler Statistiksyste-me angehören, hat im Hinblick auf größere Kohärenz nationaler und internationaler Daten und auf die Qualität und Transparenz der Methoden und der generierten Daten einen Dialog zwischen den beiden Gruppen angeregt. Außerdem schulte sie nationale Statistiksachverständige in der Indikator-entwicklung. Länderdaten werden zunehmend nach internationalen Standards und Methoden vorgelegt, und internationale Organisationen besitzen ein besseres Verständnis der auf Landesebene verfügbaren Daten.

Aufbau leistungsfähigerer Statistiksyste-me

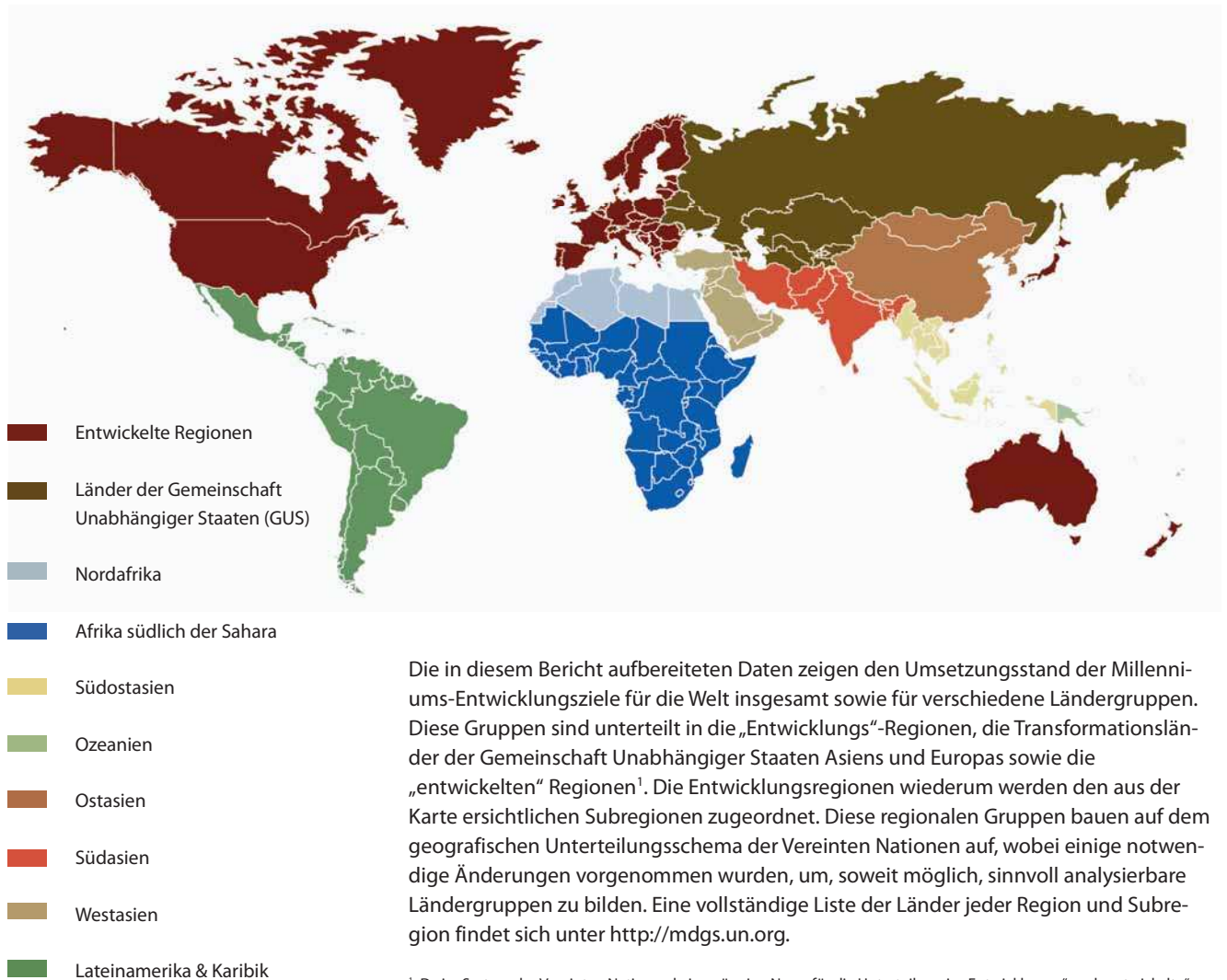
Die Berichterstattung über den Umsetzungsstand der Millenniumsziele ließ die Notwendigkeit deutlich werden, die Kapazitäten der meisten Entwicklungsländer zur Datengewinnung, -analyse und -verbreitung auszubauen. Wichtige Initiativen in diesem Sinne gehen bis zum Beginn der regelmäßigen Bewertung der Millenniumsziele vor mehr als fünf Jahren zurück. Der 2004 von Hilfeempfängern und Interessenträgern auf Geberseite auf der zweiten Internationalen Rundtischkonferenz über Management im Dienste der Entwicklungsförderung verabschiedete Aktionsplan von Marrakesch für Statistik war ein wichtiger Schritt in diese Richtung. Gemeinsam mit internationalen Organisationen, Gebern und Vertretern nationaler Statistikämter ermittelt die Sachverständigengruppe nationale Prioritäten und empfiehlt Verbesserungen bei der Erbringung und Koordinierung der statistikbezogenen Hilfe für einzelne Länder. Kürzlich billigte der Wirtschafts- und Sozialrat der Vereinten Nationen eine von der Statistischen Kommission der Vereinten Nationen verabschiedete Resolution, die den dringenden Aufbau statistischer Kapazitäten in Ländern mit begrenzten Ressourcen forderte.

¹ Resolution 60/1 der Generalversammlung, Ergebnis des Weltgipfels 2005.

² Der neue Überwachungsrahmen für den Umsetzungsstand der Millenniums-Entwicklungsziele ist unter <http://mdgs.un.org> verfügbar.

³ Angesichts des Zeitabstands zwischen Datenerhebung und -analyse liegen nur für wenige Indikatoren Daten des laufenden Jahres vor. Die meisten Indikatoren beruhen auf Daten aus früheren Jahren – in der Regel bis 2007 oder 2008.

Regionale Gruppen



Die in diesem Bericht aufbereiteten Daten zeigen den Umsetzungsstand der Millenniums-Entwicklungsziele für die Welt insgesamt sowie für verschiedene Ländergruppen. Diese Gruppen sind unterteilt in die „Entwicklungs“-Regionen, die Transformationsländer der Gemeinschaft Unabhängiger Staaten Asiens und Europas sowie die „entwickelten“ Regionen¹. Die Entwicklungsregionen wiederum werden den aus der Karte ersichtlichen Subregionen zugeordnet. Diese regionalen Gruppen bauen auf dem geografischen Unterteilungsschema der Vereinten Nationen auf, wobei einige notwendige Änderungen vorgenommen wurden, um, soweit möglich, sinnvoll analysierbare Ländergruppen zu bilden. Eine vollständige Liste der Länder jeder Region und Subregion findet sich unter <http://mdgs.un.org>.

¹ Da im System der Vereinten Nationen keine gängige Norm für die Unterteilung in „Entwicklungs-“ und „entwickelte“ Länder oder Gebiete besteht, erfolgt diese Unterscheidung hier lediglich zum Zweck der statistischen Analyse.

Weitere Informationen in Englisch finden sich

auf der Website der VN-Statistikabteilung über die Millenniums-Entwicklungsziele unter <http://mdgs.un.org>

auf der VN-Website über die Millenniums-Entwicklungsziele unter www.un.org/millenniumgoals

auf der Website der VN-Gruppe für die Millenniums-Kampagne unter www.endpoverty2015.org

FOTOS

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Seite 28: UNICEF/NYHQ-2005-2213/Pirozzi
Seite 30-31: UNICEF/NYHQ-2004-0918/Noorani
Seite 32: UNICEF/NYHQ-2006-1504/Pirozzi
Seite 34: UNICEF/NYHQ-1993-2043/Andrew
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Seite 42: UNICEF/NYHQ-1997-1078/Pirozzi
Seite 43: Maria Martinho
Seite 46: UNICEF/NYHQ-2006-2701/Noorani
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Wir sind die erste Generation, die über die Ressourcen, die Kenntnisse und die Fähigkeiten zur Beseitigung der Armut verfügt. Wenn starker politischer Wille vorhanden ist, stellen sich erfahrungsgemäß auch Fortschritte ein. Und wo partnerschaftlich vorgegangen wird, bleiben Erfolge nicht aus.

Die armen Menschen weltweit erwarten von ihren Regierungen und von den Vereinten Nationen Hilfe und Solidarität. Wir sind ihnen Rechenschaft schuldig.

Werden wir also unserer Verantwortung gerecht.

– Anmerkungen des Generalsekretärs anlässlich des Treffens auf hoher Ebene über die Millenniums-Entwicklungsziele (New York, 25. September 2008)

Monitoring Village Volunteer Seminar 28.03.2010 Albert's 1589 Jaipur

Overall objective: Women empowerment in the rural and semi urban areas of Rajasthan

Specific objectives:

- provide leadership skills
- provide communication skills

Expected outcomes:

- enable the women to lead their SHGs
- enable the women to speak free in front of many people
- enable the women to express their opinions even to authorities like politicians

Monitoring:

Group work:

In different group works the women showed that they are totally able to work productive together on a given topic. They seemed like being used to work in group situations like that.

[VM 5:00 to 18:30] In most of the groups there was an unofficial leader who kept the discussion running. But during to work in the different groups all women participated actively at the discussion and the paper work. It was obvious that they are working very concentrated.

Speeches:

The women where asked to speak free in front of the hole audience. Most of theme had absolutely no problem in speaking about a given topic or in performing a self made speech. They kept their look to the audience and looked only a few times on their text paper.

[VM 33:00 to 37:00] Especially the woman speaking at first showed here talent for speeches.

[VM 44:00 to 49:00] Some women really performed like professionals during their speeches.

[VM 55:30 to 57:00] + [VM 1:00:00 to 1:02:30] These women performed a little unconfined.

[VM 55:30 to 1:07:00] But the following village volunteers had no problems in giving self made talks. Also some applause was given by the audience.

Discussions:

Some of the women showed their discussions and leadership skills durings several discussions.

[VM 1:10:00 to 1:13:00] One of the Village Volunteers leaded the hole group together with Mr. Sanjaya Saxena. She had no problem to rule the discussion with over 40 people.

[VM 1:15 to 1:25:30] Three of the Village Volunteers where asked to do a political speech to make the audience willing to give their vote to them. They showed that they are able to convince people and to keep the master of the situation even in an acute discussion. Also most of the women from the audience tried to take part in the discussion.

General look and development:

Non of the Village Volunteers seen was not having skills in free speaking and leadership. Some of them are even very high advanced. In comparing to the first seminars.

Women are the prime targets of programmes that aim at improving maternal and child health and achieving other desired demographic goals. This is not surprising since women are the ones that bear children and are typically the primary caregivers in households. An understanding of the status and empowerment of women in society and within their households is thus critical to promoting change in reproductive attitudes and behaviour, especially in patriarchal societies (Dyson and Moore, 1983; Jejeebhoy, 1995; Jeffery and Basu, 1996; Kabeer, 2001). Notably, the National Population Policy 2000, specifically identified the low status of women in India as an important barrier to the achievement of population and maternal and child welfare goals (Ministry of Health and Family Welfare, 2000).

NFHS-3 collected data on a large number of indicators of women's empowerment from both women and men. Information was collected on the magnitude of a wife's earnings relative to her husband's earnings, control over the use of one's own earnings and those of the spouse, a wife's participation in household decision making, women's control over resources, knowledge and use of micro-credit programmes, freedom of movement, and gender-role attitudes. With regard to the latter, women and men were both asked about specific circumstances under which they feel that a woman is justified in refusing to have sexual intercourse with her husband and about specific circumstances under which they feel that wife beating is justified. Men are additionally asked about specific actions a man has a right to take if his wife refuses him sex. These attitude questions are all aimed at capturing the conscientization of women and men with regard to gender equality. This chapter discusses each of these indicators of women's empowerment. Where possible, the empowerment indicators for women are compared with similar indicators for men. Note that these more direct indicators of women's empowerment collected in NFHS-3 are in addition to other common proxies of women's empowerment, including education, age at first marriage, employment, and receipt of cash earnings, which have already been discussed in earlier chapters. Freedom from domestic violence, an important dimension and enabler of women's empowerment, is discussed in the next chapter.

This chapter also defines three summary indices of women's empowerment derived from women's responses. The indices are based on the number of household decisions in which the respondent participates, her opinion on the number of circumstances for which a woman is justified in refusing to have sexual intercourse with her husband, and her opinion on the number of reasons that justify wife beating. The ranking of women on these three indices is then related to selected demographic and health outcomes, including contraceptive use and the receipt of health care services during pregnancy, at delivery, and in the postnatal period. In addition, survivorship of children is tabulated by the ranking of their mothers on the indices.

14.1 EMPLOYMENT AND CONTROL OVER INCOME

In this section the issue of women's and men's employment, which was first discussed in Chapter 3, is revisited from the perspective of women's empowerment within marriage.

Employment and control over income are compared for currently married women and currently married men to better understand the relative status of married women. Accordingly, for currently married women and men, the percentage employed at any time during the 12 months preceding the survey and the percent distribution of those employed in the 12 months preceding the survey by type of earnings they received are shown according to age in Table 14.1 and according to state in Table 14.2. Various indicators of control over own and spousal earnings are shown in Tables 14.3-14.5.

Table 14.1 Employment and cash earnings of currently married women and men									
Percentage of currently married women and currently married men age 15-49 who were employed at any time in the 12 months preceding the survey and percent distribution of currently married women and men employed in the 12 months preceding the survey by type of earnings, according to age, India, 2005-06									
Age	Percentage employed	Number of respondents	Percent distribution of employed respondents by type of earnings					Total	Employed respondents
			Cash only	Cash and in-kind	In-kind only	Not paid	Missing		
WOMEN									
15-19	31.4	6,726	39.1	15.9	13.6	31.4	0.0	100.0	2,111
20-24	32.5	16,782	45.6	12.4	13.3	28.6	0.0	100.0	5,448
25-29	41.0	18,540	54.1	12.5	11.5	21.9	0.0	100.0	7,603
30-34	47.9	16,459	52.1	14.0	12.0	21.9	0.0	100.0	7,890
35-39	49.8	14,492	55.0	13.6	10.2	21.1	0.1	100.0	7,220
40-44	49.4	11,605	51.3	12.6	11.1	25.0	0.0	100.0	5,734
45-49	45.3	8,484	49.2	12.7	11.5	26.5	0.1	100.0	3,844
Total	42.8	93,089	51.0	13.2	11.6	24.1	0.0	100.0	39,851
MEN									
15-19	87.6	369	60.7	23.8	6.8	8.7	0.0	100.0	323
20-24	97.6	3,836	69.7	20.5	4.2	5.5	0.1	100.0	3,743
25-29	99.0	7,508	73.1	19.4	3.1	4.4	0.1	100.0	7,431
30-34	99.3	8,736	75.0	17.8	2.9	4.3	0.0	100.0	8,677
35-39	99.3	8,866	73.8	18.5	3.4	4.3	0.0	100.0	8,800
40-44	98.9	7,740	71.4	19.1	3.9	5.6	0.1	100.0	7,658
45-49	98.6	6,447	70.5	19.9	3.4	6.2	0.0	100.0	6,353
Total	98.8	43,501	72.5	19.0	3.4	5.0	0.0	100.0	42,985

Nationally, 43 percent of currently married women age 15-49 and 99 percent of currently married men age 15-49 were employed some time in the 12 months preceding the survey. About half (51 percent) of employed currently married women earned only cash and another 13 percent received both cash and in-kind payments; thus, 64 percent of currently married women earned cash for their work. About one in four women did not receive any payment at all. By contrast, 92 percent of currently married men age 15-49 earned cash for their work (73 percent received only cash and 19 percent received cash and in-kind payments) and only 5 percent did not receive any payment. Thus, not only are currently married women less than half as likely as currently married men to be employed, but when employed, they are only 70% as likely as men to be paid only in cash and five times as likely as men to not receive any earnings at all.

Employment among currently married women increases from 31 percent in the age group 15-19 to 50 percent in the age group 35-39, and then declines slightly to 45 percent in the oldest age group. Among employed women, those age 15-19 are least likely to be employed for cash only (39 percent) and most likely to be employed in work for which they do not receive any earnings (31 percent). Women age 35-39 are not only most likely to be employed, but are also most likely to earn only cash (55 percent) and least likely to be employed in work for which they do not receive any cash earnings. Nonetheless, even in this age group, one in five women do not

receive any cash earnings. Overall, both the likelihood of employment and of receiving cash earnings do not vary much by age among currently married women age 25 years or older, but are lower for women age 15-24.

Among currently married men, there is very little variation in employment and employment for cash according to age. Employment among currently married men age 20-49 is virtually universal, with 98 to 99 percent being employed in all age groups. The only age group in which employment is somewhat lower is 15-19, an age group in which few men are married. Nonetheless, even in this age group, 88 percent of currently married men are employed. The percentage of employed men earning only cash is relatively low, at 61 percent, only in the youngest age group; in the remaining age groups 70-75 percent of men earn only cash. In no age group is the proportion of men employed with no earnings higher than 9 percent.

Employment in the past 12 months among currently married women varies greatly by state, from 21 percent in Delhi and 23 percent in Punjab to 65 percent in Manipur, 71 percent in Chhattisgarh, and 76 percent in Arunachal Pradesh (Table 14.2). Other states where at least half of currently married women are employed are Jharkhand, Rajasthan, Madhya Pradesh, Andhra Pradesh, and Gujarat. By contrast, employment among currently married men does not vary across states. In all states, 96 percent or more currently married men were employed at some time during the past 12 months.

Among the employed, the percentage who earn cash (either cash only or both cash with in-kind payment) also varies much more for women than for men across states. More than three out of four employed men earn cash in all states except Manipur, Nagaland, and Chhattisgarh. Even in Manipur, Nagaland, and Chhattisgarh, 67-75 percent earn cash—more than the national average for women. By contrast, the percentage of employed currently married women earning cash varies from a high of 95 percent in Delhi to a low of 33 percent in Himachal Pradesh. In 11 states, including Himachal Pradesh, less than half of employed women earn cash. None of these states are in the West or the South Regions. States where at least three out of four employed currently married women are earning cash include Kerala (91 percent), Tamil Nadu (90 percent), Assam (85 percent), Andhra Pradesh (84 percent), Goa (83 percent), West Bengal (83 percent), Punjab (79 percent), and Manipur (76 percent). Notably, several of the states where a high proportion of the employed are earning cash, including Delhi, are the very states in which women are least likely to be employed.

These tables show a distinct disadvantage for currently married women compared with currently married men not only in terms of the proportions employed, but also in the proportions who are paid in cash for their work. The level of disadvantage varies greatly across states.

For women, earning cash is not likely to be a sufficient condition for financial empowerment. Financial empowerment also requires control over the use of one's earnings. In addition, a married woman's ability to convert earnings into empowerment in her own household may also depend on the perceived relative importance of these earnings to the household. Accordingly, in NFHS-3, currently married women who were employed at any time in the 12 months preceding the survey were asked 'Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?' to measure women's

Table 14.2 Employment and cash employment by state

Percentage of currently married women and currently married men age 15-49 who were employed in the 12 months preceding the survey and among those employed in the 12 months preceding the survey, percentage who were earning cash, according to state, India, 2005-06

State	Currently married women		Currently married men	
	Percentage employed in the past 12 months	Among those employed in the past 12 months, percentage earning cash	Percentage employed in the past 12 months	Among those employed in the past 12 months, percentage earning cash
India	42.8	64.2	98.8	91.5
North				
Delhi	20.8	94.7	99.5	99.5
Haryana	27.8	51.9	98.3	96.7
Himachal Pradesh	31.1	33.4	97.4	87.1
Jammu & Kashmir	36.1	35.5	99.6	84.5
Punjab	23.2	78.9	99.0	98.9
Rajasthan	56.3	48.0	98.5	95.9
Uttaranchal	45.5	33.5	98.8	82.3
Central				
Chhattisgarh	71.4	44.5	99.4	67.4
Madhya Pradesh	56.3	59.3	99.2	89.2
Uttar Pradesh	33.8	44.6	98.4	94.6
East				
Bihar	35.2	49.8	96.3	88.0
Jharkhand	57.7	47.4	99.2	87.3
Orissa	36.1	72.4	98.8	78.4
West Bengal	32.1	83.2	99.3	94.8
Northeast				
Arunachal Pradesh	76.1	37.0	97.1	75.0
Assam	27.0	85.3	97.8	92.3
Manipur	65.3	76.0	98.6	74.6
Meghalaya	42.5	48.8	98.5	85.9
Mizoram	45.2	61.7	98.2	75.8
Nagaland	48.3	41.5	97.8	69.6
Sikkim	32.2	69.3	98.8	90.0
Tripura	29.7	74.3	99.2	94.1
West				
Goa	33.1	82.6	97.7	95.3
Gujarat	51.9	60.7	99.5	80.9
Maharashtra	49.6	69.6	99.3	97.4
South				
Andhra Pradesh	53.3	83.6	99.0	99.1
Karnataka	47.0	72.0	99.6	78.7
Kerala	29.1	91.3	98.9	97.8
Tamil Nadu	48.4	89.9	99.4	98.6

relative control over the use of their earnings. Women were also asked ‘Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?’ to assess the relative magnitude of women’s earnings in comparison to their husband’s earnings. Currently married men who said that their wives were employed for cash were also asked these questions about their wife’s earnings. Women’s and men’s responses to these questions are tabulated according to the respondent’s background characteristics in Tables 14.3.1 and 14.3.2, respectively. It is expected that employment and earnings are more likely to empower women if women (alone or jointly with their husbands) make decisions about their own earnings and if these earnings are perceived by both wives and husbands to be significant relative to those of the husband.

As shown in Table 14.3.1, most currently married women who are employed and earn cash say that they, either alone (24 percent) or jointly with their husbands (57 percent), decide

how the money they earn will be used. One in six women do not participate in the decision of how their earnings are used. For 15 percent, the husband mainly decides how the money they earn will be used and, for another 3 percent, someone other than the husband decides. The proportion of women who themselves mainly decide the disposition of their own earnings increases with age, education, and wealth, whereas the proportion for whom the husband mainly decides, decreases with age, education, and wealth. However, even among the oldest age group, the most highly educated category of women, and women belonging to the highest wealth quintile, only 28-31 percent of women mainly decide for themselves how their earnings are to be used. Currently married employed women in urban areas are more likely to say that they themselves mainly decide how their earnings are used and much less likely to say that their husband mainly decides this, than their rural counterparts. The distribution according to decision maker about the use of women's earnings is similar for nuclear and non-nuclear households with one difference: some person other than the wife or husband is more likely to make decisions about the use of the woman's earnings in non-nuclear households (6 percent) than in nuclear households (0.6 percent).

Table 14.3.1 Control over women's cash earnings and relative magnitude of women's cash earnings: Women's reports

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how cash earnings are used and by whether women earned more or less than their husband, according to background characteristics, India, 2005-06

Background characteristic	Person who decides how women's cash earnings are used:					Total	Women's cash earnings compared with their husband's cash earnings:					Total	Number of women
	Mainly wife	Wife and husband	Mainly husband	Other	Missing		More	Less	About the same	Husband has no earnings	Don't know/missing		
Age													
15-19	17.7	42.1	20.0	18.6	1.6	100.0	7.3	79.8	6.0	1.7	5.1	100.0	1,162
20-24	19.1	52.7	18.6	8.1	1.5	100.0	6.8	79.8	8.8	0.7	3.9	100.0	3,164
25-29	22.5	57.3	16.2	2.7	1.3	100.0	8.0	79.0	8.8	1.0	3.1	100.0	5,064
30-39	25.5	58.5	13.5	1.0	1.4	100.0	10.8	72.5	11.1	2.2	3.3	100.0	10,169
40-49	28.3	57.2	12.7	0.4	1.4	100.0	12.6	66.8	12.5	4.3	3.8	100.0	6,041
Residence													
Urban	33.3	55.2	8.0	1.6	1.8	100.0	12.4	69.9	11.6	2.9	3.2	100.0	7,075
Rural	21.0	57.0	17.3	3.4	1.3	100.0	9.1	75.1	10.0	2.1	3.7	100.0	18,526
Education													
No education	22.7	54.9	18.3	2.6	1.5	100.0	9.1	73.7	10.5	2.5	4.2	100.0	14,756
<5 years complete	24.0	58.0	13.5	3.3	1.2	100.0	10.3	75.0	9.5	2.6	2.6	100.0	2,375
5-7 years complete	26.5	55.4	12.5	4.3	1.4	100.0	8.8	78.0	8.5	2.0	2.7	100.0	3,133
8-9 years complete	27.4	58.7	7.9	4.6	1.4	100.0	9.3	77.5	8.2	2.2	2.8	100.0	1,710
10-11 years complete	28.2	59.4	9.0	2.6	0.8	100.0	12.2	75.5	8.9	1.3	2.0	100.0	1,241
12 or more years complete	28.6	63.7	4.9	1.3	1.6	100.0	16.6	63.0	16.2	1.5	2.7	100.0	2,384
Number of living children													
0	23.5	50.0	14.2	10.7	1.6	100.0	7.9	76.9	8.6	2.1	4.6	100.0	2,307
1-2	24.2	56.5	14.6	3.4	1.3	100.0	10.7	74.0	10.6	1.8	2.9	100.0	10,699
3-4	24.5	57.4	15.6	1.2	1.4	100.0	9.9	73.3	10.7	2.7	3.4	100.0	9,513
5+	25.7	58.5	13.3	0.5	1.9	100.0	9.6	71.5	10.7	2.7	5.5	100.0	3,082
Household structure¹													
Nuclear	24.4	59.0	14.5	0.6	1.4	100.0	10.3	73.6	10.6	2.3	3.2	100.0	15,570
Non-nuclear	24.4	52.6	15.1	6.4	1.4	100.0	9.7	73.8	10.2	2.3	4.1	100.0	10,031
Religion													
Hindu	23.1	56.9	15.5	3.0	1.4	100.0	9.7	73.8	10.6	2.2	3.7	100.0	21,819
Muslim	37.3	48.3	10.2	2.4	1.9	100.0	10.3	75.3	8.1	2.9	3.4	100.0	2,268
Christian	24.9	62.9	9.3	2.1	0.7	100.0	14.3	71.4	11.0	1.7	1.6	100.0	784
Sikh	30.2	59.3	8.0	1.9	0.6	100.0	9.2	72.2	11.9	3.3	3.4	100.0	230
Buddhist/Neo-Buddhist	18.6	62.5	15.1	2.1	1.7	100.0	14.8	69.4	12.1	1.8	2.0	100.0	328
Jain	(38.9)	(60.4)	(0.0)	(0.0)	(0.7)	100.0	(24.2)	(51.5)	(17.4)	(6.2)	(0.7)	100.0	23
Other	17.7	68.6	9.5	2.0	2.2	100.0	17.2	71.1	7.7	1.5	2.4	100.0	125
Caste/tribe													
Scheduled caste	25.2	56.3	14.9	2.5	1.1	100.0	9.8	76.3	9.2	2.1	2.7	100.0	6,287
Scheduled tribe	17.1	59.0	19.4	3.3	1.2	100.0	9.8	73.3	11.7	2.0	3.3	100.0	3,146
Other backward class	22.7	57.2	15.2	3.2	1.7	100.0	9.4	72.9	11.0	2.3	4.5	100.0	10,083
Other	30.6	54.4	11.1	2.4	1.5	100.0	11.4	72.8	10.0	2.6	3.1	100.0	5,800
Don't know	30.7	43.3	22.5	2.7	0.8	100.0	13.9	77.8	6.6	1.0	0.8	100.0	169

Continued...

Table 14.3.1 Control over women's cash earnings and relative magnitude of women's cash earnings: Women's reports—Continued

Background characteristic	Person who decides how women's cash earnings are used:					Total	Women's cash earnings compared with their husband's cash earnings:					Total	Number of women
	Mainly wife	Wife and husband	Mainly husband	Other	Missing		More	Less	About the same	Husband has no earnings	Don't know/missing		
Wealth index													
Lowest	20.1	58.0	17.7	2.9	1.3	100.0	8.5	74.9	10.3	2.2	4.2	100.0	6,552
Second	21.4	54.9	18.6	3.4	1.7	100.0	9.6	74.6	9.5	2.1	4.1	100.0	5,891
Middle	25.1	55.6	15.5	3.0	0.8	100.0	9.8	74.9	10.0	2.4	2.9	100.0	5,523
Fourth	28.9	55.6	10.8	3.0	1.7	100.0	10.9	73.1	10.3	2.6	3.1	100.0	4,164
Highest	31.4	59.0	6.3	1.6	1.8	100.0	13.0	68.7	13.1	2.1	2.9	100.0	3,471
Total	24.4	56.5	14.8	2.9	1.4	100.0	10.0	73.7	10.4	2.3	3.6	100.0	25,601

Note: Total includes women with missing information on education, religion, and caste/tribe, who are not shown separately.

() Based on 25-49 unweighted cases.

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

The main decision maker about the use of currently married women's earnings varies greatly by religion and caste/tribe. The husband is more likely to be the main decision maker in the case of Buddhist/Neo-Buddhist and Hindu women (15-16 percent) than for women of any other religion; and Muslim and Jain women (37-39 percent) are more likely to be the main decision makers themselves than women of any other religion. Notably, less than half of Muslim women say that they decide about the use of their earnings jointly with their husband, compared with 57-69 percent of women of any other religion. By caste/tribe, 19 percent of women belonging to the scheduled tribes say that their husbands mainly decide about the use of their earnings, compared with 11-15 percent for women in the other caste/tribe groups; and it is women in the 'other' caste/tribe category who are most likely to say that they themselves mainly decide the use of their own earnings (31 percent).

The proportion of women deciding about the use of their own earnings jointly with their husbands varies little by background characteristics. In general, 53-59 percent of women in most categories say that they jointly with their husbands are the main decision makers on the use of their earnings. The major exceptions are women age 15-19, Muslim women, and women with no children who are less likely and women who have 12 or more years of education and women belonging to religions other than the Hindu, Muslim, and Sikh religions who are more likely than the average woman to make this decision jointly with their husband.

The second vertical panel of Table 14.3.1 shows the percent distribution of currently married women who earned cash for employment in the past 12 months, according to the magnitude of their earnings relative to those of their husband. Overall, only 10 percent of the women say that their earnings are greater than their husbands' earnings and another 10 percent say that their earnings are about equal to their husbands' earnings. Thus the vast majority of women say that they earn less than their husband. The proportion of women who earn more or about the same as their husband varies between 13 and 26 percent for most groups of women with about a quarter of the older women, urban women, and women in the highest wealth quintile saying that they earn about the same or more than their husband. The most notable exception is employed women with 12 or more years of completed education, among whom one in three say that they earn at least as much as their husband.

In NFHS-3, to understand men's perspectives on women's earnings, currently married men whose wives were earning cash were also asked about the control of their wife's earnings and the relative magnitude of their wife's earnings compared with their own. Men's answers to these questions are tabulated according to men's background characteristics in Table 14.3.2.

Notably, men's reports of the decision maker for the use of their wife's earnings compare well with women's own answers on the same questions. However, men are somewhat less likely to report that their wife is the main decision maker (20 percent, compared with 24 percent for women), and somewhat more likely to say that the decisions about the use of their wife's earnings are taken jointly (63 percent, compared with 57 percent for women). The proportion saying that the husband mainly takes the decision about the use of the wife's earnings is almost the same whether women or men are asked the question (15 percent for women and 16 percent for men).

Table 14.3.2 Control over women's cash earnings and relative magnitude of women's cash earnings: Men's reports

Percent distribution of currently married men age 15-49 whose wives are employed and receive cash earnings by the person who decides how their wife's cash earnings are used and by whether their wife earned more or less than them, according to background characteristics, India, 2005-06

Background characteristic	Person who decides how women's cash earnings are used:				Total	Women's cash earnings compared with their husband's cash earnings:					Total	Number of men
	Mainly wife	Wife and husband	Mainly husband	Other		More	Less	About the same	Husband has no earnings	Don't know/missing		
Age												
15-19	(14.3)	(74.2)	(11.5)	(0.0)	100.0	(3.2)	(60.6)	(23.1)	(13.0)	(0.0)	100.0	41
20-24	19.5	61.3	19.2	0.0	100.0	9.8	74.8	6.3	7.1	2.1	100.0	416
25-29	17.4	63.0	19.2	0.4	100.0	9.0	72.8	9.8	6.4	2.1	100.0	1,058
30-39	19.6	63.7	15.7	0.9	100.0	9.9	66.6	14.3	7.0	2.2	100.0	3,477
40-49	21.5	63.2	14.6	0.7	100.0	10.6	62.8	15.0	9.8	1.7	100.0	3,352
Residence												
Urban	27.3	61.6	10.7	0.5	100.0	13.4	68.5	13.8	2.6	1.7	100.0	2,380
Rural	17.2	64.1	17.9	0.8	100.0	8.7	65.3	13.6	10.3	2.1	100.0	5,965
Education												
No education	17.6	62.4	18.7	1.3	100.0	8.3	68.1	13.8	7.8	2.0	100.0	2,644
<5 years complete	18.2	60.6	20.3	0.9	100.0	9.1	66.9	13.0	10.0	1.1	100.0	1,451
5-7 years complete	21.4	62.9	15.5	0.1	100.0	9.6	67.8	10.9	9.6	2.2	100.0	1,395
8-9 years complete	23.8	59.9	16.1	0.2	100.0	11.4	67.7	11.0	8.2	1.6	100.0	1,039
10-11 years complete	19.4	68.1	12.0	0.4	100.0	12.8	65.0	12.7	7.2	2.3	100.0	612
12 or more years complete	23.3	69.9	6.5	0.4	100.0	12.7	59.0	20.2	5.1	3.0	100.0	1,204
Number of living children												
0	21.6	63.1	15.1	0.2	100.0	9.4	67.6	14.1	7.4	1.5	100.0	678
1-2	19.7	64.2	15.4	0.7	100.0	10.6	66.7	13.9	6.9	1.8	100.0	3,644
3-4	19.8	62.0	17.7	0.5	100.0	10.0	65.2	14.0	8.7	2.1	100.0	3,136
5+	21.5	65.1	11.7	1.7	100.0	8.1	67.2	11.0	11.1	2.6	100.0	886
Household structure¹												
Nuclear	20.0	63.5	16.0	0.6	100.0	10.4	66.6	13.8	7.1	2.1	100.0	5,189
Non-nuclear	20.2	63.2	15.7	0.9	100.0	9.4	65.7	13.4	9.7	1.8	100.0	3,156
Religion												
Hindu	20.0	63.1	16.1	0.8	100.0	9.5	66.0	14.0	8.4	2.1	100.0	7,238
Muslim	24.1	55.9	20.0	0.0	100.0	12.2	73.9	7.1	5.3	1.6	100.0	555
Christian	15.9	75.3	8.5	0.3	100.0	15.4	58.5	14.3	9.8	2.0	100.0	306
Sikh	(14.1)	(77.7)	(8.3)	(0.0)	100.0	(11.2)	(49.5)	(37.1)	(2.1)	(0.0)	100.0	56
Buddhist/Neo-Buddhist	21.3	66.8	11.9	0.0	100.0	12.9	69.4	15.5	0.8	1.4	100.0	129
Other	14.2	82.0	3.8	0.0	100.0	16.3	70.9	4.2	8.4	0.2	100.0	46
Caste/tribe												
Scheduled caste	20.2	60.4	18.4	1.0	100.0	9.8	73.2	11.1	4.4	1.5	100.0	1,834
Scheduled tribe	14.8	69.8	14.9	0.5	100.0	6.5	59.9	16.5	16.0	1.1	100.0	1,306
Other backward class	19.6	64.9	14.5	1.0	100.0	10.5	65.6	13.2	8.3	2.4	100.0	3,127
Other	24.2	59.5	16.2	0.1	100.0	11.8	65.5	14.4	5.9	2.4	100.0	2,011
Wealth index												
Lowest	17.8	64.0	17.4	0.8	100.0	7.7	68.7	11.0	11.2	1.5	100.0	2,008
Second	18.4	61.3	19.7	0.7	100.0	8.3	68.1	12.8	8.9	1.8	100.0	1,909
Middle	18.1	62.0	18.7	1.1	100.0	9.9	66.7	13.1	8.3	2.0	100.0	1,804
Fourth	24.3	62.5	12.6	0.5	100.0	12.8	63.9	14.0	7.1	2.3	100.0	1,364
Highest	24.4	68.4	7.1	0.1	100.0	13.3	61.6	19.7	2.8	2.7	100.0	1,260
Total age 15-49	20.1	63.4	15.9	0.7	100.0	10.0	66.2	13.7	8.1	2.0	100.0	8,345
Age 50-54	20.8	62.4	16.3	0.5	100.0	10.9	59.5	16.4	10.5	2.8	100.0	924
Total age 15-54	20.1	63.3	15.9	0.7	100.0	10.1	65.6	13.9	8.3	2.1	100.0	9,269

Note: Total includes men with missing information on education and caste/tribe, Jain men, and men for whom caste/tribe is not known, who are not shown separately.

() Based on 25-49 unweighted cases.

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Men's responses to the question about the control of their wife's earnings do not vary linearly with several background characteristics, particularly with their age, education, number of living children, and wealth. As in the case of women, urban men are more likely than rural men to report that the wife is the main decision maker about the use of her own earnings. Muslim men, like Muslim women, were more likely than men of most other religions to say that the wife mainly takes the decision about the use of her own earnings; they were also most likely to say that they themselves mainly take the decision about the use of their wife's earnings.

When men whose wives were employed for cash were asked about the relative magnitude of their wife's earnings, 10 percent said that their wife earned more than them, 66 percent said that she earned less than them, and 14 percent said that she earned about the same. This distribution also compares quite well with the distribution based on women's responses. However, 8 percent of men who had a wife with earnings said that they themselves did not have cash earnings, while only 2 percent of women with earnings reported their spouses as not earning cash. The youngest and the oldest men are more likely than men in other age groups to have wives who earn the same or more than them; however, the youngest men are also more likely than older men to not have any cash earnings. The proportions of men who have wives who earn the same or more than them is highest for men who have 12 or more years of education, for Sikh men, and for men who belong to the 'other' caste/tribe category. The likelihood of a man's wife earning at least as much as him, increases with the wealth index; notably too, the proportion of men reporting having no cash earnings declines with the wealth index. At double the national average, men belonging to the scheduled tribes are more likely than any other category of men to report not having any cash earnings.

This direct comparison of men's and women's responses to a wife's control over her own earnings suggests that only about 20-25 percent of wives (depending on whether women or men are asked) mainly make decisions about the use of their own earnings. Further, the data suggest that among couples in which both partners have earnings, in more than one in five the woman is earning as much or more than her husband.

Since a large proportion of married women are not employed and do not earn cash, their autonomy and empowerment will depend in part on having a say in how the earnings of their husbands are used. Furthermore, research suggests that an increase in household income spent by women is associated with an increase in the share of the household budget allocated to child welfare expenditures (World Bank, 2001). Accordingly, NFHS-3 asked currently married women and currently married men who—the wife, the husband, or both husband and wife jointly—is the main decision maker with regard to the husband's earnings. Table 14.4 shows the responses of currently married women and men to this question. Overall, women are somewhat more likely than men to report that they mainly decide how their husband's income is used (7 percent of women, compared with 2 percent of men), and men are somewhat more likely than women to say that they mainly decide how their own income is used (28 percent of men, compared with 25 percent of women). The majority of both women and men say that the decision is made jointly. Women are about twice as likely as men to say that someone other than the man or the woman decides how the husband's income is to be used.

Table 14.4 Control over men's cash earnings

Percent distribution of currently married women age 15-49 whose husbands receive cash earnings and of currently married men age 15-49 who receive cash earnings, by person who decides how men's cash earnings are used, according to background characteristics, India, 2005-06

Background characteristic	Person who decides how men's cash earnings are used													Number of men
	Reported by currently married women						Reported by currently married men							
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number of women	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	
Age														
15-19	3.7	43.0	27.7	25.4	0.2	100.0	6,419	0.0	55.1	27.8	17.0	0.0	100.0	273
20-24	4.2	53.9	26.6	15.1	0.1	100.0	16,351	1.3	58.4	28.2	11.9	0.2	100.0	3,375
25-29	5.5	62.2	24.8	7.3	0.2	100.0	18,300	1.5	61.4	30.6	6.1	0.4	100.0	6,870
30-39	7.5	66.5	23.1	2.8	0.1	100.0	30,511	2.1	67.0	28.2	2.0	0.6	100.0	16,165
40-49	9.0	66.0	23.8	1.1	0.1	100.0	19,568	2.9	69.8	26.4	0.4	0.5	100.0	12,668
Residence														
Urban	7.2	66.4	21.5	4.8	0.1	100.0	28,079	2.9	69.2	25.4	2.1	0.4	100.0	14,028
Rural	6.3	59.5	25.9	8.2	0.2	100.0	63,071	1.8	64.3	29.6	3.7	0.6	100.0	25,324
Education														
No education	7.6	59.4	26.4	6.4	0.2	100.0	43,011	2.4	62.4	32.7	1.8	0.6	100.0	9,193
<5 years complete	7.0	58.8	28.2	5.9	0.1	100.0	7,598	3.3	62.8	31.4	2.1	0.4	100.0	4,710
5-7 years complete	6.6	60.2	24.4	8.5	0.2	100.0	13,704	2.2	63.6	29.8	3.9	0.4	100.0	6,714
8-9 years complete	5.2	63.3	22.8	8.5	0.1	100.0	10,495	2.1	66.5	26.4	4.6	0.4	100.0	6,839
10-11 years complete	4.5	65.8	21.2	8.4	0.1	100.0	7,577	1.9	69.1	24.7	3.7	0.6	100.0	4,707
12 or more years complete	4.1	71.4	17.4	7.0	0.1	100.0	8,760	1.4	72.9	22.0	3.0	0.7	100.0	7,183
Number of living children														
0	3.7	50.3	26.8	19.1	0.2	100.0	9,743	1.4	62.0	27.6	8.7	0.3	100.0	4,428
1-2	5.6	61.3	24.9	8.2	0.1	100.0	40,143	2.2	66.0	27.6	3.6	0.5	100.0	18,222
3-4	8.0	64.3	23.6	3.9	0.1	100.0	30,571	2.3	66.8	29.0	1.4	0.6	100.0	12,572
5+	8.6	65.4	24.0	1.7	0.2	100.0	10,693	2.5	68.7	27.7	0.4	0.7	100.0	4,129
Household structure¹														
Nuclear	7.6	67.1	23.8	1.3	0.1	100.0	47,135	2.6	69.2	27.4	0.2	0.6	100.0	20,452
Non-nuclear	5.4	55.7	25.3	13.4	0.2	100.0	44,015	1.7	62.8	28.7	6.3	0.5	100.0	18,900
Religion														
Hindu	6.3	61.9	24.3	7.3	0.2	100.0	74,223	2.2	65.8	28.2	3.3	0.5	100.0	32,250
Muslim	8.3	56.7	27.7	7.3	0.1	100.0	12,020	2.1	63.4	31.9	2.3	0.3	100.0	4,970
Christian	7.8	69.8	20.5	1.7	0.2	100.0	2,008	3.7	73.3	21.2	0.5	1.3	100.0	835
Sikh	4.9	65.0	21.0	9.1	0.1	100.0	1,533	2.2	83.6	10.0	3.9	0.2	100.0	719
Buddhist/Neo-Buddhist	6.9	71.3	19.4	2.0	0.3	100.0	669	1.5	70.1	27.0	0.9	0.5	100.0	322
Jain	2.2	74.0	16.5	7.4	0.0	100.0	275	1.8	74.7	18.1	4.4	0.9	100.0	125
Other	7.7	71.7	19.0	1.2	0.5	100.0	325	1.8	87.3	8.4	1.9	0.7	100.0	123
Caste/tribe														
Scheduled caste	6.9	62.6	24.4	5.9	0.2	100.0	17,063	2.8	63.8	30.2	2.7	0.5	100.0	7,775
Scheduled tribe	5.5	65.0	25.0	4.3	0.2	100.0	7,471	1.6	65.0	30.3	2.6	0.5	100.0	3,151
Other backward class	7.1	60.2	23.7	8.9	0.1	100.0	36,381	1.9	66.5	27.3	3.7	0.6	100.0	15,531
Other	6.0	62.2	25.2	6.5	0.1	100.0	29,494	2.2	67.3	27.1	2.9	0.5	100.0	12,671
Don't know	7.1	40.9	46.6	4.9	0.5	100.0	458	6.7	56.5	33.5	3.3	0.0	100.0	91
Wealth index														
Lowest	7.0	61.5	25.3	5.9	0.2	100.0	17,066	2.4	63.3	31.4	2.6	0.4	100.0	6,847
Second	6.8	58.7	26.6	7.7	0.2	100.0	18,066	1.9	63.1	31.0	3.5	0.5	100.0	7,412
Middle	7.2	58.5	26.3	7.8	0.1	100.0	18,256	2.5	63.3	30.4	3.1	0.6	100.0	7,999
Fourth	6.6	60.3	24.8	8.2	0.1	100.0	18,566	2.1	65.9	28.1	3.5	0.4	100.0	8,415
Highest	5.2	68.6	20.1	6.0	0.1	100.0	19,196	2.0	73.6	20.7	3.0	0.6	100.0	8,679
Total age 15-49	6.6	61.6	24.6	7.1	0.2	100.0	91,150	2.2	66.1	28.1	3.1	0.5	100.0	39,352
Age 50-54	na	na	na	na	na	na	na	3.5	67.4	28.0	0.4	0.7	100.0	3,831
Total age 15-54	na	na	na	na	na	na	na	2.3	66.2	28.1	2.9	0.5	100.0	43,183

Note: Total includes women/men with missing information on education, religion, and caste/tribe, who are not shown separately.

na = Not applicable

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

For both women and men, the proportion who say that the wife participates (mainly alone or jointly with the husband) in decisions about the use of her husband's earnings increases with age. For women, the increase is from 47 percent for the youngest women to 75 percent for the oldest women. For men, the corresponding increase is from 55 percent to 73 percent. Thus, the youngest men are more likely than the youngest women to say that the wife has some control over the use of the husband's income.

There is a remarkable similarity in women's and men's reports regarding any participation of the wife (mainly alone or jointly with the husband) in decision making about the use of the husband's income according to residence, education, caste/tribe, and wealth. Hindu, Muslim, Christian and Jain women and men also provide very similar answers, but significant differences exist between responses of women and men of other religions. Men with no children are much more likely than women with no children to say that the wife participates in decisions about the use of the husband's income, although the differences between men's and women's responses are small if they have children. Despite the overall similarity in the proportions of women and men reporting about women's participation in decisions about the use of husband's earnings, their reports on the wife mainly making the decision tend to be different. Women in every sub-group are more likely than men in the corresponding sub-group to say that the wife mainly takes the decision about the use of the husband's income, although this proportion remains quite small (4-9 percent) for every group of women.

Table 14.5 summarizes the information on currently married women's and men's employment and earnings control for India and by state. For India as a whole, 81 percent of currently married women with earnings say that they alone or jointly with their husbands decide on how their own earnings are used; 68 percent of all currently married women (who have husbands with cash earnings) say that they alone or with their husbands are the main decision makers about the use of their husband's earnings; and 21 percent of currently married women who have earnings and their husbands have earnings say that they earn as much or more than their husbands. The corresponding proportions reported by currently married men are the same or slightly higher.

In all states, except Andhra Pradesh and Karnataka, at least three out of four currently married women with earnings say that they alone or jointly with their husbands make decisions about the use of their own earnings, and in 10 states, including Uttar Pradesh, Punjab, Delhi and almost all of the northeastern states, this proportion is more than 90 percent. Half or more of all currently married women participate in decisions about the use of their husband's earnings in all states; however, this proportion is more than 75 percent in 11 states, including most of the northeastern states. A comparison of the proportions of women reporting participation in the use of their own earnings (if they have any) and in the use of their husband's earnings shows that both indicators are high in Arunachal Pradesh, Manipur, Mizoram, Nagaland, and Sikkim in the Northeast and in Delhi; and both are relatively low in Andhra Pradesh, Karnataka, and Rajasthan. Further, according to the reports of women with earnings, the proportion who earn about the same or more than their husbands ranges from a low of 14 percent in West Bengal and 16-18 percent in Andhra Pradesh, Madhya Pradesh, Orissa, Rajasthan, and Jammu and Kashmir to 33 percent in Assam and Arunachal Pradesh, 34 percent in Nagaland, and 47 percent in Mizoram.

A comparison of women's and men's responses shows that the proportions of men who report that their wife mainly or jointly with them decides the use of her earnings is higher compared with women in all but 11 states, namely Himachal Pradesh and Punjab in the North Region, Bihar and West Bengal in the East Region, Assam, Manipur, Mizoram, and Sikkim in

Table 14.5 Control over women's and men's cash earnings and relative magnitude of women's cash earnings by state

Percentage of currently married women and currently married men by person who decides how women's and men's cash earnings are used and by the relative magnitude of women's cash earnings, compared with their husband's cash earnings by state, India, 2005-06

State	Percentage of currently married women who report that they:			Percentage of currently married men who report that:		
	Alone or jointly with their husband decide how their own earnings are used ¹	Alone or jointly with their husband decide how their husband's earnings are used ²	Earn more or same as their husband ³	They alone or jointly with their wife decide how their wife's earnings are used ⁴	Their wife alone or jointly with them decides how their own earnings are used ⁵	Their wife earns more or about the same as them ⁶
India	80.9	68.2	21.0	83.4	68.3	25.8
North						
Delhi	93.0	83.8	28.5	95.5	83.5	36.2
Haryana	82.3	72.1	19.5	(100.0)	83.8	(50.8)
Himachal Pradesh	86.0	79.0	22.6	82.2	83.8	(28.0)
Jammu & Kashmir	84.4	59.7	18.3	*	67.3	*
Punjab	90.7	70.2	22.0	90.6	84.1	28.1
Rajasthan	75.3	58.9	18.0	88.5	57.1	23.0
Uttaranchal	86.4	66.9	26.3	92.3	78.5	(18.2)
Central						
Chhattisgarh	84.6	77.2	25.1	91.9	85.2	21.7
Madhya Pradesh	77.1	70.6	16.4	86.7	53.4	22.5
Uttar Pradesh	90.1	71.3	21.3	92.7	76.7	22.0
East						
Bihar	84.0	63.7	18.7	(73.4)	64.2	(25.9)
Jharkhand	88.1	78.2	23.6	95.4	86.9	22.4
Orissa	82.7	68.0	17.3	86.4	59.9	18.3
West Bengal	84.5	57.0	14.0	71.1	51.0	18.8
Northeast						
Arunachal Pradesh	91.7	85.3	32.7	95.6	81.9	47.9
Assam	90.3	74.7	32.6	87.6	78.9	33.0
Manipur	95.7	91.6	25.5	73.8	84.4	18.3
Meghalaya	87.9	80.0	27.7	89.9	76.0	37.4
Mizoram	91.5	89.1	46.9	82.3	76.6	42.6
Nagaland	95.2	93.6	34.2	97.2	84.5	32.8
Sikkim	94.8	82.5	29.9	92.6	85.0	30.4
Tripura	75.3	50.3	23.7	78.8	59.1	11.9
West						
Goa	92.0	73.7	22.7	88.3	66.0	35.8
Gujarat	81.1	66.4	22.4	83.8	71.7	45.6
Maharashtra	79.6	74.5	27.9	83.4	72.9	35.1
South						
Andhra Pradesh	68.8	61.7	16.2	77.9	60.6	17.3
Karnataka	71.5	61.2	25.5	80.9	55.5	18.0
Kerala	89.7	65.2	20.9	74.4	69.4	27.1
Tamil Nadu	87.5	81.4	22.1	84.3	83.3	24.1

() Based on 25-49 unweighted cases.

* Percentage not shown; based on fewer than 25 unweighted cases.

¹ Women who are employed for cash.

² Women whose husbands earn cash.

³ Women who earn cash and whose husbands earn cash.

⁴ Men whose wives are employed for cash.

⁵ Men who earn cash.

⁶ Men who earn cash and whose wives earn cash.

the Northeast Region, and Goa, Kerala and Tamil Nadu in the West and South Regions. Overall, the proportions of men who say that their wife participates in decisions about the use of their earnings ranges from 51 percent in West Bengal and 53-57 percent in Rajasthan, Madhya Pradesh, and Karnataka to 87 percent in Jharkhand. In 15 states, men are more likely than women to say that their wife mainly or jointly with them makes decisions about the use of their income. Men's and women's responses differ by over 10 points in Punjab, Haryana, and

Uttaranchal where men report greater participation than women, and in Madhya Pradesh and Mizoram where women report greater participation than men.

Finally, the proportion of men who have earnings and whose wives have earnings who report that their wife earns about the same or more than them ranges from 12 percent in Tripura to 48 percent in Arunachal Pradesh and 51 percent in Haryana. While in 12 states, fairly similar proportions (within five percentage points) of men and women say that the wife's earnings are about equal or more than the husband, in several states, the differential is large (more than 10 percentage points). These states include Tripura, where more women than men say that the wife earns about the same or more than the husband, and Haryana, Gujarat, Arunachal Pradesh, and Goa, where more men than women say that the wife earns about the same or more than the husband.

This discussion of employment for cash of currently married women and women's financial status and autonomy through equality in earnings and participation in decisions about own and husband's earnings, underscores both the importance of married women's employment to the household economy as well as the disadvantages faced by women. While a significant proportion of currently married women are employed, almost one in three are unable to convert such employment into financial autonomy because they do not earn cash for the work they do. Further, when married women do earn cash, they do not necessarily have a say in how their earnings are used. In addition, almost one in three women does not have a say in how their husband's earnings are used. Finally, more than a fifth of currently married women who earn cash earn about the same or more than their husbands or have husbands who have no earnings. This statistic further attests to the importance of women's earnings for the household economy.

14.2 DECISION MAKING, ACCESS TO RESOURCES, AND FREEDOM OF MOVEMENT

The ability of women to make decisions that affect the circumstances of their own lives is an essential aspect of empowerment. In order to assess women's decision-making autonomy, NFHS-3 collected information from currently married women on their participation in four different types of decisions: their own health care, making large household purchases, making household purchases for daily household needs, and visiting their family or relatives. Women were asked who usually makes each decision: 'mainly you, mainly your husband, you and your husband jointly, or someone else?' Further, to understand men's perspectives on women's participation in household decision making, men were asked about their attitudes regarding a wife's participation in household decision making. Specifically, men were asked 'In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife, or both equally?' The decisions asked about were: making major household purchases, making purchases for daily household needs, visiting wife's family or relatives, what to do with the money the wife earns from her work, and how many children to have. The results of these questions are shown in Tables 14.6 through 14.11.

Table 14.6 shows the percent distribution of currently married women according to the person in the household who usually makes specific decisions, by decision and residence. There is no decision for which a majority of currently married women alone are the main decision makers. Of the four decisions asked about, currently married women, irrespective of urban or

rural residence, are most likely to make the decision about purchases for daily household needs mainly by themselves: however, even this decision is made mainly alone by only one-third of all currently married women. Only 27 percent of currently married women make decisions about their own health care mainly by themselves and only 11 percent make decisions about visits to their own family or relatives by themselves. Women are least likely to make decisions mainly by themselves about major household purchases. This proportion is as low as 9 percent for India as a whole. Joint decision making is most common for decisions about visits to the respondent's family or relatives, followed by decisions about major household purchases. It is least common for decisions about daily household purchases. When husbands are the main decision makers, they most often make decisions about major household purchases, followed closely by decisions about the respondent's own health. For all decisions, the likelihood that a woman will take the decision mainly by herself, as well as the likelihood that she will do so jointly with her husband, are higher in urban areas than in rural areas. In contrast, the husband or someone other than the respondent or her husband is more likely to be the main decision maker in rural areas.

Table 14.6 Women's participation in decision making

Percent distribution of currently married women by person who usually makes decisions about four kinds of issues, India, 2005-06

Decision	Mainly respondent	Respondent and husband jointly	Mainly husband	Someone else	Other	Missing	Total
URBAN							
Own health care	29.7	39.1	26.5	3.5	1.1	0.1	100.0
Major household purchases	10.4	51.5	26.8	8.7	2.5	0.1	100.0
Purchases of daily household needs	39.9	28.9	19.8	8.8	2.5	0.1	100.0
Visits to her family or relatives	12.2	57.3	22.0	6.6	1.8	0.1	100.0
RURAL							
Own health care	26.0	33.4	31.7	7.6	1.3	0.1	100.0
Major household purchases	7.6	41.2	34.6	13.5	2.9	0.1	100.0
Purchases of daily household needs	29.1	27.1	26.9	13.9	2.9	0.1	100.0
Visits to her family or relatives	10.0	46.4	28.9	12.1	2.4	0.1	100.0
TOTAL							
Own health care	27.1	35.1	30.1	6.3	1.3	0.1	100.0
Major household purchases	8.5	44.4	32.2	12.0	2.8	0.1	100.0
Purchases of daily household needs	32.4	27.7	24.7	12.3	2.8	0.1	100.0
Visits to her family or relatives	10.7	49.8	26.8	10.4	2.2	0.1	100.0

The percent distribution of currently married men age 15-49 according to their responses about who in a couple *should* have the greater say for specific decisions is shown in Table 14.7 by decision and residence. Currently married men's opinions about women's participation in decision making generally match the reality of household decision making as reported by currently married women. A comparison for the three decisions that both women and men were asked about (major household purchases, purchases for daily household needs, and visits to the wife's family or relatives) shows that among these decisions, currently married men are most likely to say that wives should have the greater say in decisions about purchases of daily household needs (37 percent, compared with 32 percent of currently married women actually reporting making such decisions mainly by themselves), and least likely to say that the wife should have the greater say in decisions about major household purchases (6 percent, compared with 9 percent of currently married women actually reporting making such decisions mainly on their own). The corresponding proportions for the third type of decision, namely visits to her family or relatives, are 12 percent for men and 11 percent as reported by women. Further, among

currently married women and men, the proportions of men saying that the husband should have a greater say are also very similar to the proportions of women reporting that their husbands mainly make these decisions. Notably, however, men are much more likely to be of the opinion that husbands and wives should jointly make these decisions than the reality about such decision making as reported by women. For example, 68 percent of currently married men say that husbands and wives *should* have an equal say in decisions about major household purchases; however, only 44 percent of currently married women report that they make these decisions jointly with their husband. Adjustments for the fact that women often report that there are persons other than the husband and wife making such decisions does not explain the differential between what men say should happen and what women report is happening with regard to joint decision making.

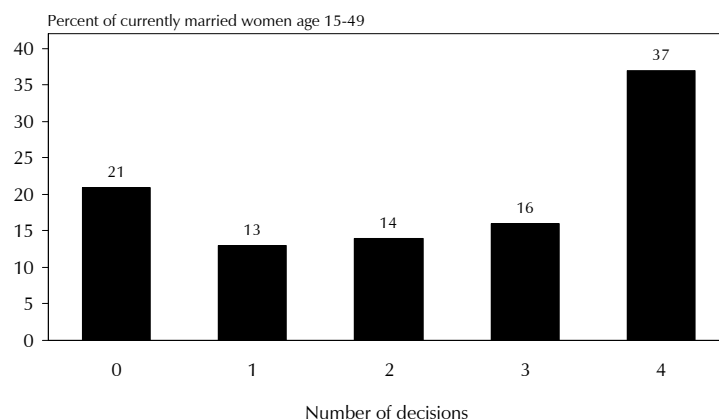
Table 14.7 Men's attitude toward wives' participation in decision making
Percent distribution of currently married men 15-49 by person who they think, in a couple, should have a greater say in five specific decisions India, 2005-06

Decision	Mainly husband	Respondent and wife jointly	Mainly wife	Don't know/depends	Total
URBAN					
Major household purchases	22.5	70.0	7.1	0.5	100.0
Purchases of daily household needs	16.7	38.9	43.8	0.6	100.0
Visits to wife's family or relatives	20.4	64.6	14.3	0.6	100.0
What to do with the money wife earns	10.5	62.7	25.7	1.2	100.0
How many children to have	7.3	90.9	1.4	0.3	100.0
RURAL					
Major household purchases	28.2	66.5	4.7	0.6	100.0
Purchases of daily household needs	25.8	40.0	33.5	0.7	100.0
Visits to wife's family or relatives	29.3	58.9	11.0	0.7	100.0
What to do with the money wife earns	16.7	64.5	17.4	1.4	100.0
How many children to have	10.5	87.4	1.5	0.6	100.0
TOTAL					
Major household purchases	26.3	67.6	5.5	0.6	100.0
Purchases of daily household needs	22.8	39.6	36.9	0.7	100.0
Visits to wife's family or relatives	26.3	60.8	12.1	0.7	100.0
What to do with the money wife earns	14.6	63.9	20.1	1.3	100.0
How many children to have	9.5	88.5	1.5	0.5	100.0

With regard to decisions about what to do with the money the wife earns, 64 percent of currently married men say that wives should have an equal say and 20 percent say that wives should have the greater say. These proportions also compare favourably with the proportions of currently married women with earnings who report taking such decisions jointly with their husband (57 percent) and mainly by themselves (24 percent). Finally, in the case of decisions about how many children to have, the vast majority of men (89 percent) say that such decisions should be made jointly and most of the remainder say that the husband should have the greater say. Overall, 2 percent of men say that the wife should be the main decision maker regarding the number of children the couple should have.

Compared with urban men, a higher proportion of rural men say that in a couple, the husband should have the greater say in all four decisions and a lower proportion say that the wife should have the greater say for all but one of the decisions asked about. Only in the case of the decision about how many children to have, is the proportion of rural men saying that the wife should have the greater say equal to the proportion of urban men who say so, at 2 percent or less.

Figure 14.1 Number of Decisions in which Currently Married Women Participate



NFHS-3, India, 2005-06

Women may have a say in some and not in other decisions. To assess a woman’s overall decision-making autonomy, the number of decisions (0-4) in which she participates (i.e., she mainly has the final say or does so jointly with her husband) are added together. The total number of decisions a woman participates in is one simple measure of her empowerment. Figure 14.1 gives the percent distribution of currently married women by the number of decisions in which they participate. Nationally, 37 percent of currently married women participate in all four decisions, 43 percent participate in some but not all of the decisions, and 21 percent do not participate in any of the four decisions.

Table 14.8 shows the percentage of currently married women who participate, alone or jointly with their husbands, in specific decisions according to background characteristics. Participation in decision making increases steadily with age and is higher in urban than in rural areas. Notably, almost half (46 percent) of the women age 15-19 do not participate in any of the four decisions, compared with 13 percent of women age 40-49. Women’s participation in specific decisions does not vary greatly by their education level, although the proportion of women participating in each decision is higher for women who have 12 or more years of education, compared with women with no education. The percentage of women participating in all four decisions increases from 35 percent for women with no education to 46 percent of women with 12 or more years of education. Participation varies even less by the husband’s level of education than it does by the woman’s level of education.

Employment of women increases the likelihood of their participating in decision making only if they are employed for cash; in fact, women who are employed but do not earn cash are less likely than women not employed to participate in decision making. Further, the proportions of women not participating in any of the four decisions is lowest, at 15 percent, for women employed for cash, followed by 22 percent for women not employed in the past 12 months, and highest, at 26 percent, for women who were employed but did not earn cash. Among women who have children, participation in decision making varies little by the actual number of

Table 14.8 Women's participation in decision making by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, India, 2005-06

Background characteristic	Percentage of women who usually make specific decisions alone or jointly				Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives			
Age							
15-19	40.4	25.1	29.1	33.5	15.1	46.1	6,726
20-24	52.5	39.2	44.6	47.5	25.2	31.1	16,782
25-29	62.2	50.7	58.7	58.9	34.3	20.4	18,540
30-39	67.7	60.7	68.8	67.1	42.8	14.1	30,952
40-49	69.3	63.6	71.2	71.6	46.3	12.8	20,089
Residence							
Urban	68.8	61.9	68.8	69.5	45.0	13.9	28,604
Rural	59.3	48.9	56.2	56.5	33.0	23.4	64,485
Education							
No education	59.4	51.5	59.5	57.5	34.9	22.7	43,931
<5 years complete	61.2	51.4	60.1	60.4	35.2	20.3	7,776
5-7 years complete	61.0	50.6	58.4	59.8	35.7	21.7	14,018
8-9 years complete	63.6	52.2	58.3	60.7	36.2	19.7	10,735
10-11 years complete	67.2	56.3	61.6	65.9	40.5	16.8	7,704
12 or more years complete	73.1	62.6	66.3	71.6	46.1	12.1	8,921
Husband's education							
No education	61.6	53.0	61.5	59.1	36.6	21.3	24,918
<5 years complete	61.1	52.3	60.5	60.9	35.7	20.2	8,366
5-7 years complete	62.0	52.2	60.3	59.7	36.5	20.8	14,793
8-9 years complete	59.5	50.2	56.8	58.3	33.7	21.8	14,615
10-11 years complete	62.5	51.1	58.0	60.2	36.1	21.3	13,144
12 or more years complete	66.2	57.3	62.0	65.2	40.6	17.3	17,100
Employment (past 12 months)							
Employed	63.0	55.3	63.7	62.9	38.8	19.0	39,835
Employed, for cash	67.7	61.0	69.5	68.0	44.3	15.0	25,601
Employed, not for cash	54.6	45.1	53.2	53.7	29.0	26.1	14,234
Not employed	61.7	51.1	57.4	58.7	35.1	21.6	53,225
Number of living children							
0	48.7	35.5	39.1	43.7	22.8	36.0	10,131
1-2	62.5	51.9	58.9	61.1	36.9	20.8	40,922
3-4	64.8	57.3	65.6	64.2	39.6	16.8	31,137
5+	66.4	60.2	68.2	63.1	40.6	15.1	10,898
Household structure¹							
Nuclear	67.7	62.2	70.4	68.7	44.3	13.6	47,851
Non-nuclear	56.4	43.0	49.2	51.8	28.7	27.7	45,238
Religion							
Hindu	61.6	52.9	59.9	60.5	36.6	20.8	75,799
Muslim	61.6	49.8	57.9	55.1	33.7	22.8	12,288
Christian	75.5	69.1	75.7	79.5	55.4	9.7	2,041
Sikh	75.8	49.2	56.2	67.8	36.4	10.9	1,567
Buddhist/Neo-Buddhist	70.9	58.1	72.8	74.6	42.4	9.3	684
Jain	62.4	62.6	67.9	69.3	42.1	14.1	279
Other	69.7	67.9	76.5	74.5	46.5	6.5	333
Caste/tribe							
Scheduled caste	63.0	53.1	61.2	60.3	36.6	19.0	17,372
Scheduled tribe	59.9	54.8	62.3	62.9	37.5	20.0	7,632
Other backward class	59.7	51.5	58.5	58.5	35.4	23.0	37,198
Other	65.7	54.1	60.9	62.6	38.3	18.2	30,131
Don't know	44.2	39.1	50.0	45.1	22.9	32.2	462
Wealth index							
Lowest	58.5	51.2	58.7	55.7	34.2	23.3	17,425
Second	58.0	49.2	56.2	55.6	32.5	24.1	18,495
Middle	60.1	49.7	57.6	57.4	34.4	23.2	18,671
Fourth	63.7	52.9	60.5	61.8	37.1	19.6	18,985
Highest	70.3	61.0	66.8	71.1	44.7	12.7	19,513
Total	62.2	52.9	60.1	60.5	36.7	20.5	93,089

Note: Total includes women with missing information on education, husband's education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

children; however, women who have no children are much less likely than women with one or more children to participate in household decision making. Non-nuclear household residence is associated with much lower participation in household decisions than nuclear residence, as is evident from the fact that women in non-nuclear households are twice as likely (28 percent) as women in nuclear households (14 percent) to not participate in any of the four decisions and women in nuclear households are one and a half times as likely as women in non-nuclear households to participate in all four decisions. Participation in decision making does not vary by caste/tribe status but does vary by religion. Participation is highest among Christian women and lowest among Muslim women, compared with women of other religions. The relationship of wealth with women's participation in decision making is not uniformly linear; nevertheless, women in the highest wealth quintile are most likely to participate in each of the decisions as well as in all four decisions.

Table 14.9 shows the percentage of currently married men age 15-49 who think that in a couple, the wife should have an equal or greater say than her husband in specific decisions, according to men's background characteristics. In general, currently married men are much more likely to say that a wife should have at least an equal say in household decision making than the reality of such decision making as reported by currently married women. For example, 73 percent of currently married men say that a wife should have at least an equal say as the husband in decisions about major household purchases, compared with only 53 percent of currently married women reporting having participated in such decisions. Overall, 50 percent of currently married men say that, in a couple, the wife should have at least an equal say in all of the five decisions men were asked about; only 4 percent say that women should not participate in any of the five decisions. Notably, the vast majority of men (84 and 90 percent) say that a wife should have an equal or greater say as the husband in decisions about what to do with the money the wife earns and how many children to have.

Men's opinions about the role that wives should play in household decision making do not vary much by age, number of children, or household structure. Urban men are more likely to favour a wife's participation than rural men, as are employed men, compared with men who are not employed. The likelihood of men saying that the wife should have at least an equal say generally increases with men's education and with wealth. Sikh men are most likely (80 percent) and Muslim and Hindu men least likely (45-49 percent) to be of the opinion that women should have at least an equal say as their husbands in all five decisions. Men's opinions on wives roles in household decision making does not vary much between men who belong to the scheduled castes, scheduled tribes, or other backward classes, but the proportion of men who say that a wife should have at least an equal say in all five decisions is higher for men not belonging to any of these groups than among men who do belong to them.

Table 14.9 Men's attitude toward wives' participation in decision making

Percentage of currently married men age 15-49 who think a wife should have an equal or greater say than her husband on five specific kinds of decisions, by background characteristics, India, 2005-06

Background characteristic	Percentage of men who say that wives should have an equal or greater say than their husband on specific decisions							Number of men
	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	What to do with the money the wife earns	How many children to have	All five decisions	None of the five decisions	
Age								
15-19	72.2	73.1	66.9	87.9	89.2	43.4	2.7	369
20-24	70.3	74.0	66.7	81.9	88.6	44.2	4.2	3,836
25-29	71.6	75.7	72.7	83.6	88.9	48.3	4.2	7,508
30-39	74.7	76.7	73.6	84.4	90.6	50.5	3.3	17,602
40-49	72.7	77.6	74.0	84.3	90.2	51.1	3.5	14,187
Residence								
Urban	77.1	82.7	78.9	88.3	92.3	57.5	2.3	14,434
Rural	71.1	73.5	69.9	81.9	88.8	45.8	4.3	29,068
Education								
No education	67.6	72.9	67.8	80.0	86.7	44.0	5.2	10,332
<5 years complete	68.6	70.3	67.5	78.1	87.8	43.0	4.9	5,336
5-7 years complete	70.8	75.7	71.4	83.2	88.9	47.3	4.0	7,456
8-9 years complete	73.6	76.2	72.6	85.1	90.5	48.1	3.3	7,520
10-11 years complete	77.0	80.6	78.1	86.7	92.4	55.3	2.5	5,115
12 or more years complete	82.7	84.2	81.8	91.6	94.9	61.8	1.4	7,735
Employment (past 12 months)								
Employed	73.1	76.5	73.0	84.0	90.0	49.7	3.6	42,966
Employed, for cash	73.0	76.8	73.1	84.2	90.0	50.0	3.7	39,352
Employed, not for cash	73.6	73.7	71.3	81.6	89.2	46.6	3.3	3,614
Not employed	73.4	76.1	68.7	85.6	92.6	43.8	1.5	505
Number of living children								
0	72.6	77.8	72.1	84.8	89.9	50.0	3.5	5,018
1-2	73.6	76.8	74.2	84.1	90.4	50.4	3.5	19,798
3-4	72.7	76.2	72.6	84.0	90.2	49.4	3.5	14,003
5+	72.7	75.0	69.3	83.2	87.9	47.1	4.3	4,682
Household structure¹								
Nuclear	73.1	76.8	72.8	83.5	89.9	50.0	3.6	22,179
Non-nuclear	73.1	76.3	73.0	84.6	90.1	49.3	3.7	21,322
Religion								
Hindu	72.8	76.4	73.0	84.1	90.0	49.3	3.6	35,890
Muslim	71.6	73.8	66.7	80.6	88.0	45.2	4.7	5,302
Christian	76.0	81.3	81.6	87.4	92.5	56.1	2.1	936
Sikh	89.2	92.4	92.0	94.2	97.3	79.9	0.8	741
Buddhist/Neo-Buddhist	71.4	77.0	80.4	88.9	93.9	56.5	3.7	332
Jain	80.5	90.2	84.0	97.4	97.5	69.2	0.0	129
Other	86.0	83.2	84.3	88.4	92.2	62.0	1.2	164
Caste/tribe								
Scheduled caste	72.4	73.9	70.5	82.5	88.5	46.8	4.0	8,343
Scheduled tribe	69.2	73.3	73.7	82.4	88.1	47.9	4.4	3,948
Other backward class	71.7	77.9	73.3	85.5	90.8	48.5	3.1	17,202
Other	76.3	77.4	73.6	83.8	90.4	53.4	3.8	13,760
Don't know	69.6	72.1	73.2	79.6	92.0	45.2	4.3	111
Wealth index								
Lowest	69.2	69.7	66.5	80.1	87.5	42.6	4.8	7,962
Second	70.2	71.1	67.3	80.6	88.1	43.0	4.8	8,466
Middle	70.4	75.2	70.2	81.7	88.6	45.0	4.2	8,948
Fourth	74.0	78.1	75.1	85.9	90.8	51.5	3.0	9,035
Highest	81.0	87.4	84.3	91.3	94.4	64.8	1.6	9,090
Total age 15-49	73.1	76.5	72.9	84.0	90.0	49.7	3.6	43,501
Age 50-54	72.8	77.6	76.9	85.1	91.5	52.7	3.4	4,373
Total age 15-54	73.1	76.6	73.3	84.1	90.1	49.9	3.6	47,875

Note: Total includes men with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Table 14.10 provides information by state on currently married women's participation in the four decisions women were asked about and currently married men's opinion with regard to a wife having an equal or greater say in the five decisions men were asked about. The proportion of currently married women who participate in all four decisions varies from a high of 77 percent in Meghalaya and 69-73 percent in Nagaland, Mizoram, and Manipur, all in the Northeast Region, to a low of 25 percent in Jammu and Kashmir, 24 percent in West Bengal, and 23 percent in Rajasthan. In fact, in all states, other than Delhi and the northeastern states except Tripura, less than half of currently married women say that they participate in all four decisions. According to decision, the proportions participating range from 44 percent in Jammu and Kashmir to 92 percent in Mizoram for decisions about own health care, from 38 percent in West

State	Percentage of women who usually make specific decisions alone or jointly with their husband						Percentage of men who say that wives should have the final say alone or jointly with their husband in:	
	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	All of the five decisions ¹	None of the five decisions ¹
India	62.2	52.9	60.1	60.5	36.7	20.5	49.7	3.6
North								
Delhi	74.2	67.3	75.7	74.9	52.0	10.4	74.4	1.2
Haryana	71.7	54.7	60.8	69.2	41.7	13.2	81.0	1.0
Himachal Pradesh	66.5	56.5	61.5	58.3	39.2	17.4	73.6	1.4
Jammu & Kashmir	43.5	44.9	46.9	43.4	25.2	37.3	55.6	5.2
Punjab	76.8	48.2	56.5	68.5	37.4	11.2	75.7	1.6
Rajasthan	51.9	40.5	49.2	44.0	22.8	31.4	42.8	0.4
Uttaranchal	60.8	49.4	56.4	56.0	36.0	24.6	67.3	2.1
Central								
Chhattisgarh	47.9	50.9	63.4	61.2	26.8	18.4	59.3	0.2
Madhya Pradesh	51.7	48.3	54.9	50.2	29.4	27.1	41.8	3.8
Uttar Pradesh	64.2	52.9	55.6	50.3	33.7	22.0	54.2	1.1
East								
Bihar	53.4	50.6	58.4	54.4	32.7	27.2	41.6	8.1
Jharkhand	61.2	59.8	64.7	65.5	41.8	19.5	63.5	0.7
Orissa	64.7	57.8	61.3	63.6	41.8	17.1	42.9	2.2
West Bengal	59.6	37.5	46.9	48.4	23.9	25.7	31.1	7.0
Northeast								
Arunachal Pradesh	68.7	74.1	86.7	90.4	53.5	2.7	46.0	1.1
Assam	80.0	72.0	70.0	80.9	60.9	11.6	61.1	3.0
Manipur	87.4	81.4	85.2	86.0	69.4	3.4	41.6	1.1
Meghalaya	87.5	82.5	84.1	87.3	77.3	9.3	69.8	10.5
Mizoram	91.9	79.6	86.0	89.5	70.4	2.3	44.9	4.6
Nagaland	90.7	82.1	87.2	93.7	73.1	1.4	56.7	0.4
Sikkim	79.5	76.6	78.3	83.7	58.7	5.5	75.7	0.4
Tripura	59.7	48.1	56.9	60.4	30.2	18.9	22.8	1.0
West								
Goa	67.5	67.3	74.6	84.5	47.0	7.5	62.3	1.6
Gujarat	63.2	53.3	66.2	70.4	36.6	13.1	55.5	3.0
Maharashtra	67.8	61.2	70.6	74.2	45.4	12.7	55.2	6.0
South								
Andhra Pradesh	61.8	52.7	60.4	65.5	40.4	24.3	39.8	7.8
Karnataka	53.3	50.5	56.4	55.9	35.2	26.9	54.0	2.9
Kerala	75.3	61.8	65.9	78.4	47.2	10.8	37.4	1.6
Tamil Nadu	73.2	63.3	77.8	76.7	48.8	8.2	44.7	1.5

Bengal to 83 percent in Meghalaya for decisions about making major household purchases, from 47 percent in Jammu and Kashmir and West Bengal to 87 percent in Arunachal Pradesh and Nagaland for decisions about making purchases for daily household needs, and from 43 percent in Jammu and Kashmir to 94 percent in Nagaland for decisions about visits to her family or relatives.

In the country as a whole, 53 percent of currently married women participate in decisions about making major household purchases and 60-62 percent participate in each of the remaining three decisions. However, women's pattern of participation by decision varies greatly by state. Overall, there are 11 states where women are most likely to participate in decisions about their own health care, another 11 where they are most likely to participate in decisions about visits to their family or relatives, and seven where they are most likely to participate in decisions about making purchases for daily household needs. Women are least likely to participate in decisions about making major household purchases in the majority (24) of states, including all of the states in the East, West and Southern Regions of the country. There is no state in which women most often participate in decisions about major household purchases. Notably, in Chhattisgarh and Arunachal Pradesh, of all the decisions asked about, women are least likely to participate in decisions about their own health care.

The percentage of currently married men who say that, in a couple, a wife should have at least equal say as her husband in all five decisions is highest in Haryana (81 percent) and lowest in Tripura (23 percent). Notably, while participation of women in decision making tends to be most common in several of the northeastern states, men's approval of a wife's participation in decision making is relatively high in only two northeastern states (Sikkim and Meghalaya) as well as in the northern states of Haryana, Punjab, Delhi, Himachal Pradesh, and Uttaranchal.

To further understand women's access to financial resources, an important element of women's empowerment, NFHS-3 asked all women whether they have any money of their own that they alone can decide how to use and whether they have a bank or savings account that they themselves use. Women were also asked about their knowledge and use of micro-credit and similar programmes in the area. With regard to the latter, women were first asked 'Do you know of any programmes in this area that give loans to women to start or expand a business of their own?' If they answered 'yes' they were then asked 'Have you yourself ever taken a loan, in cash or in kind, from any of these programmes to start or expand a business?' Women's responses to all of these questions are shown in Table 14.11 by women's background characteristics. Overall, 45 percent of all women age 15-49 say that they have some money that they can use; 15 percent have a bank or savings account that they themselves use; 39 percent know of a programme that gives money to women to start or expand a business of their own; and only 4 percent of all women have ever taken a loan from such a programme.

All four of these indicators generally increase with age, are higher for women who are employed for cash than women who are not employed or not employed for cash, and are higher for formerly married women than for never married or currently married women. Notably, 7 percent of formerly married women have ever taken a loan to start or expand a business, compared with 5 percent of currently married women and 1 percent of never married women. All four indicators are lower for women belonging to the scheduled tribes, compared with women

Table 14.11 Women's access to money and credit

Percentage of women who have access to money, who know of a microcredit programme and who have ever taken a loan from a microcredit programme by background characteristics, India, 2005-06

Background characteristic	Women's access to money		Women's knowledge and use of microcredit programmes		Number of women
	Percentage who have money that they can decide how to use	Percentage who have a bank or savings account that they themselves use	Percentage who know of a microcredit programme	Percentage who have taken a loan from a micro-credit programme	
Age					
15-19	35.0	7.2	30.8	0.8	24,811
20-24	41.6	10.9	37.5	2.5	22,779
25-29	46.0	15.7	40.3	4.4	20,417
30-39	49.1	19.4	41.4	6.0	33,522
40-49	50.1	20.8	42.4	5.9	22,856
Residence					
Urban	52.1	23.9	44.2	3.2	40,817
Rural	40.9	10.7	35.8	4.4	83,568
Education					
No education	43.1	7.4	26.3	3.8	50,487
<5 years complete	37.9	10.9	43.7	6.7	9,918
5-7 years complete	41.1	12.1	40.6	4.9	18,820
8-9 years complete	41.1	15.1	44.9	3.7	17,383
10-11 years complete	48.1	22.3	50.2	3.6	12,887
12 or more years complete	59.7	40.9	57.0	2.7	14,882
Employment (past 12 months)					
Employed	50.2	16.2	40.0	6.0	53,208
Employed, for cash	54.8	19.7	45.9	7.3	35,626
Employed, not for cash	40.8	9.0	28.0	3.5	17,582
Not employed	40.4	14.2	37.6	2.5	71,121
Marital status					
Never married	38.6	12.1	37.8	1.0	25,462
Currently married	44.9	15.3	38.5	4.7	93,089
Divorced/separated/widowed/deserted	65.5	23.4	44.2	6.6	5,834
Number of living children					
0	39.8	11.9	37.4	1.5	36,450
1-2	46.2	19.7	44.9	5.6	43,482
3-4	46.8	14.5	36.6	5.4	32,994
5+	47.6	9.0	24.0	2.2	11,459
Household structure¹					
Nuclear	44.9	15.6	40.5	4.8	64,641
Non-nuclear	44.3	14.4	36.5	3.2	59,744
Religion					
Hindu	45.2	15.4	39.2	4.4	100,151
Muslim	42.4	10.5	30.6	1.8	16,936
Christian	42.2	24.4	60.4	8.9	3,053
Sikh	31.1	16.5	40.9	1.0	2,222
Buddhist/Neo-Buddhist	44.3	17.6	42.8	1.2	1,010
Jain	60.5	39.8	45.4	1.5	406
Other	59.5	10.8	33.0	3.3	484
Caste/tribe					
Scheduled caste	43.1	11.6	38.1	4.7	23,125
Scheduled tribe	38.2	9.0	30.1	3.1	10,119
Other backward class	45.6	13.3	38.5	4.8	48,880
Other	45.8	20.5	41.0	3.0	41,207
Don't know	54.1	19.6	46.6	10.4	649
Wealth index					
Lowest	38.9	3.7	25.1	2.8	21,718
Second	40.2	7.1	33.0	4.0	23,616
Middle	41.0	10.5	39.4	5.9	25,088
Fourth	45.1	16.3	43.1	4.9	26,106
Highest	55.5	33.6	48.8	2.5	27,856
Total	44.6	15.0	38.6	4.0	124,385

Note: Total includes women with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

belonging to the other caste/tribe categories. The first three of these indicators are higher for women in urban than in rural areas, and tend to increase with the wealth quintile of the woman. However, the percentage of women who have ever taken a loan is slightly higher among women in rural areas than in urban areas, and has an inverted U-shaped relationship with the wealth index. Six percent of women in the middle wealth quintile have ever taken a loan, compared with 3 percent of women in the lowest and highest wealth quintiles. The indicators bear differing relationships with education, number of living children, household structure, and religion. In particular, compared with women with less or no education, the most educated women are more likely to have a bank or savings account and to know about loan programmes, but are least likely to have ever taken a loan. Also, the proportion of women who have some money of their own that they can use as they want, first declines with education from 43 percent among women with no education to 41 percent among women with 5-9 years of education and then increases to 60 percent among women with 12 or more completed years of education. Christian women (9 percent) are more likely than any other population subgroup to have ever taken a loan.

Freedom of movement outside the home is an important aspect of women’s autonomy and empowerment. This is particularly true in a largely patriarchal country such as India with a long tradition of *purdah* in several states. Accordingly, NFHS-3 asked women if they were usually allowed to go to three different places—the market, the health facility, and to places outside the village or community—alone, only with someone, or not at all. The percent distribution of women by their type of access to these places according to place and residence is shown in Table 14.12.

Table 14.12 Women’s freedom of movement				
Percent distribution of women by whether they are allowed to go alone, only with someone else, or not at all to the specified places by residence, India, 2005-06				
Place	Alone	With someone else only	Not at all	Total
URBAN				
To the market	66.2	26.8	7.0	100.0
To the health facility	60.3	36.2	3.5	100.0
To places outside the village/community	45.5	48.0	6.6	100.0
RURAL				
To the market	44.3	40.4	15.3	100.0
To the health facility	41.5	53.0	5.5	100.0
To places outside the village/community	34.0	56.6	9.4	100.0
TOTAL				
To the market	51.4	35.9	12.6	100.0
To the health facility	47.7	47.5	4.8	100.0
To places outside the village/community	37.7	53.7	8.5	100.0

Overall, only about half of all women are allowed to go to the market or to the health facility alone. Only 38 percent are allowed to travel alone to places outside the village or community. While, not all women are allowed to go to these places alone, only a minority are not allowed to go at all. Thirteen percent of women are not allowed to go to the market at all. Nine percent are not allowed to go at all to places outside the village or community and 5 percent are not allowed to go at all to the health facility (5 percent). Rural women have more restrictions

placed on their mobility than urban women. In general, urban women are about 50 percent more likely than rural women to be allowed to go alone to the market, as well as to the health facility, and 33 percent more likely to be allowed to go alone to places outside the village or community. Fifteen percent of rural women are not allowed to go at all to the market, 9 percent to places outside the village or community, and 6 percent to the health facility.

Table 14.13 shows the percentages of women who are allowed to go alone to each of the three places asked about, allowed to go alone to all three places and not allowed to go at all (neither alone nor with someone else) to any of them, by background characteristics. Overall, only 33 percent of women are allowed to go alone to all of the three places asked about and 4 percent are not allowed to go at all to any of them.

Background characteristic	Percentage allowed to go alone to:				Percentage not allowed to go to any of the three places at all	Number of women
	The market	The health facility	Places outside the village/community	All three places		
Age						
15-19	29.7	23.1	16.8	12.8	5.7	24,811
20-24	40.7	36.3	27.2	23.1	4.6	22,779
25-29	52.4	49.8	38.0	33.4	3.0	20,417
30-39	62.9	60.3	48.1	43.6	2.5	33,522
40-49	68.2	65.2	55.6	51.2	2.4	22,856
Residence						
Urban	66.2	60.3	45.5	42.8	2.5	40,817
Rural	44.3	41.5	34.0	28.9	4.1	83,568
Education						
No education	49.0	45.9	36.3	32.0	3.5	50,487
<5 years complete	47.2	45.9	37.3	32.1	4.1	9,918
5-7 years complete	46.4	43.2	33.8	30.0	4.4	18,820
8-9 years complete	47.9	43.3	33.7	28.9	3.7	17,383
10-11 years complete	55.0	49.2	38.5	34.1	3.4	12,887
12 or more years complete	70.2	64.3	51.9	48.1	2.6	14,882
Employment (past 12 months)						
Employed	57.1	53.0	44.4	39.8	2.9	53,208
Employed, for cash	63.2	58.9	50.0	45.4	2.5	35,626
Employed, not for cash	44.7	41.0	33.0	28.3	3.5	17,582
Not employed	47.2	43.7	32.8	28.7	4.1	71,121
Marital status						
Never married	40.7	32.3	25.0	20.3	4.7	25,462
Currently married	52.8	50.2	39.3	35.0	3.4	93,089
Widowed/divorced/separated/deserted	76.1	73.5	68.6	65.6	2.5	5,834
Number of living children						
0	38.6	31.4	24.7	20.4	5.2	36,450
1-2	55.1	52.6	42.2	38.0	3.5	43,482
3-4	58.7	56.4	44.5	40.0	2.4	32,994
5+	57.5	55.4	42.6	38.5	2.5	11,459
Household structure¹						
Nuclear	56.6	52.4	41.5	37.0	3.3	64,641
Non-nuclear	45.9	42.6	33.6	29.5	3.9	59,744
Religion						
Hindu	52.4	48.2	38.2	34.0	3.3	100,151
Muslim	40.5	40.1	29.9	25.5	5.5	16,936
Christian	67.0	59.9	51.2	45.5	3.6	3,053
Sikh	53.5	50.4	45.0	39.5	2.7	2,222
Buddhist/Neo-Buddhist	68.8	64.6	48.3	45.8	4.0	1,010
Jain	74.1	68.0	54.9	50.3	3.9	406
Other	67.3	59.3	55.9	49.7	1.7	484

Table 14.13 Women's freedom of movement by background characteristics—Continued

Background characteristic	Percentage allowed to go alone to:				Percentage not allowed to go to any of the three places at all	Number of women
	The market	The health facility	Places outside the village/ community	All three places		
Caste/tribe						
Scheduled caste	53.2	49.4	38.7	34.7	3.5	23,125
Scheduled tribe	49.1	42.6	34.8	30.3	3.0	10,119
Other backward class	49.5	45.1	35.5	31.5	3.6	48,880
Other	53.6	51.0	40.5	35.9	3.9	41,207
Don't know	42.2	46.1	36.6	28.5	2.6	649
Wealth index						
Lowest	41.8	39.1	29.8	25.6	4.2	21,718
Second	42.7	40.5	33.0	27.9	4.3	23,616
Middle	48.1	44.6	36.2	31.3	4.0	25,088
Fourth	53.4	49.0	38.8	34.8	3.4	26,106
Highest	67.6	61.9	48.2	44.8	2.3	27,856
Total	51.4	47.7	37.7	33.4	3.6	124,385

Note: Total includes women with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.
¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Freedom of movement, as indicated by being allowed to go alone to the three types of places, increases sharply with age; however, even among women age 40-49, only 51 percent of women are allowed to go alone to all three places. Freedom of movement does not vary linearly with education, although women with 12 or more complete years of education are much more likely to be allowed to go alone to each of the three places, as well as to all three places. The greatest differential by education is seen for going to the market alone: 70 percent of women in the highest education group are allowed to go alone to the market, compared with only 49 percent of women with no education. Employment for cash is associated with greater freedom of movement, although women employed but not earning cash and women not employed in the past 12 months have similar levels of freedom of movement. Only one in five never married women can go to all of the three places alone, compared with about one in three currently married women and two in three formerly married women. In general, freedom of movement does not vary substantially by number of children among women with one or more children, but is lower for women with no children compared with women with one or more children. Nuclear residence is associated with greater freedom of movement than non-nuclear residence. Muslim women (26 percent) followed by Hindu women (34 percent) have less freedom of movement than women of other religions. There is little variation in freedom of movement by caste/tribe status, although it is noticeable that scheduled-caste women and women in the 'other' castes category tend to have similar levels of freedom of movement. Freedom of movement increases with wealth from 26 percent of women being allowed to go alone to all three destinations among women in the lowest quintile to 45 percent among women in the highest quintile.

Table 14.14 shows the percentage of women with access to money, knowledge of credit programmes, and freedom of movement and percentage who have used credit programmes by state. The proportion of women who have some money of their own that they themselves can decide how to use varies from 20 percent in Mizoram, 21 percent in Kerala, and 25-29 percent in Himachal Pradesh, Punjab, Assam, Tripura and Tamil Nadu, to 55-60 percent in Jammu and Kashmir, Goa, Gujarat, Bihar, Uttar Pradesh, Jharkhand, and Karnataka.

Table 14.14 Women's access to money and credit by state

Percentage of women who have access to money, who know of a microcredit programme, and have taken a loan from a microcredit programme by state, India, 2005-06

State	Women's access to money		Women's knowledge and use of microcredit programmes		
	Percentage who have money that they can decide how to use	Percentage who have a bank or savings account that they themselves use	Percentage who know of a microcredit programme	Percentage who have taken a loan from a microcredit programme	Percentage of women allowed to go to three specified places alone ¹
India	44.6	15.0	38.6	4.0	33.4
North					
Delhi	43.2	30.3	29.0	1.0	36.6
Haryana	35.5	12.4	36.8	0.6	40.7
Himachal Pradesh	28.8	22.2	20.2	2.2	64.0
Jammu & Kashmir	55.4	21.9	13.1	0.2	51.0
Punjab	26.5	14.6	40.8	0.9	39.0
Rajasthan	32.7	7.5	12.3	0.6	31.6
Uttaranchal	36.1	20.1	13.7	1.6	42.8
Central					
Chhattisgarh	34.3	8.1	29.1	1.3	17.8
Madhya Pradesh	36.8	8.9	30.6	1.0	25.7
Uttar Pradesh	59.9	13.2	14.1	0.4	23.4
East					
Bihar	58.6	8.2	27.0	1.0	25.2
Jharkhand	60.2	14.4	25.5	1.9	36.6
Orissa	36.2	9.8	69.4	6.9	18.7
West Bengal	37.4	14.1	41.4	2.7	32.3
Northeast					
Arunachal Pradesh	38.7	19.0	31.4	2.5	40.2
Assam	26.9	11.7	41.7	1.4	35.3
Manipur	32.0	8.0	65.1	4.2	53.5
Meghalaya	35.3	16.9	22.8	1.5	28.1
Mizoram	19.5	8.1	7.8	0.7	75.4
Nagaland	36.5	7.4	23.8	1.3	25.4
Sikkim	36.9	20.9	18.3	0.8	50.9
Tripura	26.9	18.7	38.7	2.3	36.8
West					
Goa	56.7	42.3	56.6	2.5	56.8
Gujarat	57.8	19.9	45.0	1.7	47.3
Maharashtra	40.8	20.3	35.5	2.1	40.2
South					
Andhra Pradesh	48.6	18.0	59.6	16.3	37.3
Karnataka	60.3	22.1	55.0	9.2	30.6
Kerala	20.7	27.0	82.6	8.0	34.7
Tamil Nadu	25.4	15.8	79.0	13.4	54.2

¹ To the market, to the health facility, and to places outside the village/community.

Few women in India have bank or savings accounts that they themselves use. Having a bank or savings account is relatively common only in Goa, where 42 percent of women have such an account that they themselves use. Delhi and Kerala are the only other states where more than one in four women have a bank or savings account they themselves use. There are eight states (Nagaland, Rajasthan, Manipur, Mizoram, Chhattisgarh, Bihar, Madhya Pradesh, and Orissa) where only 7-10 percent of women have a bank or savings account that they use.

Knowledge about micro-credit programmes and their use is very limited in the majority of states. The only states where more than half of women have heard of such a programme in their area include the four southern states of Kerala (83 percent), Tamil Nadu (79 percent), Andhra Pradesh (60 percent) and Karnataka (55 percent), Goa in the West (57 percent), and Orissa (69 percent) and Manipur (65 percent) in the East and Northeast, respectively. In the

remainder of the states, the percentage of women who know about a programme that gives loans to women to start or expand a business ranges from only 8 percent in Mizoram and 12-14 percent in Rajasthan, Jammu and Kashmir, Uttarakhand, and Uttar Pradesh to 45 percent in Gujarat. The proportion of women who have used such a programme is also relatively high only in the states of the South Region, ranging from 8 percent in Kerala to 16 percent in Andhra Pradesh, and in Orissa (7 percent). In the rest of the country, the proportion of women who have used such a loan programme is below 5 percent in all states and is 1 percent or less in 13 states.

Freedom of movement, as measured by the percentage of women allowed to go alone to the market, to the health facility, and to places outside the village or community, varies greatly across states. It ranges from 75 percent in Mizoram and 64 percent in Himachal Pradesh to only 23 percent in Uttar Pradesh, 19 percent in Orissa, and 18 percent in Chhattisgarh. The only states other than Mizoram and Himachal Pradesh, where more than half of the women are allowed to go alone to all three of these destinations are Goa, Tamil Nadu, Manipur, Jammu and Kashmir, and Sikkim.

14.3 GENDER ROLE ATTITUDES

A fundamental element of empowerment is the rejection of a normatively prescribed power of men *over* women and of unequal rights and privileges on the basis of the sex of an individual. One such normatively ascribed ‘right’ of husbands is to regulate and control their wives’ behaviour and bodies through whatever actions necessary, including the use of violence. Hence, women who believe that husbands’ control *over* their wives is justified can be considered as less empowered than women who think otherwise. While such attitudes do not necessarily signify approval by women of these rights for men, they do signify women’s *acceptance of norms* that give men these rights.

To assess attitudes related to the acceptance of normative gender roles, women and men were asked two sets of questions in NFHS-3. The first asked respondents whether, in their opinion, a husband was justified in hitting or beating his wife in the following seven situations: if she goes out without telling him, if she neglects the house or children, if she argues with him, if she refuses to have sex with him, if she does not cook food properly, if he suspects her of being unfaithful, and if she shows disrespect for her in-laws. These justifications, which range from reasons that involve suspicions about a wife’s moral character to those that may be considered more trivial, such as not cooking properly, were chosen to provide variation in the perceived seriousness of behavioural-norm violation. Women who agree that a husband is justified in hitting or beating his wife for any of the specified reasons are likely to perceive themselves to be low in status both absolutely and relative to men. Such perceptions may act as a barrier to women’s accessing health care for themselves and their children, may affect their attitudes toward contraceptive use, and may impact their general well being. The second set of questions asks if the respondent thinks that a wife is justified in refusing to have sex with her husband when she knows her husband has a sexually transmitted disease, when she knows her husband has sex with other women, and when she is tired or not in the mood. Not having the right to decide when to have sex can affect women’s ability to control their fertility and their reproductive health.

Agreement with any of the reasons justifying wife beating and disagreement with any of the reasons justifying a wife's refusal to have sex with her husband, indicates a low level of women's empowerment, since it implies an acceptance of men's exercise of power over women. Information on these indicators obtained from women and men is shown in Tables 14.15.1 through 14.18.

Table 14.15.1 shows the percentages of women who agree with the different reasons for wife beating by background characteristics. The reason most commonly agreed to by women that justifies a husband beating his wife is 'if she shows disrespect for her in-laws' (41 percent), followed by 'if she neglects the house or children' (35 percent). The reasons least agreed with are 'if she refuses to have sex with him' (14 percent), followed by 'if she doesn't cook food properly' (20 percent). Agreement with the other three reasons asked about ranges from 25-30 percent. Thus, less than one in two women agree with any specific reason justifying a husband beating his wife and more than one in two (54 percent) agree with at least one reason justifying wife beating.

Background characteristic	Percentage who agree that a husband is justified in hitting or beating his wife if:							Percentage who agree with at least one specified reason	Number of women
	She goes out without telling him	She neglects the house or children	She argues with him	She refuses to have sexual intercourse with him	She doesn't cook properly	He suspects she is unfaithful	She shows disrespect for in-laws		
Age									
15-19	25.7	32.7	28.6	11.3	19.4	23.1	39.1	52.9	24,811
20-24	26.7	33.6	28.4	12.5	18.2	22.6	39.5	52.5	22,779
25-29	28.9	34.0	30.0	14.1	19.5	25.0	40.0	54.0	20,417
30-39	31.1	36.0	31.5	15.5	21.6	26.4	41.3	55.5	33,522
40-49	31.9	36.8	32.7	16.5	22.5	28.0	42.7	56.7	22,856
Residence									
Urban	20.6	28.5	21.2	8.9	13.4	16.3	32.2	44.2	40,817
Rural	33.1	37.7	34.8	16.6	23.8	29.4	44.6	59.4	83,568
Education									
No education	36.4	38.7	38.1	19.3	26.4	33.2	47.3	62.3	50,487
<5 years complete	34.7	41.4	35.6	17.4	24.7	28.0	46.9	61.8	9,918
5-7 years complete	30.0	36.5	30.7	13.9	20.5	25.0	42.1	56.3	18,820
8-9 years complete	25.8	34.5	26.7	10.6	17.4	19.9	37.7	51.8	17,383
10-11 years complete	19.7	29.9	21.3	8.1	13.1	17.1	33.4	45.8	12,887
12 or more years complete	10.7	18.8	11.9	3.8	6.8	8.9	21.3	31.1	14,882
Employment (past 12 months)									
Employed	33.8	39.4	34.9	17.3	24.9	29.3	45.1	59.5	53,208
Employed, for cash	33.7	40.1	33.8	17.1	24.0	28.0	44.2	58.6	35,626
Employed, not for cash	34.2	38.0	37.1	17.6	26.8	32.0	47.0	61.4	17,582
Not employed	25.4	31.2	26.9	11.7	17.0	21.9	37.2	50.6	71,121
Marital status									
Never married	22.3	30.7	24.5	9.0	16.6	19.2	35.7	48.4	25,462
Currently married	30.5	35.5	31.7	15.2	21.1	26.5	41.7	55.9	93,089
Widowed/divorced/separated/deserted	34.2	39.1	34.3	18.6	24.3	28.4	43.7	57.6	5,834
Number of living children									
0	24.1	31.6	26.5	10.7	17.9	21.1	37.2	50.3	36,450
1-2	28.9	35.1	29.2	13.9	19.3	23.6	39.3	53.2	43,482
3-4	33.0	37.2	34.0	17.2	23.3	29.1	44.3	58.7	32,994
5+	33.4	35.8	36.4	16.8	24.2	32.1	45.3	59.7	11,459

Table 14.15.1 Attitude toward wife beating: Women—Continued

Background characteristic	Percentage who agree that a husband is justified in hitting or beating his wife if:							Percentage who agree with at least one specified reason	Number of women
	She goes out without telling him	She neglects the house or children	She argues with him	She refuses to have sexual intercourse with him	She doesn't cook properly	He suspects she is unfaithful	She shows disrespect for in-laws		
Household structure¹									
Nuclear	29.9	36.3	30.8	14.4	20.7	25.2	41.3	55.3	64,641
Non-nuclear	28.0	33.0	29.8	13.7	20.0	25.0	39.8	53.5	59,744
Religion									
Hindu	29.0	34.7	30.2	13.9	20.6	24.9	40.5	54.2	100,151
Muslim	30.1	34.3	32.4	15.3	19.2	26.2	41.5	56.0	16,936
Christian	32.4	43.9	30.2	13.9	19.8	26.6	42.9	59.5	3,053
Sikh	23.8	28.1	26.9	13.9	19.6	27.0	35.5	48.7	2,222
Buddhist/Neo-Buddhist	22.0	39.8	28.1	15.7	23.5	19.4	45.2	61.9	1,010
Jain	6.1	10.8	8.3	3.2	6.0	8.0	14.7	19.4	406
Other	30.9	35.9	31.0	17.3	19.5	28.4	39.1	59.3	484
Caste/tribe									
Scheduled caste	32.0	38.0	33.3	15.8	23.3	26.8	43.7	58.4	23,125
Scheduled tribe	31.1	37.1	33.7	16.9	23.5	30.8	44.9	58.5	10,119
Other backward class	32.0	37.3	32.9	15.3	22.8	26.9	42.3	57.7	48,880
Other	22.9	28.8	24.5	10.7	14.9	20.3	35.5	47.0	41,207
Don't know	46.7	55.5	44.3	29.9	33.1	40.8	54.4	69.7	649
Wealth index									
Lowest	34.1	37.0	37.8	18.0	25.7	32.4	46.8	62.4	21,718
Second	35.5	39.1	37.0	17.9	25.3	31.2	46.5	61.5	23,616
Middle	35.5	40.9	35.7	17.1	24.8	28.5	45.7	60.5	25,088
Fourth	28.3	36.1	28.5	12.7	18.4	23.2	40.6	54.2	26,106
Highest	14.4	22.3	15.8	6.4	9.8	13.0	26.1	37.0	27,856
Total	29.0	34.7	30.3	14.1	20.4	25.1	40.6	54.4	124,385

Note: Total includes women with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Agreement with wife beating does not vary much by women's age, number of children, and household structure, but declines sharply with education and wealth quintile. Agreement is lower in urban than in rural areas, among women not employed in the past 12 months than women who were employed, and among never married women, compared with ever-married women. According to religion, Jain women stand out because, among them, agreement with one or more reasons is not only the lowest, at 19 percent, compared with women of other religions, but also the lowest compared with women in all other sub-groups. With the exception of religion, the greatest variation in agreement with at least one reason for wife beating is by education: 62 percent of women with no education agree with one or more justifications, compared with 31 percent of women with 12 or more complete years of education. Nonetheless, it is notable that even among the most educated women, at least one in three agrees with one or more justifications for wife beating.

Table 14.15.2 shows the percentages of men who agree with the different reasons for wife beating by their background characteristics. Overall, men are less likely than women to agree with each of the seven reasons justifying wife beating and with at least one reason. As Figure 14.2 shows, similar proportions of men and women in urban areas agree with at least one reason, but in rural areas, agreement is higher among women than men.

Table 14.15.2 Attitude toward wife beating: Men

Percentage of men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, India, 2005-06

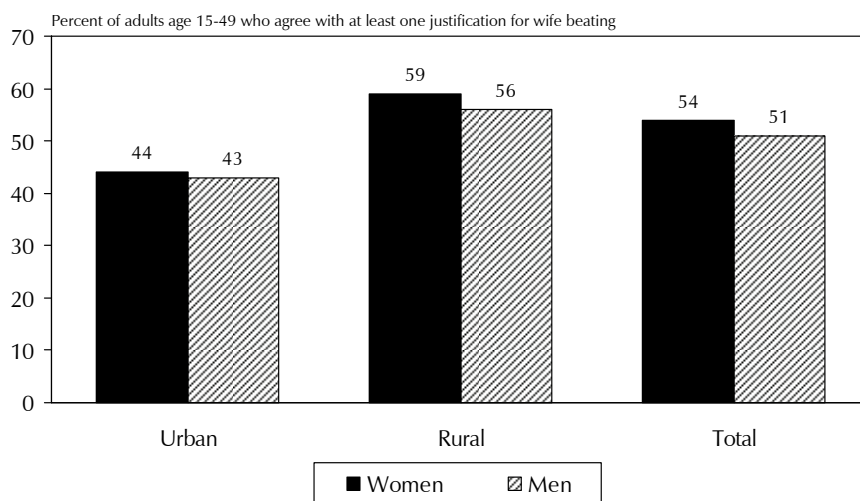
Background characteristic	Percentage who agree that a husband is justified in hitting or beating his wife if:							Percentage who agree with at least one specified reason	Number of men
	She goes out without telling him	She neglects the house or children	She argues with him	She refuses to have sexual intercourse with him	She doesn't cook properly	He suspects she is unfaithful	She shows disrespect for in-laws		
Age									
15-19	26.1	32.9	30.9	10.6	16.0	26.8	43.1	56.8	13,008
20-24	24.6	30.7	27.0	8.7	13.4	24.1	41.0	54.6	11,989
25-29	23.0	28.3	25.6	7.3	12.1	23.0	37.8	51.3	10,854
30-39	22.5	27.7	24.4	7.1	12.0	22.5	34.2	48.0	19,045
40-49	21.8	25.7	22.9	7.3	10.8	22.2	32.7	46.8	14,855
Residence									
Urban	16.7	22.8	18.9	5.3	8.6	16.7	31.5	42.7	25,504
Rural	27.3	32.3	30.0	9.7	15.1	27.5	40.6	55.9	44,247
Education									
No education	33.9	35.8	34.7	11.5	17.9	32.8	44.2	61.5	12,571
<5 years complete	30.5	35.6	32.1	11.4	15.3	28.6	42.5	59.3	7,109
5-7 years complete	27.7	33.3	29.8	9.8	15.3	27.8	42.7	57.0	11,523
8-9 years complete	24.1	29.9	27.1	8.3	13.3	23.2	39.8	52.9	14,398
10-11 years complete	17.3	25.4	21.3	6.1	10.2	18.9	33.6	46.1	10,380
12 or more years complete	10.6	16.8	13.7	3.3	5.9	13.0	23.8	33.8	13,754
Employment (past 12 months)									
Employed	24.4	29.4	26.6	8.4	13.0	24.1	37.7	51.8	60,623
Employed, for cash	23.7	28.9	25.9	8.0	12.6	23.3	36.9	50.8	55,026
Employed, not for cash	31.1	35.0	33.6	11.8	16.9	32.1	45.6	61.6	5,597
Not employed	17.5	25.0	21.6	6.3	10.9	20.1	34.4	46.2	9,045
Marital status									
Never married	23.0	30.2	26.5	9.0	13.6	23.4	40.0	52.9	25,307
Currently married	23.5	27.9	25.4	7.5	12.1	23.4	35.5	49.8	43,501
Widowed/divorced/separated/deserted	34.0	36.9	36.1	14.6	18.1	35.3	44.3	60.2	942
Number of living children									
0	23.4	30.0	26.7	8.9	13.5	23.8	39.5	52.7	30,608
1-2	21.5	27.3	23.6	6.9	11.4	21.4	34.4	47.5	20,187
3-4	25.2	28.7	26.6	7.9	12.6	24.9	36.6	52.0	14,207
5+	26.7	28.5	28.7	8.6	14.1	27.7	37.2	52.5	4,748
Household structure¹									
Nuclear	23.8	29.2	26.0	8.2	12.6	23.4	37.2	51.2	35,297
Non-nuclear	23.1	28.5	25.9	8.0	12.9	23.7	37.3	50.8	34,453
Religion									
Hindu	23.4	28.9	26.1	7.9	13.0	23.5	37.4	51.0	57,112
Muslim	26.2	30.4	27.6	9.3	12.2	25.3	38.8	53.7	8,747
Christian	20.0	31.5	20.0	7.6	10.3	25.0	32.9	49.1	1,567
Sikh	18.6	14.6	18.0	7.4	9.6	20.4	27.7	37.2	1,270
Buddhist/Neo-Buddhist	17.0	31.0	25.8	10.6	13.7	12.0	39.9	51.4	596
Jain	10.5	14.2	14.9	3.8	7.3	11.0	20.2	28.5	213
Other	19.6	32.6	30.5	11.4	13.3	34.7	35.2	57.2	232
Caste/tribe									
Scheduled caste	25.3	30.7	29.3	9.3	15.1	25.8	39.6	54.6	13,188
Scheduled tribe	28.2	32.6	32.0	12.7	14.8	31.5	43.7	58.7	5,725
Other backward class	26.7	32.4	28.0	7.5	14.3	25.3	39.0	54.4	27,219
Other	17.3	22.6	20.1	7.0	9.0	18.2	32.2	43.1	23,214
Don't know	49.4	59.6	44.1	13.9	28.9	52.7	65.0	74.9	177
Wealth index									
Lowest	33.1	34.7	35.4	11.8	19.1	32.7	43.6	60.2	11,031
Second	30.2	34.3	33.2	10.7	16.4	28.8	42.9	58.9	12,666
Middle	27.2	34.4	28.2	8.8	13.5	26.6	41.7	57.3	14,301
Fourth	20.2	27.3	23.0	7.2	11.2	20.5	36.1	49.2	15,493
Highest	11.3	17.2	14.7	3.9	6.4	13.5	25.8	34.9	16,260
Total age 15-49	23.4	28.9	25.9	8.1	12.8	23.6	37.3	51.0	69,751
Age 50-54	21.2	24.8	21.1	6.1	9.9	20.8	31.1	44.3	4,618
Total age 15-54	23.3	28.6	25.6	8.0	12.6	23.4	36.9	50.6	74,369

Note: Total includes men with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Men, like women, are most likely to agree with the reason ‘if she is disrespectful to the in-laws’ and least likely to agree with the reason ‘if she refuses to have sex with him’. Further, the pattern of variation by background characteristics among men is very similar to the pattern of agreement among women. The groups of men among whom agreement with one or more reasons for wife beating is least are Jain men (29 percent) and the most educated men (34 percent). Among men too, variation in agreement is greatest by education with 62 percent of men with no education agreeing with one or more reasons for wife beating, compared with 34 percent of men with 12 or more years of education.

Figure 14.2 Agreement with Wife Beating by Sex and Residence



NFHS-3, India, 2005-06

This discussion reveals a consistently high level of agreement with norms about wife beating among both women and men. About half of all women and men agree with at least one or more reasons for wife beating, and even among the most educated, about one-third of women and men agree. Further, the justifications for wife beating most agreed to by both women and men pertain to disrespect for the in-laws and neglect of the house or children.

Table 14.16 shows the percentage of women who agree with the specific justifications for wife beating, as well as the percentage of women and men who agree with at least one of the justifications, by state. The percentage of women who agree with one or more reasons for wife beating ranges from 28 percent in Himachal Pradesh to 90 percent in Manipur, and the percentage of men who agree with one or more reasons for wife beating ranges from 23 percent in Uttaranchal to 85 percent in Manipur. The states in which a similar proportion of women and men agree with one or more reasons for wife beating include Himachal Pradesh, Jammu and Kashmir, Bihar, Mizoram, Sikkim, and Andhra Pradesh and Karnataka. In some states, women are much more likely than men to agree with one or more reasons for wife beating, including Uttaranchal, Orissa, Assam, Tripura, Jharkhand, and Arunachal Pradesh. By contrast, there are only two states, Gujarat and Meghalaya, where men are substantially more likely to agree with wife beating than women. In Jammu and Kashmir, Chhattisgarh, Madhya Pradesh, and Rajasthan too, men are more likely than women to agree with wife beating, but the differential in agreement is small.

Table 14.16 Attitude toward wife beating by state

Percentage of women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons and percentage of women and men who agree with at least one specified reason, by state, India, 2005-06

State	Women							Men	
	Percentage who agree that a husband is justified in hitting or beating his wife if:							Percentage who agree with at least one specified reason	Percentage who agree with at least one specified reason
	She goes out without telling him	She neglects the house or children	She argues with him	She refuses to have sexual intercourse with him	She doesn't cook properly	He suspects she is unfaithful	She shows disrespect for in-laws		
India	29.0	34.7	30.3	14.1	20.4	25.1	40.6	54.4	51.0
North									
Delhi	12.9	13.5	14.4	4.2	7.8	11.0	24.8	32.3	27.7
Haryana	30.5	29.3	29.7	17.7	20.2	30.1	36.0	46.1	32.7
Himachal Pradesh	11.2	16.5	13.3	3.5	9.3	11.6	19.7	28.3	28.3
Jammu & Kashmir	42.3	49.5	44.8	24.0	26.6	47.8	50.7	64.0	65.7
Punjab	25.4	28.3	29.5	15.1	19.7	29.6	37.7	51.3	41.1
Rajasthan	32.5	31.3	34.2	13.1	24.3	24.8	44.2	57.6	63.9
Uttaranchal	26.7	33.0	28.3	13.0	22.4	30.6	38.6	49.8	23.4
Central									
Chhattisgarh	11.2	14.7	15.9	5.8	8.5	12.0	23.2	33.0	37.0
Madhya Pradesh	21.0	23.8	26.2	11.2	18.2	27.2	40.3	51.4	59.1
Uttar Pradesh	24.8	27.7	26.0	8.5	17.6	22.7	36.0	47.0	44.2
East									
Bihar	22.9	21.4	32.2	12.2	17.9	26.6	32.0	56.9	57.4
Jharkhand	23.8	30.0	29.5	13.5	18.4	27.6	31.6	50.4	33.0
Orissa	38.1	40.4	39.8	13.7	22.6	35.9	50.4	61.2	41.6
West Bengal	18.6	24.8	21.9	10.9	13.1	14.6	33.6	42.2	38.8
Northeast									
Arunachal Pradesh	28.9	55.5	19.9	7.5	21.7	20.8	55.9	71.7	54.6
Assam	23.4	31.4	24.9	11.5	11.0	16.4	32.4	44.6	25.4
Manipur	57.4	71.7	32.6	15.6	23.6	36.2	75.5	89.7	85.0
Meghalaya	31.0	42.0	26.6	12.7	24.9	32.1	37.5	53.2	63.5
Mizoram	21.9	64.1	36.5	13.6	1.7	61.7	66.6	83.0	82.6
Nagaland	41.8	64.1	42.4	18.4	21.0	52.9	55.1	78.9	71.2
Sikkim	39.2	54.0	40.3	10.4	16.8	37.2	58.2	75.7	76.2
Tripura	24.3	37.0	21.2	13.3	19.3	20.1	41.0	53.1	35.1
West									
Goa	14.2	26.2	17.2	8.3	7.7	14.3	21.6	38.9	34.7
Gujarat	31.0	38.1	37.1	18.9	26.8	30.3	40.5	57.2	74.1
Maharashtra	19.6	34.3	25.4	12.7	18.7	15.6	40.7	50.9	48.4
South									
Andhra Pradesh	53.9	61.6	46.0	28.5	33.1	47.2	60.8	75.3	72.9
Karnataka	40.9	49.3	34.9	25.1	27.2	34.0	52.2	65.7	62.7
Kerala	35.7	44.2	25.7	14.0	20.3	22.6	44.5	65.7	54.2
Tamil Nadu	43.0	54.2	38.0	12.5	24.9	12.1	42.7	65.5	52.0

The extent of control women have over when they have sexual intercourse has important implications for demographic and health outcomes. It is also an indicator of women's empowerment because it measures women's acceptance of norms that socialize women into believing that a woman does not have the right to refuse to have sexual intercourse with her husband for any reason. Table 14.17.1 shows the percentage of women who agree that a wife is justified in refusing her husband sex if she knows he has a sexually transmitted disease, if she knows he has sex with other women, and if she is tired or not in the mood, by background characteristics.

Table 14.17.1 Attitude toward refusing sexual intercourse with husband: Women

Percentage of women age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, India, 2005-06

Background characteristic	Percentage who agree that a wife is justified in refusing to have sex with her husband when she:			Percentage who agree with all three reasons	Percentage who agree with none of the three reasons	Number of women
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Is tired or not in the mood			
Age						
15-19	70.1	72.9	69.4	59.5	19.6	24,811
20-24	79.2	80.9	78.9	69.4	12.1	22,779
25-29	80.5	81.8	80.4	70.6	10.8	20,417
30-39	80.3	81.2	80.3	70.1	11.0	33,522
40-49	78.9	79.5	77.5	67.6	12.1	22,856
Residence						
Urban	80.9	81.9	80.4	72.6	12.1	40,817
Rural	76.4	78.0	75.9	65.0	13.6	83,568
Education						
No education	76.5	78.0	76.2	64.5	12.8	50,487
<5 years complete	73.2	74.7	73.6	61.8	16.1	9,918
5-7 years complete	76.6	78.0	76.3	66.0	14.1	18,820
8-9 years complete	78.3	80.2	77.7	69.1	13.6	17,383
10-11 years complete	79.6	80.9	78.4	71.3	13.6	12,887
12 or more years complete	84.9	85.9	84.1	78.1	9.8	14,882
Employment (past 12 months)						
Employed	77.4	79.4	77.2	66.7	12.8	53,208
Employed, for cash	76.2	78.2	76.2	65.6	14.0	35,626
Employed, not for cash	79.7	81.8	79.4	69.0	10.5	17,582
Not employed	78.2	79.2	77.5	68.1	13.3	71,121
Marital status						
Never married	69.2	72.4	68.2	59.5	21.3	25,462
Currently married	80.3	81.2	80.0	69.8	10.8	93,089
Widowed/divorced/separated/deserted	76.2	77.9	76.1	65.7	14.4	5,834
Number of living children						
0	72.2	74.7	71.3	62.0	18.2	36,450
1-2	80.1	81.2	80.2	70.1	11.2	43,482
3-4	80.2	81.3	79.7	69.6	10.8	32,994
5+	80.5	80.6	79.3	69.1	10.4	11,459
Household structure¹						
Nuclear	76.8	78.4	76.6	66.4	13.8	64,641
Non-nuclear	79.0	80.2	78.2	68.7	12.3	59,744
Religion						
Hindu	78.5	80.2	78.3	68.6	12.6	100,151
Muslim	73.2	73.6	72.2	60.6	16.2	16,936
Christian	76.4	77.9	74.5	65.8	15.0	3,053
Sikh	84.9	85.1	78.9	72.0	8.5	2,222
Buddhist/Neo-Buddhist	70.2	73.0	71.6	62.2	20.6	1,010
Jain	92.1	91.7	89.7	86.5	4.9	406
Other	78.7	82.7	79.2	69.1	9.5	484
Caste/tribe						
Scheduled caste	77.5	79.0	76.9	66.5	13.1	23,125
Scheduled tribe	72.8	76.3	74.4	61.8	15.3	10,119
Other backward class	78.9	80.7	78.3	68.8	12.1	48,880
Other	78.1	78.7	77.3	67.9	13.6	41,207
Don't know	74.1	73.8	75.7	65.5	17.0	649
Wealth index						
Lowest	73.5	76.4	74.8	61.7	14.2	21,718
Second	75.6	77.0	75.4	63.9	14.1	23,616
Middle	76.3	77.3	75.7	65.3	13.9	25,088
Fourth	78.6	79.9	77.4	68.7	13.4	26,106
Highest	83.7	84.6	82.5	76.0	10.4	27,856
Total	77.8	79.3	77.4	67.5	13.1	124,385

Note: Total includes women with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Overall, 77-79 percent of women agree with each of the three reasons asked about, 68 percent agree with all three, and 13 percent do not agree with any of the three. Agreement with all three reasons bears the expected positive relationship with education, wealth quintile, and urban residence. The youngest women are somewhat less likely than older women to agree with a wife's right to refuse her husband sex. Women employed for cash are no different from women not employed in the past 12 months. Agreement is highest among Jain women, followed by Sikh women. Notably, the percentage of women who do not agree with any of the three reasons for refusing a husband sex is highest among never married women, the youngest women, women with no children and Buddhist/Neo-Buddhist women; about one in five of these women do not agree with any of the three reasons for refusing a husband sex.

Table 14.17.2 shows the percentage of men who agree that a wife is justified in refusing her husband sex for the same three reasons discussed for women, by men's background characteristics. The extent of agreement with each of the three reasons is similar among men and women. Specifically, the percentage of men who agree that a wife is justified in refusing her husband sex when he has a sexually transmitted disease is 82 percent, compared with 78 percent for women; the percentage who agree that a wife is justified in refusing sex when she knows that her husband has sex with other women is 79 percent, the same as for women; and the percentage who agree that a wife is justified in refusing sex when she is tired or not in the mood is 84 percent, compared with 77 percent for women. The percentage of men agreeing with all three reasons, 70 percent, is also only slightly higher than the percentage of women doing so (68 percent). In general, men's agreement with a wife's right to refuse her husband sex varies in the same way by background characteristics as women's agreement.

Table 14.17.2 Attitude toward refusing sexual intercourse with husband: Men						
Percentage of men age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, India, 2005-06						
Background characteristic	Percentage who agree that a wife is justified in refusing to have sex with her husband when she:			Percentage who agree with all three reasons	Percentage who agree with none of the three reasons	Number of men
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Is tired or not in the mood			
Age						
15-19	75.3	75.4	79.1	65.0	14.1	13,008
20-24	83.6	80.1	85.3	71.2	7.4	11,989
25-29	84.3	80.8	86.5	72.8	7.1	10,854
30-39	83.8	81.0	86.5	72.5	7.2	19,045
40-49	80.4	78.9	83.9	69.4	9.7	14,855
Residence						
Urban	86.3	81.7	86.6	75.2	7.6	25,504
Rural	78.8	77.9	83.1	67.5	9.9	44,247
Education						
No education	68.5	70.5	77.3	56.6	15.0	12,571
<5 years complete	74.2	74.2	80.2	62.3	12.0	7,109
5-7 years complete	79.8	76.7	82.5	67.4	10.0	11,523
8-9 years complete	83.9	80.7	85.2	72.4	8.4	14,398
10-11 years complete	87.5	83.5	87.0	76.6	6.6	10,380
12 or more years complete	91.7	87.6	91.6	82.3	3.8	13,754
Employment (past 12 months)						
Employed	81.7	79.2	84.6	70.2	8.8	60,623
Employed, for cash	82.4	79.6	84.9	70.8	8.5	55,026
Employed, not for cash	75.5	75.6	81.5	63.9	11.7	5,597
Not employed	80.4	80.0	82.9	70.7	10.9	9,045

Continued...

Table 14.17.2 Attitude toward refusing sexual intercourse with husband: Men—Continued

Background characteristic	Percentage who agree that a wife is justified in refusing to have sex with her husband when she:			Percentage who agree with all three reasons	Percentage who agree with none of the three reasons	Number of men
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Is tired or not in the mood			
Marital status						
Never married	79.2	77.2	81.9	67.6	11.1	25,307
Currently married	83.0	80.6	85.8	71.9	7.8	43,501
Widowed/divorced/separated/deserted	77.8	78.0	83.0	67.4	10.6	942
Number of living children						
0	80.0	78.0	82.8	68.5	10.3	30,608
1-2	84.4	80.8	86.2	72.7	7.4	20,187
3-4	81.2	79.3	84.8	70.3	9.0	14,207
5+	80.1	82.0	85.1	71.0	8.1	4,748
Household structure¹						
Nuclear	80.7	78.9	83.4	69.3	9.5	35,297
Non-nuclear	82.4	79.8	85.3	71.3	8.6	34,453
Religion						
Hindu	81.9	79.6	84.8	70.7	8.8	57,112
Muslim	78.2	76.1	82.2	66.2	10.9	8,747
Christian	79.6	78.2	78.6	68.0	12.4	1,567
Sikh	93.3	88.6	88.8	80.6	2.9	1,270
Buddhist/Neo-Buddhist	83.2	75.1	80.8	67.9	10.3	596
Jain	92.4	92.8	93.5	86.1	2.4	213
Other	66.9	80.8	83.2	61.4	12.1	232
Caste/tribe						
Scheduled caste	78.6	76.0	82.8	66.8	10.7	13,188
Scheduled tribe	70.6	74.2	79.3	59.8	13.1	5,725
Other backward class	84.4	82.5	86.1	73.4	7.0	27,219
Other	82.6	78.9	84.6	71.2	9.4	23,214
Don't know	75.2	68.0	72.0	63.0	18.7	177
Wealth index						
Lowest	69.5	74.6	79.8	59.2	13.0	11,031
Second	77.1	75.9	81.5	65.7	11.5	12,666
Middle	81.0	76.8	83.0	67.9	9.3	14,301
Fourth	85.0	80.5	85.7	72.9	7.7	15,493
Highest	90.4	86.2	89.5	80.9	5.6	16,260
Total age 15-49	81.5	79.3	84.4	70.3	9.0	69,751
Age 50-54	81.3	79.8	84.5	70.4	9.1	4,618
Total age 15-54	81.5	79.4	84.4	70.3	9.0	74,369

Note: Total includes men with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.
¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Table 14.18 shows how women's and men's agreement with a wife's right to refuse her husband sex varies by state. The percentage of women who agree that women are justified in refusing their husband sex for all three reasons asked about, ranges from 42 percent in Tripura to 87 percent in Sikkim and the percentage of men who agree with all three reasons ranges from 41 percent in Tripura to 90 percent in Delhi. Other than Tripura, there are six more states where less than 60 percent of women agree with all three reasons, namely Orissa, Jammu and Kashmir, Meghalaya, West Bengal, Andhra Pradesh, and Kerala. In 11 states, the proportion of women and men who agree with all three reasons are very similar (the percentage point difference between the two is five or less), in five states, namely Sikkim, West Bengal, Goa, Rajasthan, and Arunachal Pradesh, women are much more likely than men (a difference of 10 or more percentage points) to agree with all three reasons, and in five states, namely Orissa, Jammu and Kashmir, Delhi, Tamil Nadu, and Mizoram men are much more likely than women to do so.

Table 14.18 Attitude toward refusing sexual intercourse with husband by state

Percentage of women age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, and percentage of women and men age 15-49 who agree with all specified reasons and none of the specified reasons, by state, India, 2005-06

State	Women			Men			
	Percentage who agree that a wife is justified in refusing to have sex with her husband when she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Is tired or not in the mood				
India	77.8	79.3	77.4	67.5	13.1	70.3	9.0
North							
Delhi	82.5	81.9	81.9	76.8	12.5	89.5	3.3
Haryana	87.6	84.8	79.2	75.6	8.9	82.6	9.5
Himachal Pradesh	89.4	87.5	86.1	82.8	7.4	81.7	7.1
Jammu & Kashmir	73.9	76.6	62.4	53.8	14.6	70.7	10.9
Punjab	85.0	85.4	77.8	71.2	8.3	78.4	4.5
Rajasthan	89.1	90.3	85.2	78.3	4.3	66.3	6.0
Uttaranchal	87.8	87.4	83.8	77.7	6.9	78.0	4.1
Central							
Chhattisgarh	86.5	89.5	87.8	78.1	4.4	80.7	4.0
Madhya Pradesh	89.7	90.2	89.5	81.8	4.4	73.9	5.5
Uttar Pradesh	80.2	84.1	84.5	74.9	10.4	82.5	4.9
East							
Bihar	86.3	83.5	75.7	67.6	6.5	72.6	6.1
Jharkhand	87.1	89.4	89.9	82.2	5.2	83.7	2.6
Orissa	56.3	73.8	72.2	47.6	17.5	62.9	9.0
West Bengal	73.1	68.6	73.3	57.7	16.6	47.9	19.0
Northeast							
Arunachal Pradesh	79.4	80.5	74.3	66.2	12.1	55.2	13.2
Assam	75.3	76.3	79.8	66.2	13.2	73.3	8.9
Manipur	87.2	89.3	83.2	77.7	7.0	75.0	3.0
Meghalaya	64.9	73.6	62.0	54.1	21.6	53.3	24.7
Mizoram	87.2	86.9	72.2	64.3	6.1	74.0	2.1
Nagaland	87.0	84.4	68.9	63.9	8.4	70.6	5.1
Sikkim	94.9	93.4	92.8	87.1	1.6	65.5	6.0
Tripura	57.8	60.8	59.3	41.7	25.5	41.3	4.2
West							
Goa	80.8	78.2	75.0	66.5	12.5	48.0	26.6
Gujarat	76.7	79.2	72.4	62.6	13.3	65.8	10.9
Maharashtra	70.5	73.4	72.1	63.4	21.1	66.0	15.3
South							
Andhra Pradesh	69.9	68.1	66.6	58.8	23.4	65.2	6.9
Karnataka	78.4	75.6	74.1	67.1	16.4	67.6	11.9
Kerala	71.1	72.8	68.8	59.2	19.2	65.8	10.4
Tamil Nadu	71.3	77.9	75.8	62.8	15.3	73.2	9.3

In conclusion, these data show that a majority of women and men in India as a whole, and in most states, agree that women have a right to refuse their husbands' sex if they know that he has a sexually transmitted disease, if he has sex with other women, or if she is tired or not in the mood. However, there are several states where 15 percent or more of adults do not agree with any one of the three reasons. For women these states include all of the four states in South Region, as well as Jammu and Kashmir, Tripura, Meghalaya, Maharashtra, Orissa, West Bengal; and for men, they include Goa, Meghalaya, West Bengal, and Maharashtra.

To further understand whether conditions exist for women to be able to safely refuse sex to their husbands, NFHS-3 asked men what they thought a husband's rights are if his wife refuses him sex. Specifically, men were asked if they thought that if a woman refuses to have sex with her husband when he wants her to, has he the right to: a) get angry and reprimand her? b)

refuse to give her money or other means of financial support? c) use force and have sex with her even if she doesn't want to? and, d) go and have sex with another woman? Table 14.19 shows the percentage of men who agree that a man can take these specific actions if his wife refuses him sex by background characteristics and Table 14.20 shows these percentages by state.

Table 14.19 Men's attitude toward a husband's rights when his wife refuses to have sexual intercourse

Percentage of men age 15-49 who consider that a husband has the right to certain behaviours when his wife refuses to have sex with him when he wants her to, by background characteristics, India, 2005-06

Background characteristic	Percentage who agree that when a wife refuses to have sex with her husband, he has the right to:				Percentage who agree with the right to all four behaviours	Percentage who agree with right to none of the four behaviours	Number of men
	Get angry and reprimand her	Refuse to give her financial support	Use force to have sex	Have sex with another woman			
Age							
15-19	20.1	6.3	5.8	4.6	1.2	76.1	13,008
20-24	21.4	6.4	5.8	4.9	1.1	73.7	11,989
25-29	20.0	6.0	6.1	4.1	1.1	75.9	10,854
30-39	19.6	6.2	5.8	4.0	1.0	76.1	19,045
40-49	18.5	5.1	5.1	3.7	0.9	78.2	14,855
Residence							
Urban	14.3	4.2	4.1	4.1	0.9	81.9	25,504
Rural	23.0	7.0	6.6	4.3	1.1	72.8	44,247
Education							
No education	26.1	8.0	8.1	5.5	1.0	68.5	12,571
<5 years complete	24.2	7.8	7.6	5.0	1.5	71.5	7,109
5-7 years complete	22.5	7.1	7.6	5.6	1.5	72.7	11,523
8-9 years complete	20.0	5.7	5.6	3.8	1.0	76.3	14,398
10-11 years complete	16.0	4.8	3.8	3.4	1.0	80.7	10,380
12 or more years complete	12.4	3.4	2.5	2.6	0.6	84.7	13,754
Employment (past 12 months)							
Employed	20.4	6.2	6.0	4.3	1.1	75.5	60,623
Employed, for cash	20.2	6.0	6.0	4.4	1.0	75.7	55,026
Employed, not for cash	22.6	7.9	6.3	3.4	1.1	73.5	5,597
Not employed	16.2	4.5	3.8	3.9	1.0	80.3	9,045
Marital status							
Never married	19.2	6.1	5.1	4.7	1.1	76.5	25,307
Currently married	20.1	5.8	6.0	3.9	1.0	76.0	43,501
Widowed/divorced/separated/deserted	24.3	9.4	9.4	8.2	2.3	71.8	942
Number of living children							
0	19.5	6.1	5.4	4.6	1.1	76.3	30,608
1-2	19.4	5.9	5.7	3.9	1.1	77.0	20,187
3-4	20.5	5.6	5.9	3.9	1.0	75.4	14,207
5+	22.1	7.0	7.3	4.1	1.0	73.6	4,748
Household structure¹							
Nuclear	19.8	6.1	5.5	4.2	1.1	76.2	35,297
Non-nuclear	19.9	5.9	5.9	4.3	1.0	76.1	34,453
Religion							
Hindu	19.7	5.8	5.7	4.3	1.0	76.3	57,112
Muslim	21.8	7.1	6.0	3.9	1.1	73.9	8,747
Christian	15.6	4.9	3.5	4.1	0.8	80.3	1,567
Sikh	18.8	6.6	8.5	6.1	3.2	77.1	1,270
Buddhist/Neo-Buddhist	17.9	6.8	1.3	2.7	0.3	77.2	596
Jain	11.9	2.5	3.9	2.9	1.3	88.0	213
Other	17.1	10.9	6.3	4.5	0.8	75.6	232
Caste/tribe							
Scheduled caste	20.4	6.3	6.5	3.9	1.0	75.2	13,188
Scheduled tribe	24.9	6.7	7.9	6.4	1.0	69.6	5,725
Other backward class	20.5	6.2	5.9	4.5	1.1	75.4	27,219
Other	17.5	5.4	4.5	3.6	1.0	79.0	23,214
Don't know	22.1	11.6	6.7	5.6	2.7	73.6	177

Continued...

Table 14.19 Men's attitude toward a husband's rights when his wife refuses to have sexual intercourse—Continued

Background characteristic	Percentage who agree that when a wife refuses to have sex with her husband, he has the right to:				Percentage who agree with the right to all four behaviours	Percentage who agree with right to none of the four behaviours	Number of men
	Get angry and reprimand her	Refuse to give her financial support	Use force to have sex	Have sex with another woman			
Wealth index							
Lowest	24.4	7.9	8.0	4.3	0.8	70.5	11,031
Second	24.5	7.5	7.2	5.1	1.2	71.1	12,666
Middle	22.9	6.9	6.4	4.6	1.4	73.1	14,301
Fourth	17.8	5.3	5.0	4.0	1.1	78.3	15,493
Highest	12.3	3.3	3.0	3.4	0.7	84.4	16,260
Total age 15-49	19.8	6.0	5.7	4.2	1.0	76.1	69,751
Age 50-54	18.9	6.0	5.5	3.8	1.6	77.5	4,618
Total age 15-54	19.8	6.0	5.7	4.2	1.1	76.2	74,369

Note: Total includes men with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.
¹ Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

Overall, 20 percent of men agree that a man has the right to get angry and reprimand his wife, 6 percent agree that he has a right to refuse her money or other means of financial support, 6 percent agree that he can use force to have sex with her even if she does not want to, and 4 percent agree that he has the right to go and have sex with another woman. Three in four men (76 percent) do not agree with any of these actions and only 1 percent agree with all of them. Men's agreement with each of these actions decreases with education and wealth and is higher in rural than in urban areas. Disagreement with a man's right to all of the four behaviours is highest among Jain men, followed by Christian men. In general, there is little variation by most other characteristics.

Table 14.20 shows that states vary greatly in terms of men's agreement with each of the four actions that a husband can take if his wife refuses him sex. The percentage of men who say that a husband has a right to get angry and reprimand his wife ranges from a low of 4 percent in Delhi, 5 percent in Haryana, and 7 percent in Himachal Pradesh, to 31 percent in Andhra Pradesh, 32 percent in Madhya Pradesh and Mizoram, and 35 percent in Jammu and Kashmir. Although few men in most states agree with each of the three other actions asked about, there are several states where the proportions are not negligible. At least 10 percent of men agree that a husband has a right to refuse his wife money and financial support if she refuses him sex in Bihar (15 percent), Sikkim (14 percent), and Manipur and Mizoram (10 percent); at least 10 percent of men agree that a husband can use force and have sex with his wife even if she doesn't want to in Bihar (15 percent), Madhya Pradesh (11 percent), Tripura (10 percent), and Manipur (10 percent); and 11-12 percent agree that a husband can go out and have sex with other women in Madhya Pradesh and Mizoram. The percentage of men disagreeing with all four actions ranges from over 90 percent in Haryana, Himachal Pradesh, and Delhi to 59-62 percent in Jammu and Kashmir, Madhya Pradesh, Mizoram and Bihar. Despite the variation across states, these data show a high level of agreement with men's right to take at least one of the four actions in most states. These data show that in India as a whole, about one in four men agree that men whose wives refuse them sex have the right to take one or more of the specified actions; and in 16 of the 29 states, this is true for at least one in five men.

Table 14.20 Men's attitude toward a husband's rights when his wife refuses to have sexual intercourse by state

Percentage of men age 15-49 who consider that a husband has the right to certain behaviours when a woman refuses to have sex with him when he wants her to, by state, India, 2005-06

State	Percentage who agree that when a wife refuses to have sex with her husband, he has the right to:				Percentage who agree with the right to all four behaviours	Percentage who agree with the right to none of the four behaviours
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman		
India	19.8	6.0	5.7	4.2	1.0	76.1
North						
Delhi	4.0	1.8	2.4	6.0	0.2	89.6
Haryana	5.3	2.2	2.3	1.6	1.1	94.2
Himachal Pradesh	6.8	2.7	3.0	2.0	0.8	90.4
Jammu & Kashmir	35.0	7.9	4.0	1.9	0.8	62.4
Punjab	21.4	7.4	8.9	6.6	3.1	74.1
Rajasthan	27.0	4.7	8.5	2.4	0.5	69.5
Uttaranchal	15.4	2.3	4.1	1.5	0.4	83.0
Central						
Chhattisgarh	17.5	1.6	1.8	0.2	0.2	81.6
Madhya Pradesh	31.8	6.5	10.7	11.1	1.4	60.6
Uttar Pradesh	13.6	4.4	4.3	1.5	0.5	84.2
East						
Bihar	28.9	15.1	15.1	9.0	2.4	59.5
Jharkhand	12.8	4.9	1.9	0.7	0.2	85.7
Orissa	13.8	3.9	5.2	0.7	0.4	84.0
West Bengal	15.9	4.5	4.2	3.8	1.1	80.5
Northeast						
Arunachal Pradesh	12.6	3.2	3.9	4.8	0.3	82.9
Assam	13.2	3.6	2.7	1.4	0.7	85.4
Manipur	22.8	10.1	9.8	6.4	1.5	69.9
Meghalaya	14.5	9.0	6.3	6.0	2.0	80.3
Mizoram	32.3	10.1	3.3	12.1	1.1	60.8
Nagaland	16.3	4.7	3.1	5.1	0.9	78.9
Sikkim	24.2	13.9	4.7	10.1	2.1	65.9
Tripura	26.4	5.8	10.4	5.7	1.7	72.2
West						
Goa	22.4	5.6	3.1	3.5	0.9	73.4
Gujarat	27.5	7.4	6.1	5.2	1.3	68.0
Maharashtra	20.0	5.8	3.1	2.6	0.8	77.6
South						
Andhra Pradesh	31.1	4.7	6.2	9.5	1.1	63.1
Karnataka	15.1	7.6	4.0	3.6	1.3	81.0
Kerala	11.4	8.4	3.1	3.5	0.3	80.7
Tamil Nadu	18.0	8.4	6.8	4.0	1.9	79.0

14.4 EMPOWERMENT INDICATORS AND DEMOGRAPHIC AND HEALTH OUTCOMES

In order to examine how selected demographic and health outcomes vary by women's empowerment, the three sets of questions on women's participation in making household decisions, their attitude toward wife beating, and their attitude toward refusing sex with their husband are summarized into three separate indices. All indices are based on women's responses only.

The first index is the number of decisions (see Table 14.6 for the list of decisions) in which currently married women participate alone or jointly with their husband. This index ranges in value from 0 to 4, and is positively related to women's empowerment. It reflects the degree of decision-making control that women are able to exercise in areas that affect their lives and environments. The second index, which ranges in value from 0 to 7, is the total number of reasons (see Table 14.15.1 for the list of reasons) for which the respondent feels that a husband is

justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and a higher status of women. The final index, which ranges in value from 0 to 3, is the number of circumstances (see Table 14.17.1 for the list of the circumstances) in which the respondent feels that a woman is justified in refusing sexual intercourse with her husband. This indicator reflects perceptions of sexual roles and women's rights over their bodies and relates positively to women's sense of self and empowerment.

Table 14.21 shows how these three indicators relate to each other. In general, the expectation is that the women who participate in making household decisions are also more likely to have gender-egalitarian beliefs and that women who have gender-egalitarian beliefs are more likely to participate in household decision making. Note that the decision making index is defined only for currently married women, whereas the other two are defined for all women. As shown in earlier tables, 37 percent of currently married women participate in all four decisions, 46 percent of all women disagree with all reasons for wife beating, and 68 percent of women say that a wife is justified in refusing her husband sex for all the reasons asked about. Overall, the three indices do not appear to be very strongly related to each other. The relationship of both decision making and attitudes towards wife beating with the indicator based on women's agreement with a wife's right to refuse her husband sex is particularly weak.

Table 14.21 Indicators of women's empowerment					
Percentage of women age 15-49 who participate in all decision making, percentage who disagree with all reasons for justifying wife-beating, and percentage who agree with all reasons for refusing sexual intercourse with husband, by value on each of the indicators of women's empowerment, India, 2005-06					
Empowerment indicator	Percentage who participate in all decision making ¹	Number of currently married women	Percentage who disagree with all the reasons justifying wife-beating ²	Percentage who agree with all the reasons for refusing sexual intercourse with husband ³	Number of women
Number of decisions in which women participate¹					
0	na	19,057	40.7	67.4	19,057
1-2	na	24,797	42.1	70.2	24,797
3-4	na	49,235	46.5	70.5	49,235
Number of reasons for which wife-beating is justified²					
0	39.9	41,069	100.0	72.4	56,685
1-2	34.3	18,847	na	64.4	25,167
3-4	34.2	16,248	na	60.8	21,080
5-6	33.0	9,775	na	61.9	12,695
7	35.3	7,151	na	68.7	8,757
Number of reasons given for refusing to have sexual intercourse with husband³					
0	36.6	10,039	46.2	na	16,301
1-2	33.9	18,086	33.5	na	24,142
3	37.5	64,964	48.9	100.0	83,942
Total	36.7	93,089	45.6	67.5	124,385

na = Not applicable
¹ Includes currently married women only. See Table 14.6 for the list of decisions.
² See Table 14.15.1 for the list of reasons.
³ See Table 14.17.1 for the list of reasons.

Table 14.21 shows a positive association between women's participation in decision making and women's rejection of wife beating. Forty percent of women who reject wife beating for all reasons (index value is 0) participate in all four decisions, compared with 34 percent among those who agree with one or more reasons (index value 1-7). Also, the percentage of

women who disagree with all the reasons for wife beating increases from 41 percent for women who do not participate in any decisions to 47 percent who participate in most of the decisions asked about.

Women's participation in decision making is not strongly related to women's agreement with a wife's right to refuse her husband sex. The percentage of women who participate in all four decisions is only marginally higher among women who agree that a wife has the right to refuse her husband sex for all three reasons than among women who agree with none or 1-2 reasons. However, the proportion of women who agree with all three reasons is slightly higher among women who participate in 3-4 decisions (71 percent) than women who participate in none (67 percent).

Finally, the relationship between the two gender-attitude variables is not linear. However, the proportion of women who agree with all three reasons for a wife to refuse her husband sex is higher among women who reject wife beating for any reason (72 percent), compared with women who agree with wife beating for one or more reasons (61-69 percent).

Table 14.22 shows how contraceptive method use among currently married women varies by the three empowerment indices. A woman's ability to control her fertility and the contraceptive method she chooses are likely to be affected by her status, self-image, and sense of empowerment. Women unable to control other aspects of their lives may be less likely to feel they can make and carry out decisions about their fertility. Women may also feel the need to choose methods that are less likely to be evident or which do not depend on their husband's cooperation. The number of decisions in which a woman has the final say is indicative of women's empowerment and reflects the degree of decision-making control women are able to exercise in areas that affect their lives. The indicator 'Number of reasons for which wife beating is justified' has an inverse association with a woman's greater sense of entitlement, self-esteem, and status and therefore her level of empowerment. The indicator 'Number of reasons a wife can refuse to have sex with her husband' reflects perceptions of sexual roles and of women's rights over their bodies and also indicates women's sense of self and empowerment.

The table shows that any contraceptive use, modern contraceptive use, and the use of the different modern methods and traditional methods are generally higher the greater the number of decisions in which women participate. In particular, 37 percent of women who participate in no decisions are currently using a modern contraceptive method, compared with 54 percent of women who participate in 3-4 decisions. The association of contraceptive use with the two attitude-based empowerment indices is more complex. Modern method use is only slightly higher among women who agree with all reasons for wife beating than it is for women who do not agree with any reason; however, this relationship is largely affected by the fact that a much lower proportion of women who do not agree with wife beating are sterilized (34 percent), compared with women who do agree with wife beating for one or more reasons (37-44 percent). Temporary modern female method use, condom use, and traditional method use, however, are all strongly and positively associated with women's rejection of wife beating. Condom use for example among women who reject wife beating (index value 0), at 7 percent, is more than three times as high as among women who agree with all reasons (index value 7). A similar relationship exists between the third empowerment index and the different contraceptive methods. Female

sterilization use declines as the index value increases, but temporary female method use and traditional method use increase as the index value increases. Thus, the conclusion from this table is that participation in decision making is positively associated with the use of contraception and that having more gender egalitarian attitudes is positively associated with temporary method use.

Table 14.22 Current use of contraception by women's status

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, India, 2005-06

Empowerment indicator	Modern methods							Any traditional method	Not currently using	Total	Number of women
	Any method	Any modern method	Female sterilization	Male sterilization	Temporary modern female methods ¹	Male condom					
Number of decisions in which women participate²											
0	44.0	37.0	28.1	0.7	4.1	4.0	7.1	56.0	100.0	19,057	
1-2	55.3	46.5	34.9	0.8	5.3	5.5	8.8	44.7	100.0	24,797	
3-4	61.6	54.1	42.1	1.3	5.1	5.6	7.6	38.4	100.0	49,235	
Number of reasons for which wife-beating is justified³											
0	57.5	48.1	33.6	0.9	6.2	7.3	9.4	42.5	100.0	41,069	
1-2	55.6	47.7	37.4	1.0	4.6	4.8	7.9	44.4	100.0	18,847	
3-4	54.3	48.2	40.1	1.0	3.9	3.2	6.2	45.7	100.0	16,248	
5-6	56.3	50.6	42.7	1.2	3.4	3.2	5.8	43.7	100.0	9,775	
7	56.2	51.5	44.4	1.6	3.4	2.1	4.7	43.8	100.0	7,151	
Number of reasons given for refusing to have sexual intercourse with husband⁴											
0	56.2	49.9	41.2	1.2	4.4	3.2	6.3	43.8	100.0	10,039	
1-2	53.6	46.8	37.7	1.1	4.3	3.7	6.9	46.4	100.0	18,086	
3	57.1	48.8	36.6	1.0	5.2	6.0	8.3	42.9	100.0	64,964	
Total	56.3	48.5	37.3	1.0	5.0	5.2	7.8	43.7	100.0	93,089	

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Pill, IUD, injectables, implants, female condom, diaphragm, and foam/jelly.

² Includes currently married women only. See Table 14.6 for the list of decisions.

³ See Table 14.15.1 for the list of reasons.

⁴ See Table 14.17.1 for the list of reasons.

Table 14.23 examines whether women's use of antenatal, delivery, and postnatal care services from health workers varies by level of women's empowerment as measured by the three indicators of empowerment. In societies where health care is widespread, women's empowerment may not affect their access to reproductive health services; in other societies, however, increased empowerment of women is likely to increase their ability to seek out and use health services to better meet their own reproductive health goals, including the goal of safe motherhood. The table includes only women who had a birth in the five years preceding the survey, and examines their access to antenatal care, delivery care, and postnatal care.

The table shows that women's empowerment in terms of decision making is not related to whether women received antenatal care, but access to appropriate delivery assistance and timely postnatal care increases with the number of decisions that women participate in. For example, 52 percent of women who participate in most of the four decisions had a delivery assisted by health personnel and 37 percent received postnatal care from health personnel within the first two days after delivery, compared with 46 percent and 30 percent, respectively, of women who do not participate in any of the four decisions.

Table 14.23 Reproductive health care by women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, India, 2005-06

Empowerment indicator	Received antenatal care from health personnel ¹	Received delivery assistance from health personnel ¹	Received postnatal care from health personnel ¹ within the first two days since delivery ²	Number of births
Number of decisions in which women participate³				
0	74.4	46.1	29.7	9,495
1-2	77.5	49.5	34.0	11,324
3-4	76.0	51.9	37.2	18,207
Number of reasons for which wife-beating is justified⁴				
0	79.8	53.6	37.1	17,830
1-2	73.0	48.3	33.0	8,134
3-4	73.4	47.9	33.9	6,948
5-6	72.0	42.7	28.9	3,964
7	71.6	44.0	29.6	2,801
Number of reasons given for refusing to have sexual intercourse with husband⁵				
0	77.8	48.6	35.2	4,139
1-2	72.9	44.6	30.3	7,451
3	76.5	51.3	35.3	28,087
Total	75.9	49.8	34.4	39,677

¹ Health personnel includes doctor, nurse, midwife, auxiliary nurse midwife, lady health visitor, or other health personnel.

² Pertains to all recent deliveries including those delivered in a health facility.

³ Includes currently married women only. See Table 14.6 for the list of decisions.

⁴ See Table 14.15.1 for the list of reasons.

⁵ See Table 14.17.1 for the list of reasons.

The second empowerment index is related to all three maternal health indicators: women who reject wife beating are more likely than women who accept one or more reasons for wife beating to receive antenatal care from health personnel, receive delivery assistance from health personnel, and receive postnatal care from health personnel within the first two day after delivery. In each case the differential is about 8-10 percentage points between those who agree with no reason for wife beating and those who agree with all. The third indicator of empowerment bears an unexpected U-shaped relationship with all three maternal health indicators. Women who agree with no reason for refusing the husband sex and those who agree with all three reasons are more likely to have received antenatal care from health personnel, received delivery assistance from health personnel, and received postnatal care from health personnel within the first two day after delivery than women who agree with 1 or 2 reasons.

The ability to access information, take decisions, and act effectively in their own interest or in the interests of those who depend on them are essential aspects of empowerment of women. It follows that if women who are the primary caretakers of children are empowered, the health and survival of their children would be enhanced. In fact, mother's empowerment fits into the Mosley-Chen framework on child survival as an intervening individual-level variable that affects child survival through proximate determinants. Table 14.24 shows how infant and child mortality vary by women's empowerment indices (for definitions of mortality rates see Chapter 7).

Table 14.24 Early childhood mortality rates by indicators of women's empowerment					
Infant, child, and under-five mortality rates for the 10 year period preceding the survey, by indicators of women's empowerment, India, 2005-06					
Empowerment indicator	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
Number of decisions in which women participate¹					
0	43.0	18.1	61.1	19.7	79.6
1-2	39.4	18.5	57.9	18.1	75.0
3-4	35.6	17.2	52.9	17.3	69.3
Number of reasons for which wife-beating is justified²					
0	37.6	14.6	52.2	16.2	67.5
1-2	40.3	19.3	59.6	19.3	77.7
3-4	39.9	21.5	61.4	22.2	82.3
5-6	36.1	20.4	56.5	14.5	70.2
7	39.6	19.8	59.4	20.7	78.8
Number of reasons given for refusing to have sexual intercourse with husband³					
0	44.5	13.2	57.7	20.8	77.3
1-2	39.3	20.1	59.5	23.5	81.6
3	37.4	17.9	55.3	16.1	70.6

¹ Includes currently married women only. See Table 14.6 for the list of decisions.
² See Table 14.15.1 for the list of reasons.
³ See Table 14.17.1 for the list of reasons.

The table shows a negative association of women's empowerment with infant and child mortality, particularly mortality within one year of life (infant mortality) and mortality within five years since birth (under-five mortality). Specifically, the infant mortality rate falls from 61 per 1,000 births among women who participate in none of the four decisions to 53 per 1,000 births among women who participate in 3-4 decisions; the under-five mortality also declines between women who participate in no decisions and women who participate in most by about 10 deaths per 1,000 births. The other two indicators of empowerment do not bear a linear association with mortality rates; nonetheless, all five mortality rates are lower for women who reject wife beating than for women who agree with one or more reasons and for women who agree with a wife's right to refuse her husband sex for all three reasons than for women who agree with 0-2 reasons.

Since the 1990s, there has been increasing concern about violence against women in general, and domestic violence in particular, in both developed and developing countries. Not only has domestic violence been acknowledged worldwide as a violation of basic human rights, but an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (United Nations, 1997; Heise et al., 1999; Jewkes, 2002; Campbell, 2002; Kishor and Johnson, 2004; 2006). Domestic violence occurs in all socioeconomic and cultural population subgroups; and in many societies, including India, women are socialized to accept, tolerate, and even rationalize domestic violence and to remain silent about such experiences. Violence of any kind has a detrimental impact on the economy of a country through increased disability, medical costs, and loss of labour hours; however, because women bear the brunt of domestic violence, they disproportionately bear the health and psychological burdens as well. Victims of domestic violence are abused inside what should be the most secure environment—their own homes—and usually by the persons they trust most.

Domestic violence was recognized as a criminal offence in India in 1983. The offence chargeable under section 498-A of the Indian Penal Code that relates to domestic violence is any act of cruelty by a husband (or his family) towards his wife. However, until recently, there was no separate civil law addressing the specific complexities associated with domestic violence, including the embedded nature of violence within familial networks, the need for protection and maintenance of abused women, and the fact that punishment and imprisonment for the husband may not be the best resolution in every case. Accordingly, after a decade-long process of consultations and revisions, a comprehensive domestic violence law, known as the Protection of Women from Domestic Violence Act 2005, took effect in 2006. Key elements of the law include the prohibition of marital rape and the provision of protection and maintenance orders against husbands and partners who are emotionally, physically, or economically abusive.

In NFHS-3, a module of questions on domestic violence was included as part of the Woman's Questionnaire. Information was collected on different forms of violence experienced by women age 15-49 and their help-seeking behaviour. The module collects detailed information on physical, sexual, and emotional violence perpetrated by husbands against their wives, physical consequences of spousal violence, and when spousal violence was first initiated, as well as information on violence perpetrated by wives against their husbands. In addition, in order to examine the intergenerational effects of domestic violence, information was collected on whether the respondent's father ever beat her mother.

15.1 MEASUREMENT OF DOMESTIC VIOLENCE

Collecting valid, reliable, and ethical data on domestic violence poses particular challenges because: a) what constitutes violence or abuse varies across cultures and individuals; b) reporting can be affected by the culture of silence that surrounds domestic violence; and c) specific ethical concerns have to be addressed due to the sensitivity of the topic, concerns for the

safety of respondents and interviewers when talking about domestic violence in a familial setting, and the need to protect women who disclose violence. NFHS-3 addressed these concerns by using a module of questions known to increase the validity of domestic violence data; by building into the questionnaire special protections for the respondent; by providing, on request, information on sources of help for abused women; and by providing specialized training for field staff. These precautions are in keeping with the World Health Organization's ethical and safety recommendations for research on domestic violence (World Health Organization, 2001). Details of the NFHS-3 approach to the measurement of domestic violence are given below.

Use of valid measures of domestic violence. In NFHS-3, domestic violence is defined to include violence by spouses as well as by other household members. Thus, information was obtained from ever-married women on violence by husbands and by others, and from never married women on violence by anyone, including boyfriends.

International research has shown that spousal violence is one of the most common forms of violence experienced by women. Hence, violence perpetrated by the husband is measured in more detail than violence by other perpetrators. Specifically, violence by husbands is measured by using a greatly shortened and modified Conflict Tactics Scale (CTS) (Strauss, 1990). The CTS has been found to be effective in measuring domestic violence and can be easily adapted for use in different cultural situations. In NFHS-3, spousal physical and sexual violence is measured using the following set of questions:

(Does/did) your (last) husband ever do any of the following things to you:

- a) *Slap you?*
- b) *Twist your arm or pull your hair?*
- c) *Push you, shake you, or throw something at you?*
- d) *Punch you with his fist or with something that could hurt you?*
- e) *Kick you, drag you or beat you up?*
- f) *Try to choke you or burn you on purpose?*
- g) *Threaten or attack you with a knife, gun, or any other weapon?*
- h) *Physically force you to have sexual intercourse with him even when you did not want to?*
- i) *Force you to perform any sexual acts you did not want to?*

Emotional violence among ever-married women was measured in a similar way, using the following set of questions:

(Does/did) your (last) husband ever:

- a) *Say or do something to humiliate you in front of others?*
- b) *Threaten to hurt or harm you or someone close to you?*
- c) *Insult you or make you feel bad about yourself?*

The questions were asked with reference to the current husband for women currently married and with reference to the most recent husband for women formerly but not currently married. Women could respond 'yes' or 'no' to each item. In each instance of a 'yes' response, women were asked about the frequency of the act in the 12 months preceding the survey. A 'yes'

response to one or more of items (a) to (g) above constitutes evidence of physical violence, while a ‘yes’ response to items (h) or (i) constitutes evidence of sexual violence. Note that widowed women, like other ever-married women were asked the questions related to the ever experience of spousal violence; however, unlike other ever-married women, they were excluded from the questions on violence in the past 12 months. Asking widows questions about recent experience of violence was thought to be unnecessary, since most current widows would not have had a living husband for some or all of the 12 month period preceding the survey.

Asking about the experience of specific acts of violence, rather than about the experience of violence in general, has the advantage of removing from the measurement of violence the effect of variations in the understanding and interpretation of what constitutes violence. A woman has to say whether she has, for example, ever been slapped, not whether she has ever experienced any violence. Most women would probably agree on what constitutes a slap, but what constitutes a violent act or is understood as violence, may vary among women, as it does across cultures. In fact, summary terms such as ‘abuse’ or ‘violence’ were also avoided during the NFHS-3 training of interviewers, and not used at all in the title, design, or implementation of the module. This approach of inquiring about a wide range of acts has the additional advantage of giving the respondent multiple opportunities to disclose any experience of violence and of allowing an assessment of the severity of violence.

In addition to the questions asked only of ever-married women, all women, regardless of marital status, were asked about physical violence from persons other than the current or most recent husband with the question: *From the time you were 15 years old, has anyone [other than your (current/last) husband] hit, slapped, kicked, or done anything else to hurt you physically?* Women who responded ‘yes’ to this question were asked who had done this to them and the frequency of such violence during the 12 months preceding the survey. All women were also asked: *At any time in your life, as a child or as an adult, has any one ever forced you in any way to have sexual intercourse or perform any other sexual acts?* Women who said ‘yes’ were then asked questions about the age at which this first happened and their relationship with the person who committed the act.

Finally, ever-married women were asked whether they had ever hit, slapped, kicked, or done anything else to physically hurt their husband at any time when he was not already beating or physically hurting them. This information allows an estimate of violence initiated by women against their husbands.

Although the use of a CTS-type approach in the measurement of domestic violence is generally considered to be optimal, the possibility of underreporting of violence, particularly of sexual violence, cannot be entirely ruled out in any survey. Caution should always be exercised in interpreting both the overall prevalence of violence and differentials in prevalence between subgroups of the population. While a large part of any substantial difference in prevalence of violence between subgroups is likely to reflect actual differences, differential underreporting across subgroups can also contribute to exaggerating or narrowing the differences in prevalence to an unknown extent.

Protections for the respondent. There are three specific protections for respondents built into the questionnaire:

a) One woman only, from among all women in a sample household eligible for interview, was selected for the domestic violence module of questions. In households with more than one eligible woman, the woman administered the module was randomly selected through a specially designed simple selection procedure based on the Kish Grid (Kish, 1965) which was built into the Household Questionnaire. Selecting only one woman for the domestic module even when there are more women eligible for interview, allows the interviewed respondent to keep the information confidential. Security and confidentiality reasons also dictated that men not be asked questions about the experience or perpetration of violence.

b) Informed consent for the survey was obtained from the respondent at the start of the individual interview. In addition, at the start of the domestic violence section, each respondent was read a statement informing her that she was now going to be asked questions that could be personal in nature because they explored different aspects of the relationship between couples. The statement reassured the respondent that her answers were completely confidential and would not be told to anyone else and that no one else in the household would be asked these questions.

c) The domestic violence module was specially designed to allow the interviewer to continue the interview only if privacy was obtained. If privacy could not be obtained, the interviewer was instructed to skip the module, thank the respondent, and end the interview. In India, less than one percent of women selected for interview with the module could not be interviewed because of privacy considerations.

Although most women interviewed do not ask for help, some abused women may ask the interviewer for assistance. To prepare for this possibility, all field organizations involved in the implementation of NFHS-3 were required to put together a list of organizations in their state that assist women in distress. This list was provided to interviewers and interviewers were specially trained to provide this information in a confidential and safe manner when asked by respondents.

Special training for implementing the domestic violence module. Even women who want to speak about their experiences of domestic violence may find it difficult to do so because of feelings of shame or fear. The need to establish rapport with the respondent and ensure confidentiality and privacy during the interview is important for all parts of the survey, but is especially critical in ensuring the validity of domestic violence data. Complete privacy is also essential for ensuring the security of both interviewer and respondent. Asking about violence or reporting violence, especially in households where the perpetrator may be present at the time of interview, carries the risk of further violence. Accordingly, in NFHS-3, interviewers were provided training for implementing the domestic violence module based on a training manual specially developed to enable the field staff to collect violence data in a secure, confidential and ethical manner. The main goals of this training were to sensitize field staff to issues of gender and violence; to teach techniques for gender-sensitive interviewing and for building interviewer-respondent rapport and confidence in order to maximize disclosure; to manage safety and ethical concerns that are specific to domestic violence data collection, including ways of obtaining privacy and handling interruptions; and to achieve field staff buy-in for maintaining strict confidentiality.

The rest of this chapter is organized as follows: in Section 15.2 data on the experience of physical and sexual violence for all women, irrespective of marital status are presented. Also discussed in this section is information on the relationship of the perpetrator to the respondent, and for women who report sexual violence, the age at which it first occurred. Section 15.3 provides a discussion of marital control exerted by husbands on their wives through coercive behaviours. Such controlling behaviours are known to be correlated with the exercise of violence. Section 15.4 presents data on spousal violence experienced by ever-married women, along with information on the timing and consequences of the violence. Also discussed here are data on violence by women against their husbands. Finally, Section 15.5 addresses the help-seeking behaviours of abused women.

Note that the approach taken to measuring domestic violence in NFHS-3 is sufficiently different from that taken in NFHS-2 so as to preclude any possibility of comparison of the violence data in the two surveys. This also means that the data from the two surveys cannot be used to provide trends in violence against women.

As mentioned above, security precautions required that only one woman be administered the domestic violence module in each sample household, and that the domestic violence module not be administered if privacy is not achievable. With these restrictions, the resulting sample of women for the domestic violence module is 83,703 (13,999 never married women and 69,704 ever-married women) or 67 percent of the entire NFHS-3 sample of women. Of the 49,682 unweighted de facto women excluded, 40,117 women were not selected for the domestic violence sample because they belonged to households with more than one eligible woman, only 477 (0.6 percent of all women eligible for the module) could not be administered the module because privacy could not be obtained, and 88 could not be interviewed for other reasons. It is noteworthy that the age, residential, educational, religious, caste/tribe and wealth index distributions of the subsample of women who completed the domestic violence module are virtually identical to the entire NFHS-3 sample of eligible women (data not shown).

15.2 EXPERIENCE OF VIOLENCE BY WOMEN AGE 15-49

In this section, women's experience of physical violence since age 15 is discussed, followed by a discussion of their lifetime experience of sexual violence. Indicators of the ever experience of physical or sexual violence are also discussed.

15.2.1 Physical Violence since Age 15

Table 15.1 shows the percentage of women who have experienced physical violence at any time since the age of 15 years—ever and in the previous 12 months—by background characteristics. Thirty-four percent of all women age 15-49 have experienced violence at any time since the age of 15. Nineteen percent of women age 15-49 have experienced violence in the 12 months preceding the survey. Notably, the majority (56 percent) of women who have ever experienced violence since the age of 15 have experienced violence in the 12 months preceding the survey. Of women who experienced any violence in the past 12 months, one in five reported that they experienced the violence often, and the remainder said that they experienced it sometimes.

Table 15.1 Experience of physical violence

Percentage of women age 15-49 who have ever experienced physical violence since age 15 and percentage who have experienced physical violence during the 12 months preceding the survey, by background characteristics, India, 2005-06

Background characteristic	Percentage who have ever experienced physical violence since age 15 ¹	Percentage who have experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes	
Age					
15-19	20.7	2.8	11.7	14.5	16,617
20-24	30.8	4.1	15.8	19.9	15,427
25-29	38.1	5.2	18.3	23.5	13,832
30-39	39.4	4.6	16.4	21.0	22,542
40-49	37.7	3.1	12.4	15.5	15,286
Residence					
Urban	28.3	2.9	12.0	14.9	27,371
Rural	36.1	4.4	16.4	20.9	56,332
Education					
No education	44.3	5.7	19.9	25.6	34,138
<5 years complete	39.1	4.7	17.2	21.9	6,600
5-7 years complete	32.4	3.7	15.1	18.7	12,557
8-9 years complete	26.0	2.9	12.3	15.2	11,700
10-11 years complete	21.3	1.9	8.7	10.6	8,683
12 or more years complete	14.3	0.8	5.2	6.0	10,023
Employment (past 12 months)					
Not employed	29.1	3.2	13.4	16.6	47,720
Employed for cash	39.6	4.9	17.3	22.2	24,079
Employed not for cash	39.1	5.1	16.4	21.6	11,880
Marital status					
Never married	16.1	1.4	8.1	9.5	16,477
Currently married	37.4	4.7	17.5	22.1	62,652
Married, <i>gauna</i> not performed	14.9	0.7	5.6	6.3	568
Widowed	37.9	0.3	1.4	1.7	2,692
Divorced/separated/deserted	66.1	11.0	13.2	24.2	1,314
Household structure²					
Nuclear	35.7	4.2	16.4	20.5	43,551
Non-nuclear	31.2	3.7	13.5	17.2	40,152
Religion					
Hindu	33.7	3.9	14.9	18.8	67,426
Muslim	34.6	4.9	16.2	21.1	11,396
Christian	27.8	3.0	13.8	16.7	2,039
Sikh	26.1	1.5	11.9	13.3	1,492
Buddhist/Neo-Buddhist	40.9	4.1	14.4	18.5	681
Jain	12.6	1.4	3.9	5.3	264
Other	36.3	2.8	18.2	21.0	333
Caste/tribe					
Scheduled caste	41.7	4.9	19.0	23.9	15,609
Scheduled tribe	39.3	5.5	19.0	24.5	6,866
Other backward class	34.1	4.0	15.1	19.0	32,938
Other	26.8	3.1	11.4	14.5	27,582
Don't know	28.5	1.6	15.5	17.2	466
Wealth index					
Lowest	44.5	6.6	20.9	27.5	14,763
Second	41.8	5.5	19.6	25.1	15,997
Middle	35.9	4.3	16.2	20.5	16,790
Fourth	29.7	2.8	12.7	15.5	17,499
Highest	19.2	1.3	7.3	8.6	18,654
Total	33.5	4.0	15.0	18.9	83,703

Note: Total includes women with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ Includes physical violence in the past 12 months.

² Nuclear households are households comprised of a married couple or a man or a woman living alone or with unmarried children (biological, adopted, or fostered) with or without unrelated individuals.

By age, the prevalence of physical violence is lowest, at 21 percent, for women age 15-19, followed by 31 percent for women age 20-24 and 38-39 percent for women in the older age groups. The prevalence of violence in the past 12 months has an inverted U-shaped relationship

with age, with the highest prevalence (24 percent) found for women age 25-29 and the lowest (15-16 percent) for the youngest and oldest women. Women age 25-29 are also somewhat more likely to experience violence often. However, among women who have ever experienced violence at some time since the age of 15, the youngest women (age 15-19) are most likely, at 70 percent, to have experienced violence in the past 12 months and the oldest women (age 40-49) least likely, at 41 percent, to have done so. Rural women are more likely than urban women to have ever experienced physical violence since the age of 15, and to have experienced it in the past 12 months.

Differentials in prevalence by women's education are substantial. Forty-four percent of women with no education have experienced violence at some time since the age of 15, and 26 percent have experienced violence in the past 12 months. These proportions decline steadily with education, and the corresponding proportions for women who have completed 12 or more years of education are 14 percent and 6 percent, respectively. The percentage of women often experiencing violence in the past 12 months also declines with education, from 6 percent for women with no education to 1 percent for women who have the highest level of education. However, among women who have experienced violence since the age of 15, there is much less variation in the experience of violence in the past 12 months across educational levels (from 58 percent among women with no education to 50 percent among women with 10-11 complete years of education and 42 percent among women with the highest level of education). Women who were employed at any time in the past 12 months have a much higher prevalence of violence (39-40 percent) than women who were not employed (29 percent), although the corresponding differential in the experience of violence in the past 12 months is much smaller (22 percent for women employed in the past 12 months, compared with 17 percent for women who were not employed).

Two-thirds of currently divorced, separated, or deserted women have experienced violence at some time since age 15, twice the national average. Currently married women and widowed women have a much higher prevalence of violence (37 and 38 percent) than never married women or women whose *gauna* has not yet been performed (16 and 15 percent). This is not surprising since spousal violence for women age 15-49 is the most common form of domestic violence. The prevalence of violence does not vary by household structure.

Differentials by religion and caste/tribe status are large. Buddhist/Neo-Buddhist women report the highest level of violence (41 percent), followed by Muslim and Hindu women (34-35 percent), and Sikh and Christian women (26-28 percent); Jain women report the lowest levels of violence (13 percent). Prevalence of violence is also much higher among women belonging to the scheduled castes and tribes than among women who do not belong to these categories. While variation in violence in the past 12 months by religion and caste/tribe has a similar pattern, the differentials are much smaller.

Differentials across wealth quintiles are also large. The prevalence of the experience of physical violence since the age of 15 declines sharply and steadily with increasing wealth status from 45 percent for women in the lowest wealth quintile to 19 percent for women in the highest wealth quintile. The corresponding decline in the experience of violence in the past 12 months is from 27 percent among women in the lowest quintile to 9 percent among women in the highest

quintile. Notably, among women who have experienced violence since the age of 15, the proportion that have experienced violence in the past 12 months does not vary as much by wealth status. Sixty-two percent of women in the lowest quintile who have experienced violence since the age of 15 have experienced violence in the past 12 months, and this proportion declines slowly to 45 percent among women in the highest quintile. Thus, it is evident that even among the wealthiest groups, one of every five women has ever experienced physical violence, and among those who have experienced violence, almost half have experienced violence in the recent past.

Among women who reported having experienced any physical violence at some time since the age of 15, Table 15.2 identifies who committed the violence by providing the nature of the relationship between the perpetrator of the violence and the respondent. Data are shown separately by current marital status of the respondent, although the violence being reported by ever married women may have occurred before, during, or after having been married. Since women could have experienced violence at the hands of more than one person, the percentages do not sum to 100.

As expected, almost all ever-married women who have experienced violence report a current or former husband as the person who inflicted violence. Eighty-five percent of ever-married women who have experienced violence since the age of 15 have experienced it from their current husband. Only 2 percent mention a mother-in-law as the perpetrator. Never married women and women whose *gauna* has not been performed mainly report family members, particularly mothers, as the person committing the violence. Notably, about one in seven of these women report violence at the hands of a teacher.

15.2.2 Lifetime Sexual Violence

NFHS-3 included two sets of questions on sexual violence. The first set asked only ever-married women about sexual violence by the current husband if currently married and the most recent husband if currently divorced, separated, deserted or widowed. The second asked all women, regardless of marital status, whether they had ever, as a child or as an adult, experienced sexual violence. Sexual violence here includes being forced to have sexual intercourse or perform any other sexual acts against one's own will. Table 15.3 shows that 9 percent of all women age 15-49 report having experienced sexual violence at sometime during their lifetime.

Table 15.2 Persons committing physical violence

Among women age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, according to the respondent's marital status, India, 2005-06

Person	Marital status			Total
	Ever married	Married, <i>gauna</i> not performed	Never married	
Current husband	85.3	(4.9)	na	77.0
Former husband	7.3	(0.0)	na	6.6
Current boyfriend	0.0	(0.0)	0.1	0.0
Former boyfriend	0.0	(4.9)	0.5	0.1
Father/step-father	4.4	(29.5)	26.6	6.6
Mother/step-mother	8.9	(64.3)	57.1	13.7
Sister/brother	4.7	(19.6)	36.3	7.8
Daughter/son	0.1	(0.0)	0.5	0.1
Other relative	1.4	(3.4)	3.0	1.5
Mother-in-law	1.9	(0.0)	na	1.7
Father-in-law	0.6	(0.0)	na	0.6
Other in-law	1.5	(0.0)	na	1.3
Teacher	1.7	(16.3)	14.9	3.0
Employer/someone at work	0.0	(0.0)	0.1	0.0
Police/soldier	0.0	(0.0)	0.1	0.0
Other	0.2	(0.0)	0.8	0.3
Number of women	25,337	85	2,656	28,078

na = Not applicable

() Based on 25-49 unweighted cases.

Ten percent of currently married or widowed women, 1 percent of never married women, and 2 percent of women whose *gauna* has not yet been performed report have experienced sexual violence. However, compared not only with women in other marital statuses, but also with all other subgroups in the table, it is divorced, separated, or deserted women have the highest prevalence of sexual violence (25 percent).

Five percent of women age 15-19 report having experienced sexual violence, the lowest rate among all the age groups. Ten percent of rural women have experienced sexual violence, compared with 6 percent of urban women. The prevalence of sexual violence declines sharply with education from 12 percent among women with no education to less than 5 percent of women with at least 10 years of education. As in the case of physical violence, women who were employed (either for cash or not for cash) during the 12 months preceding the survey have a somewhat higher prevalence of sexual violence (10 percent) than women not employed (7 percent). According to religion, Buddhist/Neo-Buddhist and Jain women have the lowest prevalence of sexual violence (3 and 4 percent) and Muslim women the highest (11 percent), followed by Hindu women (8 percent). Prevalence of sexual violence is somewhat higher for the scheduled castes (11 percent) and scheduled tribes (10 percent) than for women not belonging to the scheduled castes and tribes (7-9 percent). As with physical violence, prevalence is highest among women in the poorest wealth quintile (13 percent) and declines steadily with increasing wealth to a low of 4 percent among women in the highest quintile.

Table 15.4 gives the percent distribution of women who have experienced sexual violence by age at first experience of sexual violence. For the majority of women who report sexual violence, the information on age at first experience of sexual violence is not known. This is because a significant proportion (73 percent) of reported sexual violence occurred in the current or most recent marriage and the age at initiation of such violence was not determined. Thus, the data in the table largely reflect the age at which non-marital sexual

Table 15.3 Experience of sexual violence

Percentage of women age 15-49 who have ever experienced sexual violence, by background characteristics, India, 2005-06

Background characteristic	Percentage who have ever experienced sexual violence	Number of women
Age		
15-19	4.5	16,617
20-24	8.6	15,427
25-29	10.2	13,832
30-39	10.2	22,542
40-49	8.5	15,286
Residence		
Urban	5.9	27,371
Rural	9.7	56,332
Education		
No education	12.1	34,138
<5 years complete	10.5	6,600
5-7 years complete	8.1	12,557
8-9 years complete	6.0	11,700
10-11 years complete	3.7	8,683
12 or more years complete	2.3	10,023
Employment (past 12 months)		
Not employed	7.4	47,720
Employed for cash	9.7	24,079
Employed not for cash	10.1	11,880
Marital status		
Never married	1.1	16,477
Currently married	10.1	62,652
Married, <i>gauna</i> not performed	1.8	568
Widowed	9.7	2,692
Divorced/separated/deserted	24.6	1,314
Household structure¹		
Nuclear	8.5	43,551
Non-nuclear	8.5	40,152
Religion		
Hindu	8.3	67,426
Muslim	10.9	11,396
Christian	5.8	2,039
Sikh	4.6	1,492
Buddhist/Neo-Buddhist	2.8	681
Jain	3.9	264
Other	9.3	333
Caste/tribe		
Scheduled caste	11.0	15,609
Scheduled tribe	10.2	6,866
Other backward class	7.4	32,938
Other	7.8	27,582
Don't know	8.7	466
Wealth index		
Lowest	13.2	14,763
Second	11.1	15,997
Middle	8.8	16,790
Fourth	6.8	17,499
Highest	3.7	18,654
Total	8.5	83,703

Note: Total includes women with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ See Table 15.1, footnote 2 for definition.

violence first occurred. These data suggest that, among women reporting sexual violence not committed by the current or most recent husband, sexual violence typically first occurs in the age group 15-19. However, a significant proportion also occurs before age 15. Specifically, for one in five women who reported any sexual violence not committed by the current or most recent husband, the violence first occurred before women were 15 years of age. Notably, among the youngest women reporting sexual violence, the proportion who have experienced violence before age 15 is 12 percent or about one in four of those who report violence by someone other than a current or most recent husband.

Table 15.4 Age at first experience of sexual violence
Percent distribution of women age 15-49 who have experienced sexual violence by age at first experience of sexual violence, according to current age, India, 2005-06

Age	Age at first experience of sexual violence						Total	Number of women
	Less than age 10	Age 10-14	Age 15-19	Age 20-49	Not determined/ don't know ¹	Missing		
15-19	2.1	9.8	32.2	na	55.3	0.7	100.0	751
20-24	0.0	4.4	18.3	7.3	69.8	0.3	100.0	1,324
25-29	0.2	4.6	10.5	8.4	76.2	0.2	100.0	1,413
30-39	0.4	3.9	10.3	8.3	77.1	0.0	100.0	2,308
40-49	0.0	4.3	10.6	11.3	73.5	0.2	100.0	1,293
Total	0.4	4.8	14.2	7.8	72.6	0.2	100.0	7,090

na = Not applicable
¹ Includes women who report having ever experienced sexual violence committed only by their current husband if currently married or most recent husband if widowed, divorced, separated, or deserted. For these women, the age at first experience of sexual violence is not known.

Table 15.5 shows the perpetrators of sexual violence according to women's marital status and age at first experience of violence. The table shows that although the vast majority of ever-married women reporting any sexual violence have experienced such violence at the hands of a husband, 2 percent report sexual violence by a relative, 1 percent report sexual violence by a friend/acquaintance, and about half a percentage point each, report sexual violence by a boyfriend, an in-law, a family friend, or a stranger. Never married women who have experienced sexual violence have most often been abused by a relative (27 percent), a friend/acquaintance (23 percent), a boyfriend (19 percent), a stranger (16 percent), and a family friend (8 percent).

Table 15.5 Persons committing sexual violence
Among women age 15-49 who have experienced sexual violence, percentage who report specific persons committing sexual violence according to age at first experience of sexual violence and current marital status, India, 2005-06

Person	Marital status		Age at first experience of sexual violence			Total
	Ever married	Never married	<15 years	15 years or higher	Don't know ¹	
Current husband	87.5	0.0	47.1	75.1	91.0	85.2
Former husband	7.9	0.0	8.0	5.5	8.3	7.7
Current/former boyfriend	0.4	19.2	2.2	2.9	0.1	0.9
Father	0.0	1.1	0.0	0.2	0.0	0.0
Step father	0.0	0.7	0.0	0.1	0.0	0.0
Other relative	1.7	26.7	18.6	5.7	0.2	2.4
In-law	0.4	1.5	0.0	1.1	0.2	0.4
Own friend/acquaintance	1.0	22.9	10.2	4.3	0.1	1.6
Family friend	0.4	7.6	4.6	1.4	0.0	0.6
Teacher	0.0	0.4	0.1	0.1	0.0	0.0

Continued...

Table 15.5 Persons committing sexual violence—*Continued*

Person	Marital status		Age at first experience of sexual violence			Total
	Ever married	Never married	<15 years	15 years or higher	Don't know ¹	
Employer/someone at work	0.2	3.0	1.3	0.8	0.0	0.2
Police/soldier	0.0	0.0	0.0	0.0	0.0	0.0
Priest/religious leader	0.0	0.0	0.0	0.0	0.0	0.0
Stranger	0.5	15.6	7.8	2.1	0.0	0.9
Other	0.1	1.3	0.0	0.4	0.0	0.1
Number of women	6,900	190	371	1,566	5,144	7,090

Note: Total includes women with missing information on age at experience of sexual violence, who are not shown separately.
¹ Includes women who report having ever experienced sexual violence committed only by their current husband if currently married or most recent husband if widowed, divorced, separated, or deserted. For these women, the age at first experience of sexual violence is not known.

Among women for whom the age at first sexual abuse is known, 371 were younger than 15 years when they were first abused. Almost half (47 percent) of this small number of women, say that their current husband was the perpetrator of the violence and 8 percent say that it was a former husband. Among women who first experienced sexual violence before age 15, significant proportions say that the violence was perpetrated by a relative (19 percent) or by a friend or acquaintance (10 percent). Among women who first experienced sexual violence after age 15, husbands are by far the most common perpetrators of sexual violence.

15.2.3 Physical or Sexual Violence

Table 15.6 shows the percentage of women who have experienced different combinations of physical and sexual violence for India as a whole, according to selected background characteristics and by state. Thirty-four percent have experienced physical violence and 27 percent have experienced physical violence but not sexual violence; 9 percent have experienced sexual violence and 2 percent have experienced sexual violence but not physical violence; and 7 percent have experienced both physical and sexual violence. Overall, in India 35 percent of women age 15–49 have experienced physical or sexual violence; this proportion is 40 percent for ever-married women and 17 percent for never married women. Both types of violence are higher in rural than in urban areas.

The proportion of women who have experienced only physical violence, as well as those who have experienced both physical and sexual violence, or have experienced physical or sexual violence, increases with age till the age group 30–39, but then declines somewhat for the oldest age group. Sexual violence only does not increase linearly with age and is highest for women in the age-groups 15–19 and 20–24.

Women’s experience of the different types of violence varies greatly by state. In all states, however, physical violence alone tends to be the most common form of violence. Sexual violence rarely occurs without physical violence. Any sexual violence (with or without physical violence) ranges from 1 percent in Himachal Pradesh and Meghalaya to 16 percent in Tripura, 17 percent in Bihar and Rajasthan, and 18 percent in West Bengal. The prevalence of any violence

Table 15.6 Experience of different forms of violence

Percentage of women age 15-49 who have experienced different forms of violence by residence, age, marital status, and state, India, 2005-06

State	Physical violence only	Sexual violence only	Physical and sexual violence	Physical or sexual violence
India	26.9	1.8	6.7	35.4
Age				
15-19	18.0	1.8	2.7	22.5
15-17	18.6	1.4	1.6	21.6
18-19	17.2	2.4	4.2	23.8
20-24	24.7	2.4	6.2	33.2
25-29	29.7	1.9	8.4	39.9
30-39	30.8	1.7	8.5	41.1
40-49	30.5	1.3	7.2	39.0
Residence				
Urban	23.5	1.1	4.8	29.4
Rural	28.5	2.1	7.6	38.3
Marital status				
Ever married	29.7	2.1	8.3	40.1
Never married	15.7	0.8	0.3	16.9
North				
Delhi	14.9	0.2	1.4	16.5
Haryana	23.4	1.4	4.3	29.0
Himachal Pradesh	4.1	0.3	1.1	5.6
Jammu & Kashmir	10.1	0.9	1.9	12.9
Punjab	25.0	1.0	4.9	30.9
Rajasthan	27.5	4.6	12.6	44.6
Uttaranchal	22.1	0.4	4.2	26.8
Central				
Chhattisgarh	24.0	0.8	5.3	30.1
Madhya Pradesh	37.0	1.4	8.4	46.8
Uttar Pradesh	30.3	1.1	6.7	38.1
East				
Bihar	38.9	2.9	13.8	55.6
Jharkhand	23.5	2.1	9.2	34.8
Orissa	24.5	3.5	8.2	36.2
West Bengal	19.9	6.2	12.2	38.3
Northeast				
Arunachal Pradesh	25.1	2.8	7.5	35.5
Assam	24.7	2.2	9.6	36.5
Manipur	28.8	2.1	7.9	38.9
Meghalaya	14.6	0.4	1.0	16.0
Mizoram	22.9	0.5	2.1	25.5
Nagaland	12.9	3.1	3.0	19.0
Sikkim	16.8	1.6	2.4	20.9
Tripura	28.9	2.5	13.2	44.7
West				
Goa	12.5	0.6	1.8	15.0
Gujarat	20.7	2.2	4.8	27.8
Maharashtra	27.2	0.3	1.7	29.2
South				
Andhra Pradesh	29.9	0.5	3.4	33.8
Karnataka	16.7	0.2	2.9	19.9
Kerala	12.6	1.3	3.4	17.3
Tamil Nadu	36.1	0.0	2.5	38.7

(physical or sexual) is least in Himachal Pradesh, at 6 percent, followed by Jammu and Kashmir (13 percent) and Goa (15 percent). Any violence is most common in Bihar (56 percent), followed by Rajasthan, Madhya Pradesh, and Tripura (45-47 percent).

15.3 MARITAL CONTROL

Certain male behaviours meant to keep tight control over women, particularly wives, have been identified in the literature as risk factors for violence (Campbell et al., 2003; Kishor and Johnson, 2004). Accordingly, NFHS-3 sought information on six controlling behaviours that may be manifested by husbands, by asking each ever-married respondent the following: whether her husband is jealous or angry if she talks to other men; frequently accuses her of being unfaithful; does not permit her to meet her female friends; tries to limit her contacts with her family; insists on knowing where she is at all times; and does not trust her with money. For currently married women these questions refer to their current husband and for formerly married women to their most recent husband. Table 15.7 shows the percentage of women who have been subjected to these behaviours, according to background characteristics. The most common behaviour of all the behaviours asked about is jealousy or anger if the wife talks to other men. This behaviour is experienced by a quarter of ever-married women (26 percent). The next most commonly experienced controlling behaviours asked about are the wife not being trusted with money (18 percent) and the wife not being allowed to meet her female friends (16 percent). However, few women have husbands who show a significant number of these behaviours: only 12 percent of women have husbands who display three or more of these behaviours, and 57 percent have husbands who display none of them.

Table 15.7 Degree of marital control exercised by husbands

Percentage of ever-married women age 15-49 whose husband has ever demonstrated specific types of controlling behaviours, according to background characteristics, India, 2005-06

Background characteristic	Percentage of women whose husband:						Husband displays 3 or more of the specific behaviours	Husband displays none of the specific behaviours	Number of women
	Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money			
Age									
15-19	33.6	11.7	19.3	12.3	16.1	20.9	17.2	49.5	4,643
20-24	27.7	8.2	15.9	10.3	12.7	18.5	12.7	56.3	11,642
25-29	27.1	8.7	16.1	9.8	12.7	18.0	12.4	55.9	13,006
30-39	25.8	8.5	15.9	10.0	11.2	18.8	12.0	57.5	22,191
40-49	23.5	7.7	14.9	8.7	10.4	17.1	10.4	59.8	15,175
Residence									
Urban	20.5	6.4	14.3	8.0	9.3	17.1	9.6	63.7	20,441
Rural	29.0	9.4	16.6	10.7	13.0	18.9	13.3	54.0	46,217
Education									
No education	32.3	10.8	16.5	11.4	13.4	19.3	14.5	51.5	32,024
<5 years complete	28.3	9.7	19.7	11.6	14.8	21.2	14.8	53.1	5,647
5-7 years complete	25.7	8.1	15.8	9.8	11.8	17.9	12.1	57.8	9,900
8-9 years complete	21.0	6.1	15.1	8.6	10.8	17.2	9.8	61.9	7,585
10-11 years complete	17.2	4.3	13.8	6.8	8.4	16.6	7.9	65.5	5,440
12 or more years complete	9.6	2.6	12.4	4.5	6.2	14.0	5.0	73.8	6,059
Employment (past 12 months)									
Not employed	23.6	6.7	15.2	9.1	10.9	18.1	10.7	59.3	37,020
Employed for cash	28.0	11.5	17.2	11.3	13.5	18.8	14.5	55.6	19,668
Employed not for cash	33.8	9.1	16.3	10.1	12.5	18.3	13.2	50.8	9,958
Marital status									
Currently married	26.0	7.8	15.6	9.4	11.4	18.0	11.6	57.3	62,652
Widowed	24.8	9.9	15.2	9.4	12.5	17.6	12.9	59.9	2,692
Divorced/separated/deserted	50.7	38.1	32.3	31.3	33.7	36.1	39.5	31.8	1,314
Marital duration¹									
Married only once	25.7	7.7	15.5	9.3	11.2	17.9	11.4	57.6	61,395
0-4 years	24.3	7.4	15.5	8.6	11.7	17.7	11.5	59.5	11,411
5-9 years	26.7	7.6	15.6	10.1	12.0	17.7	12.1	56.8	12,261
10+ years	25.8	7.8	15.4	9.3	10.8	18.0	11.2	57.3	37,723
Married more than once	37.9	14.8	22.5	15.1	21.0	23.2	21.1	45.2	1,258

Continued...

Table 15.7 Degree of marital control exercised by husbands—Continued

Background characteristic	Percentage of women whose husband:						Husband displays 3 or more of the specific behaviours	Husband displays none of the specific behaviours	Number of women
	Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money			
Number of living children									
0	27.0	10.2	17.1	10.9	14.6	18.9	14.1	56.4	7,530
1-2	23.2	7.6	14.9	9.0	10.8	17.2	11.0	60.9	29,164
3-4	28.6	8.9	16.6	10.3	12.2	19.1	12.8	54.2	22,244
5+	32.0	9.2	16.8	11.1	12.6	19.8	13.3	50.5	7,720
Household structure²									
Nuclear	26.3	8.7	15.3	9.6	11.5	17.8	12.0	57.6	33,989
Non-nuclear	26.6	8.3	16.6	10.1	12.3	18.9	12.4	56.2	32,669
Religion									
Hindu	26.4	8.4	15.8	9.5	11.4	18.1	11.9	57.3	54,208
Muslim	29.1	9.3	16.8	12.8	14.8	19.8	14.4	52.3	8,795
Christian	18.0	7.4	9.8	6.3	10.4	11.8	8.6	69.5	1,500
Sikh	22.1	5.2	19.9	5.1	11.7	21.9	10.9	59.2	1,115
Buddhist/Neo-Buddhist	19.1	12.2	22.8	16.7	15.4	30.8	18.5	51.9	537
Jain	10.7	3.2	20.7	2.3	5.1	22.7	5.1	66.4	190
Other	27.1	8.6	13.2	10.2	25.6	15.6	12.6	50.6	245
Caste/tribe									
Scheduled caste	29.7	10.5	17.6	10.7	12.9	20.2	14.1	53.7	12,701
Scheduled tribe	31.3	12.0	17.6	11.0	15.3	18.9	16.0	52.7	5,562
Other backward class	27.2	8.2	13.6	9.8	11.1	16.1	11.5	58.3	26,438
Other	22.2	6.6	17.4	9.1	11.4	19.9	10.9	58.3	21,393
Don't know	31.0	16.1	17.4	16.2	18.2	16.6	18.5	53.6	375
Wealth index									
Lowest	33.9	12.4	17.2	12.8	15.4	19.8	16.0	49.3	12,815
Second	32.1	10.8	17.9	11.6	14.2	20.6	15.0	50.1	13,384
Middle	28.8	10.0	16.0	10.5	12.3	17.9	13.0	55.6	13,386
Fourth	23.0	6.5	14.6	8.8	10.8	17.0	10.5	60.9	13,444
Highest	14.8	3.0	14.0	5.8	7.1	16.6	6.8	68.1	13,628
Total	26.4	8.5	15.9	9.9	11.9	18.3	12.2	56.9	66,658

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated, or deserted women. Total includes women with missing information on education, employment (past 12 months), religion, and caste/tribe, who are not shown separately.

¹ Currently married women only.

² See Table 15.1, footnote 2 for definition.

The proportion of women whose husbands show three or more controlling behaviours declines with age. Husbands of the youngest married women (15-19 years) appear to be the most controlling, with 34 percent reporting that their husbands are jealous or angry when they talk to other men; 21 percent reporting that their husbands do not trust them with money; and 19 percent reporting that their husbands do not permit them to meet their female friends. While rural women are more likely to report controlling behaviours by their husbands than urban women, the differentials tend to be relatively small. The proportion of women experiencing controlling behaviours also tends to decline with increasing education and wealth, and is higher for women who are employed, particularly if employed for cash, than if they are not employed. Differentials by religion and caste/tribe are also evident.

Most of the behaviours asked about are most evident for women who have been married more than once or who are currently divorced, separated, or deserted. Only 11 percent of currently married women who have been married only once report that their husbands display three or more of the behaviours asked about, compared with 21 percent of women who have been married more than once (and are currently married), and 40 percent of women who are divorced, separated, or deserted. The proportion of women reporting controlling behaviours by their husbands does not vary by duration of marriage for women married only once. In general,

most of the behaviours are somewhat less common for women with 1-2 children, than for women with no children or 3 or more children.

15.4 SPOUSAL VIOLENCE

Spousal violence refers to violence perpetrated by partners in a marital union. Since spousal or intimate partner violence is the most common form of domestic violence for women age 15-49, the NFHS-3 collected detailed information on the different types of violence—physical, sexual, and emotional—experienced by women at the hands of their current or most recent husbands. Focusing on the most current/recent spouse permits a better understanding of current risk of spousal violence.

In NFHS-3, ever-married women were asked about seven sets of acts of physical violence by their current or most recent husband, two of sexual violence, and three of emotional violence. Although specific acts are labeled here as constituting physical, sexual, or emotional violence for purposes of discussion, there is no implication that an act of physical violence will not entail emotional violence or that an act of sexual violence does not entail physical violence.

15.4.1 Physical, Sexual, or Emotional Spousal Violence

Table 15.8 and Figure 15.1 show the percentage of ever-married women who report different types of acts committed by their current husband if currently married or most recent husband if not currently married. Note that since the different types of violence are not mutually exclusive, women may report experiencing multiple forms of violence. Widows were not asked about spousal violence in the 12 months preceding the survey.

Type of violence	Ever	In the past 12 months ¹		
		Often	Sometimes	Often or sometimes
Physical violence				
Any form of physical violence	35.1	4.6	16.8	21.4
Pushed her, shook her, or threw something at her	13.6	1.6	6.6	8.2
Slapped her	34.0	3.8	16.3	20.1
Twisted her arm or pulled her hair	15.4	1.9	7.3	9.2
Punched her with his fist or with something that could hurt her	10.9	1.4	5.0	6.4
Kicked her, dragged her, or beat her up	11.5	1.4	5.1	6.6
Tried to choke her or burn her on purpose	2.2	0.4	0.8	1.2
Threatened her or attacked her with a knife, gun, or any other weapon	1.2	0.2	0.5	0.7
Sexual violence				
Any form of sexual violence	10.0	1.7	5.5	7.2
Physically forced her to have sexual intercourse with him even when she did not want to	9.5	1.5	5.3	6.9
Forced her to perform any sexual acts she did not want to	4.6	0.9	2.4	3.4
Emotional violence				
Any form of emotional violence	15.8	2.9	8.3	11.2
Said or did something to humiliate her in front of others	13.1	2.1	7.0	9.1
Threatened to hurt or harm her or someone close to her	5.4	0.9	2.7	3.6
Insulted her or made her feel bad about herself	8.2	1.7	4.1	5.7

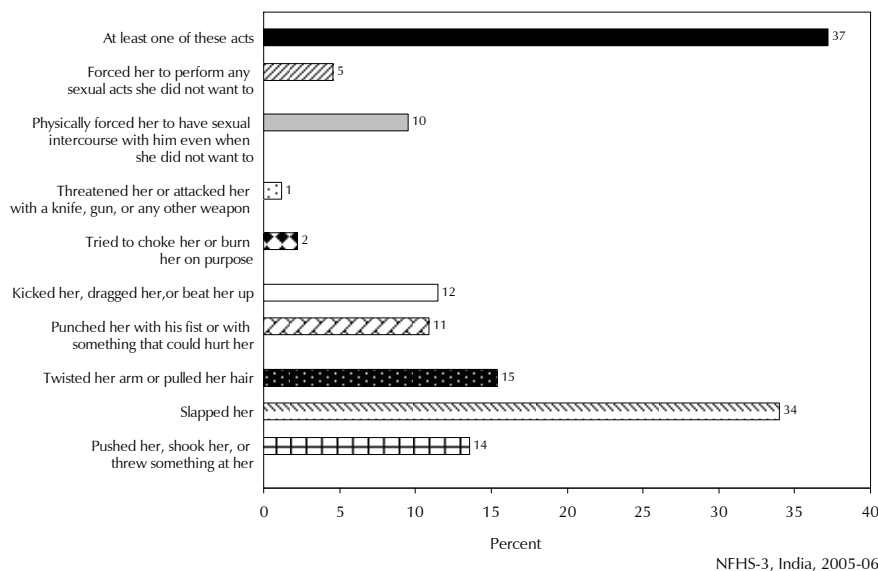
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Type of violence	Ever	In the past 12 months ¹		
		Often	Sometimes	Often or sometimes
Any form of physical and/or sexual violence	37.2	5.6	18.3	23.9
Any form of physical and sexual violence	7.9	2.1	4.2	6.3
Any form of physical and/or sexual violence and/or emotional violence	39.7	6.7	20.2	26.9
Any form of physical and sexual violence and emotional violence	4.2	1.7	2.0	3.6
Number of ever-married women	66,658	63,966	63,966	63,966

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated or deserted women.
¹ Excludes widows.

Slapping is the most commonly reported act of physical violence. Thirty-four percent of ever-married women report being slapped by their current or most recent husband, and 20 percent of ever-married women (except widows) report having been slapped in the 12 months preceding the survey. The next most common acts of physical violence experienced by women involve having hair pulled or arms twisted (15 percent) and being pushed shaken or having something thrown at them (14 percent). The next most common acts of physical violence experienced by women involve having hair pulled or arms twisted (15 percent) and being pushed shaken or having something thrown at them (14 percent). Twelve percent of women report having been kicked, dragged, or beaten up, and 2 percent report that their husbands tried to choke or burn them on purpose. Overall, 35 percent of women report having experienced physical violence at the hands of their current or most recent husband.

Figure 15.1 Forms of Spousal Violence Experienced by Ever-married Women



Ten percent of women report experiencing one or both types of acts of sexual violence; most of these women report experiencing the violence in the last year. Being physically forced to have sexual intercourse is more common (10 percent) than being forced to perform any other sexual acts that she did not want to perform (5 percent).

Sixteen percent of ever-married women report having experienced emotional violence. Thirteen percent said that their husband had said or done something to humiliate them in front of others, 8 percent said that their husband had insulted them or made them feel bad about themselves, and 5 percent said that their husband threatened to hurt or harm them or someone close to them. The majority reporting any emotional violence also experienced the violence in the 12 months preceding the survey.

Overall, 37 percent of ever-married women have experienced spousal physical or sexual violence, and 40 percent have experienced spousal physical, sexual or emotional violence. Smaller proportions of women report experiencing both spousal physical and sexual violence (8 percent), as well as spousal physical and sexual and emotional violence (4 percent). Large differentials exist by background characteristics in the proportions of women who experience different forms of violence as shown in Table 15.9.

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical, or sexual violence	Number of women
Age						
15-19	12.5	25.3	13.1	30.8	33.9	4,643
20-24	14.4	32.3	10.5	35.2	37.6	11,642
25-29	16.3	36.3	10.4	38.2	40.6	13,006
30-39	16.5	37.3	10.1	39.0	41.5	22,191
40-49	16.5	35.7	8.2	37.1	39.9	15,175
Residence						
Urban	13.4	29.1	7.3	30.4	32.7	20,441
Rural	16.9	37.7	11.2	40.2	42.9	46,217
Education						
No education	19.2	44.4	12.5	46.4	49.0	32,024
<5 years complete	18.9	39.5	11.7	42.0	44.8	5,647
5-7 years complete	15.4	32.6	9.7	35.2	37.7	9,900
8-9 years complete	11.9	26.0	8.3	28.8	31.3	7,585
10-11 years complete	9.6	19.3	4.9	20.8	23.4	5,440
12 or more years complete	6.2	11.0	2.7	12.3	14.7	6,059
Employment (past 12 months)						
Not employed	12.7	29.9	9.1	32.3	34.6	37,020
Employed for cash	20.7	41.9	11.1	43.5	46.3	19,668
Employed not for cash	17.7	40.8	11.4	43.0	46.0	9,958
Marital status						
Currently married	15.0	34.5	9.7	36.7	39.2	62,652
Widowed	16.7	35.0	9.5	36.6	38.1	2,692
Divorced/separated/deserted	50.6	62.3	24.4	63.5	68.4	1,314
Marital duration¹						
Married only once	14.9	34.2	9.6	36.4	38.9	61,395
0-4 years	10.2	21.0	8.7	24.7	27.2	11,411
5-9 years	14.6	34.2	10.1	36.7	39.2	12,261
10+ years	16.4	38.2	9.7	39.9	42.4	37,723
Married more than once	23.8	47.7	16.3	49.3	52.1	1,258
Number of living children						
0	13.5	24.4	10.3	27.9	30.8	7,530
1-2	14.4	30.2	8.7	32.5	35.1	29,164
3-4	17.5	40.1	10.8	42.0	44.4	22,244
5+	18.6	48.9	12.6	50.2	52.5	7,720
Household structure²						
Nuclear	16.7	38.5	10.2	40.3	42.7	33,989
Non-nuclear	14.8	31.5	9.9	33.9	36.6	32,669

Continued...

Table 15.9 Spousal violence by background characteristics—Continued

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical, or sexual violence	Number of women
Religion						
Hindu	15.9	34.9	9.8	37.1	39.7	54,208
Muslim	15.9	38.2	13.5	40.8	43.0	8,795
Christian	13.9	30.3	6.0	30.9	33.6	1,500
Sikh	11.0	22.8	5.8	23.5	25.3	1,115
Buddhist/Neo-Buddhist	24.5	44.6	2.9	44.8	47.2	537
Jain	6.3	11.1	4.8	12.3	13.9	190
Other	19.5	41.9	10.1	42.6	45.7	245
Caste/tribe						
Scheduled caste	19.0	43.3	12.8	45.6	47.9	12,701
Scheduled tribe	20.9	41.8	11.4	43.7	47.0	5,562
Other backward class	15.7	36.0	8.7	37.6	40.4	26,438
Other	12.7	27.3	9.6	30.0	32.3	21,393
Don't know	14.3	28.9	10.8	29.9	31.7	375
Wealth index						
Lowest	20.7	46.6	14.5	49.3	52.0	12,815
Second	19.8	43.9	12.6	46.2	49.0	13,384
Middle	17.0	38.0	10.5	40.2	42.5	13,386
Fourth	13.2	30.8	8.3	32.8	35.1	13,444
Highest	8.6	16.9	4.5	18.3	20.9	13,628
Respondent's father beat her mother						
Yes	28.5	57.4	17.4	59.6	62.2	12,346
No	12.4	28.3	7.8	30.3	32.8	49,201
Don't know	18.0	46.5	13.4	49.7	52.1	5,041
Total	15.8	35.1	10.0	37.2	39.7	66,658

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated or deserted women. Total includes women with missing information on education, employment (past 12 months), religion, caste/tribe, and whether respondent's father beat her mother, who are not shown separately.

¹ Currently married women only.

² Table 15.1, footnote 2 for definition.

Prevalence of physical or sexual violence, as well as emotional, physical or sexual violence, does not vary greatly by age for women age 20-49, but is somewhat lower for women age 15-19. Prevalence of such violence is higher in rural areas than in urban areas; however, even in urban areas, 30 percent of women have experienced spousal physical or sexual violence. Differentials in the prevalence of spousal violence are particularly large by education, with 46 percent of women with no education having experienced physical or sexual violence, compared with 12 percent of women with 12 or more completed years of education. Employed women experience higher rates of physical or sexual violence (43-44 percent) than women who are not employed (32 percent). Divorced, separated, and deserted women report much higher rates of violence (64 percent) than widowed or currently married women (37 percent). This is to be expected since a husband's violent behaviour is often an important reason for ending a marriage. Notably, rates of physical or sexual violence by the current husband among currently married women are higher for women who have been married more than once (49 percent) than for women in their first marriage (36 percent). Notably, the prevalence of violence increases with marital duration and with number of children. One in two women with five or more children report having experienced spousal physical or sexual violence.

Prevalence by religion shows that the rates are highest for Buddhist/Neo-Buddhist women, women belonging to the 'other' religion category, Muslim women, and Hindu women. Jain women experience the lowest levels of violence. By caste/tribe, rates of violence are highest for scheduled caste and scheduled tribe women. However, even though women not belonging to the scheduled castes, scheduled tribes, or other backward classes have a lower prevalence, nearly one out of three of these women have experienced spousal physical or sexual violence. Prevalence of spousal physical or sexual violence declines sharply with the wealth index from a

high of 49 percent for women in the lowest wealth quintile to a low of 18 percent for women in the highest wealth quintile. Despite the differentials by wealth, these data suggest high rates of all forms of violence in even the wealthiest households.

The contextual and intergenerational aspect of spousal violence is clear from the fact that women whose mothers were beaten by their fathers are twice as likely to report all forms of violence as women whose mothers were not beaten by their fathers. In fact, women who report that their fathers beat their mothers have a higher prevalence of physical or sexual violence (60 percent) than women in any other population subgroup.

Table 15.10 shows the differentials in prevalence of the different forms of violence by the characteristics of the husband and the marriage. Also shown are prevalence levels by selected indicators of women's empowerment. Increases in husband's education shows a clear negative association with prevalence of violence, but it has less of an effect on lowering the prevalence of violence than do increases in women's own education. Only 12 percent of women who had 12 or more years of education report experiencing physical or sexual violence, compared with 21 percent of women whose husbands have completed 12 or more years of education.

Table 15.10 Spousal violence by husband's characteristics and empowerment indicators						
Percentage of ever-married women age 15-49 who have ever suffered emotional, physical, or sexual violence committed by their husband, according to his characteristics, marital characteristics, and selected empowerment indicators, India, 2005-06						
Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical, or sexual violence	Number of women
Husband's education						
No education	20.5	45.2	12.8	47.2	49.8	18,207
<5 years complete	19.7	43.8	13.0	45.7	48.4	5,728
5-7 years complete	16.7	38.2	10.4	40.5	42.8	10,589
8-9 years complete	15.2	34.2	10.4	36.6	39.2	10,342
10-11 years complete	12.5	27.7	8.1	29.9	32.4	9,317
12 or more years complete	8.9	18.9	4.9	20.8	23.6	11,867
Husband's alcohol consumption						
Does not drink	12.1	28.0	7.9	30.3	32.9	45,838
Drinks/never gets drunk	18.1	43.8	15.0	47.3	50.3	3,506
Gets drunk sometimes	20.5	46.8	11.6	48.5	50.6	12,816
Gets drunk very often	38.6	67.6	23.6	68.6	71.5	4,395
Spousal age difference¹						
Wife older	16.1	34.6	8.0	36.9	40.9	1,364
Wife is same age	14.8	31.0	8.4	33.6	37.3	1,508
Wife 1-4 years younger	14.5	34.7	9.7	36.7	39.2	24,270
Wife 5-9 years younger	15.1	34.3	10.1	36.5	39.0	25,369
Wife 10+ years younger	15.8	34.9	9.2	37.1	39.6	9,959
Spousal education difference						
Husband better educated	15.0	34.1	9.7	36.4	39.0	34,674
Wife better educated	14.5	29.7	9.0	31.9	34.4	9,849
Both equally educated	10.0	21.4	6.0	23.3	25.5	6,153
Neither educated	20.6	46.0	12.8	47.8	50.4	15,373
Don't know/missing	17.7	36.2	15.0	39.5	43.0	609
Number of marital control behaviours displayed by husband²						
0	7.5	23.9	5.0	25.6	27.7	37,953
1-2	20.0	44.1	12.7	46.8	49.8	20,567
3-4	36.9	60.2	23.2	63.0	66.7	6,327
5-6	68.9	77.6	39.1	80.9	84.7	1,810
Number of decisions in which women participate³						
0	13.9	32.9	11.6	36.1	38.3	12,672
1-2	15.7	35.9	11.0	38.3	40.8	16,679
3-4	15.1	34.4	8.4	36.1	38.8	33,301

Continued...

Table 15.10 Spousal violence by husband's characteristics and empowerment indicators—*Continued*

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical, or sexual violence	Number of women
Number of reasons for which wife-beating is justified⁴						
0	12.4	28.2	8.4	30.4	32.3	29,317
1-2	17.0	38.7	10.5	41.0	43.7	13,403
3-4	20.4	42.0	11.6	44.0	47.7	11,731
5-6	18.4	40.5	11.8	42.7	45.7	7,044
7	17.9	41.4	11.9	42.8	45.3	5,163
Number of reasons given for refusing to have sexual intercourse with husband⁵						
0	13.7	31.0	7.2	32.4	34.8	7,204
1-2	18.7	38.7	12.0	41.2	44.0	12,981
3	15.3	34.6	9.9	36.8	39.3	46,473
Total	15.8	35.1	10.0	37.2	39.7	66,658

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated, or deserted women. Total includes women with missing information on husband's education and husband's alcohol consumption and women who do not know their husband's level of education, who are not shown separately.

¹ Currently married women only.
² See Table 15.7 for list of marital control behaviours included.
³ Currently married women only. See Table 14.12 for list of decisions included.
⁴ See Table 14.15.1 for list of reasons given for which wife beating is justified.
⁵ See Table 14.17.1 for list of reasons given for refusing to have sexual intercourse with husband.

Women whose husbands drink alcohol have significantly higher rates of violence than women whose husbands do not drink at all; emotional violence is three times as high, physical violence is more than two times as high, and sexual violence is four times as high for women whose husbands are frequently drunk, compared with women whose husbands do not drink. Notably, the prevalence of emotional, physical, or sexual violence, at 72 percent, for women whose husbands are frequently drunk is also much higher than for women whose husbands drink alcohol but are either never or only sometimes drunk (50-51 percent). The high prevalence of spousal violence even among women whose husbands do not consume alcohol indicates that alcohol consumption is not the only explanation for the high prevalence of spousal violence in India.

The prevalence of spousal violence does not vary much with spousal age difference; however, prevalence does vary greatly by spousal educational difference. Couples in which both husband and wife are equally educated have the lowest prevalence of physical or sexual violence (23 percent) and couples in which neither the husband nor the wife is educated have the highest prevalence (48 percent). Couples in which the husband is better educated than the wife have a somewhat higher prevalence (36 percent) than couples in which the wife is better educated (32 percent). As expected, the number of marital control behaviours exhibited by husbands is strongly and positively associated with the prevalence of violence. Twenty-six percent of women whose husbands report none of the six marital control behaviours asked about (see Table 15.7) report experiencing physical or sexual violence, compared with 81 percent of women whose husbands display five to six of these behaviours.

As discussed in Chapter 14, NFHS-3 collected information to construct indicators of women's empowerment. One indicator is constructed from the number of decisions in which women participate among four different categories of decisions: one's own health care, major household purchases, purchases for daily household needs, and visits to one's own family and

relatives. Two indicators are constructed from gender role attitudes: one is agreement with seven different reasons to justify a husband beating his wife (namely, if the wife goes out without telling him, if she neglects the house or children, if she argues with him, if she refuses to have sex with him, if she does not cook the food properly, if he suspects her of being unfaithful, and if she shows disrespect for her in-laws), and the other is agreement with three different reasons to justify a wife's right to refuse sex with her husband (namely, when she knows her husband has a sexually transmitted disease, when she knows her husband has sex with other women, and when she is tired or not in the mood). The expectation is that women who participate in household decisions and have egalitarian gender-role attitudes are more empowered, and hence less likely to experience violence.

The data in Table 15.10 show no clear difference by women's decision-making power in the prevalence of violence, but do suggest that women who agree with one or more reasons for refusing sex with their husbands (37-41 percent) are more likely to experience physical or sexual violence than women who do not agree with any reason for refusing sex (32 percent). Women who say that wife beating is justified for any of the seven reasons asked about have a higher prevalence of all forms of violence than women who do not agree with any of the reasons asked about. For example, the prevalence of physical or sexual violence for women who agree with one or more reasons justifying a husband beating his wife is 41-44 percent, compared with 30 percent for women who do not agree with any reason. The differential according to women's agreement with wife beating is higher for physical violence than for sexual violence.

Despite the large differentials in prevalence of violence by background, spousal, and marital characteristics, the data in Tables 15.9 and 15.10 provide evidence that the experience of domestic violence is not confined to minorities or vulnerable groups of the population. Even among women who belong to the highest wealth quintile or women whose husbands have higher education, one in five women have experienced physical or sexual violence. The characteristic that appears to have the most significant protective effect is high levels of education for women.

15.4.2 Frequency of Spousal Emotional and Physical or Sexual Violence

The frequency of spousal violence is an indication of the extent to which domestic violence is a current or recurring problem. Table 15.11 shows the percent distribution of currently married, divorced, separated, or deserted women who report emotional violence and who report physical or sexual violence by the frequency with which they have experienced violence from their current or most recent husband in the 12 months preceding the survey, by selected background characteristics. For each of the two types of violence (emotional and physical or sexual), women are classified into a frequency group based on the highest frequency of any of the reported acts of violence that constitute the specific type of violence.

Table 15.11 shows that 72 percent of women who have ever experienced emotional violence by their current or most recent husband experienced such violence in the 12 months preceding the survey, and 19 percent of them did so often. Similarly, 65 percent of women who have ever experienced physical or sexual violence by their current or most recent husband have experienced such violence in the 12 months preceding the survey, and 15 percent have experienced such violence often.

Table 15.11 Frequency of spousal violence among those who report violence

Percent distribution of ever-married women age 15-49 (excluding widows) who have ever suffered emotional violence committed by their husband by frequency of violence in the 12 months preceding the survey and percent distribution of ever-married women age 15-49 (excluding widows) who have ever suffered physical or sexual violence committed by their husband by frequency of violence in the 12 months preceding the survey, according to background characteristics, India, 2005-06

Background characteristic	Frequency of emotional violence in the past 12 months				Number of women	Frequency of physical or sexual violence in the past 12 months				Number of women
	Often	Some-times	Not at all	Total		Often	Some-times	Not at all	Total	
Age										
15-19	26.9	55.7	17.4	100.0	579	25.2	63.1	11.7	100.0	1,413
20-24	19.0	56.5	24.5	100.0	1,639	17.9	58.8	23.3	100.0	4,073
25-29	19.8	57.1	23.0	100.0	2,022	16.4	54.7	28.9	100.0	4,857
30-39	18.8	53.0	28.3	100.0	3,443	14.4	46.4	39.1	100.0	8,275
40-49	14.9	49.1	36.0	100.0	2,227	10.4	37.8	51.8	100.0	5,103
Residence										
Urban	19.8	51.6	28.6	100.0	2,540	14.7	47.2	38.1	100.0	5,928
Rural	18.2	54.4	27.4	100.0	7,370	15.4	50.1	34.5	100.0	17,793
Education										
No education	17.1	54.7	28.1	100.0	5,746	15.3	48.9	35.7	100.0	14,172
<5 years complete	21.9	52.5	25.5	100.0	1,008	16.8	47.9	35.3	100.0	2,260
5-7 years complete	20.6	51.5	27.9	100.0	1,448	14.9	51.1	34.0	100.0	3,348
8-9 years complete	21.7	53.3	25.0	100.0	866	15.4	52.3	32.3	100.0	2,128
10-11 years complete	19.7	52.2	28.1	100.0	484	14.5	47.0	38.5	100.0	1,085
12 or more years complete	16.3	52.2	31.5	100.0	358	9.6	50.1	40.3	100.0	729
Employment (past 12 months)										
Not employed	17.8	55.1	27.1	100.0	4,518	14.5	51.3	34.2	100.0	11,673
Employed for cash	20.3	52.4	27.3	100.0	3,688	15.7	48.7	35.6	100.0	7,885
Employed not for cash	17.1	52.7	30.2	100.0	1,705	16.2	45.2	38.6	100.0	4,160
Marital status										
Currently married	18.6	56.1	25.3	100.0	9,275	15.2	50.5	34.4	100.0	22,915
Divorced/separated/deserted	19.3	17.9	62.8	100.0	635	16.3	18.0	65.7	100.0	807
Number of living children										
0	26.0	47.3	26.7	100.0	970	20.8	57.0	22.3	100.0	2,023
1-2	18.5	54.0	27.5	100.0	3,915	15.3	52.8	31.9	100.0	9,058
3-4	18.7	54.2	27.1	100.0	3,662	15.2	46.9	37.9	100.0	8,926
5+	13.3	56.0	30.6	100.0	1,363	12.1	42.8	45.1	100.0	3,715
Marital duration¹										
Married only once	18.4	56.1	25.5	100.0	8,983	15.0	50.4	34.6	100.0	22,295
0-4 years	21.2	62.8	16.0	100.0	1,146	21.2	64.6	14.2	100.0	2,804
5-9 years	20.7	56.2	23.1	100.0	1,759	16.3	58.5	25.3	100.0	4,485
10+ years	17.3	54.8	28.0	100.0	6,078	13.5	45.3	41.1	100.0	15,006
Married more than once	22.8	58.6	18.5	100.0	292	18.9	54.1	26.9	100.0	619
Household structure²										
Nuclear	18.0	55.9	26.1	100.0	5,349	14.7	49.6	35.7	100.0	13,152
Non-nuclear	19.3	51.1	29.5	100.0	4,562	15.9	49.1	35.0	100.0	10,570
Religion										
Hindu	18.3	53.5	28.2	100.0	8,082	14.8	48.9	36.3	100.0	19,190
Muslim	20.4	54.8	24.9	100.0	1,334	17.7	50.9	31.3	100.0	3,489
Christian	18.6	62.7	18.7	100.0	191	15.0	58.2	26.8	100.0	425
Sikh	13.2	58.1	28.7	100.0	115	11.8	58.5	29.7	100.0	246
Buddhist/Neo-Buddhist	24.7	37.7	37.6	100.0	122	12.5	38.3	49.2	100.0	226
Jain	*	*	*	100.0	12	(15.4)	(44.0)	(40.6)	100.0	23
Other	16.3	63.7	20.0	100.0	43	10.9	57.3	31.8	100.0	100
Caste/tribe										
Scheduled caste	19.0	53.8	27.2	100.0	2,263	14.6	49.7	35.7	100.0	5,527
Scheduled tribe	19.5	58.1	22.4	100.0	1,077	17.3	53.0	29.6	100.0	2,300
Other backward class	16.7	53.2	30.1	100.0	3,936	14.4	48.3	37.3	100.0	9,557
Other	20.9	52.0	27.1	100.0	2,555	16.2	49.1	34.7	100.0	6,145
Don't know	21.4	62.9	15.7	100.0	45	8.7	54.3	37.0	100.0	105
Wealth index										
Lowest	18.7	54.5	26.8	100.0	2,471	17.5	50.9	31.7	100.0	6,029
Second	19.6	56.2	24.2	100.0	2,498	16.1	51.4	32.5	100.0	5,912
Middle	20.4	52.0	27.6	100.0	2,167	15.8	48.4	35.8	100.0	5,129
Fourth	18.0	52.4	29.7	100.0	1,656	12.2	47.9	39.9	100.0	4,231
Highest	13.8	51.6	34.6	100.0	1,119	11.2	45.6	43.1	100.0	2,421
Total	18.6	53.7	27.7	100.0	9,910	15.2	49.4	35.4	100.0	23,722

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated, or deserted women. Total includes women with missing information on employment in past 12 months, religion, and caste/tribe, who are not shown separately.

() Based on 25-49 unweighted cases.

* Percentage not shown; based on fewer than 25 unweighted cases.

¹ Currently married women only.

² See Table 15.1, footnote 2 for definition.

Among those who have ever experienced spousal emotional violence or physical or sexual violence, those in the 15-19 age group are more likely than older women to have experienced such violence in the past 12 months and to have experienced the violence often. Differentials by residence, education, and employment in these indicators are small. For example, among women who have ever experienced physical or sexual violence, 60 percent of women with at least 12 completed years of education experienced violence in the 12 months preceding the survey, compared with 62-68 percent of women in the remaining educational groups. The share of women experiencing violence frequently in the 12 months preceding the survey varies even less by education.

As expected, frequency of violence in the 12 months preceding the survey among women who report experiencing the violence ever, is higher for currently married women than for women who are divorced, separated, or deserted. However, currently married women who have been married more than once are somewhat more likely to have suffered the violence in the past 12 months and to have experienced the violence often, than currently married women who are in their first marriage. Among women who report violence, those with no children are more likely than women with children, particularly five or more children, to have experienced recent violence and to have experienced the violence often. This is particularly true for women reporting physical or sexual violence, suggesting that not having children may be a reason for which women are being abused.

Differentials by religion, caste/tribe, and wealth in the proportions of women reporting emotional violence or physical or sexual violence are much smaller for violence in the 12 months preceding the survey than in the proportions reporting the ever experience of such violence. Only among women in the wealthiest quintile are the proportions that experienced emotional violence or physical or sexual violence in the past 12 months relatively low. The frequency of such violence in the past 12 months is also relatively low in this wealth quintile.

15.4.3 Timing of the Onset of Spousal Violence

To study the timing of the onset of marital violence, NFHS-3 asked ever-married women who reported physical or sexual violence by their husband, how many years into the marriage the first incidence of violence occurred. Table 15.12 shows the percent distribution of ever-married women by the number of years between marriage and the first time they experienced physical or sexual violence by their current or most recent husband, according to current marital duration and residence.

Table 15.12 shows that in the majority of cases, in both rural and urban areas, if violence occurs at all, it is usually initiated early in the marriage. Almost one-fourth of all ever-married women (23 percent) experienced physical or sexual violence within the first two years of marriage (19 percent in urban areas and 24 percent in rural areas). One-third (32 percent) experienced violence in the first five years of marriage. Calculations based only on women who report ever experiencing spousal violence suggest that, for the majority (62 percent) of these women, violence was initiated within the first two years of marriage. Among currently married

Table 15.12 Onset of spousal violence

Percent distribution of ever-married women by number of years between marriage and first experience of physical or sexual violence by their husband, if ever, according to marital status, marital duration, number of unions, and residence, India, 2005-06

Marital status and duration	Years between marriage ¹ and first experience of violence							Don't know/missing ¹	Total	Number of women
	Experienced no violence	Before marriage	<1 year	1-2 years	3-5 years	6-9 years	10+ years			
URBAN										
Currently married	70.6	0.3	5.1	12.9	7.8	1.9	1.1	0.4	100.0	19,154
Married only once	70.9	0.2	5.0	12.8	7.8	1.9	1.1	0.4	100.0	18,829
Marital duration										
<1 year	90.3	0.4	8.5	na	na	na	na	0.8	100.0	605
1-2 years	82.2	0.1	8.8	8.2	na	na	na	0.7	100.0	1,435
3-5 years	75.8	0.2	4.9	15.0	3.6	na	na	0.4	100.0	2,219
6-9 years	71.2	0.3	4.0	15.2	8.3	0.9	na	0.1	100.0	2,948
10+ years	67.4	0.2	4.7	12.9	9.8	2.8	1.8	0.4	100.0	11,623
Married more than once	54.6	1.1	11.1	19.5	9.9	2.4	1.4	0.1	100.0	324
Widowed/divorced/separated/deserted	55.1	0.4	13.1	16.8	9.8	2.4	2.2	0.2	100.0	1,287
Total	69.6	0.3	5.6	13.1	7.9	1.9	1.2	0.4	100.0	20,441
RURAL										
Currently married	60.2	0.2	6.8	17.2	10.5	2.8	1.7	0.7	100.0	43,499
Married only once	60.4	0.2	6.7	17.0	10.5	2.8	1.7	0.7	100.0	42,565
Marriage duration										
<1 year	84.6	0.1	13.8	na	na	na	na	1.5	100.0	1,599
1-2 years	74.4	0.3	12.2	11.2	na	na	na	1.9	100.0	3,216
3-5 years	62.8	0.3	8.3	22.7	4.7	na	na	1.1	100.0	5,048
6-9 years	59.7	0.2	6.5	20.1	10.8	2.0	na	0.7	100.0	6,602
10+ years	56.9	0.2	5.4	16.9	13.5	4.0	2.7	0.4	100.0	26,100
Married more than once	49.4	0.2	7.9	23.9	12.6	4.0	1.9	0.0	100.0	933
Widowed/divorced/separated/deserted	54.6	0.2	11.1	17.1	11.3	3.3	1.9	0.4	100.0	2,718
Total	59.8	0.2	7.0	17.2	10.6	2.8	1.7	0.7	100.0	46,217
TOTAL										
Currently married	63.4	0.2	6.3	15.9	9.7	2.5	1.5	0.6	100.0	62,652
Married only once	63.6	0.2	6.2	15.7	9.6	2.5	1.5	0.6	100.0	61,395
Marital duration										
<1 year	86.1	0.2	12.3	na	na	na	na	1.3	100.0	2,204
1-2 years	76.8	0.2	11.2	10.3	na	na	na	1.5	100.0	4,651
3-5 years	66.8	0.3	7.3	20.4	4.4	na	na	0.9	100.0	7,267
6-9 years	63.2	0.2	5.8	18.6	10.0	1.7	na	0.5	100.0	9,550
10+ years	60.2	0.2	5.1	15.7	12.3	3.6	2.4	0.4	100.0	37,723
Married more than once	50.8	0.4	8.8	22.8	11.9	3.6	1.8	0.0	100.0	1,258
Widowed/divorced/separated/deserted	54.8	0.3	11.7	17.0	10.8	3.0	2.0	0.3	100.0	4,005
Total	62.8	0.2	6.6	15.9	9.8	2.6	1.5	0.6	100.0	66,658

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated, or deserted women.

na = Not applicable

¹ Includes women for whom the timing of the first experience of violence and duration of marriage are inconsistent.

women married only once, 22 percent report experiencing violence in the first two years of marriage; this proportion is higher at 32 percent among currently married women married more than once and at 29 percent among widowed, divorced, separated, or deserted women.

15.4.4 Physical Consequences of Spousal Violence

In NFHS-3, ever-married women reporting spousal physical or sexual violence were asked about the physical consequences of the violence. Specifically, they were asked if, as a consequence of what their husbands did to them, they ever had any of four different sets of

injuries: 1) cuts, bruises or aches; 2) severe burns; 3) eye injuries, sprains, dislocations, or minor burns; and 4) deep wounds, broken bones, broken teeth or any other serious injury. Table 15.13 shows the percentage of ever-married women who report any spousal physical or sexual violence by the different types of physical injuries sustained, according to the type of violence ever experienced and residence. Among all ever-married women who reported ever experiencing physical or sexual violence, 36 percent report cuts, bruises, or aches, 9 percent report eye injuries, sprains, dislocations or burns, 7 percent report deep wounds, broken bones, broken

Table 15.13 Injuries to women due to spousal violence						
Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from what their husband did to them, by residence according to the type of violence and whether they have experienced the violence ever and in the 12 months preceding the survey, India, 2005-06						
Type of violence experienced	Percentage of women who have had:					Number of ever-married women
	Cuts, bruises, or aches	Severe burns	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	
URBAN						
Experienced physical violence						
Ever	35.5	2.1	9.3	6.7	36.9	5,943
In the past 12 months ¹	41.2	2.3	11.5	7.6	42.9	3,344
Experienced sexual violence						
Ever	47.0	4.4	17.5	13.1	49.1	1,497
In the past 12 months ¹	44.3	4.0	17.1	11.6	46.2	974
Experienced physical or sexual violence						
Ever	34.2	2.0	8.9	6.4	35.6	6,212
In the past 12 months ¹	38.6	2.2	10.6	7.0	40.1	3,672
Experienced physical and sexual violence						
Ever	56.1	5.4	21.3	16.0	58.7	1,229
In the past 12 months ¹	60.7	5.7	24.9	17.2	63.3	647
RURAL						
Experienced physical violence						
Ever	39.4	1.8	9.4	7.0	41.1	17,421
In the past 12 months ¹	44.4	2.3	11.4	8.3	46.6	10,335
Experienced sexual violence						
Ever	42.1	2.5	15.7	11.7	44.7	5,143
In the past 12 months ¹	39.9	2.6	15.0	11.3	42.7	3,660
Experienced physical or sexual violence						
Ever	37.2	1.7	8.8	6.6	38.8	18,560
In the past 12 months ¹	41.0	2.1	10.4	7.6	43.0	11,647
Experienced physical and sexual violence						
Ever	53.1	3.3	20.0	15.0	56.4	4,004
In the past 12 months ¹	54.3	4.0	21.7	16.4	58.3	2,348
TOTAL						
Experienced physical violence						
Ever	38.4	1.9	9.4	6.9	40.0	23,364
In the past 12 months ¹	43.6	2.3	11.4	8.1	45.7	13,680
Experienced sexual violence						
Ever	43.2	3.0	16.1	12.0	45.7	6,640
In the past 12 months ¹	40.8	2.9	15.5	11.4	43.5	4,635
Experienced physical or sexual violence						
Ever	36.4	1.8	8.9	6.5	38.0	24,772
In the past 12 months ¹	40.4	2.1	10.5	7.5	42.3	15,319
Experienced physical and sexual violence						
Ever	53.8	3.8	20.3	15.2	56.9	5,232
In the past 12 months ¹	55.7	4.4	22.4	16.6	59.4	2,995

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated, or deserted women.
¹ Excludes widows

teeth, or other serious injury, and 2 percent report severe burns. All of these percentages are higher for women who reported violence in the 12 months preceding the survey. Notably, 38 percent of women experiencing physical or sexual violence report having experienced at least one of these groups of injuries; the corresponding proportion for women who reported violence in the 12 months preceding the survey is 42 percent. Women in urban areas who experience sexual violence are more likely, and those who experience physical violence are less likely, than their rural counterparts to report each of the different sets of injuries. However, rural women who experience physical or sexual violence are somewhat more likely to report one or more types of injuries than urban women (39 percent, compared with 36 percent).

Women who have experienced both physical and sexual violence are at the highest risk of injury; 57 percent of them report one or more types of injury. Among women who report having experienced both physical and sexual violence in the past 12 months, 59 percent suffered one or more types of injury. The proportions who report having one or more types of injury is higher among women who report ever experiencing sexual violence (46 percent) than those who report ever experiencing physical violence (40 percent). These data attest to the very high incidence of injuries resulting from domestic violence and show that at least one in seven ever-married women age 15-49 in India have suffered injury resulting from acts of spousal violence.

15.4.5 Spousal Violence by State

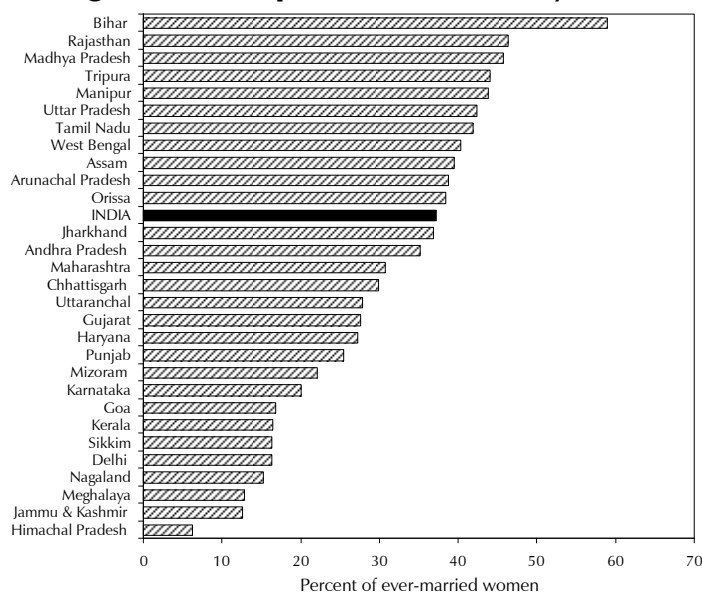
Table 15.14 gives the percentages of ever-married women who have experienced different types of spousal violence by state. The most common form of violence in all states is physical violence. Sexual violence is reported least often in most states. The only exceptions are West Bengal, where the prevalence of sexual violence is much higher than the prevalence of emotional violence, and Manipur where the two are equally prevalent. Sexual violence is most common in West Bengal, Rajasthan, and Bihar where the prevalence is twice the national average.

The prevalence of physical or sexual violence ranges from 6 percent in Himachal Pradesh and 13 percent in Jammu and Kashmir and Meghalaya, to 46 percent in Madhya Pradesh and Rajasthan and 59 percent in Bihar (Figure 15.2). Other states with 40 percent or higher prevalence of spousal physical or sexual violence include Tripura, Manipur, Uttar Pradesh, Tamil Nadu, West Bengal, and Assam. For most states, the proportion of ever-married women who have experienced emotional or physical or sexual violence is only slightly higher than those who have experienced physical or sexual violence.

State	Percentage who have experienced:				
	Emo- tional violence	Physical violence	Sexual violence	Physical or sexual violence	Emo- tional or physical or sexual violence
India	15.8	35.1	10.0	37.2	39.7
North					
Delhi	4.9	16.1	2.1	16.3	17.2
Haryana	8.7	25.5	7.1	27.3	28.0
Himachal Pradesh	3.8	5.9	1.8	6.2	6.9
Jammu & Kashmir	8.9	11.5	3.9	12.6	15.1
Punjab	10.7	24.4	7.2	25.4	26.7
Rajasthan	22.9	40.3	20.2	46.3	50.2
Uttaranchal	8.9	27.3	6.1	27.8	29.8
Central					
Chhattisgarh	12.7	29.2	6.9	29.9	32.3
Madhya Pradesh	22.5	44.0	11.0	45.7	49.1
Uttar Pradesh	16.1	41.2	9.4	42.4	45.0
East					
Bihar	19.7	55.6	19.1	59.0	60.8
Jharkhand	18.0	34.7	12.5	36.9	40.9
Orissa	19.8	33.5	14.7	38.4	41.2
West Bengal	12.3	32.7	21.5	40.3	41.8
Northeast					
Arunachal Pradesh	16.6	37.5	9.5	38.8	43.0
Assam	15.6	36.7	14.8	39.5	42.1
Manipur	13.9	40.7	14.0	43.8	46.2
Meghalaya	7.1	12.6	1.6	12.8	15.0
Mizoram	11.0	22.0	2.0	22.1	25.1
Nagaland	12.6	14.0	3.0	15.3	21.3
Sikkim	10.2	14.8	4.8	16.3	18.8
Tripura	22.8	40.9	19.0	44.1	46.6
West					
Goa	12.0	16.5	2.8	16.8	19.6
Gujarat	18.5	25.7	7.5	27.6	33.8
Maharashtra	17.5	30.6	2.0	30.7	33.4
South					
Andhra Pradesh	13.3	35.0	4.1	35.2	36.8
Karnataka	8.1	19.5	4.0	20.0	21.5
Kerala	10.1	15.3	4.8	16.4	19.8
Tamil Nadu	16.8	41.9	3.2	41.9	44.1

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated, or deserted women.

Figure 15.2 Spousal Violence by State



15.4.6 Violence Initiated by Women against Husbands

Violence by husbands against their wives is not the only form of spousal violence; women are also sometimes the perpetrators of violence. In most cultures, however, the level of spousal violence initiated by wives is only a fraction of the level of spousal violence initiated by husbands. To measure spousal violence by women, NFHS-3 asked ever-married women *Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?* Women who respond yes to this question are asked about the frequency of such violence in the 12 months preceding the survey. Table 15.15 shows the percentage of ever-married women who have ever initiated violence against their current or most recent husband, and the percentage of ever-married women (excluding widows) who say that they initiated spousal violence in the 12 months preceding the survey by background, spousal, and marital characteristics.

Table 15.15 Violence by women against their spouse				
Percentage of ever-married women age 15-49 who have committed physical violence against their husband when he was not already beating or physically hurting them ever and in the past 12 months, according to women's own experience of spousal violence and their own and husband's characteristics, India, 2005-06				
Characteristics	Percentage who have committed physical violence against their current or most recent husband			
	Ever	Number of women	In the past 12 months ¹	Number of women ¹
Woman's experience of spousal physical violence				
Ever	1.8	23,364	1.1	22,421
In the past 12 months ¹	2.3	13,680	1.7	13,680
Not in past 12 months or not asked ²	1.1	9,684	0.1	8,742
Never	0.1	43,294	0.1	41,545
Age				
15-19	0.3	4,643	0.3	4,628
20-24	0.5	11,642	0.4	11,571
25-29	0.8	13,006	0.5	12,789
30-39	0.8	22,191	0.4	21,241
40-49	0.8	15,175	0.4	13,736
Residence				
Urban	0.9	20,441	0.5	19,634
Rural	0.7	46,217	0.4	44,332
Education				
No education	0.8	32,024	0.5	30,360
<5 years complete	1.0	5,647	0.5	5,354
5-7 years complete	0.6	9,900	0.4	9,597
8-9 years complete	0.6	7,585	0.3	7,376
10-11 years complete	0.6	5,440	0.4	5,318
12 or more years complete	0.4	6,059	0.3	5,960
Husband's education				
No education	0.9	18,207	0.6	17,181
<5 years complete	1.3	5,728	0.8	5,508
5-7 years complete	0.8	10,589	0.5	10,125
8-9 years complete	0.5	10,342	0.2	10,007
10-11 years complete	0.6	9,317	0.3	9,001
12 or more years complete	0.4	11,867	0.2	11,600
Husband's alcohol consumption				
Does not drink	0.4	45,838	0.2	43,147
Drinks/never gets drunk	0.4	3,506	0.1	3,506
Gets drunk sometimes	1.2	12,816	0.8	12,816
Gets drunk often	3.3	4,395	2.1	4,395
Spousal age difference²				
Wife older	0.9	1,364	0.8	1,364
Wife is same age	1.1	1,508	0.7	1,508
Wife's 1-4 years younger	0.6	24,270	0.4	24,270
Wife's 5-9 years younger	0.7	25,369	0.4	25,369
Wife's 10+ years younger	0.9	9,959	0.5	9,959

Continued...

Table 15.15 Violence by women against their spouse—*Continued*

Characteristics	Percentage who have committed physical violence against their current or most recent husband			
	Ever	Number of women	In the past 12 months ¹	Number of women ¹
Spousal education difference				
Husband better educated	0.6	34,674	0.3	33,369
Wife better educated	0.9	9,849	0.5	9,553
Both equally educated	0.6	6,153	0.4	6,014
Neither educated	0.9	15,373	0.7	14,484
Household structure³				
Nuclear	0.9	33,989	0.5	32,705
Non-nuclear	0.5	32,669	0.4	31,261
Religion				
Hindu	0.7	54,208	0.5	51,977
Muslim	0.4	8,795	0.2	8,525
Christian	1.6	1,500	1.0	1,423
Sikh	0.2	1,115	0.2	1,060
Buddhist/Neo-Buddhist	1.9	537	1.7	499
Jain	0.0	190	0.0	187
Other	2.0	245	1.6	229
Caste/tribe				
Scheduled caste	0.9	12,701	0.7	12,088
Scheduled tribe	1.7	5,562	1.1	5,282
Other backward class	0.6	26,438	0.3	25,443
Other	0.5	21,393	0.2	20,629
Don't know	0.7	375	0.5	342
Wealth index				
Lowest	0.8	12,815	0.6	12,202
Second	0.9	13,384	0.6	12,782
Middle	0.7	13,386	0.3	12,791
Fourth	0.7	13,444	0.5	12,936
Highest	0.4	13,628	0.2	13,255
Respondent's father beat her mother				
Yes	1.7	12,346	1.0	11,820
No	0.5	49,201	0.3	47,281
Don't know	0.8	5,041	0.4	4,803
Total	0.7	66,658	0.4	63,966

Note: Husband refers to the current husband for currently married women and the most recent husband for widowed, divorced, separated, or deserted women. Total includes women with missing information on education, husband's education, husband's alcohol consumption, spousal age difference, spousal education difference, religion, caste/tribe, and respondent's father beat her mother, who are not shown separately.

¹ Excludes widows.

² Currently married women.

³ See Table 15.1, footnote 2 for definition.

Results show that 1 percent of ever-married women report initiating violence against their husbands, and only 0.4 percent initiated such violence in the 12 months preceding the survey. This percentage is higher for women who have experienced spousal violence ever, as well as in the past 12 months (2 percent), than for women who have never experienced such violence (0.1 percent). The prevalence of spousal violence initiated by women is highest, at 4 percent, for women for whom information on alcohol consumption by the husband is not known, followed by women whose husbands often get drunk (3 percent). The only other population subgroups in which at least 2 percent of women report ever initiating violence against their husband, are Buddhist/Neo-Buddhist women, Christian women, women belonging to other religions, women belonging to the scheduled tribes, and women whose fathers beat their mothers. Even among these sub-groups the percentage never exceeds 2. Overall these data show that in India spousal violence initiated by women is a very small fraction of spousal violence initiated by men.

15.5 HELP SEEKING

In NFHS-3, all women (married, formerly married, and never married) who reported physical or sexual violence were asked a series of questions about whether and from whom they sought help to try to end the violence. First, women were asked if they had ever sought help; then, the women who said they had sought help, were asked from whom they had sought help. Women who said they had not sought help were asked whether they had ever told anyone about any of the violence they had experienced. Table 15.16 shows the percent distribution of women who have ever experienced any type of physical or sexual violence by their help seeking behaviour and by background characteristics.

Background characteristic	Never sought help		Have sought help from any source	Don't know/missing	Total	Number of women
	Never told anyone	Percentage who told someone				
Residence						
Urban	65.2	8.6	23.6	2.6	100.0	8,046
Rural	66.4	7.3	23.9	2.3	100.0	21,549
Marital status						
Never married	63.7	10.8	21.5	4.0	100.0	2,782
Currently married	67.9	7.3	22.7	2.2	100.0	24,781
Married, <i>gauna</i> not performed	(73.0)	(1.0)	(18.4)	(7.7)	100.0	92
Widowed	61.8	9.2	26.2	2.8	100.0	1,058
Divorced/separated/ deserted	29.1	8.4	60.0	2.5	100.0	882
Education						
No education	66.5	7.8	23.7	1.9	100.0	15,790
<5 years complete	65.9	7.8	24.0	2.3	100.0	2,722
5-7 years complete	63.9	6.6	27.1	2.4	100.0	4,322
8-9 years complete	66.9	8.2	22.3	2.7	100.0	3,270
10-11 years complete	64.3	8.5	22.6	4.7	100.0	1,956
12 or more years complete	69.0	6.8	20.0	4.1	100.0	1,534
Household structure¹						
Nuclear	66.3	7.8	23.7	2.2	100.0	16,260
Non-nuclear	65.9	7.5	24.0	2.6	100.0	13,334
Religion						
Hindu	66.3	7.4	23.8	2.5	100.0	23,962
Muslim	67.3	8.9	22.1	1.7	100.0	4,185
Christian	52.0	13.3	32.1	2.5	100.0	585
Sikh	63.0	4.2	31.1	1.7	100.0	399
Buddhist/Neo-Buddhist	73.6	4.3	18.8	3.3	100.0	281
Jain	(65.5)	(17.3)	(17.2)	(0.0)	100.0	36
Other	47.5	6.6	41.3	4.7	100.0	124
Caste/tribe						
Scheduled caste	64.8	7.0	26.1	2.0	100.0	6,822
Scheduled tribe	65.4	9.5	23.2	1.9	100.0	2,834
Other backward class	65.0	7.8	24.6	2.5	100.0	11,722
Other	69.2	7.3	20.9	2.6	100.0	7,972
Don't know	61.2	8.7	25.9	4.2	100.0	137
Wealth index						
Lowest	67.1	8.0	23.2	1.8	100.0	6,930
Second	64.5	8.0	25.4	2.0	100.0	7,019
Middle	66.1	7.1	24.8	2.0	100.0	6,354
Fourth	65.7	7.3	23.9	3.1	100.0	5,477
Highest	67.8	8.1	20.4	3.7	100.0	3,815
Type of violence						
Physical only	68.1	7.5	21.7	2.7	100.0	22,505
Sexual only	85.3	4.1	7.7	2.8	100.0	1,517
Both physical and sexual	52.7	9.5	36.7	1.0	100.0	5,573

Continued...

Table 15.16 Help seeking to stop violence—Continued

Background characteristic	Never sought help		Have sought help from any source	Don't know/missing	Total	Number of women
	Never told anyone	Percentage who told someone				
Persons who committed the violence						
Current husband only	69.7	6.5	22.0	1.8	100.0	20,200
Any previous husband only	47.9	7.3	43.0	1.9	100.0	1,579
Any husband and others	52.6	13.2	33.8	0.4	100.0	3,012
Own family members only	68.3	9.3	16.1	6.3	100.0	3,753
Person(s) other than husband or own family	55.1	9.8	29.2	5.9	100.0	1,025
Total	66.1	7.7	23.8	2.4	100.0	29,595

Note: Total includes women with missing information on education, religion, and caste/tribe, who are not shown separately.
 () Based on 25-49 unweighted cases.
¹ See Table 15.1, footnote 2 for definition.

The table shows that only one in four women have ever sought help to end the violence they have experienced. Two out of three women who have ever experienced violence have not only never sought help, but have also never told anyone about the violence. A large majority of women who have experienced only sexual violence have never told anyone about the violence (85 percent), and only 8 percent have ever sought help. By contrast, 37 percent of women who have experienced both physical and sexual violence and 22 percent who have experienced only physical violence have sought help. Help seeking varies by the type of perpetrator. Women who have experienced violence by a former husband are the most likely to have sought help. This is to be expected since seeking help against spousal violence is likely to be a first step in being able to leave an abusive husband and ending the marriage.

What is also particularly striking about help-seeking behaviour among women who have ever experienced violence is the virtual lack of differentials by most background characteristics, including education and wealth. Overall, the data suggest that neither education nor wealth imply a greater likelihood that women will seek help against violence. There is even some indication that the most educated women and women in the highest wealth quintile are less likely to seek help than less educated or less wealthy women. The largest differentials by background characteristics are found by religion. Jain women (who are least likely to report experiencing any violence) and Buddhist/Neo Buddhist women (who are most likely to report experiencing violence) are the least likely to seek help (17 and 19 percent respectively). Sikh and Christian women are most likely (31 and 32 percent respectively) to seek help.

Abused women most often seek help from their own families. Table 15.17 shows abused women's sources of help, according to the type of violence they had suffered. Seventy-two percent of women who experienced only physical violence and 58 percent of women who experienced only sexual violence mention their own family as a source. The second most common source of help for women who experienced physical violence is the husbands' family (28 percent); by contrast, among women who experienced sexual violence only and sought help, friends are the second most common source of help (34 percent). Only 6 percent of women who suffered sexual violence only and sought help turned to their husband's family. Notably few women seek help from any institutional sources such as the police, medical personnel, or social service organizations.

Table 15.17 Sources from where help was sought

Percentage of women age 15-49 who have ever experienced physical or sexual violence and have sought help from any source by source from which help was sought, according to the type of violence experienced, India, 2005-06

Source	Type of violence experienced			Total
	Physical only	Sexual only	Both physical and sexual	
Own family	71.7	57.7	70.2	71.0
Husband's family	27.6	6.4	31.5	28.4
Husband/last husband	0.8	0.9	0.9	0.8
Current/former boyfriend	0.1	3.9	0.1	0.1
Friend	8.3	34.4	10.6	9.4
Neighbour	12.3	4.9	20.1	14.4
Religious leader	0.9	0.0	1.3	1.0
Doctor/medical personnel	0.5	0.0	0.2	0.4
Police	1.5	0.6	3.8	2.1
Lawyer	0.4	0.5	1.0	0.6
Social service organization	0.5	0.0	1.1	0.6
Other	0.8	1.1	1.8	1.1
Number of women	4,884	118	2,047	7,048



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Next Big Spenders: India's Middle Class

BusinessWeek

By Diana Farrell and Eric Beinhocker

May 19, 2007

May 28, 2007 issue - Throughout India's history, the vast majority of its people have lived in desperate poverty. As recently as 1985, more than 90 percent of Indians lived on less than a dollar a day. Yet India is poised to undergo a remarkable transformation. New research from the McKinsey Global Institute (MGI) shows that within a generation, the country will become a nation of upwardly mobile middle-class households, consuming goods ranging from high-end cars to designer clothing. In two decades the country will surpass Germany as the world's fifth largest consumer market.

The headlines of India's growth story are well known —after the country began reforming in the early 1990s, economic growth jumped to about 7 percent. It slowed in the late '90s but since 2002 has proceeded at a blistering pace, surpassed only by China among the world's large economies. Less well known is how this growth is reshaping the lifestyle of Indian families. MGI's research portrays a dramatic transformation that will touch Indians up and down the income pyramid, from the poorest rural farmer to the wealthiest IT entrepreneur. Companies that fail to understand the unique desires and tastes of the new Indian consumer will miss out on a half-billion-strong market that along with China ranks as one of the most important growth opportunities of the next two decades.

One of our most striking findings is how dramatically recent growth has reduced the numbers of the poorest Indians, a group we call the deprived. They earn less than 90,000 Indian rupees a year (\$1,969 per household, or about a dollar per person per day), and include subsistence farmers and unskilled laborers who often struggle to find work. They can be found across India, from its isolated villages to its sprawling urban slums. Many depend on government-subsidized food to get enough calories each day. Since 1985, the ranks of the deprived have fallen from 93 percent to 54 percent of the population, as 103 million people moved out of desperate poverty and many millions more were born into less grim circumstances. When we factor in population growth, there are 431 million fewer deprived Indians today than there would have been had the poverty rate remained stuck at its earlier level, making India's economic reforms the most effective antipoverty program in its history. If growth continues at its recent pace, we expect a further 291 million people to move out of poverty over the next two decades. Most of these former poor will move into the class we call the aspirers, households earning between 90,000 and 200,000 rupees (\$1,969-\$4,376) per year. Aspirers are typically small shopkeepers, farmers with their own modest landholdings or semiskilled industrial and service workers. Their lives are not easy, but aspirers generally have enough food and might own items such as a small television, a propane stove and an electric rod for heating water. They spend about half of their income on basic necessities, and many of their other purchases are bought secondhand or in what Indians call the "informal economy." Over the next 20 years this group will shrink from 41 percent of the population to 36 percent, as many of them move up into the middle class.

The next two groups—seekers, earning between 200,000 and 500,000 rupees (\$4,376- \$10,941), and strivers, with incomes of between 500,000 and 1 million rupees (\$10,941-\$21,882)—will become India's huge new middle class. While their incomes would place them below the poverty line in the United States, things are much cheaper in India. When the local cost of living is taken into account, the income of the seekers and strivers looks more like \$23,000 to \$118,000, which is middle class by most developed-country standards. Seekers range from young college graduates to mid-level government officials, traders and business people. They enjoy a lifestyle that most of the world would recognize as middle class and typically own a television, a refrigerator, a mobile phone and perhaps even a scooter or a car. Although their budgets are stretched, they scrimp and save for their children's education and their own retirement.

Strivers, the upper end of the middle class, tend to be senior government officials, managers of large businesses, professionals and rich farmers. Successful and upwardly mobile, they are highly brand-conscious, buying the latest foreign-made cars and electronic gadgets. They are likely to have air conditioning, and can indulge in an annual vacation, usually somewhere in India.

The middle class currently numbers some 50 million people, but by 2025 will have expanded dramatically to 583 million people—some 41 percent of the population. These households will see their incomes balloon to \$1.5 trillion rupees (\$1.1 billion)—11 times the level of today and 58 percent of total Indian income.

The other major spending force in India's new consumer market will be our last segment—the global Indians, earning more than 1 million rupees (\$21,882, or \$118,000, taking into account the cost of living). These are senior corporate executives, large business owners, high-end professionals, politicians and big agricultural-land owners. Today there are just 1.2 million global Indian households accounting for some 2 trillion rupees in spending power. But a new breed of ferociously upwardly mobile Indians is emerging—young graduates of India's top colleges who can command large salaries from Indian and foreign multinationals. Their tastes are indistinguishable from those of prosperous young Westerners—many own high-end luxury cars and wear designer clothes, employ maids and full-time cooks, and regularly vacation abroad. By 2025, there will be 9.5 million Indians in this class and their spending power will hit 14.1 trillion rupees—20 percent of total Indian consumption.

As the seismic wave of income growth rolls across Indian society, the character of consumption will change dramatically over the next 20 years. A huge shift is underway from spending on necessities such as food and clothing to choice-based spending on categories such as household appliances and restaurants. Households that can afford discretionary consumption will grow from 8 million today to 94 million by 2025.

Long-established spending attitudes are already changing rapidly. Branded clothes are becoming de rigueur for the wealthiest Indians—Christian Dior, Louis Vuitton and Tommy Hilfiger already have a presence in the country. Gucci, Armani and Versace are on their way. For generations, Indians did their daily shopping at fresh-food markets and regarded packaged foods as "stale." However, just like their Western counterparts, a new generation of busy urban Indians is starting to appreciate the convenience and choice offered by packaged foods. Likewise, many Indians have traditionally viewed gold jewelry as a safer way to save than banks, but young Indians today are likely to see jewelry as a fashion statement, not a savings plan. They are also increasingly comfortable using credit cards—the share of Indians who carry plastic has quadrupled since 2001.

Of course, many of India's new consumers still have relatively modest means. Despite rapidly rising incomes, average spending will still lag behind countries such as Indonesia. Like China's, India's market will be based more on volume than on per capita spending. While luxury-goods makers may be able to sell to India's global consumers with little modification to their products, those selling to India's new middle class will need to be

innovative to square the difference between the rising aspirations of consumers and their still-modest pocketbooks.

One such company is Tata Motors, India's leading auto manufacturer, which has announced its intention to introduce the world's first "one lakh" car. One lakh refers to the price, 100,000 rupees, or just \$2,100. This will probably be the cheapest car in the world. Historically, a new car was out of reach of the vast majority of Indian households. But as incomes rise, car prices fall and financing becomes available to more people, a huge pool of pent-up demand will be released. In a tie-up with the State Bank of India, car manufacturer Maruti (majority-owned by Suzuki) is now offering customers the chance to buy one of its cars with lower monthly payments than if they were buying a motorbike. Over the next 20 years, we expect to see spending on cars growing by 12 percent per year. While more Indians will enjoy the freedom of their own transport, it's not hard to imagine the impact on the nation's environment and increasingly clogged roads. Affordability continues to be the hallmark of successful new consumer-product launches. In the household-products sector, an example of keen pricing is the \$66 washing machine built by Videocon, the Indian consumer-electronics company. The Videocon washer was successful not just because it was cheap, but because its design was attuned to the needs of Indian families—for example, it will automatically finish a wash after one of India's frequent power outages—and it dropped costly standard features such as a drying cycle, which is unnecessary in India's hot climate.

Smart companies recognize that old consumer habits die hard. For generations, rural Indian families have either made their own clothes from bolts of cloth or had the local tailor make their garments relatively cheaply. Many remain suspicious of ready-to-wear clothes. Arvind Mills, India's leading denim manufacturer, overcame these misgivings by offering a "ready to stitch" jeans kit to local village tailors. It also distributed sewing-machine attachments for stitching the heavy denim and trained the tailors to use the kits. Within two months, more than a million of these Ruf 'n Tuf kits were sold.

India's shift to a consumer society will only accelerate as more people become "connected" via mobile phones, the Internet and TVs, and as advertising becomes a more prominent part of people's lives. Before India embarked on its program of economic reforms, the country had only 0.8 fixed telephones per 100 people, and virtually no mobile phones. While fixed-line penetration has almost tripled to 2.2 per 100 people, the real growth story has been in mobile, which has exploded and is expected to reach 211 million subscribers by the year-end. India's mobile market is currently growing even faster than China's, and we expect overall communications spending to continue to grow at a very rapid 13.4 percent per year over the next two decades. Other fast-growing categories will include transport, education and health care. It is testament to the determination of Indians to work for a more prosperous future that the highest priorities will be these "economically enabling" areas of spending that boost productivity and economic growth. Indeed, Indians will spend more of their disposable income on these categories than consumers in just about any other country. But the boost in private health-care spending, which we expect to double from 7 percent of all consumer spending today to 13 percent in 2025 (second only to the United States in percentage terms), also shows the weak underbelly of the nation's growth story. Despite the immense progress that India has made, the public sector—in particular, health, education and infrastructure such as roads and power—is in a desperate condition. Thus many Indians will spend their rising incomes to opt out of public services and go private unless those services improve.

While India's rising wealth will provide more resources to tackle these issues, its fast-growing population will stress its public services even further. India's success to date has been built on its human capital—a hardworking and increasingly educated population. If the country's growth is to continue, the reforms that have revolutionized its private sector will need to reach its notorious government bureaucracy as well. If this does occur, the dynamism of India's people will do the rest.

Farrell is director of the McKinsey Global Institute, McKinsey & Company's economic research arm, where Beinhocker is a senior fellow.



NGO Research Guide

World Bank and NGOs

The World Bank and Civil Society

The World Bank first began to interact with civil society in the 1970s through dialogue with non-governmental organizations (NGOs) on environmental concerns. Today the World Bank consults and collaborates with thousands of members of Civil Society Organizations (CSOs) throughout the world, such as community-based organizations, NGOs, social movements, labor unions, faith-based groups, and foundations.

World Bank Publications on Civil Society Engagement

The site includes a listing of studies, reports, publications, and other materials produced by the World Bank on its civil society engagement work as well as other development topics related to civil society and social development. These are produced by different regional, network, country, and other units throughout the institution.

Definition

The World Bank defines NGOs as "private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development" (Operational Directive 14.70). In wider usage, the term NGO can be applied to any non-profit organization which is independent from government. NGOs are typically value-based organizations which depend, in whole or in part, on charitable donations and voluntary service. Although the NGO sector has become increasingly professional over the last two decades, principles of altruism and voluntarism remain key defining characteristics.

Categories of NGOs

The term NGO is very broad and encompasses many different types of organizations. In the field of development, NGOs range from large, Northern-based charities such as CARE, Oxfam and World Vision to community-based self-help groups in the South. They also include research institutes, churches, professional associations and lobby groups. The World Bank tends to interact with two main categories of NGOs: 1) *operational* NGOs - whose primary purpose is the design and implementation of development-related projects, and; 2) *advocacy* NGOs - whose primary purpose is to defend or promote a specific cause and who seek to influence the policies and practices of the Bank. A growing number of NGOs engage in both operational and advocacy activities, and some advocacy groups, while not directly involved in designing and implementing projects, focus on specific project-related concerns.

NGOs and Development

Over the past several decades, NGOs have become major players in the field of international development. Since the mid-1970s, the NGO sector in both developed and developing countries has experienced exponential growth. From 1970 to 1985 total development aid disbursed by international NGOs increased ten-fold. In 1992 international NGOs channeled over \$7.6 billion of aid to developing countries. It is now estimated that over 15 percent of total overseas development aid is channeled through NGOs. While statistics about global numbers of NGOs are notoriously incomplete, it is currently estimated that there is somewhere between 6,000 and 30,000 national NGOs in developing countries.

Operational NGOs

The World Bank classifies operational NGOs into three main groups: 1) *community-based*

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organizations (CBOs) - which serve a specific population in a narrow geographic area; 2) *national* organizations - which operate in individual developing countries, and; 3) *international* organizations - which are typically headquartered in developed countries and carry out operations in more than one developing country. Throughout the 1970s and 1980s, most examples of World Bank-NGO collaboration involved international NGOs. In recent years, however, this trend has been reversed; an increasing number of projects involve community based organizations.

Community-Based Organizations

CBOs (also referred to as grassroots organizations or peoples' organizations) are distinct in nature and purpose from other NGOs. While national and international organizations are "intermediary" NGOs which are formed to serve others; CBOs are normally "membership" organizations made up of a group of individuals who have joined together to further their own interests (e.g.: women's groups, credit circles, youth clubs, cooperatives and farmer associations). In the context of Bank-financed activities, national or international NGOs are normally contracted to deliver services, design projects or conduct research. CBOs are more likely to be the recipients of project goods and services. In projects which promote participatory development, grassroots organizations play the key function of providing an institutional framework for beneficiary participation. CBOs might, for example be consulted during design to ensure that project goals reflect beneficiary interests, undertake the implementation of community-level project components, or receive funds to design and implement sub-projects. Many national and international NGOs work in partnership with CBOs, either channeling development resources to them or providing them with services or technical assistance.

NGO Strengths and Weaknesses

Because the nature and quality of individual NGOs vary greatly, it is extremely difficult to make generalizations about the sector as a whole. Despite this diversity, some specific strength generally associated with the NGO sector includes the following:

- strong grassroots links
- field-based development expertise
- the ability to innovate and adapt
- process-oriented approach to development
- participatory methodologies and tools
- long-term commitment and emphasis on sustainability
- cost-effectiveness

The most commonly identified weaknesses of the sector include:

- limited financial and management expertise
- limited institutional capacity
- low levels of self-sustainability
- isolation/lack of inter-organizational communication and/or coordination
- small scale interventions
- lack of understanding of the broader social or economic context

Source: World Bank website "Nongovernmental Organizations and Civil Society/Overview." <<http://wbi018.worldbank.org/essd/essd.nsf/NGOs/home>> Accessed June 8, 2001 (no longer available)

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THE TIMES OF INDIA

No country for landed women

Rema Nagarajan, TNN, Mar 8, 2010, 04:31am IST

Women, it is said, hold up half the sky. Forget the sky. In India, women most often don't even own the land they toil on all their lives. Women comprise barely 11% of landholders in the country. Yet, they constitute almost a third of the agricultural labour force and about 72% of employed women are in the agricultural sector.

The low proportion of land ownership among women assumes significance in light of the close link established between landlessness and rural poverty. In 1997, a World Bank country study showed that landlessness is by far the greatest predictor of poverty in India — even more so than caste or illiteracy.

India is not alone in denying women their rightful share in property as women in most developing countries share a similar fate. In the immediate neighbourhood, Bangladesh (3%) and Nepal (8%) have an even poorer record than India. The figures for landownership by women in Pakistan are not available. In Asia, Thailand has the highest proportion of landownership by women (27%) compared to much lower proportions of 9% in Vietnam and Indonesia, 11% in Philippines and 13% in Malaysia.

Women continue to comprise a disproportionate share of the landless and rarely hold legal rights to land despite several studies highlighting the significant cost of excluding women from control of land and its resources. Where women control the use of income from land, they tend to spend it on nutrition and the welfare and educational needs of their children and family. Men tend to spend on fulfilling individual desires, states an FAO report on land rights for women. Gender equality in land rights could thus not only be a powerful means to eradicate poverty, but could also positively and significantly influence the welfare of the next generation, adds the report.

There is no dearth of good intentions on the part of the government. Three decades ago, the Sixth Plan had recommended that states give joint titles to husband and wife in transfer of assets like land and house sites through government programmes. The National Perspective Plan for Women of 2000 repeated the same mantra. Even the current five year plans agenda for women in agriculture loftily talks of ensuring effective and independent land rights for women. Despite these initiatives, the ground reality is different.

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One More Reservation

ANAND TELTUMBDE

Reservation has proved to be a potent weapon in the hands of the ruling classes to control the political barometer and as a strategic tool to manipulate people. Our progressive automatons need to learn this basic fact. The women's reservation bill, in its current form, can benefit the major political parties, with a relatively larger feudal hold on the population, to get their women elected to a disproportionately larger number of reserved seats and improve their tally.

^{Zorn} It is rather telling that the ire of the people that was building up against price rise all over the country was so easily punctured by the government with the help of the women's reservation bill. In a break with its tumultuous history of 14 years, the bill has already been passed in the Rajya Sabha and could well be passed in the Lok Sabha but for the opposition from the Yadavs and Mayawati. The United Progressive Alliance (UPA) has decided to table it in the next session, perhaps to use it to overcome some other crisis. Reservation has proved to be a potent weapon in the hands of the ruling classes to raise public passion and control the political barometer. Indeed, it is strategic that the UPA holds on to the bill as long as possible. Because if it is passed and made into law, it will lose a weapon in hand until it can create another reservation bill. Of course, there is no dearth of demands for reservation; going by the trend they may rather outlive the polity.

From Exception to Proliferation

The provision of reservation came as an exception to the fundamental right to equality in favour of the scheduled castes (scs), who suffered deep and entrenched social prejudice against them and the scheduled tribes (strs), who were physically detached from the mainstream society and potentially faced the same fate as the scs. The prejudice against them was such that no matter what attributes they possessed, the society would not accept them anywhere other than where they were traditionally supposed to be. The reservations for the scs have come from the colonial times and it was just a matter of continuation. The strs were added later. The Constitution makers failed to attribute this exception to the disability of the Indian society to treat its own members equally. They vaguely associated it with the backwardness of these communities. Had they done so, the reservation would have had self-terminating logic: motivating the larger society to do away with this

disability and hence the reservation itself at the earliest possible time. Unfortunately, the way it is expressed has helped to make reservations self-perpetuating, verewigey

Apart from the reservations for the scs and strs, the Constitution empowered the State to make special provisions for the advancement of the classes which are "socially and educationally backward". The special measures do not necessarily mean replication of the quota system as for the scs and strs. But it was taken to mean so by politicians who wanted to forge reservations into a political weapon to manipulate people. The cardinal criterion for reservations in a country characterised by pervasive backwardness can only be the insurmountable social prejudice, which leaves no other viable option than an exceptional measure such as the countervailing force of the State to counter it. Quotas verily represent that force. This criterion cannot be diluted into backwardness. The special measures to be taken for others to remove the ubiquitous backwardness could well be to ensure that the few traditional elites do not get further enriched by the developmental investments of the state at the cost of the masses. Despite reservations galore, this is precisely what has not happened in India. The rich have been getting richer and the poor poorer.

The huge empowerment of the landed middle castes as a result of the post-independence Nehruvian modernist project comprising land reforms and the green revolution, among others, drastically changed the course of politics in the country. The elite of these amorphous middle castes taking advantage of the caste ties and the electoral system consolidated themselves to wield enormous economic, social and political power and threatened the monopoly of the traditional ruling castes. The phenomena of emergence of regional parties from the mid-1960s and inauguration of coalition era from the mid-1970s is a manifestation of this process. The main plank of their consolidation was the rhetoric against the upper castes and the hatred for dalits, perceived as unduly pampered with reservation. The elites of the backward classes (obcs) could skilfully transform the popular grudge against reservations for the scs

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and STs into a demand for their extension to OBCs, thus setting into motion competitive backwardness to claim reservation.

The Mandal reservations for the BCS eventually opened a Pandora's box. Now, reservations are naturally being demanded by all conceivable categories. Muslims are closer to getting it, thanks to the Sachar Committee recommendations and dalit Christians are not very far. There is a demand for reservations for the poor among the upper castes and of course the incipient demands for splitting the quota according to sub-castes and sub-sub-castes. Reservation projected as a panacea for all ills is bound to proliferate beyond limits.

Have Reservations Worked?

Before the extension of this exceptional principle to all and sundry, a responsible polity would evaluate whether it has served the original purpose in its prototype form in the case of the SCs and STs. If we objectively look at the evidence, one could definitely say that it has catalysed huge spread of education among these communities and caused significant socio-economic development through their employment in government and public sector. Although extremely limited in its potential, its motivational impact has been tremendous. Notwithstanding these positive aspects, like any other developmental scheme without a remedial mechanism, it has accentuated inequality among these castes. The people (and the castes) with the advantage of first movers increasingly monopolised its benefits and left the rest relatively poorer. While the beneficiaries are individuals or their families, with the ruling idiom of caste, it engendered feelings of resentment against the beneficiary castes, and provided fodder for the vested interests to further divide these castes.

This flaw in the policy could be easily plugged by bringing in a non-caste criterion of a family unit. The prospective reservation should be considered applicable to the families, which have not yet availed of reservation. This is a simple and practical solution but it would not be accepted by the political class as it takes away caste, which is the golden goose.


In addition, there is political reservation which is ignorantly mixed up with

the reservation in education and employment available to the SCs and STs. It came from the Poona Pact between Gandhi and Ambedkar in 1932 as a compromise to do away the grant of separate electorates in the Communal Award of Ramsay McDonald. At the time of its incorporation into the Constitution, Ambedkar himself was not sure about its efficacy and wanted it only for 10 years. However, this reservation has been getting unanimously extended before it is due to expire by the ruling class parties. From this broad evidence also one could surmise who the real beneficiaries of this reservation are. But, even beyond this, one could try and find out whether it has benefited the dalit masses it was meant for. The answer is definitely in the negative. The late Kanshiram summarised his assessment of this policy in a pamphlet, *Chamcha Yug* (Era of Stooges). It produced a totally contrary result to what was perhaps intended. Instead of creating a proportionate representation of dalits in the legislative bodies, it has completely decimated their representation by making stooges out of dalit politicians.

While in numbers, this reservation unlike others, has been always fully implemented; it has never led to even a feeble voice of dalits in the legislatures. The so-called dalit representatives have been always subservient to their ruling class upper caste bosses to whom they owed their existence. It only created a political class among the dalits, which fattens itself on the political rent derived from the ruling classes.

Reservation for Women

The current bill purporting to give 33% reservation to women in state legislatures and in the Lok Sabha is also destined to be counterproductive in a much bigger measure. There can be no two opinions that women who hold up half the sky are short-shrifted in a male-dominated world. There is no dispute about their suffering myriad forms of discriminations and atrocities: as children, they are discriminated in terms of access to food, health, education; as adults they are discriminated in choice of livelihood, wages, and also suffer physical abuse and rape. There cannot be any controversy therefore about



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the need to restore what is rightfully theirs but is unjustly denied to them. The issue is about the manner of doing so.

First, women are a generic and broad category, comprising castes, classes, races, and communities of all kinds. Despite the history of over 150 years of women's movement, they have not achieved a coherent voice and have even showed splinters in recent years. There is nothing common, for instance, between an urban upper caste woman and a typical dalit woman in a village. The former though suffering subtle discrimination in a patriarchal society enjoys enormous social power whereas the latter is triple-oppressed, for being poor, dalit and a woman. The mainstream concept of women's liberation therefore is alien to dalit women. As a reaction, they have been observing women's liberation day on 25 December (instead of 8 March) the day the *Manusmriti* was burnt at the Mahad conference. Its stance is not against men but against the mainstream women's movement that seeks to overlook the oppression of the majority of women. There is a tendency in even other castes and community groups to articulate their dissent against the mainstream women's movement.

Second, the idea of reservation has been problematic with regard to its professed objective but certainly useful to politicians. Reservation by design promotes the interests of the better placed among the target population. As a result, while a small section of the population progresses, the rest is left behind. At the time when reservation was conceived for the scs and sts, these considerations were not material simply because there was no visible elite among them. Whosoever came up was to be a role model for the rest and was supposed to represent their interests. Now that the second and third generation of beneficiary dalits is around, the evils of the reservation system have surfaced clearly. The demand for categorisation articulated by Madiga Dandora may not be maintainable in many ways but cannot simultaneously be dismissed as baseless or motivated. The point is that it basically bares the limitation of the reservation policy. Since reservation for the scs and sts is premised on social prejudice, its outright abolition is out of question in

view of these prejudices being still visible, but there is certainly a case for plugging their obvious lacunae.

Politics behind Progressive Veneer

The situation prevailing at the time of first instituting reservations no more exists for any segment of the population, least of all for women. The all pervasive clamour for reservation today can be considered as symptomatic of our unscrupulous politics. The proposed women's reservation bill is also not beyond it. It has extended its hands beyond castes and communities to a new terrain of gender. Ever since the rise of the middle castes ushering in the coalition era of governance, our traditional ruling classes, inured as they are to monopoly power, have been uncomfortable. While other reservation issues can be raked up, they have small potential and uncertain outcome. However, if they could bring in a vast population of women, under the purview of reservation, they could hope to cross the coalition barrier. The women's reservation bill in its current form can benefit the major political parties with a relatively larger feudal hold on the population, to get their women elected to a disproportionately larger number of reserved seats and improve their tally. Behind its progressive veneer, this appears to be the motivation.

The objection of Mayawati and the Yadavs to the bill for not providing a quota for the scs, sts, bcs and minorities actually smacks of this precise fear. If passed in its present form it would erode their base. There will not be any difference to the constitutional reservation for the scs and sts. In the case of others, the rotational system proposed in the bill would disturb their hold on the constituencies and the more entrenched political halo of traditional political families would score over the parties such as the Bahujan Samaj Party and the Samajwadi Party. This may not be remedied even by reserving seats for the bcs and minorities.

As regards its core objective, it is naïve to believe that this reservation would benefit the oppressed sections of women. If even in a relatively cohesive population like that of dalits, political reservation has produced huge negativity, the outcome of the political reservation to women

fragmented by caste, class, community, religion, language, and region, could only be worse. In what way would a larger number of elite women in Parliament empower dalit women in a village? Largely, these ladies would act as proxy of their male benefactors with a political halo, money and muscle power. Women's woes are not as much a matter of legislation as it is a matter of societal attitudes, which could be challenged at the level of practice and arrested by an efficient administration. In this way, reservation at the panchayat level becomes more important than what the bill proposes. Also, if there is a real political will to improve the situation of women, it would be better achieved by instilling gender sensitivity in the administration and making it accountable.

Progressive Automatons

Empowerment of women is a laudable objective. India ranks a shameful 114 among 134 countries of the world on the scale of gender equality. This situation cannot be remedied by instituting lopsided reservation. Increased representation of women in our legislative bodies is certainly desirable but if it is going to be superficial and reinforce the traditional power structure, it needs to be re-thought. Most issues of democratic representation sought to be solved through reservation could perhaps be resolved better in the electoral system of proportional representation as proposed by many analysts. It may be worthwhile to have a national debate on these issues than rush with stereotypical solutions.

It is a pity that our national life is governed by stereotypes. Reservation as a universally progressive policy is one such stereotype. It has assumed the status of a holy cow for the progressive section. That is unfortunate because it makes it so much easier for the ruling classes to play havoc with the polity. Reservation in the Indian society divided as it is with numerous fault lines is intrinsically fraught with many problems, which could turn it quite counterproductive if not conceived properly. It is being certainly used effectively by the ruling classes as a strategic tool to manipulate people. Our progressive automatons need to learn this basic fact.

Public NGO-Financing Institutions in India:

An Exploratory Study

by L. David Brown, Rajesh Tandon,

Anil Chaudhury, and Sudarshan Singhal

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INTRODUCTION

It is increasingly recognized that nongovernmental development organizations (NGOs) often have a comparative advantage over government agencies for reaching the very poor, providing low cost services, building grassroots organizations, and adapting or creating innovative programs to meet local needs.¹ Agencies concerned with promoting sustainable improvements in the lives of grassroots populations are increasingly interested in how NGO contributions can be strengthened and expanded. Expanding NGO access to financial resources -- from private citizens, public agencies, international donors, and other sources -- is an important issue in this context.

This paper examines experience in India with providing government funds to support such NGOs. We seek to learn about the issues facing NGO-financing institutions (NFIs) and to identify general strategies and tactics for effectively bridging the gaps between government and NGOs. We do not intend for this analysis to be primarily a critique of existing NFIs or proposal for future NFIs.

This analysis is grounded in analyses of archival materials and interviews with officials of several NFIs and with NGO leaders who have benefitted from NFI support. This overview will be a background paper for discussions with government officials, NFI staffs, NGO leaders, and international agency representatives about how government institutions can most effectively work with NGOs. We hope to see new ideas about how future NFIs can be designed out of that discussion.

The next section briefly discusses two perspectives on the development roles of NGOs that imply quite different forms of NFIs. Then we turn to a brief discussion of the history of government support for NGOs in India and the NFIs whose experience provides the basis for this analysis. We then describe some issues experienced by these NFIs. The following section proposes some concepts for understanding and designing NFIs for the future. On the basis of these concepts, we then discuss two conceptions of NFIs for India that are grounded in different perspectives on the development roles of NGOs.

PERSPECTIVES ON THE DEVELOPMENT ROLES OF NGOs

NGOs have undertaken a variety of development activities in India and in other countries. For example, NGOs may undertake programs to provide relief in disaster areas, services such as education and health in remote and impoverished areas, community organizing for local problem-solving and self-reliance, coalition-building and advocacy to press grassroots claims on government services, or support activities such as research, training, and technical assistance to grassroots populations.² Some NGOs undertake several activities, but most specialize in one or two, so it is often convenient to classify them by the type of activity that dominates their work.

Too much emphasis on NGO activities, however, can obscure a more fundamental difference that shapes how governments and donors conceive NGO roles in development -- and by implication the purposes of

supporting them. One perspective conceives of NGOs as contributing to development by *extending government services*. The other perspective sees NGOs as promoting development by *catalyzing local innovation and capacity-building*. The two perspectives have quite different institutional assumptions, development goals, and criteria for success.

NGOs AS EXTENSIONS OF GOVERNMENT SERVICES

The service-extension perspective dominates most government and international donor support for NGOs. It assumes that the state is the primary architect of development policy and implementation, and that the delivery of services is the critical task for NGOs. This perspective emphasizes the capacities of NGOs to deliver relief in times of disaster, to reach poor and remote populations, and to deliver effective service at relatively low cost. Support for NGOs from this perspective will focus on implementing projects and delivering services. Thus studies of NGO involvement in World Bank projects, for example, indicate that NGOs have been used more in implementing roles than as advisers, organizers, or advocates.³

From this perspective, NFIs should be concerned with the quality of services delivered, coordination and oversight of NGO activities, and promotion of efficiency in delivery. The service extension perspective will hold NGOs accountable to government goals and standards. In the service extension perspective, NGOs in essence become an arm of the state, which remains the primary planner and implementer of development activities. NGO activities that do not advance service goals, such as some forms of organizing or advocacy, will be seen as irrelevant or noxious from this perspective.

NGOs AS CATALYSTS FOR LOCAL INNOVATION AND CAPACITY-BUILDING

The local capacity-building perspective, on the other hand, is concerned with strengthening the abilities of grassroots organizations and institutions for local problem-solving. It assumes that local people's organizations, informal associations, NGOs, unions, cooperatives and other "third sector" agencies are essential complements to the market and the state.⁴ The capacity-building perspective assumes that locally-grounded, values-based associations and organizations are essential to mobilizing and channeling grassroots energies for developmental purposes. Too much emphasis on the market can exacerbate disparities of wealth and power and undermine social institutions that would otherwise help to care for the poor and disadvantaged; too much emphasis on the state can undermine local initiative and independence and erode traditions of self-help.⁵ Evaluations of development projects suggest that strengthening local institutional capacity is one key to sustainability when projects need to be supported and maintained after outside agencies leave.⁶ Analysts from many settings have concluded that institutional pluralism -- characterized by effective state institutions for maintaining public order and organizing national programs, competitive market institutions for producing economic goods and services, and committed voluntary institutions for articulating public values and mobilizing voluntary resources -- is particularly likely to produce sustainable improvements.⁷

From the capacity-building perspective, governments should encourage NGOs to promote local development innovations and organizations that can complement effective state and market institutions. This agenda requires strengthening agencies that are independent from the state and the market. Government support for local capacity-building encourages bottom-up initiatives, local participation and influence, and accountability to grassroots groups and clients. This perspective emphasizes responding to local needs and initiatives, even at some cost in centralized planning and coordination or uniformity across regions. NFIs engaged in local capacity-building need to be somewhat autonomous from the state, at least where state linkages might threaten local capacity-building.

COMPARING THE PERSPECTIVES

Table 1 compares the two perspectives in terms of assumptions, goals, and criteria for success. Many NGO activities are relevant to both perspectives, but their effects will be measured by very different yardsticks. A relief NGO operating in the service extension perspective, for example, might be judged on costs per

ton of rice delivered to starving populations. The same organization, operating in the capacity-building perspective, might be assessed by how much its relief work strengthens indigenous institutions for handling future disasters. The delivery of service is an end in the first perspective; it may be a means for building local capacity in the second.

Table 1: Two Perspectives on NGOs

	Service Extension Perspective	Capacity-Building Perspective
Assumptions	State is primary agent of development Economies of scale promote better service Uniformity promotes quality	Voluntary sector complements state and market Local responsibility promotes better service Local innovations needed
Goals	Deliver high quality services Use scarce resources efficiently Expand capacity and reach of government services	Build local capacities Promote local innovations Strengthen independent local institutions
Success Criteria	Quality of service Quantity delivered Efficiency Growth	Quality of institutions Local control and sustainability Innovation and adaptation Self-replication

The two perspectives assign different priorities to NGO activities. Thus NGO relief and service activities are central to the service extension perspective, while NGO organizing and advocacy are crucial in the capacity-building perspective. Support in the form of research, training, and technical assistance is relevant to both. We will return to the two perspectives in later discussions, since the definition of NFI missions and strategies grows out of assumptions about the development roles of NGOs.

NGO-FINANCING INSTITUTIONS IN INDIA

NGOs have been important actors in the Indian context for decades. In the post-Independence period, Indian voluntary organizations have demonstrated alternative models of education, health care, community development, housing and several other areas of grassroots development.⁸ During the past decade the work of NGOs has been central to raising and bringing into the mainstream of Indian development planning and programming such issues as women, environment, and wasteland development.

Financial support for these NGOs has come from many sources: private citizens, international donors, corporations, government agencies. In this paper we are particularly interested in the experience of the Government of India with supporting NGOs for four decades. We will focus on support through semi-autonomous agencies that are intended to function independently of Central and State governments.

Soon after independence the government recognized that voluntary organizations could provide services to disadvantaged populations. The Central Social Welfare Board, described in Box 1, has been providing support to NGOs for nearly four decades.

In the early 1980s it became clear that NGOs had much to offer many development efforts. The Government of India dramatically increased the resources earmarked for NGOs in the Seventh Five Year Plan. It also created a new agency to strengthen the capacities of NGOs to participate in these programs called the Council for Advancement of People's Action and Rural Technology (CAPART). CAPART is described in Box 2.

At about the same time, the Government established the National Wastelands Development Board (NWDB) as a response to growing problems with ecological deterioration and deforestation. It was expected that the NWDB would make extensive use of NGOs in carrying out its programs, though it was also expected to work closely with Central and State Government agencies concerned with these issues.

These three institutions are all mandated to provide support to NGOs and they are all, in theory, autonomous from their Ministries. Table 2 presents some of the most important similarities and differences.

ISSUES IN FINANCING DEVELOPMENT NGOS

In this section we will focus on problems encountered by Indian NFIs, since we seek to understand the challenges that face such institutions. This emphasis on problems should not be interpreted to mean that they have not made significant contributions to development, but rather that examining problems can promote learning from experience. Some problems were repeatedly identified by NFI officials and by NGO leaders, and we will briefly describe those recurring problems here. We will use examples from the case studies to illustrate general points, and more detail can be found in the Appendices. This emphasis on the problems of NFIs should not be construed to mean that there are not problems with the NGOs they support. On the contrary, there is considerable evidence that not all NGOs are efficient, effective, dedicated, or honest. But our emphasis here is on the NFIs and their problems.

Table 2: NFI Characteristics

	CSWB	CAPART	NWDB
Mission	Support social welfare services; Strengthen voluntary organizations	Strengthen rural voluntary organizations; Introduce new technology inputs.	Promote productive use of wastelands; Support afforestation and rural employment.
Leadership	Chair: Ex. Dir.: IAS Officer	Chair: Minister of Rural Development; Ex. Dir.: IAS Officer	Initial Chair: Academic Leader; later Minister of Environment & Forest Ex. Dir: IAS Officer
Organization	General Body (45); Executive Committees (12); State Boards;	General Body (85); Executive Committees (27); Projects, Finance Committees;	Board (18); Technical, Project Ctees; Close coordination with

	CSWB Staff (150).	CAPART Staff (140).	state forestry depts. NWDB Staff ().
Service Extension Programs	Grants in Aid Welfare Extension Socio-economic Programs Hostel for Women Education Programs Mahila Mandal (Women's Organizations) Children's Creches	Rural Women and Children Rural Sanitation Rural Water Supply Landless Employment Integrated Rural Development Rural Technology	Forestry Program Rural Fuelwood Soilwatch External Aid Projects Categorization Nurseries Silvi-Pasture Margin Money Tree Usufruct Cooperatives
Capacity-Building Programs	Women's Awareness Camps Voluntary Action Bureaus	Organization of Beneficiaries Promotion of Voluntary Action	Grants in Aid
Budget Allocation__ Service Extension vs Capacity-Building	Service Extension: 97% Capacity-Building: 3% [0.8 of 27 crores in 88-89]	Service Extension 79% Capacity-Building: 21% [6 of 28 crores in 88-89]	Service Extension: 96% Capacity Building: 4% [5 of 130 crores in 1991]

1. Bureaucratic structures and procedures

NFI officials and NGO leaders agree that NFI formal structure and procedures are often rigid and over-centralized, and so lead to long delays in follow through and sometimes to active harassment of NGOs by officials. NGO applications to NWDB, for example, require approval from state forestry departments, and so subject the NGOs to arbitrary demands from those officials. Applications to CSWB must be approved by State Board members, and so decisions and actions may be delayed and NGOs may be subjected to political interference. Officials at CAPART have insisted that the rule require paying the minimum wage to participants in some programs, even though they do not expect it. This procedure sets inappropriate expectations for future payments, but programs have been canceled when NGOs failed to follow it. Several NGO leaders also reported closing programs or being forced to borrow from moneylenders because of bureaucratic delays in support payments.

2. Program schemes foreclose innovation or adaptation to local conditions

Many NFIs fund NGO participation in national development programs that have been designed as a uniform "scheme" for implementation throughout the country. These schemes integrate NGOs into programs that are centrally specified in advance, and so hamstring efforts at adaptation to fit local circumstances. Most programs funded by these NFIs are government schemes (environmental programs for NWDB; rural development programs for CAPART; social welfare programs for CSWB). Resources

that can be used flexibly to support NGO innovations or programs driven by local people and problems are severely limited.

3. Leadership changes or inattention

Leadership is critical to Indian NFI performance, both in shaping staff activities and in establishing the reputation of the institution. NFIs have very diverse constituencies and stakeholders. Their leaders must deal with the expectations of state and national bureaucrats and politicians as well as NGOs and beneficiary groups. These stakeholders exert conflicting demands on NFI leaders, who are often poorly prepared for work with such multiple worlds. Leaders from the civil service may be unfamiliar with the demands of influencing NGOs; leaders from NGOs may be mystified by the intricacies of the bureaucracy.

Turnover can also undermine NFI leadership effectiveness. When the first Chair of the NWDB was replaced by the Minister of Environment and Forests, many NGOs felt that the bureaucracy had taken over the agency. Some leaders are seen to be more interested in a posting in New Delhi than in the work of their NFIs; others serve out a three-year term and leave just as they begin to become effective. Many NFI leaders described their experience as exceptionally frustrating. Some reported "burning out" from their efforts to get NFIs to operate more effectively, and many suggested that increasing NFI autonomy is crucial to increasing effectiveness.

4. Political cultures enable exploitation or interference

NFI performance is often shaped by informal organizational cultures: the values, norms, beliefs, and expectations that enable staff to interpret and give meaning to organizational activities. NFI staff and NGO leaders agreed that NFIs are strongly influenced by values, norms, and expectations imported from government departments. When NFI staffs are recruited from the national and state bureaucracies, they bring with them the values and norms of those services. In addition, state and national government control over funds and programs requires that NFIs conform to bureaucratic and political expectations and demands. So NFIs often develop internal cultures more consistent with government agencies than NGOs. For example, bureaucratic and political cultures emphasize hierarchical control, following the rules, "playing it safe" and (in some cases) using positions for financial or political self-aggrandizement. These patterns may encourage NFIs to support bogus, "for-profit" NGOs, rather than voluntary organizations genuinely committed to development.

5. Monitoring and evaluation as harassment

In theory, NFIs provide ongoing technical support and evaluation to the NGOs they fund, so that they are able to carry out programs effectively. Many NFI staff are unfamiliar with the work being carried out by the NGOs, so visits to monitor and evaluate NGO activities may focus more on accounting issues than on technical assistance and support. Most NFIs have adopted government rules and procedures for accounting and grant disbursements based on British colonial patterns that may be unfamiliar to NGOs. CAPART hired retired government accountants as field staff, and they demonstrated their diligence by identifying accounting irregularities. CSWB reported concern with failures to provide program support on one hand, and with reports of fraudulent NGOs whose programs were all on paper on the other.

In general monitoring and evaluating procedures are highly sensitive to "irregularities" in NGO behavior, especially on financial matters. But those irregularities are defined by government accounting criteria rather than by results in terms of program goals. Many NGO leaders felt that NFI emphasis on accounting and "irregularities" amounted to an assumption that NGOs are "corrupt unless proven otherwise."

6. Difficulty in finding "good" NGOs to support

The NFIs must identify effective NGOs to carry out their programs, whatever those programs may be. All

the NFIs report that finding good NGOs is difficult, in part because they do not have the needed organizational and human resources. The identification task for CSWB is typically undertaken by members of State Welfare Boards, many of them political appointees not interested in local development. They may identify NGOs by political clout or willingness to pay for recommendations, rather than capacity to carry out the program. CAPART and NWDB have offices in Delhi and little ongoing contact in the field. They also have difficulty identifying effective local NGOs on an ongoing basis. It is not surprising that program performance is disappointing when appropriate NGOs cannot be found.

In other cases, NGOs with appropriate capacities have been alienated by bad past experiences. NFI leaders want to work more with NGOs known to be effective. But leaders from some of those NGOs described experiences of delay and harassment by NFIs as an explanation for why they sought support elsewhere. In still other cases, outright capture of NFI decision-making resulted in misallocations of resources. Sometimes politicians gained control of resources through influence over State Boards; sometimes NFI staff extorted payments from NGOs before accepting their applications; sometimes bogus NGOs acquired funds to carry out programs that existed largely on paper. In these cases inability to identify good NGOs, to support their activities, and then to hold them realistically accountable subverted NFI goals.

UNDERSTANDING NFIs: AN INITIAL FRAMEWORK

We do not think there is "one best way" to organize NFIs. The array of goals to be served and contexts in which programs must be carried out is very large. However, attention to a few key factors is important to cope with the issues that have plagued many NFIs in India. In this section, we suggest four such factors and offer options for working with them: (1) NFI missions and strategies that clearly describe their purposes and ways to achieve them, (2) leadership that fits those missions and strategies, (3) organizations that match mission and strategy requirements, and (4) relations with stakeholders that support carrying out those missions and strategies. We will consider each concept briefly before outlining some options for action on each with respect to NFIs.

NFI *missions* describe their basic purposes or reasons for existence; NFI *strategies* are concepts that guide action to carry out those missions.⁹ Implicit or explicit perspectives on the roles of NGOs in development underpin NFI missions and strategies. CSWB, for example, was created to extend services to disadvantaged

populations, and the strategy of funding NGO services to poor women extended several government programs to previously neglected groups.

Choices of NFI *leadership* send critical messages to internal and external stakeholders.¹⁰ Commitment and interest in the NFI's mission, skills and qualifications relevant to that mission, and credibility with key stakeholders are all important. The initial leaders of CAPART and NWDB, for example, had credibility with NGOs and so received cooperation and support that was less easily available to their successors.

The *organization* of NFIs can vary in appropriateness to their missions and strategies. NFIs are organized through the definition of core tasks and programs, the design of formal structures and systems, the evolution of informal cultures and expectations, and the recruitment and development of human resources.¹¹ When NGO leaders complain about rigid program schemes and bureaucratic rules, they suggest that NFI organizational mechanisms do not fit their missions and goals.

Finally, *stakeholder relations* reflect the patterns of information flow, resource exchange, and mutual influence between the NFIs and key actors such as government agencies, politicians, NGOs, and grassroots groups.¹² Mobilizing stakeholders to support NFI missions and strategies may be critically important to their success. New mechanisms for accountability and control may be required if politicians can capture CSWB resources for a bogus NGO or forest service bureaucrats can veto NWDB support for

a competent NGO, and so subvert the NFI's ability to carry out its mission.

The performance of an NFI is shaped by the interaction of these factors -- missions and strategies, leadership, organizing mechanisms, and stakeholder relations -- as indicated in Figure 2. Clarifying NFI missions and strategy can help define appropriate leadership, needed organization, and desired relations with important stakeholders. Since these elements interact, it is difficult to define any of them without considering their interactions with each other.

Figure 2: Institutional Factors in NFIs

1. Clarifying Missions and Strategies

Clarifying NFI missions and strategies is an important first step. These missions and strategies rest on general perspectives about the development roles of NGOs, such as: (1) NGOs as extenders of government services, and (2) NGOs as builders of local capacities. These two perspectives imply *fundamentally* different NFI missions and strategies, and those differences have often been ignored in choices of leadership, organization, and stakeholder relations.

If the NFI mission is to support NGOs to extend government services, they should act as a hierarchical link between government agencies and NGOs that carry out their programs at the grassroots. Their strategies can emphasize utilizing NGO comparative advantages, such as their capacity to work with poor people, their ability to deliver services at low cost, and their willingness to serve isolated communities that are not served by government agencies.

The mission of extending government services is clearly visible in the initial mandate of CSWB, which was founded at a time when the government was widely seen as

the primary actor in development. CSWB's early strategies and programs emphasized extending services to women, children and other disadvantaged populations through NGOs.

If NGOs are conceived as catalysts for fostering local capacity and innovations, NFIs can be autonomous bridges for two-way exchanges of ideas, information and resources between NGOs and grassroots groups on the one hand and government agencies, international donors, and other resource providers on the other. The strategies of such NFIs can utilize the comparative advantages of NGOs for innovation, for organizing local self-help groups, and for empowering grassroots participation in development. This mission emphasizes strengthening local organizations, enabling mutual influence, and catalyzing joint learning among diverse parties.¹³ It requires that relatively autonomous NFIs act as information clearinghouses and encouragers of innovation rather than as supervisors and controllers of service delivery.¹⁴

In the Indian context, the missions of new NFIs has been influenced by the growing emphasis on local capacity-building. The missions of CAPART and NWDB reflect more concern with building capacity and catalyzing grassroots participation in development. Even new CSWB programs emphasize local capacity-building as well as service delivery. In spite of changing mission statements, however, the activities of all three NFIs devote more resources to extending government services than to building local capacity (See Table 2).

A case can be made for NFIs with missions rooted in either perspective. When NFIs of either type are not clear about their missions and strategies, however, they can become confused about the leadership, organization and stakeholder relations required. Articulating clear missions and strategies is a critical first step to improving NFI performance.

2. Choosing Leadership to Fit Mission

Leadership was widely recognized by many respondents as a critical factor in the performance and reputations of NFIs in India. Key characteristics include leader interests in and commitment to NFI missions, their skills for carrying out NFI strategies, and their credibility with key stakeholders.

The effectiveness of NFI leaders depends first on their personal interests and commitments. Leaders must commit substantial energy to coping with the diverse demands of NFI leadership positions. Even individuals highly committed to NFI missions reported that the position was extremely demanding. Leader

interests and commitments should also be consistent with the underlying perspective of the NFI: A civil servant committed to extending government services, for example, is probably a poor choice to head an NFI intended to promote local initiatives and capacity-building, especially if its activities might compete with the interests of government agencies.

Second, leaders of NFIs need appropriate skills and qualifications. Skills in administering large-scale service programs and in coordinating with other government bureaucracies is important for NFIs that extend government services. Skills in fostering two-way communications and mutual influence, catalyzing new ideas and programs, and joint learning is essential for NFIs that are bridges for capacity-building. Skills for dealing with bureaucracies are important for most NFIs, but will be essential for those that are not relatively autonomous.

Third, NFI leaders need to have credibility with important stakeholders like government agencies or NGOs. Lack of experience and credibility with NGOs could undermine efforts to work well with them; lack of experience and credibility with government agencies could undercut NFI capability to mobilize government support. When widely-respected leaders of Indian NFIs were replaced by civil servants who were unknown or suspect to NGOs, those changes significantly undermined NFI ability to carry out their programs.

NFIs are highly visible agencies, and choices of NFI leaders carries symbolic weight with many stakeholders. Leaders have both internal and external impacts, so decisions about their commitments, skills and reputations have strategic consequences that can advance or retard their missions.

3. Matching Organization and Mission

NFIs can be organized in ways that fit their missions and strategies by appropriate combinations of programs and tasks, formal structures and systems, informal arrangements, and human resources. When there are mismatches among these organizational elements, performance often suffers. Table 3 presents a menu of options for altering organizational elements. The table is incomplete, of course. It is intended to illustrate rather than to exhaust the possibilities, and any of the options will have to be adapted to the specific circumstances to which it is intended to apply.

For some Indian NFIs there is confusion about the fit between mission and program: Some NFIs have capacity-building missions but service-extension programs. Confusion about the nature of the mission and the roles of NGOs may have contributed to difficulties in defining and organizing critical tasks. Many NFIs reported difficulty in identifying and supporting appropriate NGOs. Clarifying missions and strategies can simplify the definition of critical programs and tasks. NFIs committed to being hierarchical links will need to identify NGOs that deliver relevant services and invest resources to strengthen NGO capacities for that kind of service. NFIs committed to promoting local innovation and capacity building, in contrast, will need to identify NGOs and strengthen their abilities to develop innovations, organize and encourage local organizations, and disseminate new ideas. These tasks require quite different structures, cultures, and human resources.

Table 3: Organizing Options

Organizational Element	Intervention
Program and Core Tasks	

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THE TIMES OF INDIA

Rajya Sabha passes Women's Reservation Bill

AGENCIES, Mar 9, 2010, 06.41pm IST

NEW DELHI: The controversial yet historic Women's Reservation Bill, ensuring 33% reservation to [women](#) in Parliament and state legislative bodies, was passed in the [Rajya Sabha](#) on Tuesday after two days of high drama that saw suspension of seven members who violently disrupted proceedings.

The Bill, pushed by the government despite the threat of withdrawal of support by [Samajwadi Party](#) and RJD, was passed by a two-third majority, a day after it was moved in the House for consideration but could not be taken up because of unruly scenes.

Of the votes polled, 186 were in favour of the bill and only one was against.

The Constitution (108th Amendment) Bill could get through with "unequivocal" support from the BJP and the Left in the [Upper House](#) where the ruling [UPA](#) coalition is in minority. The 245-member House has an effective strength of 233.

UPA ally [Trinamool Congress](#), with two members in the Upper House, did not participate in the voting.

[Prime Minister Manmohan Singh](#) and Leader of Opposition [Arun Jaitley](#) described the measure as "momentous and historic".

[BSP](#), having 12 members, walked out of the House saying the bill did not contain amendments suggested by it.

Lok Sabha also witnessed unruly scenes created by SP, [RJD](#) and JD(U) who forced four adjournments.

14 years after the first attempt was made in the Lok Sabha and repeated failures subsequently, the Constitution amendment bill was adopted in the mandatory division with 186 members voting for it and one voting against.

In the 245-member House with an effective strength of 233, the bill required the backing of at least 155 members and the UPA had the clear support of 165 in the run up to the event.

The bill seeks to reserve for women 181 of the 543 seats in the Lok Sabha and 1,370 out of a total of 4,109 seats in the 28 State Assemblies.

Ruling UPA constituent Trinamool Congress, which has two members, kept away from voting, while 15-member BSP, which has opposed the bill in its present form,

walked out before voting.

JD(U), whose present [Sharad Yadav](#) is a staunch opponent of the Bill, appears to have backed the Bill fully with most of its 7 members voting for it in response to the call by one of its senior leaders and [Bihar Chief Minister Nitish Kumar](#).

After frenzied opposition and repeated disruptions, the Rajya Sabha on Tuesday evening finally debated the historic women's reservation bill in the run up to a vote on the legislation.

Amongst those who spoke were Bharatiya Janata Party's (BJP) Arun Jaitley, [Communist Party](#) of India-Marxist's (CPI-M) [Brinda Karat](#), Bahujan Samaj Party's (BSP) [Satish Mishra](#) and [Jayanthi Natarajan](#) of Congress.

Opening the debate was Jaitley, who said his party "unequivocally" supported the women's bill but added that the privilege of supporting it had been diluted by "some of the most shameful incidents in India's parliamentary history".

The leader of the opposition in the Rajya Sabha, who spoke after the constitution amendment bill was put to vote by [Chairman Hamid Ansari](#), said he had a feeling of being a party to history in the making when he came to the house.

Karat, a vocal supporter of the bill, said women's reservation in parliament and state legislatures would change the "culture of the country because women today are still caught in a culture prison. In the name of tradition, stereotypes are imposed and we have to fight these every day".

These stereotypes will also be broken by the bill, said Karat, who believes the entry of a larger number of women in legislatures would make for "more sensitive politics".

"The women's reservation bill will ensure that women of Scheduled Caste, Scheduled Tribe, Other Backward Classes, poor women and Muslim women would benefit from it," Karat said, addressing concerns that the bill would benefit only some sections.

Congress leader and spokesperson [Jayanti Natarajan](#) also refuted critics demanding a special [quota](#) for Dalit women, saying Dalits and tribals would continue to get reservation under the bill.

Shivanand Tiwari of the Janata Dal-United (JD-U) created a minor stir in the house by speaking in favour of the bill, which has been opposed vocally by a section of his colleagues led by party president Sharad Yadav.

The AIADMK's V. Maitreyan pointed out that the bill was a great tribute to the Indian housewife who he said had proved to be better financial managers of the household "than all the finance ministers of India".

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Right To Information Act and NREGA: Reflections on Rajasthan

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Right To Information Act and NREGA: Reflections on Rajasthan

Sudha Venu Menon

“The Right to Information Act should be followed both in letter and spirit in all matters relating to NREGA”

Operational Guidelines of NREGA P-41

Introduction

Right to information [RTI] is generally regarded as one of the most important cornerstones of participatory democracy because public access to information instills spirit of accountability and transparency in governance. Right to information is also seen as a corrective instrument to check corruption, secrecy and bureaucratic apathy towards citizens. Thus in this era of information revolution and globalization, right to information is a pre requisite for healthy democratic structure. Indian Parliament enacted the famous Right to Information Act in 2005, which makes access to information as fundamental right of the people. Enactment of the Act is the result of a long struggle for freedom of information throughout the country spearheaded by Mazdoor Kisan Sakthi Sangathan [MKSS] and National Campaign for People’s Right to Information [NCPRI].

RTI empowers every citizen to seek any information from government offices and access to official documents on request except the information about national security and strategic issues. Since the scope of the Act is broad in scope, RTI has revolutionized the concept of democratic governance substantially. So when National Rural Employment Guarantee Act [NREGA] was enacted by Indian Parliament in 2005 August, RTI was made as an integral part of the Act. It is envisaged that NREGA will be meaningless without proper use of RTI because RTI can check corruption and leakage of public funding on NREGA in an effective manner. Above all, the provisions of RTI make the implementing agency more transparent and accountable to common masses.

Against the context of NREGA, the present article attempts to explain the role of RTI in NREGA. Section one of the article explains RTI, its significance in giving transparency and accountability in NREGA, the procedures to be followed in using RTI, need for mass participation and role of civil society. Section two discusses the pioneering role of Aruna

Roy and MKSS in Rajasthan for making RTI and NREGA a reality. Compare to other states, NREGA experiment was successful in Rajasthan mainly because of the mass awareness campaigns, muster roll verification, periodic social audit, active role of PRIs etc. The paper also highlight the achievements of NREGA in Rajasthan like checking migration to urban areas, Natural Resource Management include water conservation and harvesting structure, drought proofing, micro irrigation works, provision of irrigation facilities to land owned by SC/ST, rural connectivity, renovation of water bodies, and pasture land development. Concluding section recommends the need for linking RTI with NREGA and active participation of civil society organizations to check corruption and mis- management.

Section One

Role of RTI in implementation of NREGA

The NREGA is a law where by any adult who is willing to do unskilled manual work at the minimum wage is entitled to being employed on public works within 15 days of applying. If work is not given within the stipulated time, he/she is entitled to an unemployment allowance¹. It is a “People’s Act” in several sense. The Act was prepared through a wide range of consultation with people’s organizations. Secondly, the Act addresses itself chiefly to working people and their fundamental right to life with dignity. Third, the Act empowers ordinary people to play an active role in the implementation of employment guarantee schemes through Gram Sabhas, social audits, participatory planning and other means. More than any other law, NREGA is an Act of the people, by the people and for the people². This Act is an important step towards the realization of the right to work. It is also expected to enhance people’s livelihoods on a sustained basis, by developing the economic and social infrastructure in rural areas. The choice of works seeks to address the causes of chronic poverty such as drought, deforestation and soil erosion. Effectively implemented, the employment generated under the Act has the potential of transforming the geography of poverty³.

When the Act was enacted, one of the main criticisms raised against the Act was that the implementation will lead to widespread corruption and leakage of funds. Critics feel that it would be difficult to ensure the implementation of this guarantee in a vast country like India without compromising the provisions of transparency and accountability.

Here lies the significance of RTI. Transparency provisions and the RTI can play key role in exercising control over delivery mechanisms. The operational guidelines of NREGA clearly stipulate that the Right to Information Act should be followed both in letter and in spirit in all matters relating to NREGA.

¹ Nikhil Dey Jean Dreze and Ritika Khera, NREGA:A Primer, National Book Trust,2006.

² NREGA: Operational Guidelines, Government of India.

³ Ibid.

The role of RTI is instrumental for a beneficiary in the following stages of NREGA implementation:

1. Registration as a worker and receiving a 'job card'
2. Applying for and receiving work
3. Ensuring peoples participation and control over the planning process
4. Organization of the work site and measurement of work
5. Payment of wages or payment of unemployment allowance
6. Social audit after the work is completed
7. Monitoring of the complaint and redress machinery⁴

As per the provisions of the Act, RTI gives the citizen right to access any records related to their work. Proactive disclosure of information is the first step in RTI. Proactive disclosure implies the primary responsibility of the government agencies to disclose the details to the people without their formal application. It is proactive effort and concern towards accountability norms and principles. NREGA gives special focus on this clause. The Act says that section 4 which concerns proactive disclosure of information, should be strictly complied with at all levels. ***Key documents related to NREGA should be proactively disclosed to the public, without waiting for anyone to 'apply' for them. A list of such key documents should be prepared by the State Employment Guarantee Council, and updated from time to time***⁵.

More specifically the proactive disclosure includes the following:

1. Reading out necessary information when it is required
2. Giving details of information through notice board, websites and other means of communication
3. Make sure that muster are available at worksites and accessible to public scrutiny
4. All NREGA related matters must be in public domain
5. Requests for copies of REGS-related documents submitted under NREGA should be complied with within seven days. No request should be refused under any circumstances... All NREGA-related information is in the public domain.”
6. Fees charged for copies of NREGA-related documents should not exceed photocopying costs.
7. Key documents related to NREGA should be proactively disclosed to the public, without waiting for anyone to 'apply' for them.
8. EGS-related accounts of each Gram Panchayat should be proactively displayed and updated twice a year⁶.

⁴ MKSS, Transparency and Accountability; Using Peoples Right to Information for proper implementation of NREGA. www.righttofoodindia.org

⁵ Ibid.

⁶ For more details please read operational guidelines of NREGA published by government of India or NREGA:A Primer by Nikhil Dey etall. www.righttofoodindia.org

Given the circumstances, RTI can play leading role because it has the provisions to protect the transparency norms provided in the NREGA Act. The Right to Information Act empowers you not only to access documents but also to take samples of materials and to inspect works and files. It also has a provision such that if information is wrongfully delayed or denied to a citizen, the concerned public authority can be required “to compensate the complainant for any loss or other detriment suffered”. Further, this Act overrides the provisions of all other acts, if there is a conflict. Thus, the Right to Information Act powerfully supplements the transparency provisions of the NREGA 2005 and its Operational Guidelines. Deliberate use of the Right to Information Act is an essential tool of effective implementation of the Employment Guarantee Act⁷. Moreover the NREGA stipulates that if Central Government receives any complaint of “improper utilization of funds” and is “*prima facie* satisfied” that there is a case, it can “order stoppage of release of funds to the Scheme [Section 27(2)]⁸.”

Another instrument through which right to information can be used is Social audit by people. Social audit or public audit is a continuous ongoing process, through which a worker or groups of workers can participate in the monitoring and implementation of the NREGA. It gives any citizen the authenticity, not only to seek information, but also record complaints, suggestions, and demand answers in the public domain. It stands for collective evaluation, and use of the non-written mode, and it mandates demystification of documents and procedures⁹.

Social Audit will not be retrospective, but an on-going process of participation to ensure legal guarantees and entitlements flow to the beneficiaries in a legitimate way. There are at least four stages at which social audit have to be inbuilt¹⁰:

1. Pre planning stage of communication and mobilization
2. Planning, implementation
3. Monitoring
4. Evaluation

At each stage, social audit has to be integrated into the critical activities that constitute the EGS process. The basic objective of a social audit is to ensure public accountability in the implementation of projects, laws and policies. One simple form of social audit is a public assembly where all the details of a project are scrutinized¹¹.

An Act becomes effective in its real spirit only when the provisions are implemented without any loopholes. The provisions of exercising RTI and social audit makes NREGA more people centric rather than a bureaucratic programme without any accountability. Unless civil society is vigilant and conscious, these provisions will remain in paper. So,

⁷ Nikhil Dey Jean Dreze and Ritika Khera, NREGA:A Primer, National Book Trust,2006

⁸ Ibid.

⁹ Please see MKSS, Transparency and Accountability; Using Peoples Right to Information for proper implementation of NREGA. www.righttofoodindia.org

¹⁰ Please see Operational Guidelines of NREGA at www.nrega.nic.in

¹¹ Ibid.

the burning issue here is how to create awareness among the people to exercise their legitimate right to know and seek information on any aspect of NREGA implementation. In many states field reports came out with startling records of leakage and corruption. In Orissa, officials prepared false muster rolls and plundered vast amount of money. Since common masses were not aware of the provisions of community monitoring, social audit and use of RTI, there was no attempt to check this corruption at any stage. In Jharkand and other backward states NREGA experience failed to attract masses mainly because of lack of propaganda and apathy shown by local implementing agencies. All these experiences clearly reveal that NREGA is not an end in itself. It is a means to an end. So, to make the Act more effective for securing the desired objectives of rural poverty eradication and livelihood security, there is an urgent need to ensure citizen participation in all stages of the implementation process.

In a country like India where majority of rural population belongs to socially and economically disadvantaged groups, it is difficult to ensure participation without effective intervention of community organizations. Even though the people register for works under NREGA, they are unaware of the norms of RTI and social audit. Micro level impact studies shows that the districts where civil society is active in implementation and monitoring process do better than other states where societal interference is minimum. Rajasthan is a classic example of this trend.

Section Two

NREGA in Rajasthan: The triumph of Peoples' Right to Information

Ever since the inception of NREGA, Rajasthan was doing well ahead of other states in terms of number of people registered, number of man days created etc. More over, it is only in Rajasthan that NREGA was able to meet some of the core objectives of rural asset creation, micro watershed development, checking urban migration etc. Rajasthan has the highest record of social audit procedure followed. The pioneering role of Rajasthan in NREGA implementation is mainly because of three reasons: Firstly, the people's movement for the enactment of RTI and NREGA was originated in Rajasthan. The people of Rajasthan were actively engaged in the long struggle for RTI and right to food campaign spearheaded by Aruna Roy and MKSS. This background created awareness among the people about provisions of NREGA and role of RTI in it. So when the Act was implemented, people began to assert their legitimate rights and actively involved in the process, which ultimately resulted in success. Secondly, MKSS and other civil society organizations took keen interest in monitoring the whole process. They conducted periodic social audits, checked official documents, verified muster roles and verified the minimum wages given to the workers. Since the implementation process attracted mass participation, Panchayats were also active in selecting works as per the demands of the local community. As a result, most of the works done under the scheme was designed to develop rural infrastructure, community asset base and minor irrigation projects. In a dry region like Rajasthan this approach was indeed a boon to revive the hitherto marginalized

rural economy. Thirdly, Rajasthan has a history of successful drought relief programme free from corruption and leakage of public funds. Many studies came out with the conclusion that it was public monitoring and grass root level participation of people, which makes the relief programme effective. Above all drought relief programmes in Rajasthan has significantly reduced migration to urban areas. Hence, when NREGA was implemented mass perception was already created in favor of any public works programme with an objective of rural asset creation and poverty eradication.

When NREGA was implemented in 200 districts in India, 6 backward districts were selected from Rajasthan. The selected districts were Banswara, Dungarpur, Jhalawar, Udaipur, Karauli and Sirohi. In second phase 6 other districts were including Barmer, Chittorgarh, Jaisalmer, Jalore, Sawai Madhopur, Tonk and Jalore. The following Table explains the details of the implementation of NREGA in Rajasthan.

Table 1

<u>Districts</u>	Persons registered	Job cards issued	Employment Demanded	Person-days created
Banswara	858973	279924	307848	6177596
Dungarpur	694527	245782	317694	9669927
Jhalawar	527879	199827	192382	4808673
Karauli	478139	185359	62964	967768
Sirohi	351553	108895	97514	2752111
Udaipur	1123491	418192	77817	1132903
Barmer	658652	271081	4302	25781
Chittorgarh	225357	92681	4512	35198
Jaisalmer	213868	91322	42308	1521236
Jalore	556263	206764	132090	3475152
Sawai Madhopur	277587	100595	766	9442
Tonk	642073	194227	72043	1603721

Source: www.nrega.nic.in

As Jean Dreze rightly said, “it is not surprising to find that Rajasthan was the best performer among all major States in terms of employment generation per rural household. Indeed, employment guarantee has been a lively political issue in Rajasthan for quite a few years now, and the State also had a high level of preparedness for the Act, having organized massive public works programmes almost every year in living memory”¹².

While comparing to other states Rajasthan is far ahead in creating more employment opportunities and person-days.

¹² Jean Dreze, Commendable Act, Frontline, 2007.

Table 2

Performance of NREGA across states 2006-2007

State	Person- days created/household	Share of women [%]	Share of wages in total expenditure [%]
Rajasthan	77	67	73
Assam	70	32	65
M.P	56	43	63
Northeast	45	49	63
Chattisgarh	34	40	65
Orissa	21	36	58
Himachal Pradesh	20	12	52
Uttarkhand	20	30	61
Karnataka	17	51	60
Jharkhand	14	28	58
J& K	13	4	65
U.P	11	17	59
A.P	10	55	86
Haryana	9	31	65
T.N	9	81	96
Bihar	8	17	59
Gujarat	7	50	65
Punjab	7	38	59
West Bengal	6	18	78
Maharashtra	4	37	95
Kerala	3	66	89
All India	17	40	66

Source: Commendable Act, Jean Dreze, www.frontline.org

[Data taken from official website of NREGA]

The table above clearly shows that as against the target of 100 person-days, Rajasthan was able to provide 77 days while some developed and prosperous states like West Bengal and Kerala could only create less than 5 days of employment. This indeed is a remarkable achievement in the long history of social security legislation in independent India.

Rajasthan's achievement is not limited to creating person-days or providing job cards. Further, marginalized sections including women received due consideration in providing

employment. The share of women in employment is approximately two-third in the state. Above all, 80% of SC/ST population received employment, which has substantially improved their standard of living.

However, the most important element which makes Rajasthan experience unparalleled is the high spirit of enthusiasm shown by local people in exercising right to information and checking corruption. The following paragraphs explain some of the micro level experiences in this regard.

People's Right to Information and RTI in Dungarpur

Participatory social audit process conducted in Dungarpur in 2006 by the Rozhar Evum Suchna Ka Adhikar Abhiyan, a consortium of local NGOS led by MKSS. The entire process revealed that the NREGA has led to substantial rise in their daily income as well as standard of living. About 50% of the rural household has at least one member employed in NREGA. The social audit, which took place in April 2006, involved around 600 participants from 11 states. The audit participants formed different groups and organized padayatras to various villages where work under NREGA is going on. The groups created awareness among villagers about different provisions of NREGA, mechanisms to check corruptions and need for public vigilance. They have also verified whether the entitlements promised under the Act are reached at the bottom level or not. The team carried with them checklists about NREGA entitlements and verified the implementation status with officials. Provisions of RTI were used to gather information from officials. The information received from officials was crosschecked with actual beneficiaries of the programme. Broadly speaking, the processes focus on the following goals:

1. Creating awareness of RTI and NREGA
2. Facilitation of RTI in diverse aspects of people's life
3. Conducting training about the exercise of RTI

During the whole process the participants found that in almost every village people were aware of their entitlement to 100 days of work a year although many were not aware of the specific details of the entitlement. The participants were given questionnaires to administer on villagers, panchayat officials and workers at the site. The information collected through this massive interview schedules were discussed and analyzed by academicians. The panel of academicians raised a series of issues reflected in this social audit. While there exists some problems in the implementation process including low wages, the Dungarpur experience shows that there is a significant leap in forward in employment and the local administration is giving the issue highest priority. The social audit further found that all the work was organized by gram sabhas, and the sense of legal entitlement shored up by the significant impact of the RTI has led to a culture of transparency and accountability in this district. For example muster rolls were found in almost all worksites without any evidence of having been tampered with. Another positive outcome is that close to 80% of the laborers in this area were women and therefore the NREGA is making an impact on the earning capacity of women as well which will positively affect gender equations in the community¹³. From the audit it was

¹³ Best Practices www.nrega.nic.in

clear that worksite facilities were not provided properly. So the workers were able to demand for basic facilities when they came to know that the Act entitles not only wages but also certain minimum facilities at the worksites.

The experience of Dungarpur social audit helped to rectify some of existing problems of implementation of NREGA. It has created a strong feeling among officials of other districts in the state that RTI and social audit can make them accountable to the people and can check leakage of funds and corruption. Thus the entire experiment created a wave across the state and ultimately led to sharp decrease in false muster rolls and registration. The campaign further proved that NREGA could be implemented effectively if there is a strong commitment and involvement from various stakeholders involved in local governance. It clearly demonstrates that with public monitoring, transparency and administrative functioning and an empowered population, not only is corruption minimized, but also development that transforms the lives of the poor is an attainable reality¹⁴.

Jalwar Experience

Another study from Jalawar district also reveals similar results. The study was conducted in July 2007 in three Talukas. Using RTI provisions, the members of the team demanded muster rolls and job cards for verification. They have detailed discussion with villagers, workers, officials, sarpanch, engineers, programme officers etc. The social audit team selected muster rolls at random among those available at the block office and verified them with the laborers concerned. They interviewed about 200 laborers who had worked on these worksites. Surprisingly the study found that, in each case, the muster roll details matched with the job card details and the laborer concerned. Further there was no evidence of fake names having been entered in the muster rolls. This reinforces the previous study in Dungarpur suggesting that fudging of muster rolls is very rare in Rajasthan¹⁵. This remarkable success is closely linked to effective use of transparency safeguards under RTI.

Public awareness was also high in Jalawar. All the workers were familiar with the muster roll system, job cards, and entitlements under NREGA etc.

There are other field experiences, which clearly show the positive impact of NREGA in Rajasthan in terms of exercising RTI provisions. The achievement of Rajasthan in this regard is mainly due to the massive grass-root campaign spearheaded by MKSS and other NGOs. MKSS and Aruna Roy initiated a long campaign in spreading the spirit of right to work and right to information. They have played a significant role in information dissemination through manuals, booklets, primers and short films. Technical provisions of the Acts were made in a simple way to understand even an illiterate person living in backward regions of the state. Large public hearings were organized to gather complaints from people on any grievances. MKSS was instrumental in persuading gramsabhas to

¹⁴ ibid.

¹⁵ Employment Guarantee: Unfinished agenda, The Hindu.

select the works under NREGA as per the requirement of the region so that the work can be used for creating permanent rural asset base.

Innovative Measures undertaken in Rajasthan

Though Rajasthan is well ahead of NREGA implementation, it was criticized for the low wages paid to the workers. Field experiences and massive social audit programmes conducted by NGOs underlines the fact that NREGA laborers are earning less than the minimum wages, ranging from Rs. 23 to Rs. 45 a day which is far below national average. The main reason for this low wage is due to unscientific calculation of *task* done by worker. Since the payment is based on *completed tasks* accurate measurement of the particular task is important to calculate the exact wage paid for that task. However absence of trained worksite managers, lack of daily visits and secrecy in method of calculation etc lead to unscientific measurement. Consequently individual workers were unaware of the co-relation between work done by them and the actual wage for which they are entitled. So they were not satisfied with the wages received which was always far below national average.

MKSS and other NGOs raised the issue of wages and organized protests against this blatant violation of law. Here also, public pressure for transparency and regular monitoring of civil society has helped to push Rajasthan government to look for innovative ways to streamline measurement and payment process. Government collaborated with Rozgar Evum Suchana Ka Adhikar Abhiyan, to develop a decentralized worksite management system. Over 165 activists from the Abhiyan participated in a month long campaign to build a pool of trained worksite managers- an innovation on the traditional mate who maintains muster rolls and supervises the work site-that take daily measurements of worksites and determine daily output. The members of the team worked with local bureaucrats to develop a workable model and to identify management practices that ensure transparency in measurement process. All workers were informed about the total quantity of work to be completed for them to get the minimum wages. Further, workers were divided into several task-based groups and worksite managers were assigned to each group for monitoring and supervision. Interestingly, this innovative model made rich dividends. In Jalore district alone 3000 worksite managers were trained for measuring wages. 2000 among them were women. At the end of the programme it is find that most of the workers were able to access Rs.73 per day as wage, which is far above national average.

Here also it is evident that the spirit behind the entire innovation is public enthusiasm and the existence of a vigilant civil society, which can articulate the interest of the community effectively to achieve desired results. The Rajasthan experience shows that NREGA is not an end in itself. Instead it is means to an end. It is not a magic bullet to solve the whole problems of unemployment or rural poverty. It is an instrument, which needs several socio- economic and other catalysts to become successful.

Impact of NREGA in Rajasthan

As the operational guidelines of NREGA say the main objective of the programme is to eradicate rural poverty, create employment opportunities, check migration and develop rural asset base. While analyzing the success of the programme in Rajasthan it is clear that in comparison to other states Rajasthan is far ahead in implementing NREGA. Positive impact of NREGA can be seen especially on the following aspects.

1. Increased participation of women workforce
2. Impact of land productivity
3. Increase in workforce awareness about the basic entitlements
4. Wage negotiation capacity
5. Increase in bargaining power of the working class in private sector
6. Sharp decline in migration
7. Creation of rural assets
8. Development of rural infrastructure
9. Gender and Social inclusion

In Rajasthan the participation of women in NREGA accounted about 70% .The works selected under NREGA were mainly focused on deepening of canals and constructing water-harvesting systems. Since Rajasthan is a dry region, top priority was given to water conservation and related works. The following table shows the priority given to different works under the scheme.

Table 3
Worksite Selection

Works done	Percentage of total works
Water conservation	54
Irrigation facility to SC/STs	10
Rural Connectivity	21
Land Development	11
Any other activity	4

Source: www.nrega.nic.in

In several part of the state the funds were used to construct small check dams, water harvesting structures and plantation of trees. This has resulted in preventing soil erosion and conservation of water. In Udaipur a project worth Rs. 7.32 crores were sanctioned for building water harvesting structure in the region. Once the project is completed, it is expected that the water table will rise in this area, thus helping agriculture. Drought proofing works, micro-irrigation schemes, renovation if traditional water bodies etc were

also selected under the programme. In Dungarpur alone, 11000 water conservation structures have been built.

Since NREGA is in nascent stage, it is too early to assess the actual impact of this public policy initiative in a macro perspective. The state level impact assessment can be measured only after the extension of the scheme throughout the state. However, the studies conducted by various agencies across the states in India provide a positive picture of NREGA in Rajasthan at least on the following grounds.

1. High level public enthusiasm and awareness
2. Civil society participation
3. Active role of PRIs in implementation
4. Public vigilance in monitoring mechanisms
5. Extensive use of RTI in getting information
6. Substantial reduction in public fund leakage
7. Application of transparency norms
8. Work site selection after careful analysis of local community requirements
9. Participation of women and SC/STs
10. Increase in land use and productivity
11. Substantial decline in migration

Conclusion

The enactment of rural employment guarantee indeed is a significant development in Indian polity. In other words it symbolizes the triumph of civil society and people's struggle for right to food. Though the Act is regarded as a silver line in our long history of social security legislation, it is not free from criticism. There is an equally strong perspective that since Indian social structure is too weak to provide an effective participatory linkage in terms of civil society engagement, NREGA will lead to wide spread corruption and enormous wastage of public investment. NREGA experience from Orissa, West Bengal and some other states substantiate this viewpoint. However, the experience of Rajasthan shows that many of the challenges associated with NREGA implementation can be effectively tackled if there is a vigilant civil society to monitor the programme. Further the experience reveals that NREGA cannot be treated as an isolated piece of legislation. It is a guarantee, which has to be demanded with the proper support of right to information. Here lies the role of grass root level organizations and PRIs- to develop awareness and capacity among local people to realize the importance of both legislations and their complimentary role in making it successful.

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STATEMENT – 1

**GROWTH OF RECOGNISED EDUCATIONAL INSTITUTIONS
1950-51 TO 2005-2006**

Years	Primary	Upper Primary	Sec./Sr. Sec/ Inter /Pre. Jr. Colleges	Colleges for General Education	Colleges for Professional Education Engg., Tech., Arch., Medical & Education colleges)	Universities/ Deemed Univ./ Instt. Of National Importance
1950-51	209671	13596	7416	370	208	27
1955-56	278135	21730	10838	466	218	31
1960-61	330399	49663	17329	967	852	45
1965-66	391064	75798	27614	1536	770	64
1970-71	408378	90621	37051	2285	992	82
1975-76	454270	106571	43054	3667	3276**	101
1980-81	494503	118555	51573	3421	3542**	110
1985-86	528872	134846	65837	4067	1533**	126
1990-91	560935	151456	79796	4862	886	184
1991-92	566744	155926	82576	5058	950	196
1992-93	571248	158498	84608	5334	989	207
1993-94	570455	162804	89226	5639	1125	213
1994-95	586810	168772	94946	6089	1230	219
1995-96	593410	174145	99274	6569	1354	226
1996-97	603646	180293	103241	6759	1770	228
1997-98	619222	185961	107140	7199	2075	229
1998-99	628994	193093	112050	7494	2113	237
1999-2000	651434	202345	117913	7782	2124	244
2000-01	638738	206269	126047	7929	2223	254
2001-02	664041	219626	133492	8737	2409	272
2002-03	651382	245274	137207	9166	2610	304
2003-04	712239	262286	145962	9427	2751	304
2004-05	767520	274731	152049	10377	3201	343
2005-06	772568	288493	159667	11698	5284	350

*** - Includes institutions for Post Matric Courses.*

STATEMENT-2
PERCENTAGE OF PRIMARY SCHOOLS UNDER DIFFERENT MANagements
1973-74 TO 2005-06

Year	Govt.	Local Body(LB)	Govt.+ LB	Private Aided	Private Un-aided
1973-74	50.88	42.47	93.34	5.01	1.64
1978-79	38.96	55.03	93.99	4.42	1.59
1986-87	41.37	51.71	93.08	4.34	2.57
1993-94	44.63	47.47	92.10	3.78	4.12
1996-97	47.78	43.88	91.66	3.34	5.00
1997-98	48.26	42.99	91.25	3.78	5.37
1998-99	48.38	42.87	91.25	3.27	5.48
1999-00	47.16	43.97	91.13	3.17	5.70
2001-02	47.45	43.47	90.92	3.07	6.01
2002-03	55.77	32.98	88.75	3.63	7.63
2003-04	42.60	48.08	90.68	2.85	6.48
2004-05	43.33	46.87	90.20	2.55	7.24
2005-06	42.60	46.51	89.11	3.09	7.79

STATEMENT- 3
PERCENTAGE OF UPPER PRIMARY SCHOOLS UNDER DIFFERENT MANagements,
1973-74 TO 2005-06

Year	Govt.	Local Body(LB)	Govt. + LB	Private Aided	Private Un-aided
1973-74	50.71	26.86	77.57	17.75	4.67
1978-79	40.31	38.13	78.44	16.90	4.66
1986-87	42.79	32.33	75.12	16.30	8.58
1993-94	45.94	33.51	79.45	9.53	11.02
1996-97	46.41	29.13	75.54	10.25	14.20
1997-98	45.91	28.60	74.51	9.72	15.87
1998-99	45.97	28.07	74.04	9.20	16.76
1999-00	45.67	27.45	73.12	9.05	17.83
2001-02	47.36	29.05	76.41	7.81	15.77
2002-03	45.37	27.19	72.56	7.37	20.07
2003-04	39.75	32.56	72.31	6.68	21.01
2004-05	42.96	29.24	72.20	6.41	21.39
2005-06	43.17	28.80	71.97	6.14	21.88

STATEMENT -4

**PERCENTAGE OF SECONDARY/ SENIOR SECONDARY SCHOOLS/PRE-
DEGREE INSTITUTIONS UNDER DIFFERENT MANAGERMENTS
1973-74 TO 2005-06**

Year	Govt.	Local Body(LB)	Govt. + LB	Private Aided	Private Un-aided
1973-74	26.54	10.85	37.39	57.02	5.59
1978-79	30.44	8.71	39.15	57.30	3.55
1986-87	37.49	7.73	45.22	44.79	9.99
1993-94	37.76	9.29	47.05	37.78	15.17
1996-97	38.96	6.74	45.70	36.20	18.10
1997-98	39.20	6.55	45.75	34.85	19.40
1998-99	38.82	6.38	45.20	34.12	20.68
1999-2000	37.16	6.47	43.63	33.98	22.40
2001-02	36.16	6.29	42.45	33.99	23.56
2002-03	34.31	8.44	42.75	29.30	27.95
2003-04	33.33	6.00	39.33	28.67	32.00
2004-05	33.12	7.93	41.05	29.35	29.60
2005-06	32.22	6.49	38.71	28.87	32.42

STATEMENT - 5

**ENROLMENT BY STAGES OF SCHOOL EDUCATION
ALL CATEGORIES OF STUDENTS
1950-51 TO 2005-06**

(Figures in million)

YEAR	Primary(I -V)			Middle/Upper Primary(VI-VIII)			Sec./Sr. Sec./Inter/ Pre-Degree(IX-XII)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1950-51	13.8	5.4	19.2	2.6	0.5	3.1	1.3	0.2	1.5
1955-56	17.1	7.5	24.6	3.8	1.0	4.8	2.2	0.4	2.6
1960-61	23.6	11.4	35.0	5.1	1.6	6.7	2.7	0.7	3.4
1965-66	32.2	18.3	50.5	7.7	2.8	10.5	4.4	1.3	5.7
1970-71	35.7	21.3	57.0	9.4	3.9	13.3	5.7	1.9	7.6
1975-76	40.6	25.0	65.6	11.0	5.0	16.0	6.5	2.4	8.9
1980-81	45.3	28.5	73.8	13.9	6.8	20.7	7.6	3.4	11.0
1985-86	52.2	35.2	87.4	17.7	9.6	27.1	11.5	5.0	16.5
1990-91	57.0	40.4	97.4	21.5	12.5	34.0	12.8	6.3	19.1
1991-92	58.6	42.3	100.9	22.0	13.6	35.6	13.5	6.9	20.4
1992-93	57.9	41.7	99.6	21.2	12.9	34.1	13.6	6.9	20.5
1993-94	55.1	41.9	97.0	20.6	13.5	34.1	13.2	7.5	20.7
1994-95	60.0	45.1	105.1	22.1	14.3	36.4	14.2	7.9	22.1
1995-96	60.9	46.2	107.1	22.7	14.8	37.5	14.6	8.3	22.9
1996-97	61.4	46.8	108.2	22.9	15.2	38.1	15.3	8.7	24.0
1997-98	62.3	48.0	110.3	23.6	15.9	39.5	16.1	9.3	25.4
1998-99	62.7	49.0	111.7	23.9	16.5	40.4	16.6	10.1	26.7
1999-00	63.6	50.0	113.6	24.3	17.0	41.3	17.2	10.8	28.0
2000-01	64.0	49.8	113.8	25.3	17.5	42.8	16.9	10.7	27.6
2001-02	63.6	50.3	113.9	26.1	18.7	44.8	18.4	12.1	30.5
2002-03	65.1	57.3	122.4	26.3	20.6	46.9	19.5	13.7	33.2
2003-04	68.4	59.9	128.3	27.3	21.5	48.7	20.6	14.4	35.0
2004-05	69.7	61.1	130.8	28.5	22.7	51.2	21.7	15.4	37.1
2005-06	70.5	61.6	132.1	28.9	23.3	52.2	22.3	16.1	38.4

STATEMENT- 6

**ENROLMENT BY STAGES OF SCHOOL EDUCATION
SCHEDULED CASTE STUDENTS
1980-81 TO 2005-06**

(Fig. in ooo')

Year	Primary (I-V)			Middle/ Upper Primary (VI-VIII)			Sec./Sr. Secondary (IX-XII)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1980-81	7213	3768	10981	1621	602	2223	906	246	1152
1981-82	7413	3930	11343	1777	677	2454	973	273	1246
1982-83	7807	4244	12051	1906	741	2647	1091	330	1421
1983-84	8001	4472	12473	2297	999	3296	1395	382	1777
1984-85	8040	4651	12691	2543	1123	3666	1524	429	1953
1985-86	8727	5194	13921	2537	1082	3619	1378	432	1810
1986-87	7871	4655	12526	2315	1099	3414	1090	376	1466
1987-88	9083	5593	14676	2543	1193	3736	1521	507	2028
1988-89	9431	5771	15202	2584	1257	3841	1546	557	2103
1989-90	9523	5877	15400	2623	1298	3921	1701	630	2331
1990-91	9737	6057	15794	2747	1413	4160	1703	635	2338
1991-92	9709	6328	16037	3137	1556	4693	1878	703	2581
1992-93	10317	7034	17351	3478	1933	5411	1822	709	2531
1993-94	10412	7169	17581	3566	2014	5580	1981	827	2808
1994-95	10889	7543	18432	3330	1883	5213	1788	803	2591
1995-96	11284	7892	19176	3453	1992	5445	1854	887	2741
1996-97	11754	8368	20122	3621	2176	5797	1952	975	2927
1997-98	12104	8759	20863	3825	2299	6124	2042	1050	3092
1998-99	12453	9185	21638	3918	2505	6423	2255	1221	3476
1999-2000	12296	9157	21453	3945	2582	6527	2389	1332	3721
2000-01	12059	9136	21195	4066	2628	6694	2418	1394	3812
2001-02	12251	9253	21504	4551	2945	7496	2693	1622	4314
2002-03	11943	9726	21669	4430	3062	7492	2776	1624	4400
2003-04	12764	10365	23129	4734	3343	8077	2938	1522	4760
2004-05	13762	10995	24757	5100	3597	8697	3228	1990	5218
2005-06	13988	11325	25313	5313	3834	9147	3413	2185	5598

STATEMENT- 7

**ENROLMENT BY STAGES OF SCHOOL EDUCATION
SCHEDULED TRIBES STUDENTS
1980-81 TO 2005-06**

(Fig. in '000')

Year	Primary (I-V)			Upper Primary/ Middle (VI-VIII)			Sec./Sr. Secondary (IX-XII)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1	2	3	4	5	6	7	8	9	10
1980-81	3133	1527	4660	537	205	742	246	83	329
1981-82	3293	1628	4921	603	232	835	265	93	358
1982-83	3540	1791	5331	663	263	926	302	110	412
1983-84	3765	1964	5729	758	299	1057	318	109	427
1984-85	3849	210	4059	866	350	1216	386	135	521
1985-86	4174	2406	6580	893	390	1283	420	165	585
1986-87	4150	2407	6557	988	446	1434	413	144	557
1987-88	4606	2623	7229	1008	447	1455	446	165	611
1988-89	4837	2759	7596	1037	466	1503	501	215	716
1989-90	4948	2850	7798	1075	494	1569	553	244	797
1990-91	4958	2911	7869	1131	576	1707	567	238	805
1991-92	4951	3082	8033	1214	580	1794	590	253	843
1992-93	5032	3333	8365	1336	693	2029	610	272	882
1993-94	5154	3441	8595	1424	770	2194	682	315	997
1994-95	5454	3605	9059	1377	871	2248	779	350	1129
1995-96	5589	3826	9415	1448	837	2285	763	359	1122
1996-97	5896	4057	9953	1508	894	2402	790	385	1175
1997-98	6141	4311	10452	1643	996	2639	823	417	1240
1998-99	6225	4452	10677	1698	1026	2724	909	464	1373
1999-2000	6539	4728	11267	1802	1106	2908	980	500	1480
2000-01	6330	4665	10995	1879	1205	3084	955	535	1490
2001-02	6691	5040	11731	2054	1306	3360	1079	622	1701
2002-03	6422	5408	11830	1930	1320	3250	1105	678	1783
2003-04	6776	5741	12517	2136	1526	3662	1222	729	1951
2004-05	7367	6369	13737	2395	1776	4171	1290	795	2085
2005-06	7513	6601	14114	2516	1950	4466	1340	863	2203

STATEMENT- 8**PERCENTAGE OF GIRLS ENROLMENT TO TOTAL ENROLMENT BY STAGES
1950-51 TO 2005-06**

Year	Primary I-V	Upper Primary VI-VIII	Sec./Sr.Sec/ Intermediate (IX-XII)	Hr. Education (Degree & above level)
1950-51	28.1	16.1	13.3	10.0
1955-56	30.5	20.8	15.4	14.6
1960-61	32.6	23.9	20.5	16.0
1965-66	36.2	26.7	22.0	20.4
1970-71	37.4	29.3	25.0	20.0
1975-76	38.1	31.3	26.9	23.2
1980-81	38.6	32.9	29.6	26.7
1985-86	40.3	35.6	30.3	33.0
1990-91	41.5	36.7	32.9	33.3
1991-92	41.9	38.2	33.8	32.3
1992-93	42.6	38.8	33.9	33.2
1993-94	42.7	39.1	34.3	33.5
1994-95	42.9	39.3	35.9	34.0
1995-96	43.1	39.5	36.1	36.0
1996-97	43.2	39.9	36.4	36.7
1997-98	43.5	40.3	36.5	37.5
1998-99	43.9	40.8	37.8	38.8
1999-00	44.02	41.09	38.7	38.7
2000-01	43.7	40.9	38.6	39.4
2001-02	44.1	41.8	39.5	39.9
2002-03	46.8	43.9	41.3	40.1
2003-04	46.7	44.0	41.1	39.7
2004-05	46.7	44.4	41.5	38.9
2005-06	46.6	44.7	42.0	38.3

STATEMENT- 9

**GROSS ENROLMENT RATIOS (GER) OF ALL CATEGORIES OF STUDENTS
1950-51 TO 2005-06**

Year	Primary (I-V)			Upper Primary (VI-VIII)			Elementary (I-VIII)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1950-51	60.6	24.8	42.6	20.6	4.6	12.7	46.4	17.7	32.1
1960-61	82.6	41.4	62.4	33.2	11.3	22.5	65.2	30.9	48.7
1970-71	95.5	60.5	78.6	46.3	20.8	33.4	75.5	44.4	61.9
1980-81	95.8	64.1	80.5	54.3	28.6	41.9	82.2	52.1	67.5
1990-91	94.8	71.9	83.8	80.1	51.9	66.7	90.3	65.9	78.6
1991-92	97.2	75.0	86.5	79.1	54.1	67.3	91.5	68.6	80.5
1992-93	95.5	73.8	85.0	73.4	49.3	61.9	88.4	66.0	77.6
1993-94	83.6	73.1	81.7	67.1	49.4	58.6	80.2	63.7	72.3
1994-95	96.6	78.2	87.7	68.9	50.0	60.0	87.2	68.8	78.4
1995-96	97.1	79.4	88.6	67.8	49.8	59.3	86.9	69.4	78.5
1996-97	97.0	80.1	88.8	65.8	49.2	58.0	85.9	69.4	78.0
1997-98	99.3	82.2	91.1	66.3	49.7	58.5	87.4	70.7	79.4
1998-99	100.9	84.1	92.8	65.1	49.5	57.7	87.6	71.5	79.9
1999-2000	103.3	86.0	94.9	65.2	49.6	57.8	88.9	72.6	81.0
2000-01	104.9	85.9	95.7	66.7	49.9	58.6	90.3	72.4	81.6
2001-02	105.3	86.9	96.3	67.8	52.1	60.2	90.7	73.6	82.4
2002-03	97.5	93.1	95.3	65.3	56.2	61.0	85.4	79.3	82.5
2003-04	100.6	95.6	98.2	66.8	57.6	62.4	87.9	81.4	84.8
2004-05	110.7	104.7	107.8	74.3	65.1	69.9	96.9	89.9	93.5
2005-06	112.8	105.8	109.4	75.2	66.4	71.0	98.5	91.0	94.9

STATEMENT 10
GROSS ENROLMENT RATIOS (GER) OF SCHEDULED CASTE STUDENTS
1986-87 TO 2005-06

Year	Primary (I-V) (6-11 age group)			Upper Primary (VI-VIII) (11-14 age)			Elementary (I-VIII) (6-14 age)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1986-87	103.8	64.8	84.8	52.7	26.6	40.4	85.1	50.8	68.4
1987-88	120.9	80.4	101.2	64.5	31.5	48.5	96.3	59.4	78.3
1988-89	109.6	76.2	93.5	61.2	31.2	46.6	98.7	60.9	80.3
1989-90	123.5	83.8	104.2	68.2	35.5	52.3	99.0	61.7	80.8
1990-91	125.5	86.2	106.4	68.7	35.8	52.7	100.6	63.5	82.5
1991-92	121.4	83.5	102.9	68.9	36.0	52.9	102.3	66.3	84.8
1992-93	128.0	92.1	110.5	75.1	44.0	59.9	108.7	74.6	92.1
1993-94	123.3	91.2	107.8	74.2	45.0	60.1	105.5	74.4	90.5
1994-95	106.0	79.5	93.4	68.9	42.0	56.0	105.9	75.3	91.1
1995-96	109.9	83.2	97.1	71.4	44.5	58.5	109.0	78.5	94.3
1996-97	100.2	77.4	89.2	73.5	49.9	62.5	87.9	65.2	77.1
1997-98	103.1	80.1	92.0	75.6	50.8	63.9	87.0	64.9	76.2
1998-99	107.7	85.1	96.8	75.1	53.2	64.7	97.6	75.4	86.9
1999-2000	108.8	85.4	97.4	74.7	53.9	64.7	97.6	75.3	86.8
2000-01	107.3	85.8	96.8	76.2	53.3	65.3	97.3	75.5	86.8
2001-02	103.1	82.3	93.0	80.3	57.7	69.6	95.7	74.6	85.6
2002-03	101.4	89.4	95.6	63.2	48.6	56.3	87.1	74.4	81.1
2003-04	93.1	83.0	88.3	79.4	63.4	71.9	89.0	77.2	83.4
2004-05	123.3	106.6	115.3	77.9	61.5	70.2	106.5	90.3	98.8
2005-06	126.3	110.2	118.6	81.0	65.1	73.5	109.5	93.7	102.0

STATEMENT- 11

**GROSS ENROLMENT RATIOS (GER) OF SCHEDULED TRIBE STUDENTS
1986-87 TO 2005-06**

Year	Primary (I-V)			Upper Primary (VI-VIII)			Elementary (I-VIII)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1986-87	111.0	68.0	90.1	45.6	21.9	34.1	87.1	51.1	69.6
1987-88	117.3	75.1	96.7	47.8	22.2	35.4	94.4	54.5	75.0
1988-89	98.2	62.9	81.0	41.1	19.2	30.4	97.9	56.8	77.9
1989-90	120.2	80.5	100.9	51.7	26.0	39.2	99.6	58.3	79.5
1990-91	125.4	81.4	104.0	53.9	26.7	40.7	99.6	60.2	80.4
1991-92	125.6	82.6	104.7	54.1	27.3	41.0	99.7	62.5	81.6
1992-93	126.7	88.6	108.2	58.5	32.0	45.6	101.8	68.0	85.4
1993-94	123.9	88.8	107.0	60.2	34.9	48.0	100.8	69.3	85.6
1994-95	112.3	76.2	93.6	54.5	36.4	45.7	103.2	72.6	88.5
1995-96	115.0	80.2	96.9	57.3	35.0	46.5	105.7	75.1	90.9
1996-97	108.1	74.3	91.2	63.5	40.2	52.3	87.6	61.3	74.8
1997-98	105.9	77.4	91.4	67.7	43.4	54.9	85.1	62.4	73.9
1998-99	112.0	81.0	97.0	67.7	43.4	55.0	98.0	69.0	83.7
1999-2000	118.7	85.7	102.2	67.7	43.4	57.3	103.0	73.0	88.0
2000-01	116.9	85.5	101.1	72.5	47.7	60.2	102.5	73.5	88.0
2001-02	106.9	85.1	96.3	82.1	57.3	70.3	99.8	77.3	88.9
2002-03	104.8	92.3	98.7	55.0	40.8	48.2	86.7	73.9	80.5
2003-04	94.66	87.77	91.37	84.00	66.62	75.76	90.58	81.10	86.06
2004-05	128.1	115.5	121.9	73.9	59.5	67.0	108.5	95.8	102.4
2005-06	131.4	120.0	125.8	77.5	64.9	71.5	111.9	100.6	106.4

STATEMENT- 12**NUMBER OF GIRLS ENROLMENT PER HUNDRED BOYS ENROLLED
1950-51 TO 2005-06**

YEAR	PRIMARY (I-V)	MIDDLE (VI-VIII)	SECONDARY (IX-X)
1950-51	39	18	16
1960-61	48	32	23
1970-71	60	41	35
1980-81	63	49	44
1990-91	71	58	50
1991-92	72	62	52
1992-93	72	61	51
1993-94	76	66	57
1994-95	75	65	57
1995-96	76	65	57
1996-97	76	66	58
1997-98	77	67	58
1998-99	78	69	62
1999-2000	79	70	64
2000-01	78	69	63
2001-02	79	72	65
2002-03	88	78	70
2003-04	88	79	70
2004-05	88	80	71
2005-06	87	81	73

STATEMENT – 13

**GENDER PARITY INDEX- ALL CATEGORIES OF STUDENTS,
1950-51 TO 2005-06**

Year	Gender Parity Index		
	Primary (I-V)	Upper Primary (VI-VIII)	Elementary (I-VIII)
1950-51	0.41	0.22	0.38
1960-61	0.50	0.34	0.47
1970-71	0.63	0.45	0.59
1980-81	0.67	0.53	0.63
1990-91	0.75	0.61	0.71
1995-96	0.82	0.73	0.80
1998-99	0.83	0.76	0.82
1999-2000	0.83	0.76	0.82
2000-01	0.82	0.75	0.80
2001-02	0.83	0.77	0.81
2002-03	0.95	0.86	0.93
2003-04	0.95	0.86	0.93
2004-05	0.95	0.88	0.93
2005-06	0.94	0.88	0.92

STATEMENT: 14**GENDER PARITY INDEX- SC/ST STUDENTS
1986-87 TO 2005-06**

Year	Scheduled Caste Students			Scheduled Tribe Students		
	Primary (I-V)	Upper Primary (VI-VIII)	Elementary (I-VIII)	Primary (I-V)	Upper Primary (VI-VIII)	Elementary (I-VIII)
1986-87	0.62	0.50	0.60	0.61	0.48	0.59
1990-91	0.69	0.52	0.63	0.65	0.50	0.60
1995-96	0.76	0.62	0.72	0.70	0.61	0.71
1996-97	0.77	0.68	0.74	0.69	0.63	0.70
1997-98	0.82	0.67	0.75	0.73	0.64	0.73
1998-98	0.79	0.71	0.77	0.72	0.63	0.70
1999-2000	0.78	0.72	0.77	0.72	0.64	0.70
2000-01	0.80	0.70	0.78	0.73	0.66	0.72
2001-02	0.80	0.72	0.78	0.80	0.70	0.77
2002-03	0.81	0.69	0.78	0.84	0.68	0.81
2003-04	0.89	0.80	0.87	0.93	0.79	0.90
2004-05	0.86	0.79	0.85	0.90	0.81	0.88
2005-06	0.87	0.80	0.86	0.91	0.84	0.90

STATEMENT – 15

**DROP-OUT RATES OF ALL CATEGORIES OF STUDENTS
1960-61 TO 2005-06**

Year	Primary (I-V)			Elementary (I-VIII)			Secondary (I-X)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1960-61	61.7	70.9	64.9	75.0	85.0	78.3	N.A	N.A	N.A.
1970-71	64.5	70.9	67.0	74.6	83.4	77.9	N.A	N.A	N.A.
1980-81	56.2	62.5	58.7	68.0	79.4	72.7	79.8	86.6	82.5
1990-91	40.1	46.0	42.6	59.1	65.1	60.9	67.5	76.9	71.3
1992-93	43.8	46.7	45.0	58.2	65.2	61.1	70.0	77.3	72.9
1995-96	41.4	43.0	42.1	56.6	61.7	58.8	66.7	73.7	69.6
1996-97	39.7	40.9	40.2	54.3	59.5	56.5	67.3	73.7	70.0
1997-98	37.5	41.5	39.2	53.8	59.3	56.1	66.6	73.0	69.3
1998-99	40.9	42.3	41.5	54.2	59.2	56.3	64.5	69.8	66.7
1999-00	39.8	41.0	40.3	53.3	57.7	55.1	64.9	69.9	67.0
2000-01	39.7	41.9	40.7	50.3	57.7	53.7	66.4	71.5	68.6
2001-02	38.4	39.9	39.0	52.9	56.9	54.6	64.2	68.6	66.0
2002-03	35.85	33.72	34.89	52.28	53.45	52.79	60.72	64.97	62.58
2003-04	33.74	28.57	31.47	51.85	52.92	52.32	60.98	64.92	62.69
2004-05	31.81	25.42	29.00	50.49	51.28	50.84	60.41	63.88	61.92
2005-06	28.71	21.77	25.67	48.67	48.98	48.80	60.10	63.56	61.62

STATEMENT- 16

**DROP-OUT RATES OF SCHEDULED CASTE STUDENTS
1990-91 TO 2005-06**

Year	Primary (I-V)			Elementary (I-VIII)			Secondary (I-X)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1990-91	46.3	54.0	49.4	64.3	73.2	67.8	74.3	83.4	77.7
1994-95	45.1	49.8	47.0	66.4	72.2	68.7	N.A	N.A	N.A.
1995-96	43.7	48.5	45.7	64.7	70.5	67.0	N.A	N.A	N.A.
1996-97	41.0	45.2	42.7	61.9	68.3	64.5	75.5	81.0	77.6
1997-98	43.4	46.4	44.7	60.6	67.2	63.3	68.1	77.7	77.2
1998-99	40.5	42.8	41.4	59.9	65.4	62.2	72.7	78.2	74.9
1999-2000	42.9	44.9	43.8	60.5	65.0	62.3	72.2	77.0	73.4
2001-02	43.7	47.1	45.2	58.6	63.6	60.7	71.1	74.9	72.7
2002-03	41.1	41.9	41.5	58.2	62.2	59.9	69.7	74.9	71.9
2003-04	36.8	36.2	36.6	57.3	62.2	59.4	71.4	75.5	73.1
2004-05	32.7	36.1	34.2	55.2	60.00	57.3	69.1	74.2	71.3
2005-06	32.11	33.81	32.86	53.68	57.12	55.17	68.16	73.76	70.57

STATEMENT- 17

**DROP-OUT RATES OF SCHEDULED TRIBES STUDENTS
1990-91 TO 2005-06**

Year	Primary (I-V)			Elementary (I-VIII)			Secondary (I-X)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1990-91	60.3	66.1	62.5	75.7	82.2	78.6	83.3	87.7	85.0
1994-95	56.9	61.3	58.6	74.5	80.0	76.7	N.A	N.A	N.A.
1995-96	55.0	58.9	56.6	62.3	71.2	66.0	N.A	N.A	N.A.
1996-97	54.4	60.0	56.5	73.0	78.3	75.2	82.5	86.8	84.2
1997-98	52.9	58.1	55.1	71.3	75.5	73.0	72.5	80.4	75.8
1998-99	54.8	56.8	55.7	70.1	75.7	72.4	79.8	85.1	82.2
1999-2000	51.0	54.2	52.4	69.5	75.3	71.9	79.7	84.3	81.5
2001-02	51.0	54.1	52.3	67.3	72.7	69.5	79.9	82.9	81.2
2002-03	50.8	52.1	51.4	66.9	71.2	68.7	78.4	83.0	80.3
2003-04	49.1	48.7	48.9	69.0	71.4	70.1	77.9	81.2	79.3
2004-05	42.6	42.0	42.3	65.0	67.1	65.9	77.8	80.7	79.0
2005-06	40.21	39.29	39.79	62.88	62.86	62.87	78.02	79.21	78.52

STATEMENT-18
TEACHERS BY TYPE OF SCHOOLS, 1950-51 TO 2005-06

(Figures in '000')

Year	Primary			Upper Primary			Sec. / Sr. Secondary/ Intermediate		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1950-51	456	82	538	73	13	86	107	20	127
1955-56	574	117	691	132	19	151	155	35	190
1960-61	615	127	742	262	83	345	234	62	296
1965-66	764	180	944	389	139	528	368	111	479
1970-71	835	225	1060	463	175	638	474	155	629
1975-76	955	283	1248	554	224	778	559	200	759
1980-81	1021	342	1363	598	253	851	669	257	926
1985-86	1094	402	1496	663	305	968	793	339	1132
1990-91	1143	473	1616	717	356	1073	917	417	1334
1991-92	1152	492	1644	714	365	1079	931	450	1381
1992-93	1137	514	1651	709	376	1085	941	454	1395
1993-94	1110	513	1623	723	406	1124	953	492	1445
1994-95	1157	531	1688	746	410	1156	986	495	1481
1995-96	1176	558	1734	758	424	1182	1030	519	1549
1996-97	1190	566	1756	769	431	1200	1069	544	1613
1997-98	1226	597	1823	793	444	1237	1086	558	1644
1998-99	1233	605	1838	821	468	1289	1129	581	1710
1999-00	1245	643	1888	852	475	1327	1185	598	1783
2000-01	1221	675	1896	820	506	1326	1184	577	1761
2001-02	1213	715	1928	921	547	1468	1157	620	1777
2002-03	1167	746	1913	936	645	1581	1221	812	2033
2003-04	1260	837	2097	944	648	1592	1250	774	2024
2004-05	1319	842	2161	992	597	1589	1282	801	2083
2005-06	1326	858	2184	998	673	1671	1333	821	2155

STATEMENT -19**TEACHER PUPIL RATIO (PTR) BY TYPE SCHOOLS, 1950-51 TO 2005-06**

Year	Primary	Upper Primary	Sec. /Sr. Secondary
1950-51	24	20	21
1960-61	36	31	25
1970-71	39	32	25
1980-81	38	33	27
1990-91	43	37	31
1995-96	43	37	32
1996-97	43	37	32
1997-98	42	37	32
1998-99	43	36	32
1999-00	42	37	31
2000-01	43	38	32
2001-02	43	34	34
2002-03	42	34	33
2003-04	45	35	33
2004-05	46	35	33
2005-06	46	34	33

STATEMENT - 20**NUMBER OF FEMALE TEACHERS PER 100 MALE TEACHERS, 1950-51 TO 2005-06**

Year	Primary School	Middle School	Intermediate / Sec./Sr..Secoadry Schools
1950-51	20	18	19
1960-61	21	32	27
1970-71	27	38	33
1980-81	33	42	38
1990-91	41	50	46
1991-92	43	51	48
1992-93	45	53	48
1993-94	46	56	52
1994-95	46	55	50
1995-96	47	56	50
1996-97	48	56	51
1997-98	49	56	51
1998-99	49	57	52
1999-2000	52	56	50
2000-01	55	62	49
2001-02	59	59	54
2002-03	64	69	66
2003-04	66	69	62
2004-05	64	60	63
2005-06	65	67	62

STATEMENT -21

**EXAMINATION RESULTS OF SECONDARY AND SENIOR SECONDARY
EXAMINATION**

Examinations	Gender			
		All Categories	Scheduled Castes	Scheduled Tribes
2005				
Secondary School	Male	62.2	53.5	47.6
	Female	67.7	59.6	47
	Total	64.4	55.8	47.4
Senior Secondary School	Male	65.7	57.2	53.5
	Female	73	63.0	60.3
	Total	68.8	59.5	55.8
2006				
Secondary School	Male	66.3	59.07	53.75
	Female	70.26	63.29	53.45
	Total	67.86	60.38	53.04
Senior Secondary School	Male	67.49	64.36	57.76
	Female	77.25	70.48	64.62
	Total	71.28	66.65	60.24

STATEMENT-22

POPULATION AND ITS GROWTH, INDIA: 1901-2001

Census Year	Population	Decadal Growth		Change in Decadal growth		Average annual exponential growth rate (percent)	Progressive growth rate over 1901 (percent)
		Absolute	Percent	Absolute	Percent		
1	2	3	4	5	6	7	8
1901	238,396,327	---	---	---	---	---	---
1911	252,093,390	13,697,063	5.75	---	---	0.56	5.75
1921	251,321,213	-772,177	-0.31	-14,469,240	-6.05	-0.03	5.42
1931	278,977,238	27,656,025	11.00	28,428,202	11.31	1.05	17.02
1941	318,660,580	39,683,342	14.22	12,027,317	3.22	1.34	33.67
1951	361,088,090	42,427,510	13.31	2,744,168	-0.91	1.26	51.47
1961	439,234,771	78,146,681	21.64	35,719,171	8.33	1.98	84.25
1971	548,159,652	108,924,881	24.80	30,778,200	3.16	2.24	129.94
1981	683,329,097	135,169,445	24.66	26,244,564	-0.14	2.23	186.64
1991	846,302,688	162,973,591	23.85	27,804,146	-0.81	2.16	255.00
2001	1,028,610,328	182,307,640	21.54	19,334,049	-2.31	1.97	331.47

Source: Census of India -2001.

STATEMENT-23

RURAL-URBAN POPULATION AND DECADAL VARIATION, 1951 TO 2001

YEAR / SECTOR	Population			Decadal Variations
	Male	Female	Persons	Persons
	1	2	3	4
1951				
RURAL	153,444,642	145,199,739	298,644,381	----
URBAN	32,083,820	30,359,889	62,443,709	----
TOTAL	185,528,462	175,559,628	361,088,090	----
1961				
RURAL	183,504,095	176,794,073	360,298,168	20.64
URBAN	42,789,106	36,147,497	78,936,603	26.41
TOTAL	226,293,201	212,941,570	439,234,771	21.64
1971				
RURAL	225,319,943	213,725,732	439,045,675	21.86
URBAN	58,729,333	50,384,644	109,113,977	38.23
TOTAL	284,049,276	264,110,376	548,159,652	24.80
1981				
RURAL	270,910,547	252,956,003	523,866,550	19.32
URBAN	82,463,913	76,998,634	159,462,547	46.14
TOTAL	353,374,460	329,954,637	683,329,097	24.66
1991				
RURAL	324,321,614	304,370,062	628,691,676	20.01
URBAN	114,908,844	102,702,168	217,611,012	36.47
TOTAL	439,230,458	407,072,230	846,302,688	23.85
2001				
RURAL	381,602,674	360,887,965	742,490,639	18.10
URBAN	150,554,098	135,565,591	286,119,689	31.48
TOTAL	532,156,772	496,453,556	1,028,610,328	21.54

Source: Census of India

STATEMENT: 24

SCHEDULED CASTE POPULATION, 1961 TO 2001

YEAR	PERSON	MALE	FEMALE
1961	64511313	32963779	31547534
1971	80005398	41343194	38662204
1981	104754623	54210524	50544029
1991	138223277	71928960	66294317
2001	166635700	86088760	80546940

Source: Census of India

STATEMENT: 25

SCHEDULED TRIBE POPULATION, 1961 TO 2001

YEAR	PERSON	MALE	FEMALE
1961	29883470	15040707	14842763
1971	38015162	18181450	18833712
1981	51628638	26038535	25590103
1991	67758380	34363271	33395109
2001	84326240	42640829	41685411

Source: Census of India

STATEMENT-26

ACTUAL CHILD POPULATION 1991, 2001 AND ESTIMATED CHILD POPULATION IN 2005

(In thousand)

Age-Group		1991 (Actual)	2001 (Actual)			2005 (Estimated)		
			Total	SC	ST	Total	SC	ST
6-11	Boys	60313	67391	11862	6118	62495	11072	5716
	Girls	56397	61989	10887	5804	58204	10279	5500
	Total	116700	129380	22749	11922	120699	21351	11216
11-14	Boys	27876	39712	6848	3382	38412	6555	3244
	Girls	25128	35928	6084	3101	35128	5893	3003
	Total	53004	75640	12932	6483	73540	12448	6247
14-18	Boys	34228	45948	7683	3601	50000	8198	3976
	Girls	29673	39591	6335	3283	44962	7074	3696
	Total	63901	85539	14018	6884	94962	15272	7672

Source: Census of India

STATEMENT-27

SEX RATIO, 1901 TO 2001

YEAR	SEX RATIO	YEAR	SEX RATIO
	Females per 1000 males		Females per 1000 males
1901	972	1961	941
1911	964	1971	930
1921	955	1981	934
1931	950	1991	927
1941	945	2001	933
1951	946		

Source: Census of India

STATEMENT-28

CRUDE LITERACY RATES 1901 TO 2004-05

Census Year	Crude Literacy Rate (%age)			Change in percent points		
	Persons	Males	Females	Persons	Males	Females
1901	5.35	9.83	0.60	N.A.	N.A.	N.A.
1911	5.92	10.56	1.05	0.57	0.73	0.45
1921	7.16	12.21	1.81	1.24	1.65	0.76
1931	9.50	15.59	2.93	2.34	3.38	1.12
1941	16.10	24.90	7.30	6.60	9.31	4.37
1951	16.67	24.95	7.93	0.57	0.05	0.63
1961	24.02	34.44	12.95	7.35	9.49	5.02
1971	29.45	39.45	18.69	5.43	5.01	5.74
1981	36.23	46.89	24.82	6.78	7.44	6.13
1991	42.84	52.74	32.17	6.61	5.85	7.35
2001	54.51	63.24	45.15	11.67	10.50	12.98
2004-05*	63.60	78.00	51.10	9.09	14.76	5.95

Source: Census of India 2001

*- NSS 61st Round Survey Report No. 517, 2004-05. Page 57

STATEMENT -29
LITERACY RATES (%AGE), 1951 TO 2004-05

Census year	Persons	Males	Females	Male-Female gap in literacy rate
1	2	3	4	5
1951	18.33	27.16	8.86	18.30
1961	28.30	40.40	15.35	25.05
1971	34.45	45.96	21.97	23.98
1981	43.57	56.38	29.76	26.62
1991	52.21	64.13	39.29	24.84
2001	64.84	75.26	53.67	21.59
2004-05*	67.30	77.00	57.00	20.00

Source: Census of India

*- NSS 61st Round Survey Report No. 517, 2004-05. Page 24

STATEMENT-30

ADULT LITERACY 15 YEARS AND ABOVE, 1961 TO 2001

Particulars	1961	1971	1981	1991*	1996 @	1998 #	1999^	2001**
I-Illiteracy %age								
Male	58.55	52.31	45.09	38.11	32.75	30	27.8	26.7
Female	86.85	80.64	74.30	65.91	59.33	56	56.0	52.2
Total	72.24	65.92	59.18	51.46	45.48	43	41.5	39.0
II- Literacy %age								
Male	41.45	47.69	54.91	61.89	67.25	70	72.2	73.3
Female	13.15	19.36	25.70	34.09	40.67	44	44.0	47.8
Total	27.76	34.08	40.82	48.54	54.32	57	58.5	61.0

** Census-2001, *Excluding J&K, @ NSSO 52nd Round 1995-96

NSSO 54th Round 1998, ^ National Family Health Survey-1998-99

STATEMENT-31

RURAL-URBAN LITERACY RATES 1991-2001

Year	Male	Female	Persons
1991 (7 years and above)			
- Rural	57.87	30.62	44.69
- Urban	81.09	64.05	73.08
- Total	64.13	39.29	52.21
2001 (7 years and above)			
- Rural	70.70	46.13	58.74
- Urban	86.27	72.86	79.92
- Total	75.26	53.67	64.84

Source: Census of India

STATEMENT- 32

COMPARATIVE LITERACY RATES, 1991 TO 2001

Item	Literacy Rates			Literacy gap of SC/ST to others in percentage points	
	SC	ST	Other than SC/ST	SC	ST
1991					
Male	49.91	40.65	69.53	19.62	28.88
Female	23.76	18.19	44.81	21.05	26.62
Total	37.41	29.60	57.69	20.28	28.09
2001					
Male	66.64	59.17	78.7	12.06	19.53
Female	41.90	34.76	58.17	16.27	23.41
Total	54.69	47.10	68.81	14.12	21.71

Source: Census of India

STATEMENT-33

LITERACY RATES OF SC/ST BY SEX AND URBAN/ RURAL, 1961 TO 2001

Year/Region	Scheduled Castes			Scheduled Tribes		
	Male	Female	Persons	Male	Female	Persons
1961						
Rural	15.06	2.52	8.89	13.37	2.90	8.16
Urban	32.21	10.04	21.81	30.43	13.45	22.41
Total	16.96	3.29	10.27	13.83	3.16	8.53
1971						
Rural	20.04	5.06	12.77	16.92	4.36	10.68
Urban	38.93	16.99	28.65	37.09	19.64	28.84
Total	22.36	6.44	14.67	17.63	4.85	11.30
1981						
Rural	27.91	8.45	18.48	22.94	6.81	14.92
Urban	47.54	24.34	36.60	47.60	27.32	37.93
Total	31.12	10.93	21.38	24.52	8.04	16.35
1991						
Rural	45.95	19.45	33.25	38.45	16.02	27.38
Urban	66.60	42.29	55.11	66.56	45.66	56.60
Total	49.91	23.76	37.41	40.65	18.19	29.60
2001						
Rural	63.66	37.84	51.16	57.39	32.44	45.02
Urban	77.93	57.49	68.12	77.77	59.87	69.09
Total	66.64	41.90	54.69	59.17	34.76	47.10

Source: Census of India

STATEMENT 34: PUBLIC EXPENDITURE ON EDUCATION

(Rs. in crore)

Year	Expenditure on Education by Education & Other Deptt.	Total Expenditure by all sectors	GDP at current prices (at factor cost)	Expenditure on Education & Other Deptt. As % age of Public Expenditure	Expenditure on Education by Education & Other Deptt.. As % age of GDP
1	2	3	4	5	6
1961-62	260.3	2225.4	17116	11.70	1.52
1962-63	278.76	2942.67	18302	9.47	1.52
1963-64	313.93	3488.97	20916	9.00	1.50
1964-65	369.29	3844.91	24436	9.60	1.51
1965-66	432.61	4404.82	25586	9.82	1.69
1966-67	487.83	5100.24	29123	9.56	1.68
1967-68	593.14	5619.77	34225	10.55	1.73
1968-69	649.13	6922.07	36092	9.38	1.80
1969-70	760.23	7908.07	39691	9.61	1.92
1970-71	892.36	8787.12	42222	10.16	2.11
1971-72	1011.07	10610.89	44923	9.53	2.25
1972-73	1150.43	11863.56	49415	9.70	2.33
1973-74	1300.72	12884.48	60560	10.10	2.15
1974-75	1570.67	14625.03	71283	10.74	2.20
1975-76	1849.47	17958.99	75709	10.30	2.44
1976-77	2039.09	20482.83	81381	9.96	2.51
1977-78	2630.6	22666.31	92881	11.61	2.83
1978-79	2994.69	26134.84	99823	11.46	3.00
1979-80	3347.57	30915.39	108927	10.83	3.07
1980-81	3884.2	36398.39	130178	10.67	2.98
1981-82	4298.29	41715.71	152056	10.30	2.83
1982-83	5509.17	43996.18	169525	12.52	3.25
1983-84	6229.53	61889.25	198630	10.07	3.14
1984-85	7455.88	69025.45	222705	10.80	3.35
1985-86	8713.02	67091.41	249547	12.99	3.49

Year	Expenditure on Education by Education & Other Deptt.	Total Expenditure by all sectors .	GDP at current prices (at factor cost)	Expenditure on Education & Other Deptt. As % age of Public Expenditure	Expenditure on Education by Education & Other Deptt.. As % age of GDP
1	2	3	4	5	6
1986-87	9479.13	80454.66	278258	11.78	3.41
1987-88	11798.35	92518.38	315993	12.75	3.73
1988-89	14069.82	107543.75	378491	13.08	3.72
1989-90	17192.5	126045.97	438020	13.64	3.93
1990-91	19615.85	146711.53	510954	13.37	3.84
1991-92	22393.69	170370.38	589086	13.14	3.80
1992-93	25030.3	190327.45	673221	13.15	3.72
1993-94	28279.69	218535.15	781345	12.94	3.62
1994-95	32606.22	251691.92	917058	12.95	3.56
1995-96	38178.09	286194.55	1073271	13.34	3.56
1996-97	43896.48	329389.92	1243546	13.33	3.53
1997-98	48552.14	380728.45	1390148	13.09	3.49
1998-99	61578.91	439768.12	1598127	14.00	3.85
1999-00	74816.09	512519.33	1786525	14.60	4.19
2000-01	82486.48	572160.14	1925416	14.42	4.28
2001-02	79865.7	619713.14	2100187	12.89	3.80
2002-03	85507.34	678548.31	2265304	12.60	3.77
2003-04	89079.25	743668.96	2549418	11.98	3.49
2004-05	96694.1	797345.74	2855933	12.13	3.39
2005-06	113228.71	889713.96	3275670	12.73	3.46

Source: 1.GDP Figures are taken from National Accounts statistics 2007 published by C.S.O.

2. Expenditure on Education Figure is taken from our publication titled 'Analysis of Budgeted Expenditure on Education' published by Deptt. of Higher Education.

Note:- GDP Figures for the years 1979-80 to 1998-99 are on the base year 1993-94 series and from 1999-2000 onward are on the base year 1999-2000.

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Annual Report for Hanns Seidel Foundation

2009

INTRODUCTION:

In the year 2008, SIDART targeted and addressed issues of women empowerment in eight, women-headed Panchayats within rural and semi-urban areas of Sanganer development block, Rajasthan. During these seminars the women and adolescent girls were provided with information regarding the process of preparing relevant issues like position of women in society, gender sensitization, democratic decentralization, working of Panchayat Samiti, and many other ground level issues like water, sanitization etc.

The main outcome of the seminar was the capacity building of the women for participation in a meaningful manner in Gram Panchayat meetings. In the majority of the seminars, each of the women present wanted to speak up and share their issues. They were looking for support. A situation was created where the system is forced to work. The women felt comfortable to ask for solutions and stand up for their rights.

While conducting these seminars we realized that there is immense zeal amongst village women to work for the betterment of their society. To take a step further towards women empowerment, we increased our targeted villages and in the year 2009, SIDART addressed issues of women empowerment in twenty-five Panchayats within rural and semi-urban areas of Sanganer development block, Rajasthan, with a view to strengthen their knowledge about women rights, status of women and their role in Panchayat Samiti by conducting information and practical training seminars about Panchayati Raj System.

Reason for adopting current methodology:

Based on the experiences in 2007 and the seminars conducted in 2008, in eight women headed Panchayats we realized that the ground status of women in villages and their knowledge base about their own village, their rights and their duties as a citizen were very stumpy. So series of four seminars were conducted in every village, to create an organized learning base for them. The basic motive behind adopting this seminar methodology was to connect well with women in this span of time and distribute our information base and

knowledge in a way that is easy for women to grasp and later could be put to use in their day to day life.

TRAINING METHODOLOGY:

SIDART team identified the training needs and devised four categories of seminars to be conducted in every village, which are as follows:

1. **Orientation Training:** This was the first seminar which was intended to create a base for further training process. Through this seminar SIDART team connected with village women and briefed them about the status of women in society. Women were informed about issues in regard of education, health, poor economic status, low mobility and other contributing factors because of which women is considered to be inferior gender in society. This seminar made village women contemplate about their problems, which later took shape of courage, with which they could reason out their issues in front of authorities.
2. **Women Information Seminar:** To empower the women by providing knowledge about Panchayati Raj System (structures and functions) and the developmental schemes implemented by the Panchayat. After gaining this knowledge, women would feel confident for participation in the Panchayat meetings. They would develop better and more understandings about their role in the functioning of Panchayat. (Women also get equal opportunities in long run).
3. **Participatory Learning Appraisal (PLA) / Participatory Rural Appraisal (PRA) Seminars:** This exercise helps women to map the available resources, in the village, identify the issues related to the existing resources in their village and classify missing resources that they need, by simple mapping exercises. In this seminar the objective is to make women aware of their surroundings by increasing the knowledge of women about their village resources, service provision centers and the rights of the women as citizens.
4. **Practical Training:** The key objective of this seminar was to make this an interactive activity and to obtain full participation amongst the women. This is also an opportunity to encourage them to find solutions on their own for the problems they face or will face in the future. For this,

innovative methods like *role-play, sharing case studies, visit activities* etc. were initiated. Through all these methods the *concepts of Gram Sabha* and its meetings as provided by National and State Act were discussed. The women get the feeling of being a sarpanch, getting elected and then playing the role. The sessions were participated with overwhelming responses.

OBJECTIVES OF TRAINING:

- Impart knowledge on working of *Panchayati Raj System* and increased *participation of women in administration* of village.
- Motivate women to increase their *participation in Gram Sabha meetings* and *raise their issues in front of authorities* in the prescribed manner.
- Increase *knowledge of women about their rights and duties*.
- Give detail *information about all the schemes run by government* for emancipation of women and *methods by which they can take full advantage of these schemes*.
- The focus of the workshop always remained on the village women and their *participation*, the empowerment is achieved only when women *think for themselves* and offer solutions on their own.
- *Gender sensitization, gender roles* and ways to *deal with gender discrimination*.
- *Identification* and prioritization of *developmental needs* of the community and implementation of programs.

Ground work for these seminars began in 2008 itself, when similar seminars were conducted in eight women headed Panchayats of Sanganer block. Hence the orientation trainings, women rights and issues seminar and the practical Trainings were already conducted in these Panchayats in 2008. Hence, the these were not conducted again but PRA/PLA exercise was conducted in all the 25 Panchayats.



PREPARATION BEFORE CONDUCTING SEMINARS:

Prior to conducting the workshops, three independent Learning Units were composed which structured the sessions and prepared resource materials and training modules. The resource material was prepared on the basis of SIDART's interaction with HSF and surveys conducted by SIDART in these villages. We tried to cover issues that were common at grass-root level and hampered growth of village women.

PROGRAMMES HELD and ISSUES DISCUSSED IN 2009

January to May 2009:

Panchayats targeted: ,Thikariya, Kapurawala, Kalwada, Mahapura, Mohanpura, Muhana, Vidhani, Bhamoria, Bhapura, Pawaliya, Rampura Unti, Dehmikala, Dantli, Devaliya, Vatika, Narsinghpura, Goner as well as sanganer panchayat samiti.

Rajasthan is a patriarchal society where men have more power and easier access than women to what is valued in the society, women are subjected to a number of seriously disturbing social restrictions. A number of these stem from the cultural practices associated with the Purdah system, Child - Marriage, lack of education, migration of men to urban centers in search of employment, little access to information and no control over decisions related to productive

activities. For these women, poverty does not just mean scarcity and want. It means rights denied, opportunities curtailed, and voices silenced. Given this situation, the pilot project in Sanganer Block, from March- May 2008 aims at enhancing the position of female and educates women about their low status in society and reasons associated to it.

In this period, Orientation Training was conducted in 17 Panchayats of Sanganer Block and laid a foundation for further training process which aimed at raising their awareness level regarding their public position and build their capacities for decision-making and develop their skills.

First Orientation meeting was held in Muhana in February 2009. Later similar meetings were held in other 16 villages.

June- July 2009:

In the months of June and July, PRA exercises were conducted in four Panchayats of Lakhna, Goner, Vatika, Bilwa and Narsinghpura. SIDART used PLA/PRA techniques for the capacity building of all the participant women. These sessions were very interesting and during these sessions, participants made village maps and defined all the resource centers available to them in village premises. During these many issues were raised, which are as follows:

1. The issue of lack of drinking water resources.
2. The issue of lack of sanitation and hygiene.
3. Lack of proper health centers and school buildings.
4. Lack of roads and proper sewerage system
5. Lack of Anganwadi Bhawans in many villages.



One Women Information seminar was held in the month of July in Gram Panchayat of Vatika. Seminars on almost similar lines were conducted in eight women headed Panchayats of Sanganer Development block in 2008. Since it was the second meeting in Vatika, attendance of women was better than previous seminar, also women were very enthusiastic to participate.

August to November 2009:

Taking the guidelines from the outcomes from the previous meetings held at Gram panchayats in 2008 and 2009, we conducted seminars in each of the remaining twenty five Panchayats during the coming months. In these sessions' women's rights, their duties, schemes run for them etc. were discussed in details in three consecutive seminars.

In these sessions, SIDART addressed the empowerment of women by providing them knowledge. Three workshops per village were organized by SIDART. These workshops focused on improving knowledge of women on the working of the Panchayati Raj System within rural villages of India and emphasized the need of the empowerment of women and focused on their status and their rights. By means of the program, the women and adolescent girls of the village were informed about the Panchayati Raj Institution, their status being a woman, and their rights and privileges.



In this meeting this program was shared with village women who were chosen to be volunteers

The issues they raised need to be appropriately taken up in their Panchayat meetings but a gradual hand holding and time to time support would be required. For this our next step of Village Volunteer Program was successfully initiated in the second week November. Two meetings of Village Volunteers were held to explain them the reason of this program and seek for their support. Women were asked to build their own teams in their village and work for each others betterment.

SPECIAL EVENTS OF 2009:

On March 31st Dr. Volker Bauer came to visit Devaliya village along with SIDART team. An Orientation Training on Panchayati raj was going on in the village. The women welcomed him and asked questions about his personal and professional life.

On 27th July Mr Christian Hegemer and Dr Volker Bauer visited one of the village panchayts in the evening and addressed a large gathering of women and panchayat representatives. It was surprising that so many women were present there and each one was more than eager to express how the seminars have made a difference to the way they think and work. Their increased levels of knowledge and skills were amongst a lively cultural programme. There was a red carpet welcome for the guests and the expression from the viallge women regarding the learingin during the past year and a half went on till two hours or so. The warmth and the learnings together made the environment very lively.

On July 28th a national level seminar was organised for various women in panchayats, the common village women, officials in panchayats, stakeholders of SIDART was conducted with the theme of "Learning and Sharing". This workshop was graced by the presence of Chief Election Commissioner: Shri A.K. Pande, ETV Head: Shri Jagdish Chandra, International Director of HSF: Mr. Christian Hegemer, Minister of Rural Development: Mr. Bharat Singh, Pradhan of Sanganeer Mr Har Sahya Yadav, and many more dignitaries from local Panchayat Samitis, government of Rajasthan and representatives from other states in INDIA like UP, Gujrat, Maharashtra, Andhra Pradesh. Through this seminar we were able to bring together local village women and authorities and experts at a common forum and thus facilitated the learning and by sharing at both ends. A small article about this seminar was published in national newspaper Rajasthan Patrika.

On 27th October 2009, the Regional Director from HSS Munich, Mr. Asbeck came to Jaipur and visited Dantli Panchayat during a practical training seminar. He was accompanied by Dr Volker Bauer the resident representative from New Delhi and Dr Pramilla the Honorary Advisor SIDART / consultant to the seminars. Dr Pramilla translated the on going session for the benefit of the Guests and also helped the women to communicate with them. The training was going on in the panchayat building and this was a live example of the fact the training venue is provided free of cost to the seminars conducted by the HSF and SIDART jointly. The villagers also tied a turban for the guest a symbol of tribute to welcome and honour them as head of the family. They were very excited when Mr Asbeck made a speech in Hindi.

4th December 2009: and evaluation visit :

The visit of the evaluator was made both to the seminar in the village and the common forum of village volunteers at Jaipur.

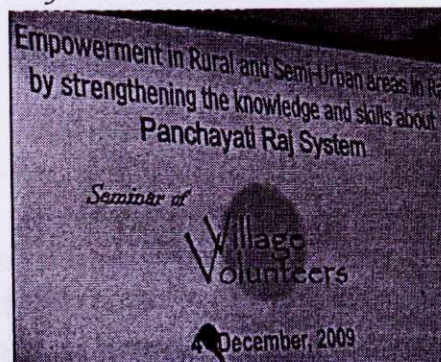
The evaluator and Dr Volker together went to one of the on going training programmes at NARSINGH PURA. They participated in the mock training democratic decentralised election process and saw the formation of the panchayat. The village women worked in groups and came up to the panchayat with the issues. Later visits were made to the government school and ANM / health sub centre and the same was revised and examined by the village women in the guidance of the SIDART team members.

During the day the seminar was organized at Hotel Clarks Amer. It was meant to create an atmosphere for both the key players and beneficiaries of the women empowerment project run in cooperation of SIDART and HSF to share their experiences regarding the project, its execution, the obstacles faced and their solutions. Lessons derived from this project will further help the cause of women empowerment and build confidence in their voices and day to day living in the marginalized sections of the society.

This seminar worked on instilling the fundament of decentralized management of community as a key strategy for sustainable development and results amongst village women. Implicit in this approach is the need for facilitating awareness generation leading to community mobilization; empowerment, collective action, convergence, and inter-sectoral coordination.

This seminar also laid the next step in women empowerment. In this seminar the stakeholders were formally introduced to the Village Volunteer Program, with few of the volunteers registering their presence. The women understood and prepared themselves to work on important issues and appropriately raise them in the Gram Panchayat meetings.

SIDART tried to work on an interface between the village authorities and the women. In this seminars authorities like Sarpanch, Block Development officer, Pradhan of Sanganer Block were also present. Many women raised issues there and these authorities had to give satisfactory answers to all their queries, which instilled a sense of confidence in these women.



The women had the opportunity to address their problems and ask for solutions. The main outcome of the seminar was the capacity building of the women for participation in a meaningful manner in village developmental activities. In

the majority of the seminars, each of the women present wanted to speak up and share their issues. They were looking for support. A situation was created where the system is forced to work. The women felt comfortable to ask for solutions and stand up for their rights. The women were not sitting down quietly, but were passionate and demanded that action be taken. Open sessions were organized to answer any questions and queries.



The meeting also aimed to look at the working of SIDART at a grassroots level, focusing on civic education, women empowerment and other activities of SIDART and support of HSF extended to SIDART in accomplishing all this and much more.

The participants were benefitted by getting knowledge and skills through these seminars. SIDART also recognized some women from these seminars who could take on the responsibility of initiating the developmental activities in their respective villages. SIDART will involve these women to form a group and will train them to work as village volunteers.

Next steps:

The main area of concern for the year 2010 is to develop and foster village volunteers. The whole idea is to make women independent and therefore pave a

way for sustainable development. Cross visits and meetings will be organized all during the year for the elected women and authorities, to help them connect better and give immense exposure to volunteers and increase their learning in all important regards.

Another major concern is to educate women about Right to Information Act, and thereby make public responsible to supervise working of every government center and reduce corruption.

Steps will also be initiated to deploy movements like NRGEA to some new adjoining village Panchayats and try to provide employment opportunities to as many people as possible.

Acknowledgement:

SIDART would like to appreciate HSF as well as the Panchayat Samities, Gram Panchayats and government officials for extending immense support to undertake this mammoth task of mobilizing women in an effort of trying to improve the situation of women through collective efforts.

Neeraj
SIDART

Society for Integrated Developmental
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Head Office : 4-Kha-17, Jawahar Nagar



Society for Integrated Development Activities and Research Training

Training Module

for

One day Seminar

on

SEMINAR FOR AWARENESS GENERATION AND ASSESSMENT OF NREGA

Developed, compiled and edited at

HSF SIDART

Resource Centre

Housed at SIDART Head Quarter

Jaipur

SIDART in cooperation with Hanns Seidel Foundation





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Session Plan

Agenda of the seminar

S.no	Time	Topic for discussion	Speaker/ facilitator
1.	10.00AM	Welcome and Introduction	Kashmira Bakliwal
2.	10.30	Recap of the earlier seminars And filling in of the questionnaires regarding NREGA	Jai Kirti Singh
3.	11.15	What is NREGA? Work site facilities	P.R Sharma Krishna Sharma
4.	12.30	Payment and allowances under NREGA	SIDART
5	Lunch		
6	2.00	Eligibility, Job card and registration	PR Sharma and Jai Kirti
7	3.00	Some questions by the villagers and volunteers	SIDART team
8			

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Session 1: Welcome and Introduction

Facilitators must welcome all the participants and introduce them to the organizations (HSF and SIDART) and familiarize participants with the SIDART team.

Facilitator should also ask women to introduce themselves; this is important to connect with women and ensure that they are not apprehensive to share their point of view in discussions. ~~If the warming up takes place well than the they~~ actively participate in the whole seminar. E7

Next, thing will be explain women the agenda for the day. They should be explained that this meeting is specifically designed to impart them knowledge about NREGA.

BUT

~~PRIOR TO THAT THE RECAP OF THE EARLIER SEMINARS WILL TAKE PLACE. This session is facilitated by the volunteers and they shall take lead in the process. This is to instill the leadership skills in the volunteers and also to remind them and the other team members about the earlier activities in the seminars and on the ground.~~

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Session 2: What is NREGA?

Under this session SIDART team will introduce women participants to NREGA scheme.

NREGA is an Act to provide a legal guarantee of 100 days of wage employment in a financial year to ever household whose adult members volunteer to do unskilled manual work. He/ She will get the minimum wage rate notified for Agriculture labor in the State until the Central Government notifies a minimum wage rate, which in any case shall not be less than Rs.60 per day.

A National Employment guarantee fund has been set up by the central government to be managed according to the rules made for this purpose. The grants to state government or districts for implementation of NREGA shall be released from this fund.

The state government may, by notification, establish a fund to be called the state employment guarantee fund. This fund is to be expended and administered as a revolving fund, with rules that govern and ensure its utilization according to the purposes of the Act.

Similar revolving funds should be set up under NREGS at the district, block and gram Panchayat levels.

Session 3: Information about worksite facilities:

It is imperative that women know about facilities that are to be provided to them while working under this scheme. If women will know about facilities, they can ensure that they have good working conditions and check whether Panchayat is utilizing funds allotted to it, in a proper way.

Following facilities are given to workers under NREGA scheme:

- Worksite facilities are to be ensured by the implementing agency. Medical aid , drinking water , shade ,and crèche if there are more than five children

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below the age of six years will have to be provided (NREGA ,Schedule II, sections 27 and 28)

- If more than five children below the age of six years are present at the worksite ,a person (preferably a women) should be engaged under NREGS to look after them she will be paid a wage equal to the prevalent wage rate paid to the unskilled worker . The expenditure will be separately recorded and will not be included as part of the work measurement.
- Location of crèche should be so planned that it is optimally utilized .Normally, one crèche should be opened to one worksite or group of worksites.

What type of work will be given?

Creation of durable assets and strengthening the livelihood resource base of the rural poor shall be an important objective of the Scheme. Work through contractors is not permissible. The kinds of works permissible according to priority are:

- i. Water conservation and water harvesting
- ii. Drought proofing (including afforestation and tree plantation)
- iii. Irrigation canals including micro and minor irrigation works
- iv. Provision of irrigation facility to land owned by households belonging to the SCs and STs or to land beneficiaries of land reforms or that of the beneficiaries under the Indira Awas Yojana *and also for small & marginal farmers -*
- v. Renovation of traditional water bodies including desilting of tanks
- vi. Land development
- vii. Flood control and protection works including drainage in water logged areas
- viii. Rural connectivity to provide all-weather access

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ix. Any other work which may be notified by the Central Government in consultation with the State Government.

such as Kalyan Changanu IT Centre, Panchayat building, playing ground etc. in villages

Session 4: Information about Payment and Allowance scheme under NREGA

In this session women will be taught about payment scheme adopted by government for this scheme. Many women complain that they don't get complete money of their work. This is because most of them don't even know about proper payment scheme. So this session will guide women about how much they are supposed to get and how they will receive the payment.

~~Facilitator / Speaker will share following points with women: there are some highlighted points in the section which address the gender issues and these need to be deliberated upon.~~

- Every person working under the scheme shall be entitled to wages at the minimum
- wage rate fixed by the State Government (or the competent authority concerned) for Agricultural laborers under the minimum Wages Act, 1948, unless Section 6(1) of the Act.
- **Equal wages shall be paid to both men and women workers, and the provisions of the Equal Remuneration Act, 1976 shall be complied with.**
- The State Government may provide for a portion of the wages to be paid to the Laborers' on a daily basis during the period of employment.

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- It is recommended that wage should be paid on time on a weekly basis on a pre-specified day of the work in each Gram Panchayat. Details of wages paid through the banks/post office network should be made public.
- It is essential to ensure that wages are paid on time. Workers are entitled to being paid on a weekly basis, and any case within a fortnight of the date on which work was done
- In the event of any delay in wages payments, workers are entitled to compensation as per the provision of the Payment of Wages Act, 1936 (~~WHAT ARE THE PROVISIONS WE HAVE TO FIND OUT AND ELABORATE~~)---
FACTUALLY.....
- Compensation costs shall be borne by the State Government.
- The State Governments and the programme authorities shall make all efforts to publicize the wages rates in simple language and by means easily accessible to the local Community. Wages rates shall also be displayed prominently at every worksite.
- The Programme Officer, the District Programme Coordinator and State Government shall keep a watch on the average wages earned.
- If worker are willing, then a State Government may consider dovetailing wages.
- Payment under NREGS should be made with social security arrangements. With the consent of the worker, a proportion of the wages may be earmarked and contributed to welfare schemes organized for the benefit of NREGS workers such as health insurance, accident insurance, survivor benefits, maternity benefits and other social security arrangements. Such a social security cover will be purely voluntary. No such contributions from the wages received by the worker will be made without the consent of the worker concerned. The relevant procedures shall be spelled out by the state

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government and reviewed regularly by the state council. These should include stringent provisions for the transparent and accountable use of these social security funds and may contain provisions for matching grants from the state Government.

PAYMENT OF WAGES THROUGH BANKS AND POST OFFICES

- All payments of NREGA wages would be made through Banks (or post offices) are a useful means of separating payment agencies from implementing agencies. While introducing Bank/ post office payments, attention should be paid to the following issues.
- i) Bank/post office accounts should be opened pro-actively on behalf of all concerned laborers by an appropriate authority (e.g. Bank or gram panchayat) laborers should not be required to open their own Bank account.
- ii) A considered choice needs to be made between "individual accounts " (for each NREGA laborer)and "joint accounts" (one for each job card) if joint accounts are used; then different household members (e.g. husband and wife) should be co- signatories. Special care should be taken to avoid crediting household earnings to individual accounts held by the male household head (leaving women with no control over their earnings).
- iii) Special awareness and outreach activities should be conducted to ensure that all laborers (including women) are able to handle Bank procedures, especially in areas where they are unfamiliar with the banking system.
- iv) The type of Banks to be allowed (e.g. rural bank, cooperatives, nationalized, post office and mobile banks for inaccessible areas) should be selected in the light of local conditions, with a view of smooth and timely payment. For instance, it often helps if the laborer is held in the same Bank as the Gram

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Panchayat account. If inter –Bank are involved, they should be simplified as much as possible.

- v) Relevant Bank should be sought before Bank payments are introduced, bear in mind their own concerns (e.g. shortage of staff).As far as possible, Bank should be avoided .
- vi) Gram Panchayat should be given clear instructions on the procedures involved in Bank Payments.
- vii) There should be clarity about who is responsible for opening Bank accounts (e.g. laborer, Bank, Gram Panchayat). Care should be taken to avoid excluding any because they are unable to get a Bank account opened.
- viii) Should be requested to open the accounts for NREGA laborers, without charge.
- ix) Separate individual accounts for women members of the household may be opened in the case of male headed households.
- x) In order to avoid delays in clearance of cheque or staff shortage in the bank branches or reluctance of bankers state Governments may discuss the matter in the state Level Banking Coordination Committee meetings.
- xi) Payment should not be made through individual cheques drawn in favour of workers to avoid use of large number of cheques. A pay order may be generated in favour of group of workers in the Muster Roll addressed to the Branch Manager for crediting the amount shown against workers in the account of the workers and requesting him to make the payment to the workers on demand. When the amount is paid, a wage slip may be generated for intimation of the worker. The format of the wage slip can be seen at Annexure –B-3(i). Amount should be disbursed to the worker only on production of wage slip and the withdrawal slip by the worker or his

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authorized representative. No third party should be allowed to withdraw money from the bank without the due authorization of the worker in writing.

- xii) Bank payments should be reconciled with the standard norms and guidelines for wage payments, including payment of wages to all laborers in public, reading aloud of muster roll details, maintenance of Job Cards, collection of signatures /thumbprints on Muster Roll, etc. This could involve, for instance, the distribution of "payment slip " (or, say, account payee cheques) in public , along with making entries in Job Cards.
- xiii) As far as possible , the design of Bank Passbooks should be such as to facilitate the monitoring of NREGA payments, e. g. through matching of passbooks with Job Cards and / or Muster Rolls.
- xiv) All data regarding wage payment through Bank/ Post Office must be recorded in the Job Card.

Session 5: Filling of questionnaires:

This session is to ascertain the knowledge base of women about this scheme.

There are two categories of forms for participants to fill. Form 1 is for those people who are currently working under this scheme and Form 2 is for those who have already worked for 100 days under NREGA. Through this form filling activity we are trying to ascertain knowledge base of women.

Then facilitator will ask women to fill following forms:

~~This is done at the site of the training of even beyond the site of the trainings.~~

~~The same has been divided into two categories.~~

FORM 1:

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Question to be asked to the people working under NREGA. (नरेगा में काम कर रहे श्रमिकों से पूछे जाने वाले प्रश्न)

1 नरेगा योजना के बारे में आप क्या जानते हैं।

What is do you know about this scheme NAREGA?

2 नरेगा कार्य करने हेतु क्या करना पडता है।

Do you know how to get registered under NAREGA?

3 जॉब कार्ड क्या होता है। क्या आपका जॉब कार्ड बना है।

What is job card? Do you have a job card?

4 मिट्टी खुदाई कार्य में मिट्टी निकालने की मात्रा कितनी है।

If you are working under digging work, how much sand are you supposed to dig?

5 कार्य स्थल पर कार्य करने का समय क्या है।

What is the duration of work at the site.

6 क्या आपको कार्य स्थल पर कोई परेशानी है। अथवा नरेगा से ^{सम्बन्धित कार्य} समधित कोर्ट शिकायत है।

Do you have any complaints regarding NAREGA scheme or any problems at site of work?

7 क्या आप सरपंच सचिव प्रधान विकास अधिकारी से मिले है।

Have you ever met sarpanch, secretary development officer of your village?

8 ग्रम पंचायत द्वारा नरेगा योजना हेतु जो कार्य स्थल चुना गया है। क्या वों सही है।

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Do you then that site chosen by Gram panchayat for work of NAREGA is appropriate?

9 इस कार्य स्थल पर कार्य पुरा होने से आपके गांव को क्या लाभ प्राप्त होगा ।

After completion of the site work, what benefits village will get?

10 नरेगा योजना से और क्या कार्य होना चाहिए जिसकी आपके गांव को जरूरत हैं ।

What constructions site should be taken up NAREGA, for development of village?

FORM2

100दिवस पूर्ण करने वाले श्रमिकों से पूछे जाने वाले प्रश्न

Questions to be put up to the villagers who have completed 100 days of work.

1. नरेगा क्या हैं ?

What is NREGA?

2. आपने नरेगा में कितने दिन तक कार्य किया हैं ?

For how many days did you work in NREGA?

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3. क्या आपको पूरी मजदूरी प्राप्त हो गई है ?
Have you received full wages of your work?
4. कार्य स्थल पर आपको क्या-क्या सुविधाएं मिली ?
What all facilities were available at site of work?
5. कार्य स्थल पर ओर क्या-क्या सुविधाएं होनी चाहिए ?
What facilities do you need at this site of work?
6. नरेगा से संबंधित कोर्ट समस्या थी इसका क्या समाधान हुआ ?
Have you ever faced any legal problem related to NREGA and who solved it?
7. नरेगा कार्य में क्या कोर्ट फर्जीवाडा हुआ है। जैसे -फर्जी हाजरी भरना, गलत नपती करना, मजदूरों को कम भुगतान करना आदि ?
Have they faced any discrepancy in work allotment under NREGA?
8. आपसे रोज कौन से कार्य करवाये गये -नाला ;नहर ;तालाब ; सडक कच्ची पक्की ?
What work you were asked to do under NREGA?
9. क्या कार्य स्थल पर निरीक्षण करने आते हैं। जैसे सचिव सरपंच इंजीनियर डी ओ एस डी ओ अन्य ।
Do authorities visit the sites to supervisor the work?
- 10- नरेगा योजना में और क्या सुधार या परिवर्तन किये जाने चाहिए ? According to you what all changes and improvement can be made in this scheme improvement?

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11. क्या आपको पता है कि जहां पर आपने कार्य किया है वहां कितना बजट स्वीकृत हुआ है। और कितना खर्च हुआ है ?

Do you have knowledge about approved budget for this site you work at and how much of it has been spent?

12. क्या इस बारे में आपने किसी से पूछा है अथवा विचार विमर्श किया है।

Have you asked and consulted anyone about budget for this scheme?

13. क्या आपके सूचना के अधिकार की जानकारी है।

Do you know about right to information?

Session 6: Meeting Stakeholders

Facilitators along with village volunteers and their women groups should try to approach authorities concerned with NREGA scheme and engage in dialogue with them;

Following could be the possible stakeholders:

Village Secretary(Gram Sewak) : Secretary's role is to identify the work site and make sure that villagers know about the start of work. He must ensure that all

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the facilities are available at site Whole project is his responsibility. He is responsible for timely distribution of wages to the workers,

~~Assistant Secretary~~ *Rozgar Sahayak*: S/he is responsible to bring people to work at the site. S/he is the one whom local should approach to get work under NREGA. For any complaints at site, workers must approach the rozgar shayak.

Mate: S/he is responsible to ensure that work is progressing as per the desired rate. S/he allots the work to workers and maintains the muster roll / keeps a track record of work done by every individual. Based on ^{his recording} ~~that the~~ wages are paid to the workers.

Villagers: They are the most important stakeholders, as the whole project runs for them. Villagers must ensure that they complete their work properly and only then ask for wages. Many a times, local don't do any work at site but still expects wages in return. It should not be so.

They should also get their Job cards made from Panchayat and register themselves for doing work.

Through this session, we try to make women explain the accountability cycle of this scheme. Once they know who is responsible for what, they would be able to approach appropriate person to get their problems solved.

Session 7: Application for Job card and Eligibility to work under NREGA:

Under this session facilitator will explain women about the eligibility criteria that are required to work under NREGA scheme and how they can apply for Job card. This session will help women know about formalities they need to fulfill to work under this scheme.

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Facilitator may also teach about the forms they need to fill to get registered under NREGS and to attain job card from Panchayat.

Following are the Performa for both the applications:

Performa of Application for registration under Employment Generation Scheme:

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'Household' will mean a nuclear family comprising mother, father, and their children, and

May include any person wholly or substantially dependent on the head of the family. Household will also mean a single –member family.

Application for Registration:

- The application for registration may be given on plain paper to the local Gram Panchayat. It should contain the name of those adult members of the household and who are willing to do unskilled manual work and particulars such as age, sex and SC/ST status. The state government may make a printed form available, but a printed form will not be insisted upon.
- An individual may appear personally and make an oral request for registration.
- Verification of applications will be regarding local residence in the gram Panchayat concerned, the household as an entity, and the fact that applicants are adult members of the household.
- Notwithstanding the method of application, registration and verification suggested above, a gram Sabha shall be convened when the act commences in a district. The purpose of the gram Sabha will be to explain the provisions of the act mobilize applications for registration and conduct verifications.
- A door –to door survey may also be undertaken to identify persons willing to register under the act. The survey may be conducted by a team headed by the president of the gram Panchayat and involving ward members, SC/ST and women residents, a village –level government functionary and

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the gram Panchayat secretary. The team members may be given orientation at the block /district level.

- To allow maximum opportunities to families that may migrate, registration will be open throughout the year at the gram Panchayat office during working hours.
- The process of verification shall be completed as early as possible, and in any case, not later than a fortnight after the receipt of the application in the gram Panchayat.
- After verification, the gram Panchayat will enter all particulars in the Registrations Register in the gram Panchayat.
- Every registered household will be assigned a unique registration number. The registration number shall be assigned in accordance with a coding system similar to that prescribed by the central and state governments for the BPL census 2002.
- Copies of the registration will be sent to the programme officer for the purpose of reporting to the intermediate Panchayat and district Panchayat for further planning, tracking and recording. This must be done immediately, so that the programme officer has a consolidated record of likely demand to enable him / her to organize resources accordingly.
- A gram Panchayat Sabha of registered workers must be held.
- If a person applies for registration turns out to have submitted incorrect information regarding his /her name, residence or adult status, he /she will become ineligible. In such cases, the gram Panchayat will refer the matter to the programme officer. The programme officer, after independent verification of facts and giving the concerned person an opportunity to be heard, may direct the gram Panchayat to cancel such registration and job

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card. Such cancellation lists will have to be made public and should be presented to the gram Sabha.

Job Card:

- The gram Panchayat will issue job cards to every registered household. The timely issue of well –designed job cards is essential, this is a critical legal document, which also helps to ensure transparency and protect laborers against fraud.
- The job card should be issued immediately after verification m, i.e. within a fortnight of the application for registration. Job cards should be issued in the presence of the local community.
- Photographs of adult members who are applicants have to be attached to the job cards. The cost of the job cards, including that of the photographs, will be borne as part of the programme cost. The state government in a particular area may order the photograph to be affixed later (but not later than a month) if the immediate provision of a photograph is not possible. No photograph, name or details of any person other than that of registered adult members of the household to whom that job card belongs shall be affixed or recorded in the job cards.
- The job card will be in the custody of the household to whom it is issued.
- The job card shall be valid for a period of five years and will have provision for the addition/deletion of members eligible to work. Deletions in any household on account of demise, or permanent change of residence of a member, are to be reported immediately by the household concerned. Additions desired may be applied for by the household. The gram Panchayat will also undertake an annual updating exercise in the same

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manner as registration, the time for which should be fixed keeping in mind the work and migration season of the local workforce.

- All additions and deletions made in the Registrations Register will be read out in the gram Sabha. The gram Panchayat will send a list of additions /deletions to the programme officer.
- The essential features of this Performa are indicated in Annexure B-2. Job cards of all states must be in conformity with this /The Performa of the job card should be such that it contain permanent information regarding the household as well as the employment details for five years .permanent information will include the household registration number and particulars (such as age and sex) of all adult numbers of the family who are willing to work.
- A cardholder may apply for a duplicate job card if the original card is lost or damaged .the application will be given to the gram Panchayat and shall be processed in the manure of a new application, with the difference being that the particulars may also be verified using the duplicate copy of the job card maintained by the Panchayat
- If a person has a grievance the non –issuance of a job card. He/she may bring the matter to the notice of the programme officer. If the grievance is against the programmer officer, he /she may bring it to the notice of the District programmer coordinator or the designated grievance –redressal authority at the block or district level, all such complaints shall be disposed off within 15 days.

Session 7: Consolidation of learning

A small session will be conducted to ensure that every participant women understood all the important information about NREGA. Session could be in form

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Smile
Go!

Resource Material for One Day Orientation Program for Women of the Village

Women's Issues & Rights



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Women's Rights and Issues

What are Women's Issues?

Women's issues generally fall under three main categories, Education, Health and Women and Child Development, **but are certainly not limited to that**. Of the **1.3 billion** people who live in absolute poverty around the globe, **70 percent** are women. For these women, poverty does not just mean scarcity and want. It means rights denied, opportunities curtailed, and voices silenced.

While little girls in the developed countries are encouraged from the early age to be anything they want to be, little girls in the developing countries are constantly reminded of the things they are not allowed to do. Thus feelings of inferiority are ingrained from childhood and society declares them second-rate.

Progress and Activism in India:

India has a long history of activism for women's welfare and rights, which has increasingly focused on women's economic rights. A range of government programs have been launched in order to increase the economic opportunities for women, however, there appears to be no existing programs to address the cultural and traditional discrimination against women that leads to her abject conditions.

The Indian constitution prohibits discrimination between men and women and enables the State to allow affirmative discrimination in favour of women as a fundamental right. The State has created independent national institutions for the protection and promotion of human rights for all citizens, especially women, religious minorities, and caste-based communities.

Historical Conditions:

Gender discrimination in society arises out of historical subordination of women which, for the majority of men and women, is regarded as natural, unchangeable and needed for social stability. Usually men are considered to be the head of the family, breadwinners, owners, and managers of properties, thus are active in politics, religion, business and profession. Women, however, are socialized and trained to look after the children, to nurse the infants and old, and to do all the household chores. This division of roles and responsibilities determines their socialization at the family and society level. Therefore, these social roles and responsibilities get translated into discriminative behaviour of families towards men and women, girls and boys.

it is the
issue
of rights





Discriminative Behaviours:

The persistence of hunger and abject poverty in India is mainly caused by the subjugation, marginalization, and disempowerment of women. The discriminative behaviour against women and girls one can observe are the following:

- Girls are fed less than boys.
- Women usually eat last and least.
- Boys are encouraged for higher education whereas girls are encouraged to get married and take responsibility of family.

Women are:

- Considered **unskilled**, as their work is often regarded as unskilled work. Even when women perform the same tasks and deliver outcomes of the same quality as men, they will be paid less.
- **Mistreated**. In recent years, there has been an alarming rise in violent activities against women in India, in terms of rape, assault and dowry-related murders. Fear of violence suppresses the aspirations of all women. Female infanticide and sex-selective abortions are additional forms of violence that reflect the devaluing of females in Indian society.
- **Powerless**. Women in India are guaranteed equality under the constitution. However, this legal protection has little effect in the face of the prevailing patriarchal tradition. Women still lack the power to decide who they will marry, and are often married off as children. Legal loopholes are used to deny women inheritance rights.

Difference between Sex and Gender

Sex	Gender
○ Biological	Socio-cultural construct
○ Natural	Created by Society
○ Non-hierarchical	Constant
○ Can not be changed easily	Hierarchical
	Difficult to change but not impossible



Education:

- Education is among the most important drivers of human development.
- Women who are educated have fewer children than those who are denied schooling.
- Educated women delay their first pregnancies, have healthier children and are far more likely to send their own children to school.

Women's Issues on Education:

- *Lack of education:* Families are far less likely to educate girls than boys, and far more likely to pull them out of school, either to help out around the house or from fear of violence.
- Women miss out on unparalleled opportunities to develop their minds and spirits, especially when they do not have the discretionary income to invest in their own or their children's education, or when girl's education is considered frivolous and when girls are relied on to contribute labour to the household.

Health:

- Women suffer from hunger and poverty in greater numbers and to a greater degree than men. At the same time, it is women who bear the primary responsibility for actions needed to solve the problems related to this hunger: education, nutrition, health, and family income.

Women's Issues on Health:

- *Malnutrition:* India has exceptionally high rates of women and child malnutrition, because tradition in India requires that women eat last and least throughout their lives, even when pregnant and lactating. Malnourished women give birth to malnourished children, perpetuating the cycle.
- *Poor Health:* Females receive less health care compared to males. Many women die in childbirth of easily prevented complications. Working conditions and environmental pollution further impairs women's health.
- *Overwork:* Women work longer hours and their work is more arduous than men's, yet their world is unrecognized. Men often state that "women, like children, eat and do nothing." Technological progress in agriculture has had a negative impact on women and has made their working conditions inferior.





What are Women's Rights?

The term women's rights refer to freedoms and entitlements of women and girls of all ages. These rights may or may not be institutionalized, ignored or suppressed by law, local custom, and behaviour in a particular society.

Rights and Privileges of Women in India:

Constitutional Provisions

The Constitution of India not only guarantees equality to women but also empowers the State to adopt measures of positive discrimination in favour of women in order to neutralize the cumulative socio-economic, education, and political disadvantages faced by them. Fundamental Rights, among others, ensure equality before the law, equal protection of law, prohibits discrimination against any citizen on grounds of religion, race, caste, sex or place of birth, and guarantees equality of opportunity to all citizens in matters relating to employment. Some articles of the constitution are of specific importance with regard to the rights and privileges of women, they are stated below

Constitutional Privileges

The Constitution of India grants:

- (i) Equality before law for women (Article 14);
- (ii) The State not to discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them (Article 15(i));
- (iii) The State to make any special provision in favour of women and children (Article 15 (3));
- (iv) Equality of opportunity for all citizens in matters relating to employment or appointment to any office under the state (Article 16);
- (v) The State to direct its policy towards securing for men and women equally the right to an adequate means of livelihood (Article 39 (a); and equal pay for equal work for both men and women (Article 39 (d));
- (vi) To promote justice, on a basis of equal opportunity and to provide free legal aid by suitable legislation or scheme or in any other way to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities (Article 39 A);
- (vii) The State to make provision for securing just and humane conditions of work and for maternity relief (Article 42);





- (viii) The State to promote with special care the educational and economic interests of the weaker sections of the people and to protect them from social injustice and all forms of exploitation (Article 46);
- (ix) The State to raise the level of nutrition and the standard of living of its people and the improvement of public health (Article 47);
- (x) To promote harmony and the spirit of common brotherhood amongst all the people of India and to renounce practices derogatory to the dignity of women (Article 51 (A) (e));
- (xi) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat to be reserved for women and such seats to be allotted by rotation to different constituencies in a Panchayat (Article 243 D (3));
- (xii) Not less than one-third of the total number of offices of Chairpersons in the Panchayats at each level to be reserved for women (Article 243 D (4));
- (xiii) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Municipality to be reserved for women and such seats to be allotted by rotation to different constituencies in a Municipality (Article 243 T(3));
- (xiv) Reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and women in such manner as the legislature of a State may by law provide (Article 243 T (4)).

Legislative Provisions

Legal Rights

To uphold the Constitutional mandate, the State has enacted various legislative measures intended to ensure equal rights, to counter social discrimination and various forms of violence and atrocities and to provide support services especially to working women.

Although women may be victims of any of the crimes such as murder, robbery, cheating, etc. The crimes, which are directed specifically against women, are characterized as 'Crime Against Women'. These are broadly classified under two categories.

Crimes Identified Under the Indian Penal Code (IPC):

- i. Rape (Sec.376 IPC);
- ii. Kidnapping & Abduction for different purposes (Sec.363-373);





- iii. Homicide for Dowry, Dowry Deaths or their attempts (Sec.302/304-B IPC);
- iv. Torture, both mental and physical (Sec.498-A IPC);
- v. Molestation (Sec.354 IPC);
- vi. Sexual Harassment (Sec. 509 IPC);
- vii. Importation of girls (up to 21 years of age)

Although all laws are not gender specific, the provisions of law affecting women significantly have been reviewed periodically and amendments carried out to keep pace with the emerging requirements. Some acts which have special provisions to safeguard women and their interests are:

Crimes identified under the Special Laws (SLL):

- i. The Employees State Insurance Act, 1948;
- ii. The Plantation Labour Act, 1951;
- iii. The Family Courts Act, 1954;
- iv. The Special Marriage Act, 1954;
- v. The Hindu Marriage Act, 1955;
- vi. The Hindu Succession Act, 1986;
- vii. Immoral Traffic (Prevention) Act, 1956;
- viii. The Maternity Benefit Act, 1961 (Amended in 1995);
- ix. Dowry Prohibition Act, 1961;
- x. The Medical Termination of Pregnancy Act, 1971;
- xi. The Contract Labour (Regulation and Abolition) Act, 1976;
- xii. The Equal Remuneration Act, 1976;
- xiii. The Child Marriage Restraint (Amendment) Act, 1979;
- xiv. The Criminal Law (Amendment) Act, 1983;
- xv. The Factories (Amendment) Act, 1986;
- xvi. Indecent Representation of Women (Prohibition) Act, 1986;
- xvii. Commission of Sati (Prevention) Act, 1987.

Special Initiatives for Women:

1) Ministry of Women and Child Development

The Department of Women and Child Development was set up in the year 1985 as a part of the Ministry of Human Resource Development to give the much needed impetus to the holistic development of women and children. With effect from 30.01.2006, the Department has been upgraded to a Ministry.

2) National Credit Fund for Women (Rashtriya Mahila Kosh)





Since the 1950s, various governments in India have experimented with a large number of grant and subsidy based poverty alleviation programmes. Studies show that these mandatory and dedicated subsidized financial programmes, implemented through banking institutions, have not been fully successful in meeting their social and economic objectives: i.e. target orientation, based on grant/subsidy and credit linkage through commercial banks

3) National Commission for Women

The National Commission for Women was set up as statutory body in January 1992 under the National Commission for Women Act, 1990 (Act No. 20 of 1990 of Govt. of India) to:

- review the Constitution and Legal safeguards for women
- recommend remedial legislative measures
- facilitate redressal of grievances
- advise the Government on all policy matters affecting women

4) National Resource Centre for Women (NRCW)

The objectives of the NRCW are to:

- Create an information base and disseminate information in the fields of women's development and also facilitate generation of data on contemporary issues of women in development
- Provide networking facilities to institutions and individuals actively engaged in the field of women's empowerment
- Assimilate the gender perspective in policies, planning, implementation and monitoring in selected sectors

5) National Policy for the Empowerment of Women

The Department of Women & Child Development in the Ministry of Human Resource Development has prepared a "National Policy for the Empowerment of Women" in the year 2001. The goal of this policy is to bring about the advancement, development, and empowerment of women.

6) Reservation for Women in Local Self-Government

The 72nd and 73rd Constitutional Amendment Acts passed in 1992 by Parliament ensure one-third of the total seats for women in all elected offices in local bodies whether in rural areas or urban areas.

7) The National Plan of Action for Girl Child

The Plan of Action (1991-2000) is to ensure survival, protection and development of the girl child with the ultimate objective of building up a better future for the girl child.





Women Empowerment: The History

Women's Inclusion in Political Representation in India:

1946: There were 16 women out of 150 members in the Constituent Assembly.

1957: When Panchayat Raj was first introduced, the concept was to co-opt two women "who are interested in work among women and children" (Balwantrai Mehta Committee Report).

1961: Maharashtra Zilla Parishad and Panchayat Samiti Act of 1961 provided for the "nomination of one or two women" to the Panchayat bodies "in case women were not elected".

1973: West Bengal Panchayat Act, also provided for co-opting 2 women.

1976: The Report of the Committee on the Status of Women (CSWI) demanded representation of women in Panchayat as well as the establishment of "All-Women Panchayat at village level".

1978: In Maharashtra Panchayat, only 6 women were elected although 314 were nominated. In most parts of India, women were brought into Panchayat only through co-option.

1983: As many as 25 percent of seats were reserved for women in the Karnataka Zilla Parishads, Taluk Panchayat Samitis, Mandal Panchayat and Nyaya Panchayat Act of 1983. Elections under this Act were delayed for various reasons and could only be held in 1987. Some 14,000 women were elected out of 30,000 candidates who contested.

1988: Elections were held in Uttar Pradesh for 74,000 village Sabhas, the first elections for 22 years. There was provision made for the co-option of only one woman. In Panchayat elections, less than one percent of women came through elections.

1991: Orissa Panchayat Samiti provided for "not less than one third of the total number of seats to be reserved for women". Elections were held in 1992 and over 22,000 women were elected. In Kerala Districts Councils elections, while 30 percent seats were reserved for women, 35 percent seats were won by women.





1993: About 71,000 women candidates contested elections and with 33 percent seat reservation, 24,900 women came in through the ballot box.

1994: In Madhya Pradesh 150,500 women were elected to village, block and zilla Panchayats. 33 percent of seats were reserved for women in village Panchayat and women captured 43 percent of the seats.

Civic System: The Panchayati Raj

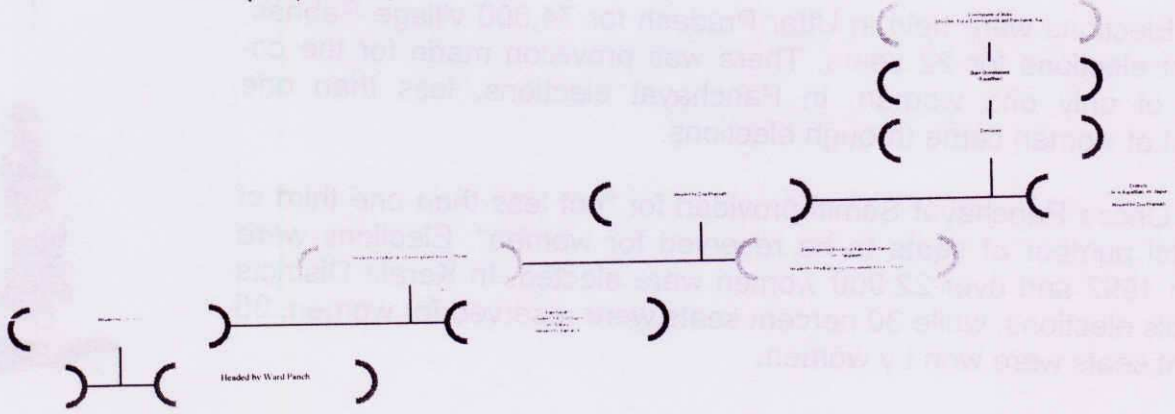
To empower women from all sections of the society to actively participate in the political processes of the country, people require a profound understanding of the civic system and the opportunities to express their opinions, access their rights and engage themselves in the civic process.

This holds particularly true for the elected representatives in the local government bodies, the Panchayati Raj, which is at the core of the democratic system in India. With the coming into force of the Constitutional 73rd Amendment Act in 1993, a constitutional sanction has been provided to establish 'democracy at the grassroots level'. Moreover, the 50% reservation quota for women in Panchayati Raj Institutions (PRIs) aims to increase women's capacity to participate in decision-making and leadership in the democratic process. (FIG. 1)

Gender Sensitivity in Panchayats

Steps in this direction should include the following measures:

1. Mahila Sabhas (or equivalent) to facilitate women concerns and priorities being raised in meeting of Gram Sabhas and Ward Sabhas (or equivalent sub -Gram Sabha);
2. Separate quorum for women participation in Gram Sabhas and Sub Gram Sabha;
3. Building linkages between Panchayats and existing Self Help Groups (SHGs).





RAJASTHAN: Status of Women

Rajasthan is a patriarchal society where men have more power and easier access than women to what is valued in the society, women are subjected to a number of seriously disturbing social restrictions. A number of these stem from the cultural practices associated with the Purdah system, which requires women to stay veiled and restricts their freedom of movement and speech. When it comes to work, there are no concessions, and veiling adds to their problems. Further adding to women's burden is the migration of men to urban centers in search of employment. It has increased the women's workload at home, and unfortunately, only a very small proportion of the men's earnings ever actually reach the family. And, despite all of the work that women perform, they have little access to information and no control over decisions related to productive activities.

Early and child marriage is another practice that is widespread throughout rural Rajasthan, despite many efforts to stop it by various public and non-governmental organisations. The consequences are a high rate of population growth, poorly educated girls and women, high rates of infant and maternal mortality and morbidity, and an overall chronically unhealthy female population.

**Rural-Urban Literacy Rate
for Rajasthan 2001**

	Total	Rural	Urban
Persons	61.03	55.92	76.89
Males	76.46	72.96	87.1
Females	44.34	37.74	65.42

Sex Ratio – India and Rajasthan 2001

	India	Rajasthan
Total	933	922
Rural	946	932
Urban	901	880

(Females per 1000 males)

The Aftermath: As Early as 2008

***Fifty percent quota for women in Panchayati Raj in Rajasthan
(March 25th, 2008 - 10:24 pm ICT by admin – Jaipur)***

The Rajasthan Government has amended the Rajasthan Panchayati Raj Act, 1994 for making mandatory 50 percent reservation for women in election to Panchayati Raj institutions in the state. The Bill, Rajasthan Panchayati Raj (Second Amendment) Bill 2008, was passed in the state Assembly today amid din by a voice vote.





Making Headway by Transforming the Development Agenda

Legislative enactments have dramatically increased women's access to decision-making structure over the last decade. These issues, often ignored by men, range from health and sanitation to campaigns against alcoholism and domestic violence.

Women are transforming the development agenda to address issues critical to village life:

- **Health:** Women — who are most often affected by poor health throughout their lives — take a stand for better nutrition, sanitation facilities, safe drinking water, and access to reproductive health care essential for healthy families and communities.
- **Education:** Women organised literacy courses for other women in the community. They ensure that schools are built for children, that teachers are held accountable, and that both girls and boys attend.
- **Income generation:** Women form Self-Help-Groups and credit organisations among themselves to increase family income. Women leaders organise skills training for the women of the community.
- **Addressing social evils:** Women take action to address crucial social issues such as dowry, domestic violence, child marriage and child labour. They ensure that women know their rights and have access to information. They commit themselves to include traditionally excluded groups — the landless, scheduled castes and tribes.
- **Redefining leadership:** Women are changing the nature of leadership, incorporating values such as honesty, openness, patience, collective support, inclusion and accountability.
- **Changing village dynamics:** In even the most conservative villages, women's leadership unleashes a process of change for the whole community. Women leaders empower other women to step out of the home become literate and contribute to the community. They help to dissolve old prejudices, creating new partnerships with men.





FACTS & SURVEY:

Education

Most of the women were illiterate. Here too the variations were striking between men and women, with 88 percent of men being educated compared to 47 percent of the women. On the issue of child education, 99 percent of the women stated that they are in favour of girl's education, and 95 percent are sending their children to school. 48 percent said now they want to study more. 44 percent women responded that they discuss about education system with the teacher of village school.

Self	47.51
Children	95.35
Girl's education	99.34

Health

97 percent of the women stated that they believe in family planning. 92 percent stated that they have adequate knowledge about health services and they took benefit of services. 96 percent of the women get their children vaccinated properly.

On the issue of delivery of child, 90 percent of the surveyed women stated that institutional delivery is preferred, out of which 64 percent go for a Government hospital, 15 percent choose for private hospital, and 11 percent chooses for the nearest health centre. 76 percent of the women knew about the *Janni Suraksha Yogna* program (JSY).

67 percent said that they discuss health issue with community women and 83 percent stated they discuss it with health workers and other doctors.

Knowledge about Health Services	92.03
Take benefit of Health Services	91.36
Regular visit to Aangan wadi centre	39.87
Proper vaccination of children	96.01
Knowledge about Janani Suraksha Yogna	76.08

Government Hospital	63.80%
Private Hospital	14.94%
Nearest Health Centre	11.39%



Social Survey by SIDART

In 2008, SIDART had conducted a social survey among the women of the Sanganer block for the purpose of finding the actual situation of the women within Rajasthan. The survey involved different age groups, families, and cast and the result helped in the creation of the training units and preparation of orientation sessions.

The study used a framework consisting of eight topics for assessing the status of women. In this study, the status of women can be understood through examination of:

1. Access to, and control over private assets and resources;
2. Access to public resources;
3. Control over their labour and income;
4. Control over their body – e.g. sexuality, and physical security;
5. Control over physical mobility;
6. Access to and control over political spaces;
7. Access to and control over intangible resources- e.g. information, influence, and political clout;
8. Position in law and their access to legal structure and readdressing mechanisms.

The Result

Social

The surveyed women were young women, in the age range of 20-45 years old (more than 80 percent, while 10 percent were of 45 to 60 years). An explanation for this could be that older women still feel a reluctance to go into public and talk. 53 percent of the women live in nuclear families and 47 percent in joint families. Only 9 percent stated that a woman heads the family while 89 percent of the households are male-headed. 4 percent of the surveyed women have land in their own name, while 26 percent of their husbands possess land in their name. The pattern of caste representation was 44 percent from general caste, 20 percent Schedule caste, 23 percent Schedule tribes and 10 percent from other back ward class.

Education

Most of the women were illiterate. Here too the variations were striking between men and women, with 88 percent of men being educated compared to 47 percent of the women. On the issue of child education, 99 percent of the women stated that they are in favour of girl's education, and 95 percent are sending their children to school. 48 percent said now they want to study more. 44 percent



women responded that they discuss about education system with the teacher of village school.

Occupation

The majority of women, 75 percent declared themselves as homemakers. However, we know that this is a broad category, which includes heavy work, including income-generating activity. 14 percent of the women work as labourer, 6 percent had their own employment, and 5 percent are working in the service industry. 76 percent of the respondents have stated that they work willingly, and 17 percent mentioned rearing of family as reason why they are working.

Politics

It is found that women who have entered politics through PRI are from local areas, representing various backgrounds; rich and poor, dominant and oppressed social classes, educated and illiterate, working and not-working. In post survey 98 percent stated that they are aware of their right to vote, while in pre survey 95 percent were agreed. Only 1 percent state that they are members of a political party.

In post survey 64 percent state that they do not participate in Gram Sabha meetings (efforts of SIDART team) previously in pre survey report it was 85 percent. Attending such a meeting however, in the post survey, a 30 percent increase is found.

56 percent of the surveyed agreed to take care of development works being women representative. When asked preference in development work most of them mentioned water conservation, self employment, sanitation, health, women development and education.

73 percent of the surveyed women were satisfied with the development work done by the Gram Panchayat. When attending Gram Panchayat meeting however, 62 percent state that they did not raise their issues related to development work and personal problems. Out of remaining 38 percent only 27 percent stated that they got a solution for their problems.

Health

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nearest health centre. 76 percent of the women knew about the *Janni Suraksha Yognna* program (JSY).

67 percent said that they discuss health issue with community women and 83 percent stated they discuss it with health workers and other doctors.

Substance abuse of men

On the questions of bad habits of their husbands, 21 percent stressed alcoholism, 34 percent smoking, 18 percent chewing tobacco, and 23 percent pan parag/gutkha. 21 percent of the women stated that the family faces financial problems due to these habits. 7 percent of the women identified mental problems of their husbands as reasons for this habit, 31 percent identified bad company as the reason, and 62 percent habitual use.

Mobility and harassment

76 percent of the respondents go out of the house alone related for work, to visit friends, to attend meetings or due to religious reasons. When going out, 96 percent stated that they had faced some sort of harassment.

Violence

When it comes to domestic violence, 60 percent said they knew relatives who face violence, and 25 percent stated there are neighbors who are affected by this issue. 4 percent stated that they had experienced sexual violence in the past by their husbands. 80 percent of those who experienced sexual violence were forced to have sexual relations. None of them had sought help when experiencing any kind of violence. 99 percent of the women are convinced that husbands do not have the right to beat their wives.

Perceptions in relation to gender

Out of all surveyed women were agreed that a woman should have discipline, humility, cleanliness, sense of responsibility and tolerance as primary qualities, as well as 8 percent mentioned patience, obedience, and loyalty respectively. 95 percent of the surveyed women said that women and men should have equal status in society. The women mentioned different reasons for why women are not given a high status in family and society such as: social values and traditions (40 percent), physical differences, lack of income and property, the fact that men control everything in society, a ban on the participation and movement of women, and the fact that women are ignored during important decision-makings. 97 percent of the surveyed women agreed to the statement that women should subjugate themselves to maintain family peace and integrity. Finally, 100 percent of the surveyed women stated that women and men should have the same rights by law.



Consolidation of Learning

The Training sessions aim at a consolidation of the learning. By means of recalling individual and collective learning the consolidation process is started. The trainer asks the participants to recollect and write down the learning from the entire program. This part can also be done verbally, and the resource person will write it down. After this, the trainer stresses the importance of attending the next orientation session and provides a small summary of that session.

Suggestion to Strengthen Women Empowerment

Low Status: need of Upgradation

Most of the women in a family feel inferior to male members of the family. From olden times, women act as workers and do not take part in decision-making. This attitude needs change to make women as part and parcel of the family by carving out an important place for her.

Low Morale: Need of Creating Positive Attitude

At present, women possess low morale which is a depressing situation where she does not get a sense of belongingness. We must develop positive attitude in her by enlightening her about her creative potential for contributing to the overall development of self, family and society.

Dependence upon Men since Childhood: Need of Independence from Early Stage

In Indian villages, girls remain dependent upon father, brother or cousin and this very feeling continues in their married life. We must make the women aware of their own powers. By means of awareness and information the status of the women can be empowered.

National Policy for the Empowerment of Women (2001)

- Creating an environment through positive economic and social policies for full development of women to enable them to realize their full potential.
- The *de-jure* and *de-facto* enjoyment of all human rights and fundamental freedoms by women on equal basis with men in all spheres- political, economic, social, cultural and civil.
- Equal access to participation and decision making of women in social, political and economic life of the nation.
- Equal access to women to health care, quality education, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security, public office etc.
- Strengthening legal systems aimed at elimination of all forms of discrimination against women.
- Changing societal attitudes and community practices by active participation and involvement of both men and women.
- Mainstreaming a gender perspective in the development process.
- Elimination of discrimination and all forms of violence against women and the girl child.



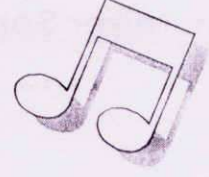
SESSION AGENDA

Session	Time Period	Material	Activity
	10:30 – 11:15	Welcome & Introduction	Ice Breaker
A	11:15 – 12:00	Women's Issues / Activism in India / Historical Conditions / *Discriminative Behaviours / Education & Health	*propose question about Discriminative Behaviours whether anyone has experienced it and emphasize generalization & marginalization
B	12:00 – 12:45	Women's Rights / Brief overview of Indian Constitution / Special Initiatives for Women /	Use diagram to show key parts of the Constitution & Legislation & make the full chart available for attendees
C	12:45 – 1:30	History of Women Empowerment /	
BREAK	1:30 – 2:00		
	2:00	Energizer Song	
D	2:00 – 3:00	Explanation of the Civic System: Panchayati Raj / Gender Sensitivity/	
E	3:00 – 3:30	Status of Women in Rajasthan / Transformation in the Development Agenda	
F	3:30 – 4:00	Explanation of the Social Survey by SIDART / Findings	
G	4:00 – 5:00	Consolidation of Learning / Question & Answer Session / Discussion / Vote of Thanks	Group Activity / Collectively Brainstorm ways to strengthen Women Empowerment



Energizer Song 1:

After Lunch Break



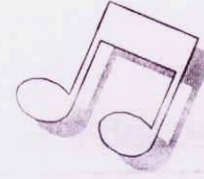
SONG

Me tumko vishvaas du, tum mujhako vishvaas do.
Shankao ke sagar, hum langh jayegai.
Marudhara ko mil kar sawarg banayegai.
Prem bina to ye jivan anjana hai.
Sab apnai hai kuon yaha begana hai.
Har pal apna arthavan ho jayega.

Bas thoda sa man me prem jagana hai.
Is jivan ko saj do, moun nahi aavaj do.
Pasado me mithi pyaas jagayengai.
Marudhara ko milkar savarg banayegai.

Algavo me aag sulagnai lagti hai.
Upvan ki har sakh, jhulasnai lagti hai.
Har aangan me sirf siskiya uthati hai.
Sambandho ki saans ukhadnai lagti hai.
Devesh bhaav ko tayag do. bas sab ko anurag do.
Sannato me hum sargam ban jayengai.
Marudhara ko milkar savarg banayegai.

Dhundh sako to is maati me sona hai.
Himmat ka hatiyar nahi bas khona hai.
Muska do to har mousam mastana hai.
Bit gaya jo samay usai kya rona hai.
Lo haath me haath do, ek dujai ka saath.
Is dharti ka soyaa pyar jagayegai.
Marudhara ko milkar savarg banayegai.



Energizer Song 2:

SONG

Aaya re aaya re aaya Panchayati raj aaya
Mahatma Gandhi ke sapno ko sakar banaya .
Nai -nai yognayai lekar sath me khushiya laya.
Aaya re aaya re aaya Panchayati raj aaya

Shikchha ke tum deep jalao ghar me khushiya lao.
Gaav ki khushiya, desh ki khushiya khushi ke geet gao.
Mulk ki khushiya dekh ke har insane hai muskaya.
Aaya re aaya re aaya Panchayati raj aaya

Panchayat ke pratinidhiyo ko ab adhikar ho gaya.
Panchayati raj ka sapna tha vo sapna pura ho gaya.
Gramid vikas karyo ki hai suvidha panchayati raj me.
Jan samasya ka hal karegai jan pratinidhi savraj me.
Panchayati raj ke sapnai se shosad mukti paya.
Aaya re aaya re aaya Panchayati raj aaya

Panchayati raj me panchayat ke kartavyo ko janai.
School aur swasthy surakchha ke karyo ko prathimikta
mania.
Paryavarad ki rkchha bhi karna hai Panchayati raj me.
Sadak, bijali aur bandh banana hai panchayati raj me.
Purusho aur mahilao ko saman adhikar dilana hai.
Aaya re aaya re aaya Panchayati raj aaya.



Women Leadership in Panchayats

Inhibiting Factors	Enabling Factors
Illiteracy	Training
Ignorance	Awareness Generation
Lack of Confidence	Training and Awareness Campaign
Hesitation	Exposure
Apathy at personal level	Personal interest, involvement and commitment
Family	Family Support
Mobility	Family Support and Economic Support
Patriarchy	Family, Community and Community Based Organizations Support
Poor Economic Status	Self Help Groups and other Income Generation Programs
No-confidence Motions	Governmental and NGO support
Male Officials	Gender sensitive administration

Activity:

Ice Breaker Exercise:

Everyone is told to get in pairs and introduce each other to their partner with information pertaining to their name, marital status, children or anything fun and interesting. After each partner has taken a turn, each group will then be called upon to relay this information. The partners in each group will take turns by standing up and introducing their partner to the assembly with the information they gathered.



SUCCESS STORIES:

Fatima Bi: Success Story of a Woman Sarpanch

Fatima Bi; the Sarpanch of the Kalva village in the Kurnool district of Andhra Pradesh, was an illiterate woman but she was good enough to bag the United Nations Development Programmes's (UNDP) Race Against Poverty Award for the Asia - Pacific Region.

Fatima Bi was an ordinary housewife when she became a proud Sarpanch; a seat declared reserved for women in her village. In her new role, Fatima Bi was influenced by Vijay Shanti, the actress who played an angry woman fighting for justice in the Telugu blockbuster Ramuluamma. She was also inspired by the District Collector and the UNDP Project Director.

In the very first session of training for Panchayat women, Fatima Bi thundered: "Where are the village records?" The Mandal officials promptly promised to bring all the records over. Then, she called a meeting of the village women and asked them to join hands with her in developing the village. That was the beginning of an inspired leadership. A metal road was laid, check dams were built, a new school building was raised and the old school building was done up. Under the Chief Minister's Janma Bhoomi programme village women raised Rs 30,000. A scheme was taken up at a cost of 2,000 rupees to dig a 5 km irrigation drain and clear 500 acres of fallow land for paddy cultivation.

Fatima Bi led the womenfolk to join the 'Podupu Lakshmi' groups and urged them to save a small amount of money every month. Within a year, 40 Thrift and Self-Help Groups with 300 women members saved 2,000 rupees. The UNDP was impressed by this achievement and granted 12,000 rupees as an interest - free loan to the Village Development Organisation - an umbrella organization of Kalva. The organisation is now run by a women committee consisting of representatives of Self-Help Groups with 20,000 rupees at its disposal. The loans granted by it have helped many families to undertake small businesses and improve their living conditions. The enterprising women of Kalva have now started helping neighboring villages with loans.

Once poor and backward, Kalva is now a completely transformed village with happy faces all around and modern amenities in almost all houses. Child marriages are a thing of past. The women who have suffered social injustice all along now stand by the side of their daughters. All credit to the hard working woman Sarpanch who rightfully won the title of Uttam Sarpanch and received an award on Independence Day.



A Panchayat that puts the city to shame
Bhavdeep Kang

The residents of Baghuwar have reason to smile. This little village in central Madhya Pradesh is proud of its hygiene and sanitation. Every family has access to a pucca indoor, water-economical toilet. '100 percent open-air-toilet-free village' proclaims a sign at the Panchayat ghar. "No woman has to suffer the indignity of an open-air-toilet," says R.S. Naroliya, a resident.

The 100 per cent toilet coverage was achieved under the government's Total Sanitation Campaign – offering a heavy subsidy on individual household latrine units and implemented through the zilla Panchayat. The toilets are "green" or water economical – just two litres per flush. In fact, the Panchayat is now considering experimenting with the new one-litre toilets.

With every building connected to the underground sewerage system, the village is a hostile environment for mosquitoes and flies. No open drains, standing water or garbage heaps are to be found. The wide, cemented, tree-lined roads are clutter-free. Even the 'dhobi ghaat' (where the clothes are washed) has been constructed in a manner that avoids water collecting in fetid pools.

Organic waste finds its way to NADEF compost pits, while plastics and other non-biodegradable matter is collected on a house-to-house basis, with the garbage finally being loaded on a tractor and taken away to be incinerated.

What is truly impressive is that all of this have been accomplished by the village itself. No NGO or UN body or government agency can take credit for what district officials have dubbed the 'Baghuwar Model of Development.' Reiterates Surendra Singh, a member of the Panchayat, "There has been no outside intervention at all."

Thanks to the extremely clean, green environment, the village virtually disease free. Not one case of chikungunya or malaria has been recorded here in three years, although the village falls in an area known for the widespread incidence of mosquito-borne diseases.

Geeta Bastiani, ANM (auxiliary nurse midwife), says she has been posted in and around Baghuwar for the last 19 years. "There have been many changes in that time. General cleanliness has ensured that there is a very low incidence of disease. Vaccination coverage is 100 percent and malnutrition is nil. The Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) have been zero for several years now. There has been only one case of a woman giving birth at home but that too because she had given birth to her child so quickly that we could not get her to the hospital in time!"

The statistics back Bastiani's account. There has been zero incidence of infant and maternal mortality in the last three years, 100 percent vaccination coverage and no Grade 3 and 4 malnutrition (in a state with the highest incidence of child malnutrition). Moreover, Baghuwar has a crime rate of zero and there is no sale of alcohol and tobacco here. According to Bastiani, it helps that there is no liquor vend and no sale of tobacco in the village. For women, the panchayat's refusal to condone either is a great relief.

And that's not all. In the long, long list of Baghuwar's achievements. There is 100 percent enrolment in schools here. With squeaky-clean classrooms and a flourishing garden, the school has a welcoming environment that facilitates learning. Attendance is compulsory for every child. If a child – girl or boy – plays truant for more than five days, the parents can expect a visit from the headmaster.

The village is justly proud of its walls. Free of graffiti advertisements and tobacco stains, every square inch is devoted to useful information and Gandhian adages.

"Our government machinery functions differently in Baghuwar. We feel like we are part of the process here, part of a family. It is a credit to be posted here. You don't need to issue any show-cause notices or pull up anyone here. Everyone feels compelled to do his or her job because the community



will not settle for less," says Sushil Kumar Goyal, who heads the block

The feat of which Naroliya is most proud is its village watershed management programme. Through a check dam and reservoir across the dry bed of a barsati (rain-fed) river feet to 45 feet in just 10 years. All the farmers have benefited, with the cost of irrigation having come down substantially. But despite increased access to water, the farmers of Baghuwar are turning to non-water intensive organic agriculture.

Development projects are not necessarily government-funded. What is sanctioned is faithfully utilized. If there's money left over, it may be diverted to other projects: if it falls short, as it did in the case of a new school building, everybody chips in.

"How much can the government do? We have to be self-reliant," says Naroliya. He points at the wall of the village chaupal (a place where discussions on the issues and problems of the day are held), which lists not just the rights but the constitutional duties of citizens. The chaupal is distinguished by a wall that has useful information (like the railway timetable as well as the water-harvesting system) for the benefit of all.

Baghuwar is a village of arches. Every community basti (cluster) is marked by an arch painted in the village's trademark sky blue-and-white. "When there is a wedding, visitors find their way easily," explains Bhai Sahib, the village elder. There are 17 castes in the village, but no recorded instance or conflict. The Dalit basti, with its cemented roads and underground sewerage, looks no different from the rest of the village. "The entire village pitched in to help build the temple here," says Naroliya. Now everybody together ensures that the temple is maintained in a pristine state.

Apart from absence of crime – the police chawki (post) was withdrawn two years ago owing to a lack of work – there have been very few civil suits as well. "The effort is to settle disputes at the Panchayat level and we have successful so far," observes Singh. A great deal of time, energy and expenses has been saved in the process.

The Panchayat is never elected but appointed by consensus. No local body election has ever taken place in Baghuwar. "We have achieved only 40 percent of what we want to do. There is much more on our agenda," says Naroliya. The economic and social empowerment of all women, a 100 percent pass percentage in the Class X board examination (currently it is at 70 percent) and more widespread organic farming are some of the targets that have been set.

(Women's Feature Service)



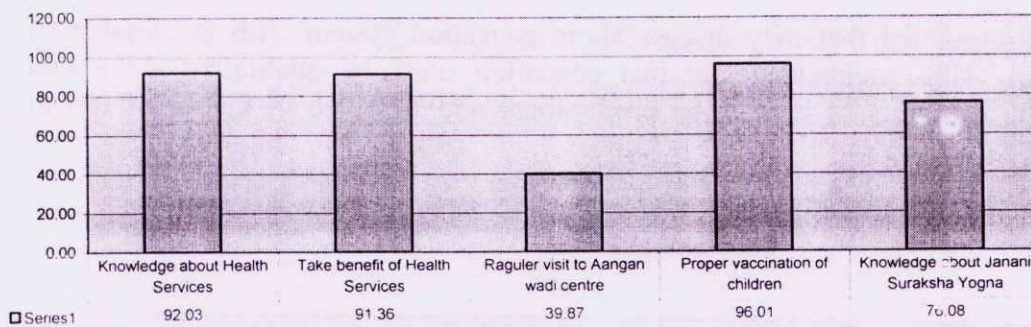
Post Survey Analysis on the Status of Women: July 2008

Health- 97% of the women stated that they believe in family planning. 92% stated that they have adequate knowledge about health services and they took benefit of services. 96% women get vaccinated their children properly but only 40% women visited *Aangan wadi* regularly.

On the issue of delivery of child ,90% surveyed women stated that institutional delivery is preferred, out of which 64% go for Government hospital 15% for private hospital and 11% for nearest health centre.76% women was knowing about **Janni Suraksha Yagna (JSY)**.

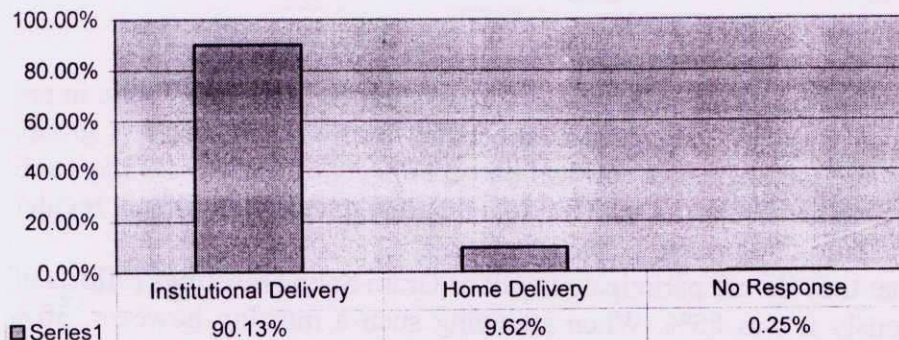
67% said that they discuss health issue with community women and 83% stated they discuss with health workers and doctors. 61% women stated that SIDART team shared information on health with them.

Health



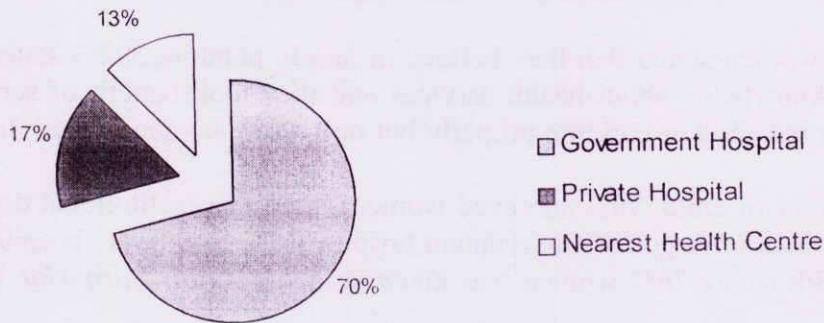
Institutional Delivery	90.13%
Home Delivery	9.62%
No Response	0.25%

Delivery of Child



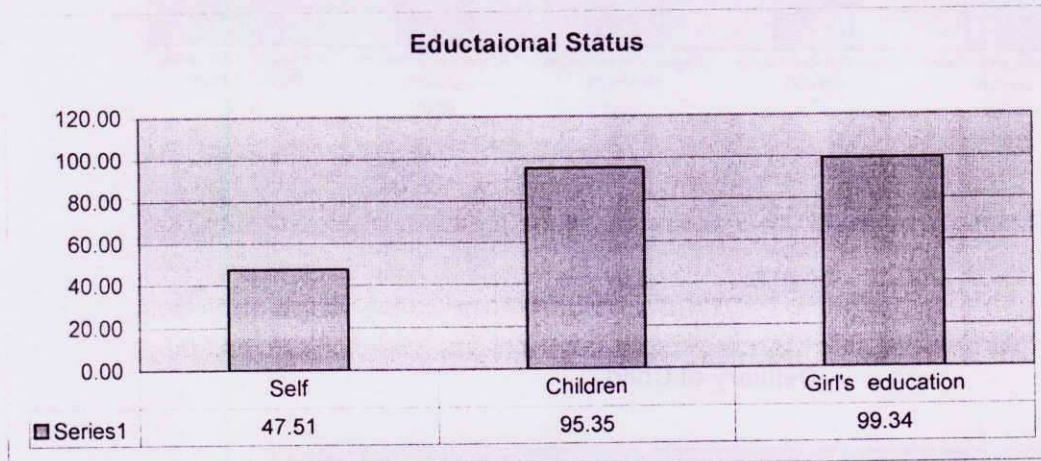


Institutional Delivery



Education - Almost 50% of them stated they are illiterate. Apart from this number, the educational status ranges informal education (11%) schooling and college (33% and 3% respectively). 94% women stated that now they never signed any paper without knowing what is written on that. On the issue of child education, 99% stated they are in favour of girl's education and 95% are sending their children to school. 48% said now they want to study more.

44% women responded that they discuss about education system with the teacher of village school. 41% respondent said that education must be qualitative, 17% said practical, 26% women said it must be professional and 14% are in favour of formal education,



Politics -In post survey 98% stated that they are aware of their right to vote, while in pre survey 95% were agreed. Only 19% accepted membership of any organization or group. Only 1% state that they are members of a political party, 17% are of *Mahila Mandals* and 2% of religious and *Sahkari Ssamiti* each. Out of all 17% stated they attend regular meetings of their organization or groups.

This time 64% state that they do not participate in GP or Gram Sabha meetings (efforts of SIDART team) previously it was 85%. When attending such a meeting however, 30%

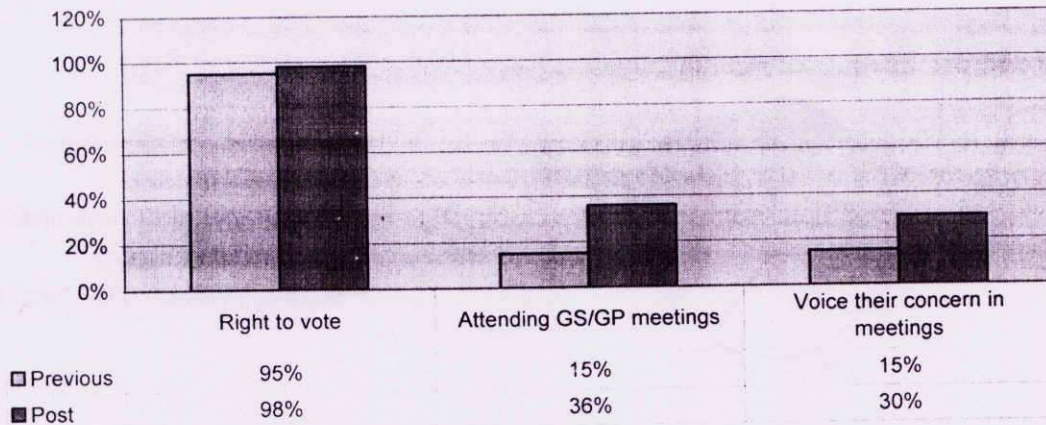


state that did have the chance to express their opinion, which shows increase in percentage as it was 15% in pre survey.

80% know the MLA/MP/Ward member/Sarpanch of their area and 59% of the women meet them with different issue. 59% for village development work and 39% for personal work. 60% of the surveyed women stated they are able union their community women.

	Previous	Post
Right to vote	95%	98%
Attending GS/GP meetings	15%	36%
Voice their concern in meetings	15%	30%

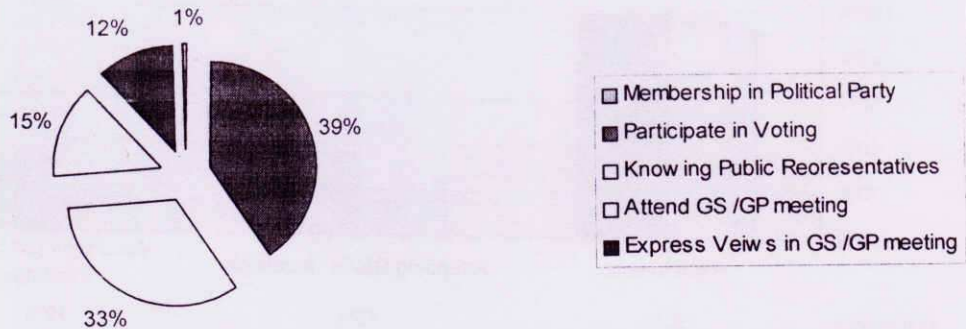
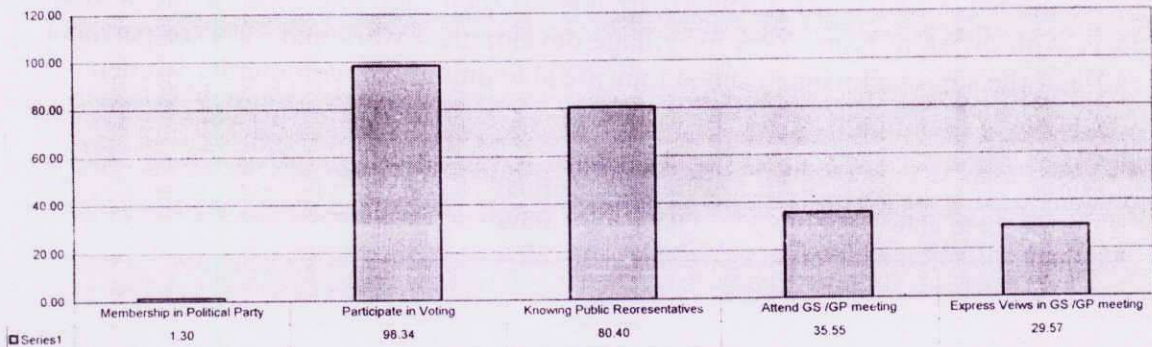
SIDART Initiative



Membership in Political Party	1.30
Participate in Voting	98.34
Knowing Public Reoresentatives	80.40
Attend GS /GP meeting	35.55
Express Veivs in GS /GP meeting	29.57



Political Forum



Financial situation - Asked about their occupation, 75% of the women mentioned domestic work only, 14% works as labourer, 6% had their own employment and 5% are in services. 76% of respondent stated they work willingly, 17% mentioned rearing of family as reason, 7% said self dependency.

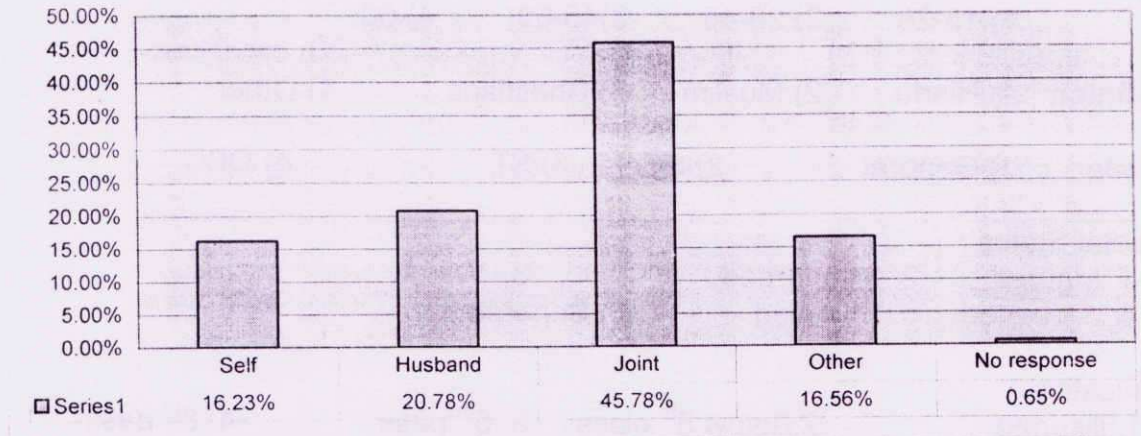
When it comes to the power over financial resources, 36% state that they are able to save money; whereas the remaining 64 % reply that they are not able to save any money. When it comes to the purchase 16% of the women stated that they are the decision-makers, in 21% cases their husbands, 46% it is a joint decision and for the rest, other person took the decision.

74% women do not go out for income generation. Out of remaining 12% accepted they have problem to go out for work, but only 3% agreed that hesitation is the reason behind..

Self	16.23%
Husband	20.78%
Joint	45.78%
Other	16.56%
No response	0.65%



Decision to Purchase



Social- 55% of the surveyed read or listen magazines, newspapers or books daily. 56% stated that they do not discuss women related issue in the village. 90% women stated they are not in favour of dowry, child marriage and death feast.

When asked if women and men should have equal status in society, 97% answered with yes. On the question on SIDART functioning 84% stated increase in awareness on different issues. 40% said education, health, and political, financial and social matters. Out of remaining 22% stated education, 16% health, 7% political issues and 3% on financial matters. 62% women mentioned that they were not informed before SIDART step with their programme.

56% of the surveyed agreed to take care of development works being women representative. When asked preference in development work, 47% stated water conservation, self employment, sanitation, health, women development and education. 22% said women development, 19% told self employment, 7% sanitation and health and 4% stated water conservation.

73% surveyed were satisfied with the development work done by Gram Panchayat. When attending Gram Panchayat meeting however, 62% state that they did not raise their issues related to development work and personal problems. Out of remaining 35% only 27% stated that they got solution for their problems.



Survey Questions

I. Personal information

1. Age: 1) 15-20 2) 20-45 3) 45-60 4) Above 60year
 1) 15-20 2) 20-45 3) 45-60 4) 60
2. **Religion:** 1) Hindu 2) Muslim 3) Christians 4) Other
3. **Caste:** 1) General 2) SC 3) ST 4) OBC
4. Marital Status
 1. Married 2. Unmarried 3. Widow
 4. Deserted 5. Divorced 6. Separated
5. Education
 1. Illiterate 2. Below 5th class 3. 5th pass 4. 8th pass
 5. 10th pass 6. 12th pass 7. Graduate and above
6. Occupation
7. Income (monthly)
8. Age of husband
 1. 15-20 2. 20-45 3. 45-60 4. Above 60
9. Education of husband
 1. Illiterate 2. Below 5th class 3. 5th pass 4. 8th pass
 5. 10th pass 6. 12th pass 7. Graduate and above
10. Husband's occupation
 1. Government Service 2. Private Service 3. Business
 4. Traditional occupation 5. Laborer 6. Technical Jobs
 7. Abroad 8. Agriculture and Live stock
 9. Others
11. Husband's income -----

II. Family information

12. Family
 1) Nuclear family 2) Joint family 3) Staying alone



13. Who leads the family?

- 1) Woman 2) Man

14. Number of family members

15. House

- 1) Own 2) Rented 3) Husband's family house
4) with siblings 5) other

16. If house is not in your name, then in whose name?

1. Husband's name 2. Joint 3. Children's name 4. Other

17. Do the family have agricultural land?

- 1) Yes 2) No

18. If so, in whose name?

- 1) Own 2) Husband 3) Joint 4) Others

19. How did the family get the land?

1. Paternal ancestral property 2. Maternal ancestral property
3. Bought 4. As Dowry

20. Toilet

- 1) Own 2) Sharing 3) Public 4) No

21. Drinking water (Source)

- 1) Own well 2) Public well 3) Public tap 4) Own pipe
connection
5) Pond 6) River 7) Rain water harvesting 8) Hand
pump
9) Other

III. Work

22. Does anyone help you in domestic work?

- 1) Yes 2) No

23. If yes, who helps?

- 1) Husband 2) Other men 3) Other women 4) Son
5) Daughter



IV. Income/Saving/Debt

24. If you have own income do you hand over your income to your husband?
1) Yes 2) No 3) Not Applicable
25. Are you able to save?
1) Yes 2) No 3) Not Applicable
26. Who takes decision in relation to purchase of food items?
1) Own 2) Husband 3) Joint 4) Others
27. Who takes decision in relation to purchase of clothes?
1) Own 2) Husband 3) Joint 4) Others
28. Who takes decision in relation to purchase of gold (Jewelry)?
1) Own 2) Husband 3) Joint 4) Others
29. Who takes decision in relation to purchase of costly equipments?
1) Own 2) Husband 3) Joint 4) Others

V. Education

32. Were you able to study as much as you liked?
1) Yes 2) No
33. If no, what are the reasons for not studying?
1) Poverty 2) Lack of interest 3) To look after younger siblings
4) Lack of parental interest 5) distance to school 6) health problems
7) Poor in studies 8) married 9) lack of other members in the house

VI. Marriage

34. If married, at what age you got married
35. Were you interested in marrying at that age?
1) Yes 2) No
36. What was your husband's age when you got married?
37. Was house given during marriage?
1) Yes 2) No



38. If yes whose name?
1) Own 2) Joint 3) Husband
39. If you got a house, what did you do?
1) Sold 2) Presently staying in it
3) Gave to children 4) Gave on rent
40. Was land given during marriage?
1) Yes 2) No
41. If yes, in whose name?
1) Own 2) Joint 3) Husband
42. If you received land, what did you do?
1) In my name itself 2) Gave the children
3) Sold 4) Constructed house in that plot
43. Did the husband's family harass you for dowry after the marriage?
1) Yes 2) No
44. Who decides/ decided about the number of children?
1) Husband 2) Own 3) Joint 4) Husband's
mother
5) Husband's relative 6) my relative
45. Who decides the age gap between children?
1) Husband 2) Self 3) Joint 4) Husband's
mother
5) Husband's relative 6) my relative
46. Do you use any family planning methods?
1) Yes 2) No
47. If yes, what methods?
1) Pills 2) Copper-T 3) Condom
4) Natural Abstinence Method 5) Tubectomy 6) vasectomy
7) Any Other
49. What are the reasons for not using the family planning methods?
1) Lack of knowledge 2) No children 3) Husband's lack of
interest
4) Own lack of interest



50. How many children do you have?
1) Boys 2) girls

VIII. Health

51. Does your husband have any bad habits?
1) Alcoholism 2) Smoking 3) Chewing tobacco
4) Drug addiction 5) pan parag/gutkha 6) card playing

52. Are there financial problems due to this?
1) Yes 2) No

53. What are the reasons for those habits?
1. Mental problem 2. Band company 3. Habitual 4. Other

IX. Politics

54. Are you member of any political party?
1) Yes 2) No

55. Do you have right to vote?
1) yes 2) No

56. Are you member of any organization?
1) yes 2) No

57. If yes, which organization?
1) Religious organization 2) Work organization 3) Political
4) Co-operatives 5) SHGs 6) Mahila Mandal
7) Cultural organization 8) Other

58. Do you participate in the meeting of this organization?
1) Yes 2) No

59. Do you know your MLA/MP/Ward member/Sarpanch of your area?
1) Yes 2) No

60. Do you participate in Gram Sabha/ GP's meeting?
1) Yes 2) No



61. Have you had chance of expressing your opinion in Gram Sabha/GP meetings?

(Write a case study, even in bullet points to elaborate later)

- 1) Yes 2) No

62. If yes, what were the issues?

1. Development of village 2. Construction 3. Water
4. Employment 5. Health 6. Sanitation
7. Any other

63. If not, reasons

1. not interested 2. subject not of my interest
3. No direct benefit 4. Do not come to know
5. Women hardly come 6. Any other

(J) Mobility

64. Do you go out alone?

1. Yes 2. No.

65. for what reasons do you go out?

- 1) Work related 2) home related 3) visiting friends
4) Attending meeting 5) religious reason 6) pleasure trips

66. Have you experienced harassment while traveling?

- 1) Yes 2) No

67. How did you react/handle it?

- 1) Ignore 2) Faced myself 3) Reacted
4) Complaint to others 5) took support 6) Any other

XI. Violence/legal mechanisms

68. Do you know any women, who experiences domestic violence, who are they?

- 1) Relative 2) Neighbors 3) friends 4) Colleagues

69. Have you experienced physical violence at any time in your life?

- 1) Yes 2) No

70. If yes, what type?

- 1) Physical violence (beating, kicking) 2) hitting head on wall
3) Hitting on stomach 4) trying to burn 5) threaten to kill
6) Breaking vessels 7) destroying food 8) destroying clothes



71. From whom did you experience violence?

- 1) Father 2) mother 3) brother 4) husband 5) sister
6) Father-in-law 7) mother-in-law 8) brother-in-law
9) sister-in-law 10) neighbor 11) other relatives

72. In your life have you experienced sexual violence?

- 1) Yes 2) no

73. Nature:-

- 1) Unnecessary touch 2) forced to have sexual relations
3) Forced to have relation in the way I do not like
4) Forcefully showed pornographic picture

74. Who is responsible for this?

- 1) Father 2) mother 3) brother 4) husband 5) sister
6) Father-in-law 7) Mother-in-law 8) brother-in-law
9) sister-in-law 10) neighbor 11) other relatives

75. Did you seek anyone's help while experiencing violence?

- 1) Yes 2) No

76. What measure were taken?

- 1) Spoke to family members 2) Spoke to relative
3) Spoke to neighbors 4) Spoke to women
5) Did not know what to do

77. Do you think husband have right to beat Wives?

- 1) Yes 2) No

XII. Media

78. Do you read/listen news?

- 1) Yes 2) No

79. Do you read/listen news everyday?

- 1) Yes 2) No

80. If yes, which news is of your interest?

- 1) Political 2) Social 3) Cartoon 4) Cinema
5) Death, marriage 6) Cookery 7) Advertisements
8) other

81. Do you listen to radio?

- 1) Yes 2) No



82. Do you watch Television?

1. Yes 2. No

83. If yes, what programmes do you listen/watch?

- 1) Film songs 2) Radio songs 3) Agricultural programmes
4) News 5) Educational programmes 6) Other

84. Do you read magazines/news paper, books etc?

- 1) Yes 2) No

XIII. Perception in relation to gender

85. What qualities should a good woman have?

- 1) Discipline 2) Humility 3) Sense of responsibility 4) Cleanliness
5) Tolerance 6) Patience 7) Loyalty 8) Obedience
9) Helping nature 10) Other

86. Should women & men have equal status in society?

- 1) Yes 2) No

87. Why women are not given high status in family and society?

- 1) social customs and traditions.
2) Physical difference
3) Women do not have own property or income
4) Men control everything in society
5) Ban on the participation and movement of women.
6) Ignoring women while doing important decisions
7) Others.

88. Do you agree to the statement that to maintain family peace and integrity, women

should subjugate themselves?

- 1) Yes 2) No

89. Should women and men have equal rights?

1. Yes 2. No.



90. What are the developmental and social security schemes in your Gram Panchayat?

1-----

2-----

3-----

4-----

5-----

Training Module
for
One Day Seminar
Strengthening Seminar



Developed, compiled and edited at
SIDART

Housed at SIDART Head Quarter
Jaipur

Agenda for the seminar

ONE DAY SEMINAR: Strengthening seminar on community participation women rights, civic systems and allied issues.

Gram Panchayat

Date:

S.No	Time	Content of the Sessions	Speakers / facilitators
1	10.00	Welcome and introduction	
2	10.15	Recap of the earlier seminars and meetings	
3.	11.00	Women rights and civic education	
4	11.30	Panchayat and its function mock election and panchayat meeting	
5	12.00	Group work for the identification of the reason for the issues in the village	
6	1.30	Lunch break	
7	2.15	Visit to the facility centers in guided groups understand the working and ask relevant question as citizens.	
8	4.30	Panel discussion working of AWC, working the health sub center, working of school.	
9	5.00	Next step to be taken up by the village development.	
10	5.30	Vote of thanks	

Session 1: Welcome and Introduction

Facilitator- Welcome women and invite them to sit in plenary.

Duration: 15 minutes

Activity: Women will have to introduce some other women from the group. Introduction will include their name, their village name and one activity that the women have undertaken since commencement of the seminars by women. No woman can introduce any woman again.

Objective: This exercise will help women connect with each other in a better way, which will eventually lead to a better camaraderie amongst volunteers and initiate inter village communication amongst them.

Session 2: Recap of Earlier Seminars:

Activity: Facilitator must ensure that this activity is conducted by the village volunteers. Facilitator must guide village volunteers well in advance about the activities that will be conducted in the seminar. Volunteers must be briefed about how to conduct the session and how to interact with women. The basic idea to conduct these seminars is to make volunteers capable enough that they are able to reinforce the knowledge imparted to them amongst common village women.

Every volunteer must talk about the seminars that they have attended so far and try to transfer as much knowledge as possible. They can also share work done by them for betterment of their village and village people.

Volunteers should also ask for support from them, because it is only through collective efforts that they will be solving their problems.

Session 3: Women Rights and civic education

The next seminar will be based on making women realize their status in society. Facilitator must use following information to make women understand this important concern. In between volunteers should also be asked to interact on this particular issue.

In majority of societies, men and women dress differently. Also, they are assigned different roles. Usually men are considered to be heading of the family, breadwinners, owners and managers of properties. They are active in politics, religion, business and profession. Women are socialized and trained to look after children and the home, to nurse the infants and old, and to do all household chores. This division of roles and responsibilities determines their socialization at the family and society level.

Because men are given the role of earners and managers of properties, they tend to draw power whereas women play subordinate roles. These social roles and responsibilities get translated in to discriminative behaviour of families towards men and women, girls and boys. It reflects in our educational, religion a legal system. It is also reflects in the sex ratio of our country. Ideally, by rule of nature there should be more women than man. Some of the obvious discriminative behaviours we observe are:

- Girls are fed less than boys.
- Women usually eat last and least.

- Boys are encouraged for higher education whereas girls are encouraged to get married and take responsibility of family.

Sex: Physiological or biological characteristics of a person, which indicate whether the person is a woman or a man.

Gender: Gender refers to the socio-cultural definition of men and women; the way societies distinguish them and assign them social roles.

Difference between Sex and Gender	
Sex	Gender
○ Biological	Socio-cultural construct
○ Natural	Created by Society
○ Constant	
○ Non-hierarchical	Hierarchical
○ Can not be easily changed	Difficult to change but not impossible

Discrimination against women

Of the 1.3 billion people who live in absolute poverty around the globe, 70 percent are women. For these women, poverty doesn't just mean scarcity and want. It means rights denied, opportunities curtailed and voices silenced. Consider the following:

- Women work two-thirds of the world's working hours, according to the United Nations Millennium Campaign to halve world poverty by the year 2015. The overwhelming majority of the labor that sustains life – growing food, cooking, raising children, caring for the elderly, maintaining a house, hauling water – is done by women, and universally this work is accorded low status and no pay. The ceaseless cycle of labor rarely shows up in economic analyses of a society's production and value.
- Women earn only 10 percent of the world's income. Where women work for money, they may be limited to a set of jobs deemed suitable for women – invariably low-pay, low-status positions.
- Women own less than 1 percent of the world's property. Where laws or customs prevent women from owning land or other productive assets, from getting loans or credit, or from having the right to inheritance or to own their home, they have no assets to leverage for economic stability and cannot invest in their own or their children's futures.
- Women make up two-thirds of the estimated 876 million adults worldwide who cannot read or write; and girls make up 60 percent of the 77 million children not attending primary school. Education is among the most important drivers of human development: women who are educated have fewer children than those who are denied schooling (some studies correlate each additional year of education with a 10 percent drop in fertility).

They delay their first pregnancies, have healthier children (each additional year of schooling a woman has is associated with a 5 to 10 percent decline in child deaths, according to the United Nations Population Fund) and are far more likely to send their own children to school. Yet where women do not have the discretionary income to invest in their own or their children's education, where girls' education is considered frivolous, and where girls are relied on to contribute labor to the household, they miss this unparalleled opportunity to develop their minds and spirits. Their countries suffer too: the World Bank estimates that nations in South Asia and Africa lose .5 to 1 percent growth in per-capita income per year compared to similar countries where children have greater access to quality, basic education.

The persistence of hunger and abject poverty in India is due in large measure to the subjugation, marginalization and disempowerment of women. Women suffer from hunger and poverty in greater numbers and to a great degree than men. At the same time, it is women who bear the primary responsibility for actions needed to end hunger: education, nutrition, health and family income.

There are seven major areas of discrimination against women in **India**:

- **Malnutrition:** India has exceptionally high rates of child malnutrition, because tradition in India requires that women eat last and least throughout their lives, even when pregnant and lactating. Malnourished women give birth to malnourished children, perpetuating the cycle.
- **Poor Health:** Females receive less health care than males. Many women die in childbirth of easily prevented complications. Working conditions and environmental pollution further impairs women's health.
- **Lack of education:** Families are far less likely to educate girls than boys, and far more likely to pull them out of school, either to help out at home or from fear of violence.
- **Overwork:** Women work longer hours and their work is more arduous than men's, yet their work is unrecognized. Men report that "women, like children, eat and do nothing." Technological progress in agriculture has had a negative impact on women.
- **Unskilled:** In women's primary employment sector - agriculture - extension services overlook women.
- **Mistreatment:** In recent years, there has been an alarming rise in atrocities against women in India, in terms of rapes, assaults and dowry-related murders. Fear of violence suppresses the aspirations of all women. Female infanticide and sex-selective abortions are additional forms of violence that reflect the devaluing of females in Indian society.

- Powerlessness: While women are guaranteed equality under the constitution, legal protection has little effect in the face of prevailing patriarchal traditions. Women lack power to decide who they will marry, and are often married off as children. Legal loopholes are used to deny women inheritance rights.

India has a long history of activism for women's welfare and rights, which has increasingly focused on women's economic rights. A range of government programs have been launched to increase economic opportunity for women, although there appear to be no existing programs to address the cultural and traditional discrimination against women that leads to her abject conditions.

The Indian constitution prohibits discrimination between men and women and enables the State to allow affirmative discrimination in favour of women as a fundamental right. India has ratified CEDAW in 1993 and Convention on the rights of the Child (CRC) in 1992. The State has created independent national institutions for the protection and promotion of human rights for all citizens, especially women, religious minorities and caste-based communities.

Rights and Privileges of Women in India

1. Constitutional Provisions

The Constitution of India not only grants equality to women but also empowers the State to adopt measures of positive discrimination in favour of women for neutralizing the cumulative socio-economic, education and political disadvantages faced by them. Fundamental Rights, among others, ensures equality before the law, equal protection of law, prohibits discrimination against any citizen on grounds of religion, race, caste, sex or place of birth, and guarantees equality of opportunity to all citizens in matters relating to employment. **Articles 14, 15, 15(3), 16, 39(a), 39(b), 39(c) and 42 of the constitution are of specific importance in this regard.**

Constitutional Privileges.

- (i) **Equality before law for women** (Article 14) *Gleichheit vor dem Gesetz*
- (ii) The **State not to discriminate** against any citizen on grounds only of religion, race, caste, **sex**, place of birth or any of them (Article 15(i)) *keine staatliche Diskriminierung wegen des Geschlechts*
- (iii) The State to make any special **provision in favour of women and children** (Article 15 (3)) *Positive Diskriminierung*
- (iv) **Equality of opportunity for all citizens in matters relating to employment or appointment to any office under the state** (Article 16) *gleiche Arbeits- und Beschäftigungschancen.*
- (v) The State to direct its policy towards securing for **men and women equally the right to an adequate means of livelihood** (Article 39 (a); and **equal pay for equal work for both men and women** (Article 39 (d)) *Gleiches Recht auf angemessenen Lebensunterhalt
↳ gleiches Geld für gleiche Arbeit*
- (vi) To promote **justice, on a basis of equal opportunity** and to provide **free legal aid** by suitable **legislation or scheme** or in any other way to ensure that opportunities for securing justice are **not denied to any citizen** by reason of economic or other disabilities (Article 39 A) *→ freier und gleicher Zugang zu allen staatlichen Maßnahmen*

- (vii) The State to make provision for securing just and humane conditions of work and for **maternity relief** (Article 42) → *Mutterschutz*
- (viii) The State to promote with **special care the educational and economic interests** of the **weaker sections of the people** and to protect them from social injustice and all forms of exploitation (Article 46) → *Unterstützung der Bildungs- und Wirtschaftsinteressen der Benachteiligten*
- (ix) The State to raise the level of nutrition and the standard of living of its people and the improvement of public health (Article 47)
- (x) To promote harmony and the spirit of common brotherhood amongst all the people of India and to **renounce practices derogatory to the dignity of women** (Article 51 (A) (e)) *Praktiken bekämpfen die die Frauenwürde belasten*
- (xi) **Not less than one-third** (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the **total number of seats to be filled by direct election in every Panchayat** to be reserved for women and such seats to be allotted by rotation to different constituencies in a Panchayat (Article 243 D (3)) *1/3 Quote in jedem Panchayat für Frauen*
- (xii) Not less than **one-third of the total number of offices of Chairpersons** in the **Panchayats** at each level to be reserved for women (Article 243 D (4)) *1/3 der Vorsitzende der „Puro“ der Panchayats*
- (xiii) Not less than **one-third** (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by **direct election in every Municipality** to be reserved for women and such seats to be allotted by rotation to different constituencies in a Municipality (Article 243 T(3)) *1/3 Quote in jedem Municipality*
- (xiv) Reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and women in such manner as the legislature of a State may by law provide (Article 243 T (4)).

- Gender discrimination
- Discrimination against women in India
- Rights and privileges of Women in India
 - Constitutional
 - Legislative
 - Special Initiatives for women
- Women Empowerment
 - Women's Inclusion in Political Representation in India
 - National Policy for the Empowerment of Women-2001
 - The Women's Movement and Panchayati Raj Institutions
- Status of Women in Rajasthan
 - Fifty percent quota in Panchayati Raj
- Women are making a difference
- Consolidation of learning
- Post test
- **2. Legislative Provisions**
- **Legal Rights**

- To uphold the Constitutional mandate, the State has enacted various legislative measures intended to ensure equal rights, to counter social discrimination and various forms of violence and atrocities and to provide support services especially to working women.
- Although women may be victims of any of the crimes such as 'Murder', 'Robbery', 'Cheating' etc. the crimes, which are directed specifically against women, are characterized as 'Crime Against Women'. These are broadly classified under two categories.

• **1. The Crimes Identified Under the Indian Penal Code (IPC)** → Strafrecht

- (i) Rape (Sec.376 IPC) Vergewaltigung
- (ii) Kidnapping & Abduction for different purposes (Sec.363-373)
- (iii) Homicide for Dowry, Dowry Deaths or their attempts (Sec.302/304-B IPC)
- (iv) Torture, both mental and physical (Sec.498-A IPC)
- (v) Molestation (Sec.354 IPC)
- (vi) Sexual Harassment (Sec. 509 IPC)
- (vii) Importation of girls (upto 21 years of age)

• **2. The Crimes identified under the Special Laws (SLL)**

- Although all laws are not gender specific, the provisions of law affecting women significantly have been reviewed periodically and amendments carried out to keep pace with the emerging requirements. Some acts which have special provisions to safeguard women and their interests are:

- i. The Employees State Insurance Act, 1948
- ii. The Plantation Labour Act, 1951
- iii. The Family Courts Act, 1954
- iv. The Special Marriage Act, 1954
- v. The Hindu Marriage Act, 1955
- vi. The Hindu Succession Act, 1986
- vii. Immoral Traffic (Prevention) Act, 1956
- viii. The Maternity Benefit Act, 1961 (Amended in 1995)
- ix. Dowry Prohibition Act, 1961
- x. The Medical Termination of Pregnancy Act, 1971
- xi. The Contract Labour (Regulation and Abolition) Act, 1976
- xii. The Equal Remuneration Act, 1976 → Gleicher Arbeitslohn
- xiii. The Child Marriage Restraint (Amendment) Act, 1979
- xiv. The Criminal Law (Amendment) Act, 1983
- xv. The Factories (Amendment) Act, 1986
- xvi. Indecent Representation of Women (Prohibition) Act, 1986
- xvii. Commission of Sati (Prevention) Act, 1987

• **3. Special Initiatives for women**

- (i) **National Commission for Women**
- In January 1992, the Government set-up this statutory body with a specific mandate to study and monitor all matters relating to the constitutional and legal safeguards

provided for women, review the existing legislation to suggest amendments wherever necessary, etc.

-
- **(ii) Reservation for Women in Local Self-Government**
- The 72nd and 73rd Constitutional Amendment Acts passed in 1992 by Parliament ensure one-third of the total seats for women in all elected offices in local bodies whether in rural areas or urban areas.
-
- **(iii) The National Plan of Action for Girl Child (1991-2000)**
- The Plan of Action is to ensure survival, protection and development of the girl child with the ultimate objective of building up a better future for the girl child.
-
- **(iv) National Policy for the Empowerment of Women, 2001**
- The Department of Women & Child Development in the Ministry of Human Resource Development has prepared a "National Policy for the Empowerment of Women" in the year 2001. The goal of this policy is to bring about the advancement, development and empowerment of women.

The historical subordination of women may appear to be stark and visible to those who have been able to analyse and understand the process and dimensions of it but for majority of men and women, such a subordination and oppression are natural unchangeable and needed for social stability.

Progress towards gender equality and women's empowerment in India has been built upon strong commitments by the government and unflagging effort by the women's movement. Gender inequality arising out of social norms and cultural traditions has been addressed through a range of direct and indirect measures, and the aim of the National Policy for the Empowerment of Women (2001) has been to bring about social changes in attitudes towards women, and women's empowerment. The policy itself reflects the aspirations of women and women's movement.

Session 4: Practical Training on Panchayat Samiti meetings:

This activity will be facilitated and conducted by SIDART team and volunteers collectively. It must be ensured that there is active participation from women in the activity.

Activity: Role-play

This is an important tool that will help trainees understand situations they will face in their work. It aids understanding of other actors in the working situation, their points of view, their reactions and feelings. It also gives them an opportunity to practise their roles in a 'safe' environment.

The role-playing will be followed by a group discussion to identify the most appropriate/effective behaviour/attitudes and mistakes to be avoided. This helps trainees learn in a risk-free environment with objective feedback from their peers and the facilitators, which is generally not possible in real life situations.

Role-playing can be introduced towards the middle of the training, giving the group enough time to know one another. The tool's effectiveness depends on the quality of feedback, which must be constructive, enabling a reinforcement of effective behaviour, instilling confidence and highlighting specific areas for improvement in a way that is not critical and readily acceptable.

STRENGTHS:

- introduces problem situation dramatically
- provides opportunity for people to assume roles of others and thus appreciate another point of view
- allows for exploration of solutions
- provides opportunity to practice skills

LIMITATIONS:

- people may be too self-conscious
- not appropriate for large groups
- people may feel threatened

PREPARATION:

- trainer has to define problem situation and roles clearly
- Trainer must give very clear instructions

Role Play of Conceptualizing the meeting of *Gram Sabha*

Aims

- To discuss the concepts of Gram Sabha and its meetings as provided by national and State Act.
- To discuss the process of meeting and its relevance.

Script for gram sabha role-playing (Agenda)

The gram panchayat has received funds for the construction of four houses under the Indira Awas Yojana (IAY) and two houses under the state innovative project. Houses will be given to people belonging to below poverty line (BPL) families approved by the gram sabha. The project will be implemented by the gram panchayat involving the beneficiaries and shall be completed within one year.

For Sarpanch

- You are the Sarpanch of the Gram Panchayat.
- You have assembled the Panchayat Secretary, Extension Officer (Panchayat), other members of the panchayat and gram sabha members.
- Gram sabha has about 100 adult men and women of your village and you have called them to a meeting to decide the beneficiaries for both the schemes.
- The Gram Sabha will meet near the panchayat office at about 11 a.m. on Monday.
- You start the meeting with a prayer, greet the gathering and tell them about the meeting's purpose and your expectations.

- Ask the Panchayat Secretary to read out the agenda.
- Allow discussion, giving two to three minutes to each person who raises his or her hand.
- If clarification is needed, the help of ward members can be obtained with the chair's permission.
- Take full control over the house and lead the people in a good discussion.
- List the people who deserve houses under schemes.
- Finalize the list according to the availability of funds.
- Place the list before the meeting and secure approval by obtaining signatures of those present.
- Serve tea/snacks if possible.
- Thank every one for attending the meeting.

For Panchayat Secretary

- You are the Panchayat Secretary.
- The extension officer (Panchayat) has come to attend the meeting.
- The Sarpanch and other panchayat members, including three women are present.
- You sit on the side, obey the sarpanch, read out the agenda when asked and carefully record the minutes of the meeting.
- You talk less and only when asked by the Sarpanch.
- Come prepared for the meeting with the socio-economic details of the village.

For Panchayat members

- You are ward members elected from reserved constituencies 1/2/3/4/5/6/7/8/9.
- You try to recommend one person (BPL) in your ward for getting an house.
- Speak with the permission of the chair.
- Put forth your case precisely and clearly.
- Ensure that the member recommended by you is present.

Note:	Ward member 1, 2 & 6 - BC;	Ward member 3 & 9 - women (General)
	Ward member 4 & 5 - SC;	Ward member 7 - woman (SC)
	Ward member 8 - ST;	Sarpanch directly elected - BC Woman

BC: backward caste; SC: scheduled caste; ST: scheduled tribe.

For Gram Sabha members

- You are the resident of the village.
- You come in the BPL category.

- Take active part in the meeting.
- Present your ideas/opinions clearly.
- Try to get yourself included in the beneficiary list.
- Obey the chairperson.
- Speak when given the chance.

Methodology

- The learning in this session will be through interactive discussion initiated by the trainer.
- The trainer encourages the participants' to share their own concept of Gram Sabha.
- The trainer writes the various thoughts that emerge out of the discussion on the board.
- The trainer then explains the definition enshrined in National and State Act.
- A discussion is then initiated on the process of meeting and their relevance.

Outcomes

- A clear and unambiguous understanding of the concept
- Situate the process of the concept and its relevance.

Session 5: Group Work for identification of reasons of various issues

Activity: Women will be asked to work in groups and write down their problems on chart papers with the possible reasons and also they have to pen down feasible yet implementable solutions to those problems.

Volunteers should supervise working of every group and should brain storm with them to find possible answers to aforesaid criteria and facilitator must guide volunteers and participants.

Session 6: Visit to the facility centers in guided groups understands the working and ask relevant question as citizens

Activity: Visit activity will be conducted to make women learn about RTI in practical sense and women will act as supervisors themselves.

Common women will visit various government centers and learn about their functioning and if they find any problem in any of the spheres they can complain about it in Gram Sabha.

Session 7: Panel discussion working of AWC, working the health sub center, working of school

Activity: After visit activity facilitator must try to indulge in discussion with some government official, who could speak with women and impart them accurate and legal knowledge about their department. Volunteers must also question them if they are facing any problems from their department and seek for remedy of their problems. Through this activity women will open up with officials which will help them to communicate with them in a better way.

Session 8: Consolidation of Learning and assigning tasks to volunteers:

Before formally concluding the training, it is desirable that the participants relive the whole learning process as an integral whole this would help them to realize the synergy of their learning. Hence this session aims at consolidation of the learning.

It should also be noted that facilitators engage in discussions with volunteers and assign them duties till next seminar and keep a check of their development.

Session 9: Vote of Thanks

Following is a small study material that will help facilitator learn more about women empowerment and their issues.

Women Empowerment

The History of Women's Inclusion in Political Representation in India

- 1946 There were 16 women out of 150 members in the Constituent Assembly.
- 1957 When Panchayat Raj was first introduced, the concept was to co-opt two women "who are interested in work among women and children" (Balwantrai Mehta Committee Report).
- 1961 Maharashtra Zilla Parishad and Panchayat Samiti Act of 1961 provided for the "nomination of one or two women" to the Panchayat bodies "in case women were not elected".
- 1973 West Bengal Panchayat Act, also provided for co-opting 2 women.
- 1976 The Report of the Committee on the Status of Women (CSWI) demanded representation of women in Panchayat as well as the establishment of "All-Women Panchayat at village level".
- 1978 In Maharashtra Panchayat, only 6 women were elected although 314 were nominated. In most parts of India, women were brought into Panchayat only through co-option.
- 1983 As many as 25 percent of seats were reserved for women in the Karnataka Zilla Parishads, Taluk Panchayat Samitis, Mandal Panchayat and Nyaya Panchayat Act of 1983. Elections under this Act were delayed for various reasons and could only be held in 1987. Some 14,000 women were elected out of 30,000 candidates who contested.
- 1988 Elections were held in Uttar Pradesh for 74,000 village Sabhas, the first elections for 22 years. There was provision made for the co-option of only one woman. In Panchayat elections, less than one percent of women came through elections.
- 1991 Orissa Panchayat Samiti provided for "not less than one third of the total number of seats to be reserved for women". Elections were held in 1992 and over 22,000 women were elected. In Kerala Districts Councils elections, while

30 percent seats were reserved for women, 35 percent seats were won by women.

- 1993 About 71,000 women candidates contested elections and with 33 percent seat reservation, 24,900 women came in through the ballot box.
- 1994 In Madhya Pradesh 150,500 women were elected to village, block and zilla Panchayats.
- 33 percent of seats were reserved for women in village Panchayat and women captured 43 percent of the seats.

National Policy for the Empowerment of Women-2001

- Creating an environment through positive economic and social policies for full development of women to enable them to realise their full potential.
- The *de-jure* and *de-facto* enjoyment of all human rights and fundamental freedoms by women on equal basis with men in all spheres- political, economic, social, cultural and civil.
- Equal access to participation and decision making of women in social, political and economic life of the nation.
- Equal access to women to health care, quality education, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security, public office etc.
- Strengthening legal systems aimed at elimination of all forms of discrimination against women.
- Changing societal attitudes and community practices by active participation and involvement of both men and women.
- Mainstreaming a gender perspective in the development process.
- Elimination of discrimination and all forms of violence against women and the girl child.
- Building and strengthening partnership with civil society, particularly women's organization.

The Women's Movement and PRI

- The women's movement continues to support the PRI "revolution". Examples of this support include:
- Facilitating their meetings across districts, offering women representatives fora to discuss issues e.g. the end of their term and the possibility of suspension of key organisations;
- Transforming women's perceptions of the training they need away from traditional women-oriented training such as home economics, towards the provision of workshops where they can share, develop and refine their political views;
- Ensuring that the women are not marginalised in the revenue and expenditure committee structures that will emerge to manage the development in these bodies;



The Report

Society for Integrated Development Activities and Research Training

Women empowerment in rural and semi-urban areas of Rajasthan by strengthening knowledge about Right to Information (RTI) and other benefits related to women in village.

One Day Training Seminar



SIDART Team introducing themselves

At
Gaurer Panchayat
On
19.02.10

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of quiz or a game, where in the penultimate will be asked to share whatever things they learnt in the day's seminar.

Session 8: Vote of Thanks:

In the end facilitator must thank all the participants and ask from them other topics, that they would want to learn about. This will help us understand women issues better.

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Welcome and Introduction:

Mr. Apurva Saxena the coordinator introduced himself and speakers Ms. Jai kirti, and Ms. Shahnaz to the women. The participants and the village volunteers then introduced themselves. Apurva welcomed all the participant women on behalf of SIDART and Hanns Seidel Foundation at Vidhani gram Panchayat.

She had collected the list of women in K.T.B. Seminar of

Apurva then briefly introduced the organization SIDART to women. He told them that SIDART has been working for the cause of women empowerment from past 10 years and since then SIDART has been tirelessly working with women to create a set up where women know about their rights and duties as a citizen of this nation and how to fight for their rights. This introduction was enough for women to be able to connect with SIDART and its team.



Village volunteer Manju Badaya introducing herself

This introduction was necessary to make it an interesting and interactive session. The session also initiated women to overcome their apprehension and

helped the to

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they could be more vocal during the seminar and participate in the seminar in a better way.

Another volunteer Ms. Kusum said that in the previous seminar, we discussed about the election, functions and meetings of the village Panchayat and active meaningful participation of woman in Panchayat meetings. She also recollected that in the previous seminar they discussed about Community participation. These activities can be initiated in village. In collaboration with village Panchayat, the volunteer group can conduct activities like cleaning of roads, planting trees, dig small ponds to collect water etc. This will help building of civic sense of the community and they will feel responsible towards the resources made available to them by government.

Regarding the problems she talked of the faulty drainage system in the village. This led to water collection in front of the houses and also the overflow of the soak pit that they had dug in ground. Ms Kusum said that she with her group visited a school in one of the seminars to see the working and put up right question.

After the recap the speaker started talking to the women about their discussion today in the workshop. She started the discussion by explaining them the meaning of rights. Rights are guaranteed by the constitution without any discrimination. Constitution does not only provide rights but also confer duties on the citizen. Rights cannot be enjoyed alone in absence of the duties. She stressed on the importance of awareness of rights after explaining the meaning of rights.

In an interactive session the women present were asked to give a right they thought were given to them. The various rights mentioned by the participants were written one by one on the board like, right to equality, right to liberty, freedom of speech, right to education, expression, belief and worship, right to property, freedom of expression and right against exploitation. Besides rights the significance of fulfilling duties was also stressed.

The main objective of the workshop was to enlighten women by making them aware about the act, the right to information 2005. by educating them about what this right is about, by making them independent through their social, economic, health, political development.

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Ms Shahnaz explaining the right to information act

Right to Information;

Right to information for members of *Gram Sabha*

Some States have already passed Right to Information Acts. Notwithstanding some weaknesses, the Acts have opened the way for transparency in administration from the State to the *panchayat* level.

The Right to Information Acts specify the modalities for obtaining information and provide penalties for failing to furnish or supplying false information. The Acts facilitate social legislation such as on minimum wages and gender rights and, more importantly, pave the way for public debate on government development projects.

However, none of the Acts have defined the right to information to include inspection of works and documents, and the taking of notes and extracts. This is needed to make the social audit by the *Gram Sabha* more effective.

The *Gram Sabha* should have the mandate to: inspect all public documents related to budget allocations, list of beneficiaries, assistance under each scheme, muster rolls, bills, vouchers, accounts, etc., for scrutiny; examine annual statements of accounts and audit reports; discuss the report on the local administration of the preceding year; review local development for the year or any new activity programme; establish accountability of functionaries found guilty of violating established norms/rules; suggest measures for

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promoting transparency in identifying, planning, implementing, monitoring and evaluating relevant local development programmes

The speaker explaining the meaning of right said that, the right to information is granted to every citizen. It is known as the right to information act 2005.

Under it every Indian citizen has a right to secure access to any kind of information under the control of public authorities.

The meaning of information here is any document, sample, email, a press release, log book or and paper held in any electronic form.

Giving an example of the village Panchayat, we took up an issue like the amount sanctioned to the Panchayat for the construction of roads and if the roads were broken it would be probably due un utilization of the amount sanctioned so that he could be held accountable for things happening both right and wrong together, also so the villagers know where the things are happening and how are they happening.

Similarly they have full right to go and ask in any hospital or information centres about new and different schemes, and policies available by the government, in case of wrong information provided, anyone could directly complain to the higher authority.

The above example helped us to put forward the importance of RTI, that it provided transparency in the system.

It empowered the citizen to hold accountable the concern person.

It was discussed that if the women were aware of the right to information they were able to question concerned person and seek the information what ever was desired by the applicant. Women can build pressure on the concerned authorities to know the reasons for delay, lack of implementation in adequate tasks accomplish and thus hold them accountable and get the task done. They get opportunity to learn about the legal procedure on exercising their rights and availing information under this act

The RTI form was showed to the participants and the procedure to fill it up was explained.

The procedure for securing the information was explained to the participants and a group activity was conducted with each volunteer to practically fill the form of RTI.

At the time of discussion it was concluded that it prevented corruption as the person had to furnish the information asked for.

It was also made clear in the seminar by the speaker that the cost of the form was Rs.10 and information had to be furnished to the applicant with in the period of 30 days. These applications should be given at local level specifically to the person responsible for delivery that particular service at village level. In case of not getting the reply in 30 days the applicant can approach the local authorized officials and if this person is unable to address the problem in next 30 days the applicant can directly approach the State

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Information Commission, the applicant is also entitled to get the compensation of Rs.250/- per day for not getting reply from the government system.

She asked women to be aware about all their rights because if they are not aware of their rights, then they would never be able to fight for themselves.

Women were made realized about this fact that all the schemes provided by the government can be availed by them only if they are aware about them and if they are not and there is nothing possible which they can do about it.

Group activity

SIDART team made 5 groups and Jai kirti, Shahnaz and Apurva facilitated them to write down whatever information they required from the concerned authorities.



Facilitating the group in the RTI form

They had to address the information to the concerned authority and write other information mention in the form as the time period, subject matter, the period for which the information was required, whether they wanted normal or registered post together with their name and address of the applicant.

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Women were asked to make the groups formulated by the volunteers. In the group women were encouraged to identify the issues, on which they want to avail information from the particular authority under RTI. The groups of women identified the issues/regarding seeking to the following.

1. Ration Card
2. Electricity
3. Water
4. Un even and broken roads
5. Sewerage and drainage problems



Sarpanch distributing the bags

Participation of Sarpanch; It was the highlight of the seminar and highly applauded by the participants. Sarpanch Shrimati Kamla Meena was invited by SIDART team for an open discussion with the volunteers. She came in the second half of the session the Speaker suggested participants to put up any question or query if they had. Munni bai complained to the sarpanch that they did not have a drain in front of the house while every household in the village had one. Munni bai insisted that the sarpanch should go with her and see it herself. Ms Kamla answered that it has been just few days that she had been

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elected by them and that she would resume her duties as a sarpanch after two days(on 22nd February) .She affirmed that the Panchayat has been allotted the budget for the same and she would look into the matter as soon as she resumes her duty as Sarpanch.

Smt Kamla (a village woman) requested the sarpanch about the procedure and date of making a ration and BPL card. The sarpanch said that the survey will begin in the month of March and they will be informed about that.

The coordinator Mr. Apurva requested the Sarpanch to distribute to the Participants.

Distribution of the RTI Act book: The Act 2005 was distributed to the participants by the SIDART team. It motivated the participants for more discussion , an active approach to know more about the act.



Apurva giving RTI act to one of the participants

Action plan

The seminar motivated the women to plan the actions on the basis of their discussions and group work. They said that now they would fill up the actual application forms and would hand over to the responsible local authority for availing information under the RTI act.

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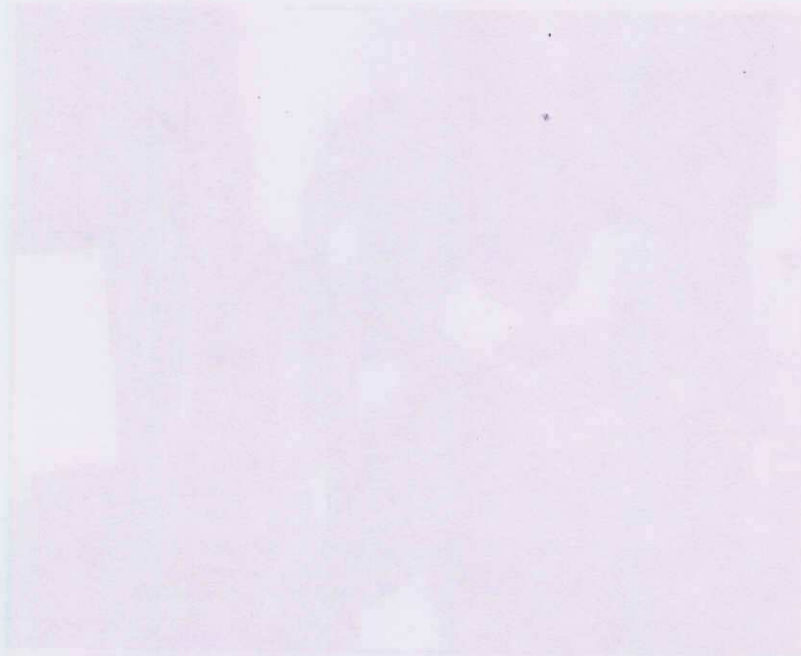


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They also promised to keep a check on the government activities in their village example various schemes of village Panchayat as expenditure on the construction of roads, drains, schools and other developmental work done by the Panchayat.

Vote of Thanks;

After the group activity of filing up the forms and open discussion Ms. Shahnaz thanked all the participants to have spent their valuable time for attending the seminar and making it successful



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manner as registration, the time for which should be fixed keeping in mind the work and migration season of the local workforce.

- All additions and deletions made in the Registrations Register will be read out in the gram Sabha. The gram Panchayat will send a list of additions /deletions to the programme officer.
- The essential features of this Performa are indicated in Annexure B-2. Job cards of all states must be in conformity with this /The Performa of the job card should be such that it contain permanent information regarding the household as well as the employment details for five years .permanent information will include the household registration number and particulars (such as age and sex) of all adult numbers of the family who are willing to work.
- A cardholder may apply for a duplicate job card if the original card is lost or damaged .the application will be given to the gram Panchayat and shall be processed in the manure of a new application, with the difference being that the particulars may also be verified using the duplicate copy of the job card maintained by the Panchayat
- If a person has a grievance the non –issuance of a job card. He/she may bring the matter to the notice of the programme officer. If the grievance is against the programmer officer, he /she may bring it to the notice of the District programmer coordinator or the designated grievance –redressal authority at the block or district level, all such complaints shall be disposed off within 15 days.

Session 7: Consolidation of learning

A small session will be conducted to ensure that every participant women understood all the important information about NREGA. Session could be in form

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Society for Integrated Development Activities and Research Training

IVth Training Module for the village volunteers

For the Seminar to be held on 21st February at
Jaipur

A large, three-dimensional cube graphic with a textured, metallic appearance. The cube is oriented diagonally, showing its top, front-left, and front-right faces. The year "2010" is printed in a large, bold, black font on the rightmost face of the cube.

2010

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4th TRAINING MODULE FOR VILLAGE VOLUNTEERS

For the seminar to be held on 21st February at Jaipur

Recap of the previous Sessions: The previous seminars were conducted to boost confidence of women in them and in the system. We try to make them understand that government will work for them in their way if they exert pressure as a citizen and force authorities to work properly. And for this they need nothing more than awareness, confidence, knowledge and grit to exercise that knowledge. For example, if they think that problem of improper management of government school is the reason for lack of education, then they can exercise their right of right to information, wherein they are free to inspect functioning of school or Aaganwari center. If they find that people are not doing their duties properly they can file a complaint against them and strict actions will be taken by higher authorities against them.

SIDART from past two years has been working to improve knowledge base of common village women. It's very important that women have information about all the legal matters concerning them and about the decisions made by their representatives in Panchayat Samiti. This is something which is very much in hands of women. They can know about anything and everything concerning them and SIDART's resource pool is always available to them.

Welcome and Introduction

Activity 1. Make a group of three

Once all the participants are comfortably seated they are asked to get up from their seats and move around with the music. They had to form a group of three and after the music stopped, 5 minutes were given to them to know the other two in the group. They would ask the name, name of village and also to mention the

activities they did as a village volunteer. This enhanced a better communication among the women in the group.

Activity 2. Similar group

Women are asked to stand in a circle. The facilitator comes in the middle of the group and tells the group members that he would call out a particular identification; woman having the identification has to stand on one side, and the rest on the other. For example if he/she calls out "Woman with bindi on one side", all the women having bindi will come on one side and rest on the other. Similarly the facilitator can make groups woman wearing blue sari on one side, one with watch, or choti, or on the basis of their eating habits, family or life styles. At the end of the game the participants are made to sit on the place where they are standing.

Objective of the Activity; to get familiar to and know each other. Develop a sense of belongingness, trust and establish a comfort level.

Expected out come: The volunteer will know each other and will be able to communicate with other in the better way. Besides the name she will also have knowledge of the work done by the other. The activities shall lead to the following;

- **Improve communication**
- **Break down barriers**
- **Recognize and capitalize on each other's talents and contributions**
- **Foster creativity and innovative problem-solving.**
- **Make themselves known to other members in terms of their background, experience and skills**

Material required; Music system, chairs, note pad and pencils

Activity 3. Unity is strength

Two women from the participants will be asked to play role of a goat and lion. Remaining participants will make a circle holding each others hands firmly. Woman (goat) stands in the center, another woman (lion), out of the circle would try to break it and catch the goat. The players are instructed to make the circle so strong that it shall be difficult to break hence protecting the goat.

Expected out come: The game establishes the fact that unity is strength if it breaks outside force will take the advantages, dividing the group .A strong united group

has strength to fight. If the women in the group are not strongly connected with each other, it would fragment and not be able to achieve their goal.

Activity 4 Team works for the benefit for the members

Each woman is given a balloon to blow and write their names on it. After the balloons are blown they will be in the center and pushed their balloons in the air. They will keep pushing them upwards as and when they are to fall. Care had to be taken to not let the balloon fall or go out the marked boundary. They had to continuously keep pushing the balloons.

Expected outcome; Activity was performed in the workshop to generate a sense of working for others benefit. The facilitator made it clear that if they work for the benefit of the villagers they would get profit in return; it may be in any form.

Material required: Balloons, in same numbers as the participants present and equal number of balloons

Activity 5. Fixing up jigsaw puzzle

The Facilitator will draw a big picture of cow/hut on a chart paper and stick it on a cardboard. The picture will be cut into a number of small pieces of five or six inches. There would be two teams Team A will fix up the picture of cow and team B will be asked to fix up the picture of hut. The team that fixes the puzzle first would be the winner.

Expected outcome; A good team work results in projects being completed on time. People are very different from each other. Their working ways differ but they need to co-ordinate with each other to complete their given projects. Team work becomes very essential to be able to finish the project on time

Points to be remembered by the Facilitator;

- All the games have to be conducted with great enthusiasm. This would increase their excitement.
- It would be proper to openly discuss and resolve shortage/delay/unavailability of any resources rather than keeping quiet and avoiding the issues.

Teambuilding activities are stimulating and designed to help group members develop their capacity to work effectively together. Team building exercises can be adapted for virtually any setting, young or old, large or small, and across cultures. Much depends on the role played by a facilitator.

Different team building activities facilitated in different ways with different groups can and will lead to a wide variety of different experiences and different outcomes. In the hands of an excellent facilitator, even the simplest game can become a significant experience for participants.

What is a team training module?

A series of interchangeable and customized training modules designed for intact work teams. These programs can be easily integrated during team meetings to develop member skills and build effective work process Modules can be combined to form a series of team training segments occurring over the course of several days. Each module includes a participant guide, learning objectives and exercises.

Facilitator will emphasize on Trust among the members of the team, He will stress on the importance of trust in the team. Broadly it can be concluded that it is necessary for the following:

- Shared understanding of what is to be gained and what it takes to build trust in teams
- Enhanced teamwork and collaboration among work team members.
- Improved performance and accomplishment of shared work objectives
- Team Trust Norms to encourage open and honest communication among members

After the above activity the participants will be able to;

Define the key ingredients needed to build trusting relationships in work teams and will vow to the following;

- Develop skills to build trusting relationships with co-workers

- Assess current strengths and opportunity areas to determine "Team Trust Potential"
- Gain an understanding of the potential contributions other team members can make to the team's objectives
- Identify the top focal areas for building trust in their team.
- Discuss their own areas of strong contribution, support for others, and development possibilities
- Align on a coordinated action plan that fully utilizes the contributions of all team members

The activity will help the participants to give the skills to build cohesive, high achieving work groups that work collaboratively. The activities in this training module are intended to foster a sense of teamwork and collaboration and encourage the volunteers to participate equally. The activities may be used individually or together to build a sense of camaraderie, solidarity, and shared leadership.

Conclusion; Teams are considered to avoid unnecessary duplication of effort, increase cooperation, spur new ideas, help people solve problems, maintain motivation, improve quality of services and satisfaction. Effective teamwork requires trust and open communication among team members and these activities are designed to encourage open sharing among paid and unpaid staff in a fun, sometimes playful manner. **Team Communication is necessary in the following circumstances;**

Poor listening and defensive reactions when members communicate

Non-productive team meetings

Missed work objectives; members blaming each other

Unclear messages and misunderstandings among members

Team communication is necessary for;

- Greater collaboration in work teams
- Improved efficiency, speed, and team productivity
- Reduction in errors, mistakes, and miscommunications

- Effective and productive team meetings

Resource material for facilitator:

Reading materials

Photocopy the material brought by the concerned resource persons

Select reading material on the basis of training needs

Class Room Arrangement

For formal sessions

Large-sized board

Marker pens

Flip charts

White sheets

Transparencies with pens

Adhesive tape

Any other facilities deemed to be made available.

For informal sessions:

Flexible chairs

No fixed table

Other arrangement same as for formal sessions

Other Facilities during the training

Computer and photocopiers facilities to be made available during the training (optional)

Medical assistance (optional)

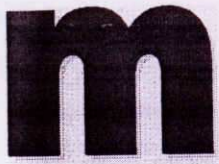
Stand-by transport to deal with any eventualities (optional)

Session Break

Positive Thinking and Personality development.

Facilitator with the help of chart will make a crown on the top of chart to project the top most position desired by the participants ,below he would draw four circles to depict the weakness and above that four circles, reflecting the strength of the person. Stressing on the positive thinking he explained that a person desiring to achieve success has to make an effort to strengthen his positive points. Enriching one's strength would weaken his negative point.

If a village volunteer wants to achieve a position she has to work towards her qualities so as to strengthen them.

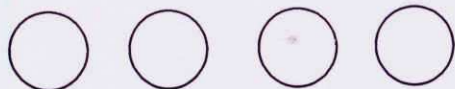


Crown

Strengths



Weaknesses



By the above drawing, the facilitator showed that the crown is the highest place a person might want to achieve. The dark circle indicate the strengths and blank weaknesses of the person in order to reach up to the desired position an individual has to strengthen the red circles. The facilitator must also discuss that

the distance from the dark circle to the crown was less as compared to the distance from the blank circle, so it would be an obvious choice to move by starting from dark circles to the crown rather than from blank circles which would take a longer time. This can again be linked with building on the positive aspect and component and gradually neglecting the negative points/weaknesses.

The example of Newton's law, "**The change of momentum of a body is proportional to the impulse impressed on the body, and happens along the straight line on which that impulse is impressed.**" was also taken up.

Johari window The speaker would display "Johari" window as to make them understand themselves and its impact on interpersonal relations and effectiveness. He will draw four squares on a flip chart. Explaining an individual's personality he said every individual has four personality components as explained by the four quadrants, given below; In the left top square he/she will write open area/self, below the top left is hidden area. The top right square indicates blind area /blind self, below it is unknown area/unknown self

Open area or open self	Blind area or blind self
Hidden area or hidden self	Unknown area or unknown self

Figure showing Johari window

As per this window the open area or open self is that part of the individual's personality which is known to him as well as to the others. This area generally makes people effective in inter personal relationships. If individuals will try to operate more from this area, their understanding of each other will increase and their team will be able to work more effectively.

Blind area is that component of individual's personality which is not known to the individual himself as he is not able to see that in himself but others know about it and can see in him. For example if one is asked to write ten good qualities and ten bad qualities of one self in five minutes time, it is generally seen that the people are able to write their good qualities.

Quadrant 3 of the window depicts the hidden self of your personality. It is that part of your personality which an individual knows but hides it from others, creating a block whereby others are not able to see his hidden self. Minimizing the hidden area by sharing can help in better interpersonal relationship at work and in personal life too.

The quadrant 4 depicts the unknown self. This is the part of individual self which is neither known to one self or to others.

The Facilitator would stress on strengthening the positive thoughts and ask the participants to concentrate on the open self because this area makes people effective in interpersonal relationship.

Quoting an example of getting reward for the good deed done the facilitator said that Suppose if the Aanganwadi worker is not distributing the right quality and quantity of nutritive food to the infants. The village volunteer can with her group enquire asha sahyogini or shayika about it. This would benefit mothers of the infant as they would be given the quantity as prescribed to them by the government. In other words they would exercise their right to get the right amount of meal which would earn a respect for them. The speaker said that doing a good deed will give her confidence and an opportunity to contest and win Sarpanch in the Panchayat elections. Helping others would also earn respect in her family and peer group.

Positive thinking is a mental attitude that admits into the mind thoughts, words and images that are conducive to growth, expansion and success. It is a mental attitude that expects good and favorable results. When the attitude is positive we entertain pleasant feelings and constructive images, and see in our mind's eye what we really want to happen. This brings brightness to the eyes, more energy and happiness. The whole being broadcasts good will, happiness and success. Even the

health is affected in a beneficial way. We walk tall and the voice is more powerful. Our body language shows the way you feel inside.

It can be better understood with the following example taken from a village volunteer's day to day life.

Imagine that you are knitting a sweater for your daughter with your friends. They knit fifteen rounds, something you have never done before, and desiring to win the respect of your friends, you want to show them that you can make it too. You start knitting, and at the same time keep repeating in your mind, "I can do it, I can do it." You keep thinking and believing that you are going to complete the fifteen rounds. What are you actually doing? You are repeating positive affirmations

It is important to understand that repeating positive affirmations for a few minutes, and then thinking negatively the rest of the day, neutralizes the effects of the positive words. Here are some things that will help you develop and maintain a positive outlook:

Reaching Out

Many people who were often plagued by negative thoughts and self destructive behavior and thoughts, find all their negativity melting away when they reach out and help someone and make that person feel better about themselves. You follow it too; try and reach out to someone who may need you and try to help them see the better side of their situation. Make sure to leave all your own negativity behind when you reach out to the other person or else your negativity might transfer to them too.

Belief

No matter what the situation is, belief in yourself, belief in your abilities and in the fact that everything will be alright in the end will heal you of all the negativity and self destructive behavior. Belief is, by far the most powerful positive feeling that has the capacity to heal any emotional wound. Never lose the faith with which you began your life with – a child does not know mistrust, malice, negativity, disbelief or cynicism. Be childlike in your belief in

yourself but at the same time be realistic about your goals and achievements.

Humor

It isn't necessary to take life too seriously all the time – you can let go and laugh away life's little miseries. If you start by taking these little things less seriously, you may also take the bigger challenges that life throws at you with minimum negativity or anger.

Getting Rid Of Self Pity

Wallowing too much in self pity and feelings that hold you back from progressing in the right direction are detrimental to your development as a person, not to mention to your natural state of happiness.

Gratitude

Instead of fretting about what you do not have, you will appreciate what you do have and will value it better. No matter how big the tragedy is, try to be thankful for what you did not lose. If a chain snatcher snatched your gold chain, be thankful he did not hurt you.

Unity is strength. The Facilitator in activity 3 lays stress on collective strength of the group members. Collective is a group of entities that share or are motivated by at least one common issue or interest, or work together on a specific project(s) to achieve a common objective. Collectives differ from cooperatives in that they are not necessarily focused upon an economic benefit or saving (but can be that as well).

A commune or international community, which may also be known as a "collective household", is a group of people who live together in some kind of dwelling or residence, or in some other arrangement (eg. sharing land).

Collective consciousness is a term created by French social theorist Émile Durkheim that describes how an entire community comes together to share similar value. The Facilitator shall narrate a story in a simple language to make them understand the concept about unity.

Story from Panchtatra; Facilitator will narrate a story from the Panchtatra to explain the significance of unity

Once upon a time, there was a flock of doves that flew in search of food led by their king. One day, they had flown a long distance and were very tired. The dove

king encouraged them to fly a little further. The smallest dove picked up speed and found some rice scattered beneath a banyan tree. So all the doves landed and began to eat.

Suddenly a net fell over them and they were all trapped. They saw a hunter approaching carrying a huge club. The doves desperately fluttered their wings trying to get out, but to no avail.

The king had an idea. He advised all the doves to fly up together carrying the net with them. He said that there was strength in unity.

Each dove picked up a portion of the net and together they flew off carrying the net with them. The hunter looked up in astonishment. He tried to follow them, but they were flying high over hills and valleys. They flew to a hill near a city of temples where there lived a mouse that could help them. He was a faithful friend of the dove king.

When the mouse heard the loud noise of their approach, he went into hiding. The dove king gently called out to him and then the mouse was happy to see him. The dove king explained that they had been caught in a trap and needed the mouse's help to gnaw at the net with his teeth and set them free.

The mouse agreed saying that he would set the king free first. The king insisted that he first free his subjects and the king last. The mouse understood the king's feelings and complied with his wishes. He began to cut the net and one by one all the doves were freed including the dove king.

They all thanked the mouse and flew away together, united in their strength.

In a word, unity means oneness, or togetherness. When there is oneness there is likely to be more strength in opinion, more strength in action, and more strength in character. This is a very simple and obvious fact that, if one person tries his hands on some job, he will manage much less than what a group effort will achieve. This, in all simplicity what unity is all about.

The facilitator will suggest them to peep into different spheres of their existence and made them realize the truth of this statement. He would first discuss the smallest unit, the family. If all members of a family go on divergent roads, the very semblance of a family disappears. A family indicates oneness, they live together, they work together, they enjoy together and this is the basic strength of the unit. From this smallest unit, He will then explain about society. When there is no strong bond in different segments of a society, it is bound to break into factions.

From the society, he will ask them to move on to the position of the country. He would stress on the power of unity.

Vote of Thanks; The Seminar will conclude with the vote of thanks to all the participants for contributing positively towards making it a success.

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Society For Integrated Developmental Activities, Research & Training (SIDART)

Society For Integrated Developmental Activities, Research & Training (SIDART)

Country

India

Programme Summary



Launched in 1998, this voluntary organisation undertakes a variety of developmental activities in the urban slums and remote rural areas of Rajasthan, India. The group's main activities focus on empowering women, sensitising society to gender issues, generating environmental

awareness, organising health camps, offering non-formal education to child labourers, forming self-help groups, and mobilising the community for economic empowerment. Its mission is to enable marginalised and economically poor people to resist exploitation by using their own physical resources to protect, nurture, and sustain values that secure equality at personal, familial, social, political, and institutional levels.

Communication Strategies

SIDART designs its activities from the perspective that local wisdom, knowledge, and resources can be harnessed to develop appropriate trainings for capacity building, carry out action research, mobilise the community, and initiate sustainable community-based and community-owned projects. The organisation seeks out local assistance (material and financial) before seeking external support.

One central area of focus is women's empowerment, particularly for economic development. Women and women's collectives set the pace, priorities, format, and content of many project activities. For example, SIDART supports small organisations headed by women in the areas of training capacity building, strategic planning, and policy review. One goal is to promote the social and political leadership among women and other disadvantaged sections. To that end, SIDART has formed 27 women's self-help groups involving 408 women. SIDART facilitates access to credit in order to increase women's participation in income generation and, ultimately, to give them confidence in their abilities to develop access to and control over resources. For example, it linked 60 women from the self-help groups in Jaipur City with

income generation training for a period of 4 months involving gem cutting and polishing. SIDART also organised a local fundraising campaign in June 2003 by mobilising 1000 women to contribute their old newspapers, magazines, and books. The proceeds were given to economically poor women to enable them to take up self-employment schemes. The idea was to enable women to equip themselves with the resources necessary to take part in decisions related to community development. SIDART also organises sessions such as a November 2009 seminar for village volunteers on women's empowerment in rural and semi-urban areas of Rajasthan about Panchayati Raj and civic systems.

SIDART's activities have also focused on issues like the environment, sanitation, and appropriate technologies. Here are a few examples; for additional/updated details, visit the [SIDART website](#) ^[1]:

- Organised various training sessions for teachers, mineworkers, and adolescents on issues like leadership style and qualities, legal rights and practical needs such as child-care, nutrition, health, hygiene, sanitation, and safe delivery;
- Helped 80 economically poor families develop sanitary habits by extending financial assistance for technical guidance about constructing low-cost latrines;
- Provided free medical care to slum dwellers with the assistance of doctors and organising four health camps;
- Established 25 non-formal education centres for 500 child labourers with the assistance of voluntary social workers and teachers in the community;
- Distributed plants and saplings to various schools and organisations in order to create awareness among citizens and children about environment conservation;
- Organised an environmental awareness campaign;
- Organised a tuberculosis awareness campaign for mineworkers;
- Set up 3 non-formal education centres for 150 underprivileged and minority children with community support;
- Initiated a project at Ramgarh block of Alwar district on early childhood care with the United Nations Children's Fund (UNICEF) support in an effort to ameliorate the malnourished status of the children with community support;
- Facilitated state- and district-level trainings for facilitators working in the areas of adolescent girls and maternal child health and nutrition;
- Indigenously developed a tool for monitoring of immunisation programme at village level, drawing on community participation, and submitted it to the Ministry of Panchayati Raj department;
- Undertook research into the current level of awareness of HIV/AIDS among Rajasthan school and university students. Obtained input from youth about how to effectively address the problem; and
- Organised crash courses on computers for school children and housewives.

SIDART also uses networking and partnership to empower like-minded non-governmental organisations (NGOs) working in Rajasthan state. In 2004, SIDART organised a network of NGOs for combined action and facilitation; so far, 18 NGOs have joined. SIDART provides technical support to its members and keeps them updated about programmes and partnerships.

Development Issues

Women, Children, Gender, Natural Resource Management, Environment, Health, Education, Economic Development, HIV/AIDS, Democracy and Governance.

Key Points

SIDART is headed by 16 volunteers who have worked in various government departments and voluntary organisations. The members of SIDART and personnel play a facilitative/supportive role and not a directive role (women and women's collectives are the true leaders). The organisation has a decentralised management structure that features participative decision making and the sharing of responsibilities. Major funding sources include membership fees, donations from the community, and grants from voluntary organisations.

Partners

Hanns Siedel Foundation, Apollo Foundation, Department of Medicine and Health (Government of Rajasthan: State AIDS Control Society), Bharat Petroleum Corporation Limited (BPC), Art Action Singapore.

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Source

Emails from Pramila Sanjaya and Neeraj Kumar to The Communication Initiative on July 1 2003 and November 11 2009; and [SIDART website](#) ^[1], November 13 2009.

*Placed on the Communication Initiative site September 02 2003
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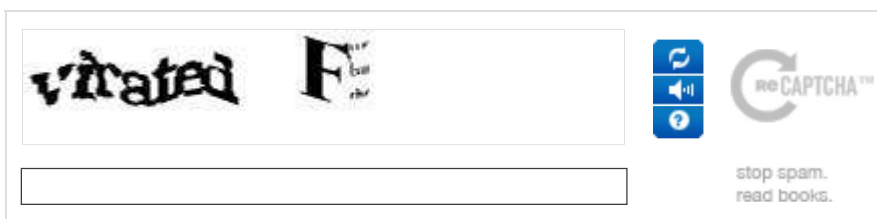
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The women's movement in India: Action and reflection

The women's movement in India is a rich and vibrant movement which has taken different forms in different parts of the country. Urvashi Butalia contends that the absence of a single cohesive movement, rather than being a source of weakness, may be one of the strengths of the movement. Although scattered and fragmented, it is a strong and plural movement.

ONE of the most enduring cliches about India is that is a country of contradictions. Like all cliches, this one too has a grain of truth in it. At the heart of the contradiction stand Indian women: for it is true to say that they are among the most oppressed in the world, and it is equally true to say that they are among the most liberated, the most articulate and perhaps even the most free. Can these two realities be simultaneously true?

During the 18 years that India had a woman as Prime Minister the country also saw increasing incidents of violence and discrimination against women. This is no different from any other time: a casual visitor to any Indian city – for example Mumbai – will see hundreds of women, young and old, working in all kinds of professions: doctors, nurses, teachers, engineers, scientists... and yet newspapers in India are full of stories of violent incidents against women, of rape, sexual harassment, sometimes even murder. But to have a woman in the highest office of the State and to simultaneously have extreme violence against women are merely the two ends of the scale. As always, a more complex reality lies in between.

Fifty years ago when India became independent, it was widely acknowledged that the battle for freedom had been fought as much by women as by men. One of the methods M K Gandhi chose to undermine the authority of the British was for Indians to defy the law which made it illegal for them to make salt. At the time, salt-making was a monopoly and earned considerable revenues for the British. Gandhi began his campaign by going on a march – the salt march – through many villages, leading finally to the sea, where he and others broke the law by making salt. No woman had been included by Gandhi in his chosen number of marchers. But nationalist women protested, and they forced him to allow them to participate.

Sarojini Naidu

The first to join was Sarojini Naidu, who went on to become the first woman President of the Indian National Congress in 1925. Her presence was a signal for hundreds of other women to join, and eventually the salt protest was made successful by the many women who not only made salt, but also sat openly in marketplaces selling, and indeed, buying it.

Sarojini Naidu's spirit lives on in thousands of Indian women today. Some years ago, Rojamma, a poor woman from the southern state of Andhra Pradesh, attended a literacy class. Here, she read a story which described a life very like her own. It talked about a poor woman, struggling to make ends meet, who was regularly beaten by her husband. Whatever he earned, he spent on liquor, and then, drunk and violent, he attacked her because she had no food to give him. Unable to stand the continuing violence, the woman went from house to house, to find every other woman who had the same story to tell. They got together, and decided they would pitch their attack where it hurt most: they would picket liquor shops and stop liquor being sold. Their husbands then would have no liquor to drink, and the money they earned would be saved. Inspired by the story, Rojamma collected her friends together, and they began to picket liquor shops. The campaign spread like wildfire. In village after village, women got together, they talked, they went on strike, they beat up liquor shop owners, they refused to allow their husbands to squander money on liquor. And, they succeeded. The sale of liquor was banned in Andhra Pradesh, reluctantly, by the government for liquor brings in huge amounts of money. As a result, savings went up, violence levels dropped, and the lives of poor women began to improve.

The hundreds of thousands of Rojammass and Sarojini Naidus who are to be found all over India form part of one of the most dynamic and vibrant of political movements in India today, the women's movement. The trajectory of this movement is usually traced from the social reform movements of the 19th century when campaigns for the betterment of the conditions of women's lives were taken up, initially by men. By the end of the century women had begun to organise themselves and gradually they took up a number of causes

such as education, the conditions of women's work and so on. It was in the early part of the 20th century that women's organisations were set up, and many of the women who were active in these later became involved in the freedom movement.

Independence brought many promises and dreams for women in India – the dream of an egalitarian, just, democratic society in which both men and women would have a voice. The reality, when it began to sink in was, however, somewhat different. For all that had happened was that, despite some improvements in the status of women, patriarchy had simply taken on new and different forms.

Unfulfilled promises

By the 1960s it was clear that many of the promises of Independence were still unfulfilled. It was thus that the 1960s and 1970s saw a spate of movements in which women took part: campaigns against rising prices, movements for land rights, peasant movements. Women from different parts of the country came together to form groups both inside and outside political parties. Everywhere, in the different movements that were sweeping the country, women participated in large numbers. Everywhere, their participation resulted in transforming the movements from within.

Worried at this increase in political activity, Indira Gandhi's government declared a State of Emergency in 1975, putting a stop to all democratic political activity. Activists, both young and old, women and men, were forced to go underground or to stop all political work. It was only when the Emergency was lifted, some 18 months later, that overground political activity resumed. It was around this time that many of the contemporary women's groups began to get formed, with their members often being women with a history of involvement in other political movements.

One of the first issues to receive countrywide attention from women's groups was violence against women, specifically in the form of rape, and what came to be known in India as 'dowry deaths' – the killing of young married women for the 'dowry' or money/goods they brought with them at marriage. This was also the beginning of a process of learning for women: most protests were directed at the State. Because women were able to mobilise support, the State responded, seemingly positively, by changing the law on rape and dowry, making both more stringent. This seemed, at the time, like a great victory. It was only later that the knowledge began to sink in that mere changes in the law meant little, unless there was a will and a machinery to implement these. And that the root of the problem of discrimination against women lay not only in the law, or with the State, but was much more widespread.

In the early campaigns, groups learnt from day to day that targeting the State was not enough and that victims also needed support. So a further level of work was needed: awareness raising or conscientisation so that violence against women could be prevented, rather than only dealt with after it had happened. Legal aid and counselling centres were set up, and attempts were made to establish women's shelters. It was only when groups began to feel sucked into the overwhelming volume of the day-to-day work of such centres that they began to feel that it was not enough to do what they now saw as 'reformist' and 'non-campaign' work. Knowledge was recognised as an important need. India is such a vast country; what did activists in Karnataka, a state in southern India, know of what was going on in Garhwal in north India? And yet, everywhere you looked, there was women's activity, activity that could not necessarily be defined as 'feminist', but that was, nonetheless, geared towards improving the conditions of women's lives.

In recent years, the euphoria of the 1970s and early 1980s, symbolised by street-level protests, campaigns in which groups mobilised at a national level, the sense of a commonality of experience cutting across class, caste, region and religion – all this seems to have gone, replaced by a more considered and complex response to issues. In many parts of India, women are no longer to be seen out on the streets protesting about this or that form of injustice. This apparent lack of a visible movement has led to the accusation that the women's movement is dead or dying.

Other whipping sticks have been brought out: little has happened to improve women's lives, so how can the movement be called successful? Activists within the movement are urban, Western, and middle class, so the movement was considered an alien thing, a Western product. It has little to do with the lives of thousands of poor, rural, underprivileged women all over India.

These allegations make the classic mistake: they judge a complex reality by that part of it that is most visible. Because urban, middle-class women are visible and articulate, therefore they must be the only participants in the women's movement.

Backbone

The reality is somewhat different. While the participation of urban, middle class women is undeniable, it is not they who make up the backbone of the movement, or of the many, different campaigns that are generally seen as comprising the movement. The anti-alcohol agitation in Andhra Pradesh, and similar campaigns in other parts of India were started and sustained by poor, low-caste, often working-class women. The movement to protect the environment was begun by poor women in a village called Reni in the northern hill regions of India, and only after that did it spread to other parts of the country. There are any number of such examples.

One of the biggest challenges women have had to face in recent years is the growing influence of the religious right in India. Right-wing groups have built much of their support on the involvement of women: offering to help them with domestic problems, enabling them to enter the public space in a limited way, and all the while ensuring that the overall ideology within which they operate remains firmly patriarchal. For activists too, this has posed major problems. It has forced them to confront the fact that they cannot assume a solidarity as women that cuts across class, religion, caste, ethnic difference. And yet, they must hold fast to such an assumption if they are to work with women: for how, as an activist, do you deal with a woman who takes part in a violent right wing demonstration one day, and comes to you for help as a victim of domestic violence the next?

Perhaps the most significant development for women in the last few decades has been the introduction of 33% reservation for women in local, village-level elections. In the early days, when this move was introduced, there was considerable scepticism. How will women cope? Are they equipped to be leaders? Will this mean any real change, or will it merely mean that the men will take a backseat and use the women as a front to implement what they want? While all these problems still remain, in a greater or lesser degree, what is also true is that more and more women have shown that once they have power, they are able to use it, to the benefit of society in general and women in particular.

The women's movement in India today is a rich and vibrant movement, which has spread to various parts of the country. It is often said that there is no one single cohesive movement in the country, but a number of fragmented campaigns. Activists see this as one of the strengths of the movement which takes different forms in different parts. While the movement may be scattered all over India, they feel it is nonetheless a strong and plural force.

It is important to recognise that for a country of India's magnitude, change in male-female relations and the kinds of issues the women's movement is focusing on, will not come easy. For every step the movement takes forward, there will be a possible backlash, a possible regression. And it is this that makes for the contradictions, this that makes it possible for there to be women who can aspire to, and attain, the highest political office in the country, and for women to continue to have to confront patriarchy within the home, in the workplace, throughout their lives. As activists never tire of repeating: out of the deepest repression is born the greatest resistance. (Third World Resurgence No. 94, June 1998)

[c] The above article first appeared in the Communique (Nos. 42-43, July-Aug 1997) and is reproduced with the kind permission of its editors.

Urvashi Butalia is the co-founder of Kali for Women, India's first and only feminist publishing house.

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TWN

Wirkungsmonitoring der Seminare von SIDART anhand des Vergleichs der Entwicklung der Frauen des Dorfs Lakhna zwischen dem Resource mapping-Seminar am 30.06.2009 und dem NREGA-Seminar am 08.04.2010

Beobachtung der Indikatoren:

Overall objective	objective	Indikatoren	Seminar 30.06.2009	Seminar 08.04.2010
Das Seminar leistet einen Beitrag dazu, dass sich die gesellschaftliche Stellung und damit die Situation der Frauen des Dorfes verbessert.	Es werden möglichst alle Frauen des Dorfes mit dem Seminar erreicht.	Anzahl der Teilnehmer	30 Teilnehmer (inklusive Organisatoren)	46 Teilnehmer (inklusive Organisatoren)
		Diversität der anwesenden Altersstufen	Es sind alle Altersstufen vertreten, junge Frauen sind aber eine Minderheit.	Alle Altersstufen sind vertreten.
	Die Teilnehmerinnen haben die Informationen aus dem Seminar aufgenommen und sind befähigt diese zu nutzen.	Häufigkeit der Zwischengespräche (Zeichen der Aufmerksamkeit, aber umgekehrt auch Zeichen der internen Kommunikation)	Der Großteil führt keine Zwischengespräche sondern lauscht dem Vortrage.	Gelegentliche Zwischengespräche, die aber zum Thema statt zu finden scheinen.
		Aufmerksamkeit beim Verfolgen der Vorträge.	Teilnehmerinnen sind insgesamt aufmerksam, allerdings lassen sich einige leicht ablenken und wirken streckenweise abwesend. Beispielsweise zu beobachten bei einem Vortrag bei VM 7:00.	Die meisten Frauen blicken aufmerksam in Richtung dessen der vorträgt. Teilweise gedankliches Abschweifen fest zu stellen aber in anbetracht der Länge des Seminars ist eine sehr lange Aufmerksamkeitsspanne zu attestieren.

		Anzahl der Wortmeldungen	Frauen melden sich nicht zu Wort, werfen aber des öfteren Kommentare in die Runde ein die auf Grund der kleinen Gruppe auch Gehör finden.	Immer wieder Wortmeldungen und Fragestellungen der Teilnehmerinnen, nur zum Teil durch Zwischenrufe.
		Grad der Beteiligung an Diskussionen	Nur eine kleine Gruppe beteiligt sich an kurzen Diskussionen, zum größten Teil werden Informationen aber nur diskussionslos angenommen. In der Kleingruppenarbeit [VM 35:00] beteiligt sich aber der Großteil der Frauen an der Gruppendiskussion.	Starke Beteiligung an den Diskussionen. Die meisten Frauen haben etwas zum Thema beizutragen.
		Positive Rückmeldungen über das Seminar	[Nicht auf VM]	Diverse Frauen bedanken sich für das Seminar.
		Starke Wertlegung auf die Geschenke	[Nicht auf VM]	Die Blöcke am Anfang und vor allem Süßigkeiten am Ende werden freudig entgegengenommen, aber scheinen keinesfalls Grund der Anwesenheit zu sein.

Dokumentation und Analyse:

Während sich die Arbeit im Dorf Lakhna beim Resource mapping-Seminar Mitte 2009 noch am Anfang befand hat sich die Seminararbeit von SITARD bis zum NREGA-Seminar knapp ein Jahr später schon bemerkbar gemacht. Im Folgenden sollen die Beobachtungen aus der obigen Tabelle mit der Entwicklung der Frauen des Dorfes in Verbindung gebracht und soweit möglich analysiert werden. Es sei dabei zunächst noch darauf hingewiesen, dass einige Veränderungen zufällig oder durch das spezifische Thema der Seminare beeinflusst sein könnten. Dem positiven Gesamteindruck über den Fortschritt der Frauen im Dorf Lakhna kann dies aber keinen Abbruch tun.

Objektive 1: Es werden möglichst alle Frauen des Dorfes mit dem Seminar erreicht.

Im Vergleich der beiden Seminare fällt vor allem auf, dass sich die Teilnehmerzahl im zweiten Seminar gegenüber dem ersten deutlich erhöht hat. Unklar bleibt ob dies auf eine gesteigertes Interesse auf Grund der positiven Rückmeldungen etablierter Teilnehmerinnen zurück zu führen ist oder ob andere Faktoren wie häusliche Pflichten einige Teilnehmerinnen beim ersten Mal abgehalten haben.

Auch die Altersstruktur hat sich leicht verändert. Während bei ersten Seminar noch relativ wenig junge Frauen teilnahmen ist die Altersstruktur beim zweiten Seminar ausgewogen. Insgesamt sollte damit gewährleistet sein, dass keine Gruppe von Frauen von den Informationen gänzlich ausgeschlossen bleibt. Jede Frau hat die Möglichkeit in erster Linie direkt durch die Seminarteilnahme oder aber auch indirekt durch die mündliche Weitergabe der vermittelten Informationen zu erlangen.

Objective 2: Die Teilnehmerinnen haben die Informationen aus dem Seminar aufgenommen und sind befähigt diese zu nutzen.

Wichtigstes Ziel bei der Durchführung des Seminars ist es, dass die Frauen die Informationen verinnerlicht haben, da größtenteils ein späteres Nachlesen in Ermangelung von Lesekenntnissen unmöglich ist. Daher ist eine hohe Aufmerksamkeit der Teilnehmerinnen ein entscheidender Indikator. Betrachtet man das Seminar aus dem Jahr 2009 gesondert, so ist hier wenig negatives festzustellen. Die Frauen sind weitgehend aufmerksam, lassen sich zwar gelegentlich ablenken, scheinen die Informationen aber mit zu bekommen. Sieht man dies aber im Vergleich zum Seminar von 2010, so wird klar, dass den Frauen inzwischen der Wert der vermittelten Information für ihr ganz persönliches Leben klar geworden zu sein scheint. Die Aufmerksamkeit in diesem Seminar ist herausragend, die Frauen hören den Rednern nicht nur geduldig zu, sondern hängen ihnen teilweise geradezu an den Lippen.

Wortmeldungen sowie eine Beteiligung möglichst vieler Frauen an den Diskussionsrunden lassen weiterhin darauf schließen, dass den Rednern nicht nur zugehört wird sondern sich die Frauen auch mit dem Thema auseinandersetzen. Außerdem ist es ein Zeichen von Selbstvertrauen, wenn die Frauen ihre Meinungen gegenüber der Gruppe äußern. Im Vergleich der Seminare ist festzustellen, dass sich die Frauen im NREGA-Seminar wesentlich häufiger zu Wort melden und auch wesentlich aktiver diskutieren als im Resource mapping-Seminar 2009. Natürlich liegt es hier auch in der Natur der Sache, dass das Thema Arbeitslohn, Arbeitszeit etc. mehr Diskussionsstoff liefert als eine detaillierter Blick auf die Ressourcen des eigenen Dorfes. Dennoch muss auch ein geändertes Bewusstsein der Frauen ein Grund sein. Im 2009er Seminar ist es nur eine kleine Gruppe der immer gleichen Frauen die das Selbstvertrauen haben sich vor der gesamten Gruppe und gegenüber der Seminarleitung zu Wort zu melden. 2010 dagegen versucht der überwiegende Teil der Frauen ihre Meinung beizutragen. Auch scheinen die Teilnehmerinnen in der Zwischenzeit einiges über Gruppendiskussionen und Gesprächsführung gelernt zu haben, zwar gibt es immer noch viele Zwischenrufe und Unterbrechungen aber die Zahl derer die sich mit Handzeichen zu Wort melden und andere auch ausreden lassen hat deutlich zugenommen. Zusammenfassend scheint die Seminararbeit somit das Selbstvertrauen der Frauen gestärkt zu haben. Weiterhin scheint sich allmählich ein Bewusstsein von Gruppenkommunikationskonventionen durchzusetzen.

Als weiteren Indikator der Aufmerksamkeit sowie dafür wie ernst die Teilnehmerinnen das Seminar nehmen sollte die Zahl der Zwischengespräche dienen. Nun haben die Zwischengespräche zum zweiten Seminar allerdings zugenommen was zunächst für eine niedrigere Aufmerksamkeit sprechen würde. Dies allerdings widerspricht dem Ergebnis der restlichen Indikatoren. Dies ist zunächst dadurch zu erklären, dass die Zwischengespräche bei NREGA-Seminar größtenteils zum Thema stattgefunden zu haben scheinen. Dies wiederum ist ein Zeichen für aktive Auseinandersetzung und damit Interesse und Verinnerlichung der Informationen. Die Tatsache, dass beim Resource mapping-Seminar kaum Zwischengespräche und wenn dann von der kleinen Gruppe die sich auch an den Diskussionen beteiligt geführt wurden spricht ebenso gegen eine gesunkene Aufmerksamkeit. Vielmehr zeigt sich hier gewachsenes Selbstvertrauen und vor allem eine gestiegene Kommunikationsbereitschaft unter den Frauen des Dorfes.

Zwei weitere Indikatoren, die positiven Rückmeldungen sowie die Wertlegung auf die verteilten

Geschenke konnten nicht verglichen werden, da diese Informationen vom 2009er Seminar nicht vorliegen. Allerdings sind die positiven Rückmeldung nach dem NREGA-Seminar auch ohne Vergleichswert ein Zeichen dafür, dass mit dem Seminar in die richtige Richtung gegangen wurde und die Frauen von den Informationen profitieren.

Bisher konnte der Einfluss der Seminare auf die Gesamtsituation in Jaipur noch nicht durch ein Monitoring festgestellt werden. Allein durch diesen Vergleich zweier Seminare zwischen denen nur ein knappes Jahr liegt wird aber deutlich, dass eine Entwicklung stattfindet. Werden diese weitergeführt und, wie die Zukunftsplanung auch vorsieht, auf weitere Dörfer ausgeweitet, werden die Effekte auch Landesweit messbar werden.

Women's empowerment in rural India

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Abstract

If NGO employees are advocating behavior change for self-empowerment such behaviour must also be modeled for successful transmission as suggested in the self-efficacy models of behavior change. Rural NGOs in India that depend on local population for employees face a limited labor pool who are as likely to be vulnerable to the traditional social pressures and therefore equally marginalized as their clients. This may cause a gap between what the employees may be trained to 'preach' and what they may 'practice' thereby diminishing their effectiveness to motivate change. We examine the employees of a successful rural NGO in India that has received accolades for its work in empowerment to establish if the employees actually 'walk the talk'. Using three empowerment instruments, including one developed for this study, we find that employees indeed 'walk the talk' and their index of empowerment is related to their tenure in the NGO. We suggest some policy recommendations based on our findings.

I

Key words: NGOs, Empowerment Index, India, women

Section 1 Introduction

Since the 1990's women have been identified as key agents of sustainable development and women's equality and empowerment are seen as central to a more holistic approach towards establishing new patterns and processes of development that are sustainable. The World Bank has suggested that empowerment of women should be a key aspect of all social development programs (World Bank, 2001). Although a considerable debate on what constitutes empowerment exists, in this paper we find it useful to rely on Kabeer's (2001) definition: "The expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them." For women in India, this suggests empowerment in several realms: personal, familial, economic and political.

Since the 1980's the Government of India has shown increasing concern for women's issues through a variety of legislation promoting the education and political participation of women (Collier, 1998). International organizations like the World Bank and United Nations have focused on women's issues especially the empowerment of poor women in rural areas. In the late 1980s and early 1990s, non-governmental organizations (NGOs) have also taken on an increased role in the area of women's empowerment (Sadik, 1988). NGO's, previously catering to women's health and educational needs, have moved beyond this traditional focus to addressing the underlying causes of deprivations through promoting the economic and social empowerment of women. (McNamara: 2003).

There are many challenges that face NGOs who make it their goal to empower women (Narayan: 2002; Mayoux: 2000; Malhotra and Mather: 1997). This paper addresses one specific challenge that is faced by NGOs located in rural areas that wish to promote women's empowerment. These NGOs have little or no access to skilled social workers. They

must often depend on the local population for their employees, employees who may be vulnerable to the similar social pressures and are often equally marginalized as their clients. For rural NGOs to be successful they must attract employees who must at some level be relatively more empowered than the clients. They must have certain credibility to be able to effectively persuade their marginalized clients to alter their ways of thinking on many long-standing traditional issues, such as dowries, child labor, and patriarchal subjugation.

The literature of behavior change in the health field suggests that self-efficacy is one of the four most commonly cited constructs for behavioral change¹. Although stated for different purposes and from different perspectives, the literature on self-efficacy can be brought to bear on issues of empowerment. Self-efficacy determines when an individual will undertake new behaviors such as self-empowerment. Low self-efficacy beliefs of women in rural India often stem from the limited and disadvantaged positions women have in society. This makes any behavior change towards self-empowerment difficult if it merely relies on verbal persuasion. The best way by which self-efficacy is acquired is by combining persuasion with role modeling in a supportive and appreciative environment (Bandura, 1997).

NGO employees must model empowered behaviors in order to evoke sustained behavior modification for the empowerment of women they serve. Rural NGOs, who have to often depend on the same local pool for clients and employees, find it difficult to promote empowerment effectively (Goyder: 2001). Despite the training given to employees to promote empowerment among their clients, there may still be a gap between what the employees 'preach' and what they may 'practice' in their own lives. This, in turn, may make

them less effective and impede the NGO from achieving its goals (Turton and Farrington: 1998; Tillman: 2003).

In this paper we seek to explore how a relatively small and isolated rural NGO in the foothills of the Himalayas has been successful in the empowerment of rural women living in highly patriarchal and traditional societies

Background

Chinmaya Rural Training Center (CRTC for short) is a successful rural NGO in India that has received accolades for its success in empowering the women of the region and drawing them out of the cycle of dependency. CRTC is located in an impoverished village of Sidhbari, in Himachal Pradesh, nestled in the foothills of the Himalayas. The vast majority of the population is made up of landless poor and unskilled people who have few opportunities for full-time employment. Villagers work the land, owned by a handful of upper caste families. As agricultural activity is seasonal and ceases in the winter months the employees are underemployed. Hence many of them eke out a living through subsistence farming around their homes and are involved in local trade that is generally not profitable. They belong to many of the lower castes and tribes that are categorized by the Indian Government as 'Other Backward Classes' (OBC).²

CRTC was the founded by Swami Chinmayananda, a revered Hindu spiritual leader, who chose one of the most depressed areas of the Himachal Pradesh to start a religious center to practice his beliefs as well as an NGO that would empower local women. Sustainable

¹ Literature review from "Evaluating Primary Care Behavioral Counseling Interventions: An Evidence-based Approach" By Evelyn P. Whitlock, M.D., M.P.H.a, C. Tracy Orleans, Ph.D.b, Nola Pender, R.N., Ph.D., FAANc, Janet Allan, R.N., Ph.D., C.S.dAm J Prev Med 2002;22(4):267-84.

² No firm definition exists for this classification, although it is commonly used and refers to people are identified by their low social position in the traditional caste hierarchy of Hindu society.

development of the region, he believed, was only possible if the women were uplifted and could contribute to the success of their family and community. Dr. Kshama Metre, a follower in his religious center and a practicing pediatrician in New Delhi, took on the leadership of this NGO in 1985.

Starting in relatively small way with a donation of a few sewing machines, Dr. Metre, single-mindedly pursued the vision of empowering the women of the dismal rural area. From this humble beginning she infused energy and vision to make this organization into a large well funded NGO currently serving over 27,000 clients spanning 900 villages offering a variety of programs that included literacy and health services to sanitation, micro-finance and legal aid.³ Though women are regarded as the primary focus, by extending their services to include the families of these women where relevant, CRTTC ends up serving the entire village community. The effect of empowerment of women creates a powerful influence on the norms, values and finally the laws that govern these communities (Page and Czuba, 1999).

Research Question

In this paper we seek to explore how CRTTC, a relatively small and isolated rural NGO in the foothills of the Himalayas, has been successful in the empowerment of rural women living in highly patriarchal and traditional societies. The Indian Government as well as CIDA profiles CRTTC as a model NGO in the arena of women's empowerment (CIDA, Oct 31, 2000⁴). In particular we investigate the employees at CRTTC, who come from the same villages as the clientele, and examine whether they are significantly different in their levels

³ The main building where CRTTC has its offices is a hub of activity where women meet up with other women and attend lectures, puppet shows and sing songs, all conveying the mantra of 'you can do it too!' An aura of prayer and spirituality permeates these gatherings and the religious songs are often performed for strength and guidance in meeting goals.

⁴ Dr Metre received the prestigious Ojaswini Award in 2000 for excellence in her field of service (Chinmaya Yuv Kendra Magazine, 2002).

of empowerment than those they help. Is a gap between the rhetoric and reality of empowerment among the employees? Are employees whose aim is to empower women, empowered themselves? Do they practice what they preach? We seek to uncover the reasons for their success.

We organize this paper as follows: Section 2 provides a literature review on behavior change and empowerment of women and concludes with empowerment measures we use in this research. This is followed by Section 3, which restates our research question and sets out the methodology. Our findings, quantitative and qualitative, are presented and discussed in Section 4. In the conclusion in Section 5, we offer some policy implications and some final comments.

Section 2 Literature Review

To understand the change women undergo in becoming empowered we look at two sets of literature: behavior change and women's empowerment. In the first set of literature we review what leads to successful change, and in the second set of literature we review what is understood as empowerment for women.

1. Behavior change

We first start with a review of the self-efficacy literature and focus on the criteria for successful behavior change. Bandura (1986) suggests that a person's self-expectations determine whether or not certain behavior will be undertaken, the extent of effort expended by the individual, and whether the individual can persist in the face of challenges encountered. This notion of self-efficacy is mediated by a person's beliefs or expectations about his/her ability to achieve certain tasks effectively or exhibit certain behaviors (Hackett and Betz 1981).

For example, individuals with low self-efficacy regarding their behavior limit their participation when making difficult behavior changes and are more likely to give up when faced with obstacles. Their efficacy beliefs about themselves serve as barriers to change, and in this case, their own empowerment (Hackett and Betz 1981). Furthermore, these authors state that self-efficacy is not necessarily an in-born trait and can be acquired and nurtured. This fact makes these concepts particularly relevant to our study. Bandura (1986) identifies four ways in which self-efficacy and self-efficacy expectations are acquired: *performance accomplishments*, *vicarious learning*, *verbal persuasion* and *physical/affective status*.

Performance accomplishments are beliefs that stem from the reactions with which individual accomplishments are greeted. A negative assessment can lower confidence and self-efficacy beliefs; conversely a positive assessment encourages self-efficacy beliefs and the self-efficacy expectations that similar behaviors will be well received in the future. *Vicarious learning* results in beliefs that are acquired by observing modeling behaviors. When the modeling behavior is undertaken within similar contexts⁵ such as gender, economic and social class it presents a realistic option. Thus, one of the most effective strategies for enhancing self-efficacy beliefs and self-efficacy expectations is that modeling behavior is context specific. It is of little use for a woman of low social class to observe the success of an entrepreneurial woman born to a family of high social standing with access to resources that are unavailable to the poor woman.

Other ways such as '*verbal persuasion*' and '*affective status*'⁶ encourage self-efficacy. Persuading women to attempt positive behavior change and providing a supportive environment in which women can attempt change, further enhances self-efficacy. Changes based on verbal persuasion, affective status and modeling behavior can lead to significant changes in self-beliefs and self-expectation. These 'personal factors' according to Bandura

⁵ In India, where this research is based, we include caste as a determinant of class for successful modeling behaviors

⁶ 'Affective status' suggests that people learn best in a supportive environment, people do not easily learn in high stress situations, such as criticism.

(1986) and Pajares (1996), from an integral part of a triadic relationship necessary for change. They suggest that there is a reciprocal relationship between ‘personal factors’, ‘behavior’ and ‘environmental factors’, which result in social change.

Changes in personal factors (such as self efficacy) can affect an individuals’ behavior (willingness to take risks), which can impact on environmental factors (family and society). These relationships are reciprocal and reinforce each other. This suggests that strategies purposefully introduced in order to enhance women’s personal factors (self efficacy) can lead to reinforcing behaviors (such as self assertive behavior) which in turn can impact and reinforce environmental factors (such as alteration of familial relations). The interaction and reciprocity of the triadic relationship can result in a positive and significant change for women.

2. Women’s Empowerment

Although the notion of women’s empowerment has long been legitimized by international development agencies⁷, what actually comprises empowerment, and how it is measured, is debated in the development literature. Malhotra, Schuler and Boender, 2002 provide an excellent review of this debate. They review the many ways that empowerment can be measured and suggest that researchers pay attention to the process in which empowerment occurs.

The frequently used Gender Empowerment Measure (GEM) is a composite measure of gender inequality in three key areas: Political participation and decision-making, economic participation and decision-making and power over economic resources (HDR: 2003). It is an aggregate index for a population and does not measure Empowerment on an individual basis. It is made up of two dimensions: Economic participation and decision-making (measured by the percentage of female administrators and managers, and professional and technical

⁷ *Women Key to Effective Development* (December 6, 2001) World Bank Press) *Engendering Development - Through Gender Equality in Rights, Resources, and Voice* is a Policy Research Report by the World Bank

employees), and political participation and decision-making (measured by the percentage of seats in parliament held by women). For our purposes GEM is limited and does not capture the multidimensional view of women's empowerment. It cannot be assumed that if a development intervention promotes women's empowerment along a particular dimension that empowerment in other areas will necessarily follow. A number of studies have shown that women may be empowered in one area of life while not in others (Malhotra and Mather 1997; Kishor 1995 and 2000b; Hashemi et al. 1996; Beegle et al. 1998).

While we do not attempt to resolve this debate, we take the position, that women's empowerment can be measured by factors contributing to each of the following: their personal, economic, familial, and political empowerment. We make a point to include household and interfamilial relations as we believe is a central locus of women's dis-empowerment in India. And by including the political, we posit that women's empowerment measures should include women's participation in systemic transformation by engaging in political action (Batliwala 1994; Bisnath and Elson 1999; Kabeer 2001; Narasimhan, 1999; and Sen and Grown 1987;)

Amin, Becker and Bayes (1998) split the concept of women's empowerment into three components each measured separately: Inter-spouse consultation index, which seeks to represent the extent to which husbands consult their wives in household affairs; Individual autonomy indexes which represents women's self-reported autonomy of physical movement outside the house and in matters of spending money; and the Authority index, which reports on actual decision-making power (which is traditionally in the hands of the patriarch of the family). These indices are similar to those of used by Balk in her 1994 study. Comparable components of empowerment are included in the eight indicators by Hashemi (1996): mobility, economic security, ability to make a small purchases, ability to make larger purchases, involvement in major decisions, relative freedom from domination by the family, political and legal awareness, and involvement in political campaigning and protests.

Several different efforts have been made in recent years to develop comprehensive frameworks delineating the various dimensions along which women can be empowered (Malhotra, Schuler and Boender, 2002) We construct four separate components of empowerment in Table 1 that draw from many of the authors mentioned earlier and especially rely on Hashemi (1996) and Amin Becker and Bayes, (1998), as their work seems most relevant for rural women in India.

These measures in Table 1 reflect our belief that to measure women's empowerment more fully and in the broadest sense, it is necessary to add an individualized component representing her political autonomy to the autonomy within the family. Given that the legislation in India reserves special seats for women in elected bodies, even at the village level, an empowerment index for rural women should include her awareness of political issues and participation in the political process⁸

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<< insert table 1 here >>

Section 3 Methodology

As this paper seeks to explore how a relatively small and isolated rural NGO in the foothills of the Himalayas has become a model for the development and empowerment of rural disenfranchised women, a few words on the choice of the NGO are appropriate.

Using a database from the directorate of NGOs in India⁹ we examined several successful women led NGOs in different parts of India. The criteria for inclusion were that the NGO cater to rural women of lower castes who face traditional gender and class discrimination.

⁸ Although there are many success stories of women's participation, there is a widespread abuse of this legislation. Often in rural villages, close examinations of the local Panchayats (elected governing village councils) reveal that men govern behind the women who 'front' so as to comply with this legislation. A spouse or other male family member has put the woman's name forward, and used it to as a front for their own political participation (REFS White, 1992; Goetz and Sen Gupta, 1994))

⁹ Pre-1996 from the Directory of Organizations working on Gender Issues, and post-1996 organizations from telephone directories and word of mouth.

We also stipulated that the NGO must be a successful grass roots organization that has the empowerment of women as its mission. It should have received attention for its success both locally and internationally, and whose founder/director had time to meet with us and would allow us to survey the employees. After a limited search, based on telephone calls, we decided to use the Chinmaya Rural Training Center (CRTC) as it met our criteria, and the Director assured us her cooperation. CRTC has received attention nationally; the Director has been given awards for her work on the empowerment of rural women (Dr. Metre has been featured in *Prophets of New India*, 2004, a book that celebrates heroes who have committed their lives to making a difference. She has been listed as 'The Woman of the Year' in *The Week*, 1993, which annually features a 'Man or Woman of the Year', each of whom has worked to help disadvantaged people and communities) CRTC has also been identified by the Canadian International Development Agency (CIDA) as their 'flagship' NGO that dealt with women's empowerment (CIDA, 2000)¹⁰. The Centre was identified in 1998 by the NABARD (a Government organization for agricultural and rural development) as a mother N.G.O. (non-government organization) for training of N.G.O.s.

CRTC empowers women by increasing their ability to contribute to their families' support as well. Concurrently it undertakes a variety of intervention strategies to attend to the psychological and social well being of women and encourages them to take part in the political process in their villages. CRTC is a successful NGO on a variety of scales. Whether using Korten's (1981) 'generational strategies', or Uvin et al's (2000) measures of 'scaling

¹⁰ To highlight the successes of the NGOs dealing with women's empowerment, CRTC founder and director Dr. Shama Metre, was chosen as keynote speaker and asked to share her experiences in participatory development in rural areas at a conference on Development in Ottawa organized by CIDA on International Cooperation Days (June 18-20, 2001)

up', or Kassam and Handy's (2001) measures of 'vertical integration', CRTC rates high in meeting the goals of women's empowerment.

Research methods

Ethnographic and survey research was undertaken at CRTC. Face to face interviews were conducted with CRTC's employees, and participant observation of the meetings and activities that took place at CRTC during two weeks in January in 2003 followed by visit in March 2004 to present our findings and tie up some loose ends. We also observed and documented the various programs at the village level where the women gathered at a prearranged time to participated in a variety of programs (such as the micro credit program or listen to consciousness raising speeches, plays and puppet shows).

To document the levels of empowerment among women in the NGO we drew our data from the employees who were responsible for the services that were designed to empower the rural village women. At the leadership level we interviewed nearly all of the "Supervisors" (15/16)¹¹ of the various programs. These "Supervisors" administered the 'Field workers' who went into the villages and worked directly with the village women. We interviewed 32 of the 57 "Fieldworkers" who assisted the "Supervisors". We also chose to interview 25 local women living the area that the NGO served. They represented women who were eligible to be among the 'Recipients' of the services of the NGO, by the fact they lived in the areas the NGO served.

Although these are potential recipients we call them 'Recipients' for convenience. We chose not to interview current recipients of services, as we wanted to establish a baseline of empowerment among the village women from whom the employees were drawn. As all of the employees lived in the neighboring villages before seeking employment (and still

continue to live in these villages) the findings on the empowerment indices of the `Recipients' may also be seen to reflect the those of the employees *before* coming to the NGO

We chose to interview women employees (`Supervisors' and `Fieldworkers') and eligible women `Recipients' to ascertain the main research question, of whether the employees were 'walking the talk' and if the employees were significantly different from the recipients. In other words did the women employees who intervened to help promote the empowerment of women were themselves empowered. We were seeking to establish whether the employees own individual levels of empowerment were significantly different from the recipients of the services. Furthermore, we interviewed individuals at both levels of hierarchies in the organization to ascertain if all employees had same or differing levels of empowerment.

We decided to interview half of the `Fieldworkers'. We ended up with a sample of 32/57 of `Fieldworkers'. The latter was an opportunistic sample, in that we simply interviewed all the employees who happened to be present in the CRTC headquarters on the days we visited. During the period we visited the NGO, there was a rotation of the `Fieldworkers' assigned to duties at villages coming in to meet with the `Supervisors'. We were thus able to interview 32 of the `Fieldworkers'. The sample of women eligible to be recipients was done by employing two of the NGO employees to visit every third house in the village and identify women who would be likely potential recipients. We were able to get a sample of 25 women who were willing to be interviewed. Two `Supervisors' helped us fine tune and translate our instrument for the `Recipients', which included the measures of

¹¹ One supervisor was a man and therefore not included.

women's empowerment used for the employees. Additionally, we trained one local woman to undertake the interviews due to their fluency in the language¹².

To get a better understanding of how the NGO worked, and how the employees were selected and trained, we conducted several interviews conducted with the Director, Dr. Kshama Metre, over the course of two weeks. These interviews ranged from short half an hour discussions to longer two-hour conversations. Dr Metre also invited us to visit the weekly meetings held with all staff so we could observe first hand the training and interactions. We also attended six meetings in the villages held by staff with the clients to observe their interactions as well.

Section 4 Findings:

In this section we turn to the findings obtained from the interviews. We present our findings as follows: Section A presents general demographic data of all three groups of respondents: 'Supervisors', 'Fieldworkers' and 'Recipients' and examines for any differences in these three groups; Section B presents empowerment levels of all three groups of respondents and a statistical analysis of the data and Section C presents qualitative findings on the NGO based on interviews with the executive director of the NGO who has run the NGO for the last nineteen years.

Section A: Demographic and socio economic data

The women in our study are all from the district of Sidhbari, Himachal Pradesh. There is a wide age spread in the total number of respondents (72)¹³. They range in age from 21 to 65; most women are married and lived with their husbands and have an average of 2.74 children. Only five women in our study did not live with a spouse, 3 of the women are

¹² Many respondents spoke Pahadi (a local dialect similar to Punjabi) which is understood without great difficulty to Punjabi speakers

divorced and two are widowed. Divorce is not common in the rural areas and the general tradition is to put up with an abusive spouse or a bad marriage.

With reference to caste 89% (64 / 72) of the women categorize themselves as low caste or 'OBC' or Other Backward Classes. This is a 'catch all' category developed by the Government of India census to include some of the most marginalized caste segments of Indian society. Four of the 'Supervisors' belong to the higher castes, as do two of the 'Fieldworkers' and one from the group of 'Recipients'.

Family structure is relevant to discussion of empowerment. As many of the questions relate to domestic decisions making to establish empowerment levels family structures can influence the responses. The traditional family structure in India is not a nuclear family, it a joint family. In this system, when a son marries, he continues to reside with his parents with his wife and their children. The daughter on the other hand goes to her husband's home and lives with his parents, unmarried siblings, and the families of his married brothers. The parents of the husband, in a joint family, tend to hold decision-making authority that often overrides the authority of any of the married sons or their wives. Twenty-nine of the seventy two (40.28%) women in our study live in traditional joint families, whereas the rest lived in a nuclear family setting, which is far less than the norm in Himachal Pradesh of over 50% (Niranjan Surender & Rao, 1998). The women had an average of 6.13 years of education (The literacy rate in Himachal Pradesh is 77.13% which is much above the national average of 65.38%; Male literacy is 86% and female literacy is 68% (The Tribune, Chandigarh, India, Saturday, March 31, 2001)

In this area where alcoholism is rampant, we asked our respondents if they had problems related to alcohol consumption. We find that half of the women (36) suggested that

¹³ This number includes 15 'Supervisors', 32 Field workers and 25 eligible recipients.

they had experienced problems related to the alcohol consumption by their husbands. This ranged from beatings and the use of household money for alcohol to unemployment. The differences between the groups were striking, in that the least amount of alcoholism was present in the families of `Fieldworkers` (6/32) and the most in the `Recipients` (23/25), where as the half the `Supervisors` experienced alcohol related problems.

We then compared the differences of the means of several socio demographic variables and the means of the empowerment index between the three groups: `Supervisors`, `Fieldworkers` and `Recipients`, to see if they differed significantly on any of the socio demographic variables and empowerment levels (See Table 2). While they appeared significantly different on the number of all counts with the exception of age, the Scheffe Post Hoc test showed that not all the differences were significant.

<< Insert table 2 here >>

Scheffe Post Hoc tests reveals that for the variables Education and Income class there were no significant differences between the `Supervisors` and `Fieldworkers`, but both groups of employees were significantly different from the `Recipients`. This is not surprising, as NGO employees need to be literate and have education to be hired as professional employees.

The (income) class variable asked respondents to choose between three classes income: high, middle or low. The results show that respondents only chose either low or middle. This is expected given the poverty level in this area. We find that there were no significant differences between the `Supervisors` and `Fieldworkers`, but both groups of employees were significantly different from the `Recipient` group. This may be explained by the fact that NGO employees earn a steady income while the `Recipient` group do not have a

steady income and are dependent on the local economy, Only six of the `Recipient' group worked outside the home as compared to all the `Fieldworkers' and `Supervisors'.

Finally the Scheffe Post Hoc test shows significant differences between all three groups on the empowerment index. Each group was significantly different from the other. In the next section we examine this finding closely.

Section B : Empowerment Levels of respondents

There is a clear downward slide in rates of empowerment as one descends the ranks of `Supervisors', `Fieldworkers' and `Recipients'. Table 3 gives the individual and aggregate scores on the Empowerment index (E-Index) for the three groups. Comparing the E-index between these groups, we find that it is significantly different between these three groups¹⁴.

<<Insert table 3 here>>

Furthermore, we note as mentioned above, the Scheffe Post Hoc test reveals significant differences in the E-Index between the `Recipients' and the two employee groups of the NGO. This confirms our initial hypothesis, that NGO employees whose job is to empower the poor and disenfranchised village women do not only resort to rhetoric but also live their own lives significantly differently from that of their clientele. In other words, they `walk the talk' in their own daily lives.

As we observed patterns of significant differences in the E-Index between the ``Fieldworkers'' and ``Supervisors'' we attempt to uncover the underlying factors that may account for this difference. The literature suggests several factors of influence: age, education, income, and family structure. To this mix we add their `tenure in the NGO'. We

¹⁴ Using the ANOVA, we get the F statistic 37.815 significant at $p < .001$.

do this as we believe being in contact with the mission and values of the NGO, that promotes the empowerment of women, must affect their daily lives.

Review of the Independent Variables in our Model: Age: Mason (1986), pointed out that a woman's behavior varies across the stages in the life cycle. As a woman grows older, experience can teach her to stand up for her own rights. As her children grow older and are less dependent on her she can assert herself better without the threat to her children's well being. Also within the traditional family structure, as a woman gets older and her sons get married and her own in-laws grow older and die, the Indian woman is promoted from the comparatively obedient daughter-in-law to the role of a mother-in-law, the one 'who must be obeyed'.

Family Structure: A women's role in household decision-making: control over money matters and other important household matter is a function of the family structure (Malhotra and Mather 1997). Whether a woman lives in a joint family (which includes the mother in law), or where she is a mother in law, or if she lives in nuclear family structure will impact her autonomy. We expect that in a joint family she will have less autonomy than in a nuclear family structure. Of course this may be mitigated by age as discussed above.

Education: It has been argued is one of the indicators of empowerment (Malhotra, Mather. 1997). Indeed, many of the variables that have traditionally been used as proxies for empowerment, such as education and employment, are better described as "enabling factors" or "sources of empowerment" (Kishor 2000a). Empowerment includes cognitive and psychological elements, such as a women's understanding of her condition of subordination and the causes of such conditions. This requires an understanding the self and the cultural and social expectations, which may be enabled by education (Stromquist, 1995) Hence we

expect education to be positively linked to the E- Index, as human capital will facilitate empowerment.

Tenure at NGO: If the NGO is providing models of empowerment through its leadership and core values, we expect that association and the length of tenure with the NGO will effect the E- Index positively. Although education may be an enabling factor as suggested above, experiences (of self an others) allows a woman to see that the lack or autonomy in her life choices not as a given but something that can be changed. We expect that the interventions made by the NGO for women in general give the employees the wherewithal on how changes can be made and the impetus to make further changes in their own lives.

Thus, we expect the E-Index to be a function of age, family structure, income class, education and tenure at the NGO. A bivariate analysis reveals that there are no significant correlations among the independent variables and dependent variable except tenure at the NGO¹⁵. In order to understand the combined effects of all the conceptualized variables, we use a regression model using the data for `Fieldworkers` and `Supervisors` combined, we do not include the `Recipient` group, as they all have zero years at the NGO. This will provide an estimate of the combined explanatory power of the independent variable on the E - Index.

We use the equation

$E = F(A, E, I, F, T)$ where:

EI= E- Index – dependent variable, an aggregate of four separate indexes

E= Education (years of formal education)

A= Age in years,

C= income class (Dummy variable 0= low income, 1= Middle income),

F= family structure (Dummy variable 0= nuclear, 1= Joint family),

T =years of tenure at the NGO

¹⁵ Using the T-test for Family structure (t= 1.29) and Income class (t=.62) these are e not significant, p>.05. For Years of Tenure at the NGO, Age and Education, only Years of Tenure at the NGO is significant at p<.01 (Pearson correlation =0.556 at p<.01)

The regression in Table 4 shows that Years in the NGO, and education are two significant explanatory variables. In both the bivariate analysis and the regression model, the years in the NGO are significant. It is interesting to note that education is only significant in the regression model. This suggests, that education, in and of it self, may not be sufficient to give a woman a high E-Index. It is likely that a woman with higher human capital is more receptive to the experiences of a working in an NGO. Thus we see the explanatory power of education when combined with longer tenure at the NGO.

What needs further explanation is why the variables such as age, income class, education, and family structure were not significant in the regression model. One explanation may be, that given the poor rural environment from which these women originate; the social traditions and disenfranchisement of women were similar regardless of their education or age. The income variation was also fairly minor, as our qualitative notes showed. The respondents were asked to say whether they were classified themselves between upper, middle or lower income classes. Almost all said “lower class”. On some prodding, those with any regular source of income put themselves in the middle class. What is surprising to us is how many women lived in nuclear families still scored low on the E- Index. However, they lived in fairly close proximity to their in laws and extended families, and we think that this negated the influence of family structure

Section C: Qualitative Analysis:

The findings in this section rely on many interviews conducted with the Director, Dr. Shama Metre and attending staff and community meetings over the course of two weeks by

both authors. We first report on the challenges encountered by Dr. Meter in hiring employees, the training of local employees and how the NGO functioned.

When Dr. Metre chose to expand her NGO she could not afford to import trained employees from neighboring cities, for two reasons, the costs were fairly substantial and city folk did not like staying in rural areas for any great length of time. Retention is a major problem given the harsh conditions and lack of amenities. Dr Metre took this challenge and turned it into an opportunity to hire local labor. Trained local labor was not available, so Dr Metre identified some of women clients of her NGO who showed qualities of leadership and worked with them.

Single handedly she counseled this small group of poor and marginalized woman and persuaded them they are entitled to a better life, that acceptance of subjugation is not their *karma*. She also made them aware of their legal and constitutional rights. She brought about what she and many of the employees referred to as '*jagruti*' or awakening. The word '*jagruti*' was often repeated in our intensive personal interviews as that moment of epiphany when the women realized that they did not *have* to accept their low status in society as God given – that they could, and should, fight to better their lot. Over a period of time, she was able to change their lives through personal interventions and guidance.

When these women were self supporting and had confidence in their own capacity to make change she recruited them to work for her. Only when she had recruited and trained a handful of them did she start new programs in the NGO, which hitherto had simply been a pediatric clinic. It was a slow process, but Dr Metre chose to do this intentionally. Her vision was to use these women to help other women, not only through intervention strategies, but also as role models who would encourage local women to stand up for their rights and take

charge of their lives. We noted that in the staff meetings and community meetings these homegrown `Supervisors' and `Fieldworkers' were quick to share their own experiences and thus were effective models. They showed village women who came to seek assistance from the NGO that they themselves faced similar circumstances could rise above them.

Stimulating community discussions among women- through organized village women's groups (Mahilal Mandils) - persuade and encourage women to undertake behavior changes in a supportive atmosphere where every individual effort is lauded. More importantly the audience can identify with the leaders as they are of the same class, religion and geographical region and are therefore subjected to similar oppression yet they are living examples of empowerment and have managed to rise above the subjugation. This realistic modeling, in an appreciative and supporting atmosphere as we have suggested, is a powerful form of vicarious learning and more likely to motivate behavior change especially when combined with persuasion in a supportive and appreciative environment earlier (Bandura, 1986).

Though the modeling of homegrown employees is an effective method of empowering women, many of the employees as well as Dr Meter, credited their success to their firm belief in God. This self-efficacy, grounded in a spiritual conviction, is what they conveyed to their clientele. One supervisor put it this way " It is not your *karma* to be subjugated, rather God expects that you take control of your life and help yourself". This message was reflected in many ways by many of the ``Supervisors'' and ``Fieldworkers''. This spirituality, we were told, acts as social glue among the employees and clientele, connects and engenders trust amongst them and gives support to the overall agenda. This is

no means an overtly religious NGO; the spirituality is often an unspoken bond and simply frames the norms and values of the organization.

Several authors have written on the relevance of spiritual and religious capital, and this idea of promoting behaviour change with the added benefit of such capital is gaining currency (Greive & Bingham, 2001; Fowler , 1997; Strachean, 1982; Whitfield, 1985) Further research with spiritual capital in mind may point to the success of CRTC from another perspective. We suggest that because of the frequency with which it was mentioned, and despite the fact that this is not a religious NGO and the fact that our questionnaire did not elicit any information related to religion or spirituality, this issue may have potential in explaining some of our findings. We are unable to say more given our research did not systematically address this point.

Our in depth interviews allowed us a glimpse into the manner in which the `Supervisors` had managed to transform their own lives before training to assist other women to bring about similar changes into their lives. Although it is not possible to document all their stories what is indicative from our findings is that all of the women employees who had come to the NGO for assistance, despite their education level, would have scored very low on the E-Index before being employed. We give one story to illustrate many of the stories, all of which have common denominators of subjugation, poverty and helplessness.

Murma (the names are changed to protect identity) used to be a poor helpless woman with four children who was beaten regularly by an alcoholic husband. There was not enough money to buy food or clothing for the children and Murma would eke out a subsistence living by begging and borrowing form neighbors and relative. Lacking education, skills and finance, Murma had resigned herself to a dismal fate until she heard of the CRTC program.

Skeptical that she would be accepted, she ventured to join a women's group run by the NGO and enrolled her children in a children's program. Thereafter she received informal help with health and welfare services and some training to make her functionally literate. She later joined a micro credit group and received entrepreneurial training. She was spiritually convinced that she could and should improve her lot and help her other sisters achieve the same enlightenment. Murma was one of the first local women hired to work in the NGO 18 years ago. Today she owns a mushroom farm and is economically self-sufficient. She even managed to support her errant husband until he died recently. She is now senior supervisor and has also trained in political leadership. Though she lost in the elections of the local village council or 'panchayat' she plans to try again. Murma is now a model of empowerment devoted to helping empower other rural women; she also lobbies for change and liaisons with government.

Section 5 Conclusion and Policy Implications

CRTC is a rural NGO set in the foothills of the Himalayas is a successful NGO with a goal of empowering the poor rural women. CRTC does not have access to trained employees from cities and had to find local women to nurture, empower and train to be responsible and effective employees. This potential disadvantage turned out to be an advantage. By employing women who come from similar backgrounds as their clientele, CRTC was able to have a staff that was able to not only 'walk the talk' but also serve as credible models of the changes that were possible. The high scores in overall empowerment of the 'Supervisors' and 'Fieldworkers' as compared with the potential 'Recipients' confirm this.

Many stories documented by Pelletier (2000), and our own qualitative findings from the interviews, give credence to the fact that these women were indeed marginalized before coming into contact with the NGO. In fact almost all of the `Supervisors` had come to the NGO as clients seeking assistance, and today score very high on the Empowerment Index as compared to women from the villages where they live (our `Recipient` group).

Many of the `Fieldworkers` were also helped by the NGO (in different ways) before they were employed in their current positions. They now live successfully in the same society and within the same traditions as their clientele. Many had experienced similar abuse and subjugations and yet managed to transcend their oppressions with help from the NGO. Today they score high on the Empowerment Index as compared to women from the villages where they live (our `Recipient` group). It would have been ideal to measure the E- Index for a woman before she joined the NGO and some years later, however, it was not possible. Hence we used the random sample from the village (Recipients) as a comparison group. However the stories and documentation of the village women stands testimony to their powerless before they contacted and later joined the NGO (Hagerman, 2001, Dr. Metre, 1997)

Our findings on the E- Index for the three groups (`Supervisors`, `Fieldworkers` and `Recipients`) showed significant differences. The traditional variables did not explain these differences. In the regression analysis between the two groups of employees showed that the only explanatory variables were tenure at the NGO and education. It is interesting to note that although there was no correlation between education and E- Index, combined with Tenure at the NGO, education proved to be an explanatory variable. Education is not correlated to the E-Index in any of the groups nor when the three groups are taken as one whole. This lends

further credence to the idea that education is an enabling factor and not a measure of empowerment as argued by Kishor (2000).

Hiring practices of local residents as employees makes the NGO sustainable as its resources as well as clientele are from the same region. The NGO does not have to rely on importing any of its labor from the cities, which is expensive, and often with a high turnover rate. Furthermore, the processes by which the NGOs help empower women are closely identified with the four ways suggested by Bandura (1986) in which self-efficacy is acquired. The NGO through its hiring, training and empowering process provides all four modes: performance accomplishments, vicarious learning, verbal persuasion and physical/affective status.

We now turn to policy implications of our findings. Woolcock (1999) suggested that by paying greater attention to the mechanisms shaping institutional success we can better delineate factors that contribute to success so that these strategies can be deliberately nurtured. With this in mind we ask what lessons can we draw from the experiences of CRTC that can be applied to other rural NGOs?

Our findings suggest that CRTC did not succeed *despite* having 'homegrown' local employees but *because of* them. Because 'Fieldworkers' and 'Supervisors' employed by CRTC were from the same milieu as the marginalized women they served and because they had risen out of the circumstances that face many of the clients, they served as credible role models. Many rural NGOs face the predicament of finding trained employees. The experience of CRTC suggest that such employees can be found among the clientele and nurtured and trained to take on positions of responsibility.

The traditionally disadvantaged position of poor rural women is reinforced by low self-efficacy beliefs that prevent them from undertaking difficult behavior changes and the message of NGOs fall on deaf ears. If they do initiate such changes their low self-efficacy beliefs lead them to give up such changes when they meet with any opposition. However when the message comes from leaders who act as realistic models of empowerment the poor and marginalized women are convinced that they can also transform their lives. If modeling by local employees are seen as one of the most effective ways of empowering subjugated women then rural NGOs should adopt policies that deliberately target, as employees, some of the poorest and marginalized women from the areas that they wish to serve. These women should be carefully nurtured and helped to overcome traditional barriers and, once they are empowered, they should be trained as 'Supervisors' and 'Fieldworkers' to run an integrated gamut of services that address and enable the various aspects of the lives of the women they hope to serve. This also results in a management style that is grounded in the reality of the experiences lived by the employees and clientele alike. The regular staff meetings is a venue where time is set aside to celebrate the efforts of those trying to change their own lives and that of others. This practice shares indigenous practices with others and nurtures an environment, which allows risk taking.

Further research is necessary on the spiritual underpinnings we found at CRTTC. If the spiritual capital enhanced the behaviors we found, this would give faith based NGOs an edge in working with marginalized women. Perhaps an explicitly shared vision and common values may provide the 'spiritual' capital in the case of secular NGOs. Although we are not certain how spiritual capital plays out, our results indicate a strong likelihood that

‘indigenous’ capital provided by local employees will enhance the process of empowerment for women.

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Table I Empowerment Measures

Personal Autonomy Index	Generally(1) Occasionally (1/2) Never (0)
Visiting respondents' parental home	
Visiting Hospital	
Visiting village market	
Helping a relative with money	
Setting money aside for respondent's use	
Family Decision Making Index	Wife Alone (1) Joint Decision (1/2) Husband Alone (0)
Children's education in school	
Family planning	
Family day-to-day expenditures	
Going outside of home	
Medical treatment	
Entertaining guests	
Buying respondent's traditionally	
Favorite things	
Economic Domestic Consultation Index	Generally(1) Occasionally (1/2) Never (0)
Buying household furniture and utensils	
Purchase of land	
Education/expense of children	
Purchasing Medical treatment of family	
Purchasing women's clothes	
Purchasing children's clothes	
Purchasing daily food	
Political autonomy index	Generally(1) Occasionally (1/2) Never (0)
Voting according to own decision	
Awareness of any political issue	
Participating in any public protest	
Campaigning politically	
Standing for elections	

**Table 2 Comparison of Means of Socio Economic Data and Empowerment Index for
`Supervisors`, `Fieldworkers` and `Recipients`**

<u>Mean</u>	<u>Super- visors</u>	<u>Field- workers</u>	<u>Reci- pients</u>	<u>ANOVA F Test 3 groups</u>	<u>T-Test for 2 groups S and F Sig 2-tailed</u>
Age	40	38.94	36.64	.818	.669
# of Kids	3	2	3	5.117*	.048*
Income class	1.79	1.65	1.32	5.348*	.357
Years of Education	10.27	8.00	1.40	51.380**	.032*
Years in NGO	10.53	6.40	N/a	N/a	.008**
Empowerment Index	21.72	17.47	9.40	37.815**	.007**

*Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

Table 3. Empowerment Indexes for `Supervisors`, `Fieldworkers` and `Recipients`.

Group	Personal Autonomy Index	Family Decision- Making Index	Economic Consultation Index	Political Autonomy Index	Aggregate E-INDEX
`Supervisors`	5.73	5.27	5.23	5.49	21.72
`Fieldworkers`	4.33	4.33	4.36	4.45	17.47
`Recipients`	3.02	3.02	2.54	0.82	9.40
All groups	4.17	4.07	3.91	3.41	15.55

Table 4 **Regression Analysis**

Linear Regression Model: Dependent Variable: E-Index	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			p
(Constant)	12.524	4.425			2.831	.007
Woman's highest level of education	.423	.210	.280		2.020	.050
Income Class	-2.600	1.502	-.231		-1.731	.091
AGE	4.686E-02	.073	.089		.639	.526
Family Structure	2.067	1.328	.202		1.556	.127
Years in NGO	.548	.131	.538		4.167	.000

R square = .40
N=47

Women's Reservation in Legislatures: A Defence

PRASENJIT BOSE

Women's reservations in legislative bodies will help break the patriarchal hold on Indian politics, which is why the opposition to this bill is so strong. Its opponents are trying to kill it by pitting one section of the deprived against the other or by asking for impractical measures in the name of bettering it. The present bill is the result of 14 years and two parliamentary committees worth of scrutiny and debate. That male parliamentarians will lose their "nurtured" seats, does not amount to any argument against the legislation as it aims to do precisely that – break the status quo of entrenched male domination.

The passage of the Constitution amendment bill to introduce 33% reservation for women in Parliament and state assemblies in the Rajya Sabha is a progressive and substantive step towards the political empowerment of women in India. The fact that it has taken nearly a decade and a half for this legislation to be passed, just in the upper house of Parliament, stands testimony to the stubborn opposition against it from various quarters.

There is no point singling out the "Yadav troika" or the "social justice lobby" for opposing this legislation. It is well known that a large number of male parliamentarians cutting across party lines – who have never held less than 87% seats in the Parliament since the first general elections – have all along been providing covert, and sometimes overt, support to this bill's opponents. In essence, the opposition is from all those who want to preserve the status quo. Therefore, the real roadblock before the bill is patriarchal ideology and not individual parties or leaders. It is important to underscore this point before we take a closer look at the politics around the bill.

The Ramparts of Patriarchy

Much has been said about the desirability of women's reservation in Indian legislatures. By increasing women's political representation this bill should open up substantial space for gender issues in the political sphere and thus will empower women. Almost six decades of male domination of legislatures has ensured that women have been denied equal rights in land, property, access to education and jobs, while violence against women in myriad forms, from female foeticide and domestic violence, to dowry and honour killings, to sexual harassment, continues to be a part of our daily existence. If we are serious about reversing these retrograde trends,

we have to accept the centrality of women's empowerment in all spheres – social, economic, cultural and political.

Among the myriad discriminations against and denial of equal rights to women, the political one is crucial. Patriarchy never has problems in accepting a woman as a political leader as the history of south Asia shows. But whether in intent or in action, that never really challenged the status quo. In contrast, 33% reservation for women in legislatures has the potential to fundamentally alter the political landscape and challenge existing power relations in unprecedented ways. That is why the patriarchal opposition to a constitutionally mandated floor of 33% representation in legislatures is so steep. But this is also the reason why this opposition has to be comprehensively defeated.

Backward Opposition

The opposition to the women's reservation bill today is couched in three distinct but inter-related threads. Let us consider them by turns. The most vocal and steadfast opponents of the bill have said that it is against the interests of the backward classes (OBCs), dalits and Muslims. They have demanded sub-quotas for these sections within the larger quota for women. These demands, raised together or in parts, amount to pitting one deprived section of society against another in order to jettison women's reservations altogether. While there are perfectly just grounds for OBC reservations in education and jobs due to historical discrimination, there has not been any significant demand for OBC reservation in legislatures. Even the Samajwadi Party or the Rashtriya Janata Dal have not demanded this so far because, given their proportion in the population, OBCs are fairly represented in the political sphere.

There is no reason why OBC women cannot get elected from those constituencies which are presently electing OBC men. In fact, as per a memorandum submitted by the All India Democratic Women's Association to the parliamentary standing committee in 2008, the proportion of OBC women MPs in total women MPs in the 14th Lok Sabha was slightly higher (30%)

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than the proportion of OBC MPs in total MPs (28%). While their socio-economic backwardness is undeniable, OBCs cannot be considered politically or electorally marginalised in contemporary India.

As far as dalits and adivasis are concerned, the constitutionally mandated reservation in Parliament and state assemblies already exists and 33% reservation for women will only amount to reserving one-third of scheduled caste (SC) and scheduled tribe (ST) reserved seats for women from these communities. This will actually increase, substantially, the number of SC/ST women in legislatures from current levels – for instance to at least 40 SC/ST women in Parliament from the current number of 17. In the case of women's reservation in panchayats and local bodies the same principle of reservations embodied in the bill has been followed. This has led to a quantum jump in the number of dalit and adivasi women representatives and there is no evidence that it has harmed the interests of the dalits and adivasis at large.

The argument made by the Bahujan Samaj Party that this increase in the proportion of SC/ST women be brought about not by reserving one-third of existing SC/ST seats but by increasing the SC/ST quota itself beyond the constitutionally mandated 22.5%, is hardly convincing. If more women have to be adequately accommodated in Parliament and assemblies, then men belonging to all castes and communities, including those belonging to the socially deprived sections, have to make some way for the women of their castes and communities. Gender discrimination and oppression cut across caste, community and class identities. To suggest that the principle of positive discrimination in favour of women is acceptable for everybody else but not for one's own caste or community is neither logically tenable nor ethically sustainable.

Muslim Question

The situation vis-à-vis Muslims does merit a more sympathetic consideration. The number of Muslim parliamentarians in the 15th Lok Sabha is a mere 28 (5%), down from 34 in the 14th Lok Sabha. This is certainly way below the proportion of Muslims in India (13.4%). It is important

to redress this gross under-representation of Muslims in Parliament and several state assemblies. However, reservation for Muslims as a religious group is a still unsettled question within the framework of the Indian Constitution.

The Ranganath Mishra Commission recommendations have surely opened the issue of minority reservations in education and jobs. Given the past interpretations of secularism by the judiciary, the implementation of the Ranganath Mishra Commission itself may require constitutional amendments. The received notions of secularism and social justice merit serious reconsideration given the socio-economic condition of Muslims, as brought out clearly by the Sachar Committee report. Can the secular basis of the state remain secure if the largest religious minority continues to remain a victim of systemic discrimination and socio-economic deprivation? It is imperative that the Congress-led government at the centre initiate a result-oriented debate on this vital issue without further delay. It is inexplicable why the central government took over two years to table the Ranganath Mishra Commission report in Parliament and that too without any action taken report.

Having said so, however, it makes little sense for those genuinely fighting to ensure social justice for the Muslims to oppose the Constitution amendment for women's reservation because it does not reserve seats for Muslim women. That amounts to pitting the legitimate demand for greater Muslim representation against another equally legitimate step to enhance women's participation. This will only work towards narrowing the support for greater Muslim representation in legislatures. India's neighbouring countries with Muslim majorities, like Pakistan, Bangladesh and Indonesia, already have reservations for women in their national legislatures and their experiences have inspired those struggling for women's reservation in India.

While women's reservation in the present form may or may not increase the participation of Muslim women in legislatures, it is certainly not going to make matters any worse for the Muslim minorities. Opposing the women's reservation bill in the name of Muslim quota would be

entirely unwarranted, since it amounts to postponing the issue of women's reservation on which there is a political consensus today till a consensus emerges on the issue of Muslim reservation, which will obviously take more time. If anything, a broad-based consensus in favour of the women's reservation bill today can only facilitate a similar agreement on Muslim reservation tomorrow. And when that happens, 33% of those seats will also get reserved for Muslim women.

Best against the Good

Apart from the political opposition to the Constitution amendment, there are several opponents of the bill within the liberal intelligentsia. Some suggest increasing the number of seats in the legislatures so as to protect the existing seats of male legislators and parliamentarians. Some continue to maintain that mandated quotas in the candidate lists of political parties would have been a better, and non-controversial, option. What has particularly miffed some commentators is the provision that the women's quota seats would change every five years so that in 15 years every constituency in the country is covered. This, it has been argued, would imply existing male parliamentarians losing their right to contest in constituencies which they have "nurtured" for years.

In its long and arduous journey through the two parliamentary committees – the first one a joint select committee chaired by the late communist leader Geeta Mukherjee and the second one a parliamentary standing committee on law and justice – the merits and demerits of all these options and suggestions were thoroughly debated. In fact, very few legislations in the history of independent India have been scrutinised so meticulously for 14 long years. All options other than what is contained in the present legislation were found to be inferior.

For instance, reserving candidate lists of political parties would never guarantee a minimum threshold of elected women in the first past the post system; it would merely ensure a minimum number of contestants. And given the patriarchal structure of political parties, women candidates would invariably be given tickets in seats which are not winnable.

International experience clearly shows that the countries which have opted for women's quota in candidate lists under the first past the post system, continue to have much lower representation of women in their legislatures, precisely because it is difficult for women to win against their male counterparts.

Increasing the number of seats to the extent of protecting all the existing seats of male MPs would amount to increasing the number of seats to over 720 just for the Lok Sabha. An increase of such magnitude for Parliament and state assemblies would not only make the elections and the democratic process logistically unwieldy and prohibitively expensive, it would also lead to the construction of new buildings for Parliament and state assemblies in order to accommodate more women! The upshot is that all these proposals which sought to accommodate the concerns of women's representation while keeping the status quo of overwhelming male domination intact, were debated threadbare and found to be either ineffective or infeasible.

Those who are complaining about existing male MPs/candidates losing their "nurtured" constituencies are, of course, missing the whole point about this legislation. The fact that this legislation will break the status quo, if implemented, does not amount to any argument against the legislation. The problem is with the status quo itself, since it has been unfair to women, who comprise half of our population and electorate. Therefore this legislation explicitly seeks to break that status quo; but does so in a fair manner, where all existing male MPs/candidates have to make way for a woman sometime or the other over the next three elections. And any male MP/candidate can return to his "nurtured" constituency after a gap of one election. Thus, on the one hand, it does not take away the right from any male MP/candidate to contest in his preferred constituency in perpetuity. On the other hand, it creates concrete possibilities for the growth of political activism of women across all constituencies of the country. Anyone who sincerely wishes to see greater participation of women in politics and enhanced number of women elected representatives will easily see that the present legislation is the best among all the options available.

The Fear of Feminism

Then, of course, there are the sceptics, who consider greater women's participation or representation in politics to be, at best, symbolic, and perhaps entirely meaningless. Some successful women in the media and the corporate world have become the most articulate proponents of this view. Their arguments amount to saying the following: "Look at us. We have succeeded in the men's world without any quota. So why do women need quota to be successful in politics?" This argument is similar to those who oppose any positive discrimination, particularly reservations. There exists, for instance, a number of successful dalit or OBC professionals, who either out of conviction or compulsion, oppose reservations, confusing their own subjective experience, which may have been marked by certain privileges or sheer good fortune, for the objective social conditions of the large majority of SCs or OBCs. But, in the case of those successful women opposing reservation for women in legislatures, there is a specificity. They seem to believe that a display of cynicism towards the political process and insensitivity towards gender discrimination in particular, reflects virtuosity. Being a professionally successful woman in a world dominated by men is certainly commendable; but that does not automatically make someone gender-sensitive or alive to the problems and concerns of women. In fact, women in politics, almost without exception and cutting across political lines, are supporters of women's reservation because their own experience, however brief, seems to have shown them the enormous difficulty in sustaining activism and competing successfully in a patriarchal setting.

Why are some successful women not sympathetic to the demands of positive discrimination by women in politics? Patriarchy, after all, is an ideology and it operates at complex levels. This, indeed, makes life difficult for women, even for those who have become successful in a world dominated by men. This difficulty is best captured in the Railway Minister Mamata Banerjee's comment made after her party abstained during the vote on the bill in the upper house: "Though I am supporting the bill, I am not a feminist".¹ It can be assumed safely that nobody asked

the minister whether she is a feminist. Yet she asserts that she is not one.

Are all the other parties and individuals supporting the bill feminists? Surely not. The Bharatiya Janata Party (BJP), which provided crucial support to the bill, has neither disowned the *manuvadi* (derived from the Laws of Manu) ideology of the RSS, which considers women as naturally inferior to men, nor repented the glorification of sati under BJP rule in Rajasthan, the rape of innocent Muslim women during the post-Godhra riots in Gujarat or the continued hooliganism of the Sangh parivar outfits on Valentine's Day.

The Congress president has been rightly hailed for her determined role in pushing the legislation within her party and cajoling the central government to take a firm stand. Yet, why she preferred her son to be the heir apparent over her daughter, without any tested basis of political acumen, organisational performance or mass acceptance, is anybody's guess. Even the communists, with an enviable record of fighting for women's rights, took well over six decades of existence to elect the first woman into their central leadership. The biggest contingent of the left, the Communist Party of India (Marxist), took longer. And even today, misogynist critics have not got tired of shamelessly alleging how women are promoted within the left because of influential husbands rather than their own capabilities and contributions.

Conclusions

The long and the short of it is that no political party functioning within the Indian political system or elsewhere, can claim to be totally immune from the vestiges of patriarchy. Their ideological standpoint, however, in terms of whether they are programmatically committed to women's empowerment and emancipation or not, is what counts, along with their political positions and day to day practice. And if a political party, or any individual for that matter, is committed to gender equality and women's empowerment, why prevaricate on supporting the women's reservation bill?

NOTE

¹ See "Eyeing Bengal, TC Abstains as There Is No Muslim Quota", *Economic Times*, 10 March 2010.

REPORT
Of the
WORKING GROUP
On
EMPOWERMENT OF WOMEN
FOR THE XI PLAN

MINISTRY OF WOMEN AND CHILD DEVELOPMENT
GOVERNMENT OF INDIA

Preface

The Planning Commission vide its order no. PC/SW/1-23(2)/2005 dated 17th April 2006 constituted a Working Group on “Empowerment of Women” for the 11th Five Year Plan under the Chairpersonship of Secretary, Ministry of Women & Child Development with the basic objective to carry out a review, analysis and evaluation of the existing provisions/ programmes for women and make recommendations for the Eleventh Five Year Plan. The detailed terms of reference of the Working Group and its constitution are at Annexure-I.

The Working Group met on 12th June 2006 and it was decided to set-up four Sub-Groups:

- II Engendering Policies and Strategies
- III Violence against Women
- IIII Schemes of Empowerment, Advocacy, Awareness Generation and Support Services for Women.
- IIV Women’s Component Plan and Gender Budgeting

As a part of the plan process, five regional workshops to cover North, South, East, West and North-East and one at the National level were held with assistance from UNDP and UNIFEM to engender the XI Plan were held.

Based on the Subgroup Reports and the recommendation that emerged from the Workshops on Engendering the XI Plan, a draft Working Group Report was prepared and was placed before the Group in its second meeting held on 10th November 2006. Based on the deliberations of the Working Group, the Report of the Working Group was finalized. The vision or philosophy of empowerment for the XI Plan is *Inclusive and integrated economic, social and political empowerment with gender justice.*

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CHAPTER I

INTRODUCTION

The extent of empowerment of women in the national hierarchy is determined largely by the three factors – her economic, social and political identity and their weightage. These factors are deeply intertwined and interlinked with many cross cutting linkages which imply that if efforts in even one dimension remain absent or weak, outcomes and momentum generated by the other components cannot be sustained as they will not be able to weather any changes or upheavals. It is only when all the three factors are simultaneously addressed and made compatible with each other can the woman be truly empowered. Therefore for holistic empowerment of the woman to happen - social, economic and political aspects impacting a woman's life must converge effectively.

Constitutional provisions

Women as an independent group constitute 48% of the country's total population as per the 2001 Census. The importance of women as a important human resource was recognised by the Constitution of India which not only accorded equality to women but also empowered the State to adopt measures of positive discrimination in their favour. A number of Articles of the Constitution specially reiterated the commitment of the constitution towards the socio economic development of women and upholding their political right and participation in decision making.

Box 1

Article 14 - Men and women to have equal rights and opportunities in the political, economic and social spheres.

Article 15(1) - Prohibits discrimination against any citizen on the grounds of religion, race, caste, sex etc.

Article 15(3) - Special provision enabling the State to make affirmative discriminations in favour of women.

Article 16 - Equality of opportunities in matter of public appointments for all citizens.

Article 39(a) - The State shall direct its policy towards securing all citizens men and women, equally, the right to means of livelihood.

Article 39(d) – Equal pay for equal work for both men and women.

Article 42 - The State to make provision for ensuring just and humane conditions of work and maternity relief.

Article 51 (A)(e) –To renounce the practices derogatory to the dignity of women.

Drawing the strength from the constitutional commitments, the Government of India has been engaged in the continuous endeavor of concretely translating all the rights, commitments and safe guards incorporated in the Indian Constitution for women from *de jure* to *de facto* status.

Legislations and laws for women

The State enacted several women-specific and women-related legislations to protect women against social discrimination, violence and atrocities and also to prevent

Equal Remuneration Act of 1976 provides for equal pay to men and women for equal work.

Hindu Marriage Act of 1955 amended in 1976 provides the right for girls to repudiate a child marriage before attaining maturity whether the marriage has been consummated or not.

The Marriage (Amendment) Act, 2001 amended the Hindu Marriage Act, Special Marriage Act, Parsi Marriage and Divorce Act, the Code of Criminal Procedure providing for speedy disposal of applications for maintenance; the ceiling limit for claiming maintenance has been deleted and a wide discretion has been given to the Magistrate to award appropriate maintenance.

The Immoral Traffic (Prevention) Act of 1956 as amended and renamed in 1986 makes the sexual exploitation of male or female, a cognizable offence. It is being amended to decriminalize the prostitutes and make the laws more stringent against traffickers.

An amendment brought in 1984 to the **Dowry Prohibition Act of 1961** made women's subjection to cruelty a cognizable offence. The second amendment brought in 1986 makes the husband or in-laws punishable, if a woman commits suicide within 7 years of her marriage and it has been proved that she has been subjected to cruelty. Also a new criminal offence of 'Dowry Death' has been incorporated in the Indian Penal Code.

Child Marriage Restraint Act of 1976 raises the age for marriage of a girl to 18 years from 15 years and that of a boy to 21 years and makes offences under this Act cognizable.

Medical Termination Pregnancy Act of 1971 legalises abortion by qualified professional on humanitarian or medical grounds. The maximum punishment may go upto life imprisonment. The Act has further been amended specifying the place and persons authorized to perform abortion and provide for penal actions against the unauthorized persons performing abortions.

Indecent Representation of Women (Prohibition) Act of 1986 and the Commission of Sati (Prevention) Act, 1987 have been enacted to protect the dignity of women and prevent violence against them as well as their exploitation.

The Protection of Women from Domestic Violence Act, 2005 provides for more effective protection of the rights of women guaranteed under the Constitution who are victims of violence of any kind occurring within the family and for matters connected therewith or incidental thereto. It provides for immediate and emergent relief to women in situations of violence of any kind in the home.

social evils like child marriages, dowry, rape, practice of Sati etc. The recently notified Prevention of Domestic Violence Act is a landmark law in acting as a deterrent as well as providing legal recourse to the women who are victims of any form of domestic violence. Apart from these, there are a number of laws which may not be gender specific but still have ramifications on women.

National Policies for women

The National Policy for Empowerment of Women 2001 has as its goal bringing about advancement, development and empowerment of women in all spheres of life through creation of a more responsive judicial and legal system sensitive to women and mainstreaming a gender perspective in the development process. The strengthening and formation of relevant institutional mechanisms and implementation of international obligations/ commitments and co-operation at the international, regional and sub-regional level was another commitment.

The objectives of this Policy include

- (i) Creating an environment through positive economic and social policies for full development of women to enable them to realize their full potential
- (ii) The *de-jure* and *de-facto* enjoyment of all human rights and fundamental freedom by women on equal basis with men in all spheres – political, economic, social, cultural and civil
- (iii) Equal access to participation and decision making of women in social, political and economic life of the nation
- (iv) Equal access to women to health care, quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security and public office etc.
- (v) Strengthening legal systems aimed at elimination of all forms of discrimination against women
- (vi) Changing societal attitudes and community practices by active participation and involvement of both men and women.
- (vii) Mainstreaming a gender perspective in the development process.
- (viii) Elimination of discrimination and all forms of violence against women and the girl child; and
- (ix) Building and strengthening partnerships with civil society, particularly women's organizations.

The present Government in their National Common Minimum Programme have laid down six basic principles of governance one of which is to empower women politically, educationally, economically and legally.

Commitments in the NCMP for Women

- ✍✍ Introduce legislation for one-third reservations for women in vidhan sabhas and in the Lok Sabha.
- ✍✍ Legislation on domestic violence and against gender discrimination will be enacted.
- ✍✍ At least one-third of all funds flowing into panchayats will be earmarked for programmes for the development of women and children.
- ✍✍ Village women and their associations will be encouraged to assume responsibility for all development schemes relating to drinking water, sanitation, primary education, health and nutrition.
- ✍✍ Complete legal equality for women in all spheres will be made a practical reality, especially by removing discriminatory legislation and by enacting new legislation that gives women, for instance, equal rights of ownership of assets like houses and land.

International Commitments and conventions and the MDG

India has ratified various international conventions and human rights instruments committing to secure equal rights of women. Key among them is the ratification of the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 1993. India has ratified the convention with two declaratory statements and one reservation. Both the declarations relate to marriage. We have declared that the provisions on marriage and family relations in its Article 16(1) would be ensured in conformity with our policy of non-interference in the personal affairs of any community without its initiative and consent and that while agreeing to the principle of compulsory registration of marriages, failure to get the marriage registered at the same time will not invalidate the marriage. We did not agree to Article 29(1) of the Convention, which establishes compulsory arbitration or adjudication by the International Court of Justice of disputes concerning interpretation. The Mexico Plan of Action (1975), the Nairobi Forward Looking Strategies (1985), the Beijing Declaration as well as the Platform for Action (1995) and the Outcome Document adopted by the UNGA Session on Gender Equality and Development & Peace for the 21st century, titled "Further actions and initiatives to implement the Beijing Declaration and the Platform for Action" have been unreservedly endorsed by India for appropriate follow up. The Beijing Platform for Action lays down critical areas of concern for the women, which are listed in the box. The commitments made in the international conventions are as far as possible reflected in the Plan documents and the National Policy for the Empowerment of Women.

- 12 Critical areas of concern
1. Women and Poverty
 2. Education and training of women
 3. Women and health
 4. Violence against women
 5. Women in armed conflict
 6. Women and economy
 7. Women in power and decision-making
 8. Institutional mechanisms for the advancement of women
 9. Human rights and women
 10. Women and media
 11. Women and environment
 12. Girl child.

Eight Millennium Development Goals (MDGs) have been established in the Millennium Declaration at the General Assembly of the United Nations in the year 2000. These include promoting gender equality and empowerment of women and improving maternal health. Though only these two are explicitly gender specific, gender equality is at the core of achievement of MDGs – from improving health and fighting disease, to reducing poverty and mitigating hunger, to expanding education and lowering child mortality, to increasing access to safe water, and to ensuring environmental sustainability.

Planning Process and gender

The planning process has evolved over the years from purely “welfare” oriented approach where women were regarded as objects of charity to the development programmes and currently to their “empowerment”. It was only from the Sixth Five Year Plan onwards that women secured a special niche and space in the national plans and planning process primarily with thrusts on health, education and employment of women. A paradigm shift occurred in the Eighth Plan where ‘empowerment’ of women was recognized and accepted as a distinct strategy.

A further impetus for sectoral contribution to women’s programmes was received with the introduction of the concept of Women’s Component Plan in the Ninth Plan whereby identified Ministries were required to indicate the flow of funds to the women’s programs and schemes. However the Ninth Plan refrained from making any commitment for achieving any specific goal or target. This was overcome to some extent in the Tenth Plan where for the first time, monitorable targets were set for a few key indicators of human development. The targets include, among other things, reduction in gender gaps in literacy and wage rates and reduction in MMR.

The Tenth Five Year Plan(2002-07) called for the three pronged strategy of social empowerment, economic empowerment and providing gender justice to create an enabling environment of positive economic and social policies for women and eliminating all forms of discrimination against them and thus advance gender equality goals.

Social Empowerment - Create an enabling environment through adopting various policies and programmes for development of women, besides providing them easy and equal access to all the basic minimum services so as to enable them to realize their full potential.

Economic Empowerment – Ensure provision of training, employment and income generation activities with both forward and backward linkages with the ultimate objective of making all women economically independent and self reliant.

Gender Justice – Eliminate all forms of gender discrimination and thus enable women to enjoy not only de jure but also de facto rights and fundamental freedom on par with men in all spheres, viz, political, economic, social, civil, cultural etc.

Status of women –a situational analysis

Though the Constitutional commitments of the nation to women was translated through the planning process , legislation , policies and programs over the last six decades yet as the Eleventh plan approaches, a situational analysis of social and economic status of women reflects less than satisfactory achievements in almost all important human development indicators. The maternal mortality rate is estimated at 407 per 100,000 live births (2000) in India compared to figures of 92 in Sri Lanka, 56 in China and 130 in Vietnam; the growing female face of HIV/AIDS is reflected in the fact that the number of pregnant women (between 18-24 years) with HIV prevalence comprise 0.86 % in 2003 of the total women pregnant compared to 0.74% in 2002.

The saga of missing daughters is vividly depicted in the growing incidence of female feticide as a result of which the child sex ratio has declined from 945 in 1991 to 927 in 2001. While the literacy rates have shown an improvement from 39.3% to 54.3% of the total female population between 1991 and 2001, yet much more needs to be done especially for socially and economically backward regions and groups.

Economic empowerment as reflected by the work participation rate shows that the percentage of women in the work force increased by only 3% (from 22.5% to 25.7%) between 1991 and 2001. The average wage differential between men and women showed a marked deterioration between 2000 and 2004 for both rural and urban areas. The violence against women continued unabated with the absolute number of crimes against women increasing from 1,28,320 in 2000 to 1,43,615 in 2004.

There are a number of generic reasons, which give rise to the dismal picture depicted above. Poverty is increasingly becoming feminised - mainly on account of the fact that with globalization and liberalization, a paradigm shift in the country's

Expectation of life at birth for female in years	1994-1998	62.2
	1998-2002	63.3
Literacy rate for female (in %)	1991	39.3
	2001	54.2
Maternal Mortality Rate per 1,00,000 live births	1991	437
	1998	407
Sex Ratio	1991	927
	2001	933
HIV prevalence among pregnant women aged 15-24 years(in %)	2002	0.74
	2003	0.86
HIV prevalence among pregnant women aged 25-49 years (in %)	2002	0.80
	2003	0.88
Work participation rates for female (in %)	1991	22.3
	2001	25.7
Wage differentials between male and female in Rural areas	1999-2000	15.83
	2004-05	20.38
Wage differentials between male and female in Rural areas	1999-2000	24.55
	2004-05	31.23
Crimes against women (no. in lakh)	2000	1.28
	2004	1.44

economy has taken place skewed towards technology dominated sectors, rendering traditional sectors like agriculture unviable and without any security cover. Unfortunately

it is in these sectors that women predominately eke out a sustenance livelihood. The lack of alternate employment, skill training, or credit facilities for women who seek it, is another factor that keeps them in poverty.

Traditional patriarchal systems too play their part in keeping women at a lower rung in the social and economic hierarchy by denying them basic rights to land, assets etc and also placing a low value on their existence. The high prevalence of female feticide and child marriage is a fall out of these factors.

The weak social infrastructure such as the lack of adequate schools or health centers, drinking water, sanitation and hygiene facilities inhibits a very large section of women from accessing these facilities. This is a major reason why women continue to face problems as poor literacy rates, or health issues. It is also one of the reasons for the high incidence of MMR and IMR.

The changing socio economic scenario and the phasing out of the joint family system along with poor community based protection systems are some of the reasons why women are becoming increasingly prone to violence and abuse. The weak law enforcement and gender insensitivity of the various functionaries fail to check the growing violence against women. At the same time, the extremely poor levels of awareness amongst women themselves on their rights also perpetuate violence against them. The lack of adequate rehabilitation and reintegration facilities is another crucial factor that finds victimized women further victimized or ostracized by the community. The media too does not reflect gender issues with sympathy and sensitivity; instead there is a tendency to glorify patriarchal traditions or to depict women as objects of sexual entertainment.

Persisting areas of Gender concerns reflected in the Mid Term Review of the Tenth plan

The Tenth plan goals of reduction of Maternal Mortality Rate(MMR) to 2 per 1000 live births by 2007 and to 1 per 1000 live births by 2012 and arresting the decline in the child sex ratio were reviewed in the mid Term appraisal of the Plan and it was found that both these goals remained unfulfilled. The mid term review also listed out the major areas of gender concern which continued to persist over the years – such as wide gender gaps in literacy and in wage rates, escalating violence against women and the rising incidence of female feticide and infanticide. Other important concerns expressed were the growing feminization of poverty and the exploitation of women in low paid, hazardous and insecure jobs in the unorganized sector and in the export processing or special economic zones. The need to address problems relating to trafficking of young girls for sexual exploitation and domestic labour and prevention of child marriages was highlighted in the report.

The mid term Report also brought a number of focus areas, which needed to be addressed if the objective of women empowerment is to become a reality. Some of the suggestions included a review of laws affecting women and children; increasing women's

participation in decision making and the political processes including passing of the women's Reservation Bill; empowering women representatives of the PRI to take independent decisions. The issue of displacement and its impact on women and children was discussed emphasizing the formulation of gender sensitive resettlement and rehabilitation policy.

The Review had also made an analysis of the existing schemes of the MWCD and concluded that if significant impact has to be made in the field of economic empowerment of women, there is a need to combine schemes like STEP, Syamsiddha and Swawlamban into one substantial scheme for SHGs for women. The Review suggested that the self-help concept should be extended to cover mass-based organizations of women working to help each other or in other words for a shift from self-help groups to Mass Organisations. Special hostels with subsidized boarding and lodging facilities were felt necessary for adolescent girls to help retain them in school and discourage their early marriage.

Specific suggestions were made of the need to strengthen the women's component plan as it was felt that there were a number of Ministries and Departments, which had the potential to go beyond 30 per cent of funds under WCP programmes. It also called for assessing the gender impact of all programmes as the reality was that women still remained largely untouched by gender-just and gender-sensitive budgets.

Gender Concerns and Eleventh plan – Path Ahead

The philosophy of empowerment— Vision for the Eleventh plan

Inclusive and Integrated policy and strategy for economic, social and political empowerment of women

Though for the first time, a separate section on 'Gender Equity' was included in the Draft Approach Paper to the 11th Five Year Plan, the paper has not given enough focus on women's empowerment issues in the country. The strategy for women is confined to three areas - violence against women, economic empowerment and women's health. There has been no attempt to understand that empowerment of women has to be visualized as a holistic integrated approach and not in a piecemeal manner or as watertight compartments. More often than not, the lines dividing social, economic or political areas are highly diffused and blurred with crisscrossing intersections.

Over the years there have been efforts made to socially, economically and politically empower women but as a result of the lack of synergy or coordination between these activities, the outcomes could never be completely satisfactory. For example the increasing induction of women representatives into the PRIs should have meant automatic improvement in the lives of rural women, but if it has not happened, it is because the elected women were not educated or literate or even made aware of their rights. Also there are many groups of women who on account of tradition, culture, ethnic, social or religious background are more vulnerable compared to the women in the mainstream sector. These groups need to be specially focused on in the Eleventh Plan.

It is imperative that an integrated policy and strategy be formulated that addresses economic, social, and political empowerment simultaneously and holistically along with the requisite programmes and schemes. Once such a comprehensive policy and programs flowing from it are put in place, it will be possible to enable an all round development of women, which will usher in true empowerment. This is the philosophy of empowerment which will be the plank on which the Eleventh plan approach to women will be based.

Keeping in view the philosophy of empowerment it is essential that the Eleventh plan should indicate clearly the direction that the planning process intends to take for women in the ensuing five years and delineate the thrust areas. An underlying thread that will form the essence of empowerment philosophy is 'gender equality and equity' and 'elimination of gender discrimination' - essential ingredients that must be inherent in the thrust areas and also incorporated as an integral part not only in all programs and schemes for women, but also in the delivery mechanism and outreach services to the beneficiary.

Gender equality, is a constituent of development as well as an instrument of development. No country can be deemed developed if half its population is severely disadvantaged in terms of basic needs, livelihood options, access to knowledge, and political voice. It is an instrument of development because without gender equality other goals of development will also be difficult to achieve, namely the goals of poverty alleviation, economic growth, environmental sustainability etc. A natural corollary of ensuring gender equality is the elimination of gender discrimination. Inequalities between girls and boys in access to schooling or adequate health care prove a very serious disadvantage to women and girls and limit their capacity to participate in the benefits of development.

Important Thrust areas for the Eleventh plan

The crucial areas of concern themselves, to a large extent, suggest the thrust areas that are required to be kept in view in the Eleventh plan. While priority will continue to be laid on health, nutrition, education, income generating activities, relief and rehabilitation for women in distress, there are certain key thrust areas which need to be addressed with a sharper focus. These are given below:

Nutrition and gender

It is acknowledged that the underlying reasons for poor health of women as well as high rates of MMR and IMR are the persisting problems of Malnutrition and anemia. The Eleventh plan will need to lay adequate stress on addressing both these problems with provision of adequate supplementary nutrition and micro nutrient supplements

Health and gender

The health issues of a woman if observed through a life cycle approach shows that various health problems persist right from the time she is conceived till her old age. The high rate of MMR needs to be addressed through improving the rate of institutional deliveries, training of midwife, ensuring that ANM and the primary health centers are operational. Adequate information on pre natal care and post natal care must be taken up on a priority basis.

Vulnerable groups

Generally policies and schemes for women are formulated as if they are comprised of one composite and homogenous group. In reality there are many layers of heterogeneous groups and depending on their socio economic, geo political background the degrees of vulnerabilities also differ. Therefore specific strategies and programmes need to be developed which will address the unique problems of specific groups.

Amongst vulnerable groups, the women belonging to socially backward communities such as SC, ST or OBC face double discrimination of being a woman and also from a backward community. Similarly women with disabilities have very specific problems even when compared to men with disability. There are women who are victims of violence or sexual abuse such as trafficked women, rape victims who need a very different but specialized rehabilitation package etc. Adolescent girls are a highly vulnerable group as they are subject to a number of atrocities like trafficking, rape, child marriage. The following illustrates a list of categories of women who are in difficult circumstances.

☞☞ Women Impacted by Violence

- i. domestic
- ii. rape
- iii. trafficked victims
- iv. women who are labeled as witches
- v. acid attacked

☞☞ Women impacted by internal displacement, disasters and Migration

- i. either for economic reasons
- ii. conflict e.g. refugee women
- iii. women who have been displaced because of SEZ, building of dams etc,
- iv. women impacted by natural or man made disasters

☞☞ Women and Labour

- i. domestic labour
- ii. bonded labour
- iii. destitute women who are homeless

☞☞ Women in Agriculture

- i. land less women
- ii. marginal farmers
- iii. agricultural workers

☞☞ Women and Health

- i. women affected by HIV/ AIDS
- ii. women suffering from life threatening diseases
- iii. women with disabilities
- iv. elderly and aged women

☞☞ Slum Dwellers

☞☞ Women Prisoners

☞☞ Women belonging to ethnic and socially vulnerable communities

- i. women belonging to ethnic and religious minorities (especially Muslims)
- ii. women belonging to socially backward communities (SC, ST)

☞☞ Single women

- i. adolescents

- ii. widows
- iii. women whose husbands are absent due to conflict, economic migration etc
- iv. Divorcees

The above categories of women find themselves more vulnerable on account of their unique social, cultural circumstances or because they are victims of violence or abuse. These groups require special interventions to address their needs. The possibility of developing pilot projects suitably formulated to address specific requirements may be examined.

Women Victims of suicide by farmers

Another highly vulnerable group are women who are left behind to take care of their children when their farmer husbands commit suicide on account of failure of crops or heavy indebtedness. These women face a whole host of problems –the possibility that they may not inherit the land holding; even if they did, they may not have the wherewithal to till the land as they do not have the necessary resources or access to credit, seeds, fertilizers etc. The problem of inheriting debts which cannot be repaid may lead to distress sale of land without alternative livelihood options. The possibility of these women and their children being exploited or trafficked for nefarious purposes is very probable.

There is an immediate need to develop a special package for women whose farmer husbands have committed suicide. The package should contain a comprehensive inputs of programs of various sectors like agriculture, rural development, KVIC, MWCD along with adequate support from micro credit facilities.

Globalization and women

With the growing globalization and liberalization of the economy as well as increased privatization of services, women as a whole have been left behind and not been able to partake of the fruits of success. Mainstreaming of women into the new and emerging areas of growth is imperative. This will require training and skill upgradation in emerging trades, encouraging more women to take up vocational training and employment in the boom sectors. This will also require women to migrate to cities and metros for work. Provision of safe housing, and other gender friendly facilities at work will need to be provided.

Another facet of globalization is related to the fact that many persons especially women will be severely affected with the advent of setting up of industrial parks , national highways, SEZ etc. as huge tracts of farm land are likely to be acquired for this purpose. This would require massive resettlement of the displaced persons and their families. It is therefore essential that a viable resettlement policy and strategy is formulated and put in place immediately which clearly reflects the needs of women impacted by globalization/displacement.

Transforming SHGs to community based organizations

The focus in the last few years has been to build the capacity of SHGs realizing the fact that these are in a more advantageous position to combine their resources and talents for enabling viable income generating activities, as compared to a lone

individual's efforts. . Many of the SHGs have developed and flourished to become trend setters and peer leaders in their region. The time has now come to consider the transformation of those SHGs which have developed considerable capacity and experience to further expand into larger community based organizations. Such organizations can operate on a bigger scale and therefore take advantage of their economies of scale to bring down costs and become more competitive in the markets; they are also in a position to shift from micro credit to larger credit facilities offered by banking institutions and thus will come into their own as a formidable economic force.

Regulation and streamlining micro credit finance systems

Micro credit will continue to remain the backbone of SHG finances and therefore will need to be strengthened and streamlined in the eleventh Plan. There have been many instances of exploitative rates of interest charged by the unscrupulous agencies which has led to economic distress in many parts of the country. Therefore it is imperative that the Ministry of Finance formulates a regulatory mechanism for micro credit lending to make the system more transparent and beneficial. Ministry of Finance needs to initiate a process of broad based discussions on gender issues vis a vis Microfinance before taking any decisions regarding new regulations.

The RMK is the premier micro credit lending institution which is exclusively focused on lending to women SHGs. There is need to strengthen this institution to make it more proactive and enable it to play a pivotal and nodal role in guiding the credit framework for women SHGs.

Women in agriculture

With the growing feminization of agriculture, there is need to develop specific strategies for women in agriculture. Apart from conferring land rights, it is also essential that MWCD work in close cooperation with Agriculture to develop their skills and strengthen their capacities as well as access to cheap finance and other inputs. It is also important to strengthen organic farming which is very convenient and familiar to the woman.

Role of PRIs

The gender representation in the local self government or the PRIs has been more than satisfactory. Though only one-third of seats were reserved for women by the 73rd and 74th constitutional amendment, the actual representation is much more at all levels. The percentages of women at district, tehsil and village levels of Panchyat are 41, 43 and 40 respectively. Though there is a belief that these women leaders are only proxies for men, yet these women gradually become independent. In fact they have begun to contest from unreserved seats also. It has led to empowerment of not only those women who are in the Panchayats but also in the rural areas of India.

However much more needs to be done to empower women in local self governments so that they can play a more proactive role in decision making and by their very presence encourage more and more women to come forth and demand their rights. For this capacity building is required through knowledge and education and training in diverse areas pertaining to women- such as laws and rights, programs for women etc.

Gender and the Law

Though a large number of women related legislation are in place, it is seen that the efficacy of these laws are not satisfactory primarily on account of poor implementation. A major reason for this is the lack of adequate knowledge regarding these special legislations and also absence of gender sensitivity on part of the functionaries such as law enforcement, police, prosecution, medical profession, judiciary etc. The eleventh plan needs to give a very high priority to training and capacity building of these stakeholders not only to educate them about the nuances of the laws but also to inculcate gender sensitivity in the system.

The women themselves too need to be made aware of the special legislations that are available for their protection and rights. For this purpose, awareness generation and dissemination of information on a sustained basis will need to be taken up with special modules based on the region and group targets.

Gender Disaggregated database

One of the foremost constraints standing in the way of formulating meaningful policies and programs is the lack of authentic gender disaggregated data base. Such a data base is needed to target area/group specific programs and also to record the number of beneficiaries accessing the services delivered by the programs / projects as well as assess the satisfaction levels. Gender disaggregated data will be specially useful in programmes which seemingly appear 'gender neutral' but have a large women beneficiary component. It must be mandated that every program, scheme or project when conceived will have in built mechanism to gather gender disaggregated data.

There is also need to develop a Gender Development Index on similar lines as that of human Development Index so that the differentials in indicators can be established. This will also pave the way for targeted interventions for women. This should be done both at the National level and at the level of each state.

Adolescents and their welfare

Adolescent girls are one of the most vulnerable sections of society as they are subject to a number of problems – discriminated in terms of nutrition and food (the malnutrition and anemia rates for adolescents are quite significant); school drop out; forced into sibling care, households work or even farm labour; domestic labor, trafficked for sexual exploitation; subjected to child marriages, frequent child bearing etc. This is also the period during which girls can be truly empowered to make life changing decisions and chart the course of their life in a most productive way.

At present the programmatic interventions for adolescent girls are limited and sporadic and do not address the needs and requirements as an integrated whole. It is necessary to draw up a special package for their development which will take into account inter sectoral inputs.

Gender budgeting and mainstreaming

The objective of gender budgeting is to enable gender mainstreaming of all sectors at all levels and stages of policies, programs/ schemes and also at the level of the implementation stage and instituting gender friendly delivery mechanisms, thus paving the way for translating gender commitments into budgetary commitments .

In the Eleventh Plan the focus should be on incorporating Gender Budgeting not only in traditional areas like health, education etc but also in so called 'gender neutral' sectors like Transport, Power, Telecommunications, Defence etc. The other focus areas that need to be taken up include areas, which include engendering of important national macro-economic policies and striving for intersectoral convergence. Mainstreaming and sensitizing gender concerns in various organs such as police, legislation, judiciary and trade unions and also extending this concept to the corporate sector and other civil society organizations is another focus area. Training and Capacity Building of the Gender Budgeting cells set up in the Central Ministries/ Departments and the State governments is crucial if these cells have to become fully operational and effective. Simultaneously, there is need to undertake training for various Central and State government functionaries and also incorporate gender budgeting modules in the training curriculum both at the time of induction and mid stream training programs.

Institutional mechanism

Institutional mechanisms for the advancement of women include institutions of different types - government, non-government, central and state government, local government, which support the cause of women's advancement. Institutional mechanisms for integrating gender perspectives in policy and planning include such innovative features as 'gender budgeting'. Though institutional mechanisms exist both at the Central and State levels, they need to be strengthened. The National Policy for Empowerment provides for strengthening the existing mechanisms through interventions as may be appropriate and will relate to, among others, provision of adequate resources, training and advocacy skills to effectively influence macro-policies, legislation, programmes etc. to achieve the empowerment of women.

The Policy also provides for setting up of National and State Councils headed respectively by the Prime Minister and the Chief Ministers to oversee the operationalisation of the Policy on a regular basis and review the progress made in implementing the Policy twice a year. The National Development Council will also be informed of the progress of the programme undertaken under the policy from time to time for advice and comments. Planning Commission also in its mid-term appraisal of the Tenth Plan has suggested in its Way Forward to undertake a high-powered interministerial review (under the chairpersonship of the Prime Minister) of gender justice in order to bring the Tenth Plan back on track regarding its commitment to gender justice or to consider a Prime Minister's Mission on Women, Children and Development.

Media

The role of the Media in portraying women and the female gender as a whole leaves much to be desired. Press and the print media are generally found to unduly sensationalize traumatic events such as rape etc thereby invading the privacy of the victim. Very few positive stories of girls/ women who have stood up for their rights or are achievers are published. Similarly, the electronic media and films portray serial/ films highly derogatory to women , glorifying subservience of the woman before her husband/

in laws, celebrating the birth of the boy child and portraying the disappointments of the family at the birth of the girl child, making out eve e teasing / sexual harassment as ‘fun’ items etc. As a result the general populace are fed on a regular diet of stories/ news that are highly gender abusive, thus reinforcing traditional views that the woman are an inferior race and can be freely exploited.

The media has perforce to become gender sensitive and more responsible when portraying the woman and thus play a significant part in bringing about attitudinal changes in the society. A gender friendly media policy needs to be formulated for this purpose.

Role of MWCD

The history of the present Ministry of Women and Child Development, the nodal agency for welfare, development and empowerment of women is also the history of how women as a specific group were viewed by the successive Governments. The subject of women, prior to 1986 was dealt with by the Ministry of Social Welfare. In the year 1986 a separate Department for Women and Children was constituted under the aegis of Ministry of Human Resource Development, primarily keeping in mind that women were valuable human resources, and therefore deserved more focused attention. This also implied a subtle shift from ‘welfare’ to ‘development’ approach for these sections. In January 2006 the Department was elevated to the status of a full-fledged independent Ministry, thus implicitly bringing the woman’s’ issues into the forefront with greater focus and a larger mandate. It also meant that the MWCD would enhance its commitment to women through wider range of programmatic interventions and outlays, advocate gender mainstreaming of other sectors.

Due the wide-ranging facets and nuances of the nature of women’ empowerment the programmatic interventions perforce cannot be restricted to any one particular sector or ministry / department. The responsibility has to be shared between sectors and between Ministries/ Department with adequate scope for convergence and intersectoral linkages.

Thus the role of MWCD includes policy formulation, conception of innovative programmes and their implementation, coordination with other sectors and state governments, gender budgeting, training and capacity building, monitoring the status of women and their rights. This would require that appropriate institutional mechanisms are in place both in the MWCD, other sectoral ministries as well as the State governments so that implementation, networking, coordination and convergence is possible.

Schemes of the MWCD

The schemes/ programs of the MWCD can broadly be categorized into those that contribute to the economic empowerment of women, those that provide rescue and shelter to women in need of care and protection and those that provide gender justice and safeguard the rights of women.

The flagship scheme for women of MWCD for holistic economic empowerment is Swayamsiddha. The schemes for economic empowerment also include the Support for

Training and Employment Program (STEP) which aims to raise the incomes of rural women by updating their skills in the traditional sectors, such as dairy development, animal husbandry sericulture, handloom and social forestry. The Ministry has also set up support systems like Working Women Hostels and crèches to help women in their struggle towards economic empowerment. Swadhar and short Stay homes have been set up to provide shelter and care services for women in distress. The Ministry also implements laws and legislations for women including Dowry Prohibition Act, Protection from Domestic Violence Act, ITPA etc. In the Eleventh Plan, it is proposed to expand the scope and content of these schemes so as to reach more women and empower them economically and socially.

CHAPTER II

WOMEN AND THE ECONOMY

Introduction

Sustained and rapid growth rates are the most effective route to poverty reduction. However, the main challenge is to ensure that growth is pro-poor and *pro-women*. The Indian economy, on average, has grown at a rate of more than 8 per cent during the last three financial years, making it one of the fastest growing economies in the world. This has been accompanied by a benign rate of inflation. The BRICS report identifies India as the only economy that will be capable of maintaining growth rates above 5 per cent till the year 2050. India's share of global GDP, in purchasing power parity (PPP) terms, at 5.9 per cent in 2005 is the fourth highest in the world. In terms of share in world exports, India accounts for 0.9 per cent, with the value of exports in US dollar terms placed at US \$ 100 billion. The poverty level, which was 36 per cent in 1993-94, had come down to about 22 per cent in 2004-05. However, statistical indicators, however, do not fully capture India's recent economic achievements. For example: there has been an increased focus on infrastructure investments such as development of the Golden Quadrilateral, Bharat Nirman, The National Urban Renewal Mission aimed to provide further impetus to growth. In addition, major development initiatives have been launched -- the historic National Rural Employment Guarantee Act; the National Rural Health Mission (including the Janani Suraksha Yojana); the expanded Sarva Shiksha Abhiyan and a National Cooked Mid Day Meal Programme.

The above initiatives are indicative of the growing awareness of the multidimensional nature of development. It is well acknowledged fact that the thrust on social and human development is an important plank of the next generation of policy reforms. The efforts are being complemented by a steep jump in budgetary outlays for social sectors, along with dedicated initiatives for removing poverty and increasing employment. *The main task that needs to be undertaken during the XI FYP is to ensure that women are at the centre – stage of all the activities – economic, social and political.*

Economic Growth, Poverty and Gender Inequality

There exists a two-way link between economic growth and poverty, and gender inequality. On one level, poverty and the lack of growth exacerbated gender disparities. Inequalities between girls and boys in access to schooling or adequate health care were more acute among poor people than among those with higher incomes. And while poor people had less access to such productive resources as land and credit, poor women generally had the least access of all. Similarly, girls' and women's health and schooling were more vulnerable to economic downturns than those of boys and men. On another level, gender inequalities undermined the prospects for poverty reduction in fundamental ways. While disparities in basic rights, access to schooling, credit and jobs, and the

ability to participate in public life took their most direct toll on women and girls, the evidence showed that gender inequality ultimately hindered economic growth.

The rationale for economically empowering women is compelling for both for its own sake (intrinsic) and for other spillover benefits (instrumental). Research indicates that *economic participation* of women—their presence in the workforce in quantitative terms—is important not only for lowering the disproportionate levels of poverty among women, but also as an important step toward raising household income and encouraging economic development in countries as a whole. Amartya Sen makes a compelling case for the notion that societies need to see women less as passive recipients of help, and more as dynamic promoters of social transformation, a view strongly buttressed by a body of evidence suggesting that the education, employment and ownership rights of women have a powerful influence on their ability to control their environment and contribute to economic development.

However, participation alone is not enough, *quality of women's work* is critical. A key challenge is to overcome a situation where women may gain employment with relative ease, but where their employment is either concentrated in poorly paid or unskilled job “ghettos,” characterized by the absence of upward mobility and opportunity. For example: women are most often concentrated in “feminized” professions, such as nursing and teaching, office work, care of the elderly and disabled—termed “horizontal occupational segregation”—where they tend to remain in lower job categories than men. Typically, because these functions are carried out by women, they are the lowest paid, in addition to offering limited or no opportunity for advancement. The term “feminization of poverty” is often used to illustrate the fact that a substantial percentage of poor are women and that the gap between women and men in poverty has not lessened, but may well have widened in the past decade.

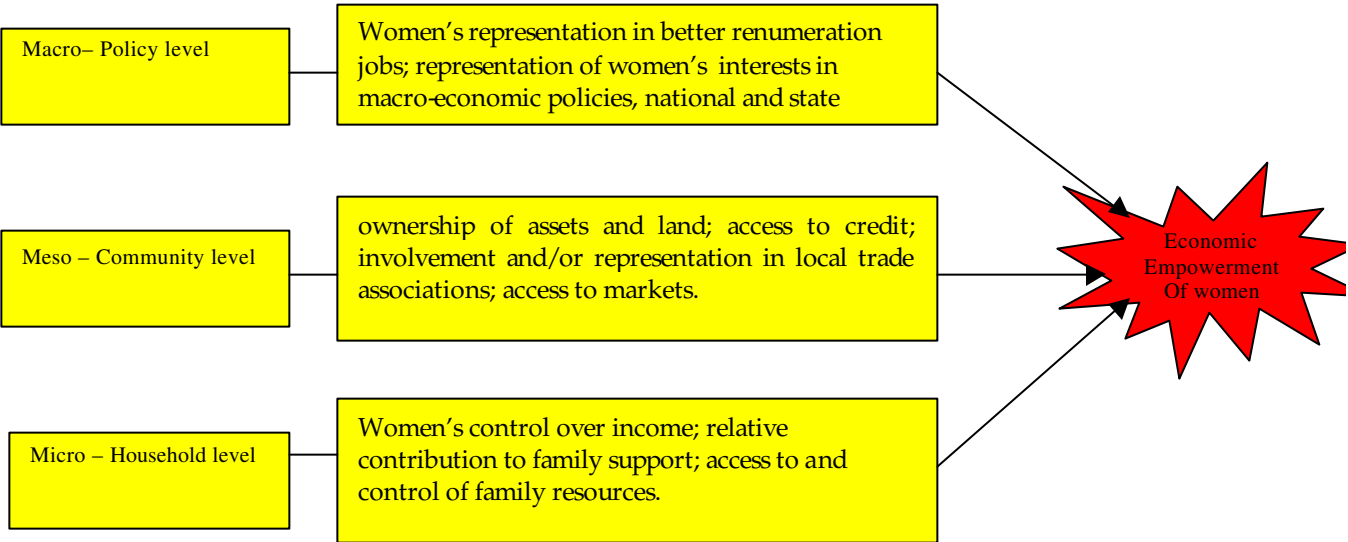
Further, globalization has dramatically changed the conditions under which the work for gender equality must be carried out, especially in high growth countries like India. While globalization has generated opportunities for local producers and entrepreneurs to reach international markets, it has at times intensified existing inequalities and insecurities for many poor women, who already represent two-thirds of the world's poorest people. Since the gains of globalization are often concentrated in the hands of those with higher education—those who own resources and have access to capital—poor women are usually the least able to seize the longer term opportunities offered.

BOX 1 – Women's Work in India -- Invisible, Unrecognized and Unremunerated

- ?? India has 397 million workers
- ?? 123.9 million are women
- ?? 106 million are in rural areas
- ?? 18 million are in urban areas
- ?? Only 7% of India's labour force is in the organized sector; 93% is in unorganized, informal sector
- ?? 96% of women workers are in unorganized sector

- ?? Female work participation rate (WPR) has increased from 19.7% in 1981 to 25.7% in 2001
- ?? *In rural areas female WPR has increased from 23.1 to 31%*
- ?? *In urban areas it has increased from 8.3 to 11.6%*
- ?? But women reported as non workers in the census found to spending 4 hours a day picking, sowing, grazing cattle, threshing, or working as domestic servants for 8-10 hours a day!
- ?? ILO methodological studies indicate that measured female labour-force activity rates rose radically with a wider definition of "economic activity" to cover informal sector and non-market activities from 13% to 88% in India

In last two decades, this disadvantage has been exacerbated as in most of the countries, policies reflect a commitment to global norms of markets and social policy is increasingly determined by market dynamics. Market friendly policies generate high growth rates that fail to translate into improved standards of health, education and human security. Feminist scholars have highlighted the gendered impact of such policies, many of which increase women’s job vulnerability, unpaid work burden, while reducing state – level resources that might be used to provide a social safety net. Owing to dissent voiced by feminist scholars on the widespread assumption that gender inequality as a challenge can be overcome with effective and sustained advocacy as it is more about mindsets and less about policies, especially economic policies, there have been some attempts to integrate economic and social policies but gender concerns have not been accorded requisite attention. These disadvantages have led to a situation where gains in women’s economic opportunities lag behind those in women’s capabilities. This is inefficient, since increased women’s labor force participation and earnings are associated with reduced poverty and faster growth, women will benefit from economic empowerment but so too will men, children and society as a whole. Women’s lack of economic empowerment, on the other hand, not only impedes growth and poverty reduction, but also has a host of other negative impacts including less favorable education and health outcomes for children and a more rapid spread of HIV/AIDS. Thus, it is extremely important to ensure that women are economically empowered. There are various factors that contribute to the economic empowerment of women. These factors operate at various levels.



In the current scenario, one can identify the following characteristics of women's work in India:

1. *Volatility of employment*-- particularly export-oriented employment. In less than one generation, there had been massive shifts of women's labour into the paid workforce and then the subsequent ejection of older women and even younger counterparts into more fragile and insecure forms of employment. Women's livelihoods in rural areas had been affected by the agrarian crisis in most developing countries.
2. *Changes in the nature of women's work* -- including an increase in informal work, characterized by greater reliance on casual contracts and an increase in service work. There had been a substantial increase in self-employed low-end service work, especially in domestic and retail trade.
3. *Increase in unpaid work* --The impact of the decline in the public provision of many basic goods and services had meant a substantial increase in unpaid work.
4. *Crisis of livelihoods in agriculture* -- The effect of trade liberalization had been accompanied by a decline in world agriculture prices. Agriculture constituted the main employer of women in the developing world and the basic source of income for most of the world's poor.
5. *Massive increase in women's migration for work* --What was new historically was the fact that women were moving alone. Cross-border migration had become a huge issue. While it had become a source of macroeconomic stability, it was also a source of exploitation. Internal migration had also increased. Migrant workers had few rights, and governments rarely thought about ensuring their protection.

Enabling Strategies For Economic Empowerment Of Women

Sound macroeconomic policies— Gender inequalities manifest as women and men have different access to resources, roles and responsibilities, both in the market and at the household. These inequalities exist at the meso and micro levels with macro implications indicating clear two-way linkages. In the Indian context, fiscal policies are being increasingly examined through gender sensitive-budgeting exercises, although the focus still remains on expenditures in 'soft' sectors, with several aspects like taxation, trade, capital flows, etc. remaining largely an unstudied domain. Macro-economic policies are formulated and implemented in areas such as trade, fiscal management, debt financing, social welfare and other sectors without a comprehensive assessment of their potential gender impacts. All these issues would be particularly important if the analysis of the sources of growth were to suggest that influencing the distribution of income and assets by gender might have a beneficial effect. Some policies, particularly those promoting health and education, or promoting greater women's property rights and control over assets or access to credit, technology, and transport, are likely to be win-win policies in terms of higher growth, greater gender equality, and reduced susceptibility of women to economic shock.

Recommendations

1. Increasing the mainstream financial services available to women;
2. Developing or adapting legal frameworks that eliminate the gender biases of financial institutions;
3. Increasing inclusion of poor women and other vulnerable groups to give them a voice in economic bodies and financial structures;
4. Supporting the incorporation of gender perspectives into budget processes;
5. Undertaking and disseminating gender analyses of economic policies;
6. Developing policy frameworks that allow women to move away from the ghetto of micro-finance to mainstream economic policy and structures.

7. The Eleventh Plan should address the unpaid work of women in an explicit manner through a well-designed strategy that will inform all planning and programming for women. The Eleventh Five Year Plan should emphasize the need for collection of comprehensive data on women's paid and unpaid work, women's asset ownership and other sex segregated data.
8. Banking policies had to include targeted credit.
9. Microcredit was not a panacea. It was necessary to reinstate the role of public institutional credit.
10. Measures were also needed to reduce employment volatility and to increase public provision of basic services and goods, especially nutrition. It was crucial that the crisis in agriculture be addressed, including the issue of trade protection and import regulation.
11. Problem with gender budgeting was the obsession of how much was directed towards women. That did not say much about how fiscal policies were affecting women. The focus needed to be made broader.

Improvement in infrastructure – Development of infrastructure was previously assumed to be gender neutral, with both sexes benefiting equally from well-designed projects. Gender-responsive infrastructure interventions can free up women's time, thereby increasing girls enrollment in schools and facilitating women's participation in income-generation and decision-making activities.

Transport

Men and women have varying transport needs and constraints and are affected differently by transport interventions:

Rural Transport Projects that build roads for motorized transport often do not benefit rural women, who mainly work in and around the village and travel on foot.

Urban Transport Systems that transport people to and from employment centers are sometimes inadequate for women, who must combine income-generating activities with household and familial activities, such as taking children to school and health centers and visiting the market. Poor women, who balance productive, social, and reproductive roles in societies, often have higher demands on their time than poor men.

Recommendations

A number of policy initiatives can help ensure that women benefit from road construction and maintenance projects:

1. Promoting labor-based construction and maintenance, with incentives to hire women.
2. Ensuring that women are represented in the planning and design of transport investments, including on user panels, road fund boards, and so on.
3. Improving the dissemination of information on transport investments and related employment opportunities.
4. Women's transport needs, such as better route planning or the provision of special buses or increased off-peak hours or services on less-traveled routes. Where women are highly dependent on nonmotorized transport, studies in several countries suggest that the simplest forms of wheeled transport (such as wheelbarrows or handcarts) could halve the amount of time women require for local transport.
5. Promising interventions also include widening roads to provide safer and faster passage or providing cycling and walking paths and teaching women and girls to ride bicycles.

Energy

Women are disproportionately impacted by a lack of access to energy given their prominent role in domestic, low paid and unpaid work. In rural India nearly 3 billion days are spent in gathering fuels and 700 million days in processing them i.e., chopping, drying, turning, storing, stacking and handling. This work is done almost exclusively by women. Since it is women who manage 1/3rd of the energy system they need to be substantially supported through investment, management and technology inputs to be able to continue to manage the systems in sustainable ways and with minimum hardship.

Recommendations

- ✂✂A comprehensive policy is needed for domestic energy, covering a range of solutions: small sized biogas plants, firewood plantations, small hydro plants, and other renewable energy sources to create a portfolio of energy options, rather than single source options.
- ✂✂In addition, the promotion of non- biomass sources of energy, including solar, for small production units would save firewood for domestic use.
- ✂✂Access to energy can be made closer to habitations by means such as women's groups forming tree-growing cooperatives for fuel wood or oil seed plantations with the same efforts that they put in searching and gathering fuel wood to develop sustainable energy supply. They can determine what energy sources such as wood, agricultural residues, animal dung, oilseeds, solar, biogas, LPG or kerosene could be available at least cost and effort. After examining this, user groups can also identify land and the type of plantation (e.g., wood, oilseed, agriculture etc.) that will serve the purpose.
- ✂✂These groups can be linked with the existing poverty alleviation and social and economic development schemes such as employment guarantee scheme, land development scheme and other Bharat Nirman Schemes.
- ✂✂The IEP proposes to provide subsidy through debit cards to BPL households, which can be tested through a pilot. There is also need to set up a mechanism to monitor success, failure and best practices.
- ✂✂Capacity building and assistance to manage energy programs should be taken up.
- ✂✂Provide special trainings and special fellowship for women.
- ✂✂Locally available biomass such as *Jatropha* can be used to generate raw oil.
- ✂✂Energy-based enterprises such as making charcoal, briquette making, gassifiers and so on can be thought of.
- ✂✂Where work patterns and income sources are changing, fuel sources probably are too. Thus, the focus should be not only on meeting cooking energy needs but also on enhanced livelihood options. Both rural and urban women need adequate energy supplies for their small and medium scale enterprises and home industries. Hence, there is a commercial motivation to improve the efficiency of the entire process.

Information and communication technologies (ICT)

ICT have delivered enormous benefits around the world, much of their potential remains untapped—particularly for groups facing severe time constraints, suffering from social isolation, or lacking access to knowledge and productive resources. Women in developing countries are among the most important of these groups. Although women account for nearly a third of information technology workers in developing countries, they are concentrated in lower-level jobs and paid smaller salaries than men. For example, many of these women work in call center, data entry, and programming positions—few are project managers. But this need not be the case: with supportive policies from employers, complemented by enlightened national labor laws, women can move up the professional ladder. Girls' and women's low enrollment in science and

technology education is one of the main obstacles to higher-level employment in information technology.

Recommendations

1. Address and integrate gender perspectives when developing and implementing national policies, legislation, strategies and regulatory and technical instruments in the area of information and communications technologies (ICT) and media and communications, and create monitoring and accountability mechanisms to ensure implementation of gender-sensitive policies and regulations;
2. Address ICT-related infrastructural and tariff barriers that disproportionately affect poor women and women living in remote and rural areas;
3. Support and encourage research on women's information needs, find ways to adapt ICT to the needs of the poor and especially illiterate women, and study the impact of ICT on women's social, economic and political empowerment;
4. Support and encourage of gender equality principles and pedagogic perspectives in all aspects of science and technology education.
5. Develop policies and mechanisms for increasing the number of female students in science and technology and ICT related fields, and expand training and capacity building programmes for women on the use of new technologies;
6. Ensure that women gain access to promising new employment opportunities, including through ICT-based economic activities
7. Strengthen the use of traditional information and communication technologies, such as radio, TV and print, in parallel to enhancing the use of and convergence with new ICT, towards the empowerment of women;
8. Collect, share, positively recognize and widely publicise good practices to counter gender stereotyping and negative portrayals of women in all forms of media and communications
9. Increase efforts to compile statistics on ICT use disaggregated by sex, develop gender-specific indicators on ICT use and needs, and generate sex-disaggregated data on employment patterns in media and ICT professions;
10. Provide resources for innovative media and ICT projects in support of gender equality and for the production of content that is particularly relevant to women's interests and concerns;
11. Ensure mechanisms and resources to safeguard traditional and indigenous knowledge and other intellectual resources that are held as public common good from being appropriated

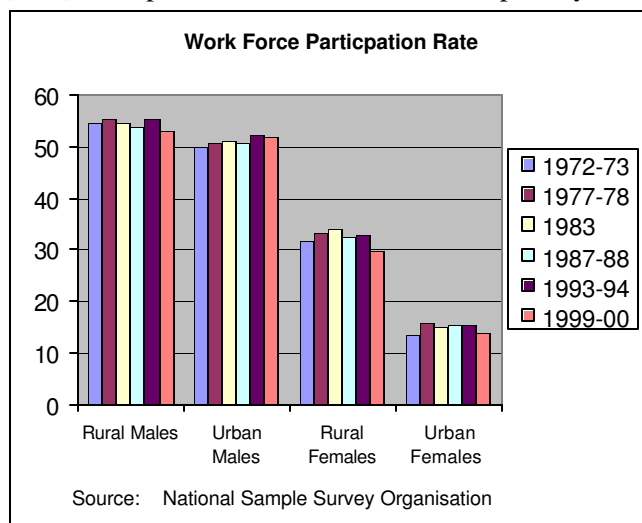
Women and Work – Challenges and Recommendations

Women workers account for about 1/3 of all workers. There are over 397 million workers in India, out of which 123 million are women workers. Only a small proportion, 18 million, are in the urban areas while 106 million are in rural areas. Not only do a higher percentage of women than men work in the informal economy, women are concentrated in the lower-income segments, working in survival activities or as casual wage workers or homeworkers. The link between working in the informal economy and being poor is stronger for women than for men.

About 30% of the total workers are poor in India (using the 1999 –2000 poverty line at Rs.336 per capita per month in rural areas and Rs.451 in urban areas). In general a large proportion were poor.

Another way of looking at poverty amongst the women workers in India is to compare men and women among the poor workers to their share of the total work force. So while 31% of all workers are women, the share of women workers amongst poor workers is 36%. Among the non agricultural workers, while 19% were women, 24% of the poor agricultural workers were poor.

The annual household income of the female headed households was lower compared to male headed house holds. Within the female headed households, a large proportion of households (44%) were poor, with incomes below the poverty line.



The work force participation rates, which shows the proportion of workers in the population indicate that female participation rates are much lower compared to male participation rates. For women, the rates varied across rural (29.9) and urban (13.9) areas while the rates have been almost the same for men. (53.1 & 51.8 respectively). The rates have shown a decline over the time period 1993-94 to 1999-00 showing a decline in women's participation in labour market activities.

The states, which have shown high female participation rates in rural areas, are Andhra Pradesh, Himachal Pradesh and Tamil Nadu. Tamil Nadu also shows a higher female work force participation rate in urban areas. In the North Eastern states of Mizoram and Manipur the work force participation rates are found to be higher compared to other states. The lowest participation rates are found in Bihar, Tripura and West Bengal.

Sectoral Share and Status of Employment

In terms of sectoral share of employment the status of women has shown somewhat a stagnated position over the years. Most women employed are engaged in agriculture, whether as workers in household farms owned or are taken on tenant contracts by their families, or as wage workers. The share of agriculture has declined, though it continues as prominent sector of employment accounting for 74.9 per cent of the total female work force. Most of the primary sector activities offer subsistence employment and are low paid or unpaid. The industrial sector, does not show much change though on the whole the sector shows a marginal growth. Within the secondary women are mostly concentrated in the informal sector, which offers no security either the employment or conditions at work. The most important trend as far as women's employment that needs to be highlighted is the considerable increase in the share of tertiary sector over the last decade. In the sector women are found largely in the trading and retailing activities or in the care economy, which do not offer much in terms of remuneration or skill endowment.

Table: Percentage Distribution of Total Employment by Broad Economic Sector

Sector	Male						Female					
	1972-73	1977-78	1983	1987-88	1993-94	1999	1972-73	1977-78	1983	1987-88	1993-94	1999

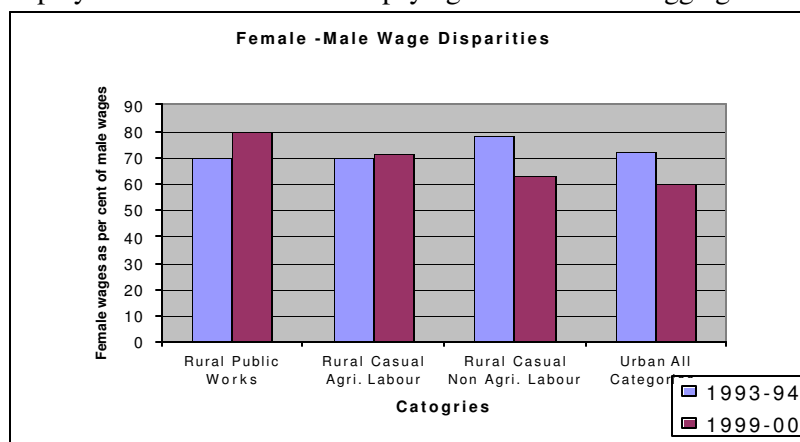
						2000						2000
Primary	69.4	67.8	62.3	58.6	58.3	54.9	84.6	82.6	81.1	77.6	77.8	76.2
Secondary	12.2	13.1	15.0	16.8	16.8	17.8	7.8	9.8	12.5	10.8	10.9	11.8
Tertiary	18.4	19.1	22.7	24.6	24.6	27.3	7.6	8.2	9.1	9.9	11.4	12.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Figures relate to usual status of individuals.
Workforce covers those involved in gainful activity regularly + those involved in gainful activity occasionally. *Source:* National Sample Survey Organisation

The distribution of workers across self, regular and casual status is widely taken as an indicator of the quality of employment and conditions in the labour market. Self employed constitute for the largest share of women workers accounting for has shown a decline both for 55.6 per cent of women workers. The share of regular employment for women is very low with only 7.3 per cent of women coming under this category. The data on the number of casual workers show distinct signs of casualisation of women workers. Casualisation of women is on the increase in both rural and urban areas during the last decade.

Wages and Income

Further, discriminatory practices in the labour market are reflected in the wages of women workers. They are not only concentrated in low paid occupations in the unorganised sector but are subjected to discrimination in payment. In terms of wageworkers, as is shown in the figure, for all categories of employment considerable differentials prevail in both rural and urban areas. For most categories of employment the male-female wage differential has tended to increase over the 1990s. The exception is only for wage labour in rural public workers, where in any case women account for less than 12 per cent of the days employed on average. The increase in gender disparity in wages in the urban areas is quite marked and it usually results from employment of women in lower paying activities in the aggregate.



For the majority of women engaged in paid economic activity, the fact of being female means being paid less than men for their work. It is most evident in the example of agricultural labourers. Agricultural daily wages are in general low, though they vary by type of agricultural operation (plowing, sowing, weeding, harvesting, etc.), by the

prosperity of a state or region, and by gender. Some operations such as plowing do not involve women at all, whereas others such as weeding are women-intensive. For example, in the prosperous state of Haryana, the daily rate for weeding is Rs. 80 for men and Rs. 75 for women, while for harvesting both men and women are paid Rs. 91. In the middle-level state of Andhra Pradesh, the rates are much lower: Rs 43 for men) and Rs. 37 (for women) for weeding, Rs.42 (for men) and Rs. 37 (for women) for harvesting. The all-India averages are Rs. 55 and Rs. 45

for men and women for weeding, and Rs.60 and Rs. 48 for harvesting. From the various categories of industrial work, the manufacturing sector is the most discriminatory, giving about half of men's wages to women

Coupled with gender discrimination in wage differentials is inequality in access to superior positions and promotions. Men are seen confined to regular and more managerial or technically oriented jobs, while women are often given technically inferior positions where they are mostly hired or contract workers. Women get lower pay despite longer working hours and the conditions of work are substandard. Discrimination exists not only in terms of wages but also in terms of access to employment. Often women are found concentrated in occupations where the wage rates, as well as working conditions are poor and substandard.

The reasons for gender discrimination in wages may not be specific to India but the cultural context also is an important factor. Low levels of skill on entry, lack of access to on the job training, employment histories punctuated by time spent bearing and raising children, time off to care for family members and the assumption that men are the primary earners all contribute to the implicit assumption that women should be paid less than men.

Box 2: The Burden of women's work

The Census of India and the National Sample Survey Organization (NSSO) are two main sources of data on women's employment. None of these definitions have been able to fully capture the extent and degree of women's participation in the workforce though efforts to refine definitions of work to capture the women's employment has been made. The Census still remains an inappropriate measure to realistically assess the economic and social value of women's work. NSSO has a broader definition of work and therefore shows a higher participation of women in the labour force than the Census. It includes activities for self-consumption (except the processing of primary commodities for self-consumption), and unpaid helpers in the farm, domestic workers etc. A large proportion of women get recorded as supplementary earners. Although the extent of women's work which is not enumerated is less than in the past, capturing the data accurately is not easy. The assumption that the nature of economic activity for men as well as women is similar leads to problems. Women, more often than men, combine economic and domestic work. Differentiating the economic work of women from their domestic work poses problems. Taking the household as a unit of analysis also accentuates the inaccuracies, more so in the case of non-nuclear extended households. Besides the inadequate definition, the inaccuracies in data collection also lead to under enumeration. Often men respondents speak on behalf of the women and may give inaccurate responses regarding the work done by women. The biases and perceptions of the surveyors/ enumerators may also lead to inaccuracies in the information. Adding to the problem of inadequate definition are the difficulties in assigning accurate economic value to the non-market related work of women. A good example of the enumerator's perception is highlighted in a small survey commissioned by UNIFEM India, which found that 98 out of 100 enumerators did not even put questions regarding work to women: it was simply assumed that women did not work. Out of the 2002 women in the 1000 households covered, only 4 women were asked about any work they had done in the past year.ⁱ

ⁱ Sudarshan, R 'Employment of Women: Trends and Characteristics', as in Haq & Haq, *Human Development Report*, 1998

Time Use analysis:

The Central Statistical Organization of the Government of India has provided official visibility to women's work burden by collecting data on various household and non-household activities through the Time Use Survey [TUS], from 6 selected states, namely, Haryana, Madhya Pradesh, Orissa, Tamil Nadu and Meghalaya. The Report classifies activities under three categories: SNA, Extended SNA and Non-SNA. The SNA activities consist of primary production activities, like crop production, animal husbandry; secondary production such as manufacturing; and trade, business and services. Extended SNA activities include household maintenance, care for children, sick and elderly. The activities related to learning, social and cultural activities, mass media and personal care and self maintenance are categorised as Non-SNA activities (CSO, 2000). Some observations about women's unpaid work The share of unpaid SNA work is significant in India [for both men and women] in terms of the number of persons engaged in it, as well as in terms of the time spent on such activities. In the six states combined payment was not made for about 38 percent of the time spent on SNA activities.

About 50 percent of the time spent on SNA activities by women remain unpaid, while only 33 percent of men's time was unpaid. Among women this ranged from only 32 percent of unpaid time in Tamil Nadu compared to 86 percent in Haryana. The cultural difference between these two states, with taboos related to women working outside the home in the Northern state of Haryana, mainly explains this difference.

As expected women spent much longer hours on Extended-SNA activities, on average 35 hours, while men spent only about 4 hours on such activities.

Source: CSO, 2000, Table 5.3

Focus Areas

Women in Agriculture

While women have always played a key role in agricultural production, their importance both as workers and as farm managers has been growing, as more men move to non-farm job leading to an increased feminization of agriculture.. Today 53% of all male workers are in agriculture as against 75% of all female workers. and 85% of all rural female workers, are in agriculture. Women constitute 40% of the agricultural work force and this percentage is rising. Further, an estimated 20 percent of rural households are de facto female headed, due to widowhood, desertion, or male out-migration. These women are often managing agriculture and providing family subsistence with little male assistance. Hence agricultural productivity is increasingly dependent on the ability of women to function effectively as farmers. In the above context, a two pronged approach of:

- A. Ensuring effective (rights being rights not just in law but also in practice) and independent (rights being rights that women enjoy in their own capacity and of those enjoyed by men) land rights for women and
- B. Strengthening women's agricultural capacities is desirable.

Land Rights for Women in agriculture

Land rights can serve multiple functions in rural women's lives which are not easy to replicate through other means. Endowing women with land would empower them economically as well as strengthen their ability to challenge social and political gender inequities.

Box 3: Why Land is Important for Women

- Land access can reduce a household's risk of poverty, but for persistent gender inequalities land solely in men's hands need not guarantee female welfare.
- Direct land transfers to women are likely to benefit not just women but also children. Evidence both from India and from many other parts of the world shows that women, especially in poor households, spend most of the earnings they control on basic household needs, while men spend a significant part of theirs on personal goods, such as alcohol, tobacco, etc.
- Women with assets such as land have greater bargaining power, which can lead to more gender-equal allocations of benefits even from male incomes.
- Women without independent resources are highly vulnerable to poverty and destitution in case of desertion, divorce, or widowhood. In parts of western and northwestern India, not uncommonly, rural women even from rich parental and marital families, deprived of their property shares when widowed, can be found working as agricultural laborers on the farms of their well-off brothers or brothers-in-law. The fate of deserted and divorced women is worse.
- Tenure security, and especially titles can empower women to assert themselves better with agencies that provide inputs and extension services
- Women in many parts of South Asia are often better informed than men about traditional seed varieties and the attributes of trees and grasses. If they had greater control over land and farming, this knowledge could be put to better use.

There are three main sources of land for women:

- ?? Direct government transfers
- ?? The market (by purchase or lease and
- ?? Inheritance or gifts from families.

To enhance women's land access from all three sources, a range of initiatives are needed, including land titles to women in all government land transfers, credit support to poor women to purchase or lease in land from the market, raising legal awareness and legal support about women's inheritance rights, supportive government schemes, recording women's inheritance shares etc.

It will also need a new approach to enable women to retain the land they get by strongly encouraging a "group approach" in land cultivation and investment in productive

assets. It is now well recognized that the poor are best empowered if they function as a group rather than as individuals. This lesson should be incorporated in the creation of all productive assets in women's hands.

Recommendations for ensuring land rights for women in agriculture

For Improving Women's Claims in Private Land

- *Gender equality in inheritance laws* The Hindu inheritance law has recently been reformed in a major way through the Hindu Succession Amendment Act 2005. This has brought woman on par with men in relation to agricultural land. However, the inheritance law governing Muslim women needs amendment for agricultural land, and laws for tribal women need codification and formalization, in keeping with the principle of gender equality. This has to be supplemented by providing legal literacy and legal support services for women.
- *Recording of women's shares* The NSS, agricultural census and the cost of cultivation surveys should collect gender-disaggregated data on land ownership and use, and origin of the property (viz. purchase, inheritance, lease, etc.). Initially this could be done as a special module on a pilot basis and later extended to the full survey design. Agricultural universities that undertake surveys should also be asked to collect gender-disaggregated information on land and other assets. A directive should be issued to all levels of government functionaries involved with keeping land records or computerizing and updating records, that women's inheritance shares in land as widows, daughters, etc are fully and proactively recorded. The recording should be in women's own names, rather than jointly with other relatives.

For Improving Women's Access to Public Land

- In case of displacement, a rehabilitation policy should ensure (a) agriculture land for land policy, (b) employment for agricultural workers who have been displaced (c) transfer of all rehabilitation and government grant of land to household having joint title and (d) resident community affected by displacement have a stake in the newly created assets in the region.
- There needs to be comprehensive directive across the country that *in all government land transfers*, women's claims are directly recognized, be they transfers for poverty alleviation, income generation (crop cultivation, fish cultivation), resettlement, etc.
- Where new land is being distributed or regularized, individual titles or group titles rather than joint titles with husbands should be provided. Joint titles with husbands give women little control over the produce and which make it difficult for women to claim their shares in case of marital breakup, or domestic violence. In contrast, individual titles or "group pattas" (to groups of women) would strengthen women's hands. In the case of individual titles, half the land allocated to the family should be registered in the wife's name and half in the husband's name rather than jointly in both names. This will give women control over their shares and greater bargaining power. However, where possible a group approach should be followed, as already being done under some government and NGO programmes. A group approach to land use need not be limited to crops. It could be extended to other activities such as fish production.

- Distribution of surplus land and land under all land distribution programmes viz., land ceiling act, custodial land, bhoom-dan land etc should exclusively be to rural landless women workers.
- Fifty percent of the land pattas given to forest communities should go to women, under any land enactment, including those under the proposed Scheduled Tribes (recognition of forest rights) Bill, 2005. Rather than giving joint pattas, however, women and men should be given individual pattas. Also any new land so distributed should be in terms of group rights.

For Improving Women's Access to Land Via the Market

- Apart from direct land transfer, the government should assist groups of women to collectively acquire cultivable land *from the market*, either on lease or via purchase. Special schemes for subsidized credit are needed for this. Mechanisms can be devised to utilize the DWCRA or IRDP funds.
- Groups of poor women could be given land on medium or long term leases (10-20 years), again for group farming or group fish production. Enabling women to undertake group leasing will fit in too with ongoing discussions on tenancy reform. The formation of such groups should not be limited to SHGs, since many SHGs are not composed of the poorest. Local NGOs could also be consulted and inducted into this for forming groups of poor women.
- It should be ensured that women get access to new options for land uses and must also ensure that these are not labour displacing and do not affect food security negatively.

Strengthening women's agricultural capacities

The Ministry of Agriculture is now moving from a 'women-only' approach to programming (hitherto confined to the extension sector) to the gender mainstreaming approach spread across the entire establishment. Earmarking of benefits to women or of participation by women, though a basic tool, confines itself to the quantitative dimension. Other indicators of good (and bad) program outcomes need to be identified so that an overall conclusion can be reached that the program and the funds invested, are making the women participants better off. Right now there are no such qualitative or measurement tools. Successful achievement of physical and financial targets need not lead to empowerment or rise in status.

Better coordination and collaboration between the various intra-ministry formations is vital. A broader and more inter-disciplinary approach by all concerned can achieve better outreach to the poorer women working in the sector. Public investment in agriculture should be 10% of GDP with a stipulation that 50% of the new investment be made in rural activities directly benefiting women

Recommendations for strengthening women's agricultural capacities

- o Agricultural extension services and other infrastructural support for women farmers should be made available to women farmers

- Policies should be designed to ensure women's control over complementary resources including irrigation, credit, water, forest, fuel, fodder, information and training.
- Design women- friendly technologies. Technologies must be used that are safe for workers i.e. reduced use of pesticides, ensure that occupational safety and health measures are in place.
- Training programs covering areas such as land surveying, resource mapping, resource management, use of technology, marketing, financial management, cooperative management and organic farming should be made available to women
- Where possible women farmers should be given financial support to create assets either as individuals or as a group, including for investing in small irrigation systems, etc.
- Measures should be taken to remove middlemen in the sale of non-timber forest products and women's cooperatives for directly marketing these products should be formed.
- Resource pooling and group investment in capital equipment; cooperative marketing

Ensuring women's effective presence in village decision making bodies

- Women are major stakeholders in the protection of the environment, especially forests. Given their stake in forests, it is critical that rural women are centrally involved in the institutions set up for forest management across the country. All Joint Forest Management groups across the states should allow all village adults to become members of the groups. Also these groups should have at least one third and, if possible, 50% women in their executive committees. Within each JFM executive committee, there should be a subcommittee composed only of women who can put forward women's collective concerns before the Executive Committee and General Body. Having one or two token women does not give women a say in the decisions. Where there are well-functioning non-JFM community forestry institutions, such as van panchayats in Uttaranchal, they should be strengthened rather than replaced by JFM, and made more gender balanced.
- Gender sensitizing through the media, educational institutions, etc., for changing social norms and social perceptions.

Strengthen existing institutions

- The National Gender Resource Centre should be strengthened to enable it to meet its gender commitments (including gender budgeting) from a sounder technical and professional base. A better interface with the National Centre for Research on Women in Agriculture would contribute to this. Joint activities can be planned as part of the National Action Plan for Women.

Devise incentive mechanisms

- Increase subsidies to poor farmers and non – farm livelihoods (livestock, fishing, fodder etc) Providing incentive such as provision of higher subsidies for land development, irrigation, credit and rebate on transfer fee, house tax, sales tax and stamp duties on women owned land, housing and rural industries.

Evolve a social security policy for farmers

- Such a policy would aim to decrease the negative impact of globalization on agriculture and allied activities on women
- Corrective measures aiming to mitigate farmer suicide like (a) waiving pending loans and debt of small and marginal farmers, (b) conducting a census of farmers who have committed suicide and paying liberal compensation to the victims' families and (c) designing compensation package for women and children in impacted families.

Women Workers In The Unorganized Sector

The unorganized sector is large in India, accounting for 370 million workers in 1999-2000ⁱⁱ, constituting 93% of the total workforce and 83% of the non agricultural work force.

Women account for 32% of the workforce in the informal economy, including agriculture and 20% of the non agricultural workforce. 118 million women workers are engaged in the unorganized sector in India, constituting 97% of the total women workers in India. The informal sector in the non agriculture segment alone engaged 27 million women workers in India.

Women informal workers are concentrated mainly in agriculture – so much so that three-quarters of all employed women are in informal employment in agriculture. 90% of those employed in manufacturing and construction are also unorganized sector workers. Within manufacturing, they predominate in certain industries such as garments, textiles, food and electronics. The seasonality of work in this sector and the lack of other avenues of work make them vulnerable to a range of exploitative practices. They remain the most vulnerable and the poorest. And yet they are economically active and contributing to the national economy.

Home based work

A large number of women work as home based workers. About 23% of the non-agricultural workers were home based or working in their own dwellings. Home based workers were an overwhelming 57% of the workforce among women.

Home-based worker refers to the general category of workers who carry out remunerative work with in their homes or in the surrounding grounds. Women turn to home-based work for a number of reasons. Lack of necessary qualifications and formal training, absence of childcare support, social & cultural constraints and absence of alternatives are some of the reasons. Families need cash incomes for their survival. Loss in formal employment and reduced returns from agriculture often result in men migrating to urban centres, leaving behind women and children. With home-based work being the only alternative available to poorest communities, it is not confined only to women but also involves children, especially girls. There are positive aspects to home-based work also. It gives women the opportunity to combine work with domestic chores, flexible and

ⁱⁱ Unni, 'Gender Informality and Poverty', *Seminar*, 531 – November 2003.

sometimes better working conditions. While designing strategies to meet the challenges, it is important to retain the positive aspects of home-based work.

Street vendors

Computed from the NSSO 55th round data, the number of street vendors in urban areas in India, are estimated at 1.15 million, out of which 18% are women. It is estimated, in another study that in India 10 million women and men are dependent on vending commodities for their livelihood. Mumbai has the largest number, around 200,000. Ahmedabad and Patna 80,000 each and Indore and Bangalore 30,000 hawkers. Calcutta has more than 1000,000 hawkers.¹

The sex composition of the hawkers often is in favour of men. In Mumbai over 75% of the hawkers are males. In the other cities, namely, Ahmedabad, Bangalore and Bhubaneswar males form around 60% of the hawkers. Imphal is the only city covered where hawkers are exclusively women. In all the cities, with the exception of Imphal, the income of the female hawkers is substantially lower than the males. This is for mainly two reasons. Firstly, women hawkers sell cheaper goods and in small quantities as they lack capital. In most of the cities (Mumbai, Ahmedabad, Bhubaneswar, Patna and Bangalore) they sell vegetables, fruits and flowers in small quantities. Secondly, women hawkers cannot spend as much time on hawking as their male counterparts as they need to take care of the daily needs of the family such as child care, cooking, cleaning etc. Since they lack capital to invest in their goods, they are unable to buy greater quantities of goods to increase their income³.

Services

Despite the fact that the Indian Service Sector is growing quickly and makes up more than half of India's GDP, no programs or policies in place for this sector. Male work force participation is greater in this sector – 15.5% as against 3.5 % female participation. Further, there is a shortage of skilled workforce in distribution services and there are very few retail-oriented education courses. It is important also to note that nearly 60% of women from the organized sector are employed in community, social and personnel services. Women are even more under- represented in high status, higher paid and senior management level jobs.

Recommendations for women in the Unorganised Sector

- ☞☞ Comprehensive legislation for the Unorganised Sector is needed with provisions relating to ESI, leave, pension, housing and child care, a complaints committee on sexual harassment, regulation of employment, wages and conditions of work, work records, safety and occupational health, work tools and safety equipments, Rights over Resources, dispute resolution bodies at District level and Appellate Body at the State Level.
- ☞☞ There is an urgent need for ensuring regulations in this sector that deal with employment, conditions of service, social security and welfare.

- ☞☞ Social Security provisions must be created that encompass the right to health and medical care, employment injury benefit, maternity benefit, group insurance, housing safety measures, and Gratuity and Pension benefits.
- ☞☞ Tripartite Boards for each broad sector with adequate representation for women in the Board including complaints committee for sexual harassment, with 50% workers' representation with proportionate representation to women; boards to be formed at local, taluk, district, state and national levels.
- ☞☞ Budgetary allocation (3%) for the social security needs of the unorganized sector. The funds can be drawn from the cess / levy on the sector itself and contribution from the Central and State governments. A social security fund should be constituted.
- ☞☞ Promulgation of Government Orders for regularization of Labour of unorganised workers whether casual or contract, with identity card, fair wages, weekly holiday, weekly leave, hours of work, maternity and child care, ESI, pension. P.F., safety and occupational health.

Recommendations for the Services Sector

- ☞☞ A Policy of equal opportunity should be formulated to encourage women's increased participation within sectors with a poor gender ratio. There should be an Equal Opportunity Commission set up to make this policy operational within a time bound frame.
- ☞☞ A social audit should be done of public sector companies– from workers, middle management and higher. This should be a mandatory five yearly audit. The Gender Budgeting Cells set up in the Departments/Ministries should ensure this.
- ☞☞ Collection and dissemination of gender disaggregated data related to all sectors should be made mandatory. Every ministry of the government should have gender disaggregated data online, giving a break-up for each industry. At present there is little or no data available for the organized as well as unorganized sector.
- ☞☞ Women headed enterprises from this sector should be exempt from tax.
- ☞☞ The tax rebate for women employed in this sector should be further increased.
- ☞☞ There should be a tax incentive to encourage women entrepreneurial ventures in industries where there are low numbers of women workers and/or management.
- ☞☞ All corporate social responsibility programs have a gender empowerment, capacity building and training component.
- ☞☞ To encourage enterprises to employ women there should be a policy that ensures tax incentives for enterprises employing more women.
- ☞☞ There should be a program run by the Indian railways to train and capacity build women from self-help groups so that they can be employed at all levels – from manufacturing, engine driving, ticket collecting, maintenance, etc.
- ☞☞ The Government along with the corporate sector should identify sectors (e.g. retail and marketing) which have both a low gender ratio as well as a lack of trained personnel. Through the private-public partnership program the Ministry of Women and Child Development, NGOs, women SHGs and large private sector enterprises such as CII should identify trainees to organize on-the- job trainings
- ☞☞ Increase the number of vocational training institutes for women. There should be slots in vocational training institutes for the re-training and skill up-gradation of

women who have taken a job-break due to their familial (including child-care and child-raising) responsibilities so that they are enabled to re-enter the workforce.

Poverty Alleviation/Income Generation Activities

There are various poverty alleviation programmes that being run by various departments/ministries. These are important since the target for the end of the 10th plan was to reduce poverty by 5 percentage points and women face the brunt of poverty within families. It is important to focus on women within households in these programs. Affirmative action of different types (earmarking percentages, stipulation as to titles being in women's names) in favor of women to ensure that they form an integral part of the benefits flowing from various schemes is important. The program strategies include mobilizing and organizing the target groups, including women, into self help groups.

Box 4: Wage Employment Programmes – Diagnosis of Problems

The findings of the Second Administrative Reforms Commission Reportⁱⁱⁱ provide a fair assessment of the various challenges while implementing schemes. The backdrop to this report is the National Rural Employment Guarantee Act (NREGA) and more generally, seven flagship schemes, including the Sarva Shiksha Abhiyan (SSA), Mid-day Meal Scheme, National Rural Health Mission, and the National Rural Employment Guarantee Scheme. The budgeted expenditure on these schemes is Rs34,309 crore in 2005-06 and Rs46,848 crore in 2006-07. NREGA accounts for the largest chunk of expenditure in both years. It also tells us what evaluation studies of these assorted wage employment programmes (Rural Manpower Programme (1960-69), Crash Scheme for Rural Employment (1971-74), and Jawahar Rozgar Yojana (1989-99), among others) show. The challenges in service delivery were:

Funds were not utilised in full. Lack of planning, untimely release of funds, and other such factors such as inability of the states to generate matching resources were important factors that led to low utilisation of funds.

Coverage of villages and the target group was extremely low.

A large part of the funds was used in capital intensive rather than labour-intensive activities. The normative capital-labour ratio was not adhered to.

Majority of the beneficiaries received less than 30 days of wage employment in a year. Non-poor households were also found to have benefited from these schemes.

There was bogus reporting, too, to achieve targets.

ⁱⁱⁱ "Unlocking Human Capital, Entitlements and Governance — A Case Study". (July 2006)

These programmes created income for the rural poor but left very few durable assets.

They encouraged corruption, both at political and administrative levels. Fudging of muster rolls and measurement books was common and resulted in loss of funds that could have been otherwise invested in creation of rural infrastructure.

Participation of women was lower than the stipulated norm of 30 per cent. In most cases, contractors were involved and the use of machinery was also reported, though the schemes expressly forbade it.

More specifically, all these wage employment schemes suffered from inadequate planning for assets, lack of people's participation, limited role of panchayats, focus on physical work, and leakages. That's a fair assessment, as a diagnosis of problems.

The report recommends that decentralisation, panchayat involvement, right to information, civil society and NGO involvement will prove to be critical in overcoming the above challenges.

Swarnjayanti Gram Swarozgar Yojana (SGSY)

This scheme is a major on going programme for the self employment of rural poor with an objective to bring the assisted poor families above the Poverty Line by providing them income generating assets through a mix of bank credit and government subsidy. The programme aims at establishing a large number of micro enterprises in rural areas based on the ability of the poor and potential of each area.

The performance in reaching targets for women in SGSY is seemingly impressive. While 50% of the self help groups under SGSY to be mobilized are meant to be women SHG's, who would then account for 40% of the total swarozgaris, the performance during 2002-03 and 2003-04 had reached 44.62% and 52.41% respectively.

A concurrent evaluation has found that women made up 63% of the swarozgaris, much higher than the targeted 40%. MORD has itself suggested that at least half the SHG's under the program should be women's groups and that 25% of women in a village should be covered by SHG's. The annual incremental income ranges between Rs. 8, 800 for individuals and Rs. 34, 930 for SHG's but has not been disaggregated by gender. The very purpose of earmarking benefits for women is negated if data is not published on these aspects.

Recommendations

- ✍️ Reservation for women should be increased from 40% to 50% as the minimum.
- The women beneficiaries should be drawn from the poor of marginalized sections like SC, ST and minorities. Widows, single women and female-headed households should be given priority. It is necessary to exercise greater vigil to ensure that the allocations earmarked for women are not diverted to other components of SGSY.

- ☞☞ Mere financial assistance does not help the women. They need institutional support. Non-financial inputs in the form of awareness, knowledge, skill training and marketing know how, etc. should be treated as an integral part of the programme and the mechanism of providing these through convergence with line departments needs to be reviewed. Information on the latest available technology is also key.
- ☞☞ The approach of the scheme should be expanded to include an empowerment and right based agenda. 'Swarozgar' should be redefined to include a livelihood approach, the focus should shift from financial management to economic empowerment which would mean going beyond access to credit to strengthening asset creation and ensuring women's access to public resources.
- ☞☞ Based on past experiences, the livelihood options offered at district and block levels should not include unviable micro enterprises and should focus on creating long term rural livelihood assets and infrastructure for example, ponds, grasslands, community forestry, nurseries, seed and grain banks, etc.
- ☞☞ In rural areas, bank branches are mostly one - man branches which lack capacity to undertake development banking functions which are essential for the success of the programme. Rural bank branches should be strengthened with a single window system to address women's needs efficiently.
- ☞☞ Banks should not treat the credit to SHGs as a commercial venture.
- ☞☞ Linkage with RMK may be explored as an alternative source of credit where commercial bank branches are not there.
- ☞☞ As MFIs augment their resources through the savings of poor women members of SHGs, they should invest back in these women. There should be a mandatory social commitment clause from MFIs and other financial institutions working on such programmes.
- ☞☞ Reduced rate of interest should be charged from women SHGs.
- ☞☞ Bank should adopt a single window approach to assist women especially those belonging to marginalized communities, BPL, female headed households and destitute women so as to overcome the procedural and other barriers to accessing loans.
- ☞☞ Procedures for registered federations and SHGs that are registered or are members of registered federations to access institutional credit should be simplified, with these federations providing the necessary signatures.
- ☞☞ Investment in training of cadres needs to be increased and should include a strong gender component. At present, gram sewaks' interface with the women is low as many amongst them have very little experience of working with women's programmes.
- ☞☞ It should be ensured that at least 50% of the rural development cadres are women, and that vacancies in these departments are addressed to overcome the shortage of worker to ensure quality inputs to the groups.
- ☞☞ Officials need to focus on quality groups, rather than "just forming groups for quality sake".
- ☞☞ Officials need to be trained and in rural communication, and before introducing credit programmes, officials need to offer brainstorming sessions on the principles of micro-credit.

- Group members need to act as managers and watchdogs, ensuring discipline on themselves and reducing dependency on “outsiders” (including NGOs, or non-governmental organisations).

Sampoorna Grameen Rozgar Yojana (SGRY)

SGRY is a wage employment scheme, which is self targeting, with wages paid partly in cash and partly in food grains, with minimum quantity of 5 kilograms per man-day. SGRY, which has earmarked 30% of employment opportunities generated by the program for women, has only been able to reach a low 12%. The evaluation results published (concurrent evaluation was done in 2003-04) do not throw much light on the type of durable community assets that have been created. It has pointed out many lacunae in its implementation like non-payment of minimum wages mandated in the programme or non-distribution of food grains in some places. Also where foodgrains have been distributed the extent to which food security of families has been met is not known. Concurrent evaluation of the programme needs to look into all this and should provide gender disaggregated data.

Recommendations

- The reservation for women should be increased to 50%. The women beneficiaries should be drawn from the poor of marginalized sections like SC, ST and minorities. Widows, single women and female-headed households should be prioritized. The figure should be applied flexibly (i.e the figure should not be restricted to 50%) in areas of high male out migration.
- Works that are taken up should be expanded beyond the usual activities like road construction to include building of rural livelihood assets and infrastructure that benefit women such as ponds, storehouses, water post, etc.
- Its scope should be widened to cover also parents of children withdrawn from all occupations (hazardous, non-hazardous and domestic) in view of the Bill on Child Labour passed by the Parliament.

National Food for Work Programme (NFFWP)

This is a 100% Centrally Sponsored Scheme to provide additional resources apart from the resources available under the SGRY to 150 most backward districts of the country so that generation of supplementary wage employment and provision of food security through creation of need based economic, social and community assets in these districts is further intensified. This is a 100% Centrally Sponsored Scheme.

Recommendations

- 50% reservation for women should be provided. Also, priority should be given to parents of children who have been withdrawn from working in industries, houses, etc. The women beneficiaries should be drawn from the poor of marginalized sections like SC, ST and minorities. Widows, single women and female headed

households should be prioritized. The figure should be applied flexibly i.e. the figure should not be restricted to 50% in areas of high male out migration.

☞☞ One of the limitations of the scheme has been that the food is not distributed in a timely manner, which defeats the purpose of the programme as it is meant for crisis situations. A time frame should be developed within which the food should be distributed.

☞☞ Women's demands for work should be prioritized.

Indira Awas Yojana (IAY)

The objective is to provide financial assistance for shelter to the BPL rural households belonging to SC, ST and freed bonded labourer categories. The houses are allotted in the name of female member or jointly in the names of husband and wife. IAY does not provide separate earmarking of provision and physical target for women. Though the program stipulates that the dwelling units should be invariably allotted either in the name of a female belonging to the beneficiary household or in the joint names of husband and wife, Evaluation report mentions that the titles of houses still continue to be predominantly in the names of the male family members.

Recommendations

☞☞ All BPL families to be included and priority should be given to SC, ST, OBC, minority communities, female-headed households, widows, homeless aged women, destitute and single women.

☞☞ Evolve a credit cum subsidy scheme of Housing for the non- BPL families.

☞☞ Improve access to drinking water to the houses so that women do not have to waste long hours in collecting water when they could be performing more productive activities.

☞☞ The policy of public-private partnership/ corporate social responsibility should be evolved in undertaking such plans.

Swarn Jayanti Shahari Rozgar Yojana (SJSRY)

This scheme was launched with a view to provide gainful employment to the urban unemployed or under employed through encouraging the setting up of self-employment ventures or provision of wage employment. The programme is applicable to all urban towns with special emphasis on urban poor clusters. The percentage of women beneficiaries shall not be less than 30%. Women beneficiaries belonging to women-headed households shall be ranked higher in priority than other beneficiaries.

Recommendation

☞☞ The percentage of women beneficiaries should be made 50%. The women beneficiaries should be drawn from the poor of marginalized sections like SC, ST and minorities. Widows and single women should be prioritized. The figure

should be applied flexibly (i.e. the figure should not be restricted to 50%) in areas of high male out migration.

National Rural Employment Guarantee Act /Scheme

Under the aegis of NREG Act 2005, the Scheme was launched in February, 2006 to ensure livelihood security in rural areas by providing at least 100 days of guaranteed wage employment in a financial year to every house hold whose adult member volunteers to do unskilled manual work. Unlike the other poverty alleviation programs, NREG Scheme is less than a year old and is presently confined to 150 districts where existing work opportunities for the poor are sub-optimal. It has been described as a potential tool of empowerment for rural labourers since it, being a guaranteed employment, can protect them from economic insecurity, strengthen their bargaining power, and help them to organise and fight for their rights.

The Act states that “priority” should be given to women in the allocation of work, “in such a way that at least one-third of the beneficiaries shall be women”. Guaranteed paid employment close to home is a major step towards improving the status of women, with facilities for child care and promise of equal wages without gender discrimination, invoking the provisions of the Equal Remuneration Act. However, there have been instances where women themselves have insisted on low wages in comparison to their husbands to satisfy their ego and ensure peace at home^{iv}. Such kind of social barriers can only be overcome by investing in long term processes of social reengineering and advocacy. The empowerment of women is one of the objectives specifically written into the NREG Act. Based on the experience of similar schemes, such as the Maharashtra Employment Guarantee Scheme, it is envisaged that women are likely to account for a large proportion of labourers employed under the Act, and that guaranteed employment would give them some economic independence. Women and older persons are also required to be given preference to work on sites close to their homes. If there are 5 or more children under 6 years at a particular worksite, the Act requires provisions to be made such that one of the women workers can be deputed to look after the children, who will then be entitled to receive the stipulated minimum wage.

The scheme has huge potential to reduce the massive crisis of employment in rural India and improve both access to work as well as rural infrastructure and quality of life.

Recommendations

- ✎ Integrate the implementation of the NREGA with the planning process in general, and specifically with other requirements of rural development, especially those with direct impact on women and girls. Thus, schemes and projects initiated under NREGA could include those that would dovetail with other plans such as provision of universal schooling.

^{iv} Box 5.11 (page 56) ‘ Gender Equality’ of the Second Report of the Administrative Reforms Committee

- ✍️ NREGA must ensure the actual participation of women workers through the statutory provision of 30 percent of employment opportunities, which must not remain on paper.
- ✍️ In planning for women's additional employment, women must be treated as entities in their own right and not just as a resource for the family. This is also relevant for the National Rural Employment Guarantee Scheme (NREGA) where their right to employment must not be subsumed within the family card.
- ✍️ Scheme may be made women friendly. Facilities like wage parity, maternity benefit, shelters, crèches for the children (below 6 years of age) of workers, water and sanitation facilities at the work place, transport services, security, etc. should be provided.
- ✍️ It is important to encourage women to apply especially in places where public knowledge and awareness about the scheme may be low. There may be even less knowledge regarding the one-third special allocations for women. The levels of illiteracy amongst unskilled workers (who are the beneficiaries under the scheme), would be especially high in the case of unskilled women workers. It is necessary to spread awareness and knowledge amongst them.
- ✍️ Failure to observe the rule of non-discrimination in wage payment has been seen in some places – this should be brought to the notice of the authorities.
- ✍️ There is a provision for setting up Vigilance and Monitoring Committees for every work taken up under the scheme, members of which will be elected by the Gram Sabha. It has to be ensured that women are included in these committees.
- ✍️ The quorum for the Social Audit Forum, which is to be the same as the Gram Sabha, has to be applied separately for all the groups.

Self Help Groups And Women's Empowerment

The emergence and rapid multiplication of Self Help Groups (SHGs) based on micro credit is a phenomenon that is gaining increasing importance in the development scenario. Today there are seven million SHGs in the country. Nearly 90% of the groups are women only groups. (Source: NABARD website). SHGs have been viewed by the State as a strategy for both women's empowerment as well as poverty reduction. SHGs are a conduit for routing a wide range of government sponsored development messages and schemes. NGOs have increasingly been adopting SHGs as a strategy to bring women together, at a faster pace and larger scale than the collective building processes adopted by them earlier. A number of powerful players, like MFIs, NGOs, corporations and donors, all of whom have a significant and growing interest in the SHG phenomenon, which centres on poor women have entered the arena.

Credit is a right that poor women must have access to. The experience of SHGs has shown that they have provided improved access to credit. Poor women are now perceived by the mainstream financial sector as credit worthy. Women have used savings and credit for needs such as those related to education and health, and in particular for crisis related needs. Participation in SHGs has meant opportunities related to mobility and a legitimate space in the public realm for leaders of SHGs. Notwithstanding all the

positive achievements, the overall picture is uneven and raises some concerns related to gender justice and livelihoods that the 11th Five Year Plan process needs to address. These concerns draw upon the understanding of equity and gender justice of concerned practitioners who have implemented SHG programmes as well as several research studies.

Emerging Challenges

Limited improvement in livelihoods situation

- Despite the increased access to credit, there continue to be several hurdles faced by women when they want to access credit from banks. These include huge amounts of paperwork and the fact that women are often pressurized by banks to recover loans made earlier to men in the village as a unwritten conditionality before loans are released to them.

- It is increasingly being reported that SHG members have limited control over financial resources that they borrow despite being the conduit for access to such credit through their groups. The burden of repayment of such loans falls almost exclusively on the women. As SHGs are almost exclusively women-only, often women become proxy to husband's demands without the men taking up the responsibility for repayment or proper utilization of these loans.

- Many of the micro enterprise activities undertaken have tended to be unviable. Low levels of credit absorption capacity, low skill base and low asset base have been challenges to the SHG movement, which are yet to be addressed. Moreover, lack of skills, experience and technical support services to promote livelihoods and build sustainable interventions among the intermediary organizations especially NGOs etc does not enable does not enable sustainable livelihood options to be developed.

- Access to credit as the focus of the micro credit programs looses sight of the issues fundamental issues of access and control over common resources such as water forests, etc which are the mainstay of occupations of a large number of the rural poor. The fundamental livelihoods concerns related to the existing economic realities (such as those related to agriculture or natural resources) of poor women's lives remain largely unaddressed in the process.

Exclusion of the poorest

The amount and regularity of savings expected from SHGs has led to the exclusion of the poorest, including members from Dalit, tribal and Muslim communities as well as women headed households from the SHGs. The more interior and tribal villages have not benefited greatly.

Defunct groups

The rapid growth of SHGs combined with inadequate support being provided to them has meant that a large number of groups are defunct and exist only on paper. The pressure of targets has led to multiple claims being made on SHG members by different sponsoring agencies, thereby often exaggerating the number of women being covered by SHGs.

Lack of support to address inequity and gender injustice

The agenda of SHGs most often fails to include social justice and equity issues, although women may take up issues related to violence against women even in the absence of support from the sponsoring agency. With increased awareness members of SHGs are also making demands from governance institutions often without success. They continue to experience invisible barriers to entry in economic and political spheres. Many of the programmes tend to circumvent the Panchayati Raj Institutions from where the SHGs could potentially seek redressal of their grievances.

Capacity building limited in content and reach

While SHGs serve the interests of numerous institutional players there is insufficient ploughing back of any resources for the women themselves, either for crisis support or for their capacity building. Some of the emerging issues are:

- There are a large number of government sponsored SHGs that have not received any capacity building inputs.
- The capacity building inputs being provided are overwhelmingly focussed on the cadre of sponsoring agencies and fail to reach SHG members.
- Inputs on social justice and equity issues either do not reach SHGs or if they do it is in a highly diluted manner. The overwhelming focus is on the functional agenda related to group formation and ensuring regular savings and repayment. Issues related to gender when included receive tokenistic attention.
- The role of literacy in strengthening transparency and autonomy of SHGs as well as its significance in determining access to leadership, credit and other capacity building opportunities has gone unrecognised thus far. The picture emerging is that there are clear linkages between adult literacy and access to leadership, credit and capacity building opportunities. The literate leaders also have greater opportunities to access credit and capacity building resources than other members. Literacy is not considered as an integral part of the SHG initiatives, but it is often undertaken in an ad hoc manner as a supplementary activity which does not receive adequate importance

Absence of a holistic approach

The realities of women's lives are that there is an intertwining of the economic, cultural, social and political realms. Problems and disadvantages experienced by women in different aspects of their lives collectively give rise to a situation of disempowerment.

The discourse on micro credit assumes however, that micro credit alone will automatically address the entire problem. Policies and programmes tend to falsely divide social and economic empowerment. Even when the term economic empowerment is used it often reduced to a narrow notion of financial access to resources. It is becoming increasingly clear that SHGs can contribute to the process addressing gender and socio-economic inequities but cannot be a substitute for holistic empowerment strategies that enable collective reflection and action to challenge gender subordination. Micro credit therefore is one of the critical inputs required to remove women's subordination and poverty alleviation. Investment of adequate resources in capacity building and an enabling policy and institutional mechanism that will ensure that poor women's interests are at the centre of SHG interventions are required.

Recommendations

1. *Committee on the Status of SHGs*

- Given the importance, scope and scale of the SHG and micro-credit phenomena, a high-level Committee on the Status of SHGs should be constituted to review the existing perspectives, policies and programmes related to SHGs in order to strengthen their potential towards addressing the social, economic and political rights of women. The members of the Committee should include eminent academics and practitioners who have a substantive engagement with issues of women's empowerment, poverty and livelihoods, with adequate representation from different states.
- The mandate of the Committee should include recommending the manner in which the State will generate data in order that the performance of micro credit based interventions may be reviewed and monitored.
- Some of the critical areas on which information is currently lacking relates to:
 - ?? Number of functioning (as opposed to defunct) SHGs.
 - ?? Financial impact of micro credit on poverty alleviation
 - ?? Inclusion of the poorest
 - ?? Number of women/groups being able to access credit
 - ?? Types of enterprises for which women borrowers receive credit
 - ?? Sustainability of such enterprises in the absence of adequate support inputs
 - ?? Ownership of assets created/strengthened through micro finance
 - ?? Data on capacity building – extent to which these are being provided, to whom, nature of the inputs including time allocated to social justice and equity issues.
 - ?? Data on lending practices and norms – both formal and those that are being practiced although unwritten.
 - ?? Identification and analysis of existing macro data on indicators that will enable an assessment of the impact of SHGs. This could include macro data related to poverty reduction, distress migration, violence against

women, inclusion of economically and socially marginalized communities etc.

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- The Committee should also be mandated to recommend the process whereby indicators to monitor progress in terms of empowerment and equity can be designed.
- The findings of the Committee should be not limited to mere recommendations, which might or might not be incorporated. The 11th five-year plan needs to ensure that the recommendations are necessarily reflected in the formulation of new policies and programmes or redesigning of existing ones. Once the indicators are in place all departments and Ministries should report according to these indicators. The Committee should work within a timeframe and adequate budgetary allocations for this should be made.

2. *Bringing SHG data in the Public Domain*

- The State and other Institutions engaged with SHGs should make available the data related to achievements in poverty alleviation, empowerment and literacy. Such data should be gender disaggregated. With the growing recognition that women are not a homogenous category data should be further disaggregated in terms of other categories like, caste, class, religion, ethnicity, educational status. Such data will be extremely useful for planning purposes.

3. *Regulation of the Financial Functions*

- The State and the appropriate ministries should institute a Regulatory framework for the functioning of micro finance institutions in order that there be a limit on the extent of interest rates and the manner of recovery of loans not be exploitative.
- Assets created through micro credit should be in the name of women.

4. *Addressing Gender Issues and adopting a holistic approach to empowerment*

- Micro- credit should be seen as one part of a broader strategy to enhance women's agency on social, political and economic levels. Policies and programmes should simultaneously seek to increase women's confidence, awareness, negotiation ability, literacy, health, as well as women's vocational, entrepreneurial and management skills, to enable micro finance inputs to translate into sustained empowerment. The costs of enabling that empowerment through extensive training inputs and other strategies need to be considered a necessary and direct cost commitment of all micro credit based programmes.
- SHGs can be federated and expanded into larger community based organizations. Such organizations. This can enable them to leverage greater amounts of credit

and undertake more sustainable livelihood options. In addition these large women's collectives should be empowered to take on gender justice issues and collectively struggle against gender-based discrimination and violence against women.

4. *Capacity Building on gender issues*

- In order to ensure that issues of gender are adequately addressed the capacity building inputs need to be strengthened, and provided for longer durations and with a long-term focus.
- The capacity building inputs should focus on
 - Building an understanding on gender issues including violence against women
 - Understanding legal provisions vis a vis violence
 - Enabling women to understand how they can access institutions of justice
 - Information on Government schemes, especially those related to women and gender justice
- A core curriculum framework should be developed for training at the national level. Those who have expertise in the field of gender as well as SHGs should develop the Curriculum framework jointly. A strong training of trainers programme should be designed so that expertise can gradually be available at decentralized levels.
- A substantial literacy programme should be included as part of the SHG programmes.
- All agencies that sponsor SHGs (banks, micro finance institutions and government departments, NGOs, donor agencies etc.) should contribute to a Women's Crisis Fund to be managed by SHGs which will address women's needs related to violence, health, food etc.

5. *SHGs in Governance Structures*

Greater linkages and formal mechanisms between representatives of SHGs and PRI Institutions should be worked out so that the priorities of poor women can inform village-planning processes and in order that governance systems are responsive to their demands.

6. *Adoption of holistic livelihood options*

- The vision must be broadened from narrowly defined enterprise development activities (which typically include non-viable income generation activities) to a livelihoods approach. This should be based on a mapping of existing livelihood options.
- SHGs should not only be conduit for delivery of services but should be strong collective of women. These should be sustainable. These should ensure backward

- linkages with technology and credit and forward linkages with markets so as to generate both farm and non-farm livelihood opportunities.
- Policies and programs should design a wide range of financial products and services to meet the needs of poor women. Four broad categories of credit products are recommended: credit for income generating activities, credit for investment in education and health; consumption credit including household needs; and products for social security.
 - Adequate capacity building package on livelihoods should be developed.

Skill Development

With the coming of Globalisation and liberalization, new technologies and fast changing markets tend to make existing skills obsolete and require upgradation, new skills and multi-skilling. Globalisation often puts a premium on skills - requiring high levels of education, often out of the reach of the unorganised sector workers. On the other hand it opens up new markets which workers can reach by adapting existing or traditional skills.

Women workers are usually at the lowest-paid end of any sector, they are usually termed as unskilled, even though very often their work, though low-paid, requires a certain level of technique. Furthermore, many of the skills that women learn are those that are in some way connected to care and reproduction, which are often not regarded as skills at all. For example, some skills which are not recognized now, but which exist with local populations -- women in forest areas, have a skill of recognizing and using herbal plants. Often a woman's skills may not be regarded as skills at all, either by the person who is documenting the skills, or even by the women themselves. Secondly, the potential marketability of a particular skill is never recognized. This refers to a woman's skills which currently may not be marketed but which may have a good market potential like embroidery or knowledge of herbs. Finally, the 'care' skills of the women can no longer be sidelined. These would include knowledge of child-care, care of the sick and particular skills such as mid-wifery. Only then will a measurement of a woman's skill will capture the extent of her 'specialization'. One unfortunate tendency that has been noticed in the desperate search for employment that goes on in the unorganised sector is the tendency towards deskilling. Workers lose their traditional or acquired skills when they cannot find employment with these skills.

There is the demand side of the skilling needs which captures the skilling needs at a point in time. Even within the formal sector, there have been rapid changes which have led to changes in demand. The long term strategy should in any case be to inculcate skills in women participate in labour markets as effective employers or entrepreneurs.

The trends and patterns in female employment need to be analysed in the broader framework of social, cultural and historical specificity. Women's participation in the labour market thus is not only an economic issue but also a larger social question, which demands a multi-disciplinary approach. Women's economic activity is rooted mainly in socio-cultural, historical, physiological and economic considerations. Hence, looking at women's employment from the labour market point of view alone is not enough.

CHAPTER III

WOMEN AND THE LAW

The Constitution of India recognizes equality rights of women in Articles 14, 15 and 16. Article 15 (3) allows the state to take special measures for women and children to realize the guarantee of equality. Despite different gender specific laws in place, women's status in society continues to be devalued. Gender based violence and discrimination faced by women are manifestations of the devalued status of women. In order to find an enduring solution to gender based violence, laws impacting on a woman's equality rights have to be assessed and strictly implemented. Laws prohibiting gender discrimination based in the home and in the public sphere have to be evolved and implemented. As this process will take place in the years to come, the aspect of gender based violence requires immediate attention. Hence the focus of the action in the 11th 5 year plan is on issues of gender based violence. Simultaneous efforts to improve women's status through the use of laws will also be undertaken.

Prevalence of gender based violence

Violence against women (VAW) includes any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Violence against women manifests itself in many ways and is one of the most pervasive forms of human rights abuse in the world today. While all women may experience violence, it intersects with other social and identity-based constructs like caste, religion, ethnicity, disability, and sexual orientation to make specific groups vulnerable to different and particular forms of violence. Thus, the nature of the violence and how it manifests itself may differ because of social location.

To effectively deal with the problem of violence against women efforts are being made to strengthen the existing legislation through review and amendments and develop institutional mechanisms. The Support Services, in place, to victims of violence are Short Stay Homes, Swadhar , Help lines for women in distress, Legal Literacy and Legal Awareness Camps, earmarking of one Fast Track Court in a district, (where there are two) to deal exclusively with cases of violence against women, constitution of the National Commission for Women (NCW) and State Commissions, increased recruitment of women police officers, establishment of women police cells in police stations and exclusive women police stations and establishment of Rape Crisis Intervention Centres in police districts in some big cities. In addition to these, efforts are being made to sensitize judiciary, police and civil administration.

Despite these efforts, crimes against women in the country continue to be on the increase. As per the latest data published by the National Crime Records Bureau, the total number of crimes committed against women has been increasing from year to year from 1.31 lakhs in 1998, 1.36 lakhs in 1999, 1.44 lakhs in 2001 and 1.51 lakhs cases in 2005, consisting of offences such as torture, molestation, rape, abduction, sexual harassment, dowry deaths, immoral traffic and others. During 2004 the incidence of torture and molestations have accounted for 37.7% and 22.4% respectively, of the total crimes against women, followed by cases of rape, kidnapping, abduction to the extent of 11.8% and 10.1%. 2.9% of the rape victims were less than 10 years of age. The number would be larger as most cases go unreported due to social stigma attached to it. In 2004, 19.7% rape cases have been tried in the courts out of the total of 71,620 cases for trial and in only 25.2% of cases conviction was made. The crime clock maintained by the NCRB reveals a shocking figure of:

- ? ? 1 Crime Committed Against Women every 3 Minutes
- ? ? 1 Molestation case every 15 Minutes
- ? ? 1 Rape case every 29 Minutes
- ? ? 1 Sexual Harassment case every 53 Minutes
- ? ? 1 Dowry Death case every 77 Minutes
- ? ? 1 Cruelty by Husband and Relatives case every 9 Minutes

The total cases registered under various crimes and their conviction rate during 2002-04 is given in the table below:

Nature of Crime	2003		2004		2005	
	Cases Regd.	Conviction Rate	Cases Regd.	Conviction Rate	Cases Regd.	Conviction Rate
Kidnapping & Abduction	13296	23.6	15578	24.2	15750	25.3
Dowry Death	6208	32.4	7026	32.1	6787	33.4
Dowry Prohibition Act	2684	21.2	3592	25.0	3204	25.5
ITPA	5510	86.7	5748	84.8	5908	82.2
Importation of girls	46	11.1	89	6.3	149	34.8
Sexual Harassment	12325	62.9	10001	60.5	9984	53.5
Rape	15847	26.1	18233	25.2	18359	25.5
Molestation	32939	30.2	34567	30.9	34175	30.0
Cruelty by husband & relatives	50703	18.1	58121	21.5	58319	19.2
Indecent representation of women	1043	76.7	1378	90.0	2917	94.3

The Tenth Five Year Plan addressed the problems of violence against women on top priority basis through a well-planned programme of action, with both short and long term measures, both at the national and state levels. Amendments were recommended in the Indian Penal Code and other related legislations to make punishment more stringent.

Collaborative interventions in the Tenth Plan with the NGOs helped to bring about societal orientation, an important area to deal with the problem of different forms of violence against women in society. The Mid Term Appraisal to the Tenth Plan also identified violence against women as one of the burning issues affecting women.

The problem of VAW has to be dealt with holistically. Draft Approach Paper for the 11th Five Year Plan has included Violence against Women as one of the three aspects relating to the problems of women in the country, the other two being Economic Empowerment of Women and Women's Health. Thus a major challenge before the XI Plan is to enable the creation of an environment for women that is safe and free from violence. Only then it would be possible for women to be true partners in India's democracy at the social, economic and political level.

Forms of violence that take place at the community include witch hunting, sati, child marriage, and incidents of public stripping. These unfortunately are increasing in prevalence. In recent years there have been disturbing reports of cases of sati and its subsequent glorification. There has been an alarming rise in reported cases of honor crimes committed in the name of protecting family or community honor. Equally worrying is the growing numbers of anti-women strictures being pronounced by community-based structures like caste and religious panchayats. The brunt of these so-called judgments, which in some cases have resulted in brutal punishments, such as dismemberment and mutilation, are usually borne by women or the women's family. Many such actions follow when women try and change age old, narrow and regressive social norms, like marrying outside one's caste or religion. Many of these so-called judgments are not only anti-women but go against the Constitution.

Experiences from the ground and various reports are now showing that women are specifically targeted in situations of communal and sectarian violence as they embody the so-called honor of the community. If a particular community or group is to be attacked and humiliated, women are targeted. In such situations women are victims of various forms of sexual violence including rape, molestation, mutilation, stripping etc. In areas experiencing tension and conflict like the North- East and Kashmir women are particularly vulnerable and are caught in the crossfire. There have been reports of sexual violence perpetrated by security forces as well. Many women in such situations experience trauma.

Legal regime on violence and equality rights of women

Laws relating to women can broadly classified under the following categories:

☞☞ **Crimes Against women**- gender specific crimes identified under the Indian Penal Code (IPC) include:

- ☞☞ Rape, including custodial rape.
- ☞☞ Kidnapping, importation of girls, selling minors for the purpose of prostitution abduction for different purposes, abducting or inducing woman to compel her marriage
- ☞☞ Dowry deaths,
- ☞☞ Cruelty within the marital home.
- ☞☞ Molestation and outraging the modesty of a woman.
- ☞☞ Causing miscarriage
- ☞☞ Provisions relating to obscenity.

☞☞ **Specific legislation on gender based issues**

- ☞☞ Dowry Prohibition Act, 1961 (28 of 1961)
- ☞☞ Child Marriage Restraint (Amendment) Act, 1979
- ☞☞ Protection of Women from Domestic Violence Act 2005.
- ☞☞ Commission of Sati Prevention Act 1987 (3 of 1988)
- ☞☞ Indecent Representation of Women (Prohibition) Act, 1986
- ☞☞ Immoral Traffic (Prevention) Act,
- ☞☞ Pre-conception and Pre-natal Diagnostic Technique Act, 1994
- ☞☞ Medical Termination of Pregnancies Act (1971)
- ☞☞ Supreme Court guidelines on the prevention of sexual harassment at the workplace. (1997)
- ☞☞ Equal Remuneration Act, 1976
- ☞☞ Maternity Benefit Act (1961)
- ☞☞ National Commission for Women's Act (1990)

☞☞ **Other laws impacting on women's rights**

- ☞☞ Labour statutes such as- Equal Remuneration Act, 1976, Contract Labour (Regulation and Abolition) Act 1970, Minimum Wages Act 1948, Factories Act 1948, Workmen's Compensation Act, 1923
- ☞☞ Criminal and civil procedural laws- such as Code of Criminal Procedure (1973), Code of Civil Procedure (1908), Indian Evidence Act (1872).
- ☞☞ Legal Services Authorities Act, 1987.
- ☞☞ Personal laws on marriage, property rights, guardianship and custody rights, maintenance.
- ☞☞ Supreme Court guidelines on the compulsory registration of marriages.

All of the above laws have to be strictly enforced to realize equality rights of women. The following sections are divided thematically

1. LAWS RELATING TO VIOLENCE AGAINST WOMEN

1.1 Domestic Violence

Domestic violence against women though pervasive is a largely invisible crime and goes unrecognized, especially since “Domestic violence is considered as a family matter having an unspoken sanction in patriarchal society” (NCW). There is very little data on the extent of domestic violence.

Domestic Violence is a term that is difficult to define as the violence occurs against women in intimate relationships. A victim of domestic violence tends to shield the perpetrator of violence in keeping with her socio cultural psyche and value system.

Domestic violence can be addressed by use of criminal provisions on cruelty within marriages (Section 498A) or the newly enacted Protection of Women from Domestic Violence Act 2005 (“PWDVA”) which is aimed at providing support and relief to women in all domestic relationships.

Recommendations

- ❏ Adequate budgetary allocation to be made by the MWCD in the XIth Plan for setting up the required infrastructure and requirements to make the PWDVA effective.
- ❏ Proper allocation of funds to provide training, sensitization and capacity building of Protection Officers, Service Providers, members of the judiciary, police, medical professionals, counselors, lawyers, etc on the issue of domestic violence and the use of law (PWDVA and other criminal and civil laws) to redress the same.
- ❏ Training of the various members of the State Commission for Women and identify their role in implementation of the PWDVA and other laws concerning violence against women in their respective states.
- ❏ Monitoring the appointment of Protection Officers by regular feedback from the various states
- ❏ MWCD should play a very proactive role in monitoring its implementation. An effective MIS should be set up. Allocations should be made for this.
- ❏ Government and the Civil Societies should initiate steps to give wide publicity to the PWDVA. Awareness about the Act should be dovetailed in all major government programs and schemes, especially those concerning women.

1.2 Dowry

There has been a mixed trend in the incidence of dowry deaths during the period 2002-04. The total number of cases registered has decreased from 6822 in 2002 to 6208 in 2003(-9%) and to 7026 in 2004(+13.2%). Cases of dowry death have been the highest in Uttar Pradesh in 2004 followed by Bihar and Madhya Pradesh. The conviction rate of

this crime was 32.1 in 2004, which was slightly higher than the average conviction rate of IPC crimes against women (29.3).

The total number of cases registered under the Dowry Prohibition Act has decreased from 2816 in 2002 to 2684 in 2003(-4.7%) and increased to 3592 in 2004(+33.8%). Cases booked under this Act have been the highest in Bihar in 2004 followed by Orissa and Uttar Pradesh. The conviction rate of this crime was 25 in 2004, which was much lower than the average conviction rate of SLL crimes against women (70.66).

Though legislations are already in place by way of an Act on Dowry Prohibition and provisions on harassment faced for dowry, Section (498 A) and dowry deaths (Section 304B) in IPC, their implementation has been weak and very few cases have been filed so far. In many parts of the country, Dowry Prohibition Officers have not been appointed. The police and other law enforcement bodies have shown apathy in recording and investigating into complaints relating to dowry related harassment and dowry deaths.

Harassment relating to dowry has now also been covered under the Protection of Women from Domestic Violence Act 2005. There is a need to amend the Dowry Prohibition Act to provide clarify the existing provisions and ensure its implementation in consonance with the PWDVA.

Recommendations

- ☞☞ Review the Dowry Prohibition Act to clarify existing provisions relating to the definition of dowry and penalties for the parties involved.
- ☞☞ Provide for the registration of a “list of gifts” exchanged at the time of marriage while registering a marriage under the appropriate laws.
- ☞☞ Link the implementation of the PWDVA with the implementation of the Dowry Prohibition Act. Protection Officers appointed under the PWDVA can also take action under the Dowry Prohibition Act.
- ☞☞ Sensitize medical professionals on recording evidence in cases of dowry death.
- ☞☞ Training and capacity building of law enforcement functionaries and members of the judiciary on issues concerning dowry related harassment of women and dowry deaths.
- ☞☞ Ensure the implementation of the Supreme Court order directing public servants to make a declaration at the time of marriage that no dowry was given or taken.
- ☞☞ Awareness should be created among the younger generation through drama, nukkad natak etc. media campaigns.

1.3 Rape and Sexual abuse

The increased incidence of rape cases in recent times may be because more cases are being reported now. The proportion of rape cases in the country during the last five years is 12 percent of total crimes against women. During 2004 reporting of rape increased by 13.6 percent. Out of rape cases reported in 2004 about 69.1% were

investigated, 94.2% of cases were charge sheeted but convictions made were only 25.2%. The conviction rate of rape cases is very low. The alarming fact is that crimes against women have been continuously increasing from 7.2% in 2000 to 7.8% in 2004. Rape cases account for more than 10% of total crimes against women, the percentage varying from 11.2 to 11.8 during 2000-2004. Incest rape, which was a taboo subject in the past, is being reported and in 2003-04 399 cases were reported – an increase of 26.5 percent. The data on age group of the victims shows that it is between 18-30 years.

In 84-88.8% cases of rape committed in the years 2000-2004, the victim knew the offenders. In 9 percent of cases the father or other members of the family or close relatives were themselves the offenders. Neighbors and other persons known to the victims constitute the offenders in more than three – fourth of the cases. Only one seventh of the offences were result of offence by strangers.

Currently, the crime of rape is dealt with in Sections 375-377 of the Indian Penal Code. A Bill on “Sexual Assault” has been drafted in lines of the recommendations made in the 172nd Law Commission report. This Bill seeks to expand the definition of rape to cover aspects of all forms of sexual violence faced by women and children. In addition, another Bill “Offences against Children Bill” has been drafted to specifically address all forms of violence faced children. “Sexual abuse” as a civil offence, has also been recognized in the PWDVA.

According to the order of the Supreme Court, a scheme for Relief and Rehabilitation of Rape Victims is being drafted for inclusion in the XIth Plan.

Recommendations

- ✍✍The scheme for Relief and Rehabilitation for Rape Victims should be introduced in the XI Plan.
- ✍✍Information on the status of the legislation on sexual assault and offences against children should be regularly disseminated by the NCW, who should hold regional consultations to discuss and finalize the draft. Consultations in this regard should focus on issues such as marital rape, age of consent, issue of consent, simplifying procedural and evidence provisions in order to be sensitive to the realities of the victim of sexual abuse.
- ✍✍Amendments to Section 377 (on unnatural offence) to be redrafted in consultation with all concerned groups such as women’s groups, child rights groups and groups working with sexual minorities.
- ✍✍Sufficient resources need to be allocated to sensitize law enforcing agencies, judiciary, and medical establishments once the bills are passed.
- ✍✍As the major bottlenecks to ensure that women get justice lie in the implementation of various laws the following is suggested
 - ✍✍ Ensure immediate filing of FIR and statement of the victim under Section 164 of IPC and make provisions for online FIR. Ensure that statements of rape victims should be recorded by a female police officer.

- ✍ Ensure a separate lawyer who assists the victim other than the police prosecutor
- ✍ More forensic labs and DNA testing centres in various districts
- ✍ Ensure special care for minor rape victims, age of minor being 18 for all purposes.
- ✍ Ensure the safety of the rape victim to enable her/him to testify in court.
- ✍ In every District Court, a judge should be specially designated to deal with rape cases and should be assigned this job for a period of three years. He/she should go through mandatory gender sensitization at the National or State Judicial Academies.

1.4 Child Marriage

Child marriages in India have continued unabated despite the enactment of laws for its restraint and prohibition. Early marriages have adverse consequences on women's growth, health, livelihood options and negotiating power within marriages. Penalties for entering into or involvement in child marriages are provided in the Child Marriage Restraint Act 1929. In addition criminal provisions on kidnapping and abduction can also be used to penalize those involved in child marriages. The status of a child marriage, i.e. whether it is void or voidable, is governed by marriage laws that are applicable to different religious communities or the Special Marriages Act.

Draft Prevention of Child Marriage Bill 2004 has received cabinet approval and is pending introduction in Parliament.

Recommendations

- ✍ MWCD to advocate compulsory registration of marriages.
- ✍ Age of the parties to be verified at the time of marriage

1.5 Other crimes

In addition to the above, other gender specific crimes that have been recognized under the IPC and special laws are Sati, Bigamy, Molestation, Obscenity, Indecent Representation of Women, Kidnapping, Abduction and Importation of Girls. Aspects of investigation, arrest and prosecution of these crimes are the responsibility of state governments. The criminal justice system has to pay particular attention to the needs of women who are subjected to these specific forms of violence. There are also different forms of violence being perpetrated on women that need to be addressed by the law. One example is that of increased rates of "acid attacks" on women. This is a heinous form of violence against women and has lasting impact on their autonomy and freedom of movement. Data on such emerging forms of violence should be collated and measures should be adopted to address the same.

Recommendations

- ☞☞The resurgence of Sati and its subsequent glorification must be stopped. The Commission of Sati Prevention Act should be implemented with rigour.
- ☞☞In areas where witch hunting is prevalent measures should be taken to stop such violence. As the prevalence of witch hunting is higher in tribal areas the strategy should be developed in consultation with groups working with tribal women.
- ☞☞Measures to understand systems like the devadasi system should be undertaken and an appropriate strategy developed.
- ☞☞Measures to create safe environments in urban and rural areas.

1.6 Organized crime – Trafficking in women

Human Trafficking both forced and under false premises is widespread, but no accurate data is available. Trafficking however, is usually and wrongly, conflated with prostitution. However, according to ILO, IOM, UNIFEM etc. purposes of trafficking include, (besides prostitution), entertainment, industry, forced labor, domestic work, camel jockeys, illegal adoption of children, bonded labor, forced marriage, drug trafficking, begging etc.

Poverty, breakdown in livelihood options, food insecurity, unemployment, debts, occurrence of disasters, and conflicts leave the victims, particularly women, of such situations with practically no choices for survival. Girls are also trafficked in the name of marriage. Victims often find themselves unwillingly trapped in a life of abuse that is physical as well as sexual.

The situation of women who have been trafficked into sex work is particularly vulnerable. They have little control over their earnings and face the risk of pregnancies, abortions, maternal mortality, sexually transmitted diseases such as HIV and AIDS. The Immoral Trafficking (Prevention) Act , 1956 penalizes all persons involved in trafficking women for sex work and living off their income. Unfortunately the law has been implemented in a highly moralistic manner resulting in the further victimization of trafficked women. The objective of the Act, i.e. the punishment of those involved in trafficking has not been met. The Act is being amended to provide more stringent punishment for traffickers and brothel keepers and to prevent victims of trafficking from being further harassed.

Government of India in 2000 signed the UN convention against Transnational Organized Crime (UNTOC), which includes the Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children. MWCD drew up a Plan of Action and constituted a Central Advisory Committee to combat trafficking and commercial sexual exploitation of children and activate legal and law enforcement systems.

The Central Advisory Committee constituted on combating child prostitution meets regularly and has come up with a protocol for pre-rescue, rescue and post-rescue

operations. A manual for sensitizing the police force in matters relating to trafficking of women and children and one for medical officers dealing with medico-legal cases of victims of trafficking have been finalized. A manual for district and taluka level judiciary is also under preparation which would act as a judicial handbook on combating trafficking of women and children for commercial sexual exploitation and would assist the judges in effective implementation of ITPA. Awareness generation on the issue is being taken up on a large scale. A detailed media campaign has been formulated using TV, radio and print. Swadhar and Short Stay Homes have been set up across the country for rehabilitation of women in difficult circumstances including women rescued from trafficking. It is proposed to set up one home in each district. Costs of shelter, food, clothing, health and legal expenses are borne by the Government. A comprehensive scheme for prevention of trafficking is being drafted.

Recommendations

- ❖❖ Measures to be taken to prevent revictimisation of victims of traffickers.
- ❖❖ Focus on entry point where traffickers begin the sale and purchase of humans for effective prevention of trafficking by generating livelihood options for women.
- ❖❖ Inter-regional networks should be set up to check forced migration and trafficking.
- ❖❖ There is a great need for awareness at all levels of the society, community and government to reduce the vulnerability of women and children to by generating livelihood options.
- ❖❖ Special Police officers and Community Vigilance are needed to reduce trafficking.
- ❖❖ Training modules must be developed for conducting on going training programs for Police, Judiciary and other government personnel involved in the prevention of trafficking.
- ❖❖ A policy of relief / rehabilitation should be formulated with wide spread consultations with stakeholders.
- ❖❖ More rehabilitation homes to be set up with longer periods of rehabilitation.
- ❖❖ Special homes to be set up for rehabilitation of trafficked women along with half-way homes.
- ❖❖ Protocols to deal with post rescue rehabilitation and relief should be developed.
- ❖❖ Special courts must be set up in every state with Special Judges to try trafficking cases and proceedings in such courts are to be time bound.
- ❖❖ Staff in protective homes must be specially trained and sensitized. Victims should not be forced to return home. In case they do return, adequate follow-up should be done to ensure their security. Continuity of care should be available to the victim for at least 3 years after rescue for effective psycho-socio reintegration and rehabilitation.
- ❖❖ Witness prosecution programmes to be developed.
- ❖❖ As poverty is a major reason for vulnerability to trafficking, special development programmes should be devised for those areas from which large numbers of women and girls are trafficked.

1.7 Community specific violence against women

Experiences from the ground and various reports are now showing that women are specifically targeted in situations of communal and sectarian violence as they embody the so-called honor of the community. If a particular community or group is to be attacked and humiliated, women are specifically targeted. In such situations women are victims of various forms of sexual violence including rape, molestation, mutilation, stripping etc. In areas experiencing tension and conflict like the North- East and Kashmir women are particularly vulnerable and are caught in the crossfire. There have been reports of sexual violence perpetrated by security forces as well.

Sexual violence perpetrated against women in situations of conflict have been recognized as a crime against humanity by the International Criminal Tribunal (Rwanda). The statute of the International Criminal Court includes sexual offences in its definition of “crimes against humanity”. Other sexual offences, within the context of conflict, that have been recognized as a crime against humanity are -“Rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity.”

A Communal Violence (Prevention, Control and Rehabilitation of Victims) Bill, 2005 has been drafted with a view to prevent violence against minorities and deal with the outbreaks of communal violence. The Communal Violence Bill, though addressing the existence of sexual violence during such times, has defined it in extremely narrow terms of rape and outraging the modesty of a woman. The draft of this bill must be brought in lines with prevailing international norms. Aspects of relief and rehabilitation of victims of sexual violence, the presence of sensitized officers to investigate into instances of sexual violence perpetrated on women in times of conflict must be separately provided for. Provisions relating to confidentiality of the victim and the manner in which the trial should be conducted should also be included.

Recommendations

- ☞☞The Draft law on the prevention of communal violence must include provisions on sexual violence in times of conflict. Such provisions must be drafted in consultation with women’s groups, and groups working on human rights and humanitarian issues.
- ☞☞Norms and guidelines for immediate relief, rehabilitation, and long term rehabilitation from a gender perspective should be put in place. Such guidelines can be used in the future and can be used to mainstream a gender perspective in post-conflict relief, rehabilitation and reconstruction.
- ☞☞A package on conflict resolution methods from a women’s perspective can be developed which can be made available to groups, government agencies etc. working in these areas. Such a package can be developed in collaboration with groups and experts with experience in this field

- ☞☞The Government should promote and actively seek women's interventions in peacekeeping, dialogues and conflict resolution. Such consultations should actively be supported to build confidence in the area
- ☞☞Special resource allocation should be available for legal awareness in these areas
- ☞☞Special courts to deal with cases of rape and other forms of violence against women, including those involving security personnel, should be set up
- ☞☞As this is an area where there is little data or information, studies could be commissioned to groups and researchers with relevant experience to get an authentic picture of the ground situation.
- ☞☞As there are usually a large number of widows or female-headed households in such areas, usually as a result of violence or male migration, special measures for their assistance should be put in place
- ☞☞Where State commissions for women in such areas do not exist they should be set up immediately and all legal impediments removed.
- ☞☞NCW should undertake a study to ascertain the status of relief and rehabilitation of the women affected by the communal riots in Gujarat and make recommendations for future action.
- ☞☞Recognize that domestic violence is systematic and widespread in conflict and post conflict situations and should be addressed in humanitarian, legal, and security responses and during training in emergencies and post conflict reconstruction
- ☞☞The UN, donors and Governments to provide long term financial and support for women survivors of violence through legal, economic, psychosocial and reproductive health services. This should be an essential part of emergency assistance and post conflict reconstruction. All agencies providing health support and social services should include psychosocial counseling and referrals.
- ☞☞Targeted sanctions against trafficking of women and girls. Those complicit must be held accountable for trafficking women and girls in or through conflict areas. Existing international laws on trafficking must be applied in conflict situations and national legislation should criminalize trafficking with strong punitive measures. Victims of trafficking should be protected from prosecution.
- ☞☞Ensure immediate provision of emergency contraception and STI treatment for rape survivors to prevent unwanted pregnancies and protect the health of women

2. DISCRIMINATION AGAINST WOMEN

Discrimination against women takes place within the home and outside. It is important to give effect to the Constitutional guarantees of equality by enacting a comprehensive law on sex discrimination. Forms of discrimination that have been enacted upon are as follows:

2.1 Sex-Selection

The population statistics of India shows that the number of females to males has been declining over the decades from 972 females per 1000 males in the 1901 census to

941 in the 1961 census and further to 927 in 1991 census. Only as per the 2001 census, this number has slightly increased to 932 females per 1000 males. However this is not true of the juvenile sex ratio or the sex ratio of 0-6 years population, which has declined from 945 in 1991 to 927 in 2001. The situation in some States is more alarming. In States such as Haryana, Punjab, Delhi and Gujarat, this ratio has declined to less than 900 girls per 1000 boys as per 2001 census and seventy districts have recorded more than a 50-point decline during the decade 1991-2001. The lowest ratio recorded is 766 in Fatehgarh Sahib District in Punjab. As a result of this declining sex ratio, millions of girls/women are missing in India. It is an alarming scenario and if this trend continues, violence against women would increase and there would be forced polyandry. The demographic balance would be permanently damaged.

One of the reasons for the declining sex ratios is the incidence of sex selection, and or sex determination followed by sex selective abortions. This constitutes a grave form of discrimination against women as women are affected as being part of a social class. This is not a pro-life or pro-choice issue. A woman's right to abortion has to be upheld on grounds of promoting women's rights to equality. The right to abortion is the right to abort any fetus. The abortion of a female fetus following a sex determination test is an act of discrimination. As this act of discrimination cannot be committed without the active intervention of medical professionals, hence it is essential to strictly enforce laws directed towards regulating the practice of medical professionals. However, keeping in mind the pressures that a woman is subjected to for bearing a male child, the implementation and enforcement of such laws should not lead to the further victimization of women.

The laws regulating sex determination and abortions is provided for in the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Misuse) Act ("PC & PNDT Act") and the Medical Termination of Pregnancies Act 1971 ("MTP Act"). In addition penal provisions on "causing miscarriages" are also provided in Sections 312-316 of the Indian Penal Code.

Recommendations

- ❖ Decriminalize women under the PC & PNDT Act and the provisions in the IPC.
- ❖ Create public awareness on the issue of sex determination, sex selection, and sex selective abortions as well as the consequences of declining sex ratios.
- ❖ Take steps to train law enforcement functionaries, appropriate authorities and others on the law and its use with specific regard on collecting evidence, search and seizure procedures and pursuing litigation in court.
- ❖ Monitor the enforcement of the PC & PNDT Act through the effective functioning of the Central and State Supervisory Boards.
- ❖ Allocate funds for the proper implementation of the law.
- ❖ Ensure that courts are able to effectively deal with complaints filed under the PC & PNDT Act within a time bound period.

- ☞☞ Review the provisions of the PC & PNDT Act, MTP Act and the IPC in order to assess whether the objective of regulating medical professionals is met by the existing provisions of the law.
- ☞☞ Make inquest compulsory in all cases of female infant death
- ☞☞ Grass root health workers should educate the community about the consequences of repeated abortions on women's health.
- ☞☞ Advocacy initiatives should aim to build up alliances among all partners for social mobilization to eliminate this practice and to also facilitate implementation of laws.

3. WOMEN'S RIGHTS IN THE WORKPLACE

In India, women are entering the labour workforce in unprecedented numbers. In light of this development, there is, more than ever before, a pressing need for the rights of women to be respected, protected and fulfilled, particularly in the workplace. Further with the greater representation of women in the unorganized sector there is a need for institutions and a policy to be set up to empower women.

3.1 Sexual Harassment at the workplace

Women's rights in the workplace are important for many reasons. The obvious reason is the right of women to be free from unwanted sexual conduct and advances. The issue of sexual harassment at the workplace extends far beyond an individual woman. It impacts on workforce productivity, economic development, and the overall growth of the country. The Supreme Court in the case of *Vishaka v. State of Rajasthan* held that sexual harassment at the workplace is a violation of the rights guaranteed by Articles 14, 15 and 21 and that women have rights to gender equality, to work with dignity in a safe working environment and be protected from sexual harassment or abuse. The court in this case defined "*sexual harassment at the workplace*" and issued a set of guidelines for employers to redress and prevent this kind of violation of women's human rights at workplace.

Since then various government establishments have amended their respective statutes for the prevention and addressing complaints of sexual harassment. However a large section of women in the private and the unorganized sector are still unprotected.

Recommendations

- ☞☞ The draft Bill relating to Sexual Harassment at the Workplace be enacted at the earliest.
- ☞☞ Ensure appropriate budgetary allocations for the effective implementation of the legislation.
- ☞☞ The DWCD to monitor the formation of Complaints committee in various establishments
- ☞☞ Various establishments to conduct regulars training and awareness workshops.

- ☞ Establishments to submit annual report on the function of the Complaints Committee to the DWCD.
- ☞ Training sessions at workplaces will help in providing information to employers not only of their legal obligations to deal with sexual harassment but also for complying with these obligations. WCD can facilitate this training process.
- ☞ Mechanisms that are monitorable and enforceable to ensure that the private sector is not outside their ambit should be put in place. The Ministry should collect information from various corporate associations like (CII, FICCI etc.) and other business associations to ensure that the guidelines are being implemented.
- ☞ Awareness programmes in schools from the upper-primary levels and above should be organized so that female students gain confidence to report cases of sexual harassment. This issue should be dealt with sensitively in the school curriculum so that female students and teachers gain confidence about reporting cases.

In addition to the Supreme Court guidelines on sexual harassment at the workplace, there exists a number of labor legislation that can be used to promote women's equality rights in a workplace.

3.2 Equal Remuneration Act ,1976

Article 39 of the Constitution envisages that every state shall direct its policy, among other things, towards securing equal pay for men and women. However the average wage earnings received per day by casual labourers between NSSO 55th round (1999-2000) and NSSO 60th Round (2004-05) has shown dismal improvement and growing gaps between male and female remuneration:

In Rs.

	Female		Male		Gap	
	1999-2000	2004-05	1999-2000	2004-05	1999-2000	2004-05
Rural	29.01	36.15	44.84	56.53	15.83	20.38
Urban	37.71	44.28	62.26	75.51	24.55	31.23

Recommendations

- ☞ Ensure that the Equal Remuneration Act is implemented in all states.
- ☞ Make provisions for greater representation of women as "Labor Officers".
- ☞ The Ministry of Labour & Employment should monitor the implementation of the Act and recommend its better use.

3.3 Maternity Benefit Act , 1961

Article 42 of the Constitution states that the State shall make provisions for securing just and humane conditions of work and provide for maternity relief. This act was enacted keeping in mind the unequal physical and sociological burden a woman faces at the time

of child bearing and rearing. It was enacted with the object of protecting the dignity of motherhood by providing for the full and healthy maintenance of a woman and her child when she is not working.

The Act, in Section 4(1) provides that no employer shall employ any woman in any establishment during the six weeks immediately following her day of delivery. Section 5(3) states that the maximum period for which a woman shall be entitled to maternity benefit shall be twelve weeks. It has been recommended that the maternity leave period be extended to 135 days.

Recommendations

- ☞☞ Consider the proposal on increasing the period of maternity leave to 135 days.
- ☞☞ Need to monitor the implementation after it is enacted.
- ☞☞ Need to ensure that this form of affirmative action does not work to a woman's detriment by reducing her employment opportunities.

3.4 Workmen's Compensation Act , 1923

This Act was aimed at providing financial protection to the workmen and his / her dependants in case of accidental injury by means of payment of compensation by a certain class of employers.

Under this Act a qualified medical practitioner plays a very important role since he/she examines and certifies the extent of disablement which will determine the amount of compensation the worker is entitled to. Due to the difference in bargaining power there are chances that the woman may be subject to exploitation.

Recommendations

- ☞☞ Ensure that the medical examination of female workers be carried out by female medical professionals.
- ☞☞ Ensure that women are assisted in the process of claiming compensation under this Act.

3.5 Contract Labour (Regulation and Abolition)Act , 1970

Contract Labour (Abolition and Regulation) Act and Rules, 1970 provides for the separate provision for utilities and fixed working hours for women. The possibility of adverse consequences against women ought to be taken into account. Affirmative action for women, have in some cases, resulted in adverse consequences in terms of loss of employment opportunities for women.

Recommendations

- ☞☞ Include provisions for monitoring the effect of these laws on women.
- ☞☞ Provisions for crèches to be included
- ☞☞ Provision for mandatory presence of a women inspector when a premise employing women contract laborers is under inspection.

3.6 Minimum Wages Act , 1948

Article 39 of the Constitution envisages that the state shall in particular direct its policy towards securing that the citizens of have the right to adequate means of livelihood. The Minimum Wages Act, 1948 was passed to provide for a statutory fixation of minimum wages, especially needed in our country where workers are poorly organized and have a less bargaining power. The Act provides for fixation of minimum wages by the government for employments covered in the schedule .It provides for machinery for fixing and revision of minimum wages.

Recommendations

- ☞☞ Collect data, with specific focus on women, on whether or not the provisions of the Minimum Wages Act are being followed.
- ☞☞ Ensure that women are provided with minimum wages while availing of employment opportunities under the National Rural Employment Guarantees Act 2005.

3.7 Factories Act , 1948

The Factories Act, 1948 was introduced to regulate the condition of laborers employed in the factories. However a number of provisions relating to safety, health and welfare of the workers are generally found to be inadequate in view of the large and growing industrial activities. Further the act leaves important points to the discretion on the inspectors.

Recommendations

- ☞☞ Assess restrictions placed on working of women and young persons in cleaning, lubricating and adjusting machinery in motion and prohibition of women in dangerous operations should be considered and implemented accordingly.
- ☞☞ Ensure the provision of amenities such as crèches and sanitation for women laborers employed in factories.
- ☞☞ Take steps to ensure that this form of positive discrimination does not impact detrimentally on women's employment opportunities.

3.8 Unorganized Sector Workers Bill

There are nearly 37 crore unorganized workers, of which substantial numbers are women. There is therefore an urgent need to bring in a legislation on regulating their conditions of work and social security.

The Central Government is in the process of drafting a comprehensive bill providing social security and welfare of the unorganized sector workers. However the bill under formulation does not adequately deal with issues concerning women's rights.

Recommendation

- ✍️✍️ Tripartite boards set up under the proposed law should have equal representation of women.
- ✍️✍️ Work towards forming a social security fund should be set up to provide benefits such as maternity entitlements and crèches.
- ✍️✍️ Maternity entitlements should include three months paid leave plus medical expenses or ILO stipulation of 100 days.
- ✍️✍️ Monitor the delicate power equation at the nodal point where the woman goes to access the resources available to her.
- ✍️✍️ Include special provision for the prevention of sexual harassment at the workplace.
- ✍️✍️ Implement schemes so that women have more access to financial resources , marketing and transport facilities
- ✍️✍️ Women should have access to production resources and to the local markets for the sale of the goods. Registration procedures should be simple.

4. WOMEN AND MEDIA

In an age of developing technology and mass media, the portrayal of women in the media has a significant impact on women's rights. Print and audio visual media can be used to create public awareness on women's rights and break patriarchal stereotypes. However, any portrayal that is derogatory to women may have the opposite effect of perpetuating stereotypes. Hence there is need to promote positive images of women in the media while, at the same time, respecting a citizen's right to freedom of expression and right to information.

The existing law on regulating content on the media is contained in three different sources. Firstly, Article 51A of the Constitution states that it shall be the duty of every citizen of India to renounce practices derogatory to the dignity of women. Secondly, Section 294 of the IPC provides for penalties for "obscene" acts & conduct. Finally, the Indecent Representation of Women (Prohibition) Act, 1986 prohibits indecent representation of women through advertisement or in publications, writings, paintings, figures or in any other manner.

However the lack of gender sensitivity in the media is evidenced by the failure to eliminate the gender-based stereotyping and the reinforcement of women's traditional

role that can be found in public and private media. The continued projection of negative and degrading images of women in media communications - electronic, print, visual and audio – is evident. The world- wide trend towards consumerism has created a climate in which advertisements and commercial messages often portray women primarily as consumers and target girls and women of all ages inappropriately. Advertisements of beauty products, magazines and beauty pageants mushrooming all over have led to the creation of an image of an “ideal woman”.

The Indecent Representation of Women (Prohibition) Act was enacted in the year 1986 and since then the issue of what is “obscene” has been a subject of great debate. Even the act is mostly revolved around how the object will affect society and the public morality rather than how it offends women.

Recommendations

- ✍✍ Amend the definition of “indecent representation of woman” to shift the focus from “public morality” to “acts which are derogatory to a woman from the perspective of a woman herself”.
- ✍✍ The MWCD to play an active role in review of various laws and broadcasting guidelines which govern the media.
- ✍✍ The MWCD to assess the code formulated by the Advertising Standards Council of India (ASCI) and the extent to which it is complied with
- ✍✍ Encourage the media to refrain from presenting women as inferior beings and exploiting them as sexual objects and commodities.
- ✍✍ Create a platform for women journalists to better network and co-ordinate with each other.
- ✍✍ Aim at gender balance in the appointment of women and men to all advisory, management, regulatory or monitoring bodies, including those connected to the private and State or public media.
- ✍✍ Media should focus on programs for elimination of violence against women. Effort should be made to ensure that they communicate the issues without bias and without sensationalizing it.
- ✍✍ Written and visual material on various laws in all languages should be disseminated among the public
- ✍✍ Media should play a positive role in its portrayal of women and avoid the stereotypical role of women
- ✍✍ More women in the censor board to check indecent representation of women

5. ACCESS TO LEGAL SERVICES

Guarantees of women’s rights to equality shall be realized only if women are encouraged to assert their rights in a court of law. In order to achieve this objective, there is need to ensure a woman’s access to legal aid services.

Article 39A of the Constitution of India provides that State shall secure that the operation of the legal system promotes justice on a basis of equal opportunity, and shall in particular, provide free legal aid, by suitable legislation or schemes or in any other way, to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disability. Articles 14 and 22(1) also make it obligatory for the State to ensure equality before law and a legal system which promotes justice on a basis of equal opportunity to all. Legal aid strives to ensure that constitutional pledge is fulfilled in its letter and spirit and equal justice is made available to the poor, downtrodden and weaker sections of the society.

The Legal Services Authority Act was enacted in the year 1987. Section 12 of the Legal Services Authorities Act, 1987 includes women as a category eligible for free legal aid in its list of eligible persons.

A nationwide network has been envisaged under the Act for providing legal aid and assistance. National Legal Services Authority is the apex body constituted to lay down policies and principles for making legal services available under the provisions of the Act and to frame most effective and economical schemes for legal services. It also disburses funds and grants to State Legal Services Authorities and NGOs for implementing legal aid schemes and programmes. It also envisages legal service authorities to be constituted at every state, district and taluk levels. These authorities are supposed to give effect to the policies, directions and implement legal aid schemes in their respective areas.

Legal aid to a woman however still remains a distant dream in our country. Further even if a woman decides to approach the court she is beset with many hurdles like the quality of legal aid, attitude of the implementing bodies and the lengthy period of judicial process etc.

Recommendations

- ☞☞Take measures to exempt women from paying fees while pursuing cases of human rights violations.
- ☞☞Increase in the percentage of women in Police and judicial services
- ☞☞Constitution of Legal Service Authorities at district and taluk levels.
- ☞☞Monitor the function of the Legal Aid Centres
- ☞☞Ensure that legal aid centres be set up consisting of a group of committed and gender sensitive lawyers.
- ☞☞Respective states to carry out legal awareness programmes in collaboration with NGO's working at the grassroot levels..
- ☞☞Gender sensitization trainings and trainings on the use of gender specific laws to be provided to all members of the Legal Services Authorities and those involved with their functioning.
- ☞☞Training manuals to be developed for wide dissemination.
- ☞☞Publicity of legal aid schemes and programmes to make people are about legal aid policies.
- ☞☞Training of all levels of government officials on all laws.

- ☞☞ Legal awareness training should be provided for women leaders in the grass root, district and block levels
- ☞☞ Organize lok adalats and encourage alternate dispute settlement mechanisms for efficacious settlement of cases.
- ☞☞ 'Mahila Panchayats' in Delhi supported by DCW should be studied. The quality of such programmes needs to be closely monitored so as to ensure that the resolutions keep women's interests in mind and that they are in keeping with constitutional legal framework. Best practices should be collated from such for a and widely disseminated for adoption in other parts of the county.
- ☞☞ Legal aid cells at the Panchayat level should be set up where both information and support is provided to rural women, especially poor women, for exercising their rights. Funds for legal assistance should be provided to poor women seeking legal redress
- ☞☞ Adequate resource allocations for trainings and follow-up activities should be made to ensure that the women actually benefit
- ☞☞ Accreditation of para-legal workers from reputed legal institutes should be done so that they can liaise between the victims, courts and justice delivery systems

6. GENERAL RECOMMENDATIONS IN RELATION TO COMBATting VIOLENCE AGAINST WOMEN.

6.1 Sensitization

- ☞☞ Promote an active and visible policy of mainstreaming a gender perspective, including VAW in all policies and programmes
- ☞☞ Educate and gender-sensitize the public, police and judiciary. Gender should be made a mandatory part of the curriculum and in-house training of police as it has been found that the present gender orientations are not adequate
- ☞☞ Amend school curriculums to include violence against women and girls and their legal rights and entitlements in an appropriate manner keeping in mind the age of the child etc. This should be done in consultation with women's groups and groups working on education. A gender audit of textbooks can be undertaken
- ☞☞ Awareness on gender issues in general and violence against women should be included in the core teachers training curriculum, refresher trainings and curriculum of DIETS. The present system of periodic gender orientations is not effective and the change has to be a systemic level
- ☞☞ The Youth ministry should take up VAW/G as a priority issue and encourage interaction with young people, particularly boys. For instance, Jamia Milia University has started a training program for boys in the community on 'gender' to curb violence against women and girls
- ☞☞ Registered SHG federations should be provided training to identify and deal with issues of violence against women. Small funds should be made available with guidelines on spending to enable the federations to assist such women in distress.
- ☞☞ Facilitate the implementation of training programmes for judicial, legal, medical, social services, social work, educational, police and immigration personnel to

educate such personnel and sensitize them to the social context of violence against women.

6.2 Support Services

- ✍✍ Every district should minimally have two shelter homes for women and girls. This should be in the nature of a one-stop crisis centre where different key services like legal aid, counseling, medical help etc. can be availed. NGOs and government agencies running such centres should be trained adequately.
- ✍✍ More counseling centres with qualified social workers cum counselors with good pay packages should be set up. The central social welfare board (CSWB) should ensure regular funding.
- ✍✍ A certified course on counseling should be developed and offered through reputed organizations to ensure the availability of counselors especially in rural areas and in small towns where there is acute shortage of such facilities
- ✍✍ Allocations for more medical/trauma centres both separate and within existing government health facilities should be earmarked
- ✍✍ Rehabilitation in terms of capacity building for victims with skills for self-sustenance, property, livelihood, care and protection, can prevent discrimination and stigmatization
- ✍✍ As more and more people flock into the cities, free night shelters should be built in the urban centers to check trafficking and other forms of violence against women and children
- ✍✍ The experience of setting up women's desks within the police station which is being tried in some states should be studied and if found effective, be up scaled.
- ✍✍ Ensure that women subjected to violence have access to law enforcement and justice delivery mechanisms.
- ✍✍ Set up hotlines and helplines providing information, advocacy, support and crisis counselling. Rehabilitation in terms of capacity building for victims with skills for self-sustenance, property, livelihood, care and protection, can prevent discrimination and stigmatization

6.3 General

- ✍✍ There should be stringent implementation of the existing provisions for prevention of violence against women in which MWCD and NCW should play a monitoring role
- ✍✍ Police has to be accountable for the proper implementation of law, filing of Firs, taking preventive measures
- ✍✍ Adequate representation of women in police and judiciary to be ensured with a minimum of at least 33% by the end of XI Plan
- ✍✍ Prison reforms to take care of needs and problems of women prisoners should be carried out.
- ✍✍ Adopt, implement and periodically review and analyze legislation to ensure its effectiveness in eliminating violence against women.

- ☞☞ Strict action to be taken against community level structures that pronounce anti-women judgments and actions in cases like inter-caste or religious marriages, witch-hunting etc
- ☞☞ There should be regular dissemination of information on status of various legal reforms
- ☞☞ Women's organizations should be consulted at all stages of legal reform process
- ☞☞ Self defense training for girls to be made compulsory in schools
- ☞☞ Women activists taking up cases of violence against women are often threatened and attacked. Strict action should be taken in such cases and the rights of women activists protected.
- ☞☞ Support a holistic, multidimensional, multidisciplinary programme on VAW to be implemented in partnership with the UN System, civil society groups and women's groups/networks.
- ☞☞ Support research initiatives on the causes, consequences, costs of and remedies for different forms of VAW, its extent and linkages to other forms of oppression such as class, caste, religion, ethnicity, economic status, occupation.
- ☞☞ Support research initiatives exploring the intersectionality of VAW with HIV/AIDS, disability, sexual orientation, migration, disasters and conflicts etc
- ☞☞ Promote research that demonstrates "what works" with regard to addressing VAW.
- ☞☞ Ensure that registration of Births, Deaths and Marriages is computerized. Registration of marriages should be made compulsory.

CHAPTER IV

SOCIOECONOMIC AND CULTURAL INTERVENTIONS FOR VULNERABLE GROUPS

The Tenth Five Year Plan categorized the developmental needs of the female population using the tool of age and classified them into five age-groups.

- ?? Girls in the age group of 0-14.
- ?? Adolescent girls in the age group of 15-19,
- ?? Women in the reproductive age group of 15 to 44,
- ?? Women in the economically active age group of 15 to 59
- ?? Older women in the age group of 60+ and above.

The first two categories comprising infants, children and young girls represent roughly half of the country's female population. Within these two categories, there are especially defenseless sub-groups, such as the girl children of tender years, when discrimination in matters such as food intake, health and medical care, schooling, recreational facilities etc. is entrenched both within families as well as communities as well as larger social formations. Another group consists of girls stepping from child hood to adolescence, facing a new grown-up world, with very little preparation of learning, knowledge or skills, or of how to come to terms with their own emerging sexuality in a patriarchal environment.

While age is an important marker in categorizing women, there is also the necessity of looking at other criteria such as those based on certain socio-economic differentials. Besides looking into women, on the whole, as a discriminated lot, it is important to reflect on the reality that women are not a homogenous category. The draft Approach Paper to the Eleventh Plan repeatedly emphasizes the need to restructure growth as a broad and inclusive process. It frankly admits that even the achievement of reaching broad based and inclusive growth will not suffice to reach "certain marginalized groups" and that the 11th Plan must pay special attention to the needs of these groups. The Paper points to SC's, ST's, some OBC's and minorities as those who are lagging behind. The women and girls belonging to such groups are doubly disadvantaged and, therefore, need more attention in the XI Plan.

Whilst developing the theme of deprivation and scarce access to social services, it is accepted that the most deprived groups among the poor are rural women, urban slum women, dalits, adivasis, backward classes and other categories as detailed in the chapter on Introduction of this Report.

In fact, viewing women as a distinctly separate group (from men) misses out the intersections between gender and other variables of social and economic status. These intersections reinforce vulnerability of more than one type and result in double and triple discrimination amongst women belonging to these groups. It is necessary not only to unravel these threads and trace several distinctive roots of inequality and discrimination,

but also to conceive of multi-layered responses in planning and programming in order to bridge the divides using the theme of 'inclusive growth'. "While gender is undoubtedly an independent source of vulnerability, what is of particular concern is the way class, social and gender relationships reinforce one another in order to increase the insecurity and vulnerability of poor, low caste women" Srivastava (1999).

The proposition is that there is a certain pre-disposition to being deprived of human development opportunities, even where these opportunities, state provided or otherwise, exist for the men and women of these communities. What is less recognized is that this pre-disposition is aggravated in the case of women of these communities - being a woman exacerbates the conditions of being poor, illiterate, landless, asset-less and (or) suffering from poor health morbidity or malnutrition. This systemic differentiation has to be responded to using the enabling provisions of Article 15(3) in respect of women of these deprived groups. Extending this beyond (but inclusive of) the gender logic, it is possible to draw inferences that there are as glaring disparities between women and girls of different social and economic groups as there are between men and women (including girls) of different groups.

Women from Scheduled Castes and Scheduled Tribes

Discrimination In Education

As per data collected by the Ministry of Human Resource Development

- ?? In 60 districts in the country, literacy rate of both SC and ST girls is less than 10%.
- ?? In 16 districts in the country, either the SC or ST female literacy is less than 5%.
- ?? In 68 districts, either SC or ST female literacy is more than 5% but less than 10%.
- ?? In only two districts in the country, general female literacy rate is less than 20%

The stark disparities in access to human development amongst SC/ST girls in the country are well brought out by the data above. It brings out the crucial need to not only see social, economic and gender disparities within the same frame, but also provide responses that integrate all these concerns. There are some welcome initiatives emerging from the Ministry of Human Resource Development. Special attention is being paid to districts identified as 'low female literacy districts' for Scheduled Castes and Scheduled Tribes. The proposal is to launch national programs of elementary education in these areas.

Another welcome initiative by the Ministry is to cross-match indicators of educational backwardness such as minority concentrations, tribal and Schedule V and VI areas etc. and draw up lists of such districts for introducing program interventions. However, the exercise does not disaggregate the data by sex.

Looking at subordinate status of women and girls as a hard fact and as a systemic feature at all levels of society today; perhaps the above findings/suggestions would seem to be only belaboring the point. But sectoral development planning often fails to catch the

extent of gender discrimination across social groupings in situations of double and triple pronged exclusion. Interventions for girls cannot and or should not stop at narrowing the gender gap (in access to human development opportunities), but also bridge the divides of social, caste and religious groupings. Support to human development through affirmative action has to straddle both gender and social divides. It is here that the provisions of both Articles 15(3) and 15(4) of the Constitution are to be synergized.

Instruments of gender planning such as national and state action plans for women, perspective plans for women, gender budgets, gender audit etc. should pay sufficient attention to the problem of reaching women of particular groups, communities and categories to help them to catch up. Conversely, affirmative programs for SC/ST and other similar groups being administered by the concerned Ministries should pay attention to gender as well as caste/tribe, which is not the case now.

A scan of Government documents reveals gender gaps in affirmative action programs meant for such disadvantaged groups. Chapter IV, Vol.II of the Tenth Plan document deals exclusively with Socially Disadvantaged Groups. But the provisions do not respond to the capacity building needs of women and girls of these groups, who are facing double deprivation of caste and gender. A few illustrative examples are given below:-

- ?? 13, 000 scholarships are to be granted to talented rural SC/ST children at the secondary school stage during the Plan period.
- ?? 70 scholarships are provided for SC/ST candidates under the National Talent Search Scheme.
- ?? 50 Junior Fellowships are to be awarded every year in sciences to SC/ST candidates who appear in the National Eligibility Test (NET) and qualify the eligibility test for lectureship.

There is no special consideration for “being female” in these grants, though the poor educational status of scheduled caste and scheduled tribe girls, vis-à-vis that of boys in these communities is borne out in each set of Government data on levels of SC/ST enrolment, drop out and attainment.

Other such gender-muted instances of affirmative action include reservation of seats for SC/ST candidates in IIT's, IIM's, Regional Engineering Colleges, Central Universities, Kendriya Vidyalayas, and Navodaya Vidyalayas etc. These are amongst the most prestigious educational and professional institutions run under the aegis of the Central Government throughout the country.

The only welcome exception is an Intensive Program for Educationally Backward Minorities in 325 blocks in 13 states and in 4 districts in Assam, which focuses specifically on girls belonging to minority communities.

The issue is whether multiple disadvantages can be captured and responded to along a single axis. Data shows that whether it is women and girls of minority communities or socially disadvantaged groups or those suffering from disability or the aged, for all of them, several axes of disadvantage operate simultaneously. Absence of

special gender focus in affirmative action in favor of socially marginalized groups often means accepting the fall back position of making choice on the basis of 'merit', a criterion that has negated the vision of social and gender empowerment in the larger context.

The effects of gender on schooling, as brought out in a survey of Bihar and UP, show girls from poor low caste households as having the least access to education. 61% of SC/ST girls were out of school, while only 12% of girls belonging to upper caste households were out of school.

Since both the states are educationally backward, the overall enrolment rates are poor and so are the female enrolment rates, with wide gender disparities. Among each social group and within each quintile, lesser numbers of girls are enrolled, indicating the importance of gender as a factor determining access to education.

In the lowest quintile, nearly two-thirds of girls are out of school, while this number declines to one-fifth in the highest quintile. But it is the girls from the poor, low-caste households who have the least access to education. About 70% of SC/ST girls, 75% girls from agricultural OBC households, 64% of girls from non-agricultural OBC households in the poorest category are out of school. Compared to SC/ST girls, 61% of whom are out of school, only about 12% of girls from upper caste households are out of school.

The researcher observes, "the largest educational differential is between poor low caste girls and rich upper caste males in these areas, showing how social, economic and cultural (gender) relations reinforce each other to the detriment of this group of girls". While this provides a gender comparison, the data also shows the steep differential between the enrolment rates of the poorer low caste, Muslim and backward girls and the rich/better off upper and middle caste girls.

What is needed is not only more data on dalit, adivasi, Muslim and other vulnerable groups of women disaggregated by income and consumption variables, but also to ensure that these distinctions are kept in mind when designing policies and programs for education and training.

Discrimination in Health

Equal access to education and health is part of the right to equal enjoyment of human rights by women and men as a universally accepted principle, reaffirmed by the Vienna Declaration adopted at the World Conference on Human Rights in 1993. (Human Development Report 1995) Education and health both promote the freedom and capability of individuals to make use of available opportunities (Dreze and Sen 1995).

However, data on the health status by gender/caste/tribe/community is much less available in official health statistics than in educational statistics. A World Bank Survey (2000) shows that households in the poorest quintile in the country had two-and-a-half

times the rates of infant mortality and child mortality and nearly 75% higher rates of malnutrition than the richest 20% households. But corresponding comparison of girls of these groups is not readily available. (World Bank 2000) Availability of such data would help in looking at the combined effect of gender and social backwardness on human development indicators.

In a study of socio-economic, health and nutrition inequalities of women in India, based on NFHS 2 data, a group of researchers found that poverty measured on the basis of low standard of living, illiteracy, no exposure to media and no health facility within locality was highest among the SC/ST women in the sample, of whom nearly half came from households with low standard of living. In the other category of women, non-OBC/SC/ST, hardly 20% of the women had a low standard of living. Among OBC women, one third fell into the poverty category.

The analysis found that the same pattern of deprivation, SC/ST the most disadvantaged group, OBC next and “others” in the best position, prevailed across the remaining indicators such as antenatal care, unassisted delivery, anemia and low body mass index.

The group of researchers succeeded in bringing out the effect of social stratification on the extent of utilization of health care programs and on nutritional status and that, differentials between the four groups of women – SC, ST, OBC and “others” are partly due to socio-economic factors. The researchers also point out that the situation of inequality on account of disparities by caste/tribe in less developed and poor performance states is different from the situation in better-off states showing consistently good overall performance.

Infant mortality differentials for example, are accounted for not only by education of mother, residence (urban-rural) or place of delivery (health facility or home) but also by the fact of belonging to particular social groups. The mortality differentials between children of SC, ST and “others” are striking. These differentials are also widening. In NFHS I, the IMR amongst SC's was 24% times higher than the national average. Similar differentials exist in the treatment of morbidity among children. Education of mother and location of residence account for as much of the differentials as the fact of belonging to SC and ST (Shiva Kumar 1999)

Though there do exist separate agencies working within the government for the welfare of different caste and religious groups, it has been the experience that they tend to club gender along with caste, tribe or religion and community. Gender is not seen as crucial, so progress is measured by the steps taken by the group as a whole.

Human Development indicators of these groups and communities tend to be much lower than that of the ‘general’ population. But within these groups, women tend to do much more poorly. Unless focused attention is paid to gender and caste (or religion, tribe, region, race, etc. as the case may be) in plans and programs, the progress achieved will be one-sided. The active intercession of MWCD on behalf of the women and girls of these

marginalized groups is an imperative in the interests of “inclusive” growth. It is well known that in all development indicators women tend to be crowded at the bottom. But it is lesser known that within women, human development indicators show a definite pattern.

While this active involvement by MWCD may not (or need not) take the shape of program interventions, a continuous watch dog and monitoring role is necessary, backed up with collection of feedback and data. .

Recommendations

- ✍✍ Intersectionality should be taken on board as a guiding principle of gender planning. Discrimination is doubled, trebled and multiplied further in case all the different axes intersect – caste/tribe, religion, economic and work status, residence, geographic location, asset-ownership, marital status, age, health status, etc. The gender framework should incorporate this.
- ✍✍ A comprehensive data base will enable MWCD to keep track of the progress achieved in basic human development indicators by women and girls belonging to these groups as well as women in general.
- ✍✍ Apart from human development indicators such as health and education, etc. women of some of these groups suffer from a multitude of handicaps, ranging from legal barriers to being exposed to superstitions.
- ✍✍ In all programs an exercise should be done to establish the existing patterns of discrimination, lower participation and performance. This necessitates the collection and arrangement of data (on program participation etc.) by caste, tribe etc. This should be introduced. Reporting of this data in the Annual Report should also be considered, again in the interest of inclusive development.

Tribal women have been conventionally held to be better placed than women in other communities since they are not subjected to segregation within the community nor are their life styles dictated by purdah values. Both in the overall tribal population and in the child population the female: male sex ratio is higher than those in the general Indian population. However, the tribal population consists of many diverse groups spread throughout the country and is located at different stages of development. Drawing general conclusions may not reveal the whole picture. There is also a decline in the child sex ratio between the last two Censuses.

The strength of belonging to the “community” is a typical feature of tribal life and women feel a strong sense of their own group identity. This identity is also linked to their livelihoods and to their own norms of inheritance and asset ownership. However, tribal women are also dominated by male led local institutions

With modernization, tribal women have experienced loss of livelihoods and also access and control to natural resources, including land, forests, water etc. Tribal communities are often involved in conflicts relating to these and other issues. The entry of private companies has exacerbated this process. There are also the problems associated

with displacement caused by the introduction of huge development projects in tribal areas. Women have taken part in many of the agitations surrounding these projects.

The loss of livelihoods has led to tribal women's increasing dependence on migration. Their work load has increased with the loss of traditional rights. They are also subjected to sexual violence, exploitation and trafficking. They are in conflict with many powers and interests – ranging from the state agencies to builders and landlords.

Against this general background, which affects both men and women, tribal women have to fight for their rights with the men of their communities as well. New practices of controlling women's freedom to move and travel freely are now noticeable. Customary rights over land are being eroded. Older practices of witch hunting are also continuing. The custodial rights of women over their children are also beginning to be threatened.

Women themselves have started questioning the prevailing convention of treating their status within the community as egalitarian. Though still community-centered and reposing pride in their collective identity, they are now looking at their own position in the current period of transition, especially in inter-generational terms. Child marriages are increasingly taking place and witch hunting is now increasingly linked not only to women's property rights but also to bigamy. Women do not participate in the traditional decision making forums and there is an increase in the incidence of alcoholism and the resulting domestic violence. A major area of neglect is tribal women's health.

Recommendations

- ☞ Tribal women's status is an extremely multifaceted and complex issue, given the multiplicity of tribal customs, cultures, norms etc. There is an urgent need to document the changes in status of women belonging to particular groups resulting from socio-economic development, while respecting the inherent variety.
- ☞ Women's participation in traditional decision making forums as compared to their access to the bodies created under the panchayati raj laws should also be studied.
- ☞ Customary laws – not recorded – of different tribes should be documented in order to gain a better understanding of the emerging issues.
- ☞ MWCD should try to make all its support programs, such as awareness generation, short stay homes, Swadhar etc. accessible to tribal women by means of mounting a special campaign.
- ☞ Economic programs in tribal areas being implemented by MWCD should incorporate decrease in migration of women as one of its objectives.
- ☞ Better collaboration between MWCD and the Tribal Ministry should become a special area of attention.

Women from Minority Community

The main issues of Muslim minority women stem from three major factors: a) insecurity b) exclusion and c) poverty.

Recommendations

- ✍✍ Muslims need to be integrated into the list of BPL population.
- ✍✍ Provide Government Scholarships for education from primary to higher levels.
- ✍✍ Address the whole range of basic needs by first listing the areas of disparities, including- but not confined to – education, health, employment, credit, civic infrastructure, poverty strategies, etc. holistically.
- ✍✍ Basic civic infrastructure is lacking in most areas inhabited by the Muslim poor population; implementation of the same must be undertaken with the participation of NGOs.

Disaster Affected Women

Experiences have shown that disaster, however ‘natural’, is profoundly discriminatory. Wherever they hit, pre-existing structures and social conditions determine that some members of the community will pay a higher price. Among the differences that determine how people are affected by such disasters is that of gender.

Women’s lower status in general results in various kinds of exclusions and vulnerabilities in a disaster setting. Low mobility and lower access to information implies that women are often the last to receive relief resources. Women are disproportionately represented within the informal and agricultural sectors, which are the most adversely affected by disasters. This adversely affects their claim to relief and rehabilitation. Thus, women experience high rates of unemployment, even further decreasing their bargaining power within households and communities. Unlike men, they are the primary household caretakers and thus are not able to migrate for work. All these factors involving structural biases and gender discrimination results in the compensation amounts awarded being directed invariably at men.

Furthermore, domestic violence against women sharply increases after disasters and women face additional kinds of physical and sexual violence in relief camps. In the face of disasters where men die, are injured or migrate, women are left to lead households and communities, with few marketable skills and opportunities and even more vulnerability to violence and extortion. Women take on the responsibility for both caring for families and meeting livelihoods while having the least access to information, resources and opportunities.

Disasters create the potential to engage in longer- term rights and equity- based development through critical and practical strategies for gender empowerment. Successfully incorporating women within disaster management and mitigation is one way to increase women’s social, political and economic status in general, and to minimize the currently disproportionate impact of disasters on women. Strategies include strengthening the marketable skills of women, promoting livelihood options, enhancing women’s leadership in micro-planning, relief and disaster mitigation and increasing their role in local governance.

Practically, women have immense knowledge of their local environments and information about how to mitigate risks that lead to disasters. This knowledge can be transformed into actionable expertise by involving women within disaster management. Furthermore, women are the most effective in mobilizing communities, networks and institutions to pool resources, respond to disaster and create safety mechanisms. Women are also most knowledgeable about those living within their communities, in terms of identifying marginalized groups and community trends.

Recommendations

- ✂✂ A policy framework to plan the re-construction process of women is essential within disaster management planning. Re-building should address the root causes of vulnerability including gender inequalities.
- ✂✂ Promote joint entitlements like Patta, Compensation.
- ✂✂ Have appropriate gender and disability-sensitive infrastructure/community assets.
- ✂✂ Availability of suitable insurance and prompt settlement of insurance claims for life and assets are crucial aspects of disaster management. While India is a high- risk region for natural disasters, there is currently a lack of adequate community-accessible risk management insurance. The insurance market remains under-utilized. Policies can play an important role in promoting community-accessible insurance schemes for those in ecologically- fragile and disaster prone areas.
- ✂✂ Increase resource allocations for gender-sensitive interventions. These include trainings, as well as modifying institutional structures and mechanisms.
- ✂✂ Develop and adopt codes of conduct for government, aid workers and armed forces that are sensitive to the vulnerabilities and needs of women.
- ✂✂ Collect and use gender-disaggregated data for all vulnerable groups, to inform relief and rehabilitation policies. Conduct social equity audits after critical stages of relief and rehabilitation are completed.
- ✂✂ Examine and review the relief code and Disaster Management Bill to ensure gender mainstreaming.
- ✂✂ Greater accountability for ensuring gender mainstreaming in disaster management, should be instituted via performance management systems.
- ✂✂ Poverty alleviation programmes should create opportunities for gainful employment for women, especially in disaster-prone areas.
- ✂✂ Convergence of various line departments and civil society organizations, before, during and after a disaster.
- ✂✂ Community participation, particularly involving women, including socially excluded and vulnerable groups, must be an integral part of disaster preparedness and management interventions.
- ✂✂ Existing community structures such as women's SHGs, health (Swasthya) committees, watershed groups and local panchayats should be involved in disaster preparedness issues and sensitized about gender.
- ✂✂ Pre-disaster convergence meetings at district and block levels must take up preparedness issues such as availability of essential medicines, safeguarding against trafficking and other violence against women.

- ✍️ Information and communications systems should be gender-appropriate and accessible, e.g., early warning groups, health committees, etc.
- ✍️ Identify tools and yardsticks by which performance with respect to women can be monitored at all levels – district, block and village.
- ✍️ All block, district and panchayat/village contingency plans must be made public (shared with key stakeholders)

Women in the North-East

The conflict situation in the North East is rooted in lack of income and employment. The Look East policy of the GOI could be a valuable device to open opportunities. Of special attention are issues related to introducing new avenues for non farming activities of women - food processing, bottling, canning and packaging. Attention needs to be paid to creating job oriented skills for manufacture of indigenous products, popularizing indigenous cuisine in the potential tourist areas and highways, skills in hotel management, creating travel guides to depict north east histories, cultures and traditional assets etc.

Women are the most vulnerable section of society in Border trade centres and areas, which are adjacent to international borders and normally a ‘no-man’s land’ controlled by anti-social elements and organizations that are inimical to the interests of the country. Under the circumstances, women, who are the major component in border trades, especially in agriculture and allied activities, are under severe threat. Matters are compounded by problems of infrastructure and facilities, which are either most rudimentary or simply do not exist. Access to health, education, drinking water, and sanitation, etc, is almost impossible, which adversely affect health.

Border Trade Centres/Areas besides normally being hot beds of smuggling, particularly of narcotics, also are centres of trafficking of women and children. Women are rendered vulnerable to all kinds of diseases, especially STD, HIV/AIDS. Women are also used or forced into smuggling of narcotics, which makes them further vulnerable to law-enforcing agencies that are not sensitized to dealing with women law-breakers. The circle gets more vicious for women in these areas, many of whom are either illiterate or have received only rudimentary education and cannot be expected to be aware of their fundamental, human, legal and other rights. Problems of communication, organized marketing and non-implementation of labor laws also adversely affect women’s economic power, which in turn reinforces them to play subservient roles and their empowerment continues to remain illusionary and elusive.

It is therefore suggested that some mechanism is set-up in Border Trade Centres and Areas to enforce the law of the land, as also to implement and monitor all fundamental, human, legal and other rights to ensure that no citizen of this country is denied and deprived of them.

Enhancing the utilization of the region's local and rich natural resources with appropriate technology for producing and marketing herbal products and processed food/fruits is another avenue to meet with the challenge posed by anti-social elements. Cold storages can be located in appropriate areas of the region, to sustain perishable items before they are transported to larger markets.

Recommendations

- ☞☞As a result of conflict in the area, trauma and fear among women and children is high. There is evidence that homes and counseling centres in the region are mostly dysfunctional, and there is a need to revamp the existing night and counseling centres for women.
- ☞☞Resource allocation is a priority for healthcare services and counseling for women.
- ☞☞Up gradation of support services such as health care for women; refresher courses on counseling have to be initiated to upgrade the quality of counseling.
- ☞☞Violence against women has to be seen as a public health issue because of the repercussions of its increase in the north east region as well as the general apathy to such incidences. Strict measures need to be established by the government to safeguard visiting tourists, especially women, from sexual harassment.
- ☞☞On the lines of the Supreme Court Guidelines on Sexual Harassment at the workplace, women involved in the tourism industry, buying selling and marketing should be safeguarded too.
- ☞☞There should not be any stationing of military and paramilitary forces near girls' schools, hostels etc.
- ☞☞Gender Sensitization of Military and Paramilitary forces is a crucial need and should form part of the priority agenda. .
- ☞☞Fast track criminal courts should be set up for dealing with cases against military, paramilitary and other State officials who inflict atrocities against women.
- ☞☞Provision for women's safe mobility and their physical access to common Property Resources should be ensured
- ☞☞Land should be transferred to Female – headed households impacted by conflict and death of husband, etc.
- ☞☞Due to increase in the number of orphans free orphanages are required with facilities for food and education up to class X
- ☞☞Special attention needs to be paid to capacity building of both boys and girls in order to sensitize them to especially cultural and social issues.
- ☞☞Introduce State insurance to cover victims.
- ☞☞Vocational and technical training of women in particularly non-traditional areas along with appropriate skill training, technical up-gradation, and entrepreneurship under public-private partnership within a region specific context.
- ☞☞Increase allocation to SHGs and develop them into independent Cooperatives.
- ☞☞Resource allocations should be part of the planning process in order to implement market concepts.
- ☞☞Given a history of women's collective role in livelihood practices, a group approach should be adopted where women of the region, especially that of tribal and ethnic communities, can work together both in agricultural and non- agricultural sectors.

- ✍✍ There should be a separate quota for conflict affected female headed households under *Indira Awas Yojana*.
- ✍✍ Suggested funding for the above can perhaps come out from the funds available in the Non-lapsable Pool.

Internally Displaced Women

Recommendations

- ✍✍ Formulate a national policy for the resettlement of internally displaced within a specific time frame.
- ✍✍ Attention should be given to 'Internally Displaced People' with special emphasis on women & children in conflict areas like Assam, Manipur, Nagaland and Tripura. Displacement also leads to internal migration where women have become totally vulnerable. They are reported to have left their homes and have resorted to work as domestic servants, liquor vendors, sex work and the like. Such issues and their solutions should be incorporated into policies
- ✍✍ Conduct surveys of physical structure, livelihood and job opportunities, and basic requirements of people.

Urban Poor

Urbanization is an increasing phenomenon as the nature of activities pursued by an economy progressively shifts from primary to the secondary and tertiary sectors. Urban poor settlements in India are around 40 million and the average family size is 5. It has been projected by the Planning commission (Working group on 9th Plan) that by the end of the 9th Plan and at the beginning of the 10th Plan, the shortage of housing in urban areas would be 16.76 million houses. Of this 10 million houses would be needed for the economically weaker sections, which can be broadly categorized as below poverty line population.

Recommendations

- ✍✍ Women's rights to housing need to be understood in terms of their entitlements. This means they have rights in, access to and control over land, housing and property. The state must evolve policies and programmes that are sensitive to the nuances of women's status-linked needs - aged, widows, divorced, and single.
- ✍✍ There is a need for greater commitment to institutional re-orientation by adopting a more 'enabling' approach to the delivery of basic services accessible to the poor through the more effective mobilization of community resources and skills to compliment public resource allocations.
- ✍✍ Major areas of attention include: town planning, land management, adequate housing, poverty alleviation, and provision of basic amenities, access to social services such as health, education, access to credit etc. all of which are crucial for women's human capital development and for reducing the incidence of poverty

- ✍️ Improved access to social services would also help in building up the capacities of poor women and empowering them to improve their own living conditions and quality of life.
- ✍️ Effective delivery of these services would also reduce social and gender inequities and promote integration of people residing in slums into the social and economic networks of the city as a whole, thereby enhancing the overall productivity of the city.
- ✍️ Various physical infrastructure components such as water supply and sanitation have a direct bearing on improving health conditions in slums, especially of women.
- ✍️ There is a need for formulating a National Urban Settlements for the Poor Policy, which would cover the above said components. Women's needs arising from their gendered position as well as their being poor, should form part of the policy

The 'Missing' Girl Child

The most critically endangered sub-group (out of the five age groups listed earlier) is that which does not figure in the above list. This sub-group is not eligible for listing because the numbers are 'missing' – and what is not counted, does not exist on public record. This sub-group consists of the unborn girl children in their mothers' wombs, who are deliberately disposed of (in contravention of existing laws) before birth only because they are female. Their disposal is an instance of the most extreme instance of gender discrimination, (forbidden both by domestic and international laws and conventions), but seldom regarded as such, it being more commonly referred to as a 'social' issue. Estimates drawn from the 2001 Census indicate a figure of 15 lakh "missing" girls in the 0-6 age group in a period of 6 years. During the period 1991 to 2001, the female: male sex ratio in this age group has declined from 945 to 927.

Not having been born, this category has no presence in a five year plan; yet the burgeoning size of this "missing" group is now receiving attention as a factor crucial to the health of the social fabric and to the well being of communities, both of which are fundamental goals of socio-economic planning. The high numbers of missing girls seriously affect the status of the living girls and women and their prospects for a safe and secure life. Less realized is the strong possibility that increasing numbers of 'missing' girl children are also inimical to the safety and health (including mental and psychological health) of mothers. Repeated abortions weaken the reproductive health system and increase the risk of infections. There is evidence of regression to earlier marital practices such as polyandry. Women from lower socio-economic strata are also being trafficked from 'supply' centres to 'demand' centres to make up for the deficit of females in the marriageable age groups. Reports are also surfacing of women being auctioned in public after being trafficked from far away places. All such women are treated as merchandise, as 'inferior' wives and many of them are abandoned as soon they carry out their apportioned task of giving birth to children.

In 'deficit' areas, there is also some evidence emerging of increased surveillance over young girls and their physical movements at the village and local level, by

traditional male-dominated councils such as the khap panchayats. The incidence of violence against women is on the rise, giving the lie to the myth that lesser numbers of women means better and more humane treatment, resulting in higher status.

The female deficit in the younger age groups today will soon make its presence felt in the older age groups of women as well – amongst women who are of marriageable age. Whereas now, there are ‘deficit’ areas and ‘surplus’ areas, the situation may become quite starkly different in the near future and this will have far reaching consequences.

Factors responsible for female feticide are many, complex and interlinking. A succinct summarization is given below:-

- ?? The obsession to have a son
- ?? The discrimination against the girl child
- ?? The socio-economic and physical insecurity of women
- ?? The evil of dowry prevalent in our society
- ?? The worry about getting girls married as there is the stigma attached to being an unmarried woman
- ?? Easily accessible and affordable procedures for sex selection during pregnancy
- ?? Failure of medical ethics
- ?? The two child norm policy of certain state governments

“The two child norm implies that the State promotes two children per family and has a system of incentives and disincentives/punishments for achieving it. A two child norm has the potential to cause immense harm to women’s health in the existing social situation where son preference is high and women’s status is very low. One of the gravest risks includes increase in sex selective abortion and consequent reduction in (the numbers of) girl children. We feel that the compulsion to have no more than two children would result in increased female feticide. This happened in China when Government declared that no couple should have more than one child. There are lessons to be learnt from the Chinese experience”.

The first report on Census 2001, “Provisional Population Totals Paper I of 2001 India” was the first to ‘break’ the news on the alarmingly low sex ratios. To quote from the Report,

“One thing is clear – the imbalance that has set at the early age group is difficult to be removed and would remain to haunt the population for a long time to come. To say the least, demographically, the sex ratio of 927 of the population in the age group of 0-6 does not augur well for the future of the country”

Women are victims of iniquitous gender relationships. If they fail to produce sons, they face desertion, humiliation and witch-hunts. Yet, they are also deemed to be the wrong doers when they attempt to dispose of the female children in the fetal stage or in infancy. In almost all cases, this action is collaborative, taken in consultation with other family members, both male and female. In certain parts of the country, women are punished under the law for committing female infanticide and are imprisoned. The compulsions behind these acts by the women can be imagined. Stories emerging from field surveys show how the act of giving birth to girls becomes a justified ground for abandonment of the mothers. In some cases, the 'guilty' women themselves, opt out of the marriage, locating a sister or any close relation or a stranger to take her place, who would produce a child of the 'right' gender

The Mid Term Review of the Tenth Five Year Plan (2005) in its Chapter IV on "Women, Children and Development" has observed as follows:-

"There are two important issues of policy associated with this decline in the child sex ratio. One is the obsession with population control, which assumes that all the failures in development can be mono-causally linked to population explosion. The other more recent issue is the intrusion of the two-child norm into the Panchayati Raj Acts of many states, despite its absence from the Population Policy of 2000, leading to disqualification of many elected representatives. Most of the excluded belong to the SCs and STs. Some experts have suggested a link between the imposition of the two-child norm and sex selective abortions. Imposition of the two-child norm, then, cannot be the route to population stabilization, for it may lead to a disturbingly unbalanced population. The reworded sentence in NCMP stating that population stabilization would be achieved by strengthening primary health care focuses on reducing infant, child and maternal mortality. This philosophy needs to underpin all schemes and all programmes. The Centre, should, therefore urge the chief ministers of the state governments that are implementing coercive population control programmes to immediately withdraw the programme".

Within the Government of India's Rules of Business, subjects such as women's physical and mental health, sex ratios, the two child norm, violence against women, population control and stabilization programs, trafficking and prostitution, child health and nutrition, abortion rights, female feticide, child survival etc. do not fall neatly into the purview of one or the other government ministries or departments. A number of agencies (both at the central and state level) are responsible for these and other allied subjects. It is difficult to fix accountability for the safe survival, healthy development and well being of the girl child and the mother at a single point. Inter-agency coordination is the mechanism that is conventionally resorted to; yet, inter-agency coordination has been one of the weakest links in government working, where the system tends to function in hierarchies, leaving little space for lateral thinking or action. Plans of action for the girl child at national and regional levels, in which effective level coordination has been the key requirement, have therefore not been either successful or effective.

The entity of Girl Child was brought into public focus only since the late 1980s. Prior to this, a 'gendered' view of childhood was seldom taken. Public agencies as well as most child lobbies saw childhood for both boys and girls as a uniformly vulnerable and critical period, when children needed the same levels and types of services, such as nutrition, health care, education, cognitive stimulation, shelter, play opportunities, etc.

This general, non-gendered view remained predominant, even though data collected by researchers from the field did show that girls had less access to breast milk and were less often likely to be taken to public hospitals when ill as compared to boys. Immunization figures showed higher drop out as well as lower completion. Enrolment and drop out figures carried the same tale.

To the same extent, the girl child tended to remain invisible in the eyes of members of the "women's rights" or "women's development" constituency. Here, the tendency was to identify "women" only in terms of adult age groups and to deal with patriarchal oppression and exploitation of women who had reached the child bearing age. In other words, the girl child fell between the two stools of age and gender and remained submerged. There were no separate planning provisions for the girl child either amongst children or amongst women. The gendered links with childhood or womanhood were also not apparent.

From the 1990's, MWCD has included the girl child on its agenda and in its programming and budget allocations, albeit to a modest degree, given the question of adequacy of resources. It has accepted that discrimination against the girl child is not merely a result of poverty and illiteracy; but is rooted in traditionally ingrained attitudes and mindset.

The perspective that is now needed for the MWCD to play an effective and meaningful role has to be a much larger one and has to take on board not only State Governments, but other organizations such as local bodies, media, medical doctors and lawyers, etc. Most of all, MWCD has to play a continuous gender monitoring and auditing role in terms of keeping in touch with the field on the repercussions of coercive policies such as the two child norm and incentives and disincentives being offered by several state governments in favor of this norm.

There is also the need to link this initiative with the issue of the status of women overall and not confine it to a stand alone theme. If the issue of missing girls and the precipitous decline in the female: male sex ratios across the country is seen in a wider context of cyclical neglect of the female population, from birth (or pre-birth) to old age, it would be possible to mount an even more effective response, through a "comprehensive strategy to promote and protect the rights of girls, starting with the younger generation. Four guiding principles can lay the foundation for this strategy viz.,

- ?? Gender Equality Starts Early
- ?? Women's Rights and Girl's Rights are interdependent
- ?? Children's Rights cannot be achieved without girls' rights

?? Civil Society partnerships are needed to end the marginalization of women and girls.

Instead of seeing children and women as separate entities, this approach serves to emphasize the linkages and the interdependence, even while respecting the values of childhood and girlhood independently.

Recommendations

- ✍ In addition to funding workshops, primary research on exploitative marital and other practices should also be taken up, especially in the ‘red’ states of Haryana, Punjab, and Gujarat etc. Studies on the gender outcomes (not only in terms of declining numbers) of various incentives offered by different states for adhering to the two child norm.
- ✍ Studies on trafficking of girls and women involving both ‘deficit’ and ‘surplus’ areas, involving not only research organizations and NGO’s but also various parts of the State apparatus.
- ✍ SAARC Convention on Trafficking be followed up
- ✍ Locale-specific media and investigative campaigns (not very large) in ‘deficit’ areas should be encouraged and funded.
- ✍ The ICDS network of women workers needs to be galvanized into action as it is they who are in the midst of the community and are aware of the situation. ICDS women workers need to be oriented about this complex issue from the perspective of the girl child and her rights so that they themselves do not become amenable to local pressures. Women and Disability

Women with Disability

The 2001 Census estimates that there are over 9 million women with disabilities in India constituting 3.5% of the population. Some researches estimate that there are over 35 million women with disabilities in India (Bacquer and Sharma 1997). Others put the figure at 20 million, 98% of them are illiterate: less than 1% can avail healthcare and rehabilitation services (Action Aid 2003 15)). But these statistics are only the tip of the iceberg when it comes to gauging the level of neglect, isolation stigma and deprivation that characterise their lives. The majority of women with disabilities in India suffer the *triple discrimination of being female, being disabled and being poor*. Indeed not only are they a socially invisible category but their plight is worse than both men with disabilities and other non-disabled women. Table No.1 gives the total number of disabled according to different disabilities.

Disability	Census 2001
Locomotor	61.05 (27.86%)
Visual	106.35 (48.54%)
Hearing	12.62 (5.78%)
Speech	16.41 (7.49%)
Mental	22.64 (10.33%)
TOTAL	219.07

While being a man and being disabled are very incongruous, being female and being disabled also implies a certain level of continuity as both are to varying degrees associated with notions of weakness, passivity and dependence. But the likeness is only superficial because a disabled woman is also considered incapable of fulfilling the normative feminine roles of homemaker, wife and mother. Then, she also does not fit the stereotype of the normal woman in terms of physical appearance. Since women embody family honour, disabled girls are kept hidden at home by families and denied basic rights to mobility, education and employment. They are less likely to be given in marriage than disabled men. Doubts around the capacity of women with disabilities to be sexual partners, homemakers and mothers abound. They are not considered capable of performing household chores, efficiently, having meaningful sexual relationships or producing and rearing healthy children. Under these circumstances, they may be married off to older already married or men in poor health. In short, women with disabilities do not have the same options of marriage and motherhood as non-disabled women. Being nurturing and caring are core characteristics of normative constructions of femininity, but women with disabilities are themselves in need of care. This inversion reduces them to the status of being lesser if not than women. Table No. 2 highlights the different disabilities according to sex and sector (urban/rural).

Table No. 2: Prevalence of Different Types of Disabilities by Sex and Sector per 100,000 Population

Type of disability	Prevalence per 100,000 population (rural)	Prevalence per 100,000 population (urban)	Prevalence Among males (Rural)	Prevalence among females (rural)	Prevalence among males (urban)	Prevalence among females (urban)
Locomotor	1046	901	1274	804	1058	750
Blindness	296	194	191	230	116	166
Hearing	310	236	379	301	234	238
Speech	210	187	242	176	221	151
Mental Retardation	110	100	113	69	118	81
Mental Illness	92	89	128	91	105	71

Source: NSSO 2002

Prevalence of all types of disabilities except blindness is uniformly higher among males. In the case of blindness there is an over-representation of women both in urban and rural areas. While speech impairment is again higher in males, more in-depth analysis reveals that muteness or total absence of speech is much higher in females than males. Like hearing and visual impairment, mental illness was also more often reported as a problem of old age. This raises the need to address the special needs of elderly women with disabilities, many of whom may be widows. The combination of physical/mental disability and widowhood raises the spectre of a very precarious existence.

Being powerless, isolated and anonymous women with disabilities are extremely vulnerable to abuse and violence. In addition, care-giving involving activities of daily

living like dressing, eating and other bodily activities renders the disabled woman more vulnerable to abuse both at home and in institutions. She will be less able to defend herself in a risky situation because she may not be able to run or scream for help. Then, persons with developmental disabilities may be too trusting of others and hence may be easier to trick, bribe or coerce. They may not understand differences between sexual and non-sexual tactile behaviour. Persons with speech and hearing difficulties may have limited communication skills to report abuse. Furthermore since disabled persons are often taught to be obedient, passive and control their behaviour, this will render them easy victims

Women with disabilities face violations of their rights at every level. They are considered a financial burden and social liability by their families; they are denied opportunities to movement outside the home and access to education; they are viewed as asexual, helpless and dependant; their vulnerability to physical, sexual and emotional abuse is enormous; their aspirations for marriage and parenthood often denied; they grow up ensconced with the walls of home or special institutions isolated and neglected with no hope of a normal life.

Although a rights-based approach has entered the disability rights movement, the specific concerns of women with disabilities have found a place neither in the government policies and programmes nor the voluntary sector. Ironically or expectedly, the disabled rights movement all over the world including India is male dominated. It may even be blatantly sexist. Even within the women's movement, women with disabilities rarely figured as a distinct group in international covenants until the Beijing declaration in 1995. In its platform for action this document specifies women with disabilities as a particularly vulnerable group with little access to information on their fundamental rights. This is a serious lacuna, which needs to be rectified at various levels.

Recommendations :

1. The legal framework on disability makes no provisions for women with disabilities. The PWD Act is gender neutral. It does not address the specific concerns of women with disabilities in the areas of health, education and employment. A gender-based analysis of existing legislation on disability would go a long way in highlighting both the obstacles faced by women with disabilities and their possible remedies
2. Anecdotal reportage by doctors reveals that they see most disabled females only as children when parents come for treatment for the disability. Rarely are they seen in obstetric and gynaecological settings as adults. Reproductive health of women with disabilities in another grey area which does not even find a mention in the RCH programmes.
3. Women with disabilities are particularly vulnerable to violence and abuse. They may not have accurate knowledge about their bodies, abuse prevention and self-protection. Being often viewed as asexual, lacking intelligence and non-credible victims, they can easily be taken advantage of. There are sporadic media reports on assault of women with disabilities in the family, on the street and in institutions, but there is again no systematic data on this phenomenon. Violation of their reproductive rights in the form of forced

sterilisation, contraception and abortion especially in institutions are not uncommon. Self-defence should be made a part of the special education system for adolescent girls. Violence against women is a central concern of the women's movement and this issue should feature both as an agenda for research and advocacy.

4. Women with disabilities are quite often excluded from gender equity programmes. They should be included not only as beneficiaries but also as fieldworker and project facilitators, survey designers and field investigators in projects with disability components. This will enhance their visibility in highly positive roles and challenge negative attitudes that reduce them to objects of pity and helplessness.

5. Various levels of state administration and NGO sector dealing with welfare of women need to be oriented on the problems of women with disabilities. This would ensure that the diversity of women's experiences is part of the agenda of the women's movement and the structures within the state that focus on women and child development.

6. There is a need for more sensitisation workshops especially with women's groups and govt. departments like Women's Commission, Ministry of Women and Child Development.

7. There should also be a separate wing for women with disabilities in the Disability Commissioners office. Women with disabilities should be represented on the Central and state co-ordination and executive Committees.

8. Besides personnel dealing with women's welfare, health care staff should also be trained to respond to needs of women and girls with disabilities. Similarly, police and judiciary should also be trained to handle cases involving women with disabilities in a sensitive manner.

9. Negative media representations of women with disabilities further reinforce their negative public perceptions as women with defects. There is an urgent need to develop and propagate more realistic and positive images of women with disabilities as capable and productive persons in the mass media especially radio and television. Inclusive programming and highlighting the achievements of women with disabilities will go a long way in changing entrenched mindsets and creating positive role models for disabled girls. Such role models provide a subject with a face and success story worthy of emulation.

10. There is a need to develop support services for families with a disabled member. As principal caregivers, mothers are particularly vulnerable to emotional stress. The situation is exacerbated for mothers of disabled daughters, who also suffer the taint of disability as those who did not only produce sons but instead gave birth to a bigger burden for their families in the form of a daughter with a disability.

11. There is immense scope for gender mainstreaming within pedagogy. Whether it is courses in special education, rehabilitation or women's studies, the concerns of women with disabilities should feature as a special module if not as a separate course in itself. Rehabilitation Council of India can go a long way in promoting this process, since it is the agency responsible for standardising teaching and curricula in the disability sector in the country. So a two-pronged approach in training is the need of the hour, namely gender mainstreaming in curricula on disability and rehabilitation, and disability mainstreaming in curricula on gender and women's empowerment.

12. Allocation of funds to NGOs in the disability sector is also an area amenable to gender mainstreaming. Projects focusing on the welfare of women with disabilities should be promoted or a gender component built into any project that receives support. NGOs started by women with disabilities should be provided extra support.

13. Technology is also a path to empowerment. Government policies in the disability sector encourage development of innovative adaptive technologies. For instance, the scheme on science and technology projects in mission mode in the Ministry of Social Justice Empowerment provides 100% research funding for such work. There is a need not only to make such technologies women-friendly but also to involve women with disabilities in their development.

Migrant Women

Internal short-term migration for work (which may be seasonal or simply for very short periods regardless of seasonality) is now a widespread feature of rural India and reflects the continuing crisis of inadequate livelihood opportunities in rural areas. Increasingly, women are moving for work, not only with husbands or male members of families, but even on their own or in groups in search of work. Since the consequences of such migration are highly gendered, policies generating greater and more prolonged job opportunities for men and women within particular rural areas must be considered.

The estimation of migrants based on NSS 55th round (1999-2000) for India is 245 million persons, that is 27 per cent of the population. More than half of total migrants were in the category of rural females. In general, females are for more migratory than males and the percentage of migrants to the total population was higher in urban areas (33 per cent) than that in rural areas (24 per cent). The share of female migrants in both urban and rural females population reflects the high propensity to migrate –around 42 per cent.

The migrant laborers generally work at whatever they can find, which is a combination of contract work of the Nirman departments (PWD etc.) or casual work in fields, or any other casual work they can get. The condition of migrant workers away from their homes is often pitiable. They get paid very less; they do not have access to clean water or sanitation. Often they do not have access to health care. They do not have access to public distribution system and have to buy their essentials at open market prices. Their children travel around with them and do not get an education.

Male out migration, when the families are left behind, affects the work burden of the women in rural areas. Women have to put in extraordinary amount of time to eke out a living – working in the field- for wages or for subsistence, in addition to fetching fuel and fodder. The absence of men adds to material and psychological insecurity, leading to pressures and negotiations with wider family. Women may have to cope with a number of problems which are exacerbated due to the uncertainty of the timing and magnitude of remittances on which the precarious household economy depends. This, in turn, pushes women and children from poor labouring households to participate in the labour market under adverse conditions. The impact of male migration can be especially adverse for

girls, who often have to bear additional domestic responsibilities and take care of younger siblings. The absence of male supervision further reduces their chances of acquiring education. (Srivastava and Sasi Kumar). Incidence of women headed households may also increase and it is to be noted that female-headed households are generally poorer than male-headed households.

The wages of the migrant husbands are either too infrequent or not enough for constant sustenance of the family left behind. Several micro studies have shown that infact, it is the free and hard work of women in sustaining the domestic economy, which helps to keep a large number of men working in town and cities at extremely low wages.

Migrants suffer from a lack of access to health services both at home and in the work places, although they are known to be especially vulnerable to health problems, and can serve as carriers of communicable diseases like HIV/AIDS to the women and children left behind. Mobility and migration of workers make them more vulnerable, as a result of separation from spouse and release of social sanctions leading to high-risk sexual practices and consequently may contract HIV, which in turn is carried to their spouses and to their children. The highest percentage of "out-migrants" (to destinations both within India and outside) is in the 15-24 age group, the very age-group in which the highest number of new HIV infections is occurring. Low literacy levels among the women leading to low awareness makes the women potential high risk groups. Gender disparity and the low status of women further enhance their vulnerability to infection.

Additionally, explicit public policy with respect to migration should cover issues affecting households of migrant workers, who are left without adult caregivers. It should also cover issues of protection and basic needs of migrant workers at their destination. Since women migrant workers face much greater threats to security and possibilities of violence, special measures should address this problem.

All the above are only an illustrative list of the action areas for women in vulnerable situations. There are many more such categories of women , as seen from the list compiled in Chapter I. As and when the need arises specially designed projects will be formulated to address their problems.

CHAPTER V

SOCIAL EMPOWERMENT

Health

Women and girls in India face a crisis of growing, yet un-addressed, health needs. From the moment of conception to the end of life, the challenges to the female sex are enormous, especially poor women who have limited access to health care.

The child sex ratio continues to plummet and is as low as 793 in an economically prosperous and progressive state such as Punjab. Malnutrition begins during infancy and sets in motion a life long cycle of poor health. Over half of all Indian women suffer from anemia, which acerbates maternal morbidity. More women die of maternal death related causes in India than in any other country in the world. While NACO data highlights that many new HIV cases are of married women, the National Family Health Survey, 1998-99 shows that only four out of ten women in the reproductive age have heard of HIV/ AIDS. Furthermore, every form of violence against women has steadily increased since the last decade, including rapes, dowry murder and domestic violence.

Despite the alarming health crisis of women and girls, the national policy focus prioritizes family planning and reproductive health without addressing underlying issues such as women's low participation in decision-making, which adversely affects her health status. Another important point to note is that the leading killer of women in India is tuberculosis. Yet due to the focus on maternal and reproductive health this fact is little known nor are there any gender specific policies or programmes in place with regard to this disease.

Recommendations:

- ✍✍The National Health Policy 2002 needs to address issues of women's survival and health through a life cycle approach. The policy should ensure women friendly accessible, free, comprehensive primary health care accessible to all, specially marginalized groups with full preventive, promotive and curative care.
- ✍✍The policy should address occupational health hazards and needs of women working in adverse situations- mines, plantations, quarries, construction, informal sector, free trade zones, garbage disposal etc.
- ✍✍A holistic perspective on women's health (moving beyond reproductive health) needs to be mainstreamed in the education system, from primary to higher and non formal sectors.
- ✍✍An independent regulatory commission should be set up to regulate the private sector from a gender and equity perspective as well as to suggest reforms of existing bodies in the health sector including the Medical Council of India.
- ✍✍Create a gender focal point in health ministry and in the departments of health in the States, in order to incorporate the life- cycle approach to women's health.

Violence as a public health issue

NFHS-2 shows disturbing evidence that women have internalized domestic violence as a necessary part of domestic marital relationships. More than half of all Indian women believe that husbands can beat wives if they have an appropriate reason for doing soⁱ. Half of non- working married women in India don't make personal healthcare decisions, almost three-fourths (72%) need permission to go to the market and just over one- tenth (11%) are not involved in any household decisions at allⁱⁱⁱ.

Violence, neglect and abuse not only result in long- term physical injuries and poor health, but also create chronic low- self-esteem, depression and other mental health issues for women. Despite the high rate of violence against women, including neglect, rape, dowry murder and domestic violence, violence is not seen as a public health issue.

Recommendations

- ✍️ State should recognize Violence as a public health issue and include it in medical education. This should in addition to the recognition of violence as a breach of women's human rights.
- ✍️ ANMs should be trained to deal with violence and the trauma that follows
- ✍️ Counselors should be appointed at the PHC level.
- ✍️ The medical and health establishment should be targeted and sensitized on VAW issues, as they are often the first point that women go to in a crisis situation.
- ✍️ The medical and health establishment should be sensitized on recognizing and dealing with injuries resulting from various forms of VAW like domestic violence, rape etc.

Low budgetary allocation

Despite the health crisis of women and girls, India is consistently among the lowest of all countries in terms of its investment in health, as acknowledged in the National Health Policy of 2002. India's investment in health as a proportion of GDP has vacillated from 1.3% in 1990 to .9 in 2001, making it amongst the lowest global spenders on health. In 2002, India's public health expenditure as a proportion of GDP rose to 1.3%.

A great deal of rural indebtedness in poor rural families is linked to rising health costs. The importance of public provisioning of quality health care to enable access to affordable and reliable health services cannot be overestimated in the context of preventing the non-poor from entering into poverty or in terms of reducing the suffering of those who are already below the poverty line.

Low investment in health and the under- utilization of funds has resulted in health delivery systems that are increasingly inaccessible, inefficient and unaffordable. Currently, little investment is made on front-line public health care workers, who have

extensive workloads, multiple areas of responsibility and multiple lines of accountability with little compensation.

Recommendations

- ☞☞ Adequate budgetary provision should be made for women's health and these funds should be timely disbursed and properly utilized to reach the target groups in time.
- ☞☞ Expand the women's component plan to cover chronic health problems of women such as anemia/ under nutrition, morbidity, etc. and commit 30% of the funds specifically towards this.
- ☞☞ Upgrade at least 50-60% sub- centers and public health centers and make the phase wise information of the plan available to all women in the community.
- ☞☞ Allocate funds for training, treatment in alternate medicine and recognize the role of TBAs and upgrade their skills.
- ☞☞ Make provisions for regular fundamental and refresher training and capacity building with strong public health & gender perspectives for all functionaries.

Healthcare access

Health care access remains low for many women, especially those who are poor; suffer from multiple exclusions, including caste, class, geographic isolation and tribal status. Health policies have few specific strategies for improving access to marginalized groups.

Recommendations

- ☞☞ Specific IEC and training strategies should be developed in all programmes to target excluded groups, including tribal and low- caste communities.
- ☞☞ Ensure women-friendly free comprehensive primary health care, based on a life cycle approach, with full preventive, curative and promotive care at the PHC level with free ambulance referral and/ or alternate transport mechanism by identifying a pool of transport in the local area and reimbursement by the State.
- ☞☞ Integrate grievance cell and help lines with health services to ensure speedy investigation and facilitate redressal for users and health workers. Set up special counters in all health centres and easy referrals for improving access to free comprehensive health care particularly for stigmatized groups such as sex workers, hijras etc.
- ☞☞ Ensure access to women with disabilities through provision of ramps, lifts in public offices, transport etc and provide rehab and equipment (wheelchair, hearing aids etc) as a right.

Reproductive Health

The high rates of MMR and IMR, poor pre natal and post natal care combined with the low proportion of institutional deliveries is a grave cause of concern. Therefore the reproductive health care of women needs special attention in the XI Plan. For this purpose :

- ☞ Ensure full enforcement of Supreme Court guidelines on sterilization.
- ☞ The current policy focus on female sterilization should be broadened to providing people with greater reproductive choice. This includes better access to contraception, more information about birth spacing, increasing male responsibility for small families, as well as providing greater education and economic opportunities for women
- ☞ Reproductive and maternal health programs, including RCH, should not be combined with the goals and strategies of population stabilization
- ☞ The NPP, Health plan and NRHM policy documents must include institutionalized mechanisms and for ensuring that states comply with the no-target policy of the national government. This includes preventing states from denying women participation on the PRI, or accessing other benefits for having more than two children
- ☞ Policies should promote strategies for involving men that foster equitable gender relationships. This includes equitable decision-making and resource-sharing amongst couples, how men can take more responsibility for birth control and foster greater opportunities for their wives/daughters
- ☞ Policies should address how women's non- reproductive health status impacts reproductive health. This includes understanding trends in how TB, malaria and HIV interact with one another and impact women's maternal health
- ☞ Ensure a clearly defined package of essential Reproductive health services including ante and post natal care, emergency Obstetric care, information about and services for contraception and safe abortion and counseling at the PHC, free to all women and adolescents (married or unmarried).
- ☞ The Janani Suraksha Yojana should be extended to cover all poor women irrespective of their age, parity, or place of childbirth
- ☞ Extend maternity leave to 6 months and provide maternity benefits for ALL women of all sections irrespective of the parity
- ☞ Ensure regular collection of data on maternal morbidity and mortality (as done with fertility and demographic data through the NFHS and DLHS), to facilitate decentralized planning and monitoring as envisaged within the NRHM
- ☞ Provide adequately trained attendance at delivery- at home or in institutions- with emergency referral backup and a continuum of care from pregnancy through childbirth and 42 days hence
- ☞ Recognize the role of traditional birth attendants and upgrade their skills
- ☞ The health insurance schemes being implemented by government and private sector should also cover the pregnancy period (both normal and caesarian cases). The premium of these schemes should be kept to the minimum so that the poor women can have access to these schemes.

Communicable and Non Communicable Diseases

Women as a whole are especially susceptible to many diseases because of their poor nutritional standards and discriminatory practices in health inputs right from their birth. The access and availability of health care women is generally poor and scanty. There is an imperative need to upgrade facilities for women to tackle the various health problems. Some recommendations include :

Recommendations

- ☞☞ Allocate adequate budgets for all Communicable Diseases and Non Communicable Diseases – IEC, prevention, early detection, treatment, equipments etc.
- ☞☞ Horizontally integrate the vertical National Cancer Control Programme into the public health system by imparting health awareness, making available the test of Visual Inspection and appropriate referral.
- ☞☞ Ensure universal availability of ART, access to drugs for treatment of opportunistic infections, provision of safe blood banking and palliative care

Mental Health

Recommendations

- ☞☞ Ensure availability of required mental health professionals- psychiatrist, psychologist, psychiatric social worker, and mental health nurses at all levels.
- ☞☞ Undertake periodic assessment of treatment facilities including rehabilitation at district level
- ☞☞ Develop a National Policy on Mental Health with adequate budget provision at both Centre and State level.

Occupational health hazards

Recommendations

- ☞☞ Address occupational hazards and needs of women working in adverse situations, including mines, plantations, quarry, construction, informal sector, free trade zones, and garbage disposal.

Welfare of the girl child and adolescent

Recommendations

- ☞☞ Health policies and plans should promote strategies that empower adolescent girls through information about health, community activism roles and increased awareness about how to negotiate power with families, future partners and in the workplace.
- ☞☞ Ensure regular check ups of newborn and monitoring of growth parameters through maintenance of growth charts of children, lactating mothers, and adolescents.

- ☞☞ Allocate funds for comprehensive education and counseling for adolescents, with special emphasis on Life Skill education, sex education and education against substance abuse.

HIV/AIDS

HIV in India is spreading from high-risk groups to the general population in many areas, and from urban to rural areas. Increasingly the face of HIV/AIDS is female. According to estimates of the National AIDS Control Organisation (NACO) 1 in 3 persons living with HIV in India is a woman. In 2004, it was estimated that 22% of HIV cases in India were homemakers with a single partner. The increasing HIV prevalence among women can consequently be seen in the increase of mother to child transmission of HIV and paediatric HIV cases.

Women are increasingly becoming the face of the HIV epidemic and there are biological, social, legal, cultural, political and economic factors that make them more vulnerable to HIV/AIDS. In turn these factors have an impact on women's access to services, resources, and information. Women have limited ability to negotiate safer sex and the risk and reality of sexual violence also means an increased risk of HIV transmission through unprotected non-consensual sex.

In India, testing for the HIV virus is rare until symptoms set in. The numbers suffering from HIV/AIDS are therefore likely to be far higher than estimated. Once HIV/AIDS enters the home, family budgets are reversed forever – often loss of income earning opportunities and expenditure on medical care on the other. Women are the major caregivers in most cases.

A multi-sectoral and decentralized, gender sensitive community based health services is needed. The health care systems in the region are inequitably gendered in terms of accessibility, priorities and services provided. As such, effective strategies that address the relationships between gender and HIV/AIDS require a focus on gender within health care in general. There is perhaps an urgent need that the response to the HIV/AIDS epidemic be made multi-sectoral and be integrated into comprehensive, decentralized, participatory community based health services and promote the highest mental and physical health, including empowering women to make decisions related to their sexual and reproductive health. A focus on increasing women's ability to access preventive and treatment and care services is crucial.

Recommendations

- ☞☞ Legislation to be enacted to protect HIV positive women against discrimination in education, livelihood opportunities, workplace, medical treatment and community.
- ☞☞ Women should participate in the formulation and implementation of HIV/AIDS policy.

- ☞☞Widen the outreach for the positive women to access information, spread awareness, build capacities and services by setting up self help groups and networks at the local, state and national level;
- ☞☞Address the socio economic problems faced by women; care and support for most vulnerable women and children of HIV positive parents; political and media advocacy to address issues of stigma and discrimination; Mobilize resources for accessing health services, ARV treatment, and providing child care services
- ☞☞Information on a mass scale for prevention and treatment of HIV/AIDS is crucial more specifically on symptoms, opportunistic illness, exposure, prevention and use of condoms, testing facilities for determining HIV status, follow-up CD-4 tests and antiretroviral (ARV) treatment.
- ☞☞Training and infrastructure needs of health care providers at all levels need to be identified and met with. Behavioral and attitudinal change at all levels is an important intervention, and can be achieved through training sensitization workshops and follow up. Counseling and access to condoms are needed for women to reduce the risk of exposure in situations where they do not have money to even buy food.
- ☞☞Education on HIV/AIDS must be introduced into the school curriculum
- ☞☞Community care homes to be provided for HIV positive people
- ☞☞HIV positive women to be provided livelihood opportunities.
- ☞☞Rural women and children's access to Anti-retroviral should be ensured as well as provision of free transport both for HIV positive and those accompanying them.
- ☞☞Adequate funds should be allocated for ARV treatment.
- ☞☞Health Insurance should be made available for covering chronic illnesses such as HIV/AIDS, TB and including mortality and morbidity.

EDUCATION

Education is a key intervention in initiating and sustaining processes of empowerment. Good quality education can help women and marginalized communities improve their status, enable them to have greater access to information and resources and to challenge various forms of discrimination. Education helps strengthen democratic processes as it allows for greater and more equitable participation. Being educated or literate leads to greater self-confidence and self-esteem. It enables engagement with development processes and institutions of governance from a position of strength. Poor women from socially disadvantaged communities are invariably not literate and therefore find themselves at a disadvantage when participating in development processes. They are unable to take full advantage of progressive measures like reservations in PRIs. Many of the negative fall-outs of being outside the education net for women are quite recognized, however, the articulation of the problem tends to remain at the level of rhetoric.

It is however, important to recognise that while being literate or educated is necessary for empowerment it does not automatically ensure it. For that we need an

education that is of good quality and promotes critical thinking. From the perspective of gender this means that education and literacy should enable women and girls to critically analyse their situations, raise questions about their subordination and help them make informed choices. It is well known that the institution of schooling is an important site for socialisation, that actually can actually reinforces rather than challenges patriarchy and gender discrimination. It is in this context that the content and pedagogy of education become critical considerations.

The focus of educational planning is on formal education but this is only one dimension of the educational provisioning. Especially when considering the needs of deprived women and when women's empowerment is our main aim, there is a need to think about well-developed and structured educational interventions outside the formal system. Capacity building interventions are in essence educational and learning processes and must therefore be invested in, well-designed and conceived as a sustained, rather than ad hoc process. Such interventions must necessarily be broad based and flexible and address a number of different needs, including literacy.

While a great deal has been done in the field of girls and women's education in the last decade, there continue to concerns and challenges with regard to gender issues.

2. EMERGING CONCERNS

2.1 *Gender gaps in enrolment and retention in Elementary Education*

Elementary education has emerged as the key policy and programmatic concern of the Indian Government. Some important schemes have been launched. The Sarv Shiksha Abhiyan (SSA) or Education for All with very ambitious goals was launched in 2001. Specific programmes within SSA (National Programme for Education of Girls at Elementary Level (NPEGEL) and Kasturba Gandhi Balika Vidyalaya) focus exclusively on girls in educationally backward districts. Another landmark scheme –the Midday Meal Programme- has been introduced. The scheme has been welcomed as it positively impacts nutritional levels and school participation of girls and children belonging to poor and marginalized sections. Such positive measures have led to improvements in enrolment at the primary level - from 97.4 million (40.40 girls, 57 boys) in 1990-91 to 122.40 million (57.3 girls and 65.1 boys) in 2002-03 (Select Educational Statistics, 2003). There has been a 14.18 percent increase in the number of primary schools, 50.65% increase in the number of upper primary schools and 38.43% increase in the number of secondary schools between 1993 and 2003 (NCERT, 6th and 7th Educational Survey).

However despite the improvements several gaps with regard to gender persist. The gaps also point to the fact that strategies need to be targeted as the girls belonging to SC, ST and the Muslim community are still lagging behind.

Persisting gender disparities

The Gross Enrolment Ratio (GER) of girls drops sharply primarily to middle school levels

- From 93.07 at primary level to 56.22 at middle school and 47.35 % in rural areas in 2002-03.

The situation of girls (and boys) of Schedule Castes (SC) and Schedule Tribes (ST) communities is far worse than the general category (Select Education Statistics, GOI 2003).

- GER for SC girls is 89.35 girls at the primary level and 48.64 at the middle school level.
- GER for ST girls 92.25 at the primary level and 40.78 girls at the middle school level.

The educational situation of Muslim children, especially girls are worse than SC/STs^v

- The aggregate figure for enrolment of Muslim children is 50.7 per cent as compared to 67.3 per cent for SC and ST 59.8 per cent, the enrolment for lower caste Muslim children falls to as low as 36 per cent.
- While over 70 % ST and 55 % SC girls among those enrolled attend school regularly, this figure falls off to around 35 per cent for Muslim girls.

It is clear from the section above and the data below that girls fall out of the education net as they move up from the primary level. The availability of upper-primary and secondary schools are still not within easy walking distance and as they are fewer in number, are invariably overcrowded and frequent dropouts results. Therefore the move to extend the SSA scheme to the secondary level should be urgently considered.

Drop out Rates by Gender and Social groups in 2003-04 (Select Educational Survey 2003-04)

	<i>ALL GIRLS</i>	<i>SC GIRLS</i>	<i>ST GIRLS</i>
PRIMARY	28.57	36.2	48.7
ELEMENTARY	52.9	62.2	71.4
SECONDARY	64.9	75.5	81.2

2.2 Gender gap and low priority to women's literacy

The 2001 Census recorded a significant increase in literacy rates (from 52 % in 1991 to 65 % in 2001), particularly female literacy rates, which increased by 14.8 % in 2001 as compared to 11.7 % in 1991. For the first time the absolute numbers of illiterates declined. However, despite the literacy gains, disparities in terms of gender, other social categories (like schedule caste and tribes), rural/urban situation continue to be glaring.

- The gap between male (**75.8 %**) and female (**54.1%**) literacy rates is **22 %**.

^v Jyotsna Jha and Dhir Jhingran: Elementary Education for the Poorest and Other Deprived Groups – the Real Challenge of Universalisation, Manohar, New Delhi 2005

- In 2001, illiterates numbered close to **296 million** of which **190 million** were *women*. **34.6% of the worlds non-literate population** resided in India in 2003-04.
- The female literacy rate is **below 50% in 253 districts**.
- In 2001, the gender gap in the literacy rate for SC was 19 % (male and female were 66% and 47.1% respectively) and for 24 % for STs (male and female literacy rates were 59.2 % and 34.8 % respectively).
- The educational status of Muslim women is another major cause for concern.

The Status of Muslim Women's literacy ... A Big Divide

- The literacy rate for Muslims is **59%**. (6% below the national average of 65%) and for Muslim women 50%.
- The all India literacy levels (as a % of their population) shows that **40.6% of the country's 67 million Muslim females were literate versus 46% of India's 430 million non-Muslim women**.
- It is important to note that the **urban difference is more marked**. The literacy rate of Urban Muslim women is 52.8% where as for the non-Muslim women is 65.5%.
- At a basic level of being literate Muslim women were **11% worse off than non-Muslims**. **The difference widened to 19% at the middle school level, 35 % at Class X; 45 % at Class XII and 63% for graduates and above.**
(Census 2001)

A major reason for the poor status of educational levels is the low value attached to women's education in the community, the prevalence of madrasas which are not amenable to modern education and the social evils of early marriage .

The momentum generated around literacy till the mid- 90's was impressive and resulted in improvements in literacy rates. Despite this and the fact that the Literacy Campaigns mobilized large numbers of poor women, the political commitment to adult literacy and education has reduced. For the most part the Continuing Education programme has failed to take off leading to women relapsing into illiteracy. It is very likely that India will not be able to meet the EFA and MDG goals pertaining to literacy (as was pointed out in the Unesco Global Monitoring Report 2006). The present situation means that critical literacy inputs that are required to sustain processes empowerment of women's collectives, including self-help groups are not being provided. Reports from the field show that there is a high-correlation between literacy levels, leadership opportunities and access to credit within SHGs. And since socio-economic status and education are correlated leadership tends to get concentrated in the hands of the better-off SHG members. Similarly, many of the women, especially dalit women, coming into institutions of local self-governance find themselves at a disadvantage. It needs to be remembered that this is the only programme providing literacy and continuing education to poor women.

Another area of concern is the lack of an equivalency system for adult literacy. This lack prevents women and girls who have learnt outside the formal school system to actually avail of many of the positions (like ASHA, ICDS workers etc. that open up within the development sector. The problem of finding qualified women from socially disadvantaged sections to fill these positions continues.

Mahila Samakhya, (Education for Women's Equality), an effective process-oriented women's education and empowerment programme targeting poor, socially disadvantaged women is now operational in 9 states. Women's collectives of the Mahila Samakhya Programme address several gender issues, including violence against women. It runs a number of innovative non-formal education programmes women and adolescent girls. The innovative approaches adopted by MS need to be mainstreamed.

The Mid-term Appraisal has also underscored the need and importance of lessening the wide gender gap in literacy and the role of literacy in catalysing mass-based community organizations.

2.3 Disparities in Higher and professional education

With regard to higher education the percentage of women accessing higher education and professional courses is very low. Moreover, the differentials with regard to disadvantaged communities are very pronounced.

Gender Differentials in higher education

- **BA courses** - 3.39 % (Schedule caste), 1.38% (Schedule tribe), 40 % (non-dalit women).
- At the levels of Graduation and above Muslim women are 48 % worse-off compared to

Muslim men and 33% worse-off than Non-Muslim Women.

- **science courses** - 2.8 % (dalit women), 0.58% (Schedule tribe), 34 % (non-dalit women).
- **post-graduate and doctoral levels.** 38% (MA) and 34% (MSc) for non-dalit women, the percentages for dalit women are 3.8% and 2.9% and 1.3% and 0.48% respectively.
- In **professional fields** like medicine 2.9 % dalit women and 1.1% ST women compared to 34 % non-dalit women. In BEd courses, the figure for dalit women is 4.4 % and ST women 1.4 % and non-dalit women is 40 %.

(Select Educational Statistics 1999-2000, Ministry of Human Resources Development, GOI).

2.4 Issues Pertaining To The Content And Quality Of Education

Though the content of education and classroom pedagogy are critical to altering gender and other social relations it has not been paid the attention it deserves. Efforts to make curricula gender-sensitive have been undertaken but can be considered initial attempts as they have remained largely at the level of removing stereotypes or increasing visibility and not have looked at gender in terms of social relations. Problems related to the representation of marginalized communities continue to exist and contribute to the deep sense of alienation of these communities from the mainstream education system and a reason for children dropping out. Sexuality is addressed in a problematic manner in educational materials. It is either related to population or reproductive health or seen as a problem associated with promiscuity and shame.

Classrooms need to be transformed into spaces that can help girls think critically. Discriminatory practices based on identity based prejudices need to be monitored and stopped. Corporal punishment, which is wide spread, needs to be checked. The role of the teacher is naturally crucial in this context. The present strategy of gender orientation sessions has proved to be ad hoc and ineffective. There is a need to incorporate gender and social equity concerns within the regular in-service and pre-service curriculum teachers.

2.5 Violence Against Women And impact on Education

Sexual harassment and violence against girls and young women within educational institutions is widespread but under-reported. There is however no data (or systematic mechanisms to gather data) that indicate the extent of the problem. While some universities have formulated guidelines and established mechanisms to deal with sexual harassment many educational institutions still do not have policies. Though technically the guidelines should cover schools no efforts have been made to implement the guidelines in schools, where sexual harassment is fairly common but is rarely reported. One only has the media to rely on for such information.

Another area that has not received much attention is the impact of impact of conflict and communal and sectarian violence on education. Communal and sectarian violence and long-term conflict severely impacts opportunities for girls and women's education. Reports from the ground show that the communal violence in Gujarat in 2002 have had

far reaching consequences, both immediate and long-term, on education in general, and girls and women's education in particular. In volatile situations girls are kept away from schools. Many of the riot-affected are living lives of migrants with little access to basic facilities. Ghettoisation, even in education, leads to further distance and mistrust between communities.

In parts of India, like the North East and Kashmir, that have been experiencing conflict for several years the ground level situation reveals that prolonged violence has negatively impacted the education systems there and the education opportunities for women and girls in various ways. Dropout rate of girls is high because of fear, extreme insecurity, restricted mobility, displacement, migration or economic compulsions. School participation and quality of education for girls is impacted by measures to control women's sexuality and mobility, like diktats imposing a dress code, by religious bodies, militants or separatist groups are not uncommon. There are alarming increases in panic disorders.

In such situations schooling and other educational interventions can bring about a semblance of normalcy and prevent alienation from the mainstream. *No systematic efforts have been made to understand and monitor the impact of conflict on education, especially women and girls. There are no policy guidelines on how to respond to the impact of violence and conflict. There are no mandated special provisions to deal with the particular problems arising out of such situations. Education provisioning from gender perspective, should find a place in any policy on internal displacement and relief and rehabilitation that are formulated.*

2.6 Resources

The budgetary allocation for education has hardly increased (from 3.49% 1997-98 to 3.97% in 2002-03) over the past five years and is still way below the 6% of GDP commitment. Within the overall education budget the greatest priority has been given to elementary education (1.93% in 2002-03) and the least to adult education (0.02%).^{vi} This low allocation to the sector whose main target group is poor, rural, socially disadvantaged women raises concerns. Women's studies is also under-budgeted and resourced.

There is need for greater transparency in fund utilization. The concept of gender budgeting has been introduced by the Ministry of Women and Child but needs to be operationalised and strengthened within different departments. At present the links between policy level situational analyses and the interventions and budgets being proposed are not always clear.

4. RECOMMENDATIONS

^{vi} Selected Educational Statistics 2002-03.

○ Notwithstanding the importance of elementary education and keeping in mind the role of education in bringing about and strengthening women's empowerment the educational policy framework and programme emphasis should be holistic and the specific educational requirements of each sector should be addressed and backed by resources. The focus of women's education should not be on elementary education alone but on also on secondary, higher, vocational, technological and professional education.

Sarva Shiksha Abhiyan

○ The XI plan through the SSA should pay attention to specific groups, contexts and locations and design programmes accordingly. The most difficult to reach groups should be reached through special projects within SSA.

○ Educational data should be gender disaggregated but should also be collected in terms of other social groupings. Systematic mapping of social groups should be undertaken to sharpen planning and programme design processes.

○ In order to improve the educational status of Muslim girls and women and to bring them into the mainstream, policy measures and specific programmes backed by resource allocation needs to be put in place on an urgent basis.

- A sub plan on Muslim girls education should be constituted, which can act as a national task force, which should draw on could be set in place.
- The number of formal schools in areas with a high Muslim population should be increased. However at the same time the community leaders should be sensitized to enable their girl children to attend schools and for retaining them in school system.

○ In order to arrest high drop out rates after primary school attention SSA should be extended to the secondary school level. Attention should be paid to infrastructural issues like sanitation etc. Incentive schemes can be thought of after a review of the existing schemes.

○ Programmes like the NPEGEL and KGVB which focus on girls should be continued and strengthened.

○ The policy of hiring female teachers should be continued. Strategies to increase the pool of female teachers from socially disadvantaged groups like SC, ST, OBC and Muslims should be adopted.

Adult literacy and learning

○ Given the important role it plays in sustaining women's empowerment, women's collectives including self-help groups and its criticality in reaching EFA targets the commitment to adult literacy and education should be re-articulated and backed by adequate resources. The National Literacy Mission should be adequately resourced and revitalised. The CE programme should be revamped and innovative programmes

designed with the participation of women's groups and other civil society organizations. As the literacy rates of women from marginalised communities is far worse such programmes should address the specific needs of different groups. The programme content should combine literacy with livelihoods and other survival issues and organization building. Lessons from the Mahila Samakhya Programme should be taken on board.

- Equivalency programmes and certification systems should be set in place for adult learners to enable them to take advantage of the various opportunities opening up. This can be done through the open learning mode and by expanding the mandate of NIOS.
- A comprehensive capacity building programme which includes gender, legal literacy, livelihoods and literacy should be designed and a mechanism for its transaction put in place for women emerging in leadership positions through SHGs.

Content and quality of education and training

- Textbook reform processes with the involvement of academics and practitioners should be continued. Gender needs to be looked at not as an add-on but integrated in all subjects and should be an important organizing principle of national and state curricula and textbooks. Issues of sexuality needs to be addressed to provide children with information, enable them to make informed choices, make them aware of the diversity of expressions of sexuality and gender and to equip them to deal with violations. A new curriculum for the accelerated learning programmes needs to be developed.
- Curriculum for Teacher training and training of student teachers (DIETS) should include a substantive module on gender issues. Gender should become a subject within the regular in and pre service training programmes.

Higher and professional training

- Women of schedule caste (SC), tribes (ST) and Muslims categories have lower access to higher education. The present efforts should be reviewed and a comprehensive strategy formulated to increase the participation of these groups in higher and professional education.
- Strategies for affirmative action to increase the number of women and girls in professional and technical courses should be developed. The private sector should be approached to come with a time bound plan with monitorable goals to provide training facilities.

VAW and education

- Guidelines for sexual harassment at all levels of educational institutions including schools (upper primary upwards should be put in place) and monitored. Teachers training programmes should include awareness on sexual and other forms of violence against girls and women. The issue should be sensitively covered in the school curriculum.

Educational institutions should be made responsible for spreading awareness about these issues.

- At present there are no policy framework in place that addresses the particular educational needs emerging from different situations of conflict. Specific programmes and policy guidelines to address these concerns should be designed specifically to restore confidence, address feelings of fear and insecurity and alienation from the mainstream specifically keeping in mind the needs of women and girls in such situations. As this is an under researched area some studies can be commissioned.

Resources

- Ensure that 6% of GDP is invested in education at all levels and of all types with specific allocations to enhance girls' education at all levels including higher, technical and professional education.

- Gender budgeting mechanisms should be put in place, strengthened and regularly monitored. There should be a tracking of funds allocated to girls education both in terms of expenditures and programming.

CHAPTER VI

POLITICAL EMPOWERMENT

Much of the country's governance has been left to the hands of elected representatives and the official machinery. It has been increasingly recognized that such a centralized approach has not produced desired results, especially in terms of the inclusion of marginalized sectors within governance processes. Notable Constitutional, legislative and policy reforms within the last decade, including the 73rd and 74th amendments and the continued administrative decentralization through programs like NRHM, have demonstrated the Government of India's commitment to increasing the political participation of marginalized groups, especially poor women.

Women's increased political participation has yielded positive results. First, issues central to development, including health, nutrition, family income and education, take center stage as women participate in the PRI, village development boards and other governance structures. Secondly, women have shown that they have critical information about community resources, are adept at managing funds, result in more inclusive governance and learn quickly about how to lead effective community-centered development.

Despite such positive results, women remain largely excluded from the PRI and other local governance structures. Proxy politics, power brokering and gender discrimination continue, and many women sarpanches have had to face extreme violence for challenging existing societal power centres. In other cases, women are only within the PRI in name, but in reality, it is male family members who hold the power. In spite of the affirmative action in panchayati raj in favor of marginalized communities, exclusion of caste, poverty, tribal status, gender and caste sharply demarcate those who have political power from those who do not.

Governments at both Centre and State should not delay any further, to complete the devolution and decentralization of powers from higher bodies (Government of India or State Governments) to the panchayati raj structures. This devolution right now is lagging in almost all the States. The three 'F's' – funds, functions and functionaries – in most States are still in the same position prior to 1993, especially the latter. In the absence of this basic requirement, the Constitutional provisions are not only being violated, but there is lack of clarity at the field level which leads to dysfunctional situations. Other program bodies are being referred to as 'parallel' structures and since they are often better trained and energetic, their presence is seen as being "genuine" people's organizations. The legal and political status of PRI's as laid down in the Constitution gives them a unique status; mark them quite separately from all other grass roots' bodies created for other development purposes. All these bodies should work together. The delay in genuine devolution and decentralization is causing a serious set back to the political empowerment of the locally elected bodies.

Recommendations

- ✍✍ Amend the provision of the no-confidence clause, often used to remove women sarpanches, to ensure that a no-confidence motion cannot be passed for a year and a half of having taken office.
- ✍✍ If a no-confidence vote is passed, the replacing incumbent should also be from the same social group as the earlier incumbent.
- ✍✍ Ensure that two-child norm laws that prevent those who have more than two children from holding office are repealed across states. These laws are most often used against women and disproportionately impact poor, Muslim and tribal women. More tragically, the norm leads to increasing female feticide
- ✍✍ Electoral reforms should provide for state funding for women contesting for elections to Parliament, state assemblies, urban local bodies and PRIs
- ✍✍ Greater attention needs to be placed on how central and state policies can promote local governments to monitor the meaningful participation of women on the PRI
- ✍✍ Increased resources need to be placed in the political skill- building of women within the PRI.
- ✍✍ Greater efforts should be made towards the inclusion of poor and other excluded women on state planning boards and commissions.
- ✍✍ Allocate funding for time- series evaluation of the impact of women on the PRI, and what policy and other contextual factors promote and enable women's political participation
- ✍✍ Governments at both Centre and State should not delay any further, to complete the devolution and decentralization of powers so that PRI's are not handicapped in carrying out their mandated duties.
- ✍✍ Promote programmes that create greater political leadership training for women and girls.
- ✍✍ All development programmes should be created with an intention to empower women's participation within the PRI and through other governance structures.
- ✍✍ Bill to reserve one-third seats for women in Parliaments and Assemblies to be passed soon.

CHAPTER VII

GENDER BUDGETING AND WOMEN COMPONENT PLAN

The National Common Minimum Program lays down empowerment of women politically, educationally and legally as one of the six basic principles. To provide an impetus to this objective, the Finance Minister in the budget speech for 2004-05 highlighted the perceived need for budget data to be presented in a manner that highlights the gender sensitiveness of the budgetary allocations. This was followed by a more emphatic commitment in the budget speech of 2005-06, wherein the budgetary allocations under 10 demand for grants estimated at Rs. 14379 crore were highlighted in a separate statement as a part of the Gender Budgeting exercise. The 2006-07 Budget Speech revealed an estimated allocation of Rs.28,737 cr. for benefit of women under 24 demand for grants in 18 Ministries and Departments.

In spite of these commitments and focus on women's development and empowerment, the present status of women continues to be quite dismal in terms of important human development parameters like health, nutrition, literacy, educational attainments, skill levels, occupational status etc. There are a number of gender specific barriers, which prevent women for gaining access to their rightful share in the flow of public goods and services. Unless the felt needs of women are incorporated and mainstreamed in the planning and development process it is apprehended that the fruits of economic growth are likely to completely bypass a significant section of the country's population which does not augur well for the future growth of the economy. This calls for a focused priority in the Eleventh plan for the strengthening, expansion and universalisation of Gender Budgeting in all its aspects.

Gender Budgeting

Gender Budgeting is defined as the application of gender mainstreaming in the budgetary process. It encompasses incorporating a gender perspective at all levels and stages of the budgetary process and paves the way for translating gender commitments to budgetary commitments and carrying out an assessment of the budget to establish its gender differential impact.

In other words Gender Budgeting looks at Government budget from a gender perspective to assess how it addresses the needs of women not only in traditional areas like health, education etc but also in so called 'gender neutral' sectors like Transport, Power, Telecommunications, Defence etc. It does not seek to create a separate budget but seeks to put in place affirmative action for meeting women's specific needs, thus bringing into effect gender responsive Budgeting.

The ultimate objective of gender budgeting is to transform and transcend traditional perceptions and mind sets towards women and awaken a gender sensitive

consciousness which will not only enable women to come into the mainstream but also give them their due recognition as equal citizens of the country.

Budgeting for Gender Equity: A step forward in Gender mainstreaming

The Ministry of Women and Child Development (MWCD) in 2004-05 adopted the mission statement of 'Budgeting for Gender Equity'. In 2005-06 the task was to carry forward this exercise of universalizing gender budgeting exercises in the Centre and the States. Several initiatives have been undertaken by MWCD to operationalize Gender Budgeting. A strategic framework of activities to implement "Budgeting for Gender Equity" disseminated to all Departments identifies areas for gender mainstreaming including quantification of allocation of resources for women in Union/ State/ Local Budgets, gender audit of policies of Governments, impact assessment of various schemes, analyzing programmes and strategies, institutionalizing generation and collection of gender disaggregated data, consultations and capacity building etc. Further, guidelines for gender sensitive review of public expenditure and policy were framed in the form of checklists both for beneficiary oriented sectors (such as Health, Rural Development, Human Resource Development, Labour, Drinking Water, Textiles, Agriculture etc) and for mainstream sectors that may appear "gender neutral" like defence, power, telecom, transport etc. The Ministry has conducted several workshops and training programmes to disseminate the tools of gender budgeting and has advocated that a review may be undertaken with respect to (1) Gender Based Profile of Public expenditure (2) Beneficiary needs assessment (3) Impact Analysis (4) Participative Budgeting and (5) Spatial Mapping. The MWCD has requested Ministries to set up Gender Budgeting Cells to undertake review of the public expenditure and policy, guide and undertake collection of gender disaggregated data, conduct gender based impact analysis, beneficiary needs assessment and beneficiary incidence analysis. As a result of these efforts 43 Ministries/ Departments have set up Gender Budget Cells as a nodal agency for all gender responsive budgeting initiatives.

Women's Component Plan (WCP)

The WCP was the first major initiative taken by the Government to address women related issues and requirements on a systematic basis involving the inputs from major Ministries/ Departments. The Women's Component Plan (WCP) involved efforts to ensure that not less than 30 per cent of funds/benefits were earmarked for women under the various schemes. However, performance on the WCP has been disappointing and the Mid Term Appraisal of the Tenth Plan notes that while "the Department of Education has confirmed a flow of funds of 42.37 per cent of the gross budgetary support to the WCP, the Ministry of Labour, which had reported flow of 33.5 per cent of its budget to the WCP in the Ninth Plan, has reported flow of funds of only 5 per cent of its budget during first three years of Tenth Plan." Several Ministries and/or Departments, which had earlier reported on the WCP in their sectoral budgets, have stopped doing so. It also noted that there are some Ministries and Departments, which have the potential to go beyond 30 per cent of funds under WCP as well as devise and administer women-related programmes. These include Education, Health, Family Welfare, Environment and

Forests, Rural Development, Agriculture, Labour, Urban Affairs, Drinking Water Supply, Tribal Affairs, Social Justice and Empowerment, and possibly others. It also pointed out that the Ministries and Departments “that have defaulted in providing WCP allocations or whose WCP is less than 30 per cent of their budgets are advised to immediately take the necessary steps to make amends.”

Taking the essence and intent of the Mid term appraisal of the Tenth plan, WCP would need to be extended to all Ministries and Departments and not confined to the realm of some Ministries and Departments which have historically been perceived as “women-related”. Simultaneously the implementation process of Gender Budgeting needs to be institutionalized and universalized in all the Ministries/ Departments at the Centre and States.

Recommendations

- ☞☞ WCP to continue as a bridging mechanism to ensure that the momentum of flow of funds to women related programs is sustained. WCP will require to be strengthened and to cover all sectors and schemes and all programmes both in the Centre and the States. Hitherto the emphasis of WCP has been on women related and women specific Ministries/ schemes. However, as women comprise nearly 50% of the population in the country, it is inevitable that all schemes and programs of the Government, irrespective of the sector, will impinge on women in one way or another. As such it is firmly believed that there is no sector /program / scheme that does not have gender implications. Hence the strong recommendation of the Sub Group is to extend the concept of WCP to all Ministries/ Sectors in the Centre and the States.
- ☞☞ At least 30 per cent of the funds for all schemes to be earmarked for women beneficiaries. For this purpose the Ministries should identify women related schemes or engender existing schemes so that women can get the benefits under such schemes. The essential earmarking of 30% funds for women under the WCP for all Ministries at the Centre and the States is, at the very least, a good exercise as it forces the policy makers to start thinking on the lines of gendered-impact of policies. This commitment of resources is both vital and necessary.
- ☞☞ Beneficiary incidence is an important part of WCP. It should be ensured that at least 30 percent of the beneficiaries should be women.
- ☞☞ PRIs should be intensively involved to ensure 30% earmarking for women. As per the Seventy Third Constitutional Amendment, 29 subjects have been transferred to the panchayats. The schemes falling under these subjects could be looked into by the Panchayats to ensure implementation of WCP.
- ☞☞ To ensure that funds actually reach the women, a ‘non-lapsable pool’ of women’s fund could be created in every State and also at the Centre. If there is under-utilisation of funds allocated for women specific programmes/schemes under any Ministry (Central or State), the balance amount of funds should be transferred to this pool.

- ✍️ Funds from this non-lapsable pool should be transferred to MWCD for utilizing the same in women related programmes/ projects.
- ✍️ At present, WCP treats women as one homogenous group but in reality, there are layers of discrimination even within women,. Thus some women are more vulnerable than others. For example, a dalit woman will be doubly discriminated and a differently-abled dalit woman will be even more vulnerable. Thus WCP needs to factor in this intersectionality-framework while addressing issues of most vulnerable women, like dalit women, adivasi women, HIV positive women, sex-workers, etc
- ✍️ Planning Commission should take quarterly meetings to review the progress of WCP. It should mandatorily obtain the information on WCP from Ministries/ States as a part of the Annual Plan exercise. The proposals submitted by the Ministries/Departments and the States should document the progress/review of the WCP during the current/previous year and the steps proposed to be taken during the forthcoming year. Revised proforma need to be devised which should be simple and user-friendly in order to collect information on WCP

Gender Budgeting

With the objective of gender mainstreaming as the ultimate aim, Gender Budgeting seeks to truly empower woman in every respect and enable her to realize her full potential in all spheres- political, economic, social, cultural and civil. Towards this end Gender Budgeting helps ensure better access of women to health and education facilities, vocational training, employment opportunity and social security etc. for women. Setting up functional Gender Budgeting Cells in all Ministries/ Departments in the Centre and the States with a view to mainstream gender concerns in all areas of Government is therefore vital and needs to be taken up on a priority basis.

Gender Budgeting cannot be restricted only to government programmes and schemes. If it is to be truly successful and beneficial to women, the process has to permeate and penetrate to all sectors (government and non government), policies and strategies and reach out to all sections of the governance and the community. Only then can gender budgeting completely fulfill its objective of truly empowering women keeping in view this macro vision of gender budgeting the recommendations for the Eleventh plan are as follows :

Important National macro-economic policies to be engendered

Policies of the Government form the genesis for programs and schemes providing the direction and describing the components of inputs that go into them. They determine the quantum of flow of the funds to different schemes, its components and also spatial spread of the programme. Unless the policies are engendered, it cannot be hoped that the programs and the schemes that emerge from this will be gender sensitive. Therefore, it is very essential that all policies of the Government from its very inception and formulation

stage be thoroughly examined from a gender perspective. The following paragraphs indicate the various possibilities and potential of engendering some important national policies.

The *fiscal and monetary* policies will need to be analyzed from a gender perspective as both have tremendous potential to have malefic or benign influence on the lives of women. Indirect taxation impinges heavily on women as the tax incidence, by and large, affects important items of sustenance which are generally highly price inelastic and even a small price rise in such items will have a negative impact on women; again the subsidy needs a re-look to ensure that withdrawal of subsidies do not adversely impinge on women. For example, withdrawal of subsidy on kerosene with no other alternative fuel options will result in the woman wasting valuable productive time in gathering firewood, twigs etc and in the process also face health hazards. Thus the ramifications of indirect taxes are quite significant as far as women's well being is considered. The gender affirmative role of direct taxation could be further enhanced through various incentives like reduction in stamp duties for women if assets are registered in their name, lowering of income tax slabs for women etc.

Monetary policy has to be viewed from a gender angle, especially in the case of credit and loan facilities and easy access of women to financial instruments and attractive saving options. In this context the spread of private micro credit lending instruments needs to be carefully regulated to ensure that women and SHGs are not exploited through high interest rates.

Agricultural policies are of prime importance in gender budgeting exercises as there is a growing feminization of agriculture in recent years with out migration of men moving to urban areas in search of work. It is estimated that 75% of all female workers and 85% of all rural female workers are in agriculture. Women constitute 40% of the agriculture force and this percentage is rising. The number of women headed households in the agricultural sector is also increasing. The prosperity of agriculture therefore will largely depend on how effectively these women are empowered.

Enhancing women's rights to land, providing infrastructure support to women farmers and advancing legal support on existing laws are some of the policy interventions needed. However, critical problems persist. The lack of formal titles to women on the land they cultivate is a big drawback. This adversely affects their access to credit, inputs and marketing outlets. It also reinforces the woman's position as unpaid farm labour which reduces their incentives to invest in the land. It further excludes them from receiving services of agricultural extension services, new production techniques etc. The lack of appropriate women friendly tools and agricultural implements is another drawback. Also the farmers' cooperatives basically comprise of men and therefore disadvantageous to women in terms of mind set and location and services profile. The agricultural policy will therefore need to be reviewed to provide a gender friendly perspective.

Policies for the *Non farm sector and information* is another highly important area that has to seriously reviewed keeping in view the gender perspective. As women tend to

remain in the rural sector they also undertake non-farm activities, which significantly contributed to the family's income. In times of agricultural stress, it is these non-farm activities of women that support the family. Therefore, the requirements of women in this sector needs to be identified and appropriate support facilities in terms of access to raw materials, micro credit, skill development, training, market linkages etc. have to be ensured.

Poverty alleviation programs should essentially focus on women as they are economically more disadvantaged than men and chronically poor. These alleviation programs should be geared and designed to meet women's needs with strengthening of SHGs, easy access to cheap credit, equal wages for equal work and a judicious mix of cash and non cash in the wages etc. With the advent of mega poverty alleviation schemes like the National Rural Employment Guarantee Scheme, more and more women are coming forward to work. It is important that the work place should be made safe from harassment and woman friendly with adequate provision of sanitation, drinking water and crèche facilities.

The existing *public distribution system* has failed to deliver the required food grains to the vulnerable groups on time in the requisite quality and quantity. The persisting problems of under weight, malnutrition, anemia are primary causes for early mortality, morbidity, high rates of MMR etc. There is urgent need to review and streamline the policy and strategy of PDS to ensure easy and timely distribution of food grains to women. The institution of food /grain banks and managing the same by women SHGs could be considered to enable uninterrupted supply of food grains even in times of drought or other natural/ man-made disasters.

Public policy with respect to *migration* is another area for consideration. Due to extreme poverty or seasonal farm work, women are forced to migrate to semi urban / urban areas. There are large numbers of social and economic consequences, which these women face such as exploitation in work place, wages differentials, low paid work etc. Also their access to safe housing, food, sanitation and health remain precarious. A very alarming feature of unregulated migration is the trafficking of young girls and women by duping, luring or kidnapping them. Such women are forced into prostitution, bonded labour or slavery. These social aspects need to be looked into in greater detail while reviewing the *Migration policy*

The possibilities of gender differentials for social security *insurance* schemes is another area that need to be examined, as there is an urgent need for low cost and gender friendly insurance systems that cater to the specific life cycle needs of women. It must be acknowledged that a safety net /social security in the informal sector is almost non existent. As women comprise a large proportion of the informal sector, this implies that they are excluded from the insurance framework and therefore not protected against social, medical or economic emergencies. More importantly, it is absolutely necessary to put in place a well designed *Health Insurance* scheme (which can operate under the aegis of the National Rural Health Mission) for women in view of their inability to access

medical facilities. Also pensions policy needs a relook in view of the large number of widow population in the country.

Environmental concerns also warrant gender mainstreaming. Providing alternative sources of fuel for women especially in rural areas reduces both her drudgery with collection of firewood and exposure to pollutants; switching from fossil fuel to non conventional fuel based systems such as green fuels(bio-mass), solar power, hydel power etc. should be stressed. Women's SHGs should be encouraged to be actively involved in Watershed Committees, Joint Forest Management Committees etc. There is a double advantage from this exercise, as on the one hand environment preservation issues will be addressed and on the other women will be empowered.

Disaster management policy should become gender sensitive as experiences have shown that women are most affected by disasters whether manmade or natural. The tendency for trafficking, sale of women and children is quite common in these extenuating circumstances. The emergency response systems in the event of such disasters should have well thought out gender relief measures to cater to afflicted women and children without any delay.

Media policy needs to be gender proactive. There is a need to encourage media to project positive images and balanced portrayal of women and girls to enable attitudinal changes. The media policy should also help in generating awareness on gender issues and concerns so that the process of societal reorientation towards creating a gender just society gets widely disseminated.

Research and Development should also be geared with a view to identify technological needs of women and develop and adapt technology especially to reduce the drudgery of women, facilitating her health and also income generating activities. The Information Technology Policy should also be women oriented imparting skills and strengthening the knowledge base of girls and women in the field of computer software and hardware especially in rural areas. Dissemination of information in local languages on socio-economic and legal issues concerning women would encourage better awareness and instill confidence. Information Technology Kiosks need to be opened for women which would facilitate the Self Help Groups in using internet facilities to purchase raw material designing and marketing of their products.

The above is an illustrative list of engendering national policies. Similar gender perspectives and mainstreaming has to be built into all policies whether they are economic, social or political in nature as Gender Budgeting cannot be seen in isolation from the overall socio-economic-political scenario. The successful impact of these policies on women implies the successful implementation of Gender Budgeting.

Intersectoral convergence for Important gender development Indices/Parameters

While the gender sensitization of policies, programmes and schemes go a long way in empowering women, it is human development indicators, which reflect the

ultimate and true empowerment of women in the country. In a way, these indicators are the outcomes of the gender budgeting, yet in their own sphere they are also the process inputs for gender budgeting.

Unfortunately, the basic parameters of health (declining sex ratio, IMR, MMR, immunization levels, morbidity, mortality, anemia etc.), nutrition (Mal-Nutrition, under weight, anemia etc.), education, (literacy levels, poor enrolment, drop out etc) employment and training (unorganised, unpaid sectors, discrimination in wages, poor skill development, mainly in drudgery areas of occupations such as agriculture, construction) reflect the continuing dismal status of women in the country. While individual sectoral policies, be it health, education, employment etc. will be separately engendered, cross cutting holistic intersectoral policies also need to be converged effectively with a gender perspective, if Human Development Indices are to improve. Therefore along with sectoral policies, intersectoral policies too need to be gendered defined.

Review of and effective implementation of all legislations and laws with a gender perspective to eliminate all forms of discrimination and violence against women.

The laws and legalization are the framework that provide women her rights as equal citizens of the country. There are over 42 women specific and related legislations. Some women specific legislations include the Immoral Traffic (Prevention) Act 1956, Maternity Benefit Act 1961, Dowry Prohibition Act 1961, Protection of women from Domestic Violence Act 2005 etc which seek to protect the women from sexual exploitation and other violence and abuse; women related legislations which have economic implications include the Factories Act 1948, Minimum Wages Act 1948, Equal Remuneration Act, 1976 etc, many of which have provisions for providing economic justice and fair wages to women; there are other Acts which are Protection oriented such as Pre conception and Prenatal Diagnostic Technique(Regulation and Prevention) Act 1994, Child Marriage Restraint Act 1929; and those with Social implications like Family Courts Act 1984, Hindu Succession 1956, Indian Divorce Act 1969. Thus while there are a plethora of Acts existing for the protection and socio-economic equality of women, it is only through their effective implementation that women receive the intended benefits. However, gaps still remain and It is essential that specific laws are brought into effect which provide adequate safeguards and protection to women. One such very important Act is the Compulsory Registration of Marriage Act, which will protect the marital rights of the women and ensure her rightful share in the husband's property. A review of the legislations is also required to bring about conformity in the laws. In this context, it may be noted that necessary provisions of Indian Penal Code be brought in harmony with the provisions of the women related Acts so that there is no dichotomy between the different legislations.

Mainstreaming and sensitizing gender concerns in various organs such as police, legislation, judiciary and trade unions

While the planning process and public expenditure in terms of programs and schemes are sought to be included in Gender Budgeting, yet without gender sensitivity of important organs such as police, judiciary etc the implementation will not be successful. This is especially true of such schemes which have a strong element of protection or are rights based. For example, if the woman is not given her due share of property or other assets as per law it is essential that these agencies help and support her in getting her share without much delay or harassment. This can happen only if gender sensitivity is inculcated in such bodies, and they are made aware of the laws, policies, programs and other initiatives for women. It is also important that justice delivery is quick with the enforcement machinery being responsive and gender sensitive to women's needs especially in cases of domestic violence and personal assault. In addition, trade unions also need to be sensitized to play an active role protecting women's rights/interests.

A very effective method of ensuring that gender concerns are not lost sight of in such bodies is the induction of larger number of women at different levels. This will encourage women to actively participate in power sharing and active participation in decision-making. Efforts should be made to provide coaching facilities and support services so that women can compete along with men both at entry and to facilitate upward mobility of women in these institutions.

The setting up of "women" police stations, women's help desk in every police station, and increasing the strength of women police to 30% of the total force has been reiterated a number of times by the Ministry of Women and Child Development in a number of forums. The Ministry of Home Affairs should take requisite steps to fulfill their obligations towards gender budgeting by 'engendering the police force'.

Gender mainstreaming to be extended to corporate sector and other civil society organizations

While so far the focus of gender budgeting has been on public expenditure of Government only, an increasing quantum of funds is being invested by the corporate sector in their businesses as well as in fulfilling their corporate social responsibility. The development of the corporate sector as an employer has grown tremendously in the wake of liberalization and globalization, especially with its entry in those sectors which were hitherto the domain of the Government. Therefore the time has come to apply the strategy of Gender Budgeting to the private sector. There is a three fold responsibility that rests with the corporate sector – one of extending the scope of their employment opportunities to more and more women, provide them with level playing fields, equal wages and promotion opportunities; two, to support skill building, training, vocational courses etc; and thirdly, to fulfill their social obligations towards women employees in terms of extending maternity benefits, protection from occupational hazards and sexual harassment, provision of facilities like crèches, toilets, sanitation and hygiene, allowing formation of women's associations, legal protection etc.

The civil society organizations whether NGOs, or other community based organizations are partnering government in formulation and implementation of government policies and programs. Thus their voice and views have an important bearing on shaping economic or social issues pertaining to women. They have to function as 'watch dogs' ensuring that Gender budgeting and mainstreaming is actually taking place right at the grass root levels and helping in implementing gender concerns effectively.

Estimation of value addition by women in the unorganized, informal and rural non farm sector and systemized mechanism in place to monetize the labour, efforts and output and include the same in the GDP

Informal farm work and non farm work where women are increasingly employed are mostly non monetized and therefore cannot be captured in the national accounting system. Despite the sizeable value addition to the national economy, on account of home based and other non farm and informal activities, the contribution of women's work continues to be invisible. Women also spend considerable time in collecting fuel, fodder, and water and on care related activities, which is neither aid or recognized as an economic activity. The statistical invisibility of such unpaid work implies that the economic system is missing out on a substantial part of the income generated and value added. The Eleventh Plan should ensure that the National Income includes these activities in their accounting system so that it forms a part of the GDP.

Gender Outcome Assessment

Gender outcome assessment and evaluation is of utmost importance for ensuring the success of Gender Budgeting. For this it is necessary that the gender fund flow into schemes are properly and correctly assessed. The Finance Ministry has made it mandatory that Gender Outcomes form a part of the Outcome Budget prepared by every Ministry/ Department as part of the Budget documents.

Some anomalies have been observed in allocations reflected in Union Budget 2005-06, under various programmes/schemes for women. In 2005-06 this exercise covered 10 Departments and the total magnitude of Gender Budget (i.e., women specific allocations) was recorded at 2.8% of total Union Government expenditure. In 2006-07, 24 Departments of the Union Government were included under this exercise and the magnitude of Gender Budget went up to 5.1% of total budget estimates. However, it has been observed that schemes which do not have a 100% womens' component found a mention as women specific schemes. Therefore the first step towards proper outcome assessment of Gender Budget is that each Ministry/Department of both Centre and State should put in place a systematic and comprehensive monitoring and auditing mechanism for outcome assessment.

At present, the major task of the Gender budgeting Cells in the Ministries/ Departments is limited to identification of schemes and computation of allocations meant for women. To bring a qualitative improvement in the functioning of the Cells and make

Gender Budgeting exercises more meaningful and effective, the following approach can be followed by the Cells for extending gender outcomes.

- ?? Assessing budget allocations and proposing for additional allocations for gender related schemes / components ;
- ?? Analyzing and reviewing policy, strategies, programmes and schemes from the perspective of women as also improving the status of women, identifying constraints and taking into view their needs and requirements
- ?? Identify constraints in flow of funds to women through expenditure tracking studies
- ?? institutionalize generation, collection and compilation of gender disaggregated data through various mechanisms right from the grass root level and ensure that this should be an inbuilt part of the programme/ scheme.
- ?? Identify data gaps and design the future steps for building gender disaggregated data
- ?? Monitoring of spending and service delivery
- ?? Assessing the extent to which women are benefiting under the schemes and programs of the Ministry
- ?? Assessing beneficiary incidence
- ?? Identification of areas where existing schemes can be further engendered and Initiating new initiatives, innovative ideas and schemes for gender benefit

In addition to the above, which will primarily be the responsibility of the individual sectoral Ministries/ Departments, the Planning Commission and the Finance Ministry should enable assessment of national level gender outcome assessment through:

- ?? Spatial mapping of gender gaps and resource gaps by Planning Commission
- ?? Gender audit of public expenditure, programmes and policies
- ?? There is a need to collect gender disaggregated data at national, state and district levels. Standardisation of data is also necessary to facilitate comparison not only at national but also international levels. The data should flow on a regular basis and should be compiled, collected and analysed periodically.

Training and Capacity Building

Strengthening GB Cells

MWCD being the nodal Ministry for Gender Budget should have a full fledged Unit for Gender Budgeting with appropriate staff and infrastructural facilities. At present, there is no staff allotted for Gender Budgeting. As the MWCD undertakes all coordination, orientation and sensitization exercises for Gender Budgeting at Centre and States , it is very essential that adequate staff be provided for the unit. It is recommended that the Gender Budgeting unit should comprise of the following officers who have a strong base in formulation, evaluation, project appraisal, monitoring etc of economic strategies, policies and programmes etc.

- ☞☞Joint secretary level officer (1)
- ☞☞Deputy Secretary /Director level officer (2)
- ☞☞Deputy Director(3)

- ☞☞Assistant Director (3)
- ☞☞Research Assistant/ Investigators (4)
- ☞☞Section officer and staff
- ☞☞The capacity of the Gender Budgeting Cells that have been set up in various Departments and Ministries too need to be strengthened, especially as the Cells will have a large number of activities to carry out. For this purpose it is suggested that each Gender Budgeting Cell should comprise of officers who have a strong base in formulation, evaluation project appraisal, monitoring etc of economic strategies, policies and programmes.

Setting up of Regional Resource and Training Centers for Gender Budgeting (RRTCGB)

With the basic objective of building a core team of resource agencies and trainers to disseminate the tools, strategy and process of Gender Budgeting throughout the country so as to enable a wider outreach and to decentralize the technical support and capacity building activities, there is a need to set up Regional Resource and Training Centers for Gender Budgeting (RRTCGB). Institutions/ centers which have the requisite Infrastructure and expertise in the related disciplines of gender budgeting and gender related issues need to be identified in different parts of the country. Such centres should have experience in promotional activities such as outreach, advocacy and in facilitating networking and linkages through convergence and with sound financial capability.

To enable such training programs and capacity building will require adequate funding under a new separate head of account titled ‘Training and Capacity building in Gender budgeting’.

Preparation of Training manuals

Detailed training manuals will need to be prepared which can be used by the Trainers. These manuals will give the approach and the methodology to be taken in the engendering policies, schemes, programmes and assessing their gender outcomes. The Manuals will be specially designed to cater to the requirements of the different stakeholders such as:

Central Government and State Governments

Ministries, which are administratively oriented

Corporate sector

Civil society organization and NGOs etc

Gender budgeting cannot be the sole responsibility of any one Ministry or any one sector. It is only through the commitment and efforts of all sectors of the Government, be it at the Centre or in the States, the Private Sector and Civil Society, can the objective of redressing the inequalities faced by women be achieved, thus establishing the true essence and spirit of Gender Budgeting in empowering women holistically.

CHAPTER VII

INSTITUTIONAL MECHANISMS

Institutional mechanisms for the advancement of women include institutions of different types which support the cause of women's advancement. The various institutional mechanisms that are contributing / will contribute to the achievement of women's empowerment and gender equality as laid down in the Eleventh Plan are listed below:

- ✍️ Government structures with a mandate for women such as Ministries, Departments, focal points, bureaus, cells, desks, coordination units and committees, inter-agency committees etc.
- ✍️ Government-sponsored dedicated agencies for women, such as Commissions, Boards, Committees, Councils, Corporations, Women's Resource Centers, Women's Studies Centres, grass roots formations such as Mahila Mandals, Self Help Groups etc.
- ✍️ The Parliamentary Committee on the Empowerment of Women
- ✍️ Institutions of local government such as the three tiered panchayats and urban local bodies which are to be delegated vast administrative, financial and legal powers across the development sectors, including social and women's development.
- ✍️ Mechanisms and Plans such as gender budgets, component plans for women, action plans for women, monitoring and assessing instruments such as HDR's, audit systems such as gender and social audit, appraisals and evaluations using tools such as gender analysis, participatory exercises etc. To these can be added grass roots innovations capturing attention such as the Jan sunwais (public hearings within an informal space) in the style of courts or other judicial bodies.
- ✍️ Women's bodies and groups working for the economic, social and political rights of women, all bearing the 'voluntary' and 'democratic' label, but with varying emphasis on different belief systems, ideologies and philosophies, etc. ranging from academia, research, education, feminism, to action research and advocacy.
- ✍️ Federations, trade unions, cooperatives, youth and other age based groups ad-hoc groups formed for short term objectives, watch dog bodies, local groups etc.

The National Policy for Empowerment of Women (2001) had announced formation of National and State Councils to oversee the operationalisation of the Policy on an ongoing basis. The National Council was to be headed by the Prime Minister, and the State Councils by the Chief Ministers. They had to be broad in composition, with officials as well as Central and State Social Welfare Boards, National and State Commissions, NGO's, women's organizations, trade unions, academics, experts, social activists, etc. These bodies were to meet twice a year and review the progress made in implementing the National Policy. Further, the National Development Council, the highest body in the government hierarchy, which has to officially approve all the five

year plans, was also to be informed of the progress of the programmes undertaken under the Policy from “time to time” and their advice sought.

Other commitments made in the Policy on institutional mechanisms include setting up of State Resource Centres which would be linked with the women’s studies centres functioning in the country. At the district level, the existing institutions would be strengthened and at the grass roots women’s groups (SHG’s) would be helped to federate as registered societies at panchayat and municipal level. They would also be involved in the implementation of the Policy.

The Policy also announced the operational strategy for converting the Policy into concrete programs on the ground. This was to be done through the mechanism of the National and State Action Plans. These plans would be time bound and implemented in a participatory manner and also involve all the institutional machineries in the country.

The requirements of gender mainstreaming calls for close coordination between MWCD and the many other Ministries and Departments (as well as other agencies) that are involved in the empowerment of women and gender equality. The setting up of gender budgeting cells in more than 40 Ministries and Departments at the national level has the potential of taking the preparation and implementation of the Plan of Action forward.

Recommendations

- ✍✍ An apex body at the National level, as envisaged in the 2001 Policy (NPEW) should be set up at the earliest, so that a comprehensive picture of the Action Plans can be prepared and reviewed.
- ✍✍ Similarly, the Policy commitment of reporting on progress of women’s plans to the National Development Council from time to time should be implemented at the earliest.
- ✍✍ Action Plans for Women’s Empowerment at national and State levels should be drawn up in consultation with civil society including women’s groups, lawyers, activists, women’s studies centres etc.
- ✍✍ While Action Plans should receive inputs from all sectoral agencies, the format of the Plans should not be restricted to the sectors. Cross cutting issues such as unpaid work, land and asset entitlements, skill development and vocational training, child care, occupational health, wages, violence against women etc. should be mainstreamed across all the implementing agencies.
- ✍✍ The Action Plan should be made time bound and a system of accountability for each component or action point should be clearly laid down. Different deadlines may be set for different components.

- ✍✍ Since the Plans of Action are a Government commitment to the women of the country, all implementing agencies should be made accountable for its successful implementation, in the spirit of collective responsibility.
- ✍✍ Appointments to the National and State Commissions for Women should be made on the recommendations of a Search Committee comprising of eminent individuals from every walk of life, including women's development. The Search Committee should be set up by a decision of the Cabinet. The statutorily laid down systems for making appointments to other high level commissions and bodies can also be looked at.
- ✍✍ All State Commissions should have a statutory base, ensuring their legal status.
- ✍✍ National and State Commissions should have more functional and financial autonomy.
- ✍✍ Resource Centres for women should be set up at state levels and these centers both at the National and State levels should be linked with the Women's Studies Centres.
- ✍✍ Keeping in view the availability of resources and the need to deliver on commitments, MWCD should make synergistic use of the Gender Responsive Budgeting and Gender Mainstreaming processes. The building of budgets from below is a paradigm that can be attempted, in the spirit of devolution and democratic decentralization process.
- ✍✍ The new Ministry of Women and Child Development must be suitably strengthened with a larger complement of staff whose capacities must also be enhanced. Besides the competencies of gender and economics, the ministry must also have competencies in gender & trade and legal matters.
- ✍✍ In view of the vision of the Government to ensure the holistic and integrated empowerment of women using the tools of gender mainstreaming and gender responsive budgeting, the MWCD must have a stronger coordinating and monitoring role – being a kind of watch dog on behalf of the government, on gender issues
- ✍✍ The MWCD should take the lead in creating and maintaining a comprehensive sex-disaggregated data base, for quantitative and qualitative data. The purpose would be (1) to base new initiatives on facts and figures, (2) assess the gender impact of programmes and (3) assess the level of women's participation and involvement in the planning implementing and managing of programmes.
- ✍✍ A qualitative assessment of ongoing gender sensitization programmes for government officials being undertaken by different institutions should be carried out by MWCD, with the involvement of women's groups. Re-structured outcome oriented gender sensitization programmes must be a constant and recurring phenomena for all (in all departments) government officials, at all levels.
- ✍✍ The Parliamentary Committee on Women's Empowerment should clear all legislations before they are presented to Parliament for enactment.
- ✍✍ At the state and district level, the existing institutions including departments and women's commissions should be strengthened both with human and financial resources and powers.
- ✍✍ At the grass roots women's groups (SHG's) should be helped to federate as registered societies at panchayat and municipal level.

CHAPTER VIII

SCHEMES OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT

The Ministry of Women and Child Development, as the nodal agency for all matters pertaining to welfare, development and empowerment of women, has evolved schemes and programmes for their benefit. These schemes are spread across a broader spectrum such as women's need for shelter, security, safety, legal aid, justice, information, maternal health, food, nutrition etc as well as their need for economic sustenance through skill development, education, and access to credit and marketing.

The schemes of the Ministry like Swashakti, Swayamsidha, STEP and Swawlamban enable economic empowerment. Working Women Hostels and Creches provide support services. Swadhar and Short Stay Homes provide protection and rehabilitation to women in difficult circumstances. The Ministry also supports autonomous bodies like National Commission, Central Social Welfare Board and Rashtriya Mahila Kosh which work for the welfare and development of women. These schemes were run in the Tenth Plan. It is proposed to continue some in the Eleventh Plan and also to take up new schemes. Scheme-wise details are given in the following sections.

Schemes for Economic Empowerment

Swa-Shakti

The Project jointly funded by IFAD, World Bank and the Government of India was launched in October, 1999 and culminated on 30th June, 2005. The objective of the Program was to bring out socio-economic development and empowerment of women through promotion of women SHGs, micro credit and income generating activities. The project was conceived as a Pilot Project implemented in 335 blocks of 57 districts in 9 states. The Project established 17,647 SHGs covering about 2,44,000 women. This was a Centrally Sponsored Project.

Swayamsiddha

This is an integrated scheme for women empowerment through formation of Self Help Groups (SHGs) launched in February, 2001. The long term objective of the programme is holistic empowerment of women through a sustained process of mobilization and convergence of all the on going sectoral programmes by improving access of women to micro-credit, economic resources, etc. This is a Centrally Sponsored Scheme. The Scheme has been able to provide a forum for women empowerment,

collective reflection and united action. The scheme is expected to culminate in March, 2007. The programme is implemented in 650 blocks of the country. 67971 women SHGs have been formed benefiting 9,89,485 beneficiaries. The scheme comes to an end in March 2007.

It is proposed to take up Swayamsidha with a wider scope during the XI Plan. It is also proposed to implement a women's empowerment and livelihood project in four districts of Uttar Pradesh and two districts of Bihar with assistance from IFAD. The schemes of Swayamsidha and Swashakti would be merged and implemented as Swayamsidha, Phase-II in the XI Plan. The Mid-Term Appraisal Report of the Tenth Plan has also recommended merger of these two schemes as these have similar objectives. The next phase would be a country wide programme with larger coverage in States lagging behind on women development indices. Convergence is the basic concept in Swayamsiddha. The lessons learnt in Swayamsiddha and Swa-Shakti would be incorporated in the universalized Swayamsiddha giving an integrated set of training inputs relating to social and economic empowerment, including skill development and training in traditional and non traditional sectors.

The estimated requirement during the XI Plan period for both phase II of Swayamsidha as well as the IFAD Project is Rs.3000 crore.

Swawlamban Programme

Swawlamban Programme, previously known as NORAD/Women's Economic Programme, was launched in 1982-83 with assistance from the Norwegian Agency for Development Corporation (NORAD). NORAD assistance was availed till 1996-97 after which the programme is being run with GOI funds. The objective of the programme is to provide training and skills to women to facilitate them to obtain employment or self employment on sustained basis. The target groups under the scheme are the poor and needy women, women from weaker sections of the society such as Scheduled Castes and Scheduled Tribes etc. In order to ensure more effective implementation and for better monitoring/evaluation of the scheme, it has been transferred to the State governments from 1st April 2006 with the approval of Planning Commission.

Support to Training and Employment Program (STEP)

This program seeks to provide skills and new knowledge to poor and assetless women in the traditional sectors. Under this project, women beneficiaries are organized into viable and cohesive groups or cooperatives. A comprehensive package of services such as health care, elementary education, crèche facility, market linkages, etc. are provided besides access to credit. Skill development is provided in ten traditional skills amongst women. This is a Central Scheme launched in 1987. The Ministry is at present getting the program evaluated. Based on the results of the evaluation, the scheme is proposed to be revamped. Further, the possibilities of providing training and skills to women both in traditional and non traditional sectors and integrating with Rashtriya

Mahila Kosh for credit linkages are being considered. A sum of Rs.240 crore is proposed for the scheme in the XI Plan.

Support Services

Construction of Working Women Hostels

Under the scheme, financial assistance is provided to NGOs, Co-operative Bodies and other agencies for construction / renting of buildings for Working Women Hostels with day care centre for children to provide them safe and affordable accommodation. This is a central scheme. The utilization of funds under the Scheme has been unsatisfactory during the Tenth Plan period because NGOs are not able to avail funds due to strict norms of funding and lack of suitable proposals from the organizations.

The norms and financial pattern of assistance discourage the NGOs for construction of these hostels. At present, the norms are (i) availability of land in prime location so that they get sufficient number of working women, (ii) 50% of the cost of land (the land has to be acquired before the proposal for the government grant is submitted) and 25% of the cost of construction has to be borne by the NGO, (iii) construction of the hostel is required to be completed within two years, etc. Another issue needing review is the fixed percentage of trainees and students as a proportion to working women that is uniformly applicable across the country. There should be some flexibility especially for educationally backward states and regions, where rural girls are not able to find suitable accommodation when entering the portals of higher education.

This scheme is one of the oldest programs of the Ministry. But as now only 873 hostels have been constructed under the scheme. With the increasing number of working women, the need for adequate housing and shelter for working women is now felt not only in big cities but also in small towns and rural areas. Hence a Committee to revamp the scheme has been set up under the chairpersonship of Secretary, Ministry of Women and Child Development to make the scheme more viable and to attract more NGOs to come forward to apply for the scheme. NGOs are not able to avail of the funds due to escalating costs of land. The possibility of approaching the Land and Development Authorities for allocating land for Working Women Hostels in their States is also being considered. Construction would be taken up by the Departments/Ministries in charge of Women's Affairs and the constructed building handed over to an NGO for running the hostel. Recurring grants for maintenance would be given to NGOs. Then monitoring also would be easier unlike in the present scheme where once the construction is over, the Ministry has no control over the NGOs.

In the current scheme, a day care centre is optional. Women with small children would not prefer to stay in the hostel if the hostel does not have a day care centre attached to it. The Committee would look into this aspect as well. In view of these, it is proposed to totally revamp the scheme and the revamped scheme would be run in the XI Plan. Requirement of funds for the XI Plan is estimated at Rs.500 crore.

Creches

The Ministry runs a scheme of crèches that caters to the children of poor working women or ailing mothers. This provides a great help to women who are working as their children are being provided a safe environment when they are at work. This scheme is being covered in the Report of the Working Group on Child Development of this Ministry.

Relief, Protection and Rehabilitation to Women in Difficult Circumstances

Swadhar

This Scheme was launched in 2001-2002 for providing relief and rehabilitation to women in difficult circumstances. The main objectives of the scheme are as follows:

- ? ? To provide primary need of shelter, food, clothing and care to the marginalized women/ girls living in difficult circumstances who are without any social and economic support.
- ? ? To provide emotional support and counseling to women.
- ? ? To rehabilitate destitute women socially and economically through education, awareness, skill upgradation and personality development.
- ? ? To arrange for specific clinical, legal and other support for women/girls in need of those interventions by linking and networking with other organizations in both Government and non-Government sectors on case to case basis.
- ? ? To provide Helpline or other facilities.

Beneficiaries covered under the scheme are widows deserted by their families, women prisoners released from jail, women survivors of natural disaster, trafficked women, women victims of terrorist/extremist violence, mentally challenged, and women with HIV/AIDS etc. At present 129 shelter homes are functional in the country.

The number of homes currently functional in the country is grossly inadequate. The requirements of women being catered to by the scheme are different. The needs of mentally challenged women are quite different from that of women rescued from trafficking or women survivors of disasters. Hence it is proposed to set up different homes for women with different needs. The recently introduced Protection of Women from Domestic Violence Act provides that women seeking shelter should be accommodated in the shelter homes. These call for increase in the number of shelter homes in the country. In the XI Plan, it is proposed to set up one home in each district. It is also proposed to revise the schematic norms.

The root cause of most of problems being faced by women is lack of economic independence among women. Providing training and skills in various vocations to women living in shelter homes will facilitate them to obtain employment on sustained basis. Though the scheme in the current form provides for vocational training, no separate funds are being provided for the purpose. Organisations are expected to seek convergence of the benefits of schemes like STEP, Swawlamban etc. In the XI Plan, it is

proposed to allocate funds for vocational training to the women as a part of the scheme. It is also proposed to revise the norms for food, medical expenses, clothing, rent etc under the scheme.

A provision of Rs.1000 crore is proposed in the XI Plan to set up more shelter homes as also to revise the norms of the scheme.

Compensation to Rape Victims

The Hon'ble Supreme Court in Delhi Domestic Working Women's Forum Vs. Union of India and others writ petition (CRL) No.362/93 had directed the National Commission for Women to evolve a "scheme so as to wipe out the tears of unfortunate victims of rape." The Supreme Court observed that having regard to the Directive principles contained in the Article 38(1) of the Constitution, it was necessary to set up Criminal Injuries Compensation Board, as rape victims besides the mental anguish, frequently incur substantial financial loss and in some cases are too traumatized to continue in employment. The Court further directed that compensation for victims shall be awarded by the Court on conviction of the offender and by the Criminal Injuries compensation board whether or not a conviction has taken place. The Board shall take into account pain, suffering and shock as well as loss of earnings due to pregnancy and the expenses of child birth if this occurs as a result of rape.

Accordingly NCW has drafted a scheme titled "Relief to and Rehabilitation of Rape Victims". It is proposed to initiate the scheme in the XI Plan. The budgetary requirements for the scheme in the XI Plan is estimated as Rs.250 crore.

Pilot Projects for women in difficult circumstances

The schemes that are being run for women look at women as one homogenous group. In reality, there are different categories of women requiring different interventions. In the introductory chapter of this Report, vulnerable women have been grouped into different types. In the XI Plan it is proposed to take up pilot projects for the different categories of women. If these pilot projects prove to be fruitful, then the States would be asked to take them up on a wider scale. Rs.2000 crore is proposed for the pilot projects in the XI Plan.

Implementation of Protection from Domestic Violence Act and other Acts of the Ministry

The Protection of Women from Domestic Violence Act came into force on 26th October 2006. In the XI Plan it is proposed to take up the following for effective implementation of the PWDDVA:

- ☞☞ Set up the required infrastructure and requirements to make the Act effective.
- ☞☞ Provide training, sensitization and capacity building of Protection Officers, Service Providers, members of the judiciary, police, medical professionals,

counselors, lawyers, etc on the issue of domestic violence and the use of law (PWDVA and other criminal and civil laws) to redress the same.

- ☞ Monitoring the appointment of Protection Officers by regular feedback from the various states
- ☞ Set up an effective MIS to monitor its implementation.
- ☞ Give wide publicity to the Act.

Rs.500 crore is proposed to be provided for implementation of PWDVA in the XI Plan.

The Ministry is in the process of drafting an act to prevent sexual harassment at workplace. It is proposed to allocate Rs.100 crore for implementation of this and other acts that the Ministry may bring into force during the XI Plan.

Media

A number of women specific and women related laws have been enacted to protect them from social discrimination and to give them equal opportunity. Ministry of Women and Child Development is the administrative ministry for implementation of many of these Acts like Commission of Sati (Prevention) Act, Dowry Prohibition Act, Indecent Representation of Women (Prohibition) Act, Immoral Traffic Prevention Act and Protection of Women from Domestic Violence Act. In spite of some of these Acts being in place since a long time, these crimes against women continue unabated. Implementation of these Acts is very poor. The knowledge about the existence of these Acts is also very low among the public and other stake holders. Similarly, though the country is a signatory to the UN convention on elimination of discrimination against women and the convention was ratified as long back as in 1992, its dissemination has been very poor.

Further, to achieve gender equality and to stop crime against women, what is needed is a change in the people's attitude, both of men and women. Having any number of legislations, policies and programmes will not take us towards the desired goals unless the thinking, perception and attitude of the society changes.

Bringing about attitudinal change in the society as well as dissemination about the laws, policies, programmes etc of the Government can be achieved only through an effective multi-media publicity campaign through electronic media, print media and outdoor publicity tools.

In the XI Plan it is proposed to take up media activities on a much larger scale and a sum of Rs.1000 crore is proposed for disseminating women related issues alone.

To carry out the above women related media activities as also those relating to children, it is necessary that a separate media unit is set up in the Ministry with officers from Information Service posted therein so as to give a professional touch to the various multi media activities proposed to be carried out during the XI Plan. An amount of Rs.4.00 crore would be required for the purpose.

Research and Evaluation

Ensuring efficient implementation of policies and programs is the most important aspect of any intervention. The tools and strategies to assess these aspects are Research, Monitoring and Evaluation. Considering the importance and the necessity of research, monitoring and evaluation of all policies and programs, the Ministry of Women and Child Development is operating a GIA (Grant In Aid) scheme for Research, Monitoring and Evaluation.

During the 11th Plan, in order to give more thrust to the development of women and children, many new schemes such as integrated child protection scheme, Swayam Sidha Phase II, over hauling, rationalization and expansion of already running schemes such as ICDS are being conceived of. New acts and rules, amendment of existing rules and regulations, may also be brought out. The working of Domestic Violence Act 2005 and its rules recently notified need to be assessed for remedial actions; the outcomes and outputs are to be matched with outlays and the directions of the interventions are to be altered if necessary. It is proposed to include the following areas for research, monitoring evaluation and publication during the 11th Plan:

- Prevention of Female foeticide / Infanticide
- Working of Prohibition of Child Marriage Act
- Issues relating to Child sex tourism, Pilgrim tourism, Tourism sex
- Studies on children of prostitutes
- Workshop/seminars on spreading awareness about ITPA act, ill effects of foeticide and infanticide, child marriages etc
- Awareness campaigns/motivation campaigns for the police and other enforcement authorities/implementing officials of acts and rules
- Concurrent monitoring / evaluation of schemes
- Development of data bases on women, children
- Preparation of gender development Index / gender empowerment measure
- Preparation of child development Index
- Create mappings showing comparative status of women/ children in different States/UTs
- Creation of directory of facilities created under various welfare schemes
- Information booklets/brochures to propagate the schemes of Govt. of India / M/o WCD for women and children
- Statistical publications/brochures on women/child
- In case of ICDS scheme workshops on district level awareness of ICDS in selected areas where the malnutrition is highly prevalent
- Working of existing acts for women and children etc
- All India surveys / impact studies / evaluation on various issues and schemes pertaining to women and children.

To undertake the Research, Evaluation, Monitoring and Publication activities during the 11th five year plan, a plan outlay of Rupees 15 crores is proposed.

Setting up a Gender Budgeting Cell and a Statistical Division in the Ministry

Statistical Division

Monitoring and evaluation of the progress made in improving the status of women is extremely important; systems should be in place for regular monitoring and evaluation of all gender development programmes implemented by various ministries. Gender development indicators may be compiled at all India, State and District levels and disseminated widely for use by the policy makers, planners and programme implementation authorities. Further analytical studies may be undertaken to bring out regional imbalances for enabling corrective action. Hence a cell for Development of Statistical Databases on Women and Child and other related issues may be set up, which may undertake the following important activities:

- ?? Statistical publications on women and children / creation and maintenance of data base of important parameters on women and children (all India, State/ UT, District levels) to reflect the progress by comparative analysis.
- ?? Compilation of GDI/ GEM and publication of India country report with annual periodicity.
- ?? Development of statistical data on emerging topics such as violence against women, feminization of poverty etc.
- ?? Identify gender related data gaps and organize sample surveys by reputed Government/ Non- Government agencies to fill up the data gaps and to monitor implementation of policies and programmes of M/o WCD and other tasks entrusted to M/o WCD.

Requirement of funds during the XI Plan is estimated as Rs.3.50 Crores.

Gender Budgeting Cell

As the nodal Ministry for women, the Ministry of Women and Child Development has been undertaking several initiatives for the empowerment of women. In this context, Gender Budgeting has been adopted by the Ministry as a tool for achieving the goals laid down for women in our plans and policies. Guidelines for implementing Gender Budgeting by the various ministries have been laid down and this Ministry is continuously taking up with the other Ministries as well as the State Governments and holding hands with them to carry forward this exercise. For the Ministry to take up this task more effectively, the Gender Budgeting Cell of the Ministry needs to be strengthened for which Rs.2.50 crore is required during the XI Plan.

Further, detailed training manuals need to be prepared for the use of the trainers. These manuals will give the approach and the methodology to be taken in the engendering policies, schemes, programmes and assessing their gender outcomes. A budget of Rs.50 crore is proposed for organizing training and capacity building workshops and preparation of training manuals'

Autonomous Organisations under MWCD

Rashtriya Mahila Kosh (RMK)

RMK was established in 1993 to provide micro-credit in a quasi-formal manner to the poor women for income generating, production, skill development and housing activities in order to make them economically independent. RMK mainly channelises its support through NGOs, Voluntary agencies, States Women Development Corporations, Cooperative societies, State government agencies, Urban Women Co-op Banks etc. to the women SHGs. It was started with an initial corpus of Rs. 31crore which has been recycled to reach cumulative sanctions of Rs.188 crores of loans. It has maintained a high recovery rate of over 90%.

It is proposed to expand the credit program from the present level of Rs.20 crore to Rs.100 crore per annum by 2010-11 and also to expand its operations in all States and Union Territories through nodal agencies and franchisees. Client friendly innovative loan/grant products would be launched make the credit programmes more attractive. During the XI Plan RMK will upscale its operations to target assistance to about 20 lakh SHG members and enhance the corpus to Rs.500 crore.

Vision for the XI Plan

- ❏ RMK would be the nodal agency/apex body for micro-credit for women.
- ❏ RMK would act as the premier advocacy organisation for the development of micro-finance sector at national and international level to enhance the flow of microcredit in the unorganised sector for women.
- ❏ Mechanism would be evolved to access credit from RMK for women SHGs instead of Banks as an alternative financial institution by all Ministries which are promoting / implementing subsidy-linked SHG programmes. To this end, institutional capacity of RMK should be expanded through organizational expansion by providing adequate financial support complemented with socio-political and economic inputs. Also, with the universalized Swayamsidhha in the 11th Plan, RMK is required to be expanded.
- ❏ RMK would expand its role from a mere credit disbursal agency to a genuine community based, women oriented, saving cum lending agency.

Central Social Welfare Board

CSWB was set up on 12th August 1953 by a Resolution of Govt.of India to act as an apex body at national level for welfare and development of women and children. State Social Welfare Boards were established in 1954 in all State capitals to support CSWB in achieving its objectives.

It is proposed to review all the existing schemes and restructure them looking into the current requirements. Programmes of CSWB would be merged with those of the Ministry like the schemes on Short Stay Homes and Working Women Hostels. New

schemes if need be would be taken up and the schemes like Condensed courses of education for women would be modified during the XI Plan.

There is a strong case for restructuring of the CSWB and the State Social Welfare Advisory Boards to meet the needs of development of women and children in the fast changing economic scenario. The State Boards in particular need to be more responsive and in tune with requirements in their areas.

Programs of CSWB

Family Counselling Centres

Objectives

- Counselling and rehabilitative services for women & families affected by domestic violence, marital discord or family maladjustment.
- Pre-marital counselling for preparing youth for healthy interpersonal relationships, responsible parenthood and strengthening the institution of family.

During the Xth plan 830 FCCs have been set-up in different districts, Mahila Jails, Police Headquarters & Red Light Areas catering to the needs of 2,98,312 clientele.

Vision for the XI Plan

- The programme would be expanded to respond to felt needs of the society.
- More impetus on training and orientation of counsellors to provide professional services and strengthening of the scheme through capacity building of voluntary organisations.
- To enlarge the coverage in a phased manner so that every district has at least two FCCs.
- To give wide publicity to the scheme and networking with other stakeholders for settlement of cases.

Short Stay Homes

Objectives

- Women and their minor children, in difficult circumstances are provided comprehensive institutionalised services such as shelter, counselling, vocational training and rehabilitation for a period of 6 months to 3 years.

During the Xth Plan, 360 SSHs have been set up to benefit 96457 women & children.

Vision for the XI Plan

- Training programmes for the functionaries of the Short Stay Homes should be geared up to sensitize them about the problems of women in distress and to improve quality of services.
- Networking of the SSHs with those agencies who can help in purposeful rehabilitation of women.
- Anomaly in the quantum of honorarium to counsellors under various schemes of GOI needs to be removed.
- Would be merged with the Swadhar Homes.

Condensed Courses Of Education For Women

Objectives

- Providing education to adolescent girls/women who are school drop outs or did not have opportunity of joining formal education system to pass primary/middle/matric level examination with inputs skill development

During the Xth Plan 1840 Condensed Courses were sanctioned for 46275 beneficiaries

Vision for the XI Plan

- Scope of curriculum of all courses to be enlarged to include component of life skills, social skills and negotiating skills.
- To include provision for training of teachers and office bearers of voluntary organisation on various aspects of the scheme.
- To enhance intensity and impact of the scheme by reorientation, duration and time of the courses and to incorporate provision for educational tours, creches and nutrition in the scheme.
- Schematic pattern of the scheme to be revised.

Rajiv Gandhi National Creche Scheme For The Children Of Working Mothers

Objectives

- Working women from the economically weaker sections are provided support services in terms of substitute care through creches for children in the age group of 0-6 years. They are provided day care services, supplementary nutrition, health care services and early childhood education.

During the Xth Plan 12600 creches were supported to reach to 3,15,000 children.

Vision for the XI Plan

- To provide training to creche workers for better management of creche centres.
- The programme is much in demand and has proved its utility over the years. There is a felt need to set up new creches in uncovered areas.
- More than one lakh creches should be set up in the first phase to cater to the needs of working women in the unorganised sector.

Awareness Generation Programme

Objectives

- Camps are organized in the community for generating awareness among masses on issues relating to status, legal rights, problems of women and other social issues.
- To create an enabling environment for effective participation of women in decision making processes and for asserting their social, economic and political rights

During the Xth Plan 26626 Awareness Generation Camps were organized for 6,65,400 women.

Vision for the XI Plan

- ☞☞Regular campaigns on issues such as female foeticide, physical abuse, trafficking, gender discrimination and domestic violence may be organized.
- ☞☞To develop audio-visual and print material in local language /dialect for dissemination of information during the camps
- ☞☞Duration of camps may be made flexible.
- ☞☞Organisation of special camps for school children, college students on stress management, family life education, self defence and personality development.

Working Women Hostel

Under this scheme, CSWB provides maintenance grants to those working women hostels which have not been constructed with assistance from the Ministry of Women and Child Development. The maintenance grant is restricted for a period of five years.

Vision for the XI Plan

- ☞☞The schematic norms need to be revised.
- ☞☞The schemes of the Board and the Ministry would be merged.

National Commission for Women

The National Commission for Women was set up in 1992 to protect and safeguard the rights of women. The activities of the Commission include receiving complaints or suo moto enquiring in cases of deprivation of rights of women, providing counseling, conducting Parivarik Lok Adalats and legal awareness programmes and organising public hearings.

The National Commission for Women being the nodal agency for protection of the rights of women needs to be strengthened. The NCW Act needs to be suitably amended to give the Commission more power. The requirement of funds for the XI Plan for the activities of the Commission is estimated as Rs.35 crore.

Requirement of funds during the XI Plan

Requirement of funds for the XI Plan is estimated as Rs.9491.00 crore for the various activities detailed above. Scheme-wise break-up of the requirement is given in the table below.

Name of the Scheme	Amount (Rs. in crores)
Swayamsidha including IFAD Project	3000.00
Swadhar	1000.00
Working Women Hostel	500.00

STEP	240.00
Setting up GB Cell, Statistical Division and Media Unit	10.00
Preparation of Training Manuals for Gender Budgeting	50.00
Research and Evaluation	15.00
Pilot Projects for Women in Difficult Circumstances	2000.00
Implementation of Domestic Violence and other Acts	600.00
Relief and Rehabilitation for Rape Victims	250.00
Media	500.00
Rashtriya Mahila Kosh	500.00
Central Social Welfare Board	900.00
National commission for Women	35.00
Total requirement	9600.00

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Annexure-I

Working Group On Empowerment of Women for the Eleventh Five Year Plan (2007-2012)

The **composition** of the Working Group:

1.	Secretary, Ministry of Women & Child Development, Shastri Bhavan, New Delhi	Chairperson
2.	Secretary, Department of Health & Family Welfare, Nirman Bhavan, New Delhi	Member
3.	Secretary, Department of Ayush Nirman Bhavan New Delhi	Member
4.	Secretary, Department of Elementary Education and Literacy, Shastri Bhavan, New Delhi.	Member
5.	Secretary, Department of Secondary Education, Shastri Bhavan, New Delhi.	Member
6.	Secretary, Ministry of Labour Shram-Shakti Bhavan New Delhi	Member
7.	Secretary, Ministry of Urban Employment & Poverty Alleviation, Nirman Bhavan, New Delhi	Member
8.	Secretary, Ministry of Rural Development Krishi Bhavan New Delhi	Member
9.	Secretary, Department of Agriculture & Cooperation Krishi Bhavan New Delhi	Member
10.	Secretary, Ministry of Social Justice & Empowerment Shastri Bhavan New Delhi.	Member
11.	Secretary, Department of Science & Technology Technology Bhavan New Mehrauli Road New Delhi	Member
12.	Secretary, Ministry of Information & Broadcasting Shastri Bhavan New Delhi.	Member
13.	Secretary, Ministry of Tribal Affairs Shastri Bhavan New Delhi.	Member
14.	Secretary, / Department of Women and Child Development Government of Gujarat New Sachivalaya Complex, 8 th Floor, Gandhi Nagar-(382 010)	Member
15.	Secretary, Department of Women and Child Development Government of Jammu & Kashmir Jammu /Tawi- (190 001)	Member
16.	Secretary, Department of Women and Child Development Government of Madhya Pradesh Block No.2, 4 th Floor, Paryavas Bhavan Bhopal - 462 001	Member
17.	Secretary, Department of Women & Child Development Government of Tamil Nadu Secretariat Chennai - (600 009)	Member
18.	Secretary, Department of Women & Child Development Government of Chhattisgarh B.K.S. Bhavan Raipur-496115	Member
19.	Secretary, Department of Women & Child Development Government of Rajasthan Secretariat Jaipur - (302 001)	Member
20.	Secretary, Department of Women & Child Development Government of Jharkhand Ranchi - 834 001	Member
21.	Secretary, Department of Women & Child Development Government of Orissa Bhubanewshwar - (751 001)	Member
22.	Secretary, Department of Women & Child Development Government of Punjab SCO No. 128-29, Sector - 34A Chandigarh -160 017	Member
23.	Secretary, Department of Women & Child Development Government of Nagaland Kohima - 797 001	Member

24.	Secretary, Department of Women & Child Development Government of Tripura Agartala - (799 001)	Member
25.	Secretary, Department of Women & Child Development Government of National Capital Old ITI Building, Canning Lane, New Delhi	Member
26.	Member-Secretary National Commission for Women, 4, Deen Dayal Marg, New Delhi-110 002	Member
27.	Executive Director Central Social Welfare Board (CSWB) B-12, Tara Crescent, Qutab Institutional Area New Delhi.	Member
28.	Executive Director Rashtriya Mahila Kosh (RMK), 1, Abul Fazal Road Bengali Market New Delhi-110 001	Member
29.	Director National Crime Records Bureau Ministry of Home Affairs East Block-7, R.K. Puram New Delhi-110 066	Member
30.	President All India Women's Conference 6 Bhagwan Das Road, New Delhi-110 001	Member
31.	Ms. Geeta Ramakrishnan Women's Struggle Committee No.1 - 3 rd Cross Street United India, Nagaon, Azavariam Chennai - 600023 Tamil Nadu	Member
32.	Ms. Monalisa Chankeija Nagaland Page Post Box - 200 Dimapur-797 112 Nagaland	Member
33.	Ms. Indira Jai Singh 63, Masjid Road, Jungpura Extn., New Delhi-110 014	Member
34.	Ms. Malini Ghosh National Commission for Women B-64, Sarvodaya Enclave, II nd Floor, New Delhi-110 017	Member
35.	Ms. Mamta Jaitley 40/26, Swarn Path Mansarovar Jaipur	Member
36.	Ms. Yashodhara Das Gupta SAHYOG, A-240 Indira Nagar Lucknow - 226 016 U.P.	Member
37.	Ms. Kalyani Menon Sen Coordinator, Jagori, C-54 (Top Floor), South Extension Part-II, New Delhi - 49	Member
38.	Mr. Mahender Singh Voluntary Health Association of Punjab Sector-9A, Chandigarh	Member
39.	Ms. Kalpana Shastri Samuday Aashiyana Rusera Distt.-Samastipur Bihar - 848210	Member
40.	Ms. Kanchan Mathur Institute of Development Studies 8-B, Jhalana Institutional Area Jaipur - 302 004 Raj as than	Member
41.	Joint Secretary Ministry of Women & Child Development Shastri Bhavan New Delhi	Convener

Terms of Reference of the Working Group:

- i. **To review** the existing approach, strategies, priorities, on-going policies and programmes and their implementation for the welfare, development and empowerment of women, both within the women-specific and women-related Sectors and **suggest** rationalization/ minimization of the on-going programmes and effective inter-sectoral convergence;
- ii. **To review** the progress of NCMP related schemes for empowerment of women and **suggest** measures for their improvement;
- iii. **To review** the recent initiative of gender budgeting and outcome budget for the empowerment of women and suggest measures if any for their further improvement;

-
- iv. To **identify** neglected areas and groups; gaps, weaknesses and bottlenecks in the implementation; and take note of the emerging problems/situations related to welfare, protection, development and empowerment of women in the changing scenario and **suggest** necessary interventions;
 - v. To **review** the progress of the implementation of Women's Component Plan and Gender Budgeting to ensure flow of benefits/funds from other developmental sectors to women and **suggest** necessary measures to improve its effectiveness;
 - vi. To **review** the implementation of the existing women-specific and women-related legislations and mechanisms for their enforcement and **suggest** corrective measures;
 - vii. To **review** the functioning of the existing institutional arrangements, both at the Central and State levels for implementation of policies and programmes for empowering women and **suggest** measures to make them more effective;
 - viii. To **review** and **assess** the involvement of Panchayati Raj Institutions/Local Self Government Bodies and NGOs in the implementation of programmes for empowering women, and **suggest** measures for their effective involvement in the planning process, and
 - ix. To **review** the physical and financial achievements in relation to the targets fixed under various programmes for women during the Tenth Plan and **project** programme-wise requirements, both physical and financial for empowering women during the Eleventh Five Year Plan:

WORLD HEALTH STATISTICS

2010



World Health
Organization

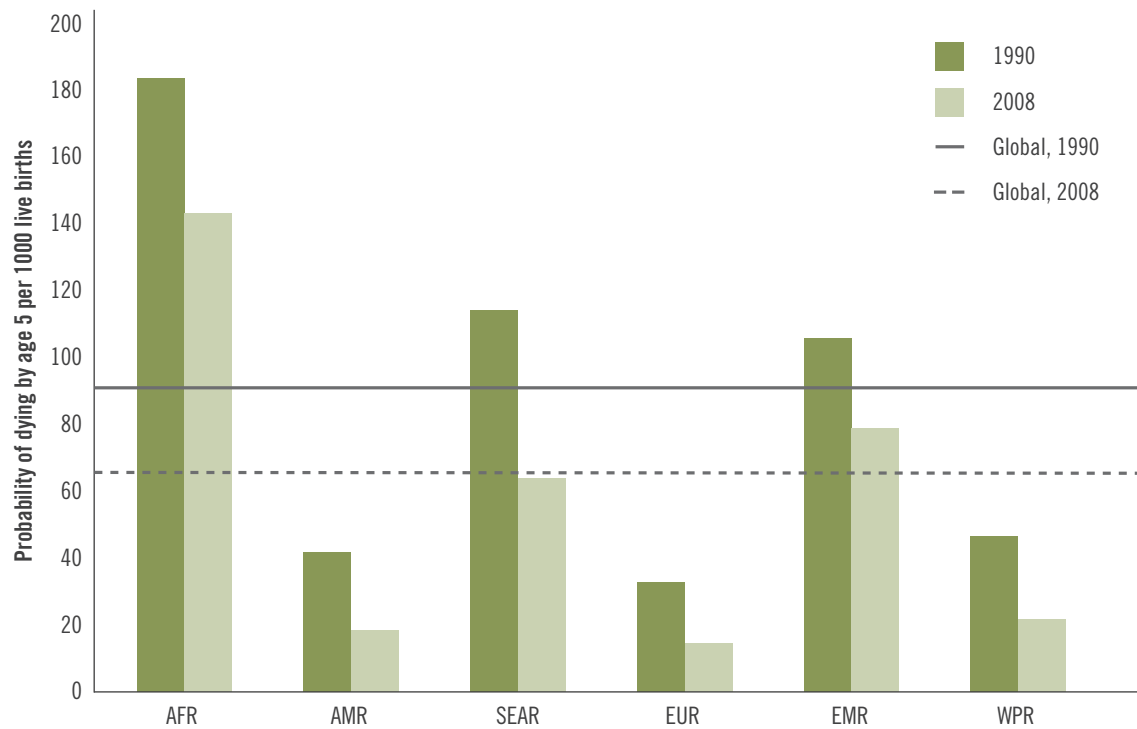


Part I

Health-related Millennium Development Goals

Despite these encouraging trends, regional and national averages mask considerable inequities. The greatest reductions in child mortality have been recorded among the wealthiest households and in urban areas. Concerted efforts will be needed to achieve the MDG target of a 67% reduction from 1990 levels by the year 2015, especially in countries facing economic crises or conflicts. Low-income countries would need to increase their annual average rate of decline from 1.9% to 10.9% in order to achieve the target. Reducing child mortality increasingly depends upon tackling neonatal mortality; globally about 40% of deaths in children under 5 years old are estimated to occur in the first month of life; most in the first week.

Figure 1: Mortality rate in children under 5 years old by WHO region



There have been increases in the coverage of relatively new **child health interventions**, such as the use of insecticide-treated nets to prevent malaria; efforts to prevent the mother-to-child transmission of HIV; and vaccination against hepatitis B and *Haemophilus influenzae* type B pneumonia. Gradual progress can also be recorded for several established interventions such as micronutrient supplementation, while the global coverage of measles immunization increased from 73% to 83% between 1990 and 2008 (Figure 2).

particularly high in the WHO African Region at 118 births for every 1000 adolescent girls – about ten times the average in the WHO Western Pacific Region. Factors that contribute to continuing unmet need for family planning include a lack of decision-making power among women and a shortage of appropriate health services, especially for adolescent girls.

In 2008, there were an estimated 243 million cases of **malaria** causing 863 000 deaths; mostly of children under 5 years old.⁸ Despite increases in the supply of insecticide-treated nets, their availability in that year was far below the level of need almost everywhere. The procurement of antimalarial medicines through public health services increased, but access to treatment (especially artemisinin-based combination therapy) was inadequate in all countries surveyed in 2007 and 2008. There are, however, indications⁸ that 9 African countries and 29 countries outside Africa are on course to meet the MDG target⁹ for reducing the malaria burden.

Latest estimates indicate that the incidence rate of **tuberculosis** (TB) continued to slowly decline, reaching an estimated 140 per 100 000 population in 2008. The prevalence of all TB cases is falling along with mortality rates among HIV-negative TB cases. Globally, the estimated case-detection rate¹⁰ for new smear-positive TB cases increased from 40% in 2000 to 62% in 2008. While there were some improvements in the WHO African Region, less than 50% of TB cases were reported in this region in 2008.

Data on treatment-success rates for new smear-positive TB cases indicate consistent improvements with the global rate rising from 69% in 2000 to 86% in 2007 (Figure 4). In the WHO South-East Asia Region, the rate increased from 50% in 2000 to 88% in 2007. In the WHO European Region, while case-detection rate for new smear-positive cases increased, treatment success remains low at 67% in 2007, partly attributable to a high burden of multidrug-resistant TB. Multidrug-resistant TB and HIV-associated TB pose considerable challenges. Globally, there were an estimated 0.5 million new cases of multidrug-resistant TB in 2007, with 27 countries accounting for 85% of the total.¹¹

New **HIV** infections have been reduced by 16% globally between 2000 and 2008, due, at least in part, to successful HIV-prevention efforts. In 2008, it was estimated that 2.7 million people were newly infected with HIV (Figure 5) and there were 2 million **HIV/AIDS**-related deaths.¹²

The availability and coverage of priority health-sector interventions for HIV prevention, treatment and care have continued to expand. In 2008, of the 1.4 million HIV-positive pregnant women, more than 628 000 received antiretroviral therapy (ART) to prevent the transmission of HIV to their children. This represents a coverage of 45% – an increase of 10% compared with 2007.¹³ There are, however, striking regional variations. In the WHO African Region (where HIV prevalence among adults was the highest) only 45% of pregnant women in need in low-income and middle-income countries received treatment, while in the WHO European Region (where HIV prevalence among adults was much lower) 94% of pregnant women in need in low-income and middle-income countries had access to treatment.

⁸ *World malaria report 2009*. Geneva, World Health Organization, 2009. www.who.int/malaria/world_malaria_report_2009/en/index.html

⁹ MDG 6; Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

¹⁰ No distinction is made between DOTS and non-DOTS programmes because by 2007 more than 99% of notified cases were reported to WHO as treated in a DOTS programme. *Global tuberculosis control: a short update to the 2009 report*. Geneva, World Health Organization, 2009. www.who.int/tb/publications/global_report

¹¹ *Global tuberculosis control: a short update to the 2009 report*. Geneva, World Health Organization, 2009.

¹² *AIDS epidemic update: December 2009*. Geneva, Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO), 2009. www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2009/default.asp

¹³ *Towards universal access. Scaling up priority HIV/AIDS interventions in the health sector: Progress report 2009*. Geneva, WHO, UNAIDS, UNICEF, 2009. www.who.int/hiv/pub/2009progressreport/en/

Figure 4: Treatment-success rate among new smear-positive tuberculosis cases by WHO region

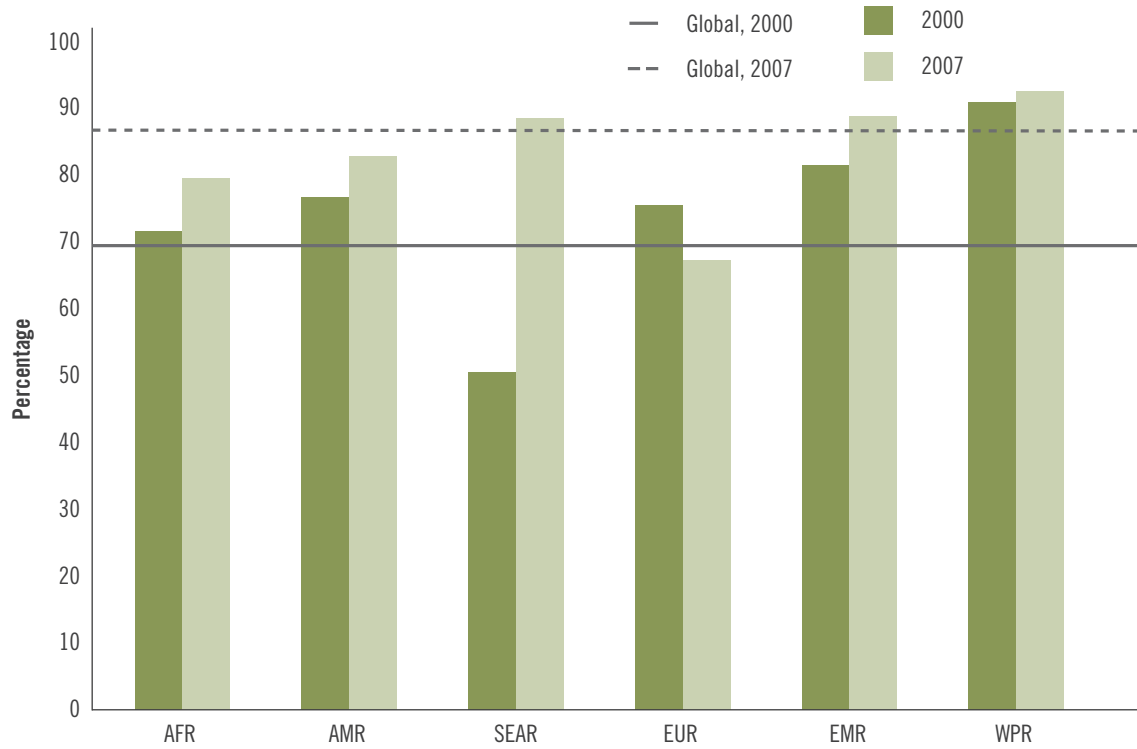
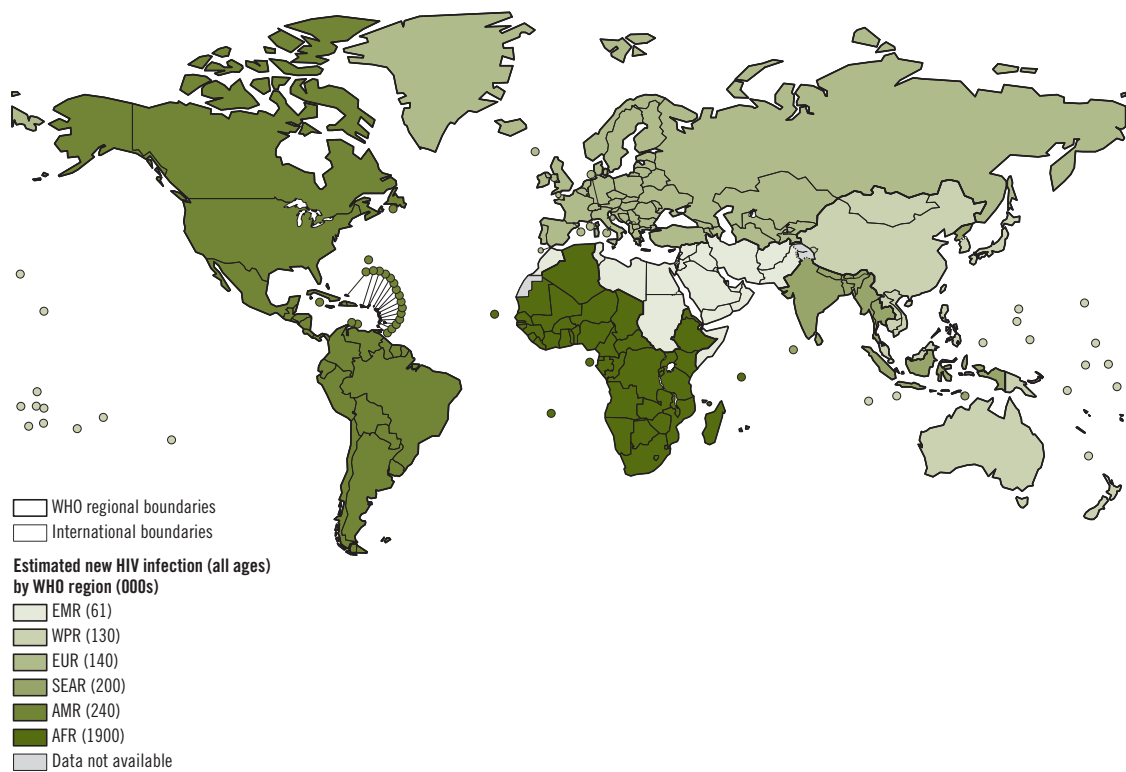


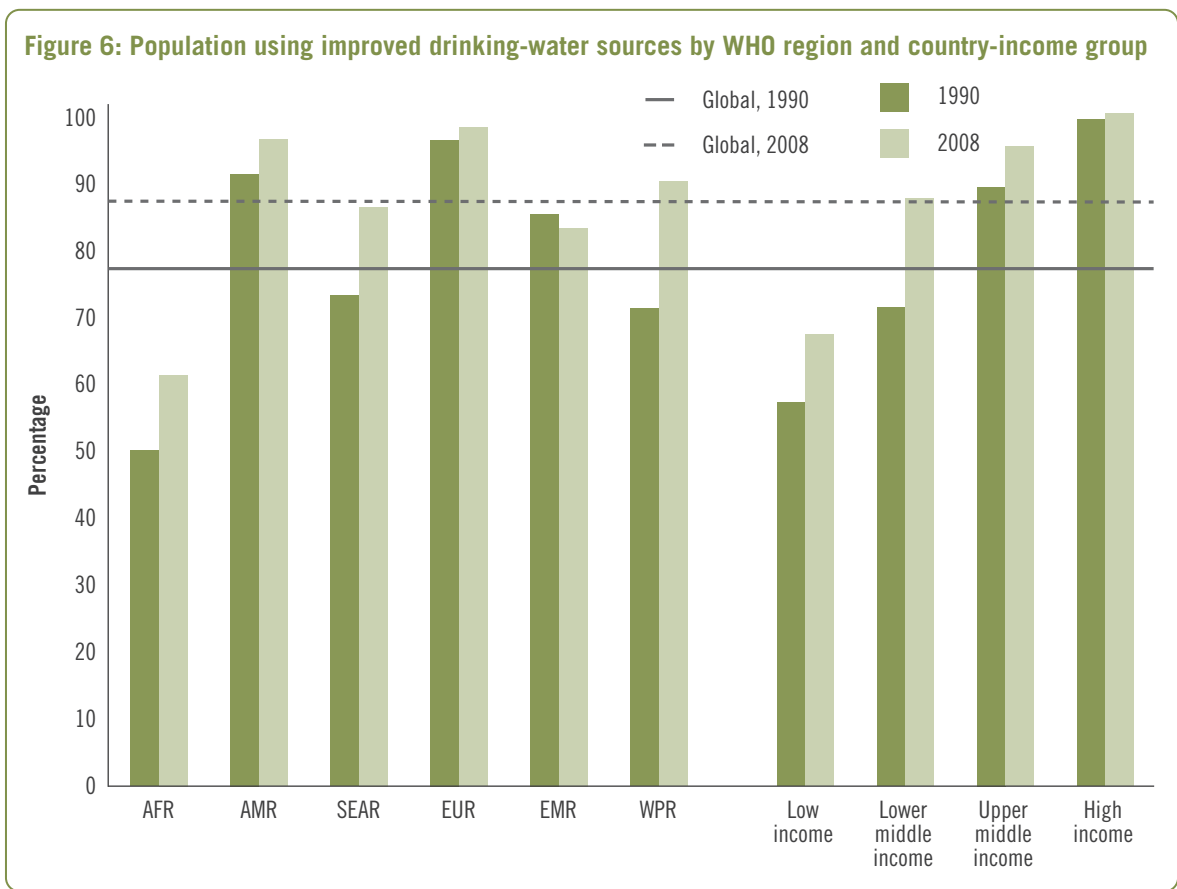
Figure 5: Adults and children newly infected with HIV in 2008 by WHO region



It is estimated that by the end of 2008, more than 4 million people in low-income and middle-income countries were receiving ART – an increase of more than 1 million compared with the end of 2007. This represents a 10-fold expansion in five years, with the greatest growth occurring in sub-Saharan Africa. Nonetheless, more than 5 million of the estimated 9.5 million people in low-income and middle-income countries needing ART were still without access to treatment.¹³ Coverage was lowest in the WHO Eastern Mediterranean Region (where only one in every 10 people needing ART received it) and highest in the WHO Region of the Americas (where one out of two who needed therapy received it).

More than 1000 million people are affected by **neglected tropical diseases**. In 2008, 496 million people were treated for lymphatic filariasis out of the 695 million targeted. In 2008, only 4619 cases of dracunculiasis were reported – in the mid-1980s the estimated number of cases was 3.5 million. As many as 190 130 cases of cholera were reported in 2008 – up from 177 963 in 2007. At the beginning of 2009, there were a reported 213 036 cases of leprosy – down from 5.2 million in 1985.

The percentage of the world’s population using “improved” **drinking-water** sources¹⁴ increased from 77% to 87% between 1990 and 2008 (Figure 6). This rate of improvement is sufficient to achieve the relevant MDG target¹⁵ globally. In the WHO African Region, however, while the percentage increased from 50% in 1990 to 61% in 2008, it remained well short of the 68% needed in that year to remain on course for achieving the MDG target. The situation in the WHO Eastern Mediterranean Region appears to have stalled, and an annual rate of increase of 1.6% is needed to



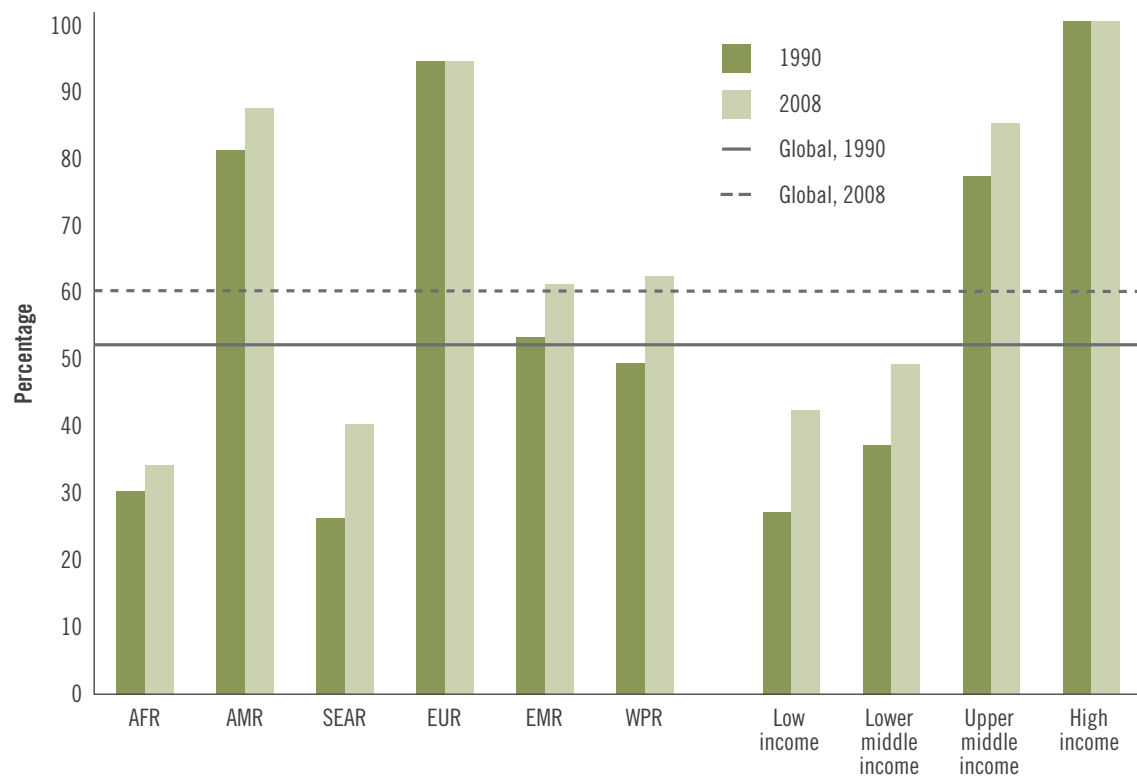
¹⁴ See Part II, Table 5. Risk factors, footnotes 20 and 22 for a full explanation of this term.

¹⁵ MDG 7; Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation.

achieve the MDG target by 2015. In 2008, the coverage was 90% in the WHO Western Pacific Region, and well in excess of this figure in the WHO Region of the Americas and the WHO European Region. In low-income countries, the annual rate of increase needs to double in order to reach the target, and concerted efforts are also needed to narrow the gap in coverage between urban and rural areas.

In 2008, 2600 million people were not using “improved” **sanitation** facilities,¹⁶ and of these 1100 million were defecating in the open, resulting in high levels of environmental contamination and exposure to the risks of worm infestations (such as schistosomiasis) and microbial infections (such as trachoma, hepatitis and cholera). The situation was most severe in the WHO African Region, where the percentage of the population using improved sanitation facilities increased very slowly: from 30% in 1990 to 34% in 2008. In the WHO South-East Asia Region, the coverage increased from 26% to 40% – still short of the MDG target. In the WHO European Region, 6% of the population were not using improved sanitation facilities in 2008 (Figure 7).

Figure 7: Population using improved sanitation facilities by WHO region and country-income group



Although nearly all countries publish an **essential medicines** list, the availability of medicines at public-health facilities is often poor. Surveys conducted in approximately 30 low-income countries indicate that the availability of selected generic medicines at health facilities was only 44% in the public sector and 66% in the private sector. Lack of medicines in the public sector forces patients to purchase medicines privately. In the private sector, generic medicines cost on average 630% more

¹⁶ See Part II, Table 5. Risk factors, footnotes 21 and 22 for a full explanation of this term.

The following charts provide country-by-country and regional summaries of progress for key MDG indicators for which data are available for most countries. For each indicator, countries are sorted within the relevant WHO region by the level of the indicator at the latest available year. Countries with no data, or for which a particular indicator is not relevant, are included at the end of each regional list.

Depending on the availability of data for each indicator, there are three types of chart:

Chart type I

For three indicators – under-five mortality rate; population using improved drinking-water sources; and population using improved sanitation – the charts show data for the latest available year; trends since 1990 (or since the first year for which data are available); and the overall trend required for the country to achieve the relevant MDG by 2015.

Chart type II

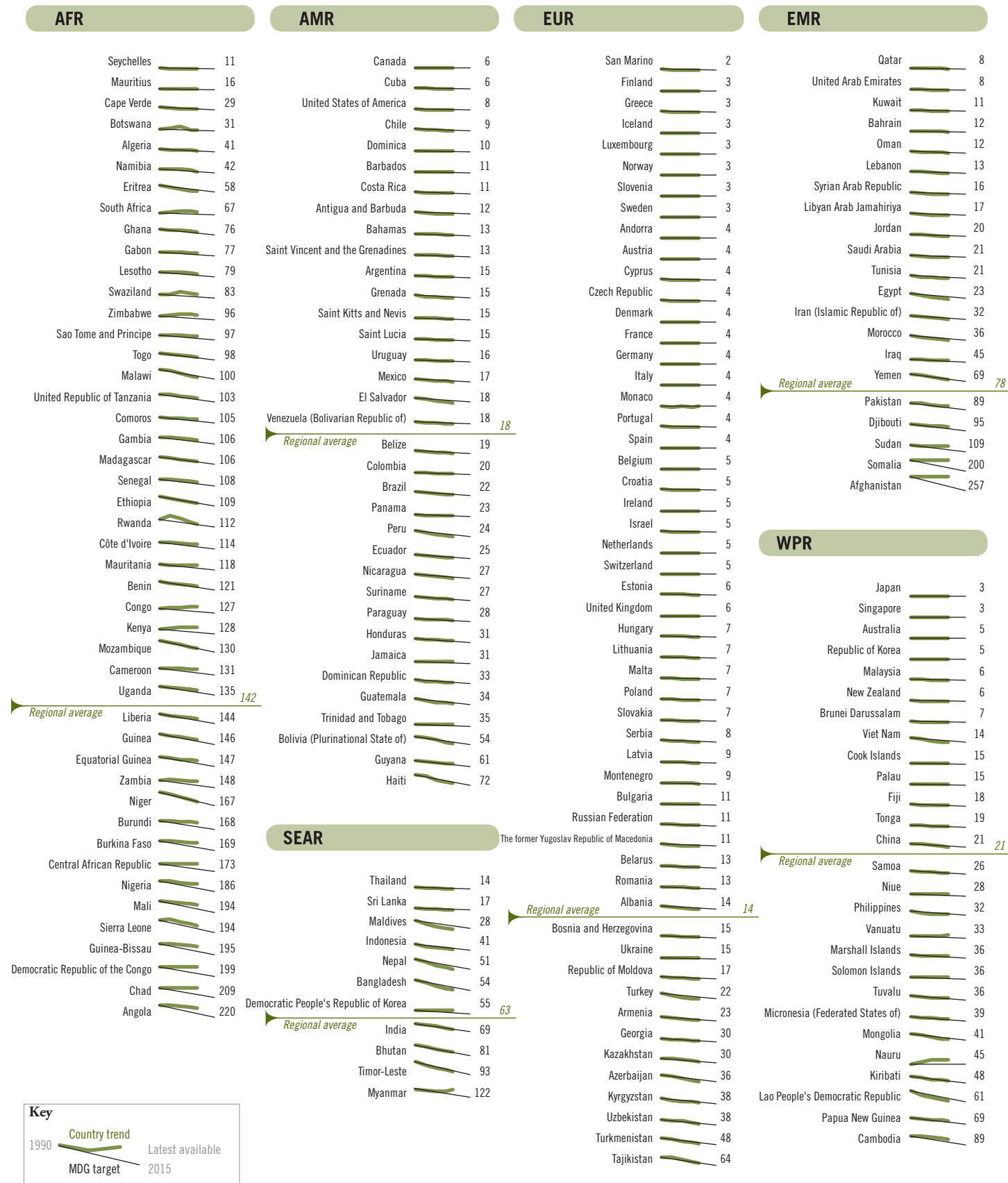
For five indicators – children aged <5 years underweight; measles immunization coverage among 1-year-olds; births attended by skilled health personnel; prevalence of HIV among adults aged 15–49 years; and tuberculosis mortality rate among HIV-negative people – the charts show data for the latest available year, and country trends since the year for which data were first available. For most countries, data have been available since the baseline year of 1990.

Chart type III

For eleven indicators – maternal mortality ratio; contraceptive prevalence; adolescent fertility rate; antenatal care coverage; unmet need for family planning; males aged 15–24 years with comprehensive correct knowledge of HIV/AIDS; females aged 15–24 years with comprehensive correct knowledge of HIV/AIDS; antiretroviral therapy coverage among people with advanced HIV infection; malaria mortality rate; children aged <5 years sleeping under insecticide-treated nets; and children aged <5 years with fever who received treatment with any antimalarial – the charts show only data for the latest available year.

Further details can be found in the country tables as indicated in each chart.

2. Under-five mortality rate (probability of dying by age 5 per 1000 live births)

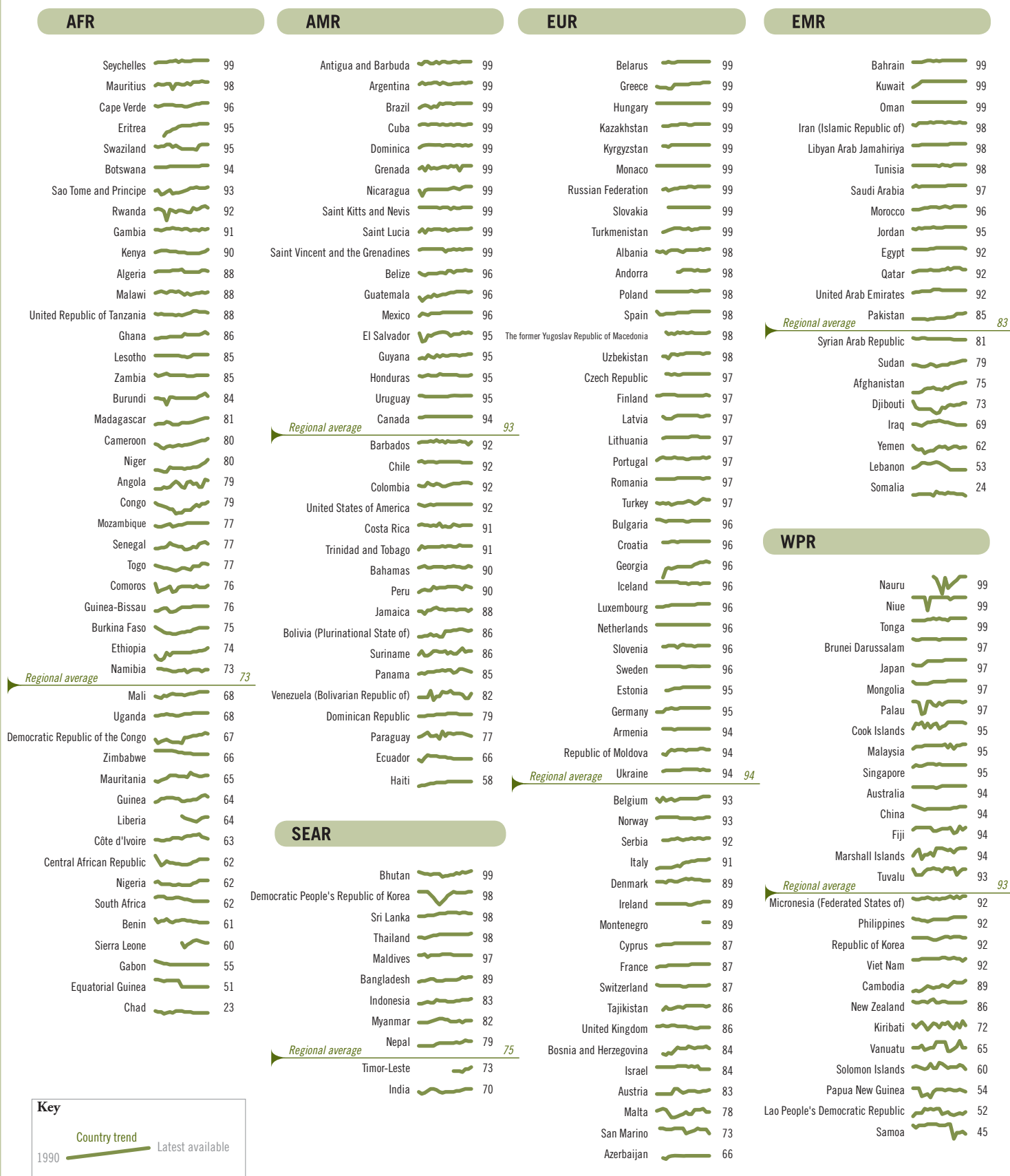


This chart shows estimated under-five mortality for 2008, with countries within each WHO region sorted by level. The bold lines indicate trends since 1990 or since the first year for which data are available.

The thin lines indicate the projected trend needed to reduce by two thirds the under-five mortality rate by 2015.

Further details can be found in **Part II, Table 1**.

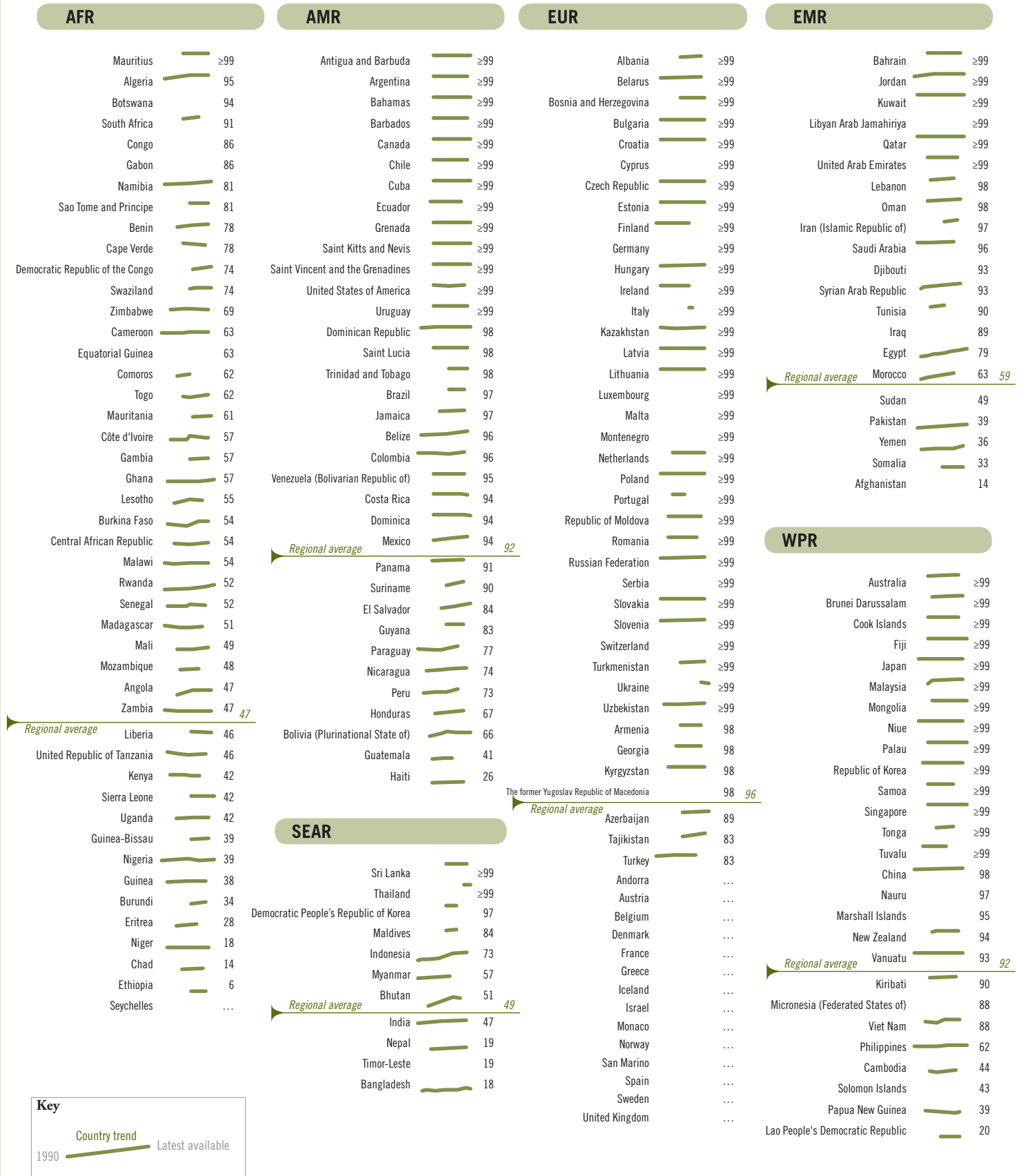
3. Measles immunization coverage among 1-year-olds (%)



This chart shows the percentage of 1-year-olds fully immunized against measles, with countries within each WHO region sorted by 2008 level.

Further details can be found in **Part II, Table 4**.

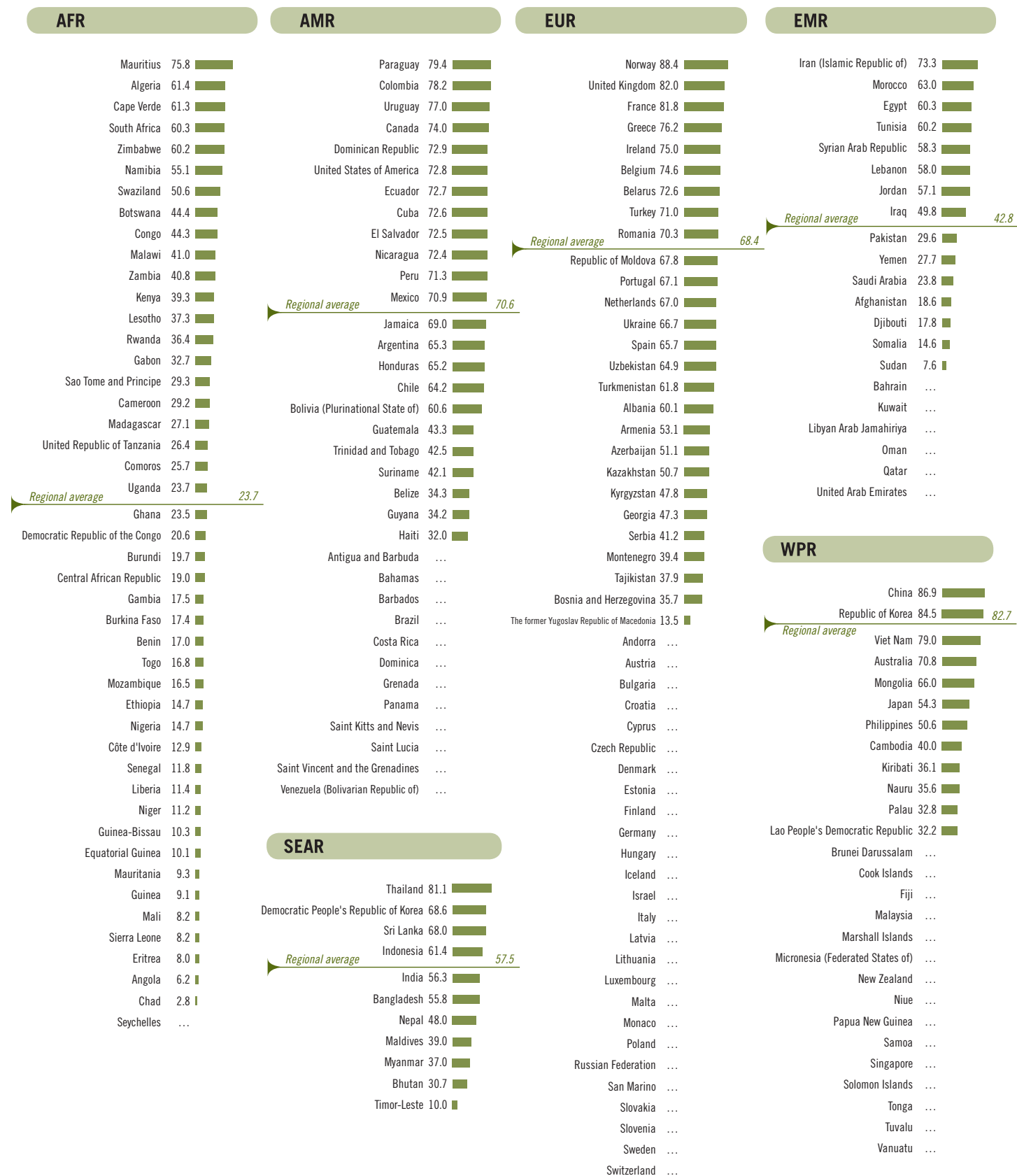
5. Births attended by skilled health personnel (%)



This chart shows the percentage of births attended by skilled health personnel. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 4**.

6. Contraceptive prevalence (%)

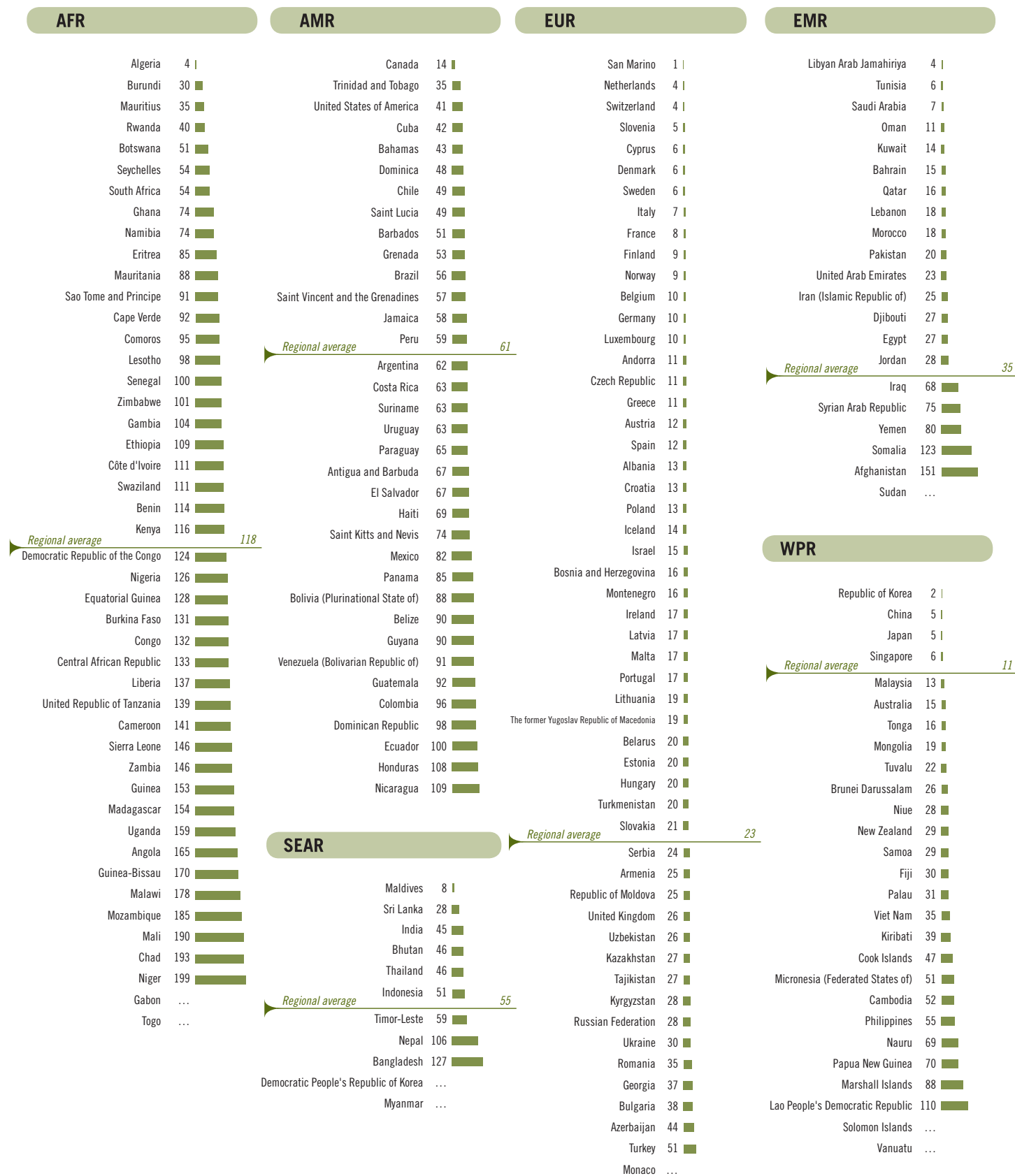


This chart shows the percentage of women married or cohabiting who report current use of at least one method of contraception. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 4**.

7. Adolescent fertility rate (per 1000 girls aged 15–19 years)

02+2+2+2+2+2+2
 18-50+7-9
 2014
 31-4-1-3

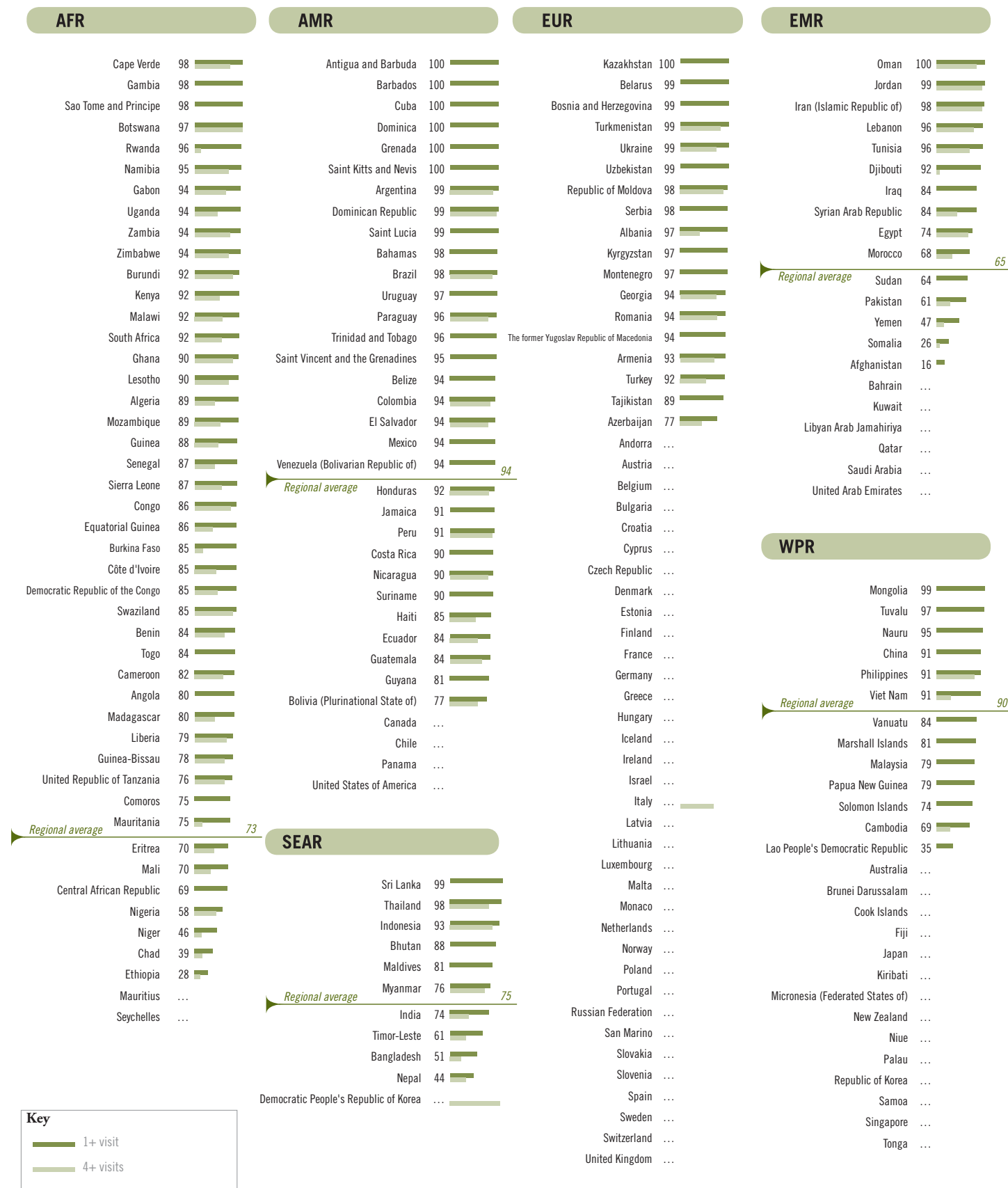


This chart shows estimated adolescent fertility expressed as the number of births among girls aged 15–19 years per 1000 girls in this age group per year. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 9**.

8. Antenatal care coverage (%): at least 1 visit and at least 4 visits

2014-2018
18-50+岁
Y2A1Y014-18
81-A1CL-3

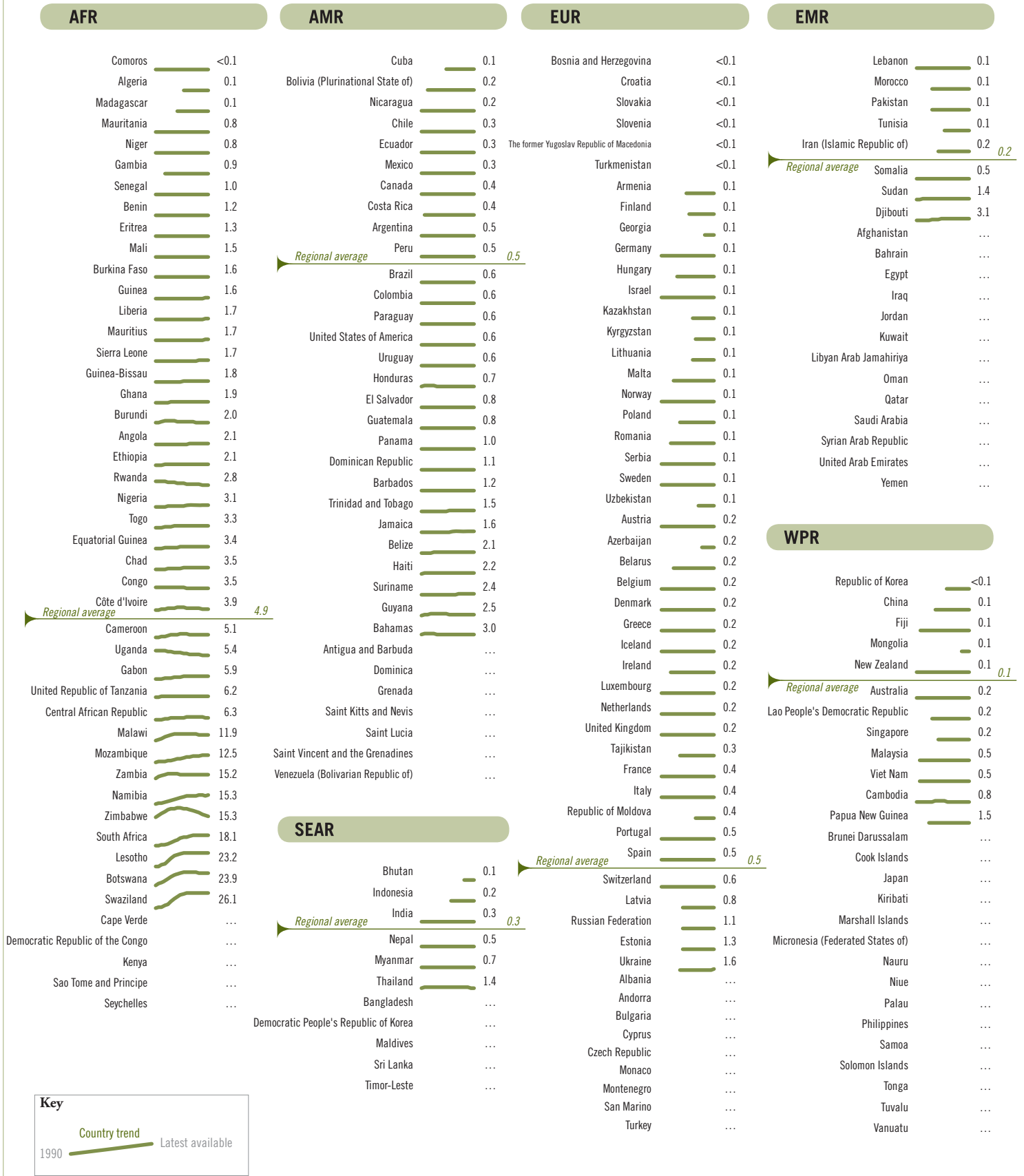


This chart shows the percentage of women who received antenatal care from skilled health personnel at least once and at least four times during pregnancy. Within each WHO region, countries are sorted by the latest available data since 2000 for coverage of at least one visit.

Further details can be found in **Part II, Table 4**.

10. Prevalence of HIV among adults aged 15–49 years (%)

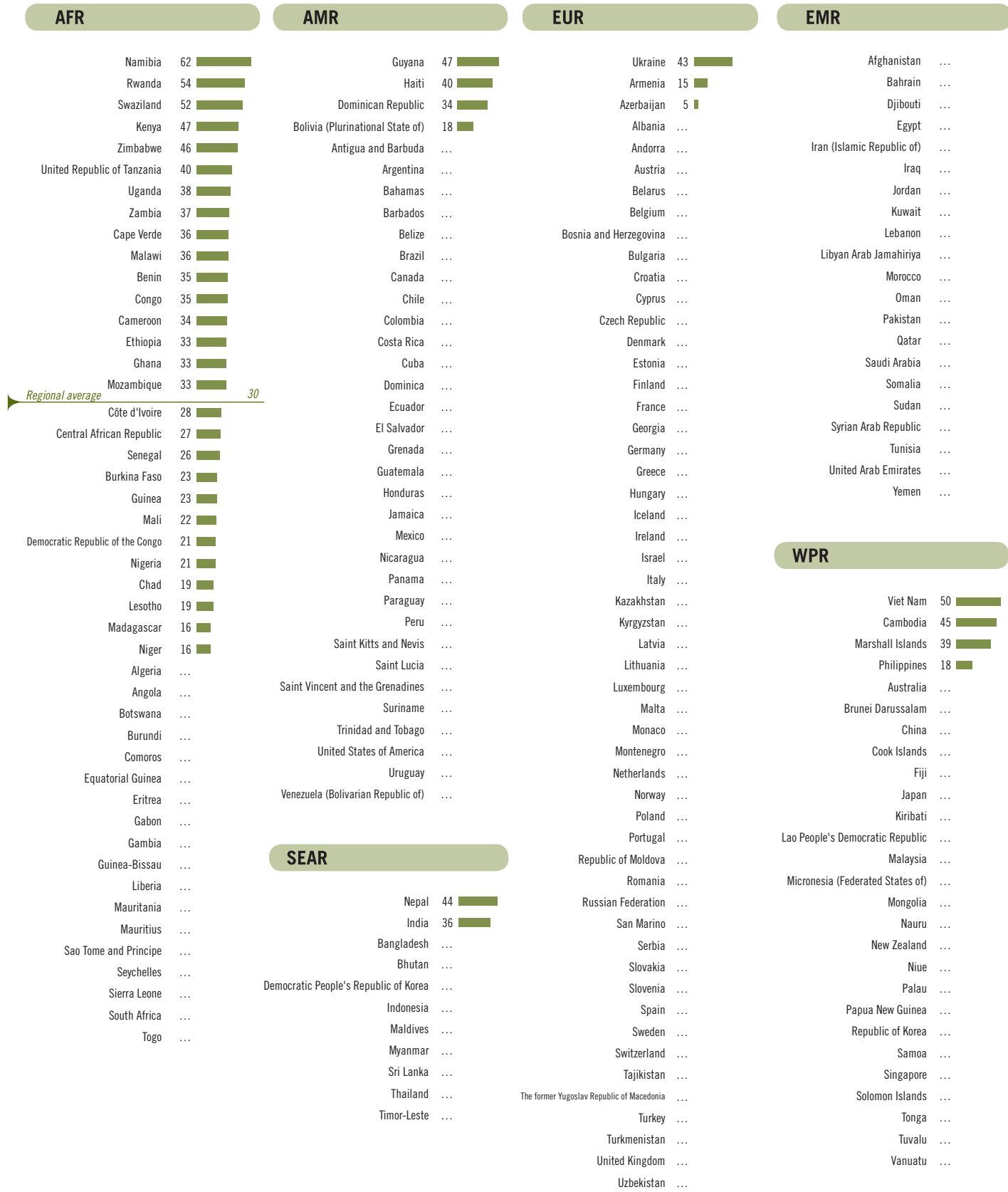
02+9+6+9+9
YVA/YO/14
81:4CL-3



This chart shows the estimated prevalence of HIV infection in adults aged 15–49 years, with countries within each WHO region sorted by 2007 level. The regional averages are based on updates and reflect 2008 levels. Because of limited data availability for the MDG target age group (15–24 years) prevalence is reported here for the 15–49 age group. Further details can be found in **Part II, Table 2**.

11. Males aged 15–24 years with comprehensive correct knowledge of HIV/AIDS (%)

02+2+2+2+2+2+2
18-50+7-7
Y2A1Y014
81-4CL-3



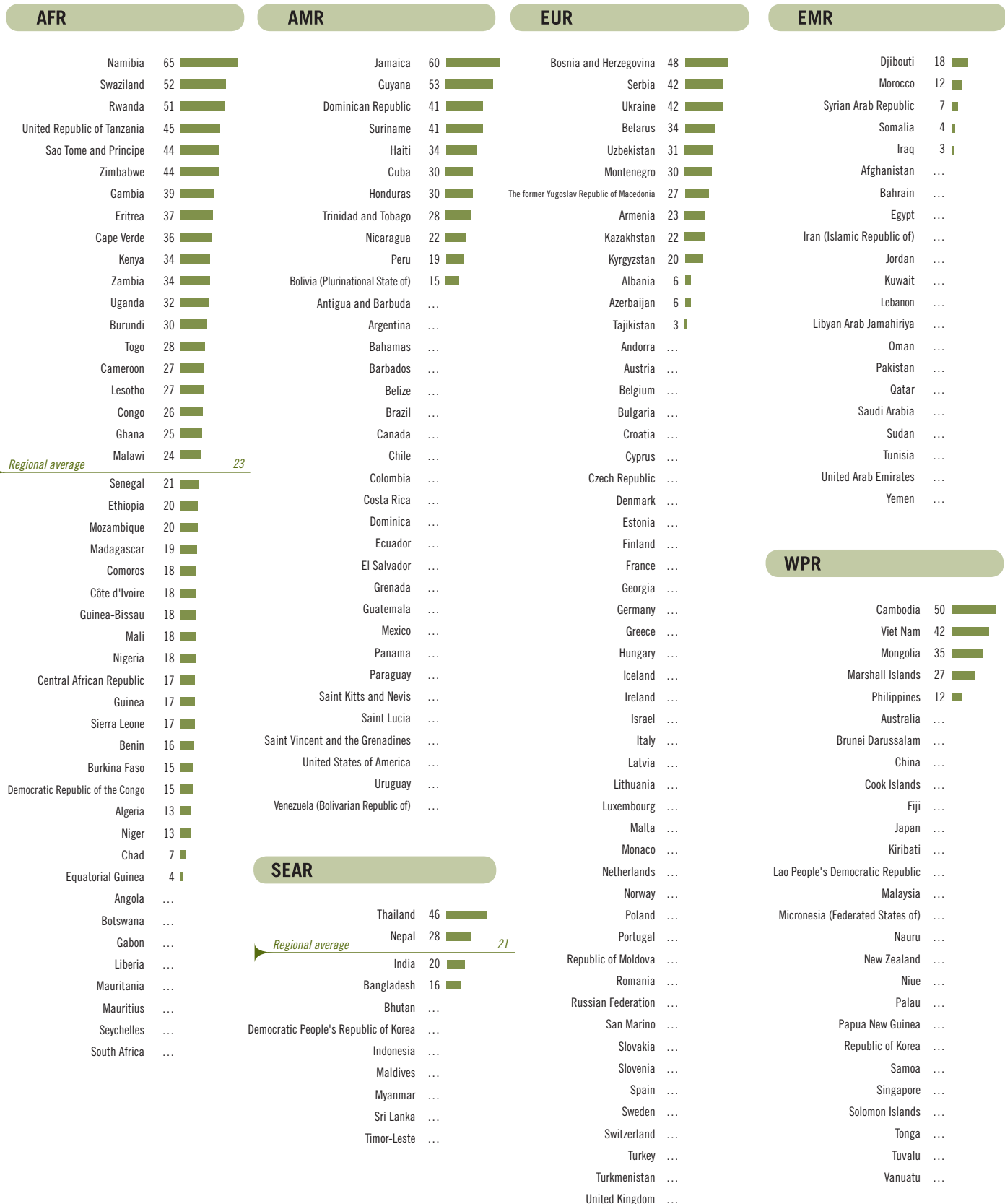
This chart shows the percentage of males who correctly identify the two major ways of preventing the sexual transmission of HIV, who reject the two most-common local misconceptions about HIV transmission and who know that a healthy-looking person can transmit HIV.

Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 5**.

12. Females aged 15–24 years with comprehensive correct knowledge of HIV/AIDS (%)

2010-2014
18-50-75
YVA1Y014
81-AQ1-3

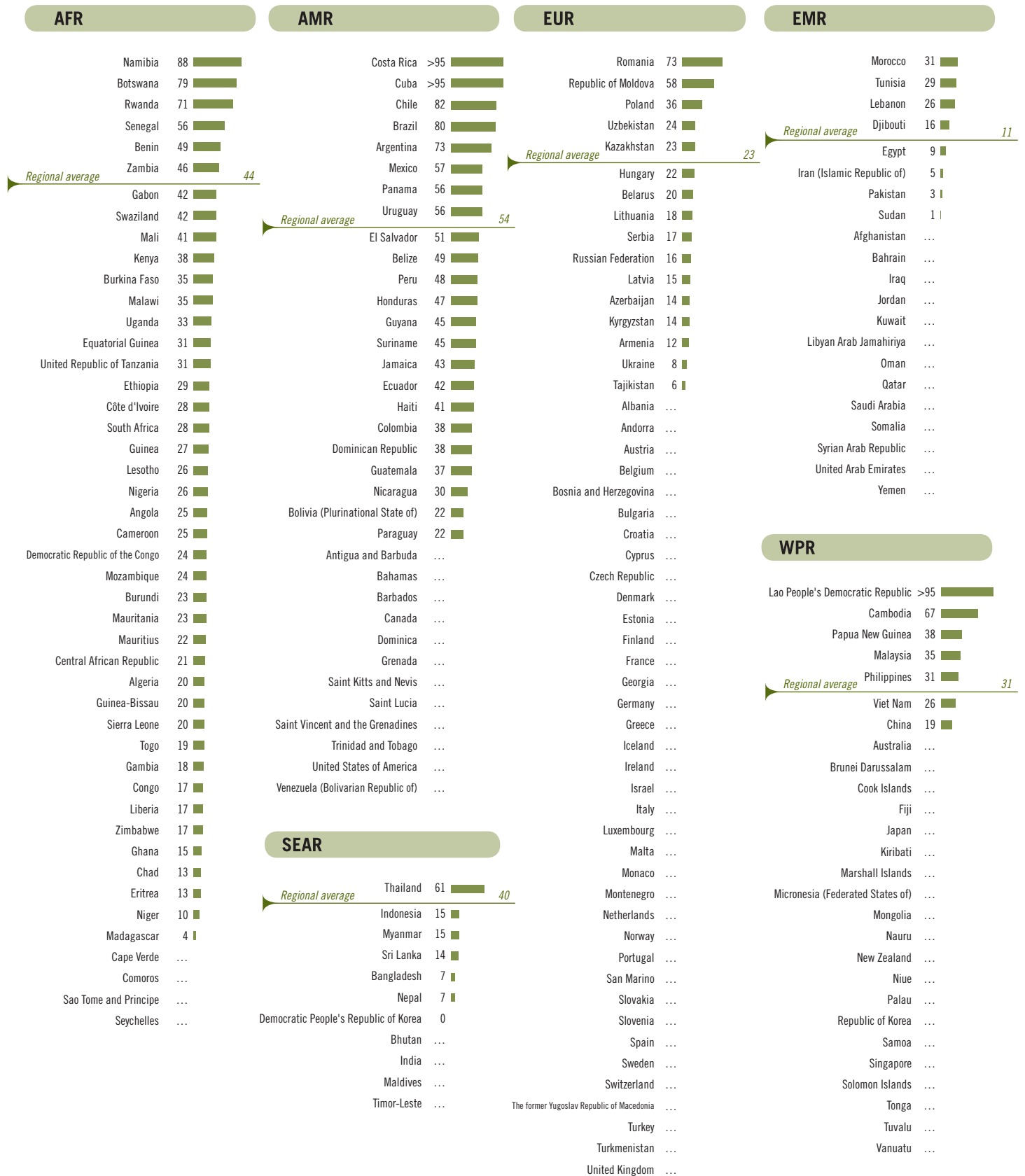


This chart shows the percentage of females who correctly identify the two major ways of preventing the sexual transmission of HIV, who reject the two most-common local misconceptions about HIV transmission and who know that a healthy-looking person can transmit HIV. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 5**.

13. Antiretroviral therapy coverage among people with advanced HIV infection (%)

2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

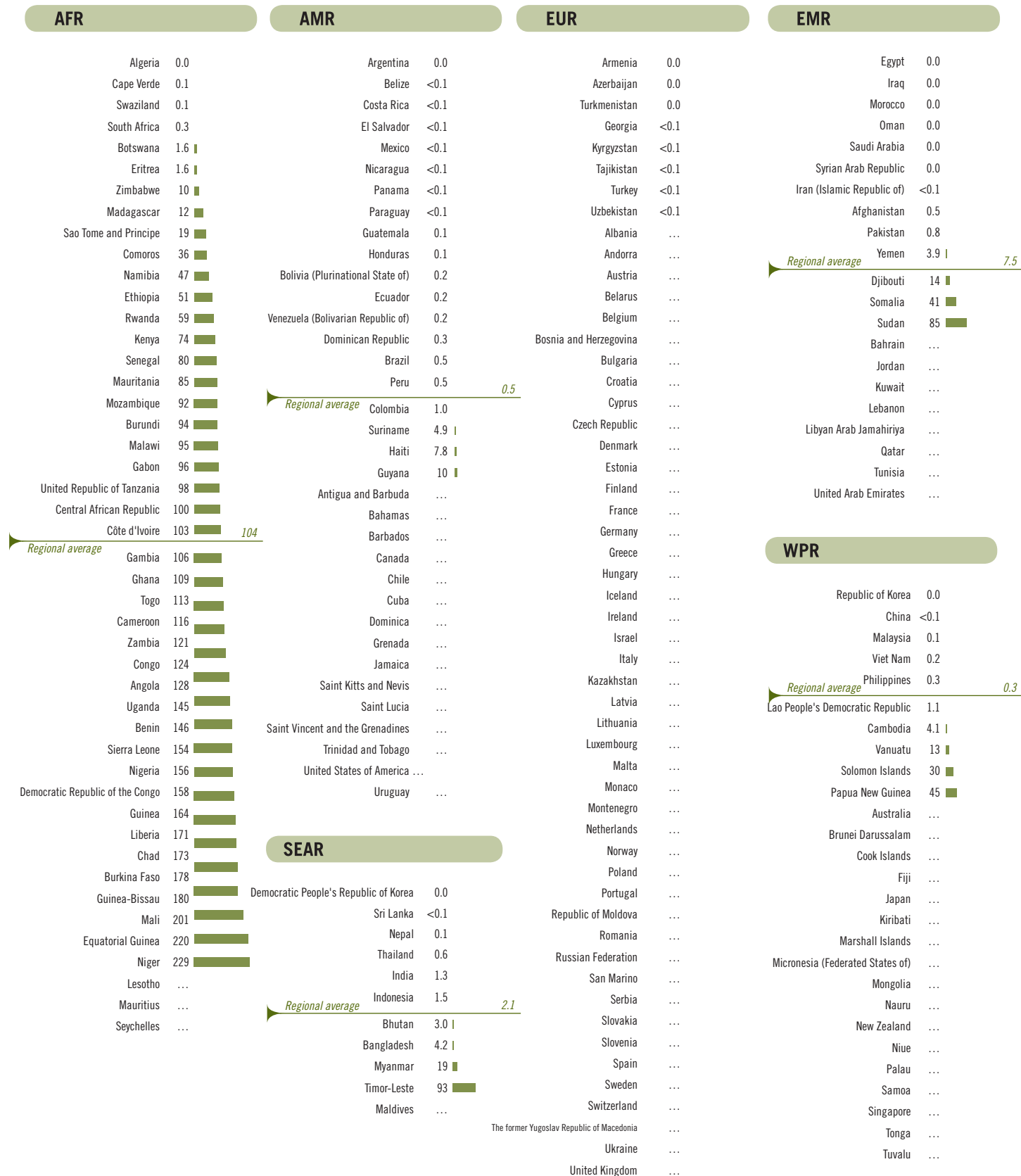


This chart shows the percentage of people with advanced HIV infection currently receiving antiretroviral therapy according to standards of the Joint United Nations Programme on HIV/AIDS for each country for 2007, with countries within each WHO region sorted by level. The regional averages shown are based on 2008 updated data.

Further details can be found in **Part II, Table 4**.

14. Malaria mortality rate (per 100 000 population)

02+9+6+9+8
1764118-50+7-6
Y4A1Y014
81-4CL-3

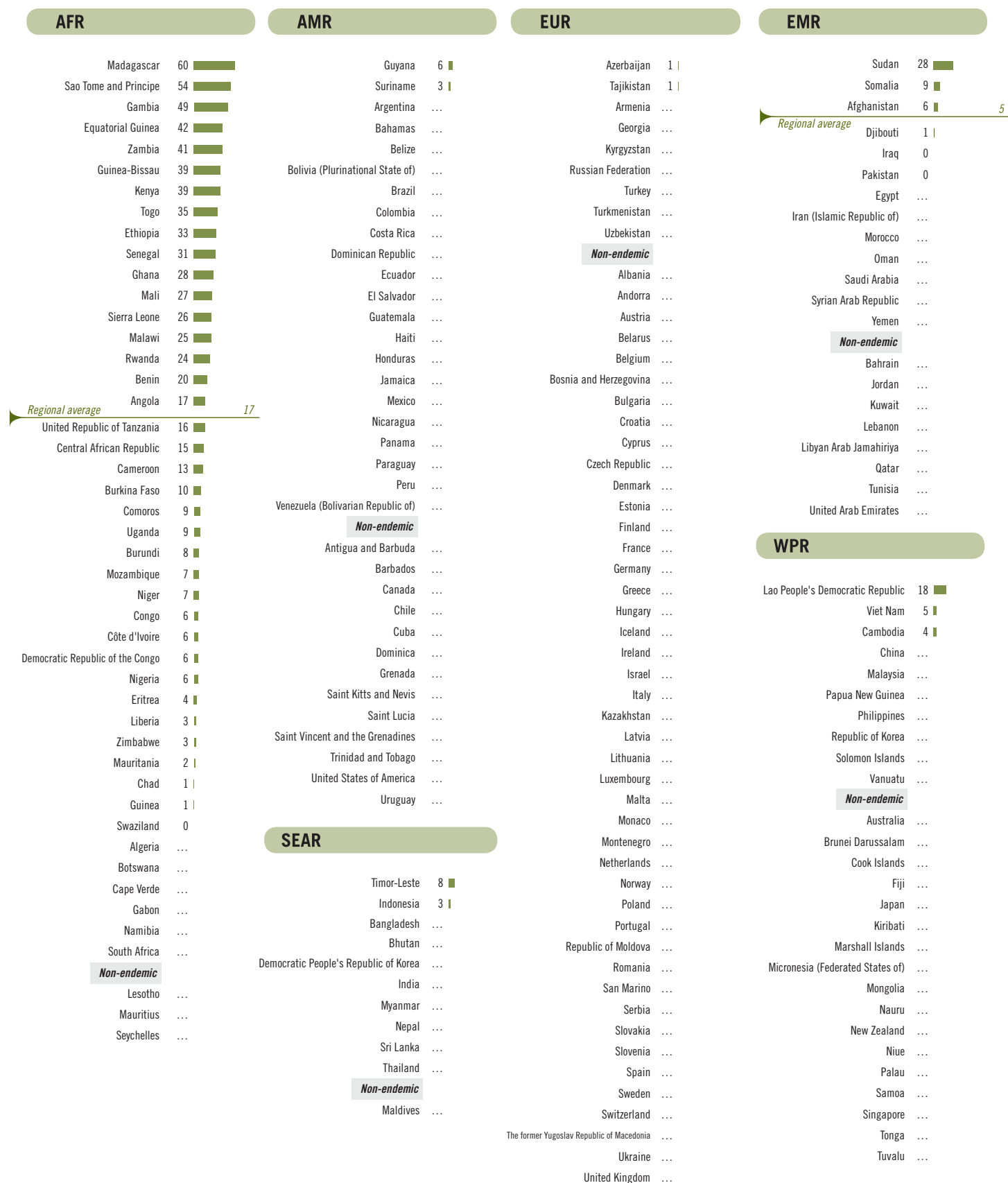


This chart shows the estimated number of deaths from malaria for 2006, with countries within each WHO region sorted by level.

Further details can be found in **Part II, Table 2**.

15. Children aged <5 years sleeping under insecticide-treated nets (%)

02+2+2+2+2+2
18-50+7-7
Y2A1Y014
81-AQ1-3

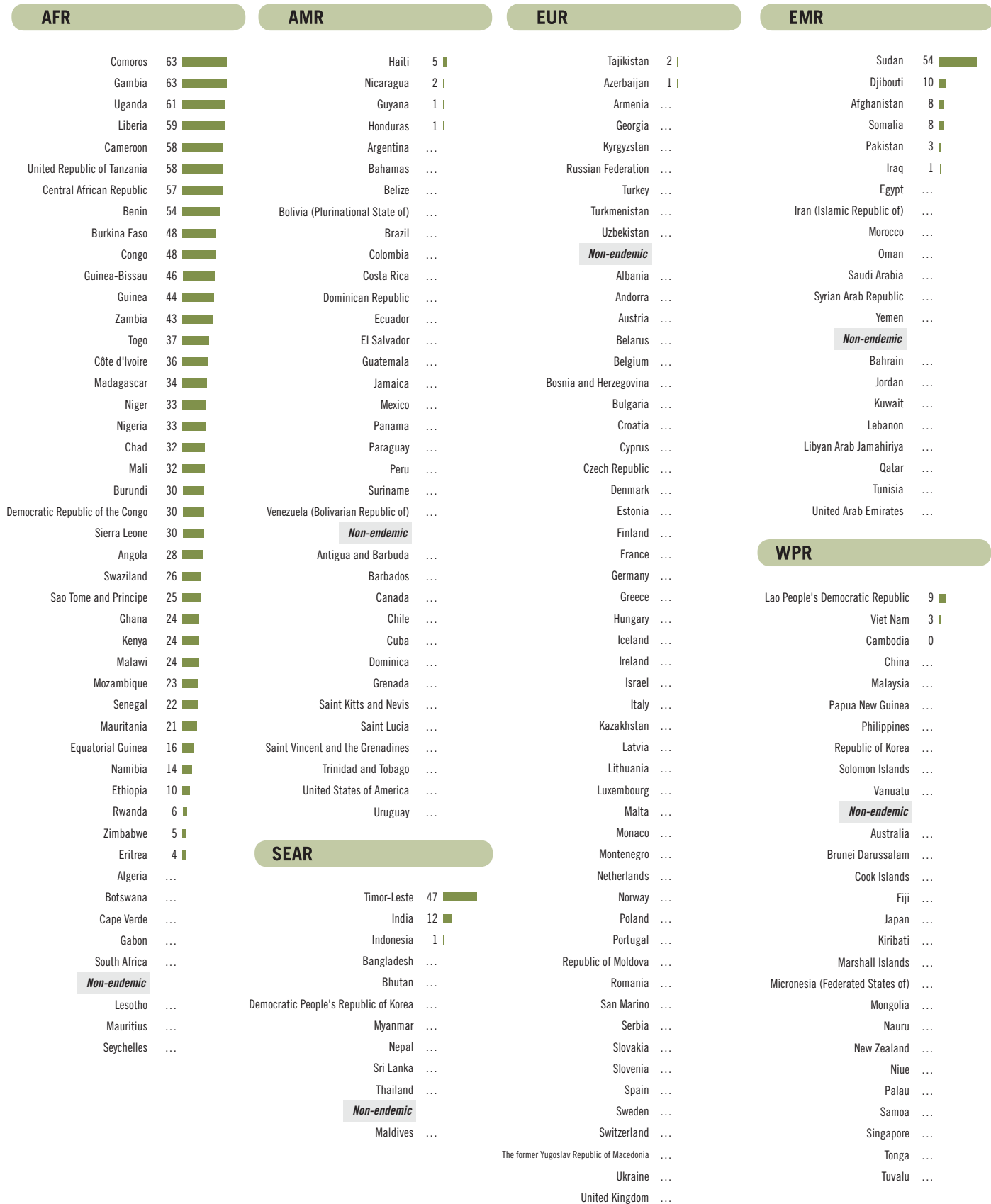


This chart shows the percentage of children under 5 years of age that slept under an insecticide-treated net the night prior to the survey. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 4**.

16. Children aged <5 years with fever who received treatment with any antimalarial (%)

2014-2018
YVA1Y014
81-AQ1-3

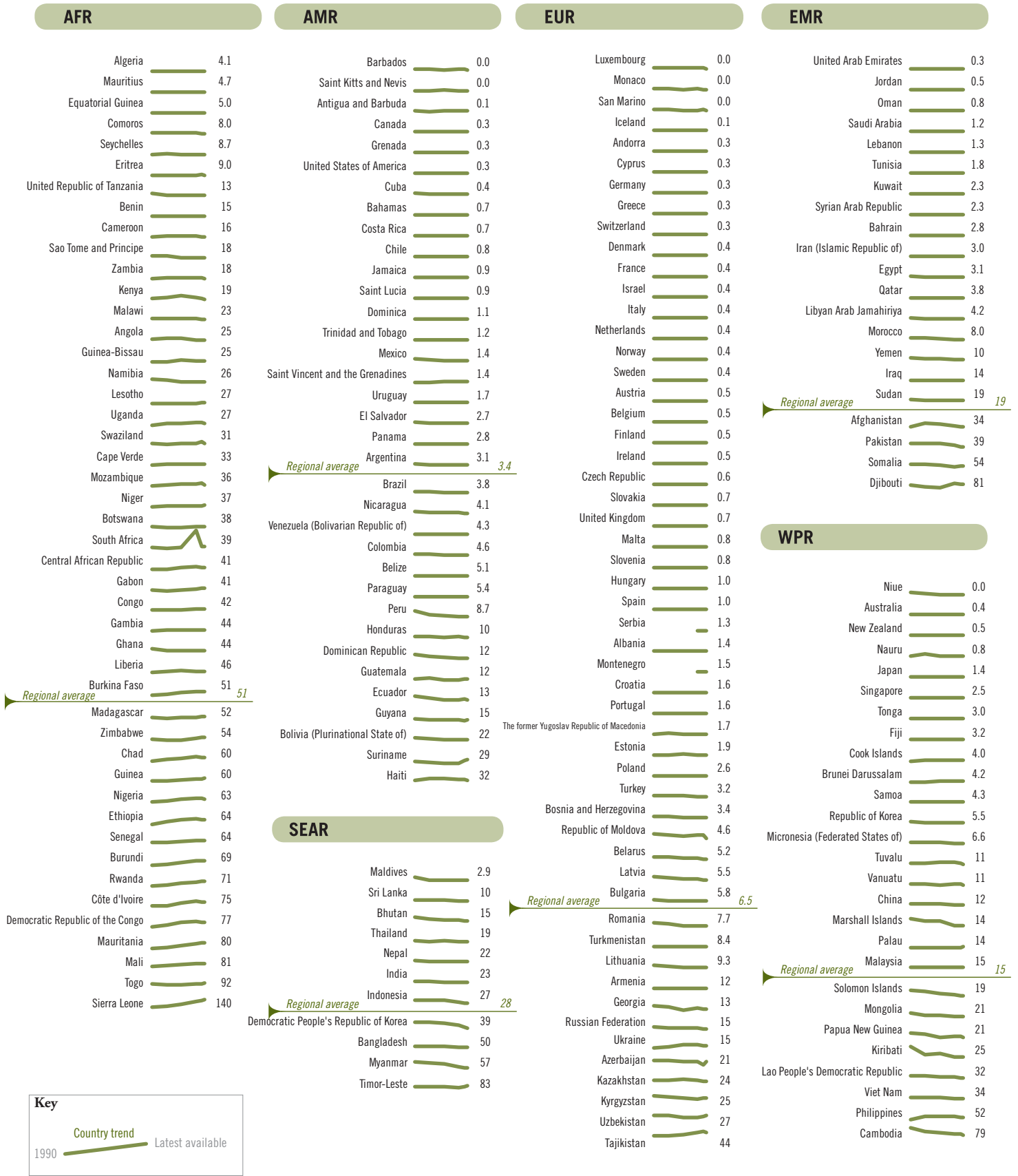


This chart shows the percentage of children under 5 years of age with fever in the two weeks prior to the survey who received any antimalarial medicine. Within each WHO region, countries are sorted by the latest available data since 2000.

Further details can be found in **Part II, Table 4**.

17. Tuberculosis mortality rate among HIV-negative people (per 100 000 population)

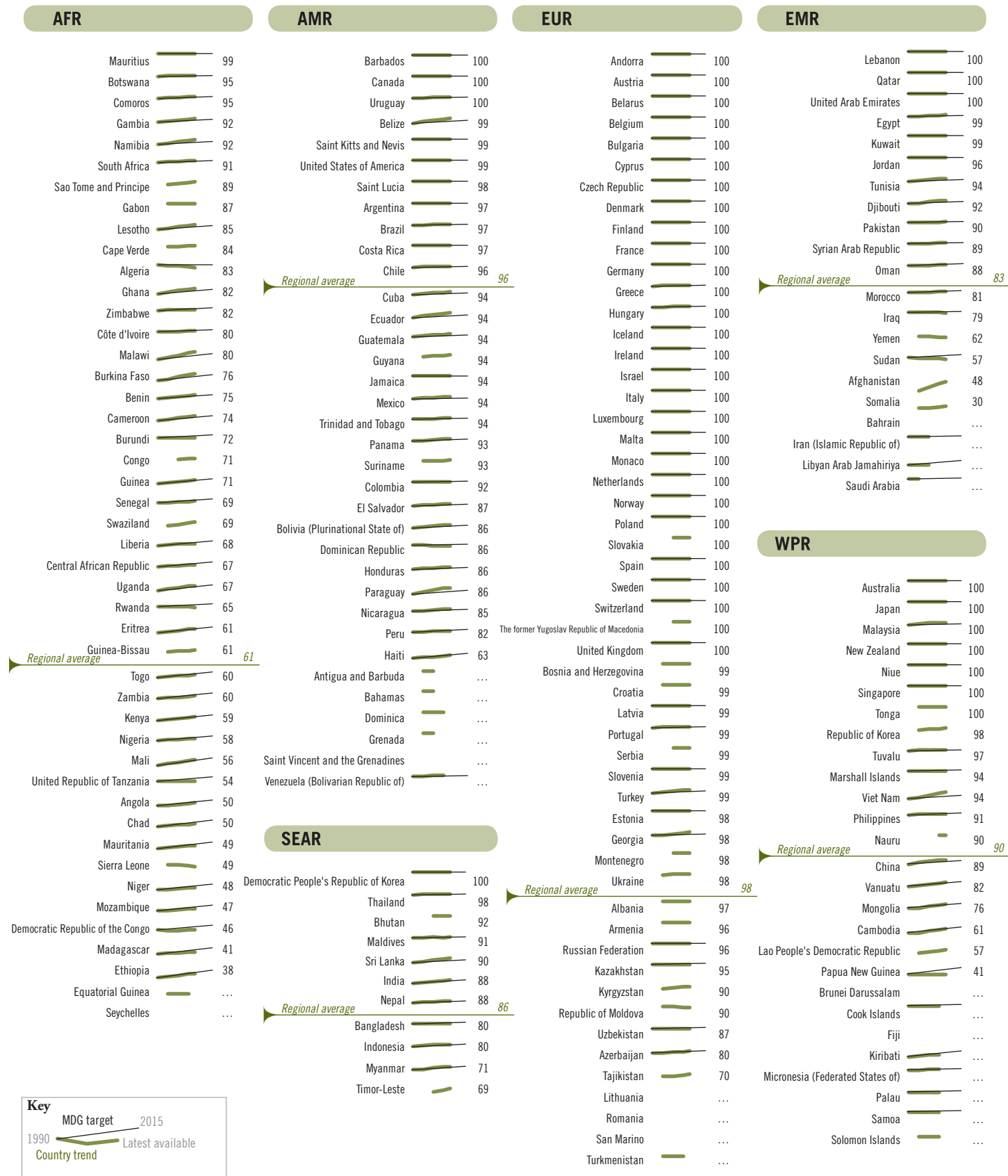
02+2+2+2+2+2+2
176418-50-7-7
Y4A1Y014
81-AQL-3



This chart shows the estimated number of deaths (per 100 000 population) from tuberculosis among HIV-negative cases for 2008, with countries within each WHO region sorted by level.

Further details can be found in **Part II, Table 4.**

18. Population using improved drinking-water sources (%)



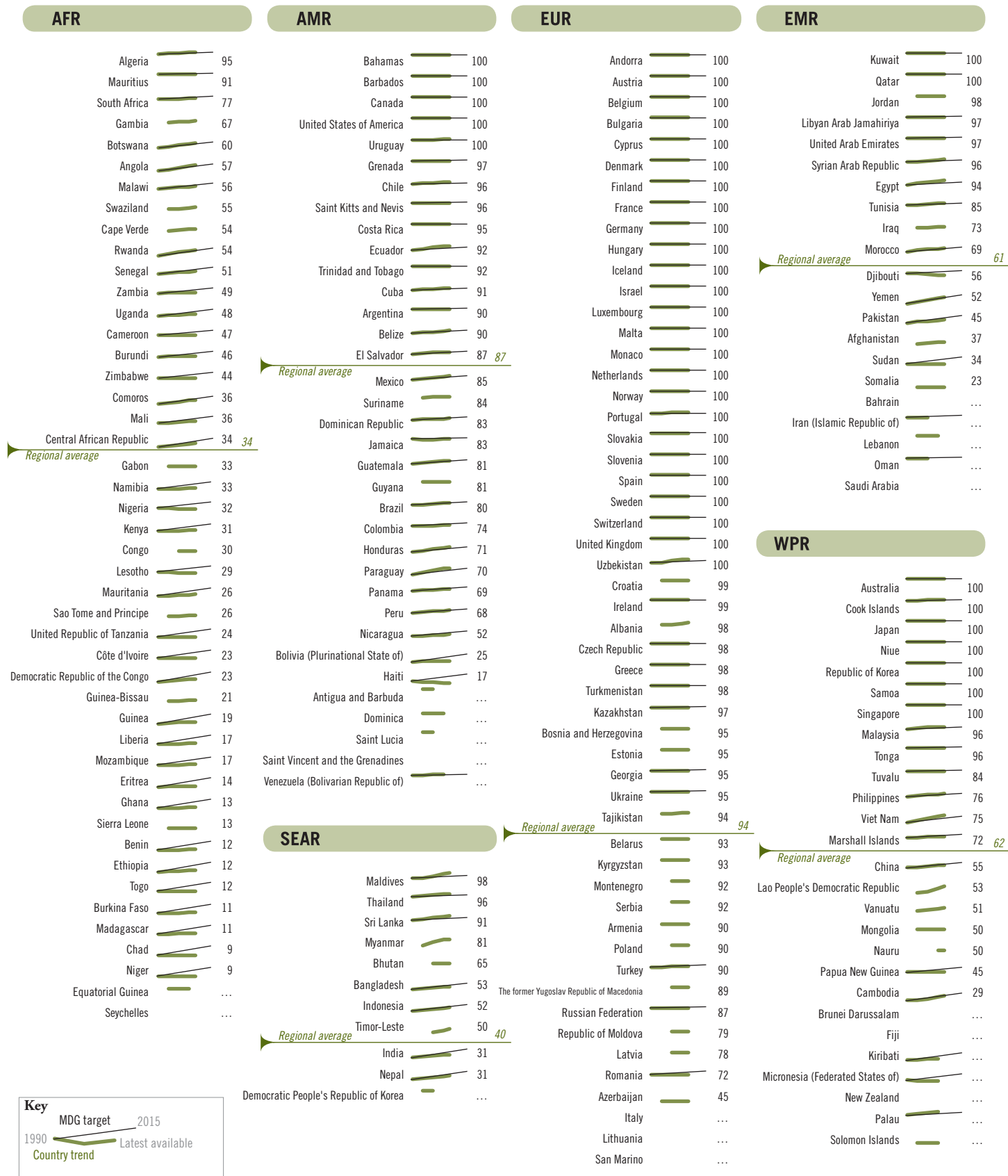
This chart shows the percentage of the population using an improved drinking-water source, with countries within each WHO region sorted by 2008 level. The bold lines indicate trends since 1990 or since the first year for which data are available.

The thin lines indicate the projected trend needed to double the proportion of people with sustainable access to safe drinking-water by 2015.

The MDG target is worded in terms of halving the proportion of people without sustainable access to safe drinking-water by 2015.

Further details can be found in **Part II, Table 5**.

19. Population using improved sanitation (%)



This chart shows the percentage of the population using an improved sanitation facility, with countries within each WHO region sorted by 2008 level. The bold lines indicate trends since 1990 or since the first year for which data are available. The thin lines indicate the projected trend needed to double the proportion of people with sustainable access to basic sanitation by 2015. The MDG target is worded in terms of halving the proportion of people without sustainable access to basic sanitation by 2015.

Further details can be found in **Part II, Table 5**.



Part II

Global Health Indicators

Mortality and burden of disease

This section deals with indicators of life expectancy and mortality rates, which provide good summary measures of overall population health. The indicators include overall life expectancy at birth, as well as infant and under-five mortality (the probability of dying between birth and 1 and 5 years of age, respectively), and adult mortality (the probability of dying between 15 and 60 years of age). Levels and trends for child mortality (Figure 8 and Box 1) are particularly relevant in understanding public health because globally almost 20% of all deaths are of children less than 5 years old. Neonatal mortality (death during the first 28 days of life per 1000 live births) accounts for a large proportion of child deaths in many countries, especially in low-income settings.

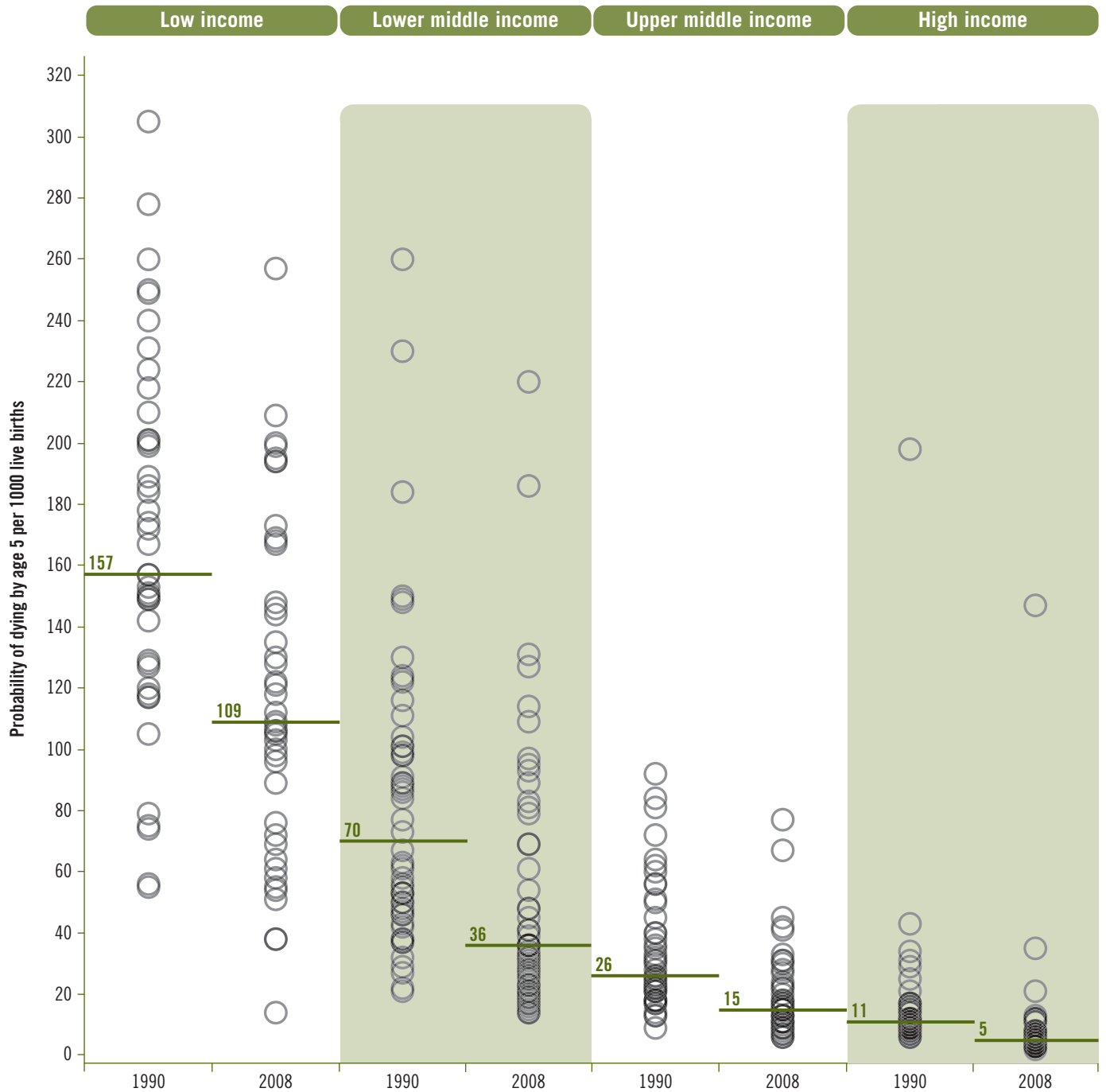
Although estimates of life expectancy reflect how many years a person might be expected to live given the current mortality rates in specific settings, they say nothing about health status during life. Mortality statistics alone are insufficient in fully describing and comparing the health status of different populations because they underestimate the burden of ill-health caused by chronic conditions and provide no information on non-fatal health outcomes. “Healthy life expectancy” (HALE) at birth, on the other hand, represents the average number of years that a person could expect to live in “good health” by taking into account years lived in less than full health due to disease and/or injury. As a result, it captures both fatal and non-fatal health outcomes and disabilities, of which the most common worldwide are hearing loss, visual impairment and mental disorders.

The estimates of mortality presented here have been derived wherever possible from death-registration data reported annually to WHO. For countries where such data are not available or are of poor quality, household surveys and censuses are used to create life tables from a model developed by WHO that generates estimates of mortality rates and life expectancy. In the case of child mortality, WHO is part of the Inter-agency Group for Child Mortality Estimation (IGME) which was established to advance the work on monitoring the progress made towards the achievement of the MDG target,¹⁸ and works to harmonize the estimates used by its members. In addition, to develop its country estimates of HALE, WHO has conducted analyses of 135 causes of disability for 17 regions of the world and analysed 69 health surveys in 60 countries.

WHO makes every effort to standardize the methods used to estimate and project indicators for all Member States using comparable data. This may lead to some differences compared with the official statistics prepared by individual Member States. It is also important to stress that these estimates are subject to considerable uncertainty, especially for countries with weak statistical and health information systems where the quality of underlying empirical data is limited. Estimates of HALE are more uncertain than estimates of life expectancy, as it is particularly difficult to ensure comparable measurements of disability across countries, and to correct for limitations in the data. In recognition of this, uncertainty intervals for WHO estimates of mortality and life expectancy will be made available in the Global Health Observatory.

¹⁸ MDG 4; Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

Figure 8: Mortality rate in children under 5 years old by country-income group – 1990 and 2008



Note: Solid horizontal lines indicate the median.

Box 1: Trends in child mortality

In Figure 8, each circle represents a country (note that circles may overlap). From the data presented, three major conclusions emerge:

In general, wealthier countries have far lower levels of child mortality than poorer ones – in low-income countries, the median level of child mortality in 2008 was 109 deaths per 1000 live births, compared with 5 per 1000 in high-income countries, representing a more than 20-fold difference.

Several low-income countries have achieved comparably low levels of child mortality – with wide variation in levels of child mortality observed in most of the country-income groups. In low-income countries, child mortality in 2008 ranged from 14 to 257 per 1000 live births representing an 18-fold difference.

Child mortality rates have fallen since 1990 in all country-income groups – with the rate of decline generally faster in high-income and middle-income countries than in low-income countries. Median child mortality fell by almost 50% between 1990 and 2008 in lower middle-income countries, but by only 31% in low-income countries.

1. Mortality and burden of disease

62+2>六九
 31:4CL-3
 18:50+5/5
 18:50+5/5
 18:50+5/5

Member State	Life expectancy at birth ^a (years)									Healthy life expectancy (HALE) at birth ^b (years)			Neonatal mortality rate ^c (per 1000 live births)
	Male			Female			Both sexes			Male	Female	Both sexes	
	1990	2000	2008	1990	2000	2008	1990	2000	2008	2007			2008
Afghanistan	42	41	40	44	44	44	43	42	42	36	36	36	50
Albania	66	68	71	71	73	74	69	71	73	64	64	64	4
Algeria	65	67	70	68	71	72	66	69	71	62	63	62	24
Andorra	74	76	79	81	83	85	77	80	82	72	76	74	2
Angola	38	41	45	45	47	48	42	44	46	44	47	45	47
Antigua and Barbuda	69	71	73	71	74	75	70	72	74	65	66	66	8
Argentina	69	71	72	76	78	79	73	75	76	64	69	67	9
Armenia	62	67	66	70	73	73	66	70	70	59	63	61	14
Australia	74	77	79	80	82	84	77	80	82	72	75	74	3
Austria	72	75	78	79	81	83	76	78	80	70	74	72	3
Azerbaijan	59	62	66	66	67	70	63	64	68	59	60	59	19
Bahamas	67	69	72	74	75	78	71	72	75	63	68	65	6
Bahrain	73	72	74	74	74	76	74	73	75	66	66	66	6
Bangladesh	55	61	64	54	61	65	54	61	65	56	55	56	33
Barbados	70	70	71	77	77	77	74	74	74	65	69	67	7
Belarus	66	63	64	75	74	76	71	69	70	58	66	62	7
Belgium	73	75	77	79	81	82	76	78	80	70	74	72	2
Belize	71	67	69	75	74	76	73	70	72	57	63	60	8
Benin	50	54	57	51	55	58	51	55	57	50	50	50	33
Bhutan	53	58	61	56	62	65	55	60	63	54	56	55	35
Bolivia (Plurinational State of)	57	61	65	58	64	68	58	62	67	57	59	58	25
Bosnia and Herzegovina	69	71	73	75	76	78	72	74	75	65	68	67	7
Botswana	65	51	60	69	53	62	67	52	61	49	48	49	16
Brazil	63	67	70	70	74	77	67	70	73	62	66	64	11
Brunei Darussalam	71	75	75	76	79	77	73	77	76	66	67	66	3
Bulgaria	68	68	70	75	75	77	71	72	73	63	69	66	5
Burkina Faso	48	49	51	49	50	52	49	49	51	42	43	43	36
Burundi	48	45	49	51	49	51	50	47	50	42	43	43	42
Cambodia	57	55	59	60	61	64	59	58	62	51	55	53	31
Cameroon	54	52	53	55	53	53	55	52	53	45	45	45	31
Canada	74	77	79	80	82	83	77	79	81	71	75	73	4
Cape Verde	65	66	66	70	72	74	67	69	71	59	64	61	16
Central African Republic	51	49	49	51	48	48	51	49	48	43	42	42	47
Chad	48	46	46	50	48	47	49	47	46	40	40	40	44
Chile	69	73	75	76	80	82	72	77	78	67	72	70	5
China	68	70	72	69	73	76	68	71	74	65	68	66	11
Colombia	66	68	72	72	77	79	69	72	75	64	69	66	12
Comoros	56	56	58	59	61	62	57	58	60	55	58	56	42
Congo	58	53	54	61	54	55	60	54	54	48	49	48	34
Cook Islands	67	69	72	71	74	76	69	71	74	63	66	65	7
Costa Rica	74	75	76	78	79	81	76	77	78	68	71	69	7
Côte d'Ivoire	53	52	55	55	53	56	54	53	56	45	48	47	41
Croatia	69	70	72	76	78	79	72	74	76	66	70	68	3
Cuba	72	75	76	76	79	79	74	77	77	68	71	69	3
Cyprus	74	75	78	78	79	82	76	77	80	69	71	70	2
Czech Republic	68	72	74	75	79	80	71	75	77	68	72	70	2
Democratic People's Republic of Korea	65	65	65	69	69	69	67	67	67	57	61	59	29
Democratic Republic of the Congo	47	44	47	50	49	50	49	47	48	44	46	45	56
Denmark	72	75	77	78	79	81	75	77	79	70	73	72	3
Djibouti	56	57	57	60	61	61	58	59	59	47	50	48	36

MDG 4 Infant mortality rate ^a (probability of dying by age 1 per 1000 live births)									MDG 4 Under-five mortality rate ^a (probability of dying by age 5 per 1000 live births)									Adult mortality rate ^a (probability of dying between 15 and 60 years per 1000 population)														
Male			Female			Both sexes			Male			Female			Both sexes			Male			Female			Both sexes								
1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008
175	172	172	160	158	158	168	165	165	262	258	258	258	256	256	260	257	257	485	526	543	384	389	398	439	465	479						
39	22	13	36	19	12	37	21	13	48	26	15	44	22	13	46	24	14	158	157	141	104	103	91	133	130	116						
57	44	39	48	38	33	52	41	36	69	52	45	58	43	37	64	48	41	198	175	144	165	131	119	181	153	132						
8	4	3	6	4	3	7	4	3	9	5	4	8	4	3	9	5	4	143	125	99	60	50	44	102	88	72						
161	148	136	147	134	124	154	141	130	276	253	234	243	224	206	260	238	220	579	531	460	386	385	383	489	460	421						
27	21	14	22	12	8	25	17	11	32	23	16	26	15	9	29	19	12	192	203	192	137	160	160	164	181	176						
27	19	14	21	15	11	24	17	13	31	22	17	25	18	14	28	20	15	198	176	160	102	92	86	150	135	123						
51	34	22	45	30	19	48	32	21	63	40	26	49	31	20	56	36	23	279	210	240	135	96	101	207	149	165						
9	6	5	7	5	4	8	5	4	10	7	6	8	6	5	9	6	5	124	97	81	66	55	46	96	77	63						
9	5	4	7	4	3	8	5	4	10	6	5	9	5	4	10	6	4	153	126	99	74	63	50	114	95	75						
87	64	36	68	50	28	78	58	32	109	77	41	85	60	31	98	69	36	285	259	228	165	157	138	225	208	182						
19	14	9	14	12	9	17	13	9	28	22	13	21	18	13	25	20	13	262	245	206	147	145	127	205	195	166						
13	11	9	14	10	10	14	10	10	16	14	12	17	11	12	16	13	12	105	115	116	107	89	82	106	105	103						
110	71	45	97	63	40	103	67	43	153	93	56	146	89	53	149	91	54	305	251	247	333	258	230	319	254	238						
18	13	9	12	13	12	15	13	10	20	14	9	15	15	13	17	14	11	188	187	168	109	106	108	146	146	138						
24	18	13	17	13	10	20	15	11	27	20	14	20	15	11	24	17	13	282	354	330	107	125	111	194	242	221						
9	5	4	7	4	3	8	5	4	11	7	5	8	5	4	10	6	5	139	130	110	75	68	61	107	100	86						
38	27	18	32	19	15	35	23	17	46	30	21	39	24	18	43	27	19	161	251	223	101	152	129	132	203	178						
117	94	81	104	84	72	111	89	76	189	148	124	180	141	118	184	144	121	377	337	312	340	324	291	355	329	301						
99	73	58	84	62	49	91	68	54	158	113	87	137	98	75	148	106	81	337	284	256	302	234	197	321	261	229						
93	70	48	83	63	43	88	67	46	124	87	55	120	84	53	122	86	54	296	259	230	271	212	163	283	235	196						
23	16	15	19	12	10	21	14	13	26	20	17	21	14	12	23	17	15	181	170	147	86	85	68	134	127	107						
39	56	26	38	54	26	39	55	26	52	84	32	48	78	30	50	81	31	234	576	419	158	528	394	194	550	404						
51	31	20	40	25	16	46	28	18	62	37	24	50	31	19	56	34	22	272	239	210	150	126	106	212	183	158						
11	6	5	8	6	6	9	6	5	12	8	6	11	8	7	11	8	7	151	113	106	112	85	80	133	101	94						
16	15	10	12	12	8	14	14	9	20	18	11	15	15	10	18	16	11	216	222	214	97	97	91	158	160	153						
114	106	95	106	98	89	110	102	92	203	189	170	200	186	167	201	187	169	418	430	388	362	382	361	387	403	372						
125	118	112	102	96	92	113	107	102	203	190	179	176	165	155	189	178	168	409	542	425	351	456	401	377	496	411						
94	88	76	76	71	62	85	80	69	126	115	97	107	97	82	117	106	89	306	382	294	248	255	216	272	315	253						
99	99	89	84	84	75	92	91	82	155	154	137	142	140	125	149	147	131	334	400	405	309	381	403	321	390	403						
8	6	6	6	5	5	7	5	5	9	7	7	7	5	6	8	6	6	132	100	87	71	61	53	102	81	70						
59	40	29	39	26	19	49	33	24	74	48	34	52	34	24	63	41	29	253	284	274	144	163	115	189	213	185						
120	123	118	112	115	111	116	119	115	177	180	173	178	181	174	178	181	173	364	434	448	345	441	467	353	437	457						
127	130	132	112	114	116	120	122	124	206	210	214	197	201	204	201	205	209	401	448	465	351	392	429	375	420	446						
20	10	8	16	9	7	18	9	7	24	12	10	19	10	8	22	11	9	196	137	116	98	69	60	147	103	88						
31	25	15	43	35	21	37	30	18	39	31	18	52	41	24	46	36	21	193	160	140	148	106	84	172	135	113						
32	25	19	22	17	13	28	21	16	41	30	23	29	22	16	35	26	20	254	228	162	140	97	75	197	163	118						
99	90	83	80	73	67	90	81	75	138	123	114	117	104	96	128	114	105	313	319	286	265	247	231	289	284	258						
69	76	82	64	71	77	67	74	80	108	121	132	99	111	121	104	116	127	296	439	389	246	416	374	271	426	381						
12	17	16	20	12	11	16	15	14	15	19	18	21	14	13	18	17	15	252	178	133	154	116	89	206	148	112						
21	13	10	17	10	9	19	12	10	25	15	12	20	12	10	22	13	11	129	124	124	86	75	68	108	100	97						
115	106	89	93	85	72	104	96	81	157	144	119	143	131	109	150	138	114	340	406	367	312	388	354	329	399	361						
12	7	6	9	6	3	10	7	4	14	8	7	10	7	4	12	8	5	223	187	163	89	74	65	158	132	115						
13	8	5	9	5	5	11	6	5	15	10	7	11	7	6	13	8	6	155	140	122	111	90	81	133	115	102						
12	5	4	10	5	3	11	5	4	13	7	4	11	6	4	12	6	4	110	107	84	61	56	39	86	82	61						
13	5	3	9	4	2	11	4	3	14	6	4	11	5	3	12	5	4	230	172	143	95	76	65	163	124	105						
43	43	43	41	41	41	42	42	42	57	57	57	53	53	53	55	55	55	227	227	229	161	161	161	193	194	196						
133	133	133	119	119	119	126	126	126	210	210	210	187	187	187	199	199	199	419	503	443	351	383	373	384	444	407						
9	6	4	6	4	3	7	5	4	10	6	5	8	5	4	9	6	4	152	122	112	99	77	67	126	100	90						
108	95	86	82	72	66	95	84	76	137	119	106	108	94	83	123	106	95	311	316	335	250	250	283	280	283	309						

1. Mortality and burden of disease

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Member State	Life expectancy at birth ^a (years)									Healthy life expectancy (HALE) at birth ^b (years)			Neonatal mortality rate ^c (per 1000 live births)
	Male			Female			Both sexes			Male	Female	Both sexes	
	1990	2000	2008	1990	2000	2008	1990	2000	2008	2007			2008
Dominica	71	72	72	75	76	77	73	74	74	65	67	66	8
Dominican Republic	68	72	71	70	74	74	69	73	73	62	64	63	19
Ecuador	64	67	70	69	73	76	67	70	73	63	66	64	11
Egypt	61	66	68	64	69	71	62	67	69	59	62	60	13
El Salvador	59	67	68	70	74	76	64	70	72	58	63	61	8
Equatorial Guinea	48	51	53	50	52	54	49	51	53	45	46	46	40
Eritrea	28	58	63	51	63	67	36	61	65	54	56	55	17
Estonia	65	65	69	75	76	79	70	71	74	61	71	66	3
Ethiopia	46	51	57	50	54	60	48	53	58	49	51	50	39
Fiji	63	65	67	69	71	73	66	68	70	60	64	62	8
Finland	71	74	76	79	81	83	75	78	80	70	75	72	2
France	73	75	78	81	83	85	77	79	81	71	76	73	2
Gabon	59	58	58	64	63	62	62	60	60	50	53	52	28
Gambia	53	55	58	55	58	61	54	57	59	50	53	51	34
Georgia	65	68	67	72	74	76	69	71	72	62	67	64	20
Germany	72	75	77	78	81	83	75	78	80	71	75	73	3
Ghana	57	57	60	60	60	64	58	58	62	49	50	50	30
Greece	75	76	78	79	81	83	77	78	80	71	74	72	2
Grenada	64	66	67	66	69	70	65	67	69	61	62	61	13
Guatemala	61	64	65	65	70	72	63	67	69	58	62	60	11
Guinea	44	48	53	48	52	55	46	50	54	46	48	47	43
Guinea-Bissau	42	44	47	48	50	51	45	47	49	40	43	42	45
Guyana	56	59	62	66	70	68	61	64	65	52	55	53	23
Haiti	53	56	60	55	60	64	54	58	62	53	55	54	25
Honduras	65	64	67	69	71	73	67	67	70	61	64	62	15
Hungary	65	68	70	74	76	78	69	72	74	62	69	66	4
Iceland	75	78	80	81	82	83	78	80	82	73	75	74	1
India	57	60	63	58	62	66	58	61	64	56	57	56	37
Indonesia	60	64	66	62	66	69	61	65	67	60	61	60	19
Iran (Islamic Republic of)	60	65	70	66	70	75	63	67	72	60	62	61	19
Iraq	64	64	59	69	69	69	66	67	63	50	58	54	25
Ireland	72	74	78	78	79	82	75	76	80	71	74	73	3
Israel	75	77	79	78	81	83	77	79	81	72	74	73	2
Italy	74	76	79	80	82	84	77	79	82	73	76	74	2
Jamaica	72	71	69	74	74	74	73	72	72	62	66	64	9
Japan	76	78	79	82	85	86	79	81	83	73	78	76	1
Jordan	66	69	70	70	73	74	68	71	72	62	64	63	13
Kazakhstan	61	58	59	70	68	70	65	63	64	53	60	56	17
Kenya	58	50	53	62	53	55	60	51	54	47	48	48	33
Kiribati	62	64	65	64	68	70	63	66	67	56	60	58	17
Kuwait	72	75	78	75	76	79	73	76	78	69	69	69	6
Kyrgyzstan	61	62	62	68	69	69	65	65	66	55	59	57	18
Lao People's Democratic Republic	51	58	61	53	60	63	52	59	62	53	54	54	20
Latvia	64	65	66	75	76	77	70	71	71	59	68	64	5
Lebanon	63	68	70	69	73	74	66	70	72	60	64	62	8
Lesotho	59	46	44	62	54	49	61	50	47	38	41	40	37
Liberia	29	49	53	46	52	55	36	50	54	47	49	48	44
Libyan Arab Jamahiriya	67	69	71	71	74	76	69	71	73	63	66	64	9
Lithuania	66	67	66	76	77	78	71	72	72	58	68	63	3
Luxembourg	72	75	77	79	81	83	75	78	80	71	75	73	1

MDG 4 Infant mortality rate ^a (probability of dying by age 1 per 1000 live births)									MDG 4 Under-five mortality rate ^a (probability of dying by age 5 per 1000 live births)									Adult mortality rate ^a (probability of dying between 15 and 60 years per 1000 population)											
Male			Female			Both sexes			Male			Female			Both sexes			Male			Female			Both sexes					
1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008
18	16	10	12	13	8	15	15	9	21	18	11	14	15	9	18	17	10	194	189	209	145	116	119	169	152	164			
51	34	29	45	30	25	48	32	27	67	42	35	57	36	30	62	39	33	180	164	188	153	124	127	167	144	158			
47	32	24	35	24	18	41	28	21	58	37	27	48	31	23	53	34	25	254	228	207	173	141	121	214	185	165			
70	40	21	60	35	18	66	38	20	94	49	24	85	44	22	89	47	23	238	220	222	182	158	151	210	190	187			
52	30	17	44	25	14	48	28	16	68	37	20	56	30	16	62	33	18	373	277	301	164	136	136	270	203	214			
128	108	95	111	95	84	120	102	90	205	174	152	190	162	143	198	168	147	403	392	366	349	375	356	375	383	361			
103	65	46	81	51	36	92	58	41	162	96	63	137	81	53	150	89	58	920	321	266	430	229	197	774	272	228			
14	10	6	10	7	4	12	9	5	18	13	7	14	9	5	16	11	6	301	318	249	107	120	84	204	218	165			
140	103	78	108	79	60	124	91	69	225	159	117	193	137	100	210	148	109	430	406	329	348	352	286	389	379	307			
21	18	17	17	14	14	19	16	16	25	19	20	19	17	15	22	18	18	326	292	249	213	183	156	272	240	204			
6	4	3	6	3	2	6	4	3	7	5	4	7	4	3	7	4	3	183	143	129	70	63	57	128	104	94			
8	5	4	6	4	3	7	4	3	10	6	5	8	5	3	9	5	4	162	138	119	67	61	55	115	100	87			
80	76	68	53	51	45	67	64	57	103	98	86	80	76	67	92	87	77	276	334	353	204	248	301	240	292	327			
111	100	85	96	87	74	104	93	80	163	140	113	142	122	98	153	131	106	343	320	300	311	279	253	327	299	276			
44	33	29	37	28	24	41	31	26	51	38	32	42	31	27	47	35	30	242	195	232	110	79	85	175	135	157			
8	5	4	6	4	3	7	4	4	10	6	5	8	5	4	9	5	4	157	124	101	77	63	54	118	94	78			
79	74	54	71	67	48	75	71	51	125	117	81	111	104	71	118	111	76	297	322	298	255	268	247	276	295	273			
10	7	3	9	5	2	9	6	3	11	8	4	10	6	3	11	7	3	117	116	105	56	48	44	86	82	75			
27	21	16	39	14	10	33	18	13	37	24	18	44	16	12	40	20	15	285	266	245	237	227	209	260	246	228			
59	39	29	56	37	28	58	38	29	76	47	34	78	48	35	77	47	34	286	292	302	198	178	159	243	234	228			
152	124	100	121	98	80	137	111	90	246	198	156	214	172	135	231	185	146	461	418	352	359	350	320	410	384	336			
157	142	129	127	115	104	142	129	117	264	240	215	215	196	175	240	218	195	489	460	436	358	358	370	426	410	403			
82	68	59	46	38	33	64	54	46	115	94	80	59	48	41	87	72	61	385	357	291	223	210	226	304	281	261			
112	84	58	96	72	50	105	78	54	157	113	75	145	105	69	151	109	72	337	351	306	315	272	229	326	311	267			
47	36	28	39	30	23	43	33	26	58	42	32	52	38	29	55	40	31	229	273	227	159	151	129	195	214	179			
17	10	6	13	9	5	15	9	6	19	12	7	15	10	6	17	11	7	304	271	233	133	114	101	219	193	167			
6	3	2	5	2	1	5	3	2	7	4	3	6	3	3	6	3	3	112	92	66	69	57	46	91	75	56			
82	67	52	84	69	53	83	68	52	109	88	65	124	100	73	116	94	69	302	289	250	243	220	173	274	256	213			
62	43	34	51	35	28	56	40	31	93	61	44	77	51	37	86	56	41	286	248	226	266	217	185	275	232	206			
62	43	31	47	33	23	55	38	27	82	54	37	63	41	28	73	48	32	291	238	152	208	148	95	252	194	124			
45	41	38	39	35	33	42	38	36	58	52	49	48	43	42	53	48	45	254	244	377	171	169	179	212	207	285			
9	7	5	8	5	4	8	6	4	11	8	5	9	6	4	10	7	5	133	120	90	81	70	56	108	96	73			
11	6	4	9	5	3	10	6	4	13	8	5	11	6	4	12	7	5	107	103	87	71	55	46	89	79	66			
9	5	4	7	4	3	8	5	3	10	6	4	8	5	4	9	5	4	129	101	80	60	51	42	95	76	61			
30	29	28	25	25	24	28	27	26	35	34	32	32	30	29	33	32	31	136	182	220	118	132	130	127	157	175			
5	4	3	4	3	2	5	3	3	7	5	4	6	4	3	6	5	3	109	98	87	53	48	43	81	73	65			
31	23	17	31	23	17	31	23	17	37	27	19	38	28	20	38	27	20	241	195	179	166	123	116	205	161	149			
58	43	30	44	33	23	51	38	27	69	51	35	51	38	26	60	44	30	318	422	432	150	194	186	235	308	310			
75	90	89	60	72	71	68	81	81	113	138	138	96	117	117	105	128	128	302	488	382	231	439	364	267	463	371			
68	52	41	62	45	35	65	49	38	93	64	49	84	62	47	89	63	48	246	284	321	226	191	175	237	240	251			
13	10	10	12	7	9	13	9	9	16	13	11	14	10	10	15	11	11	116	86	68	86	62	51	105	78	61			
68	48	36	57	40	30	63	44	33	80	55	41	69	47	35	75	51	38	290	326	343	156	170	184	224	250	264			
122	71	53	94	55	41	108	64	48	166	91	65	148	81	58	157	86	61	386	345	317	354	312	288	369	328	302			
16	12	7	11	9	8	14	11	8	20	15	9	15	11	9	17	13	9	311	320	311	118	117	115	215	218	213			
36	22	13	30	19	11	33	21	12	45	27	15	35	21	12	40	24	13	291	208	191	193	142	131	241	174	160			
85	88	67	75	77	59	80	83	63	108	116	84	95	102	74	101	109	79	279	627	758	228	437	633	251	521	685			
154	125	106	138	112	95	146	118	100	230	183	152	207	164	137	218	174	144	861	422	353	445	359	328	717	390	340			
33	22	15	33	22	15	33	22	15	38	24	17	38	24	17	38	24	17	209	189	170	136	112	97	178	156	138			
11	8	5	10	9	5	10	8	5	15	11	7	12	11	6	13	11	7	287	293	314	107	103	114	196	197	215			
9	4	2	7	4	2	8	4	2	11	6	3	8	5	3	10	5	3	160	121	101	79	67	56	121	95	79			

1. Mortality and burden of disease

02+2>六九零
31:4CL-3
18:50+45
Y2M.Y014
81:4CL-3

Member State	Life expectancy at birth ^a (years)									Healthy life expectancy (HALE) at birth ^b (years)			Neonatal mortality rate ^c (per 1000 live births)
	Male			Female			Both sexes			Male	Female	Both sexes	
	1990	2000	2008	1990	2000	2008	1990	2000	2008	2007				2008
Madagascar	52	56	58	53	58	61	52	57	60	51	53	52	35
Malawi	45	46	52	48	48	54	47	47	53	43	44	44	29
Malaysia	68	69	71	73	74	76	71	72	73	62	66	64	3
Maldives	58	67	73	55	67	75	57	67	74	64	64	64	16
Mali	43	46	48	46	48	50	44	47	49	41	43	42	52
Malta	74	76	78	78	80	82	76	78	80	71	74	72	2
Marshall Islands	59	58	58	65	60	60	62	59	59	52	53	52	15
Mauritania	56	57	56	58	59	59	57	58	58	49	52	51	45
Mauritius	66	68	69	73	75	77	69	71	73	61	65	63	9
Mexico	68	72	73	74	77	78	71	74	76	65	69	67	7
Micronesia (Federated States of)	64	66	68	67	68	70	66	67	69	61	62	62	15
Monaco	74	76	78	81	84	85	77	80	82	71	76	73	2
Mongolia	59	60	64	66	70	73	63	65	68	55	62	58	14
Montenegro	73	72	72	79	77	76	76	74	74	65	66	65	5
Morocco	63	67	70	68	72	75	65	70	72	61	63	62	23
Mozambique	39	48	51	45	49	51	42	48	51	42	42	42	43
Myanmar	56	56	53	60	62	56	58	59	54	48	52	50	48
Namibia	62	57	61	67	63	66	65	60	63	52	53	52	18
Nauru	57	56	57	63	62	63	60	59	60	53	57	55	33
Nepal	54	59	63	54	60	64	54	60	63	55	55	55	31
Netherlands	74	76	78	80	81	82	77	78	80	72	74	73	3
New Zealand	72	76	78	78	81	83	75	79	81	72	74	73	4
Nicaragua	63	70	71	73	76	77	68	73	74	63	66	64	13
Niger	37	45	51	41	47	53	39	46	52	44	45	44	34
Nigeria	45	47	49	47	48	49	46	47	49	42	42	42	49
Niue	67	66	64	74	77	79	70	71	71	56	68	62	30
Norway	73	76	78	80	81	83	77	79	81	72	74	73	2
Oman	68	71	72	73	76	77	70	73	74	64	67	65	7
Pakistan	58	61	63	59	62	64	58	61	63	56	55	55	53
Palau	64	67	68	75	74	77	69	70	72	62	67	64	7
Panama	72	73	74	75	78	79	73	76	76	65	68	67	10
Papua New Guinea	57	60	61	61	63	64	59	61	62	55	57	56	26
Paraguay	71	71	71	76	76	77	73	74	74	63	66	64	15
Peru	67	70	74	71	74	77	69	72	76	66	67	67	13
Philippines	62	66	67	68	73	74	65	70	70	59	64	62	15
Poland	67	70	71	75	78	80	71	74	76	64	70	67	4
Portugal	71	73	76	77	80	83	74	77	79	69	73	71	2
Qatar	75	76	76	75	76	76	75	76	76	68	66	67	4
Republic of Korea	68	72	76	76	80	83	72	76	80	68	74	71	2
Republic of Moldova	64	64	65	71	71	73	68	68	69	58	63	61	8
Romania	67	68	70	73	75	77	70	71	73	63	68	65	6
Russian Federation	64	59	62	74	72	74	69	65	68	55	65	60	6
Rwanda	48	43	56	52	47	59	50	45	58	43	44	43	35
Saint Kitts and Nevis	65	69	70	71	73	76	68	71	73	62	67	64	11
Saint Lucia	69	71	71	74	77	78	71	74	75	64	69	66	12
Saint Vincent and the Grenadines	68	67	66	74	73	76	71	70	71	60	66	63	10
Samoa	62	65	66	64	70	70	63	67	68	60	63	61	11
San Marino	76	78	81	82	84	84	79	81	83	74	76	75	0
Sao Tome and Principe	59	60	60	62	62	62	61	61	61	52	54	53	32
Saudi Arabia	66	69	69	71	75	75	68	71	72	61	64	62	12

MDG 4 Infant mortality rate ^a (probability of dying by age 1 per 1000 live births)									MDG 4 Under-five mortality rate ^a (probability of dying by age 5 per 1000 live births)									Adult mortality rate ^a (probability of dying between 15 and 60 years per 1000 population)											
Male			Female			Both sexes			Male			Female			Both sexes			Male			Female			Both sexes					
1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008
110	89	74	93	76	62	101	83	68	174	138	111	159	126	101	167	132	106	357	313	286	329	281	240	343	297	263			
139	105	68	126	95	61	133	100	65	236	170	105	212	153	94	224	162	100	445	542	498	357	492	468	400	517	481			
17	10	7	14	8	5	16	9	6	19	11	7	16	9	6	18	10	6	209	198	177	128	112	97	170	157	139			
82	44	27	77	42	21	79	43	24	113	57	30	110	53	25	111	55	28	281	182	100	346	161	72	312	172	86			
147	127	109	130	112	96	139	120	102	258	225	200	241	210	187	250	217	194	480	438	412	374	369	365	427	401	386			
12	7	7	8	5	7	10	6	7	13	8	7	9	6	7	11	7	7	107	90	77	62	54	44	84	72	61			
40	33	30	38	31	29	39	32	30	49	39	36	48	38	35	48	39	36	385	436	427	329	368	384	359	403	405			
86	82	80	75	71	69	81	77	75	136	128	124	122	115	111	129	122	118	310	304	318	274	263	262	290	282	290			
23	20	17	18	12	11	21	16	14	27	22	19	20	14	13	23	18	16	263	222	214	121	121	104	193	172	160			
40	24	17	32	20	14	36	22	15	49	29	19	41	23	16	45	26	17	215	172	154	120	99	89	168	136	121			
45	38	32	45	37	32	45	38	32	58	47	39	57	46	39	58	47	39	230	219	187	195	183	156	213	201	172			
8	5	4	6	4	3	7	5	3	9	6	5	7	5	4	8	5	4	155	136	118	67	61	53	112	99	86			
84	58	40	58	40	27	71	49	33	114	73	47	82	53	34	98	63	41	264	309	291	194	189	145	229	250	219			
12	14	8	12	11	8	12	13	8	14	15	10	14	12	8	14	14	9	164	179	173	73	98	90	118	140	131			
79	53	37	57	39	27	68	46	32	97	60	40	79	49	33	88	54	36	195	164	147	133	106	88	164	135	118			
171	128	93	161	120	88	166	124	90	252	185	131	246	180	128	249	183	130	575	457	485	389	415	458	480	435	470			
96	86	85	74	67	66	85	77	76	133	119	133	106	95	111	120	107	122	310	333	368	247	238	304	278	286	336			
57	60	37	40	42	26	49	51	31	83	89	48	60	65	35	72	77	42	255	383	356	174	286	290	213	332	320			
7	38	34	9	44	39	8	41	36	8	48	43	9	54	47	9	51	45	567	463	448	399	313	303	495	395	381			
98	63	41	99	63	41	99	63	41	144	86	52	140	84	51	142	85	51	352	306	281	350	296	273	351	301	277			
8	6	4	6	5	4	7	5	4	10	7	5	8	6	4	9	6	5	116	100	78	67	67	57	92	84	68			
10	7	5	7	6	4	9	6	5	13	9	7	9	7	5	11	8	6	143	105	88	93	67	57	118	86	72			
58	39	26	44	29	20	51	34	23	74	46	30	61	38	24	67	42	27	272	191	209	136	121	123	206	156	165			
148	110	81	140	104	76	144	107	79	310	230	169	300	223	164	305	227	167	572	443	374	413	365	340	497	408	359			
128	114	102	112	100	89	120	107	96	235	212	190	225	202	182	230	207	186	445	444	424	366	394	399	405	419	411			
8	18	36	55	17	6	31	17	22	8	23	46	55	21	7	31	22	28	209	261	255	75	90	89	147	182	178			
8	4	3	6	3	2	7	4	3	10	5	4	7	4	3	9	5	3	128	107	81	65	61	53	97	85	67			
24	14	11	22	13	10	23	13	10	32	17	12	30	16	11	31	17	12	203	171	155	122	96	84	169	143	129			
105	89	75	96	81	69	101	85	72	130	108	89	130	108	89	130	108	89	265	230	216	235	205	190	251	218	204			
22	18	15	14	9	11	18	14	13	25	19	18	17	13	11	21	16	15	289	253	232	112	140	112	210	199	175			
26	23	22	23	20	17	24	21	19	33	27	26	28	25	20	30	26	23	146	139	140	101	85	83	124	112	112			
69	61	56	64	53	49	67	57	53	95	81	73	88	72	65	91	77	69	347	310	292	278	252	235	317	283	264			
39	32	27	29	24	21	34	28	24	47	38	32	37	30	25	42	34	28	138	158	170	99	103	105	119	132	139			
71	40	24	56	32	19	64	36	22	90	46	27	72	37	21	81	41	24	165	161	118	123	119	95	144	140	106			
49	32	30	35	24	22	42	28	26	71	42	38	50	30	27	61	36	32	281	241	227	167	129	117	226	187	174			
17	9	6	14	7	5	16	8	6	20	10	8	16	8	6	18	9	7	263	216	205	102	86	77	184	152	142			
13	7	3	10	5	3	11	6	3	16	9	4	12	7	3	14	8	4	176	155	128	80	66	52	127	111	90			
20	13	7	15	12	6	18	13	7	24	15	9	19	14	8	21	15	8	94	80	77	82	77	53	90	78	72			
8	6	5	8	6	4	8	6	5	9	7	5	8	6	5	9	6	5	236	163	108	102	62	43	171	113	76			
37	25	18	24	16	12	30	21	15	45	30	21	28	19	13	37	24	17	285	310	312	155	155	141	218	232	227			
26	21	13	21	17	10	23	19	11	34	24	15	27	20	11	31	22	13	239	237	220	114	106	90	177	173	156			
19	18	10	14	13	8	17	16	9	24	22	12	18	17	10	21	20	11	318	445	396	117	161	147	218	309	273			
114	121	77	98	104	66	106	112	72	188	202	122	159	170	103	174	186	112	441	585	330	381	516	281	408	547	303			
28	15	16	16	22	11	22	18	14	32	16	17	20	26	14	26	21	15	272	214	180	193	134	95	233	174	138			
20	15	13	14	13	13	17	14	13	25	17	15	18	15	15	21	16	15	204	205	193	147	117	94	175	161	144			
21	21	15	19	17	8	20	19	12	26	26	17	24	20	9	25	23	13	217	259	305	140	165	169	179	214	242			
42	43	35	38	10	8	40	28	22	51	47	37	49	18	14	50	34	26	295	235	235	268	203	203	282	220	220			
12	6	2	16	4	1	14	5	1	12	6	3	18	4	1	15	5	2	80	74	59	40	39	48	60	57	53			
69	68	67	61	60	60	65	64	64	104	102	101	97	95	94	101	99	97	275	272	271	232	229	227	253	249	247			
37	21	19	33	19	18	35	20	18	47	25	23	39	21	19	43	23	21	217	191	186	139	106	103	187	156	154			

1. Mortality and burden of disease

62+2>六九零
31:4CL-3
18:50+45
Y2M,Y014
18:50+45

Member State	Life expectancy at birth ^a (years)									Healthy life expectancy (HALE) at birth ^b (years)			Neonatal mortality rate ^c (per 1000 live births)
	Male			Female			Both sexes			Male	Female	Both sexes	
	1990	2000	2008	1990	2000	2008	1990	2000	2008	2007			2008
Senegal	54	55	58	55	58	61	54	57	59	50	52	51	34
Serbia	69	69	71	75	74	76	72	72	74	64	66	65	5
Seychelles	64	67	68	76	76	76	69	72	72	60	65	63	7
Sierra Leone	38	37	48	44	45	50	41	41	49	34	37	35	45
Singapore	73	76	79	77	81	83	75	78	81	71	75	73	1
Slovakia	67	69	71	76	77	79	71	73	75	64	70	67	3
Slovenia	70	72	75	78	80	82	74	76	79	69	74	71	2
Solomon Islands	66	67	68	69	71	71	68	69	70	59	60	59	14
Somalia	44	47	47	49	49	49	46	48	48	44	46	45	61
South Africa	59	55	52	68	61	55	63	58	53	47	48	48	20
Spain	73	76	78	80	83	84	77	79	81	71	76	74	2
Sri Lanka	61	62	63	71	73	76	66	67	69	61	65	63	9
Sudan	58	57	57	57	57	58	57	57	57	50	50	50	41
Suriname	64	66	68	69	72	75	66	69	71	58	64	61	12
Swaziland	61	51	48	64	54	48	63	53	48	42	42	42	18
Sweden	75	77	79	80	82	83	78	80	81	72	75	74	2
Switzerland	74	77	80	81	83	84	77	80	82	73	76	75	3
Syrian Arab Republic	65	69	70	70	74	75	67	71	72	62	65	63	8
Tajikistan	60	62	66	65	65	69	63	64	67	58	57	57	22
Thailand	65	63	66	71	72	74	68	68	70	59	65	62	10
The former Yugoslav Republic of Macedonia	70	69	72	74	75	76	72	72	74	65	66	66	7
Timor-Leste	48	55	59	53	60	64	50	57	62	52	55	53	43
Togo	52	54	56	57	59	61	55	56	59	49	52	51	33
Tonga	64	67	71	73	71	70	68	69	71	64	62	63	9
Trinidad and Tobago	66	65	66	71	73	73	69	69	70	59	64	62	24
Tunisia	69	71	73	72	75	77	70	73	75	65	67	66	12
Turkey	62	67	72	67	73	77	65	70	74	64	67	66	14
Turkmenistan	58	59	60	65	65	67	62	62	63	53	57	55	21
Tuvalu	61	63	64	63	63	63	62	63	64	58	58	58	14
Uganda	45	44	51	49	46	53	47	45	52	41	44	42	31
Ukraine	65	62	62	75	73	74	70	68	68	55	64	60	8
United Arab Emirates	72	75	77	75	78	80	73	76	78	68	68	68	5
United Kingdom	73	75	78	78	80	82	76	78	80	71	73	72	3
United Republic of Tanzania	51	49	52	52	49	53	52	49	53	45	45	45	33
United States of America	72	74	76	79	80	81	75	77	78	68	72	70	4
Uruguay	69	71	72	76	79	79	72	75	75	64	70	67	8
Uzbekistan	63	63	66	69	68	71	66	66	68	58	60	59	20
Vanuatu	65	67	68	67	70	70	66	68	69	61	62	61	13
Venezuela (Bolivarian Republic of)	70	71	71	74	77	78	72	74	75	64	68	66	10
Viet Nam	64	68	70	68	72	75	66	70	73	62	66	64	9
Yemen	56	60	63	58	62	66	57	61	64	53	55	54	32
Zambia	50	42	47	54	45	49	52	43	48	39	40	40	36
Zimbabwe	58	42	42	65	45	42	61	44	42	40	38	39	28

MDG 4 Infant mortality rate ^a (probability of dying by age 1 per 1000 live births)									MDG 4 Under-five mortality rate ^a (probability of dying by age 5 per 1000 live births)									Adult mortality rate ^a (probability of dying between 15 and 60 years per 1000 population)											
Male			Female			Both sexes			Male			Female			Both sexes			Male			Female			Both sexes					
1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008
80	73	63	64	58	50	72	66	57	158	139	114	140	123	102	149	131	108	337	322	293	307	281	247	323	302	269			
24	13	7	22	9	6	23	11	7	28	15	8	25	11	7	26	13	8	184	209	183	94	106	91	139	158	138			
19	10	10	11	13	9	15	12	10	21	13	12	12	14	11	17	14	11	317	248	232	127	99	109	225	175	172			
178	165	135	148	137	112	163	151	123	296	268	206	260	236	181	278	252	194	545	637	422	385	406	368	469	530	393			
8	3	3	7	2	2	7	3	2	10	4	3	8	4	2	9	4	3	152	97	82	93	56	47	123	77	64			
14	10	7	10	7	5	12	8	6	16	12	8	12	8	6	14	10	7	269	215	195	103	79	73	187	147	135			
10	6	3	7	4	2	8	5	2	12	6	4	8	5	2	10	6	3	207	167	132	81	72	55	144	121	95			
32	31	30	31	30	29	31	30	30	37	36	35	39	38	37	38	37	36	225	205	182	174	151	136	201	179	160			
121	121	121	117	117	117	119	119	119	197	197	197	203	203	203	200	200	200	524	443	459	369	359	373	450	401	416			
49	59	54	38	45	42	44	52	48	63	83	76	48	62	58	56	73	67	346	452	563	191	330	479	271	392	520			
8	5	4	7	4	3	7	4	4	10	6	5	8	5	4	9	6	4	146	122	102	60	49	43	103	86	72			
26	20	15	20	15	12	23	17	13	33	24	19	24	18	15	29	21	17	361	341	315	156	131	93	265	242	209			
75	70	67	81	76	72	78	73	70	116	108	103	131	122	115	124	115	109	288	336	335	288	302	304	288	319	319			
48	37	28	39	29	21	44	33	25	54	41	31	48	35	24	51	38	27	265	241	218	175	165	128	221	204	174			
65	87	62	59	79	56	62	83	59	86	127	86	81	120	81	84	124	83	257	485	631	205	408	616	230	444	620			
7	4	2	5	3	2	6	3	2	8	5	3	6	3	3	7	4	3	114	87	76	66	56	48	90	72	62			
7	5	4	6	4	4	7	5	4	9	6	5	8	5	4	9	6	5	126	99	76	62	54	44	95	77	60			
36	23	17	24	15	11	30	19	14	44	27	20	29	17	13	37	22	16	248	194	179	187	130	120	218	162	150			
106	87	63	76	63	45	91	75	54	136	109	74	97	78	53	117	94	64	217	218	185	180	179	162	198	199	173			
30	19	14	22	15	11	26	17	13	36	22	16	27	18	12	32	20	14	259	328	276	147	163	140	204	248	209			
33	18	12	30	16	9	32	17	10	37	20	13	35	18	10	36	19	11	153	195	151	87	90	80	120	144	116			
155	112	84	120	87	65	138	100	75	208	146	105	158	111	80	184	129	93	403	322	275	329	256	204	368	289	240			
103	88	74	75	64	54	89	76	64	171	138	111	129	105	84	150	122	98	353	367	351	287	304	296	320	335	323			
23	19	18	16	16	16	19	18	17	24	22	20	20	19	18	22	20	19	313	219	143	128	187	228	222	202	188			
33	34	33	27	26	29	30	30	31	38	40	36	31	29	34	34	34	35	236	252	219	156	155	107	195	203	163			
44	26	21	35	20	16	40	23	18	54	31	24	45	24	18	50	27	21	146	144	132	103	88	72	124	117	103			
75	40	22	62	33	18	69	36	20	92	45	24	76	38	20	84	42	22	217	187	138	151	112	73	185	150	106			
93	68	50	67	49	36	81	59	43	112	81	54	84	61	41	99	71	48	301	347	377	192	208	212	247	278	296			
43	37	30	41	32	30	42	35	30	54	42	36	52	43	36	53	42	36	272	273	257	280	262	279	276	267	268			
128	110	95	99	85	74	114	98	84	204	174	148	167	141	121	186	158	135	516	618	451	433	586	424	475	600	436			
22	20	16	14	13	11	18	17	14	26	24	19	16	14	12	21	19	15	287	377	399	112	136	151	199	257	277			
16	11	8	13	9	6	15	10	7	19	12	8	15	10	7	17	11	8	140	101	78	111	77	60	131	95	73			
9	6	5	7	5	4	8	6	5	11	7	6	8	6	5	10	6	6	129	108	96	78	67	59	104	88	78			
100	89	69	94	85	65	97	87	67	156	138	103	159	140	104	157	139	103	414	531	475	356	497	444	385	513	458			
11	8	7	8	7	6	10	7	7	13	9	9	10	8	7	11	9	8	172	144	135	91	83	79	132	114	107			
24	16	15	21	12	13	22	14	14	27	19	17	23	14	14	25	16	16	196	181	158	98	90	85	147	135	121			
65	56	36	57	49	31	61	53	34	77	65	40	70	60	37	74	62	38	250	252	223	144	151	140	198	202	181			
23	25	27	23	25	27	23	25	27	26	28	31	28	30	34	27	29	33	271	222	202	237	180	162	256	202	182			
30	23	18	23	17	14	27	20	16	35	26	20	28	20	16	32	23	18	178	185	195	117	98	93	148	143	146			
39	24	12	40	24	12	39	24	12	58	31	14	53	29	13	56	30	14	235	202	192	168	136	110	200	167	150			
96	76	56	83	66	49	90	71	53	131	101	71	123	95	67	127	98	69	304	271	249	277	229	185	288	249	217			
117	116	102	93	93	82	105	104	92	188	185	162	154	152	133	172	169	148	382	668	538	322	597	498	352	632	515			
53	64	64	49	59	59	51	62	62	82	106	99	76	98	92	79	102	96	352	766	812	215	660	752	285	711	772			

1. Mortality and burden of disease

62+2>六九零
374618-50+45
Y2M.Y014
81:4CL-3

Member State	Life expectancy at birth ^a (years)									Healthy life expectancy (HALE) at birth ^b (years)			Neonatal mortality rate ^c (per 1000 live births)
	Male			Female			Both sexes			Male	Female	Both sexes	
	1990	2000	2008	1990	2000	2008	1990	2000	2008	2007				2008

RANGES OF COUNTRY VALUES

Minimum	28	37	40	41	44	42	36	41	42	34	36	35	0
Median	64	67	68	70	73	74	67	70	71	60	64	62	12
Maximum	76	78	81	82	85	86	79	81	83	74	78	76	61

WHO REGION

African Region	49	49	52	53	52	54	51	50	53	45	46	45	40
Region of the Americas	68	71	73	75	77	79	71	74	76	65	69	67	9
South-East Asia Region	58	61	63	59	63	66	58	62	65	56	57	57	34
European Region	68	68	71	75	77	79	72	72	75	64	70	67	7
Eastern Mediterranean Region	59	62	63	62	65	66	61	63	65	55	57	56	35
Western Pacific Region	68	70	72	71	74	77	69	72	75	65	69	67	11

INCOME GROUP

Low income	52	53	56	55	56	59	54	55	57	48	49	49	37
Lower middle income	61	63	65	63	66	69	62	65	67	60	62	61	29
Upper middle income	65	65	67	72	73	75	68	69	71	58	63	61	11
High income	72	75	77	79	81	83	76	78	80	68	72	70	4

GLOBAL

GLOBAL	62	64	66	66	68	70	64	66	68	58	61	59	26
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MDG 4 Infant mortality rate ^a (probability of dying by age 1 per 1000 live births)									MDG 4 Under-five mortality rate ^a (probability of dying by age 5 per 1000 live births)									Adult mortality rate ^a (probability of dying between 15 and 60 years per 1000 population)																																			
Male			Female			Both sexes			Male			Female			Both sexes			Male			Female			Both sexes																													
1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008																								
5	3	2	4	2	1	5	3	1	7	4	3	6	3	1	6	3	2	80	74	59	40	39	39	60	57	53	39	31	22	36	25	18	37	28	21	49	37	26	45	30	20	46	34	23	262	239	223	154	142	127	206	197	175
178	172	172	161	158	158	168	165	165	310	268	258	300	256	256	305	257	257	920	766	812	445	660	752	774	711	772	116	105	91	99	90	79	108	98	85	191	173	149	174	157	136	182	165	142	417	453	412	325	389	374	371	421	392
36	24	17	29	20	14	33	22	15	45	29	20	37	24	17	41	27	18	206	179	162	116	101	90	162	140	126	81	64	49	79	62	47	80	63	48	110	84	61	116	90	66	113	87	63	299	283	252	248	219	183	274	252	218
30	20	13	24	16	10	27	18	12	36	24	15	29	19	12	32	22	14	215	229	208	97	98	90	157	165	149	82	69	60	72	62	54	77	66	57	108	91	79	102	89	78	105	90	78	267	243	231	215	188	172	242	217	203
32	25	17	41	32	20	36	28	18	42	32	20	50	38	23	46	34	21	190	160	142	137	102	83	165	132	113	108	95	81	93	82	70	101	88	76	165	143	123	150	130	112	158	137	118	364	374	333	299	318	287	331	345	310
63	55	45	64	55	44	64	55	44	88	76	61	94	81	65	91	78	63	254	235	210	198	172	144	227	205	178	41	29	21	32	23	17	37	26	19	50	35	25	40	28	20	45	32	23	261	276	251	128	134	129	195	206	191
11	7	6	9	6	5	10	7	6	13	9	8	11	7	6	12	8	7	155	129	113	77	67	61	117	98	87	63	55	46	60	52	43	62	54	45	90	79	66	89	78	65	90	78	65	246	236	213	173	163	146	210	200	180

Cause-specific mortality and morbidity

This section brings together indicators on the level and distribution of specific causes of deaths grouped as follows: communicable, maternal and perinatal conditions and nutritional deficiencies; noncommunicable conditions; and injuries.

Estimates are also provided of the distribution of causes of death among children under 5 years old. These include major communicable diseases such as HIV/AIDS, diarrhoea, malaria, measles and pneumonia, as well as conditions arising in the neonatal period such as prematurity, birth asphyxia, neonatal sepsis and congenital anomalies.

The “years of life lost” (YLL) is a measure of premature mortality that takes into account both the frequency of deaths and the age at which death occurs. The distribution of YLL by broad cause differs significantly by country-income group (Figure 9 and Box 2).

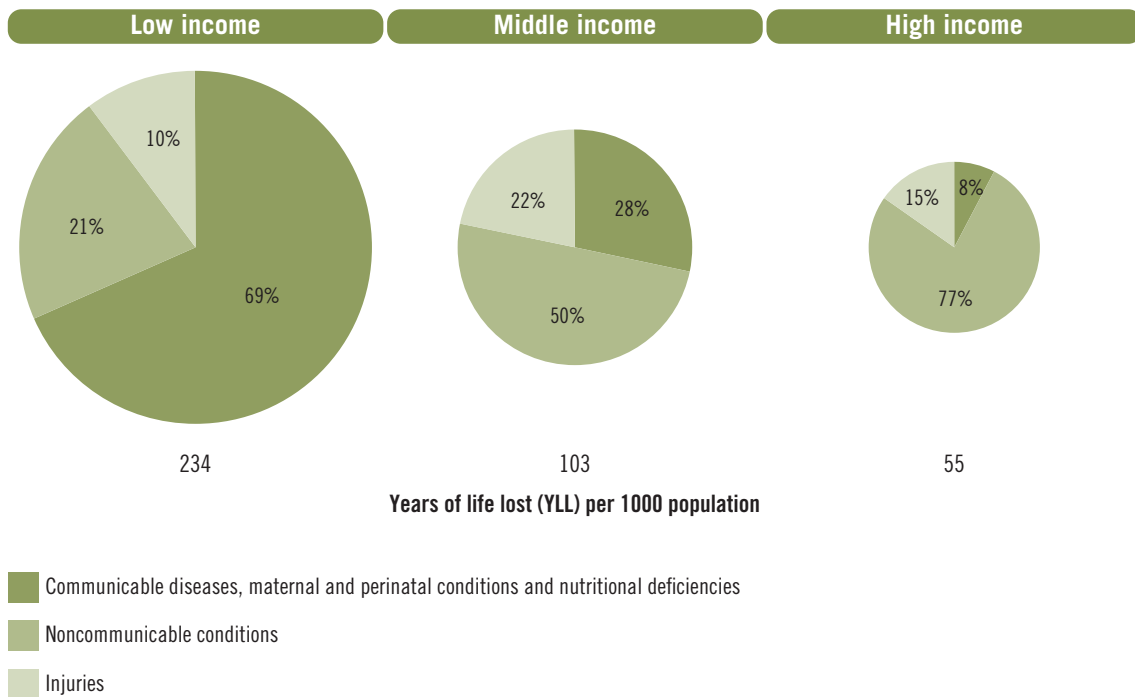
The country-specific indicators presented in this section have been derived from a range of data sources on mortality, incidence and prevalence data. These include death-registration records; health-facility reports; household surveys; censuses; and special studies on deaths due to HIV and conflict. There are considerable uncertainty ranges for many countries due to limitations in data availability, quality and timeliness. Uncertainty in estimated all-cause mortality for 2008 ranges from $\pm 1\%$ for high-income countries to $\pm 15\text{--}20\%$ for sub-Saharan Africa, reflecting a large difference in data availability. Uncertainty ranges are generally larger for deaths from specific causes. For example, the relative uncertainty for deaths from ischaemic heart disease ranges from around $\pm 12\%$ for high-income countries to $\pm 25\text{--}35\%$ for sub-Saharan Africa.

The section also includes estimates for key MDG-related indicators, including mortality due to maternal conditions, HIV/AIDS, tuberculosis and malaria. Estimating cause-specific mortality is difficult in developing countries where systems for counting deaths and accurately recording cause-of-death are weak or non-existent. These indicators are, therefore, associated with significant uncertainty – in the case of tuberculosis indicators the margins of uncertainty are provided.

Estimating maternal mortality is also particularly challenging because few developing countries have robust sources of data. Reported figures are derived from different sources and are of variable quality in terms of completeness, timeliness, reliability and accuracy. WHO and its partners are working to develop revised estimates that will be available during the second half of 2010. In the meantime, country-reported figures and 2005 interagency estimates are provided, along with the estimated margins of uncertainty.

Estimates of both disease incidence and prevalence are provided for tuberculosis and HIV/AIDS. Incidence is the number of new cases each year, while prevalence is the number of people with the disease at a specific point in time. Because not all people with infection attend health facilities, household surveys are required to obtain the true number of cases. Such surveys, however, only provide reliable data if the condition is sufficiently common. Tuberculosis surveys require very large sample sizes and are rarely conducted. Therefore, estimates for many countries depend upon modelling which relies heavily on the notification rate for tuberculosis; as a result the uncertainty range associated with both its incidence and prevalence is large. In countries with generalized HIV/AIDS epidemics, prevalence estimates are derived from the testing of pregnant women attending antenatal clinics and, more recently, from population-based surveys which include HIV testing. In concentrated HIV/AIDS epidemics, estimates are largely based upon surveillance among populations with high-risk behaviours.

Figure 9: Years of life lost (YLL) due to premature mortality by broad cause and country-income group – 2004¹⁹



¹⁹ Income categories for 2004 shown in Figure 9 are as defined by the World Bank's *World development report 2004: Making services work for poor people*. Washington, DC, World Bank and Oxford University Press, 2003.

Box 2: Years of life lost (YLL)

YLL take into account the age at which deaths occur by assigning greater statistical weight to deaths occurring at younger ages and lower statistical weight to deaths occurring at older ages. In Figure 9, the YLL due to each major group of causes are shown as a proportion of the total YLL lost due to all premature mortality in the population. Each income-level chart is proportional in size in terms of the absolute number of YLL per 1000 population. Three major conclusions emerge from the data:

Low-income countries have the highest rates of premature mortality relative to their populations – total YLL per 1000 population are more than four times higher in low-income countries compared with high-income countries, and more than double the figure in middle-income countries.

The distribution of YLL by cause differs significantly by country-income group – in low-income countries, over two thirds of YLL per 1000 population are due to communicable diseases, maternal and perinatal conditions, and nutritional deficiencies. By contrast, these causes account for around one quarter of YLL per 1000 population in middle-income countries, and under 10% in high-income countries.

In high-income and middle-income countries, noncommunicable conditions are the major contributors to YLL – these conditions account for over three quarters of YLL per 1000 population in the former and half the total in the latter. In low-income countries, noncommunicable conditions account for a smaller percentage (21%) of total YLL per 1000 population. Nonetheless, in absolute terms, YLL due to noncommunicable diseases are higher in low-income countries than high-income ones.

Mortality											Morbidity				
Distribution of causes of death among children aged <5 years ^{h,i} (%)											MDG 6 Prevalence of tuberculosis ^j (per 100 000 population)		MDG 6 Incidence of tuberculosis ^j (per 100 000 population per year)		MDG 6 Prevalence of HIV among adults aged 15–49 years ^c (%)
HIV/AIDS	Diarrhoea	Measles	Malaria	Pneumonia	Prematurity	Birth asphyxia	Neonatal sepsis	Congenital abnormalities	Other diseases	Injuries	2000	2008	2000	2008	2007
0	29	1	0	26	5	5	4	2	25	4	470 [320–660]	270 [150–430]	190 [150–230]	190 [150–230]	...
0	2	0	0	18	14	7	1	22	26	11	11 [3–25]	9 [2–19]	23 [20–27]	16 [14–19]	...
0	13	1	0	19	22	13	6	8	17	2	15 [10–51]	15 [10–59]	48 [38–57]	58 [46–70]	0.1
0	0	0	0	5	20	8	1	34	23	10	18 [9–29]	2 [1–4]	21 [18–23]	5 [5–6]	...
2	25	1	8	20	6	6	5	2	23	3	360 [210–540]	190 [53–370]	250 [200–300]	290 [250–350]	2.1
0	1	0	0	7	48	7	1	20	11	5	8 [5–12]	0 [0–1]	6 [5–7]	1 [1–2]	...
0	1	0	0	7	30	5	6	25	20	7	33 [9–64]	22 [5–45]	40 [32–49]	30 [24–36]	0.5
0	2	0	0	17	26	10	2	17	22	4	85 [42–140]	67 [24–120]	71 [57–85]	73 [58–87]	0.1
0	0	0	0	2	22	9	1	24	33	8	4 [1–7]	5 [2–8]	6 [5–7]	7 [6–8]	0.2
0	0	0	0	1	25	9	0	32	25	7	13 [6–22]	1 [1–2]	17 [15–19]	0 [0–0]	0.2
0	11	0	0	22	22	10	5	7	21	2	160 [69–250]	140 [71–230]	110 [88–130]	110 [88–130]	0.2
1	1	0	0	9	12	14	9	19	25	11	17 [7–29]	9 [3–15]	31 [27–35]	16 [14–18]	3.0
0	1	0	0	1	24	7	1	43	14	10	43 [19–75]	28 [7–58]	40 [32–48]	46 [39–55]	...
0	11	1	2	14	17	18	16	4	16	2	520 [350–740]	410 [260–610]	220 [180–270]	220 [180–270]	...
4	0	0	0	2	37	16	5	13	17	6	0 [0–1]	1 [1–2]	1 [1–2]	1 [1–2]	1.2
0	1	0	0	4	10	6	2	30	30	17	44 [11–84]	11 [8–41]	75 [68–89]	43 [35–52]	0.2
0	1	0	0	1	14	8	2	32	31	10	10 [3–17]	3 [1–8]	14 [13–16]	9 [8–10]	0.2
4	7	0	0	11	18	9	4	15	20	11	11 [8–39]	43 [22–72]	40 [32–48]	40 [32–48]	2.1
1	13	0	23	19	10	6	2	3	19	2	130 [77–190]	130 [81–210]	85 [68–100]	92 [73–110]	1.2
0	14	0	0	24	14	11	7	4	22	4	200 [55–400]	96 [24–200]	250 [200–300]	160 [140–200]	0.1
0	15	0	0	18	16	13	8	5	22	3	210 [100–350]	170 [88–290]	180 [150–220]	140 [120–170]	0.2
0	1	0	0	14	24	10	1	24	19	7	18 [12–65]	14 [9–42]	63 [50–75]	51 [45–61]	<0.1
0	7	0	1	12	23	11	4	10	27	5	300 [96–560]	560 [300–920]	640 [540–770]	710 [570–850]	23.9
0	5	0	0	9	23	10	7	15	26	5	52 [20–93]	29 [7–59]	60 [48–72]	46 [38–56]	0.6
0	2	0	0	1	15	7	2	36	24	13	98 [51–160]	43 [15–78]	110 [92–120]	65 [57–74]	...
0	2	0	0	21	17	9	2	18	25	6	15 [8–39]	23 [6–46]	46 [42–55]	43 [39–51]	...
1	19	0	20	21	6	5	3	2	21	3	410 [280–570]	490 [340–680]	200 [160–240]	220 [180–260]	1.6
2	24	1	9	17	7	7	6	2	21	4	520 [340–750]	670 [460–960]	320 [260–390]	360 [290–430]	2.0
0	7	1	1	28	11	10	8	2	29	3	1 000 [680–1 500]	680 [400–1 100]	530 [420–640]	490 [390–590]	0.8
5	16	1	19	18	8	6	4	2	18	2	270 [180–390]	150 [71–270]	170 [130–200]	190 [150–220]	5.1
0	0	0	0	1	27	12	2	24	27	6	3 [1–6]	3 [1–5]	6 [5–7]	5 [4–6]	0.4
0	8	6	0	14	24	12	5	9	19	3	300 [190–440]	280 [180–410]	160 [130–190]	150 [120–180]	...
7	17	0	14	20	9	7	4	2	18	1	440 [290–640]	420 [260–640]	300 [240–360]	340 [270–400]	6.3
3	22	0	19	19	6	6	3	1	19	1	510 [340–720]	580 [390–820]	260 [210–310]	290 [230–350]	3.5
0	0	0	0	6	25	5	3	35	21	6	5 [3–19]	4 [2–12]	19 [16–23]	11 [9–14]	0.3
0	3	0	0	17	15	17	2	10	25	11	210 [140–310]	88 [31–160]	110 [84–130]	97 [78–120]	0.1
0	4	0	0	12	19	7	7	17	25	7	47 [22–80]	37 [16–64]	43 [34–52]	36 [29–43]	0.6
0	20	0	0	22	16	9	6	3	22	2	99 [62–150]	65 [39–100]	56 [45–68]	40 [32–48]	<0.1
5	14	0	24	16	11	6	4	3	15	2	270 [130–460]	390 [200–650]	350 [300–420]	390 [310–470]	3.5
0	0	0	0	15	15	0	0	19	31	20	3 [2–8]	32 [19–50]	7 [6–8]	20 [16–24]	...
0	1	0	0	5	23	9	6	30	22	3	4 [3–14]	3 [2–11]	14 [11–16]	11 [9–13]	0.4
4	13	0	21	17	12	9	6	3	14	1	620 [420–880]	730 [480–1 000]	370 [290–440]	410 [330–490]	3.9
0	1	0	0	4	20	7	5	36	20	6	28 [10–49]	16 [5–30]	42 [36–47]	25 [22–29]	<0.1
0	1	0	0	11	10	7	9	24	31	8	7 [3–13]	2 [1–6]	11 [11–14]	6 [5–7]	0.1
0	0	0	0	4	23	6	1	35	22	9	1 [1–4]	3 [1–6]	5 [4–6]	6 [5–6]	...
0	1	0	0	5	14	13	3	23	29	12	9 [2–17]	6 [2–10]	16 [14–18]	9 [8–10]	...
0	12	0	0	20	21	12	7	6	19	2	720 [480–1 000]	270 [110–480]	340 [280–410]	340 [300–410]	...
1	19	1	17	20	10	7	4	3	17	2	650 [420–950]	660 [420–980]	340 [270–410]	380 [310–460]	...
0	1	0	0	1	34	9	0	31	20	4	9 [4–16]	4 [1–7]	13 [11–14]	7 [6–8]	0.2

2. Cause-specific mortality and morbidity

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Member State	Mortality										
	MDG 5 Maternal mortality ratio (per 100 000 live births)		Cause-specific mortality rate (per 100 000 population)			Age-standardized mortality rates by cause ^g (per 100 000 population)			Distribution of years of life lost by broader causes ^h (%)		
	Country reported estimates ^a	Inter-agency estimates ^b	HIV/AIDS ^c	MDG 6	MDG 6	Communicable	Non- communicable	Injuries	Communicable	Non- communicable	Injuries
				Malaria ^d	TB among HIV-negative people ^e							2004	2004
2000–2009	2005	2007	2006	2008	2004			2004			
Djibouti	546	650 [240–1 400]	132	14	81 [35–160]	603	862	84	72	20	8
Dominica	...	...	...	...	1.1 [0.4–2.6]	82	580	32	20	69	11
Dominican Republic	86	150 [90–210]	42	0.3	12 [4.9–23]	203	794	109	40	40	20
Ecuador	95	210 [65–560]	10	0.2	13 [5.4–25]	134	484	83	34	44	22
Egypt	59	130 [84–170]	<10	0.0	3.1 [1.4–5.8]	131	891	36	31	61	8
El Salvador	82	170 [55–460]	25	0.0 ^k	2.7 [1.0–5.3]	163	518	99	37	39	24
Equatorial Guinea	...	680 [210–1 600]	...	220	5.0 [2.1–8.7]	967	938	136	78	15	7
Eritrea	450	450 [180–850]	54	1.6	9.0 [3.8–18]	445	686	90	73	16	11
Estonia	0	25 [25–50]	<50	...	1.9 [0.7–3.3]	33	664	113	5	72	22
Ethiopia	673	720 [460–980]	81	51	64 [26–120]	886	817	105	82	12	6
Fiji	31	210 [55–720]	...	...	3.2 [1.4–6.3]	177	767	36	24	66	10
Finland	8	7 [7–15]	...	...	0.5 [0.2–0.8]	22	405	64	4	75	21
France	8	8 [8–16]	3	...	0.4 [0.1–0.6]	26	387	45	6	79	15
Gabon	519	520 [290–760]	173	96	41 [17–83]	610	716	97	68	21	11
Gambia	556	690 [250–1 500]	...	106	44 [18–86]	559	830	84	72	21	8
Georgia	20	66 [18–230]	...	0.0 ^k	13 [6.6–22]	98	554	20	25	70	5
Germany	6	4 [4–9]	<10	...	0.3 [0.1–0.6]	22	429	28	5	86	9
Ghana	451	560 [200–1 300]	89	109	44 [16–84]	690	699	80	73	20	7
Greece	2	3 [2–4]	<10	...	0.3 [0.1–0.6]	23	436	31	4	83	12
Grenada	56	...	...	...	0.3 [0.1–0.8]	162	827	47	26	64	11
Guatemala	149	290 [100–650]	29	0.1	12 [4.6–23]	279	515	103	51	32	17
Guinea	980	910 [590–1 200]	48	164	60 [23–120]	692	844	101	77	16	7
Guinea-Bissau	818	1 100 [500–1 800]	65	180	25 [11–51]	944	925	104	83	12	5
Guyana	113	470 [140–1 600]	<200	10	15 [6.3–31]	294	835	119	41	43	17
Haiti	630	670 [390–960]	75	7.8	32 [14–63]	693	740	178	67	16	17
Honduras	...	280 [190–380]	27	0.1	9.5 [4.1–19]	174	761	68	47	39	14
Hungary	8	6 [6–11]	...	...	1.0 [0.4–1.8]	19	693	63	3	86	11
Iceland	0	4 [4–8]	...	...	0.1 [0.0–0.2]	18	375	34	4	79	18
India	254	450 [300–600]	...	1.3	23 [10–47]	377	713	116	56	30	14
Indonesia	307	420 [240–600]	4	1.5	27 [12–55]	272	690	233	31	32	37
Iran (Islamic Republic of)	25	140 [95–190]	6	0.0 ^k	3.0 [1.3–5.9]	92	687	95	28	47	25
Iraq	84	300 [110–600]	...	0.0	14 [5.4–26]	355	1 018	486	42	25	34
Ireland	1	1 [1–2]	<10	...	0.5 [0.2–0.9]	42	459	30	7	79	13
Israel	7	4 [4–9]	<10	...	0.4 [0.1–0.6]	26	368	29	9	76	15
Italy	2	3 [3–6]	3	...	0.4 [0.2–0.7]	17	372	29	5	85	10
Jamaica	93	170 [51–510]	55	...	0.9 [0.4–1.8]	135	605	71	35	48	17
Japan	3	6 [6–12]	<10	...	1.4 [0.6–2.4]	39	284	39	8	76	16
Jordan	41	62 [41–82]	...	...	0.5 [0.2–1.0]	78	711	59	29	53	18
Kazakhstan	25	140 [40–500]	<10	...	24 [12–43]	169	1 145	152	25	56	20
Kenya	...	560 [340–800]	...	74	19 [6.8–42]	1 014	729	113	82	11	8
Kiribati	158	...	...	...	25 [9.0–46]	275	730	22	42	55	3
Kuwait	2	4 [4–8]	...	...	2.3 [1.1–3.8]	53	454	32	13	61	25
Kyrgyzstan	61	150 [43–460]	<10	0.0 ^k	25 [12–45]	160	1 012	95	35	50	14
Lao People's Democratic Republic	405	660 [190–1 600]	<10	1.1	32 [13–61]	445	828	129	62	24	14
Latvia	26	10 [10–19]	<50	...	5.5 [2.7–9.0]	36	710	115	5	73	21
Lebanon	23	150 [41–500]	<10	...	1.3 [0.5–2.4]	80	715	91	20	60	19
Lesotho	762	960 [570–1 400]	896	...	27 [6.7–61]	1 374	581	72	86	10	5
Liberia	994	1 200 [520–2 100]	61	171	46 [19–90]	1 155	931	192	84	9	7
Libyan Arab Jamahiriya	27	97 [28–300]	...	...	4.2 [1.5–8.9]	85	654	60	29	54	17

Mortality											Morbidity				
Distribution of causes of death among children aged <5 years ^{h,i} (%)											MDG 6 Prevalence of tuberculosis ^j (per 100 000 population)		MDG 6 Incidence of tuberculosis ^j (per 100 000 population per year)		MDG 6 Prevalence of HIV among adults aged 15–49 years ^c (%)
HIV/AIDS	Diarrhoea	Measles	Malaria	Pneumonia	Prematurity	Birth asphyxia	Neonatal sepsis	Congenital abnormalities	Other diseases	Injuries	2000	2008	2000	2008	2007
6	19	0	0	19	11	9	6	7	20	2	290 [94–630]	670 [330–1 100]	620 [540–740]	620 [500–740]	3.1
0	0	0	0	4	32	11	8	27	14	4	42 [29–57]	7 [2–17]	14 [11–17]	13 [11–16]	...
1	9	0	0	18	26	11	4	9	18	3	130 [68–200]	95 [52–150]	100 [80–120]	73 [58–87]	1.1
1	6	0	0	17	22	9	2	16	22	6	170 [100–260]	110 [65–170]	110 [85–130]	72 [58–86]	0.3
0	5	0	0	11	33	6	1	18	21	5	34 [19–52]	24 [14–38]	26 [21–30]	19 [16–22]	...
4	4	0	0	14	21	9	1	19	22	7	37 [17–65]	18 [5–36]	37 [29–44]	32 [28–38]	0.8
3	9	9	28	12	10	7	4	3	12	1	0 [0–0]	63 [21–110]	...	130 [110–140]	3.4
4	21	2	0	19	11	7	4	3	24	5	35 [24–88]	82 [36–150]	85 [68–100]	97 [78–120]	1.3
1	0	0	0	2	10	10	4	27	24	21	53 [17–99]	14 [5–32]	69 [58–82]	34 [30–41]	1.3
3	23	0	7	15	9	11	9	2	19	3	540 [350–800]	560 [350–850]	330 [260–400]	370 [290–440]	2.1
1	5	0	0	13	23	9	1	18	24	7	30 [12–53]	25 [14–41]	30 [24–36]	20 [16–24]	0.1
0	0	0	0	4	19	6	3	37	24	6	8 [3–14]	5 [2–9]	12 [10–13]	7 [6–8]	0.1
0	1	0	0	2	13	12	3	26	37	7	8 [3–14]	2 [1–5]	12 [10–13]	6 [5–7]	0.4
10	6	1	29	11	15	8	4	4	10	1	230 [120–390]	410 [210–690]	250 [200–310]	450 [360–540]	5.9
1	14	1	23	16	11	8	5	3	15	3	300 [170–490]	390 [240–600]	230 [180–270]	260 [210–320]	0.9
0	6	0	0	19	27	13	5	11	16	3	64 [15–130]	42 [17–89]	110 [93–130]	110 [100–130]	0.1
0	0	0	0	1	33	7	2	28	23	6	9 [4–16]	2 [1–4]	13 [11–14]	5 [5–6]	0.1
3	9	2	26	10	12	11	9	4	11	2	420 [280–600]	400 [270–570]	210 [170–250]	200 [160–240]	1.9
0	0	0	0	8	35	4	0	36	9	9	4 [1–8]	3 [1–5]	7 [6–8]	6 [5–6]	0.2
0	1	0	0	12	38	14	3	19	11	2	6 [4–10]	2 [1–5]	4 [4–5]	4 [3–5]	...
3	19	0	0	20	19	5	1	5	24	5	120 [80–180]	110 [69–160]	68 [54–81]	63 [50–75]	0.8
2	14	3	24	17	8	8	6	2	14	1	380 [250–550]	550 [360–800]	200 [160–240]	300 [240–360]	1.6
2	19	2	18	18	8	6	5	2	18	2	280 [170–420]	220 [100–370]	190 [150–230]	220 [180–270]	1.8
6	15	0	1	17	16	9	7	8	17	4	130 [75–200]	110 [44–200]	100 [83–120]	110 [90–140]	2.5
5	20	0	1	20	11	10	6	2	23	2	410 [260–620]	290 [150–460]	270 [220–330]	250 [200–300]	2.2
1	10	0	0	18	22	12	5	9	19	4	100 [52–170]	79 [43–130]	120 [100–140]	64 [52–77]	0.7
0	0	0	0	7	24	5	1	26	32	6	18 [5–36]	8 [3–17]	35 [30–39]	16 [14–19]	0.1
0	0	0	0	0	7	10	8	24	49	3	4 [2–6]	1 [0–2]	5 [5–6]	2 [2–3]	0.2
0	13	4	0	20	14	10	7	3	25	3	190 [93–320]	190 [88–320]	170 [130–200]	170 [130–200]	0.3
0	15	0	1	22	19	10	5	6	19	2	450 [310–640]	210 [100–360]	190 [150–230]	190 [150–230]	0.2
1	10	0	0	16	27	9	4	14	16	4	45 [25–71]	23 [12–39]	32 [25–38]	20 [16–24]	0.2
0	12	0	0	20	23	12	5	8	16	5	81 [42–130]	110 [70–170]	64 [51–77]	64 [51–77]	...
0	0	0	0	15	5	2	48	25	5	5	5 [2–11]	2 [1–7]	12 [10–13]	9 [8–10]	0.2
0	0	0	0	2	19	6	2	40	29	4	7 [3–13]	3 [1–6]	11 [9–12]	6 [5–7]	0.1
0	0	0	0	1	23	7	3	31	30	5	2 [1–5]	5 [3–9]	7 [6–8]	7 [6–7]	0.4
4	14	0	0	23	13	5	1	9	26	5	6 [2–10]	8 [4–13]	7 [5–8]	7 [5–8]	1.6
0	1	0	0	6	9	5	2	39	28	11	23 [8–42]	12 [3–24]	36 [31–40]	22 [19–25]	...
0	4	0	0	11	35	6	2	19	18	5	3 [1–7]	3 [1–6]	7 [6–9]	6 [6–7]	...
0	2	0	0	17	1	1	0	15	57	7	120 [29–230]	98 [26–210]	200 [170–240]	180 [150–210]	0.1
5	21	1	11	16	8	8	6	2	20	3	500 [300–770]	180 [45–370]	400 [320–490]	330 [260–390]	...
0	17	0	0	24	15	8	3	7	23	4	490 [240–830]	110 [58–260]	420 [340–500]	360 [350–430]	...
0	1	0	0	4	28	3	2	48	11	4	16 [5–30]	30 [15–49]	26 [23–30]	34 [30–39]	...
0	14	0	0	22	18	12	4	7	20	3	94 [22–200]	140 [53–270]	150 [130–180]	160 [130–190]	0.1
0	7	3	0	27	9	11	6	4	31	3	360 [240–510]	260 [170–400]	160 [130–190]	150 [120–180]	0.2
0	1	0	0	7	7	25	1	30	21	8	53 [14–100]	13 [8–36]	94 [83–110]	50 [46–60]	0.8
1	2	0	0	8	30	6	1	24	20	8	7 [3–16]	8 [2–15]	17 [15–20]	14 [12–16]	0.1
17	10	0	0	13	16	13	10	4	14	2	220 [82–370]	490 [300–730]	550 [520–660]	640 [590–760]	23.2
3	17	2	16	17	10	8	6	2	18	1	480 [320–680]	420 [260–640]	240 [190–290]	280 [230–340]	1.7
0	4	0	0	9	30	6	1	22	21	7	42 [18–74]	28 [6–60]	40 [32–48]	40 [32–48]	...

2. Cause-specific mortality and morbidity

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Member State	Mortality										
	MDG 5 Maternal mortality ratio (per 100 000 live births)		Cause-specific mortality rate (per 100 000 population)			Age-standardized mortality rates by cause ^g (per 100 000 population)			Distribution of years of life lost by broader causes ^h (%)		
	Country reported estimates ^a	Intra agency estimates ^b	HIV/AIDS ^c	MDG 6	MDG 6	Communicable	Non- communicable	Injuries	Communicable	Non- communicable	Injuries
				Malaria ^d	TB among HIV-negative people ^e							2004	2004
2000–2009	2005	2007	2006	2008	2004			2004			
Lithuania	9	11 [11–22]	<10	...	9.3 [4.5–16]	30	635	128	5	69	26
Luxembourg	19	12 [12–23]	...	...	0.0 [0.0–0.0]	35	419	46	7	77	16
Madagascar	469	510 [290–740]	<10	12	52 [21–99]	536	799	81	74	19	8
Malawi	...	1 100 [720–1 500]	488	95	23 [8.6–48]	1 396	796	105	87	8	5
Malaysia	28	62 [41–82]	15	0.1	15 [6.5–30]	161	623	53	28	55	17
Maldives	72	120 [42–260]	...	...	2.9 [1.1–5.6]	160	953	165	35	35	30
Mali	...	970 [620–1 300]	47	201	81 [28–150]	1 011	967	112	83	11	5
Malta	0	8 [8–17]	...	...	0.8 [0.4–1.4]	37	433	25	6	85	9
Marshall Islands	0	...	...	...	14 [5.0–25]	293	961	61	34	56	10
Mauritania	686	820 [480–1 200]	<50	85	80 [30–150]	566	812	90	73	18	9
Mauritius	...	15 [15–30]	...	...	4.7 [1.8–8.9]	52	731	43	10	78	12
Mexico	56	60 [60–120]	10	0.0 ^k	1.4 [0.5–2.7]	73	501	55	25	58	18
Micronesia (Federated States of)	317	...	...	...	6.6 [2.3–14]	178	682	33	32	58	10
Monaco	0	...	...	...	0.0 [0.0–0.0]	25	321	39	7	77	16
Mongolia	50	46 [46–93]	...	...	21 [7.6–43]	152	923	86	32	51	17
Montenegro	...	...	...	...	1.5 [0.6–3.0]	...	...	...	...	...	...
Morocco	227	240 [140–350]	<10	0.0	8.0 [3.1–15]	118	655	49	39	48	13
Mozambique	...	520 [360–680]	379	92	36 [14–75]	954	777	108	81	12	7
Myanmar	380	380 [260–510]	51	19	57 [25–110]	513	775	96	56	33	11
Namibia	449	210 [110–300]	246	47	26 [8.5–58]	825	513	73	82	11	6
Nauru	300	...	...	...	0.8 [0.3–1.8]	210	1 093	129	24	60	15
Nepal	281	830 [290–1 900]	18	0.1	22 [9.3–45]	463	769	119	60	27	13
Netherlands	5	6 [6–12]	<10	...	0.4 [0.2–0.7]	31	425	24	6	85	9
New Zealand	7	9 [9–18]	...	...	0.5 [0.2–0.9]	14	398	39	5	77	18
Nicaragua	77	170 [120–230]	<10	0.0 ^k	4.1 [1.6–8.2]	129	705	71	39	44	17
Niger	648	1 800 [840–2 900]	28	229	37 [15–72]	1 272	1 030	127	86	10	4
Nigeria	800	1 100 [440–2 000]	115	156	63 [22–120]	964	909	109	81	13	6
Niue	0	...	...	...	0.0 [0.0–0.0]	174	595	36	33	56	11
Norway	9	7 [7–15]	...	...	0.4 [0.1–0.7]	22	391	42	4	79	16
Oman	17	64 [18–200]	...	0.0	0.8 [0.3–1.4]	26	664	39	16	63	21
Pakistan	276	320 [99–810]	3	0.8	39 [17–77]	403	717	91	64	26	10
Palau	0	...	...	...	14 [5.4–26]	190	735	36	29	62	9
Panama	84	130 [39–410]	<50	0.0 ^k	2.8 [1.0–5.4]	95	417	52	35	45	20
Papua New Guinea	733	470 [130–1 300]	<50	45	21 [7.6–44]	468	772	100	65	25	11
Paraguay	127	150 [99–200]	<50	0.0 ^k	5.4 [2.2–11]	119	602	74	33	44	23
Peru	...	240 [170–310]	12	0.5	8.7 [3.2–17]	231	534	60	41	45	15
Philippines	162	230 [60–700]	<10	0.3	52 [22–100]	285	620	59	44	43	13
Poland	3	8 [5–10]	<10	...	2.6 [0.9–5.4]	27	583	54	4	81	15
Portugal	8	11 [7–14]	<10	...	1.6 [0.7–2.8]	42	456	40	9	78	12
Qatar	12	12 [8–16]	...	...	3.8 [1.8–6.4]	61	512	35	17	59	25
Republic of Korea	15	14 [14–27]	<10	0.0	5.5 [2.3–9.5]	32	470	67	6	72	22
Republic of Moldova	44	22 [22–44]	<10	...	4.6 [0.0–12]	64	963	97	10	74	16
Romania	14	24 [24–49]	...	...	7.7 [6.9–8.5]	51	706	54	9	79	12
Russian Federation	24	28 [28–55]	28	...	15 [7.2–26]	71	904	218	8	62	29
Rwanda	750	1 300 [770–1 800]	80	59	71 [25–140]	1 157	878	147	83	10	7
Saint Kitts and Nevis	141	...	...	...	0.0 [0.0–0.2]	179	691	43	27	63	11
Saint Lucia	...	...	...	...	0.9 [0.4–1.9]	69	522	67	17	60	22
Saint Vincent and the Grenadines	...	...	...	...	1.4 [0.4–3.2]	162	674	64	31	54	16
Samoa	3	...	...	...	4.3 [1.7–8.2]	204	766	40	32	58	9

Mortality											Morbidity								
Distribution of causes of death among children aged <5 years ^{h,i} (%)											MDG 6 Prevalence of tuberculosis ^j (per 100 000 population)		MDG 6 Incidence of tuberculosis ^j (per 100 000 population per year)		MDG 6 Prevalence of HIV among adults aged 15–49 years ^c (%)				
HIV/AIDS	Diarrhoea	Measles	Malaria	Pneumonia	Prematurity	Birth asphyxia	Neonatal sepsis	Congenital abnormalities	Other diseases	Injuries	2008		2000	2008	2000	2008	2007		
0	0	0	0	6	12	7	4	35	18	17	45	[13–93]	34	[11–75]	85	[76–100]	71	[63–85]	0.1
0	0	0	0	0	26	17	1	19	24	13	11	[6–17]	1	[1–1]	12	[10–13]	0	[0–0]	0.2
0	22	0	4	21	11	9	7	2	21	2	350	[210–540]	430	[270–650]	220	[170–260]	260	[200–310]	0.1
14	11	0	17	13	10	8	6	3	16	2	410	[250–630]	310	[180–480]	420	[340–510]	320	[260–390]	11.9
4	1	0	0	6	22	8	1	26	23	9	140	[77–230]	120	[67–200]	110	[87–130]	100	[82–120]	0.5
0	9	0	0	16	26	11	5	9	20	4	77	[33–140]	13	[7–33]	74	[59–89]	42	[39–50]	...
1	19	0	21	19	8	7	4	2	17	2	650	[450–910]	750	[510–1 000]	300	[240–360]	320	[260–390]	1.5
0	0	0	0	6	24	8	0	29	18	15	1	[1–4]	11	[6–18]	5	[4–5]	14	[12–16]	0.1
0	9	0	0	23	17	6	2	9	29	5	510	[330–740]	59	[39–150]	250	[200–300]	210	[210–250]	...
1	16	0	13	20	13	9	6	3	17	2	450	[270–680]	700	[470–1 000]	280	[220–330]	320	[260–390]	0.8
1	2	0	0	7	23	14	5	22	22	4	38	[23–59]	40	[26–60]	24	[20–29]	22	[18–27]	1.7
0	6	0	0	13	17	7	5	22	22	9	40	[21–65]	8	[3–17]	32	[25–38]	19	[17–22]	0.3
0	4	0	0	29	17	7	3	5	30	4	130	[54–230]	34	[23–110]	130	[100–150]	93	[75–110]	...
0	0	0	0	4	22	9	1	32	23	9	1	[1–1]	0	[0–0]	0	[0–0]	0	[0–0]	...
0	4	0	0	29	14	5	1	7	35	5	230	[110–400]	140	[29–280]	210	[160–250]	210	[170–250]	0.1
0	0	0	0	9	26	11	1	28	17	6	...	...	6	[4–17]	...	23	[21–27]	...	
0	12	0	0	17	21	15	8	10	14	3	51	[17–110]	48	[14–97]	110	[100–130]	93	[85–110]	0.1
14	12	0	12	18	10	9	6	3	15	2	540	[350–780]	470	[290–710]	380	[300–450]	420	[340–500]	12.5
1	13	0	2	13	14	11	9	2	13	22	950	[650–1 300]	470	[240–780]	400	[320–480]	400	[320–480]	0.7
18	6	7	5	14	18	8	4	6	13	2	250	[100–500]	290	[110–620]	670	[590–810]	750	[630–900]	15.3
0	3	0	0	18	27	16	9	9	13	5	50	[29–77]	10	[7–21]	44	[40–53]	12	[9–14]	...
1	15	0	0	14	17	18	14	4	15	2	160	[65–290]	170	[71–300]	160	[130–200]	160	[130–200]	0.5
0	0	0	0	2	18	12	6	28	28	6	4	[1–8]	4	[1–8]	9	[8–10]	7	[6–8]	0.2
0	0	0	0	5	26	11	3	25	21	10	3	[2–8]	5	[2–9]	10	[9–12]	8	[7–9]	0.1
1	9	0	0	20	22	8	2	13	21	4	68	[28–120]	26	[7–53]	68	[54–81]	46	[41–56]	0.2
0	20	0	18	22	7	6	3	1	21	2	310	[210–440]	330	[210–480]	150	[120–180]	180	[140–210]	0.8
3	19	0	20	16	8	8	6	2	17	1	600	[420–830]	610	[410–860]	270	[220–330]	300	[240–360]	3.1
0	0	0	0	5	32	14	4	19	23	2	4	[3–6]	0	[0–0]	0	[0–0]	0	[0–0]	...
0	3	0	0	0	14	17	3	28	26	9	3	[1–5]	3	[1–6]	6	[5–6]	6	[5–7]	0.1
0	2	0	0	7	32	6	1	25	19	7	9	[4–16]	6	[2–12]	14	[13–17]	13	[13–16]	...
0	16	0	0	18	17	15	12	7	14	2	640	[400–890]	310	[170–510]	230	[190–280]	230	[190–280]	0.1
0	4	0	0	10	21	8	1	20	26	9	23	[16–65]	110	[71–170]	52	[42–63]	63	[50–75]	...
1	6	0	0	13	16	6	5	24	22	6	12	[8–41]	14	[8–34]	47	[40–57]	47	[45–57]	1.0
3	5	2	7	22	11	11	6	3	25	3	130	[37–320]	130	[37–290]	250	[200–300]	250	[210–300]	1.5
1	9	0	0	17	24	13	5	10	18	4	37	[9–73]	40	[13–77]	48	[38–58]	47	[38–57]	0.6
1	4	0	0	16	25	10	2	16	20	6	140	[32–280]	46	[19–100]	180	[150–220]	120	[110–140]	0.5
0	7	0	0	24	19	7	2	8	29	4	780	[600–950]	550	[500–600]	330	[260–390]	280	[230–340]	...
0	0	0	0	5	30	7	4	35	14	6	26	[5–52]	17	[3–37]	35	[28–42]	25	[20–29]	0.1
1	0	0	0	6	22	10	1	32	19	8	23	[7–46]	15	[5–30]	48	[41–54]	30	[26–34]	0.5
0	2	0	0	6	24	5	1	26	25	11	66	[28–120]	54	[22–97]	63	[50–75]	55	[44–66]	...
0	0	0	0	4	26	5	4	21	28	12	16	[11–44]	50	[13–96]	54	[47–61]	88	[77–99]	<0.1
0	2	0	0	23	4	7	6	31	14	14	130	[72–200]	90	[39–160]	140	[110–160]	170	[140–210]	0.4
0	1	0	0	33	12	4	0	21	20	8	160	[58–290]	110	[35–220]	170	[130–200]	130	[110–160]	0.1
0	1	0	0	7	13	8	3	24	31	13	110	[41–210]	69	[15–140]	120	[99–150]	110	[91–130]	1.1
1	23	1	6	15	9	10	8	3	20	4	600	[410–850]	720	[490–1 000]	350	[280–420]	390	[310–460]	2.8
0	0	0	0	2	33	29	3	10	15	7	19	[12–28]	3	[2–10]	10	[8–12]	9	[7–11]	...
0	0	0	0	1	52	23	2	10	10	2	21	[12–34]	8	[3–15]	15	[12–18]	14	[12–17]	...
1	2	0	0	1	36	11	11	7	24	7	47	[30–70]	23	[13–36]	26	[21–31]	25	[20–30]	...
0	7	0	0	20	20	8	2	11	27	5	20	[6–38]	36	[23–53]	23	[19–28]	18	[15–22]	...

2. Cause-specific mortality and morbidity

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Member State	Mortality										
	MDG 5 Maternal mortality ratio (per 100 000 live births)		Cause-specific mortality rate (per 100 000 population)			Age-standardized mortality rates by cause ^g (per 100 000 population)			Distribution of years of life lost by broader causes ^h (%)		
	Country reported estimates ^a	Interagency estimates ^b	HIV/AIDS ^c	MDG 6	MDG 6	Communicable	Non- communicable	Injuries	Communicable	Non- communicable	Injuries
				Malaria ^d	TB among HIV-negative people ^e							2004	2004
2000–2009	2005	2007	2006	2008	2004			2004			
San Marino	0	...	...	...	0.0 [0.0–0.0]	17	357	18	5	87	9
Sao Tome and Principe	6	...	...	19	18 [7.4–34]	502	788	103	71	18	11
Saudi Arabia	15	18 [12–24]	...	0.0	1.2 [0.5–2.1]	98	678	76	24	49	27
Senegal	401	980 [590–1 400]	15	80	64 [24–120]	607	852	96	74	18	8
Serbia	6	...	<10	...	1.3 [0.4–2.8]	...	...	...	...	...	...
Seychelles	...	...	...	...	8.7 [3.2–17]	109	650	62	17	63	19
Sierra Leone	857	2 100 [880–3 700]	56	154	140 [52–260]	1 389	1 033	171	83	11	6
Singapore	8	14 [14–27]	<10	...	2.5 [1.1–4.1]	79	345	27	12	73	14
Slovakia	6	6 [6–12]	...	...	0.7 [0.3–1.3]	35	628	48	5	82	13
Slovenia	15	6 [6–12]	<10	...	0.8 [0.3–1.3]	31	480	57	4	80	16
Solomon Islands	236	220 [65–580]	...	30	19 [8.2–38]	237	694	36	50	41	9
Somalia	1 044	1 400 [550–2 700]	18	41	54 [22–100]	910	1 148	247	72	16	12
South Africa	124	400 [270–530]	721	0.3	39 [17–79]	965	867	159	69	19	12
Spain	4	4 [4–9]	5	...	1.0 [0.4–1.7]	24	379	30	7	81	12
Sri Lanka	17	58 [39–77]	...	0.0 ^k	9.6 [4.1–19]	113	681	458	8	30	62
Sudan	1 107	450 [160–1 000]	65	85	19 [8.2–38]	470	986	235	57	21	23
Suriname	184	72 [72–140]	...	4.9	29 [10–56]	174	728	87	31	52	17
Swaziland	589	390 [130–980]	876	0.1	31 [0.0–88]	1 497	707	122	83	10	7
Sweden	2	3 [3–7]	<10	...	0.4 [0.2–0.6]	22	372	32	5	83	12
Switzerland	1	5 [5–11]	<10	...	0.3 [0.1–0.5]	19	360	34	5	81	13
Syrian Arab Republic	58	130 [40–370]	...	0.0	2.3 [0.8–4.9]	66	679	46	25	59	15
Tajikistan	43	170 [53–460]	<10	0.0 ^k	44 [20–80]	310	884	34	72	23	5
Thailand	14	110 [70–140]	47	0.6	19 [8.2–38]	225	516	92	42	40	19
The former Yugoslav Republic of Macedonia	0	10 [10–20]	...	...	1.7 [0.6–3.3]	29	737	79	6	74	21
Timor-Leste	...	380 [150–700]	...	93	83 [36–160]	421	663	83	70	21	9
Togo	478	510 [290–750]	138	113	92 [32–180]	748	818	86	78	16	7
Tonga	37	...	...	...	3.0 [1.3–6.2]	174	658	28	31	61	8
Trinidad and Tobago	...	45 [45–89]	...	...	1.2 [0.6–2.1]	130	751	60	26	61	14
Tunisia	36	100 [27–380]	<10	...	1.8 [0.7–3.4]	195	537	53	41	44	15
Turkey	21	44 [29–58]	...	0.0 ^k	3.2 [1.2–6.8]	82	701	39	26	63	11
Turkmenistan	16	130 [37–400]	...	0.0	8.4 [4.1–15]	253	1 100	71	48	42	11
Tuvalu	0	...	...	...	11 [3.9–25]	275	979	71	30	59	11
Uganda	435	550 [350–770]	249	145	27 [10–55]	1 069	786	169	80	10	10
Ukraine	15	18 [18–36]	41	...	15 [7.1–26]	61	881	130	9	72	19
United Arab Emirates	0	37 [10–130]	...	...	0.3 [0.2–0.6]	79	410	37	18	53	28
United Kingdom	7	8 [8–15]	<10	...	0.7 [0.3–1.3]	37	441	26	7	84	9
United Republic of Tanzania	578	950 [620–1 300]	237	98	13 [6.1–22]	1 031	851	130	79	13	8
United States of America	13	11 [11–21]	7	...	0.3 [0.1–0.5]	36	450	50	9	73	18
Uruguay	...	20 [20–40]	<50	...	1.7 [0.7–3.3]	53	521	52	12	74	15
Uzbekistan	25	24 [24–49]	<10	0.0 ^k	27 [13–50]	164	880	49	48	42	10
Vanuatu	70	...	...	13	11 [4.9–23]	216	749	37	39	52	9
Venezuela (Bolivarian Republic of)	57	57 [57–110]	...	0.2	4.3 [1.8–8.6]	69	441	92	21	44	35
Viet Nam	75	150 [40–510]	27	0.2	34 [14–71]	170	611	64	39	46	15
Yemen	366	430 [150–900]	...	3.9	9.9 [4.3–20]	314	941	110	60	27	12
Zambia	591	830 [520–1 200]	470	121	18 [5.9–41]	1 602	833	125	85	9	6
Zimbabwe	725	880 [300–2 000]	1 049	10	54 [21–100]	2 598	816	147	85	8	6

Mortality											Morbidity				
Distribution of causes of death among children aged <5 years ^{h,i} (%)											MDG 6 Prevalence of tuberculosis ^j (per 100 000 population)		MDG 6 Incidence of tuberculosis ^j (per 100 000 population per year)		MDG 6 Prevalence of HIV among adults aged 15–49 years ^c (%)
HIV/AIDS	Diarrhoea	Measles	Malaria	Pneumonia	Prematurity	Birth asphyxia	Neonatal sepsis	Congenital abnormalities	Other diseases	Injuries	2000	2008	2000	2008	2007
0	0	0	0	0	0	0	0	0	100	0	9 [7–13]	0 [0–0]	4 [4–5]	0 [0–0]	...
0	15	1	1	26	12	8	5	4	26	3	150 [80–240]	150 [90–230]	110 [91–140]	99 [79–120]	...
0	5	0	0	10	31	6	1	19	19	8	36 [20–59]	12 [3–24]	27 [22–33]	19 [16–22]	...
1	15	3	19	18	10	8	5	3	17	2	460 [300–680]	560 [370–800]	240 [190–280]	280 [220–330]	1.0
0	0	0	0	6	39	12	1	22	15	3	...	7 [5–21]	...	18 [15–22]	0.1
0	0	0	0	10	37	6	0	14	29	4	41 [19–71]	75 [51–110]	37 [29–44]	32 [25–38]	...
1	21	5	13	20	8	6	4	1	19	3	820 [550–1 200]	1 200 [800–1 700]	380 [300–450]	610 [490–730]	1.7
0	0	0	0	13	25	1	3	35	19	5	32 [11–57]	27 [11–48]	49 [43–56]	39 [34–44]	0.2
0	0	0	0	11	28	4	1	29	19	8	12 [3–23]	6 [2–12]	22 [19–24]	12 [10–13]	<0.1
0	0	0	0	2	24	8	12	20	30	4	11 [3–22]	7 [2–13]	21 [19–24]	12 [10–13]	<0.1
0	4	1	6	26	18	6	2	6	29	3	360 [230–530]	150 [74–250]	180 [150–220]	120 [97–150]	...
0	22	5	6	19	8	8	5	3	21	2	610 [400–880]	460 [280–700]	290 [230–340]	290 [230–340]	0.5
46	9	0	0	9	12	7	2	3	10	2	470 [260–740]	610 [290–1 000]	580 [460–690]	960 [770–1 200]	18.1
0	0	0	0	2	17	7	4	30	34	6	15 [5–26]	8 [3–17]	23 [20–26]	17 [15–20]	0.5
0	3	1	0	10	22	8	1	19	19	16	85 [44–140]	73 [34–130]	66 [53–79]	66 [53–79]	...
2	11	0	25	16	18	7	2	4	13	3	150 [78–240]	160 [93–260]	120 [95–140]	120 [95–140]	1.4
2	6	0	1	10	22	10	6	12	23	8	160 [110–230]	270 [190–380]	79 [63–95]	130 [100–150]	2.4
49	8	0	0	12	8	5	3	3	12	1	530 [290–870]	770 [400–1 300]	800 [640–960]	1 200 [980–1 500]	26.1
0	1	0	0	2	12	10	3	33	34	3	3 [1–6]	3 [1–6]	5 [5–6]	6 [5–7]	0.1
0	0	0	0	1	23	10	3	28	30	5	3 [1–7]	1 [1–4]	9 [8–10]	5 [4–6]	0.6
0	5	0	0	11	26	5	1	22	23	7	18 [5–38]	15 [3–33]	35 [31–42]	22 [18–27]	...
0	19	0	0	21	15	9	5	4	24	3	210 [130–320]	330 [200–500]	120 [93–140]	200 [160–240]	0.3
2	2	0	1	10	30	11	2	21	17	5	210 [130–320]	160 [88–270]	140 [110–160]	140 [110–160]	1.4
0	3	0	0	5	44	10	2	25	6	3	40 [15–72]	7 [4–20]	41 [33–50]	24 [22–29]	<0.1
0	13	5	11	10	12	16	12	3	14	2	610 [310–1 000]	660 [350–1 100]	500 [400–600]	500 [400–600]	...
6	12	0	26	15	11	9	5	3	12	2	810 [560–1 100]	930 [640–1 300]	370 [300–450]	440 [350–530]	3.3
0	6	0	0	15	20	8	2	17	25	7	29 [15–46]	22 [8–41]	28 [24–33]	24 [19–28]	...
6	1	0	0	6	22	7	7	21	22	9	12 [5–20]	18 [9–29]	18 [15–20]	24 [21–27]	1.5
0	5	0	0	10	30	6	1	20	21	6	12 [4–26]	10 [4–21]	24 [22–29]	24 [22–29]	0.1
0	1	0	0	14	30	11	2	18	18	5	58 [30–96]	22 [4–45]	46 [37–55]	30 [24–36]	...
0	13	0	0	23	18	10	6	6	22	3	31 [15–69]	18 [12–69]	92 [90–110]	68 [54–81]	<0.1
0	1	0	0	16	17	8	2	14	34	7	190 [62–350]	44 [30–170]	210 [170–250]	160 [130–190]	...
5	16	2	22	14	7	7	5	2	16	4	380 [240–560]	340 [210–520]	340 [270–410]	310 [250–370]	5.4
1	1	0	0	4	11	7	2	28	32	13	57 [12–120]	76 [19–150]	84 [67–100]	100 [82–120]	1.6
0	1	0	0	5	31	6	1	29	20	7	5 [3–8]	7 [4–10]	4 [4–5]	4 [3–5]	...
0	0	0	0	3	36	7	1	26	23	4	8 [2–14]	5 [2–11]	12 [11–14]	12 [11–14]	0.2
9	12	0	16	14	10	10	8	3	16	3	180 [100–270]	130 [85–180]	240 [210–270]	190 [180–200]	6.2
0	0	0	0	3	30	5	3	23	26	11	4 [1–7]	3 [1–5]	7 [6–7]	5 [4–5]	0.6
0	2	0	0	7	20	4	6	28	22	11	18 [4–36]	12 [4–22]	24 [20–29]	22 [20–26]	0.6
0	12	0	0	21	22	10	5	8	20	3	200 [120–310]	190 [110–300]	130 [100–150]	130 [100–150]	0.1
0	7	1	2	23	20	7	1	8	26	4	79 [22–150]	88 [43–150]	98 [80–120]	74 [60–89]	...
0	7	0	0	10	23	9	8	19	14	9	29 [9–55]	34 [15–59]	34 [27–41]	33 [27–40]	...
3	2	2	0	10	27	10	2	19	20	5	290 [140–500]	280 [140–480]	200 [170–280]	200 [170–270]	0.5
0	20	1	0	18	17	12	5	5	19	3	140 [74–240]	78 [41–130]	120 [92–140]	60 [48–72]	...
12	15	1	15	15	7	7	6	2	17	3	350 [140–620]	260 [94–480]	600 [480–720]	470 [370–560]	15.2
21	9	8	3	13	12	8	4	3	16	2	470 [260–760]	790 [500–1 200]	680 [550–820]	760 [610–910]	15.3

2. Cause-specific mortality and morbidity

62+2>六九零
376+6.18-50+45
Y2M.Y0614
81:4CL-3

Member State	Mortality										
	MDG 5 Maternal mortality ratio (per 100 000 live births)		Cause-specific mortality rate (per 100 000 population)			Age-standardized mortality rates by cause ^g (per 100 000 population)			Distribution of years of life lost by broader causes ^h (%)		
	Country reported estimates ^a	Inter-agency estimates ^b	HIV/AIDS ^c	MDG 6	MDG 6	Communicable	Non- communicable	Injuries	Communicable	Non- communicable	Injuries
				Malaria ^d	TB among HIV-negative people ^e						
2000–2009	2005	2007	2006	2008	2004			2004			

RANGES OF COUNTRY VALUES

Minimum	0	1	3	0.0	0.0	14	284	18	3	8	3
Median	44	130	21	2.3	6.6	162	691	68	31	52	12
Maximum	1 600	2 100	1 049	229	140	2 598	1 309	486	87	87	62

WHO REGION

African Region	...	900 [450–1 500]	174	104	51 [40–69]	978	841	126	80	13	7
Region of the Americas	...	99 [62–170]	12	0.5	3.4 [2.6–4.6]	91	499	66	25	55	20
South-East Asia Region	...	450 [290–630]	13	2.1	28 [18–47]	363	701	131	52	31	17
European Region	...	27 [17–64]	11	...	6.5 [5.1–8.8]	62	590	79	12	70	18
Eastern Mediterranean Region	...	420 [170–850]	5	7.5	19 [12–32]	308	790	109	56	30	15
Western Pacific Region	...	82 [40–170]	5	0.3	15 [9.4–26]	99	557	68	24	57	19

INCOME GROUP

Low income	...	650 [350–1 000]	87	56	48 [39–61]	515	794	108	68	21	10
Lower middle income	...	180 [94–300]	11	9.7	22 [16–32]	125	675	104	29	49	22
Upper middle income	...	91 [65–150]	65	0.6	8.4 [6.4–11]	97	692	102	27	53	20
High income	...	9 [8–17]	4	...	1.0 [0.8–1.2]	32	408	43	8	77	15

GLOBAL	...	400 [220–650]	30	17	21 [17–27]	275	612	93	51	34	14
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Mortality											Morbidity						
Distribution of causes of death among children aged <5 years ^{h,i} (%)											MDG 6 Prevalence of tuberculosis ^j (per 100 000 population)		MDG 6 Incidence of tuberculosis ^j (per 100 000 population per year)		MDG 6 Prevalence of HIV among adults aged 15–49 years ^k (%)		
HIV/AIDS	Diarrhoea	Measles	Malaria	Pneumonia	Prematurity	Birth asphyxia	Neonatal sepsis	Congenital abnormalities	Other diseases	Injuries	2008		2000	2008	2000	2008	2007
0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	<0.1
0	5	0	0	13	18	8	4	14	21	4	58	44	73	63			0.5
49	29	9	29	33	52	29	16	48	100	22	1 000	1 200	800	1 200			26.1
4	18	1	16	17	9	8	5	2	17	2	470 [420–530]	480 [430–560]	320 [300–330]	350 [330–370]			4.9
1	7	0	0	12	22	8	5	16	23	6	42 [33–56]	25 [20–37]	40 [38–44]	31 [29–33]			0.5
0	13	4	1	19	14	11	7	3	23	4	290 [220–390]	220 [160–330]	180 [160–210]	180 [160–210]			0.3
0	5	0	0	14	20	9	3	17	25	6	53 [40–78]	39 [28–61]	57 [52–62]	48 [45–51]			0.5
0	18	1	3	19	15	10	7	6	18	3	260 [200–350]	150 [110–220]	120 [100–130]	110 [99–130]			0.2
0	4	0	0	18	16	14	2	10	26	9	220 [160–290]	110 [74–200]	120 [100–130]	110 [95–130]			0.1
3	18	1	12	18	10	8	6	3	18	3	480 [440–540]	410 [370–470]	280 [270–290]	280 [270–300]			2.8
1	14	2	7	19	13	10	6	4	21	3	250 [210–310]	180 [130–240]	150 [130–160]	150 [130–160]			0.4
10	6	0	0	12	20	9	4	14	20	5	91 [72–120]	73 [53–110]	100 [93–110]	110 [97–120]			1.7
0	1	0	0	4	27	6	2	25	25	9	11 [8–15]	8 [6–13]	17 [17–18]	14 [13–15]			0.4
2	15	1	8	18	12	9	6	4	20	3	220 [190–260]	170 [150–210]	140 [130–140]	140 [130–150]			0.8

Selected infectious diseases

This section has been compiled from official national reports of case numbers for selected infectious diseases. Decisions on which diseases to include were made primarily on the basis of data availability. Where possible, a distinction is made between zero cases reported and no information available for a country. In isolation, the numbers given provide no indication of the relative risk of disease, nor of the quality of disease reporting in different countries. However, the section does give an indication of the current status of officially reported infectious disease data at the global level, and of the major reporting gaps. Given the variations in the methods countries use to obtain these numbers, no attempt has been made to calculate incidence or prevalence.

To interpret these numbers, both epidemiological patterns and data-collection efforts in specific countries must be considered. Some diseases (for example, malaria and yellow fever) are endemic to certain geographical regions, but are extremely rare elsewhere. Diseases such as plague are prone to outbreaks that can cause case numbers to fluctuate wildly over time. Some diseases are best tackled with preventive measures such as mass drug treatment, so reporting the number of cases is a lower priority than estimating the population at risk. For vaccine-preventable diseases, case numbers are affected by immunization rates. Diseases such as H5N1 influenza, Japanese encephalitis and malaria are difficult to identify without specialized laboratory tests that are often not available in developing countries. In many settings, cases of some diseases (such as malaria) are identified through clinical signs and symptoms alone.

Despite ongoing efforts to enhance disease surveillance and response, many countries face challenges in accurately identifying, diagnosing and reporting infectious diseases due to the remoteness of communities, lack of transport and communication infrastructures, and shortage of skilled health-care workers and laboratory facilities to ensure accurate diagnosis. No inference can be drawn from the figures shown about the efforts or progress that countries are making in controlling particular diseases.

Case numbers are also a poor indication of the burden of disease. Diseases such as H5N1 influenza and plague have high mortality rates, while diseases such as polio and leprosy have low mortality rates but result in a heavy loss of healthy years of life. Some diseases with very small initial case numbers can potentially cause devastating epidemics, and so mandatory reporting is essential. For diseases that are considered eradicable (such as leprosy and poliomyelitis) case reporting is essential to ensure that eradication efforts are targeted to the affected areas.

Some diseases are reported under the International Health Regulations, while others are monitored by countries or by WHO in the context of specific control programmes. Further information on disease incidence and prevalence, as well as on immunization coverage rates for vaccine-preventable diseases, can be obtained from the relevant WHO programme.

3. Selected infectious diseases

02+2>六九零
2010年18-50+4/5
Y2M.Y0124
81:4CL-3

Member State	Number of reported cases							
	Cholera ^a	Diphtheria ^b	H5N1 influenza ^c	Japanese encephalitis ^b	Leprosy ^d	Malaria ^e	Measles ^b	Meningitis ^f
	2008		2009	2008				2009
Afghanistan	4 384	0	...	...	24	462 689	1 599	...
Albania	...	0	...	...	...	...	...	...
Algeria	...	0	...	0	0	11 964	217	...
Andorra	...	0	...	...	...	...	0	...
Angola	10 511	69	...	...	1 184	3 432 424	265	...
Antigua and Barbuda	...	0	...	...	...	...	0	...
Argentina	...	0	...	...	388	130	0	...
Armenia	...	0	...	...	...	471	0	...
Australia	...	0	...	1	11	...	65	...
Austria	...	0	...	0	...	...	448	...
Azerbaijan	...	3	...	0	...	73	5	...
Bahamas	...	0	...	...	...	14	0	...
Bahrain	...	0	...	0	0	...	2	...
Bangladesh	...	43	...	702	5 249	1 275 192	2 660	...
Barbados	...	0	...	...	...	...	0	...
Belarus	...	3	...	...	...	...	0	...
Belgium	...	0	...	0	...	...	98	...
Belize	...	0	...	...	...	...	0	...
Benin	985	...	...	0	298	...	928	377
Bhutan	...	0	...	...	18	121	7	...
Bolivia (Plurinational State of)	...	0	...	...	129	150 826	0	...
Bosnia and Herzegovina	...	0	...	0	...	...	8	...
Botswana	8	0	...	...	0	17 886	0	...
Brazil	...	85	...	...	38 914	315 642	0	...
Brunei Darussalam	...	0	...	0	2	...	3	...
Bulgaria	...	0	...	0	...	...	1	...
Burkina Faso	...	0	...	...	452	3 790 238	395	4 447
Burundi	234	0	...	0	275	2 039 353	173	...
Cambodia	...	7	1	372	306	58 887	4 211	...
Cameroon	...	...	...	...	406	1 650 749	495	...
Canada	1	4	...	...	...	...	61	...
Cape Verde	...	0	...	0	...	35	0	...
Central African Republic	...	...	...	...	141	152 260	12	289 ^j
Chad	...	...	...	...	549	478 987	63	1 460
Chile	...	0	...	...	...	...	0	...
China	174	0	7	2 975	1 614	135 467	131 441	...
Colombia	...	0	...	...	445	80 559	0	...
Comoros	4	...	...	0	336	...	0	...
Congo	156	0	...	0	217	...	2	...
Cook Islands	...	0	...	...	0	...	0	...
Costa Rica	...	0	...	...	3	966	0	...
Côte d'Ivoire	7	...	...	...	998	1 343 654	12	284
Croatia	...	0	...	0	...	...	51	...
Cuba	...	0	...	...	233	...	0	...
Cyprus	...	0	...	...	...	...	1	...
Czech Republic	...	0	...	1	...	...	2	...
Democratic People's Republic of Korea	...	0	...	124	...	...	82	...
Democratic Republic of the Congo	30 150	...	...	...	6 114	5 371 196	12 461	4 842 ^k
Denmark	1	0	...	...	...	...	14	...
Djibouti	...	0	...	0	0	3 528	143	...

Number of reported cases

Mumps ^b	Pertussis ^b	Plague ^c	Polio- myelitis ^b	Congenital rubella syndrome ^b	Rubella ^b	Neonatal tetanus ^b	Total tetanus ^b	Tuberculosis ⁱ	Yellow fever ^b
2008		2009		2008					
...	2 448	...	37	...	415	12	57	13 136	...
50	10	...	...	0	0	0	0	170	0
0	28	0	...	0	1 339	3	9	8 643	0
0	0	...	...	0	0	0	0	3	0
...	1 148	...	29	...	28	89	601	22 562	...
0	0	...	...	0	0	0	0	1	0
12 198	3 085	...	...	0	1 075	0	8	4 758	8
98	3	...	...	0	4	...	...	487	...
286	14 435	...	...	1	38	0	4	299	0
...	183	...	...	...	7	...	0	...	0
82	5	...	...	0	0	0	6	1 409	0
0	0	...	...	0	0	0	0	31	0
77	0	...	...	0	2	0	0	141	0
...	33	...	...	...	5 526	152	943	106 373	...
0	0	...	...	0	0	0	2	1	0
245	125	...	...	0	2	0	0	1 060	0
46	260	...	...	0	...	0	2	311	0
0	2	...	...	0	0	0	1	83	0
0	0	...	21	...	97	7	7	2 966	0
...	0	...	...	0	2	0	7	351	...
10 566	0	0	...	0	0	0	13	6 048	1
54	41	...	...	0	19	0	0	509	0
...	0	0	...	...	2	0	0	3 351	...
...	3 562	0	...	30	2 029	6	333	37 697	46
41	2	...	...	0	0	0	0	132	0
5 582	193	...	...	0	58	0	2	1 020	0
...	171	...	15	...	97	8	11	2 756	4
0	0	...	2	0	173	...	...	3 610	0
...	1 212	...	...	...	4 211	34	324	19 860	...
...	...	...	3	...	78	43	65	14 232	2
748	1 961	...	...	0	5	0	1	488	1
13	0	...	...	...	9 648	0	2	197	0
...	...	...	14	...	28	25	25	4 232	5
...	...	...	64	...	...	163	163	3 309	0
1 243	969	...	...	3	15	0	8	1 114	0
310 826	2 387	12	...	...	120 354	1 786	1 786	462 596	...
5 930	408	...	...	0	2	3	45	7 196	3
...	...	...	...	...	...	3	3	77	0
0	0	...	...	0	21	3	3	3 371	0
0	0	...	...	0	0	0	0	2	...
0	2 024	...	...	0	0	0	1	287	0
...	...	...	27	...	113	15	15	15 294	14
110	102	...	...	0	1	0	1	328	0
11	0	...	...	0	0	0	3	498	0
3	3	...	...	0	0	0	0	6	0
403	767	...	...	0	14	0	0	251	0
67	395	...	...	0	82	0	0	28 026	0
...	3 190	618	5	...	969	737	1 252	69 477	113
24	105	...	...	0	2	0	1	106	...
...	0	...	...	...	118	0	0	1 375	0

Table 3

3. Selected infectious diseases

02+2>六九零
3264618-50+4/5
Y2M.Y014-
81:4CL-3

Member State	Number of reported cases							
	Cholera ^a	Diphtheria ^b	H5N1 influenza ^c	Japanese encephalitis ^b	Leprosy ^d	Malaria ^e	Measles ^b	Meningitis ^f
	2008		2009	2008				2009
Dominica	...	0	...	...	...	...	0	...
Dominican Republic	...	3	...	...	154	1 262	0	...
Ecuador	...	0	...	...	83	4 891	0	...
Egypt	...	0	39	...	797	80	668	...
El Salvador	...	0	...	...	5	33	0	...
Equatorial Guinea	...	...	...	...	27	63 147	436	...
Eritrea	1	...	...	...	...	10 572	0	...
Estonia	...	0	...	0	...	...	0	...
Ethiopia	3 862	...	...	...	4 170	2 532 645	3 511	114 ^l
Fiji	...	0	...	0	4	...	0	...
Finland	1	0	...	0	...	...	5	...
France	2	5	...	0	...	...	604	...
Gabon	2	...	...	...	24	187 714	3	...
Gambia	1	0	...	0	...	508 846	0	...
Georgia	...	7	...	0	...	8	56	...
Germany	...	0	...	...	...	...	917	...
Ghana	1 223	...	...	...	557	3 200 147	82	288 ^k
Greece	...	0	...	...	...	...	1	...
Grenada	...	0	...	...	...	...	0	...
Guatemala	...	0	...	...	3	43 244	0	...
Guinea	513	0	...	0	664	422 180	89	161 ^m
Guinea-Bissau	14 323	0	...	0	78	148 542	12	...
Guyana	...	0	...	...	28	11 815	0	...
Haiti	...	10	...	...	52	36 774	0	...
Honduras	...	0	...	...	1	8 225	0	...
Hungary	...	0	...	0	...	...	0	...
Iceland	...	0	...	0	...	...	0	...
India	2 680	6 081	...	294	134 184	95 734 579	48 181	...
Indonesia	1 007	219	20	...	17 441	2 106 957	15 369	...
Iran (Islamic Republic of)	72	52	...	...	35	11 371	127	...
Iraq	925	6	...	0	0	5	5 494	...
Ireland	...	0	...	0	...	...	57	...
Israel	...	0	...	...	...	...	931	...
Italy	...	...	...	...	...	...	1 617	...
Jamaica	...	0	...	...	4	22	2	...
Japan	...	0	...	3	3	...	11 015	...
Jordan	...	0	...	0	0	...	2	...
Kazakhstan	1	5	...	0	...	...	20	...
Kenya	3 091	...	...	...	167	839 904	1 282	...
Kiribati	...	0	...	0	42	...	0	...
Kuwait	...	...	...	...	0	...	...	...
Kyrgyzstan	...	0	...	0	...	18	16	...
Lao People's Democratic Republic	201	2	...	...	93	18 566	174	...
Latvia	...	28	...	0	...	...	3	...
Lebanon	...	0	...	0	1	...	24	...
Lesotho	...	0	...	0	7	...	0	...
Liberia	1 236	...	...	...	777	726 905	1	...
Libyan Arab Jamahiriya	...	0	...	0	5	...	8	...
Lithuania	...	4	...	0	...	...	1	...
Luxembourg	...	0	...	0	...	...	1	...

Number of reported cases

Mumps ^b	Pertussis ^b	Plague ^c	Polio- myelitis ^b	Congenital rubella syndrome ^b	Rubella ^b	Neonatal tetanus ^b	Total tetanus ^b	Tuberculosis ⁱ	Yellow fever ^b
2008		2009			2008				
0	0	...	...	0	0	0	0	3	0
0	11	...	...	0	0	2	66	2 458	0
0	125	0	...	0	0	2	13	3 380	0
50	0	...	...	...	1 097	36	189	5 102	...
313	5	...	...	0	0	0	1	985	0
...	...	...	...	...	2	4	4	541	10
2 071	30	...	...	...	...	1	8	839	...
14	485	...	...	0	4	0	0	144	0
...	...	...	1	...	191	66	66	40 794	0
0	0	...	...	0	0	0	0	78	0
5	511	...	...	0	0	...	...	104	0
...	...	...	...	...	...	...	8	1 222	0
...	...	...	...	...	55	6	6	1 502	0
0	0	...	...	0	0	0	0	1 300	0
76	129	...	...	0	188	0	4	1 868	0
...	...	...	...	1	...	...	...	954	0
...	...	...	...	...	459	8	8	7 904	0
5	22	...	...	0	0	0	7	80	0
0	0	...	...	0	0	0	2	5	0
627	60	...	...	0	0	1	2	2 070	0
0	0	...	42	...	88	28	28	6 561	5
0	0	...	...	0	0	0	11	1 223	0
0	0	...	...	0	0	0	0	320	0
38	696	...	...	0	0	16	16	8 171	...
219	224	...	...	0	0	1	12	1 897	0
14	33	...	...	0	0	0	4	346	0
0	2	...	...	0	1	0	0	2	0
...	44 180	0	723	...	...	811	3 714	615 977	...
...	...	0	...	...	340	183	183	166 376	0
...	605	...	...	0	14	4	10	4 722	...
1 876	2 311	...	...	...	110	9	18	3 150	0
1 388	102	...	...	0	42	0	2	123	0
11	2 169	...	...	0	5	0	0	173	0
896	174	...	...	...	4 847	...	...	938	...
0	0	...	...	0	0	0	1	78	0
65 361	6 753	...	...	0	303	...	123	8 995	0
193	0	...	...	0	1	0	0	104	0
240	45	0	...	1	3 350	0	2	6 193	0
...	...	0	18	...	1 280	30	30	36 811	0
0	0	...	...	0	0	0	0	147	0
...	...	...	...	...	...	...	...	345	...
436	45	...	...	0	4	0	0	1 712	0
...	26	0	...	...	45	5	12	3 079	...
6	14	...	...	0	9	0	0	400	0
229	50	...	...	0	18	0	2	158	0
...	0	...	...	...	0	0	0	3 862	0
...	...	...	11	...	40	8	8	3 038	1
464	22	5	...	0	1	0	0	871	0
82	51	...	...	0	0	0	0	884	0
26	2	...	...	0	0	0	0	0	0

Table 3

3. Selected infectious diseases

02+2>六九零
3264618-50+4/5
Y2M.Y014-1
81:4CL-3

Member State	Number of reported cases							
	Cholera ^a	Diphtheria ^b	H5N1 influenza ^c	Japanese encephalitis ^b	Leprosy ^d	Malaria ^e	Measles ^b	Meningitis ^f
	2008		2009	2008				2009
Madagascar	...	...	...	...	1 763	352 520	3	...
Malawi	831	0	...	...	...	4 986 779	20	...
Malaysia	...	4	...	17	218	588 489	334	...
Maldives	...	0	...	...	6	...	0	...
Mali	153	0	...	...	...	...	98	309
Malta	...	0	...	0	...	...	1	...
Marshall Islands	...	...	...	...	46	...	...	...
Mauritania	...	0	...	...	...	201 044	4	...
Mauritius	...	0	...	0	...	...	12	...
Mexico	1	0	...	...	143	2 357	0	...
Micronesia (Federated States of)	...	...	...	...	124	...	...	...
Monaco	...	...	...	...	...	...	...	...
Mongolia	...	0	...	0	0	...	31	...
Montenegro	...	0	...	0	...	...	0	...
Morocco	...	0	...	...	53	142	1 455	...
Mozambique	9 087	0	...	0	1 313	4 831 491	4	...
Myanmar	45	3	...	5	3 365	948 937	333	...
Namibia	3 496	0	...	0	...	119 711	0	...
Nauru	...	0	...	0	2	...	0	...
Nepal	...	149	...	329	4 708	255 543	2 089	...
Netherlands	5	0	...	...	...	...	109	...
New Zealand	...	...	...	...	...	...	...	...
Nicaragua	...	0	...	...	1	764	0	...
Niger	972	0	...	...	486	2 033 971	1 317	13 405
Nigeria	5 410	...	...	...	4 899	2 834 174	9 960	56 047
Niue	...	0	...	0	0	...	0	...
Norway	...	0	...	0	...	...	4	...
Oman	...	0	...	0	2	965	18	...
Pakistan	...	32	...	...	447	4 554 247	1 129	...
Palau	...	0	...	0	5	...	0	...
Panama	...	0	...	...	0	744	0	...
Papua New Guinea	...	...	...	2	422	1 606 843	0	...
Paraguay	...	0	...	...	487	1 341	0	...
Peru	...	0	...	...	13	...	0	...
Philippines	...	65	...	34	2 373	23 655	341	...
Poland	...	...	...	...	...	...	...	...
Portugal	...	0	...	...	...	...	1	...
Qatar	...	...	...	...	38	...	...	...
Republic of Korea	...	0	...	6	7	1 052	1	...
Republic of Moldova	...	0	...	0	...	...	0	...
Romania	...	0	...	0	...	...	12	...
Russian Federation	...	50	...	0	...	...	27	...
Rwanda	23	...	...	...	34	771 753	6	...
Saint Kitts and Nevis	...	0	...	...	...	...	0	...
Saint Lucia	...	0	...	...	5	...	0	...
Saint Vincent and the Grenadines	...	0	...	...	...	...	0	...
Samoa	...	...	...	...	6	...	...	...
San Marino	...	...	...	...	...	...	...	...
Sao Tome and Principe	119	0	...	0	0	1 647	0	...
Saudi Arabia	...	0	...	0	23	1 491	158	...

Number of reported cases

Mumps ^b	Pertussis ^b	Plague ^c	Polio- myelitis ^b	Congenital rubella syndrome ^b	Rubella ^b	Neonatal tetanus ^b	Total tetanus ^b	Tuberculosis ⁱ	Yellow fever ^b
2008		2009		2008					
...	...	289	...	...	73	8	227	15 391	...
...	0	0	...	...	105	5	5	7 627	...
...	11	...	...	...	...	13	29	10 441	0
114	0	...	...	...	...	0	0	53	0
0	41	...	2	...	33	6	11	4 734	0
7	1	...	...	0	3	0	0	15	0
...	...	...	...	...	...	...	...	28	...
...	0	...	9	...	10	2	2	1 605	0
3	0	...	...	0	3	0	0	85	0
7 475	162	...	...	1	46	1	45	11 903	0
...	...	...	...	...	...	...	...	38	...
...
560	0	0	...	0	167	0	1	1 838	0
15	5	...	...	...	0	0	0	65	0
...	74	...	...	...	...	8	27	11 825	...
0	0	0	...	0	166	11	11	18 824	0
...	5	0	...	...	5	25	147	41 248	...
0	15	0	...	0	0	11	1	4 828	3
0	0	...	...	0	0	0	0	2	0
...	2 297	...	...	...	781	53	308	14 640	...
...	8 661	...	...	0	2	...	...	189	0
...	...	...	...	...	...	...	...	101	...
108	25	...	...	...	0	0	2	1 394	0
...	1 199	...	15	...	55	16	136	5 853	0
...	13 240	...	537	...	422	721	721	46 026	0
0	0	...	...	0	0	0	0	...	0
16	3 893	...	...	0	1	0	2	53	0
995	58	...	...	1	4	0	2	171	0
...	169	...	87	...	...	809	984	100 102	...
0	0	...	...	0	0	0	0	...	0
0	108	...	...	0	0	0	5	829	0
...	...	...	...	...	4	...	...	2 323	...
70	7	...	...	0	0	1	14	1 345	28
0	59	25	...	0	0	2	42	17 989	15
...	46	...	...	...	280	132	813	85 025	0
...	...	...	...	...	...	...	...	2 650	...
140	69	...	...	0	4	0	1	1 053	...
...	...	...	...	...	...	...	...	201	...
4 474	7	...	...	...	31	...	14	11 048	0
29 783	30	...	...	0	1	0	0	1 533	0
2 302	51	...	...	0	1 746	0	11	9 511	0
1 535	3 557	...	...	5	9 618	0	11	33 949	0
...	...	...	...	...	35	1	1	4 173	...
0	0	...	...	0	0	0	0	5	0
73	0	...	...	0	0	0	0	18	0
0	0	...	...	0	0	0	0	11	0
...	53	...	...	...	...	...	...	6	...
...	...	...	...	...	48	...	...	...	...
0	0	...	...	0	0	0	0	52	0
31	30	...	...	0	15	13	17	2 108	0

Table 3

3. Selected infectious diseases

62+2>六九零
3264618-50+4/5
Y2M.Y014-4
81:4CL-3

Member State	Number of reported cases							
	Cholera ^a	Diphtheria ^b	H5N1 influenza ^c	Japanese encephalitis ^b	Leprosy ^d	Malaria ^e	Measles ^b	Meningitis ^f
	2008		2009	2008			2009	
Senegal	1 283	...	...	...	257	701 460	4	...
Serbia	...	0	...	0	...	...	2	...
Seychelles	...	0	...	0	...	...	0	...
Sierra Leone	62	...	...	...	...	932 819	44	...
Singapore	...	0	...	1	10	...	18	...
Slovakia	...	0	...	0	...	...	0	...
Slovenia	...	0	...	0	...	...	0	...
Solomon Islands	...	0	...	0	17	102 140	0	...
Somalia	1 281	...	...	...	125	24 016	1 081	...
South Africa	3 907	...	...	...	...	7 796	39	...
Spain	5	0	...	...	...	...	297	...
Sri Lanka	...	0	...	118	1 979	670	33	...
Sudan	17 241	38	...	...	1 901	3 073 996 ⁿ	129	...
Suriname	...	0	...	...	40	28 137	0	...
Swaziland	1	0	...	0	...	5 881	1	...
Sweden	...	0	...	0	...	...	25	...
Switzerland	...	0	...	0	...	...	2 022	...
Syrian Arab Republic	...	0	...	0	5	51	19	...
Tajikistan	...	2	...	...	...	158 068	0	...
Thailand	436	7	...	70	401	26 150	7 016	...
The former Yugoslav Republic of Macedonia	...	0	...	...	...	...	27	...
Timor-Leste	...	0	...	0	154	143 594	0	...
Togo	397	...	...	...	...	898 112	187	289
Tonga	...	0	...	0	0	...	0	...
Trinidad and Tobago	...	0	...	...	14	...	0	...
Tunisia	...	0	...	...	1	...	2	...
Turkey	...	0	...	...	...	...	4	...
Turkmenistan	...	11	...	...	...	0	0	...
Tuvalu	...	0	...	0	0	...	0	...
Uganda	3 726	...	...	...	345	11 029 571	1 319	...
Ukraine	...	61	...	0	...	...	48	...
United Arab Emirates	...	0	...	0	10	...	55	...
United Kingdom	8	5	...	0	...	...	1 445	...
United Republic of Tanzania	2 911	0	...	...	3 276	9 611	3 413	...
United States of America	5	0	...	...	150	...	140	...
Uruguay	...	0	...	...	10	...	0	...
Uzbekistan	...	0	...	0	...	27	2	...
Vanuatu	...	0	...	...	0	17 398	0	...
Venezuela (Bolivarian Republic of)	...	0	...	...	586	32 037	0	...
Viet Nam	853	17	5	17	530	51 668	352	...
Yemen	...	5	...	...	471	158 648	7	...
Zambia	2 061	3	...	0	...	3 080 301	140	...
Zimbabwe	60 055	0	...	...	...	1 003 846	0	...

Number of reported cases

Mumps ^b	Pertussis ^b	Plague ^c	Polio- myelitis ^b	Congenital rubella syndrome ^b	Rubella ^b	Neonatal tetanus ^b	Total tetanus ^b	Tuberculosis ⁱ	Yellow fever ^b
2008		2009			2008				
...	45	...	...	...	161	16	252	7 584	0
277	6	...	...	0	23	0	5	1 172	0
0	0	...	...	0	0	0	0	4	0
...	...	...	12	...	44	12	67	5 826	111
801	33	...	...	2	181	0	0	525	0
5	105	...	...	0	0	0	0	126	0
32	181	...	...	0	0	0	1	81	0
0	0	...	...	0	0	0	0	140	0
...	697	...	...	...	...	86	86	6 520	...
...	...	...	...	...	...	1	1	138 803	...
3 816	563	...	...	1	70	0	15	2 333	0
778	9	...	...	0	79	1	29	4 683	...
...	34	...	45	...	150	172	173	10 800	...
0	0	...	...	0	0	0	1	68	0
1 058	0	...	...	0	26	0	0	3 105	0
52	459	...	...	0	0	0	0	97	0
...	...	...	...	0	12	0	1	64	0
561	59	...	...	0	5	4	8	1 116	0
1 171	7	...	...	0	124	0	2	2 057	...
13 445	18	...	...	...	540	5	137	28 788	...
5 865	0	...	...	...	14	0	0	188	0
0	0	...	...	0	0	1	9	867	0
...	156	...	6	...	136	5	5	2 234	2
0	0	...	...	0	0	0	1	11	0
0	0	...	...	0	0	0	0	169	0
...	12	...	...	...	156	0	5	1 005	...
9 514	25	...	...	...	159	7	19	6 993	...
241	0	...	...	0	0	...	0	1 331	...
0	0	...	...	0	0	0	0	9	0
...	...	...	8	...	...	100	1 646	22 766	0
1 985	1 025	...	...	0	3 495	0	17	14 574	0
477	51	...	...	...	70	0	3	50	0
2 625	1 028	...	...	0	31	0	5	1 286	0
71	0	2	...	...	0	6	...	24 171	...
451	13 213	7	...	0	16	0	0	4 742	0
641	128	...	...	0	0	0	2	424	0
1 862	31	...	...	0	24	0	0	5 117	0
0	0	...	...	...	...	0	0	45	...
1 007	0	...	...	0	0	0	0	3 344	0
...	280	0	...	...	873	34	221	53 484	...
5 191	1 229	...	...	...	187	46	46	3 540	0
13 728	162	0	...	0	257	13	16	13 211	0
...	0	0	...	...	63	1	1	9 830	...

Table 3

3. Selected infectious diseases

62+2>六九零
376+618-50+45
Y2M.Y014
81:4CL-3

Member State	Number of reported cases							
	Cholera ^a	Diphtheria ^b	H5N1 influenza ^c	Japanese encephalitis ^b	Leprosy ^d	Malaria ^e	Measles ^b	Meningitis ^f
	2008		2009	2008			2009	

RANGES OF COUNTRY VALUES

Minimum	1	0	1	0	0	0	0	114
Median	417	0	7	0	53	61 017	4	309
Maximum	60 055	6 081	39	2 975	134 184	95 734 579	131 441	56 047

WHO REGION

African Region	160 801	...	...	...	29 814	60 731 835	37 010	82 312
Region of the Americas	...	102	...	...	41 891	719 783	203	...
South-East Asia Region	4 168	6 502	...	1 642	167 505	100 491 743	75 770	...
European Region	...	184	...	1	...	...	8 883	...
Eastern Mediterranean Region	...	133	...	...	3 938	8 291 229	12 120	...
Western Pacific Region	1 228	95	13	3 428	5 835	2 604 165	147 986	...

INCOME GROUP

Low income	143 948	241	...	...	36 975	54 504 086	38 174	...
Lower middle income	38 739	6 651	...	3 493	170 514	117 031 249	222 431	...
Upper middle income	...	182	...	...	41 197	1 395 416	744	...
High income	28	14	297	...	20 623	...

GLOBAL	190 130	7 088	...	5 071	248 983	172 997 420	281 972	...
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Number of reported cases

Mumps ^b	Pertussis ^b	Plague ^g	Polio- myelitis ^h	Congenital rubella syndrome ^b	Rubella ^b	Neonatal tetanus ^b	Total tetanus ^b	Tuberculosis ⁱ	Yellow fever ^b
2008		2009		2008					
0	0	0	1	0	0	0	0	0	0
51	27	0	15	0	5	0	3	1 338	0
310 826	44 180	618	723	30	120 354	1 786	3 714	615 977	113
...	19 425	...	841	...	16 297	2 182	5 428	595 184	270
41 718	26 834	32	...	34	3 188	35	639	119 810	102
...	46 937	0	723	...	...	1 231	5 477	1 007 382	...
71 139	25 278	...	...	8	23 932	7	129	105 240	0
...	7 849	...	169	...	2 363	1 199	1 627	166 542	...
382 349	25 245	12	...	...	126 487	2 004	3 328	660 252	...
...	14 395	...	282	...	16 837	1 749	6 162	635 689	...
...	65 995	12	1 451	...	137 441	4 837	9 586	1 656 197	...
54 991	14 755	...	...	40	19 583	55	660	322 047	75
83 380	56 423	...	...	6	5 761	17	220	40 477	11
536 698	151 568	958	1 733	...	179 622	6 658	16 628	2 654 410	...

Health service coverage

Health service coverage indicators reflect the extent to which people in need actually receive important health interventions. Such interventions include the provision of skilled care to women during pregnancy and childbirth; reproductive-health services; immunization to prevent common childhood infections; vitamin A supplementation in children; and the treatment of disease in children, adolescents and adults.

This section therefore presents data on the following MDG indicators: antenatal care coverage; births attended by skilled health personnel; measles immunization coverage among 1-year-olds; children aged <5 years sleeping under insecticide-treated nets; children aged <5 years with fever who received treatment with any antimalarial; unmet need for family planning; contraceptive prevalence; antiretroviral therapy coverage among people with advanced HIV infection; smear-positive tuberculosis case-detection rate; and smear-positive tuberculosis treatment-success rate.

Data are also presented on births by caesarean section; neonates protected at birth against neonatal tetanus; 1-year-olds immunized against diphtheria, tetanus and pertussis (DTP3), hepatitis B (HepB3), and *Haemophilus influenzae* type B (Hib3); vitamin A supplementation in children; children aged <5 years with acute respiratory infection (ARI) symptoms taken to a health facility; children aged <5 with diarrhoea receiving oral rehydration therapy (ORT); and HIV-infected pregnant women receiving antiretroviral therapy for the prevention of mother-to-child transmission (PMTCT) of HIV.

Coverage indicators are typically calculated by dividing the number of people receiving a defined intervention by the population eligible for – or in need of – the intervention. For example, immunization coverage among 1-year-old children can be calculated from the number of children having received a specific vaccine divided by the total population of children aged one in each country (Figure 10 and Box 3). For indicators on antenatal care, births attended by skilled health personnel and births by caesarean section, the denominator is the total number of live births in the defined population.

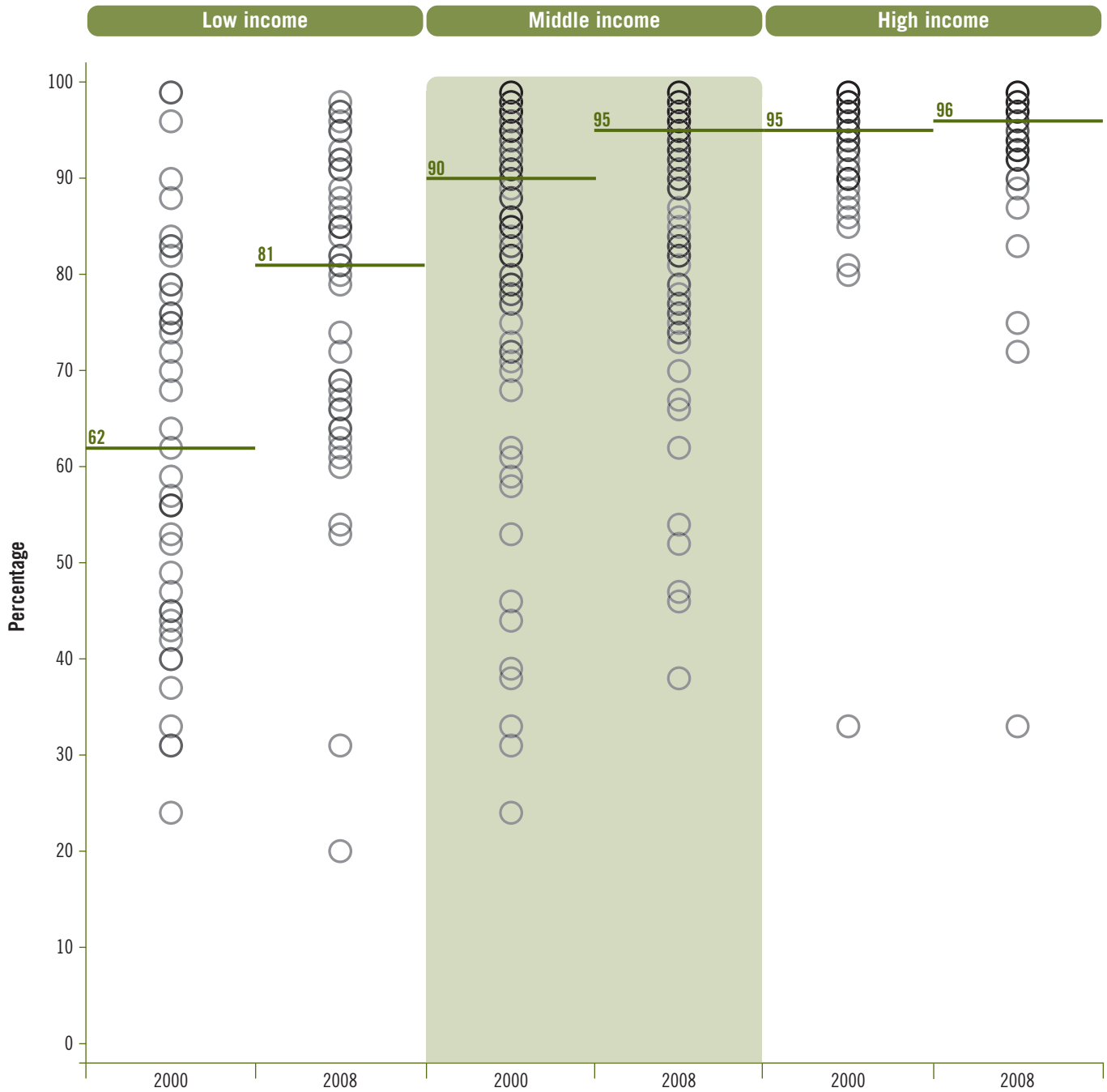
The main sources of data on health service coverage are household surveys and completed questionnaires on health service use. The principal types of surveys used are the UNICEF Multiple Indicator Cluster Survey (MICS), the Demographic and Health Survey (DHS) and country health and economic surveys. Another source of data is the administrative records of routine service provision, which provide data on the numerator. The denominator is estimated on the basis of census projections.

It should be borne in mind that administrative records tend to overestimate coverage as a result of double counting in the numerator and uncertainty in the denominator. Although household surveys are generally considered to be more reliable, these are subject to respondent reporting errors as well as to margins of uncertainty due to sampling errors. In generating global estimates, it is good practice to reconcile data from multiple sources in order to maximize the accuracy of all estimates.

Unavoidable differences in terminology also occur from country to country making standardization difficult. For example, there are significant variations across countries in the precise skills and training of health workers grouped as “skilled birth attendants”. Indicator definitions may also change over time. As a result of these and other issues, there may be limitations on the comparability of results across countries and over time.

Regional aggregates are not available for several coverage indicators, reflecting both the limited availability of data for several indicators, and the fact that some conditions (such as malaria) are not of public health significance in all countries.

Figure 10: Immunization (DTP3) coverage among 1-year-olds by country-income group – 2000 and 2008



Note: Solid horizontal lines indicate the median.

Box 3: Trends in immunization coverage

In Figure 10, each circle represents a country (note that circles may overlap). From the data presented, three major conclusions emerge:

Low-income countries demonstrated substantial increases in DPT3 immunization coverage between 2000 and 2008 – median immunization coverage rose from 62% to 81% over the 8-year period and by 2008, one quarter of all low-income countries had achieved coverage levels of 91% or higher.

Despite these gains, immunization coverage in low-income countries remains significantly below the levels in middle-income and high-income countries – in 2008, median coverage was 95% and 96% respectively in such countries, compared with 81% in low-income countries.

There are wide variations in immunization coverage levels within the middle-income and low-income country groups – with levels in 2008 ranging from as low as 20% up to 99% (representing a five-fold difference). Improvements in the level of immunization coverage must continue to be achieved in a number of countries if such wide variations are to be reduced and median levels of coverage increased.

4. Health service coverage

02+2+2+2+2+2
18:50+5/5
Y2A,Y012+1
81:4CL-3

Member State	MDG 5 Antenatal care coverage (%)		MDG 5 Births attended by skilled health personnel ^b (%)		Births by caesarean section ^b (%)	Neonates protected at birth against neonatal tetanus ^c (%)			Immunization coverage among 1-year-olds ^d (%)									
	At least 1 visit ^a	At least 4 visits ^b	1990–1999	2000–2008		2000–2008	1990	2000	2008	MDG 4 Measles			DTP3			HepB3		Hib3
	2000–2009					1990	2000	2008	1990	2000	2008	1990	2000	2008	2000	2008	2000	2008
Afghanistan	16	...	...	14	...	13	32	83	20	35	75	25	31	85	...	85	...	...
Albania	97	41	89	100	24.3	30	86	87	88	95	98	94	97	99	96	99	...	...
Algeria	89	41	77	95	...	75	64	71	83	80	88	89	92	93	...	91	...	93
Andorra	...	...	...	...	...	...	...	...	...	97	98	...	98	99	84	91	90	98
Angola	80	...	23	47 ^m	...	34	60	79	38	41	79	24	31	81	...	83	...	83
Antigua and Barbuda	100	...	100	100	...	...	...	...	89	95	99	99	95	99	...	99	...	99
Argentina	99	89	97	99	...	...	...	...	93	91	99	87	83	96	...	92	83	96
Armenia	93	71	93	98	9.0	...	...	...	...	92	94	...	93	89	55	89	...	...
Australia	...	...	99	99 ^o	30.8	...	...	...	86	91	94	95	90	92	...	94	90	94
Austria	...	...	100	...	25.8	...	...	...	60	75	83	90	81	83	33	83	72	83
Azerbaijan	77	45	100	89 ^m	4.7	...	...	...	...	67	66	...	73	70	...	46	...	...
Bahamas	98	...	99	99	...	71	85	90	86	93	90	86	99	93	...	90	90	94
Bahrain	...	...	98	99	...	48	77	63	87	98	99	94	97	97	97	97	97	97
Bangladesh	51	21	14 ^p	18 ^m	3.5	70	89	91	65	76	89	69	83	95	...	95	...	...
Barbados	100	...	100	100	...	...	...	...	87	94	92	91	93	93	...	93	...	93
Belarus	99	...	100	100 ^m	19.5	...	...	...	...	98	99	...	99	97	70	98	...	6
Belgium	...	...	99 ^o	...	...	...	...	...	85	82	93	93	95	99	60	98	86	98
Belize	94	...	79	96 ^m	...	88	85	88	86	96	96	91	91	94	76	94	...	94
Benin	84	61	64 ^m	78 ^m	3.6	48	87	92	79	72	61	74	79	67	...	67	...	67
Bhutan	88	...	15	51	...	63	85	89	93	76	99	96	92	96	98	96	...	...
Bolivia (Plurinational State of)	77	58	47 ^m	66	14.6	23	67	74	53	81	86	41	80	83	80	83	80	83
Bosnia and Herzegovina	99	...	99	100 ^m	...	...	...	...	...	80	84	...	85	91	...	88	...	83
Botswana	97	97	...	94 ⁿ	7.7	59	80	85	87	91	94	92	97	96	86	93	...	...
Brazil	98	88	97 ^r	97	41.3	63	92	92	78	99	99	66	98	97	94	96	90	97
Brunei Darussalam	...	...	99	100	...	40	77	65	99	99	97	93	99	99	99	99	...	99
Bulgaria	...	...	99	99	23.6	...	...	...	99	89	96	99	93	95	94	96	...	...
Burkina Faso	85	18	42	54	0.7	55	57	79	79	51	75	66	49	79	...	79	...	79
Burundi	92	79	...	34	...	67	51	78	74	76	84	86	76	92	...	92	...	92
Cambodia	69	27	34	44	1.8	11	58	87	34	65	89	38	59	91	...	91	...	...
Cameroon	82	60	55	63	2.0	19	54	86	56	49	80	48	53	84	...	84	...	...
Canada	...	...	98	100	26.3	...	...	...	89	95	94	88	91	94	...	14	86	94
Cape Verde	98	72	89 ⁿ	78 ^p	10.7	75	60	78	79	78	96	88	86	98	...	91	...	...
Central African Republic	69	...	46	54 ^r	...	69	36	86	82	36	62	82	37	54	...	...	...	...
Chad	39	18	12	14	0.4	14	39	58	32	28	23	20	24	20	...	10	...	10
Chile	...	...	100	100	30.7	...	...	...	97	97	92	95	91	96	...	96	91	96
China	91	...	89	98	23.0	...	...	...	98	85	94	97	85	97	72	95	...	...
Colombia	94	83	93 ^r	96 ^r	26.7	45	70	78	82	80	92	88	79	92	78	92	65	92
Comoros	75	...	52	62 ^r	...	78	57	83	87	70	76	94	70	81	...	81	...	...
Congo	86	75	...	86 ^m	3.2	60	67	82	75	34	79	79	33	89	...	89	...	...
Cook Islands	...	...	100	100	...	...	...	...	67	76	95	93	97	99	97	99	...	...
Costa Rica	90	...	97	94	...	...	...	...	90	82	91	95	88	90	89	89	92	87
Côte d'Ivoire	85	45	45	57	6.4	36	76	92	56	73	63	54	72	74	...	74	...	...
Croatia	...	...	100	100	16.2	...	...	...	...	93	96	...	93	96	...	97	...	96
Cuba	100	...	100	100	28.5	...	...	...	94	94	99	92	95	99	98	99	78	99
Cyprus	...	...	...	100	...	...	...	...	77	86	87	93	97	97	89	93	32	90
Czech Republic	...	...	100	100	18.4	...	...	...	...	98	97	...	98	99	...	99	...	99
Democratic People's Republic of Korea	...	95	...	97	...	90	81	91	98	78	98	98	56	92	...	92	...	...
Democratic Republic of the Congo	85	47	70	74	4.0	53	45	75	38	46	67	35	43	69	...	69	...	...
Denmark	...	...	...	...	20.3	...	...	...	84	99	89	90	97	75	...	...	95	75
Djibouti	92	7	...	93 ^r	10.0	80	46	79	85	50	73	85	46	89	...	88	...	89

Children aged 6–59 months who received vitamin A supplementation ^a (%)	Children aged <5 years (%)				MDG 5 Unmet need for family planning ^a (%)	MDG 5 Contra- ceptive prevalence ^a (%)	Antiretroviral therapy coverage (%)		MDG 6 Smear-positive tuberculosis case-detection rate ^a (%)		MDG 6 Smear-positive tuberculosis treatment-success rate ^a (%)		
	MDG 6 Sleeping under insecticide-treated nets ^f	MDG 6 With fever who received treatment with any antimalarial ^f	With ARI symptoms taken to facility ^e	With diarrhoea receiving ORT ^e			Among HIV-infected pregnant women (PMTCT) ^b	MDG 6 Among people with advanced HIV infection ^c	2000	2008	2000	2007	
	2000–2008	2000–2008		2000–2008		2000–2007	2000–2008	2008	2007	2000	2008	2000	2007
...	6	8	...	...	...	18.6	...	...	18 [15–22]	61 [51–76]	85	87
8.0	...	...	45.3	89.1	1.3	60.1 ^l	...	...	64 [53–73]	90 [75–100]	...	85
...	...	...	52.6	26.6	...	61.4 ^l	...	[1–9]	20 [10–36]	100 [86–130]	87	90
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	50	100
...	17	28	...	...	...	6.2 ^l	19 [12–37]	25 [11–35]	46 [38–57]	77 [64–91]	68	74
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	100	50
...	65.3 ⁿ	...	[>95–>95]	73 [57–>95]	57 [47–71]	72 [60–90]	47	62
...	31.9	41.9	13.3	53.1 ^l	...	[9–40]	12 [8–17]	93 [78–120]	71 [59–89]	87	70
...	...	...	...	...	...	70.8 ⁿ	...	...	87 [77–100]	87 [77–100]	72	85
...	...	...	...	...	...	...	...	...	87 [77–100]	...	73	...
...	1	1	32.5	31.3	22.7	51.1 ^l	...	[25–>95]	14 [6–24]	33 [27–41]	48 [40–60]	90	58
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	...	63
...	...	...	...	...	...	...	...	...	80 [67–100]	86 [72–100]	73	14
...	57.2	81.2	17.1	55.8	...	[5–15]	7 [4–12]	25 [21–31]	61 [51–76]	81	92
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	...	100
...	89.5	84.9	...	72.6 ^l	20 [14–29]	110 [92–120]	83 [69–100]	...	74
...	...	...	...	...	...	74.6 ⁿ	...	...	87 [77–100]	87 [77–100]	66	68
23.8	70.9	60.6	...	34.3 ^l	...	[20–68]	49 [32–76]	78 [65–97]	120 [100–150]	78	46
...	20	54	35.7	30.1	29.9	17.0 ^l	40 [26–86]	49 [41–60]	73 [61–91]	67 [56–84]	...	87	
...	...	...	...	...	...	30.7	...	[86–>95]	50 [42–63]	64 [53–75]	90	93
23.5	50.9	43.6	22.7	60.6 ^l	...	[6–21]	22 [16–30]	75 [62–94]	77 [64–96]	79	85
...	...	...	91.3	64.8	...	35.7 ^l	...	...	85 [71–110]	69 [58–77]	94	97
...	...	...	...	...	...	44.4	>95 [75–>95]	79 [69–91]	66 [55–78]	57 [48–72]	77	73
28.3	...	...	49.7	51.3	...	...	...	80 [69–>95]	70 [58–87]	75 [63–91]	71	72
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	63	76
...	...	...	...	...	...	...	...	[3–9]	220 [190–250]	100 [86–110]	...	79
67.1	10	48	38.5	23.3	28.8	17.4 ^l	20 [13–39]	35 [29–43]	12 [10–15]	15 [12–19]	60	72	
...	8	30	37.8	36.5	29.0	19.7	9 [6–21]	23 [18–31]	...	29 [24–37]	80	86	
...	4	0	45.4	35.8	25.1	40.0 ^l	...	[35–>95]	67 [57–80]	56 [47–70]	91	94	
57.7	13	58	34.8	19.2	20.2	29.2 ^l	28 [20–53]	25 [21–32]	35 [29–44]	93 [78–120]	77	76	
...	...	...	...	...	...	74.0 ⁿ	...	...	87 [77–100]	87 [77–100]	35	64
...	...	...	51.4	99.8	16.7	61.3	...	...	...	48 [40–60]	64	...
60.2	15	57	31.8	34.3	...	19.0 ^l	23 [16–44]	21 [18–27]	...	68 [57–85]	58	67	
34.3	1	32	6.5	17.7	23.3	2.8 ^l	5 [3–9]	13 [9–18]	...	19 [16–23]	...	...
...	64.2 ^{l,s}	...	[32–>95]	82 [64–>95]	77 [64–96]	100 [86–130]	82	85
...	...	...	...	...	2.3	86.9 ^l	...	19 [12–29]	31 [26–39]	72 [60–90]	93	94
...	55.4	5.8	78.2 ^l	...	[8–24]	38 [26–53]	87 [72–110]	79 [66–99]	80	77
...	9	63	25.7 ^l	...	[0–0]	...	51 [42–63]	52 [44–65]	93	93
...	6	48	47.5	27.0	16.2	44.3 ^l	10 [7–20]	17 [14–21]	92 [77–110]	56 [46–69]	69	...	
...	...	...	...	...	...	...	...	...	0 [0–0]	100 [85–130]	...	100
...	[13–50]	>95 [64–>95]	120 [97–150]	110 [88–130]	57	88
54.8	6	36	35.1	32.6	...	12.9 ^l	41 [28–83]	28 [23–35]	31 [26–39]	42 [35–53]	57	73	
...	...	...	...	...	...	...	...	...	...	87 [77–100]	...	61
...	72.6 ^l	...	[34–>95]	>95 [>95–>95]	96 [80–100]	130 [110–170]	93	92
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	...	...
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	70	72
...	...	...	...	...	...	68.6 ^l	...	0	43 [36–54]	70 [59–80]	82	87
...	6	30	...	44.9	24.4	20.6 ^l	5 [4–10]	24 [20–29]	49 [40–61]	66 [55–83]	78	87	
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	86	79
17.9	1	10	...	71.0	...	17.8	6 [4–13]	16 [12–21]	56 [46–63]	47 [39–59]	62	81	

Table 4

4. Health service coverage

02+2+六九
 2004年18-50岁
 2004年18-50岁
 81:4CL-3

Member State	MDG 5 Antenatal care coverage (%)		MDG 5 Births attended by skilled health personnel ^b (%)		Births by caesarean section ^b (%)	Neonates protected at birth against neonatal tetanus ^c (%)			Immunization coverage among 1-year-olds ^d (%)									
	At least 1 visit ^a	At least 4 visits ^b	1990–1999	2000–2008		2000–2008	1990	2000	2008	MDG 4 Measles			DTP3			HepB3		Hib3
	2000–2009	1990			2000					2008	1990	2000	2008	2000	2008	2000	2008	
Dominica	100	...	100	94	...	...	...	...	88	99	99	92	99	96	...	96	...	96
Dominican Republic	99	95	96 ^m	98 ^m	41.9	60	48	86	70	84	79	69	68	77	68	88	...	79
Ecuador	84	57 ^t	99 ^m	99 ^m	25.8	82	42	73	60	72	66	68	78	75	38	75	...	75
Egypt	74	65	46	79	27.6	74	80	85	86	98	92	87	98	97	93	97	...	...
El Salvador	94	79	52	84 ^o	22.0	37	83	87	98	97	95	80	99	94	99	94	...	94
Equatorial Guinea	86	37	...	63 ^r	...	58	61	69	88	51	51	77	33	33	...	...	...	...
Eritrea	70	41	21	28 ^p	2.7	...	80	86	...	86	95	...	88	97	...	97	...	97
Estonia	...	...	100	100	19.0	...	...	...	...	93	95	...	93	95	...	94	...	95
Ethiopia	28	12	...	6	1.0	24	54	84	38	52	74	49	56	81	...	81	...	81
Fiji	...	...	99	99	7.1	5	84	94	84	85	94	97	89	99	95	99	86	99
Finland	...	...	100	100	16.1	...	...	...	97	96	97	90	99	99	...	...	96	98
France	...	...	99	...	18.8	...	...	...	71	84	87	94	97	98	26	29	86	87
Gabon	94	63	...	86	5.6	84	39	73	76	55	55	78	38	38	...	38	...	...
Gambia	98	...	...	57 ^m	...	85	92	91	86	92	91	92	74	96	87	99	74	96
Georgia	94	75	96	98	13.0	...	...	...	...	73	96	...	80	92	55	89	...	...
Germany	...	...	...	100 ^u	27.8	...	...	...	75	93	95	80	90	90	84	90	94	93
Ghana	90	78	44	57	6.9	60	69	86	61	84	86	58	84	87	...	87	...	87
Greece	...	...	...	...	...	...	...	...	76	89	99	54	89	99	89	95	89	83
Grenada	100	...	100	99	...	...	...	...	85	92	99	80	97	99	...	99	33	99
Guatemala	84	66	35	41	11.4	44	67	71	68	86	96	66	84	85	...	85	...	85
Guinea	88	49	31	38 ^r	1.7	27	79	96	35	42	64	17	45	66	...	71	...	...
Guinea-Bissau	78	62	...	39 ^r	...	40	49	94	53	71	76	61	42	63	...	...	...	...
Guyana	81	...	93	83 ^m	...	56	82	90	73	86	95	83	88	93	...	93	...	93
Haiti	85	54	21 ^m	26 ^m	3.0	39	41	50	31	55	58	41	45	53	...	...	...	...
Honduras	92	81	55	67 ^m	13.0	60	93	94	90	98	95	84	95	93	95	93	95	93
Hungary	...	...	99	100	28.0	...	...	...	99	99	99	99	99	99	...	...	99	99
Iceland	...	...	...	...	15.6	...	...	...	99	91	96	99	98	98	...	...	98	98
India	74	37	42 ^p	47 ^m	8.5	81	85	86	56	54	70	70	58	66	...	21	...	...
Indonesia	93	81	43	73 ^p	4.1	64	82	79	58	72	83	60	75	77	65	78	...	...
Iran (Islamic Republic of)	98	94	...	97	...	71	82	83	85	99	98	91	99	99	99	99	...	...
Iraq	84	...	...	89	...	70	75	69	75	87	69	83	78	62	67	58	...	...
Ireland	...	...	100	100	25.4	...	...	...	78	79	89	65	86	93	...	...	85	93
Israel	...	...	...	...	19.1	...	...	...	91	97	84	93	96	93	97	96	94	93
Italy	...	68	...	99 ^o	37.4	...	...	...	43	74	91	83	87	96	94	96	55	96
Jamaica	91	...	95	97 ^r	...	...	51	58	74	88	88	86	86	87	...	89	...	87
Japan	...	...	100	100	...	...	...	...	73	96	97	90	85	98	...	...	...	...
Jordan	99	94	97	99	18.5	49	44	87	87	94	95	92	91	97	93	97	...	97
Kazakhstan	100	...	100	100 ^m	10.0	...	...	...	...	99	99	...	97	99	99	99	...	49
Kenya	92	52	44	42	4.0	60	68	78	78	75	90	84	75	85	...	85	...	85
Kiribati	...	...	85	90	...	...	...	...	75	80	72	97	90	82	90	83	...	83
Kuwait	...	...	98	100	13.9	51	77	84	66	99	99	71	98	99	95	99	98	99
Kyrgyzstan	97	...	98	98 ^m	5.1	...	...	...	...	98	99	...	99	95	44	97	...	...
Lao People's Democratic Republic	35	...	7	20 ^m	...	12	58	47	32	42	52	18	53	61	...	61	...	...
Latvia	...	...	100	100	21.1	...	...	...	...	97	97	...	96	97	95	96	79	96
Lebanon	96	76	89	98	23.1	...	...	...	61	79	53	82	86	74	86	74	...	74
Lesotho	90	70	40	55 ^p	5.1	...	73	83	80	74	85	82	82	83	...	85	...	...
Liberia	79	66	...	46 ^m	3.5	33	51	91	...	63	64	...	47	64	...	64	...	64
Libyan Arab Jamahiriya	...	...	94	100	...	...	...	...	89	92	98	84	94	98	92	98	...	98
Lithuania	...	...	100	100	19.2	...	...	...	...	97	97	...	94	96	99	96	2	96
Luxembourg	...	...	...	100	24.0	...	...	...	80	91	96	90	98	99	49	94	91	98

Children aged 6–59 months who received vitamin A supplementation ^a (%)	Children aged <5 years (%)				MDG 5 Unmet need for family planning ^a (%)	MDG 5 Contra- ceptive prevalence ^b (%)	Antiretroviral therapy coverage (%)		MDG 6 Smear-positive tuberculosis case-detection rate ^c (%)		MDG 6 Smear-positive tuberculosis treatment-success rate ^d (%)			
	MDG 6 Sleeping under insecticide-treated nets ^f	MDG 6 With fever who received treatment with any antimalarial ^f	With ARI symptoms taken to facility ^e	With diarrhoea receiving ORT ^e			Among HIV-infected pregnant women (PMTCT) ^h	MDG 6 Among people with advanced HIV infection ⁱ	2000	2008	2000	2007		
	2000–2008	2000–2008		2000–2008		2000–2007	2000–2008	2008	2007	2000	2008	2000	2007	
...	...	...	...	...	...	...	...	...	...	60 [50–75]	...	67		
...	...	...	67.3	46.3	11.4	72.9 ^j	...	[37–>95]	38	[31–48]	59 [49–73]	60 [50–75]	70	78
...	...	...	...	...	7.4	72.7	...	[24–81]	42	[25–71]	69 [57–86]	62 [52–78]	...	75
12.4	...	...	73.0	28.4	10.3	60.3 ^j	...	[1–3]	9	[7–13]	61 [52–74]	78 [67–95]	87	89
...	...	...	...	...	8.9	72.5 ^j	...	[23–69]	51	[9–74]	82 [68–100]	90 [75–100]	79	91
...	42	16	...	...	...	10.1 ^j	40	[25–76]	31	[23–43]	...	87 [77–100]	...	60
38.0	4	4	43.6	55.7	27.0	8.0 ^j	29	[16–59]	13	[9–20]	34 [29–43]	32 [26–40]	76	88
...	...	...	...	...	...	...	...	...	...	...	84 [70–100]	88 [73–100]	70	61
45.8	33	10	18.7	27.5	33.8	14.7 ^j	18	[12–35]	29	[25–36]	33 [27–41]	32 [27–40]	80	84
...	...	...	...	...	...	...	...	[17–75]	...	...	52 [44–65]	95 [79–120]	85	81
...	...	...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	...	70
...	...	...	...	...	...	81.8 ^j	...	...	...	...	87 [77–100]	87 [77–100]	...	...
...	...	...	47.7	35.4	28.0	32.7 ^j	35	[22–70]	42	[30–60]	...	54 [45–67]	...	36
80.1	49	63	68.9	48.2	...	17.5	...	[18–64]	18	[12–37]	...	54 [45–67]	...	84
...	...	...	73.6	50.1	16.3	47.3	...	[78–>95]	...	...	39 [32–45]	130 [110–140]	63	77
...	...	...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	77	77
...	28	24	60.4	51.9	34.0	23.5	39	[26–78]	15	[13–19]	32 [27–40]	30 [25–38]	50	84
...	...	...	...	...	...	76.2 ^{n,v}	...	...	...	...	87 [77–100]	87 [77–100]	...	...
...	...	...	...	...	...	...	...	...	...	...	0 [0–0]	210 [170–260]	...	100
...	...	...	...	...	27.6	43.3 ^j	...	[9–29]	37	[28–51]	48 [40–60]	43 [36–53]	86	84
68.2	1	44	42.0	36.6	21.2	9.1 ^j	22	[15–45]	27	[21–37]	42 [35–53]	40 [33–50]	68	79
58.6	39	46	4.3	46.3	...	10.3 ^j	20	[12–39]	20	[13–30]	38 [32–47]	62 [52–78]	...	71
...	6	1	64.1	51.7	...	34.2 ^j	...	[85–>95]	45	[33–61]	27 [22–34]	66 [55–83]	55	71
...	...	5	31.5	43.8	37.5	32.0 ^j	46	[29–92]	41	[33–51]	45 [37–56]	60 [50–75]	71	82
...	...	1	53.9	55.7	16.9	65.2 ^j	...	[27–94]	47	[29–71]	84 [70–95]	72 [60–89]	86	85
...	...	...	...	...	...	...	...	[2–8]	22	[13–38]	87 [77–100]	87 [77–100]	64	51
...	...	...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	100	86
...	...	12	67.3	26.0	12.8	56.3	...	[13–42]	...	...	45 [34–51]	70 [53–80]	34	87
...	3	1	...	46.1	9.1	61.4 ^j	...	[4–15]	15	[8–28]	28 [23–35]	80 [67–100]	87	91
...	...	...	...	...	...	73.3 ⁿ	...	[3–10]	5	[4–7]	61 [51–76]	78 [65–97]	85	83
2.0	0	1	81.6	30.7	...	49.8 ^j	...	...	...	...	48 [40–61]	39 [33–49]	92	86
...	...	...	...	...	...	75.0 ⁿ	...	...	...	...	87 [77–100]	87 [77–100]	84	70
...	...	...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	78	77
...	...	...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	74	...
...	...	...	75.1	...	11.7	69.0	...	[70–>95]	43	[32–60]	95 [79–120]	78 [65–98]	45	56
...	...	...	...	...	...	54.3	...	...	...	...	87 [77–100]	87 [77–100]	45	46
...	...	...	75.0	24.9	11.9	57.1 ^j	...	...	...	...	86 [72–100]	91 [76–100]	90	77
...	...	...	70.5	74.0	...	50.7 ^j	...	[>95–>95]	23	[14–36]	99 [82–110]	74 [62–87]	79	69
33.3	39	24	49.1	29.2	24.5	39.3	56	[37–>95]	38	[31–48]	53 [44–66]	68 [57–85]	80	85
...	...	...	...	...	...	36.1 ⁿ	...	...	...	...	31 [26–39]	86 [72–89]	91	93
...	...	...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	69	79
47.0	...	...	62.1	20.4	...	47.8 ^j	...	[5–19]	14	[8–26]	57 [47–68]	65 [54–81]	82	85
18.1	18	9	32.3	50.5	39.5	32.2	...	[8–28]	>95	[59–>95]	35 [29–44]	67 [56–84]	77	92
...	...	...	...	...	...	...	...	[56–>95]	15	[9–22]	94 [78–100]	120 [97–120]	72	82
...	...	...	...	...	...	58.0	...	...	26	[11–45]	91 [76–100]	91 [76–100]	92	90
54.6	...	...	58.8	75.2	30.9	37.3	57	[43–94]	26	[21–33]	68 [57–73]	69 [58–75]	...	67
...	3	59	62.2	58.1	35.6	11.4	14	[9–29]	17	[9–23]	27 [22–34]	51 [43–64]	80	71
...	...	...	...	...	...	...	...	...	...	...	68 [57–85]	83 [69–100]	...	67
...	...	...	...	...	...	...	...	[>95–>95]	18	[8–31]	85 [71–95]	120 [100–140]	73	70
...	...	...	...	...	...	...	...	...	...	...	87 [77–100]	...	...	...

Table 4

4. Health service coverage

02+2+六九一零
 31:4CL-3
 2014年18-50岁
 2014年18-50岁

Member State	MDG 5 Antenatal care coverage (%)		MDG 5 Births attended by skilled health personnel ^b (%)		Births by caesarean section ^b (%)	Neonates protected at birth against neonatal tetanus ^c (%)			Immunization coverage among 1-year-olds ^d (%)									
	At least 1 visit ^a	At least 4 visits ^b	1990–1999	2000–2008		2000–2008	1990	2000	2008	MDG 4 Measles			DTP3			HepB3		Hib3
					1990					2000	2008	1990	2000	2008	2000	2008	2000	2008
	2000–2009	1990	2000–2008	2000–2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	2000	2008	2000	2008	
Madagascar	80	40	47	51 ^r	1.0	45	58	76	47	56	81	46	57	82	...	82	...	13
Malawi	92	57	50	54	3.1	81	84	87	81	73	88	87	75	91	...	91	...	91
Malaysia	79	...	81	100	...	82	88	87	70	88	95	90	95	90	94	90	...	90
Maldives	81	91	...	84	...	86	95	95	96	99	97	94	98	98	96	98	...	...
Mali	70	35	40 ^q	49 ^q	1.6	45	50	92	43	49	68	42	40	68	...	68	...	68
Malta	...	...	...	100 ^u	34.3	...	...	...	80	74	78	63	94	72	...	59	93	72
Marshall Islands	81	...	95	95	...	...	...	...	52	94	94	92	39	93	36	93	45	83
Mauritania	75	16	40	61 ^m	3.2	24	44	77	38	62	65	33	40	74	...	74	...	...
Mauritius	...	...	99	99 ^o	37.0	61	79	87	76	84	98	85	88	99	88	99	...	99
Mexico	94	...	74	94	36.1	59	81	87	75	96	96	53	97	98	97	98	97	98
Micronesia (Federated States of)	...	...	93	88	...	...	...	...	81	85	92	85	85	79	87	90	75	79
Monaco	...	...	...	...	...	...	...	...	99	99	99	99	99	99	99	99	99	99
Mongolia	99	...	99	99	...	...	...	...	92	92	97	84	95	96	93	96	...	96
Montenegro	97	...	...	99 ^r	11.4	...	...	...	...	...	89	...	...	95	...	93	...	93
Morocco	68	31	40	63	5.4	66	86	86	79	93	96	81	95	99	43	97	...	99
Mozambique	89	53	44 ^p	48 ^p	1.9	37	75	83	59	71	77	46	68	72	...	72	...	...
Myanmar	76	66 ^w	46	57	...	62	79	93	68	84	82	88	82	85	...	84	...	...
Namibia	95	70	68	81	12.7	...	74	82	...	69	73	...	79	83	...	...	...	...
Nauru	95	...	...	97	...	...	...	...	...	8	99	74	44	99	58	99	...	...
Nepal	44	29	9 ^p	19	2.7	35	67	81	57	71	79	43	72	82	...	82	...	...
Netherlands	...	...	100	100	13.7	...	...	...	94	96	96	97	97	97	...	...	96	97
New Zealand	...	...	93 ^o	94 ^o	23.7	...	...	...	90	85	86	90	90	89	90	90	90	86
Nicaragua	90	78	61	74	19.6	39	83	80	82	86	99	70	83	96	83	96	83	96
Niger	46	15	18	18	1.0	17	63	84	25	34	80	22	31	66	...	...	...	...
Nigeria	58	45	42 ^m	39 ^m	1.8	32	57	64	54	35	62	56	24	54	...	41	...	...
Niue	...	...	100	100	...	...	...	...	99	99	99	99	99	99	99	99	99	99
Norway	...	...	...	...	16.6	...	...	...	87	88	93	86	90	94	...	...	93	94
Oman	100	83	91	98	...	93	94	91	98	99	99	98	99	92	99	92	...	92
Pakistan	61	28	19 ^p	39 ^m	7.3	50	71	80	50	56	85	54	61	73	...	73	...	...
Palau	...	...	100	100	...	...	...	...	98	83	97	99	96	92	96	92	96	92
Panama	...	...	86	91	...	...	...	...	73	97	85	86	98	82	...	83	...	83
Papua New Guinea	79	...	47	39 ^o	4.7	78	24	61	67	62	54	68	59	52	57	56	...	...
Paraguay	96	79	61	77	26.9	66	47	74	69	92	77	67	86	76	...	76	...	76
Peru	91	87	56	73 ^m	15.8	19	66	67	64	97	90	72	91	99	...	99	38	99
Philippines	91	78	56	62	9.5	57	55	58	85	80	92	88	79	91	19	88	...	...
Poland	...	...	100	100	...	...	...	...	95	97	98	96	98	99	99	98	...	88
Portugal	...	...	100	100	34.0	...	...	...	85	87	97	89	96	97	58	97	86	97
Qatar	...	...	99	100	...	...	...	...	79	91	92	82	80	94	89	94	80	94
Republic of Korea	...	...	100	100	37.7	...	...	...	93	95	92	74	97	94	93	94	...	...
Republic of Moldova	98	89	99 ^o	100 ^m	8.5	...	...	...	...	89	94	...	95	95	92	98	...	...
Romania	94	76	99 ^o	99	21.4	...	...	...	92	98	97	96	99	97	98	99	...	...
Russian Federation	...	...	99	100	17.2	...	...	...	...	97	99	...	97	98	...	98	...	...
Rwanda	96	13	26	52 ^p	2.9	85	81	85	83	74	92	84	90	97	...	97	...	97
Saint Kitts and Nevis	100	...	100	100	...	...	...	...	99	99	99	99	99	99	99	98	12	97
Saint Lucia	99	...	100	98	...	...	...	...	82	88	99	89	70	96	...	96	...	96
Saint Vincent and the Grenadines	95	...	100	100	...	...	...	...	96	96	99	98	99	99	...	99	...	99
Samoa	...	...	100	100	...	...	...	...	89	93	45	90	99	46	96	38	...	32
San Marino	...	...	...	...	...	...	...	...	...	74	73	99	96	87	94	87	92	87
Sao Tome and Principe	98	...	...	81	...	...	...	...	71	69	93	92	82	99	...	99	...	...
Saudi Arabia	...	...	91	96	11.6	...	...	...	88	94	97	92	95	98	93	98	...	98

Children aged 6–59 months who received vitamin A supplementation ^a (%)	Children aged <5 years (%)				MDG 5 Unmet need for family planning ^a (%)	MDG 5 Contraceptive prevalence ^a (%)	Antiretroviral therapy coverage (%)		MDG 6 Smear-positive tuberculosis case-detection rate ^a (%)		MDG 6 Smear-positive tuberculosis treatment-success rate ^a (%)					
	MDG 6 Sleeping under insecticide-treated nets ^f	MDG 6 With fever who received treatment with any antimalarial ^f	With ARI symptoms taken to facility ^e	With diarrhoea receiving ORT ^e			Among HIV-infected pregnant women (PMTCT) ^b	MDG 6 Among people with advanced HIV infection ^c	2000	2008	2000	2007				
	2000–2008	2000–2008		2000–2008		2000–2007	2000–2008	2008	2007	2000	2008	2000	2007			
76.2	60	34	47.9	42.7	23.6	27.1 ^l	...	[1]	4	[3–7]	...	57	[47–71]	70	80	
68.5	25	24	51.8	55.3	27.6	41.0 ^l	...	[41–>95]	35	[29–42]	38	[32–48]	37	[31–46]	73	85
...	[10–39]	35	[24–49]	65	[54–81]	76	[64–95]	78	72
...	39.0 ^l	...	[0–0]	...	...	67	[56–83]	86	[71–91]	97	68
...	27	32	38.1	24.3	31.2	8.2 ^l	...	[17–54]	41	[32–51]	14	[12–18]	21	[17–26]	...	78
...	87	[77–100]	87	[77–100]	100	75
...	17	[14–22]	44	[37–45]	91	96
55.5	2	21	44.5	30.5	31.6	9.3 ^{lv}	...	[5–29]	23	[13–40]	40	[33–49]	28	[23–35]	...	66
...	3.5	75.8	...	[8–37]	22	[14–32]	71	[59–89]	54	[45–68]	93	85
...	12.0	70.9 ^l	...	[5–16]	57	[40–80]	66	[55–82]	100	[87–110]	76	84
...	22	[19–28]	75	[62–93]	93	65
...
64.7	62.6	62.8	4.6	66.0 ^l	...	[0–0]	...	...	57	[48–72]	69	[57–83]	87	89
...	89.4	98.1	...	39.4 ^l	...	...	...	...	...	120	[100–130]	...	79	
25.5	37.8	28.0	10.0	63.0 ^l	...	[9–33]	31	[21–44]	97	[81–110]	96	[80–110]	89	86
49.8	7	23	55.4	54.1	18.4	16.5	42	[26–93]	24	[20–31]	45	[38–56]	47	[39–59]	75	79
...	19.1	37.0	...	[14–65]	15	[11–20]	19	[16–24]	43	[35–53]	82	85
...	...	14	71.5	69.3	6.7	55.1	91	[63–>95]	88	[73–>95]	77	[64–87]	71	[59–85]	56	82
...	35.6 ^l	...	...	...	...	180	[150–200]	340	[290–430]	25	100
...	34.3	29.3	24.6	48.0	...	[2–6]	7	[5–11]	71	[59–89]	64	[54–80]	84	88
...	67.0	...	...	...	...	87	[77–100]	87	[77–100]	76	79
...	87	[77–100]	87	[77–100]	30	86
65.3	...	2	57.7	54.1	7.5	72.4 ^l	...	[65–>95]	30	[11–43]	76	[63–95]	94	[78–110]	82	86
...	7	33	47.2	26.2	15.8	11.2 ^l	...	[19–67]	10	[7–13]	33	[27–41]	40	[34–50]	65	79
25.8	6	33	45.4	31.2	16.9	14.7 ^l	10	[7–18]	26	[17–36]	12	[10–15]	24	[20–29]	79	82
...
...	88.4 ^{ln}	...	...	...	...	87	[77–100]	87	[77–100]	70	79
...	[11–44]	...	...	95	[79–100]	95	[79–100]	93	91
...	0	3	80.5	47.2	24.9	29.6	...	[<1–2]	3	[2–4]	2	[2–3]	58	[49–73]	74	91
...	32.8 ⁿ	...	...	...	...	...	...	...	...	...	...
...	[13–>95]	56	[43–71]	58	[49–70]	91	[76–96]	60	79
...	13	[9–28]	38	[33–45]	29	[24–36]	29	[24–34]	63	39
...	6.6	79.4 ^l	...	[29–>95]	22	[12–37]	62	[52–78]	81	[67–100]	66	82
...	66.8	36.6	8.1	71.3 ^l	...	[29–>95]	48	[36–62]	84	[70–100]	93	[78–99]	90	92
76.0	54.8	57.6	17.3	50.6 ^l	...	[<1–1]	31	[22–45]	53	[44–66]	67	[56–84]	88	89
...	[25–>95]	36	[20–62]	61	[51–75]	74	[61–92]	72	76
...	67.1 ^{ln}	...	...	...	...	87	[77–100]	87	[77–100]	79	87
...	72	[60–90]	81	[68–100]	66	67
...	84.5 ^l	...	...	...	...	87	[77–100]	87	[77–100]	83	82
...	59.7	34.9	6.7	67.8 ^l	...	...	...	...	38	[32–48]	79	[66–99]	63	62
...	11.9	70.3	...	[32–>95]	73	[62–>95]	90	[75–110]	110	[90–140]	70	85
...	16	[10–25]	49	[41–62]	73	[61–86]	68	58
72.0	24	6	28.0	30.8	37.9	36.4 ^l	72	[45–>95]	71	[62–84]	31	[26–39]	26	[22–32]	61	86
...	0	[0–0]	190	[160–230]	...	25
...	53	[44–67]	130	[110–150]	100	84
...	58	[48–72]	73	[61–91]	100	...
...	64	[53–80]	37	[31–47]	92	92
...	87	[77–100]	...	...	0	...
...	54	25	29.3 ^l	34	[28–42]	59	[49–74]	78	90
...	23.8 ^s	61	[50–76]	86	[72–100]	73	67

Table 4

4. Health service coverage

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Member State	MDG 5 Antenatal care coverage (%)		MDG 5 Births attended by skilled health personnel ^b (%)		Births by caesarean section ^b (%)	Neonates protected at birth against neonatal tetanus ^c (%)			Immunization coverage among 1-year-olds ^d (%)									
	At least 1 visit ^a	At least 4 visits ^b	1990-1999	2000-2008		2000-2008	1990	2000	2008	MDG 4 Measles			DTP3			HepB3		Hib3
					1990					2000	2008	1990	2000	2008	2000	2008	2000	2008
Senegal	87	40	47	52 ^r	3.3	45	62	88	51	48	77	51	52	88	...	88	...	88
Serbia	98	...	...	99 ^r	14.7	...	...	...	...	89	92	...	95	95	...	93	...	98
Seychelles	...	...	...	...	...	...	...	...	86	97	99	99	98	99	97	99	...	...
Sierra Leone	87	56	...	42 ^p	...	85	53	97	...	37	60	...	44	60	...	60	...	60
Singapore	...	...	100	100 ^o	...	...	...	...	84	96	95	85	98	97	97	96	...	...
Slovakia	...	...	100	100	20.0	...	...	...	...	98	99	...	99	99	99	99	59	99
Slovenia	...	...	100	100	16.3	...	...	...	...	95	96	...	91	97	...	98	...	97
Solomon Islands	74	...	...	43 ^o	...	71	75	85	70	87	60	77	82	78	77	77	...	36
Somalia	26	6	34 ^r	33 ^o	...	49	47	49	30	38	24	19	33	31	...	...	...	...
South Africa	92	56	84	91	20.6	...	68	75	79	72	62	72	72	67	71	67	72	67
Spain	...	...	...	...	25.0	...	...	...	99	94	98	86	95	97	77	97	92	97
Sri Lanka	99	...	...	99	...	72	92	93	80	99	98	86	99	98	...	98	...	...
Sudan	64	...	...	49 ^o	4.5	72	61	70	57	58	79	62	62	86	...	86	...	86
Suriname	90	...	80	90 ^m	...	92	92	93	65	70	86	83	71	84	...	84	...	84
Swaziland	85	79	...	74 ^r	7.9	63	80	86	85	72	95	89	77	95	76	95	...	...
Sweden	...	...	...	...	16.5	...	...	...	96	91	96	99	99	98	...	...	98	98
Switzerland	...	...	...	100 ^u	28.9	...	...	...	90	81	87	90	88	95	...	...	86	93
Syrian Arab Republic	84	42	76	93 ^m	14.8	63	90	94	87	83	81	91	85	82	78	82	...	82
Tajikistan	89	...	81	83 ^m	2.1	...	...	...	...	87	86	...	83	86	...	86	...	46
Thailand	98	74	85	99	17.4	75	85	91	80	94	98	92	97	99	95	98	...	...
The former Yugoslav Republic of Macedonia	94	...	94	98 ^m	11.4	...	...	...	...	97	98	...	95	95	...	97	...	13
Timor-Leste	61	30	...	19	...	...	...	66	...	...	73	...	...	79	...	79	...	...
Togo	84	...	51	62 ^r	...	47	63	81	73	58	77	77	64	89	...	24	...	24
Tonga	...	...	...	99	...	...	...	...	86	95	99	94	95	99	97	98	...	99
Trinidad and Tobago	96	...	99	98	...	...	...	...	70	90	91	82	90	90	...	90	74	90
Tunisia	96	68	81	90	20.5	40	68	96	93	95	98	93	97	99	94	99	...	...
Turkey	92	54	81	83	21.2	20	50	71	78	86	97	84	85	96	71	92	...	96
Turkmenistan	99	83	...	100	3.4	...	...	...	...	97	99	...	97	96	...	96	...	...
Tuvalu	97	...	99	100	...	...	...	...	95	81	93	99	82	99	81	99	...	...
Uganda	94	47	38	42	3.1	41	70	85	52	59	68	45	56	64	...	68	...	68
Ukraine	99	75 ^{aa}	100	99	10.4	...	...	...	...	99	94	...	99	90	4	84	...	81
United Arab Emirates	...	...	99	100	15.2	...	...	...	80	94	92	85	94	92	92	92	92	92
United Kingdom	...	...	99	...	22.0	...	...	...	87	88	86	84	92	92	...	...	92	92
United Republic of Tanzania	76	62	39 ^m	46 ^m	3.2	77	79	81	80	78	88	78	79	84	...	84	...	...
United States of America	...	...	98	99	30.2	...	...	...	90	91	92	90	94	96	90	93	93	93
Uruguay	97	...	99	99	23.8	...	...	...	97	89	95	97	90	94	92	94	88	94
Uzbekistan	99	...	98	100 ^m	4.9	...	...	...	...	99	98	...	99	98	1	91	...	...
Vanuatu	84	...	89	93	...	47	86	73	66	94	65	76	90	76	75	76	...	...
Venezuela (Bolivarian Republic of)	94	...	95	95	25.1	...	...	52	61	84	82	63	77	47	5	50	2	48
Viet Nam	91	29	77	88 ^m	9.9	24	86	84	88	97	92	88	96	93	...	87	...	...
Yemen	47	14	22	36	...	17	54	63	69	62	62	84	62	69	15	69	...	69
Zambia	94	72	47	47 ^p	2.1	62	78	90	90	85	85	91	78	80	...	80	...	80
Zimbabwe	94	71	69	69	4.8	57	76	76	87	75	66	88	76	62	76	62	...	62

Children aged 6–59 months who received vitamin A supplementation ^a (%)	Children aged <5 years (%)				MDG 5 Unmet need for family planning ^a (%)	MDG 5 Contraceptive prevalence ^a (%)	Antiretroviral therapy coverage (%)		MDG 6 Smear-positive tuberculosis case-detection rate ^a (%)		MDG 6 Smear-positive tuberculosis treatment-success rate ^a (%)	
	MDG 6 Sleeping under insecticide-treated nets ^f	MDG 6 With fever who received treatment with any antimalarial ^f	With ARI symptoms taken to facility ^e	With diarrhoea receiving ORT ^e			Among HIV-infected pregnant women (PMTCT) ^b	MDG 6 Among people with advanced HIV infection ^c	2000	2008	2000	2007
	2000–2008	2000–2008		2000–2008		2000–2007	2000–2008	2008	2007	2000	2008	2000	2007
75.3	31	22	47.2	26.7	31.6	11.8 ^d	... [8–29]	56 [44–70]	45 [37–56]	40 [34–51]	52	77
...	...	...	92.5	94.0	...	41.2 ^d	... [3–12]	17 [8–30]	...	170 [140–210]	...	84
...	...	...	...	...	...	...	...	...	67 [56–84]	27 [23–34]	82	89
25.9	26	30	45.8	73.4	...	8.2 ^d	31 [20–60]	20 [13–30]	28 [23–35]	31 [26–39]	77	89
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	71	81
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	82	86
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	84	82
...	...	...	...	...	...	...	...	...	29 [24–36]	46 [38–57]	81	92
24.2	9	8	13.0	20.8	...	14.6 ^d	... [<1–1]	...	32 [27–40]	46 [38–58]	83	86
39.4	...	...	64.8	63.0	...	60.3 ^d	73 [53–>95]	28 [22–36]	69 [57–86]	68 [57–85]	63	74
...	...	...	...	...	...	65.7	...	...	87 [77–100]	87 [77–100]	...	...
...	...	...	...	...	18.2	68.0 ^{uv}	... [5–22]	14 [10–20]	72 [60–90]	73 [61–91]	79	86
...	28 ^z	54 ^z	...	...	...	7.6 ^d	1 [<1–1]	1 [1–2]	54 [45–67]	40 [33–50]	75	78
...	3	...	...	...	...	42.1 ^d	... [22–>95]	45 [29–72]	18 [15–22]	19 [16–23]	68	...
...	0	26	71.6	88.8	24.0	50.6 ^d	>95 [87–>95]	42 [36–50]	49 [41–62]	51 [42–63]	...	58
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	79	66
...	...	...	...	...	...	...	...	...	87 [77–100]	87 [77–100]	...	...
2.9	...	...	76.8	67.7	...	58.3 ^d	...	...	89 [74–100]	79 [66–98]	78	88
46.6	1	2	63.9	58.4	...	37.9 ^d	...	6 [4–11]	20 [16–25]	49 [41–62]	77	83
...	...	...	84.0	68.3	3.1	81.1	... [33–>95]	61 [47–81]	43 [36–54]	64 [54–81]	69	83
...	...	...	92.7	81.3	...	13.5 ^d	...	...	52 [43–65]	99 [82–110]	86	87
...	8	47	...	...	3.8	10.0 ^d	...	...	...	33 [27–41]	...	84
39.3	35	37	22.7	21.0	...	16.8 ^d	18 [12–37]	19 [15–24]	9 [8–11]	14 [12–18]	...	76
...	...	...	...	...	...	...	...	...	110 [93–130]	91 [76–110]	93	93
...	...	...	...	...	...	42.5 ^d	...	...	87 [77–100]	87 [77–100]	68	65
...	...	...	58.6	74.4	12.1	60.2 ^v	... [2–7]	29 [20–39]	120 [96–130]	99 [82–110]	91	89
...	...	...	41.0	...	6.0	71.0 ^d	...	...	36 [30–46]	81 [68–100]	73	91
15.8	...	...	50.9	46.7	10.1	61.8 ^d	...	...	80 [67–82]	130 [110–160]	81	84
...	...	...	...	...	...	...	...	...	0 [0–0]	110 [95–140]	86	75
...	9	61	73.5	...	40.6	23.7	50 [36–95]	33 [27–40]	49 [40–61]	54 [45–68]	63	75
...	...	...	...	...	10.3	66.7	... [82–>95]	8 [7–11]	85 [71–110]	100 [85–130]	...	59
...	...	...	...	...	...	...	...	...	86 [71–100]	50 [42–63]	74	64
...	...	...	...	...	...	82.0 ^{ab}	...	...	87 [77–100]	87 [77–100]	...	77
45.5	16	58	59.4	62.2	21.8	26.4 ^d	... [53–>95]	31 [26–38]	70 [61–79]	70 [65–75]	78	88
...	...	...	...	...	6.3	72.8	...	...	87 [77–100]	87 [77–100]	83	85
...	...	...	...	...	...	77.0 ^{ac}	...	56 [23–>95]	76 [64–95]	100 [85–110]	85	84
72.0	...	...	67.7	78.8	...	64.9 ^d	... [17–74]	24 [9–51]	39 [33–49]	48 [40–60]	80	79
...	...	...	...	...	...	...	...	...	68 [57–84]	52 [44–65]	88	93
...	...	...	...	...	...	...	... [8–27]	...	75 [62–94]	63 [53–79]	76	82
53.1	5	3	82.7	94.7	4.8	79.0	... [27–87]	26 [17–42]	67 [49–81]	62 [45–75]	92	92
...	...	...	...	86.7	...	27.7 ^d	...	...	63 [53–79]	61 [51–76]	72	84
...	41	43	68.2	66.8	26.5	40.8 ^d	59 [43–>95]	46 [40–56]	48 [40–60]	52 [44–65]	67	85
...	3	5	26.3	61.6	12.8	60.2 ^d	36 [26–64]	17 [14–22]	39 [33–49]	24 [20–30]	69	78

Table 4

4. Health service coverage

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Member State	MDG 5 Antenatal care coverage (%)		MDG 5 Births attended by skilled health personnel ^b (%)		Births by caesarean section ^b (%)	Neonates protected at birth against neonatal tetanus ^c (%)			Immunization coverage among 1-year-olds ^d (%)								
	At least 1 visit ^a	At least 4 visits ^b	1990–1999	2000–2008		2000–2008	MDG 4 Measles			DTP3			HepB3		Hib3		
	2000–2009	2000–2009	1999	2008	2008	1990	2000	2008	1990	2000	2008	1990	2000	2008	2000	2008	2000	2008

RANGES OF COUNTRY VALUES

Minimum	16	6	7	6	0.4	5	24	47	20	8	23	17	24	20	1	10	2	6
Median	91	62	93	95	13.8	58	71	84	80	87	92	86	90	93	90	92	90	93
Maximum	100	97	100	100	41.9	93	95	97	99	99	99	99	99	99	99	99	99	99

WHO REGION

African Region	73	44	48	47	3.4	43	62	78	57	56	73	57	53	72	...	67	...	38
Region of the Americas	94	...	87	92	30.8	51	74	81	80	92	93	74	91	92	70	88	75	90
South-East Asia Region	75	43	40	49	7.6	76	85	86	59	61	75	70	65	72	...	41	...	...
European Region	...	...	95	96	19.0	21	51	72	80	91	94	78	93	95	42	76	...	64
Eastern Mediterranean Region	65	44	38	59	11.8	57	69	79	67	72	83	71	73	82	39	81	...	...
Western Pacific Region	90	...	85	92	23.9	42	68	71	94	85	93	94	85	95	59	89	...	...

INCOME GROUP

Low income	69	39	42	43	3.3	46	66	79	58	61	76	60	60	75	...	71	...	...
Lower middle income	79	47	56	65	13.0	72	80	82	76	71	82	81	73	82	...	63	...	...
Upper middle income	94	75	88	95	28.6	46	74	82	77	92	94	71	92	92	68	91	53	76
High income	...	...	98	99	26.8	70	82	82	83	91	93	88	93	95	60	68	70	81

GLOBAL	78	48	61	66	13.9	60	74	81	73	72	83	75	73	82	...	69
--------	----	----	----	----	------	----	----	----	----	----	----	----	----	----	-----	----	-----	-----

Children aged 6–59 months who received vitamin A supplementation ^a (%)	Children aged <5 years (%)				MDG 5 Unmet need for family planning ^a (%)	MDG 5 Contra-ceptive prevalence ^a (%)	Antiretroviral therapy coverage (%)		MDG 6 Smear-positive tuberculosis case-detection rate ⁱ (%)		MDG 6 Smear-positive tuberculosis treatment-success rate ^k (%)	
	MDG 6 Sleeping under insecticide-treated nets ^f	MDG 6 With fever who received treatment with any antimalarial ^f	With ARI symptoms taken to facility ^e	With diarrhoea receiving ORT ^e			Among HIV-infected pregnant women (PMTCT) ^h	MDG 6 Among people with advanced HIV infection ⁱ	2000	2008	2000	2007
2000–2008	2000–2008		2000–2008		2000–2007	2000–2008	2008	2007	2000	2008	2000	2007
2.0	0	0	4.3	17.7	1.3	2.8	1	0	0	14	0	14
46.2	9	25	53.9	47.2	17.0	47.8	29	26	68	77	78	82
80.1	60	63	92.7	99.8	40.6	88.4	>95	>95	220	340	100	100
43.2	17	...	...	...	24.3	23.7	45 [37–58]	44 [41–48]	39 [37–41]	47 [44–49]	71	79
...	...	...	...	...	9.4	70.6	54 [42–71]	54 [51–60]	70 [65–76]	77 [72–82]	76	82
...	...	...	...	...	12.8	57.5	28 [18–47]	40 [33–49]	38 [34–43]	68 [60–76]	50	88
...	...	...	...	...	...	68.4	94 [64–>95]	23 [19–27]	62 [57–68]	79 [74–85]	75	67
...	5	...	...	...	18.6	42.8	1 [1–2]	11 [9–13]	24 [22–27]	59 [51–66]	81	88
...	...	...	...	...	3.4	82.7	23 [14–48]	31 [21–64]	39 [34–45]	70 [60–80]	90	92
...	18	...	...	...	21.7	39.6	37 [30–48]	40 [37–44]	38 [36–39]	50 [47–52]	79	86
...	...	...	...	...	8.9	65.8	44 [35–60]	42 [36–53]	36 [33–39]	66 [60–72]	64	89
...	...	...	...	...	...	67.5	74 [55–>95]	49 [44–55]	68 [63–74]	74 [67–81]	71	74
...	...	...	...	...	...	70.1	...	...	85 [81–90]	87 [83–91]	66	61
...	...	...	...	...	10.8	62.3	45 [37–57]	42 [40–47]	40 [38–43]	62 [58–66]	69	86

Table 4

Risk factors

This section presents indicators for certain risk factors that are associated with increased mortality and morbidity. The preventable risks presented here are: unsafe water and lack of sanitation; use of solid fuels in households; low birth weight; poor infant feeding practices; childhood under-nutrition; being overweight or obese; harmful consumption of alcohol; use of tobacco; and unsafe sex.

Low birth weight is an important predictor of the health and survival of the newborn but in many settings (especially where deliveries occur outside health-care facilities) many infants are not weighed at birth.

Child growth is the most widely used indicator of nutritional status. Included in the estimates presented in this section are the three indicators: “stunted”; “underweight” (which is an MDG indicator); and “overweight”. Stunting (i.e. low height-for-age) reflects the cumulative effects of under-nutrition and infections since birth – and even before birth. Evidence of this condition indicates chronic malnutrition, which is likely to have the most serious and long-lasting impact on health. Being underweight may reflect wasting (i.e. low weight-for-height) which indicates acute weight loss and/or stunting. Thus, it is a composite indicator that is more difficult to interpret. Fewer data are available on the levels of overweight children, although there is increasing evidence in many countries of a double burden of malnutrition (with high levels of underweight or stunting) in some population groups coupled with high levels of overweight in other groups.

The prevalence of current tobacco smoking is an important predictor of the future burden of tobacco-related diseases. Harmful use of alcohol can cause alcohol dependence, hepatic cirrhosis, cancer and injuries.

The use of solid fuels in households is a proxy for indoor air pollution. Using solid fuels such as wood, charcoal and crops is associated with increased mortality from pneumonia and other acute lower respiratory diseases among children as well as increased mortality from chronic obstructive pulmonary disease and lung cancer (where coal is used) among adults.

Unsafe water supplies and inadequate levels of sanitation and hygiene increase the transmission of diarrhoeal diseases (including cholera); schistosomiasis; trachoma; and hepatitis. Although more people globally now are using “improved” drinking-water sources²⁰ and “improved” sanitation facilities²¹ compared to 2000, the rate of improvement will need to accelerate to meet the relevant MDG target²² for 2015 (Figure 11 and Box 4).

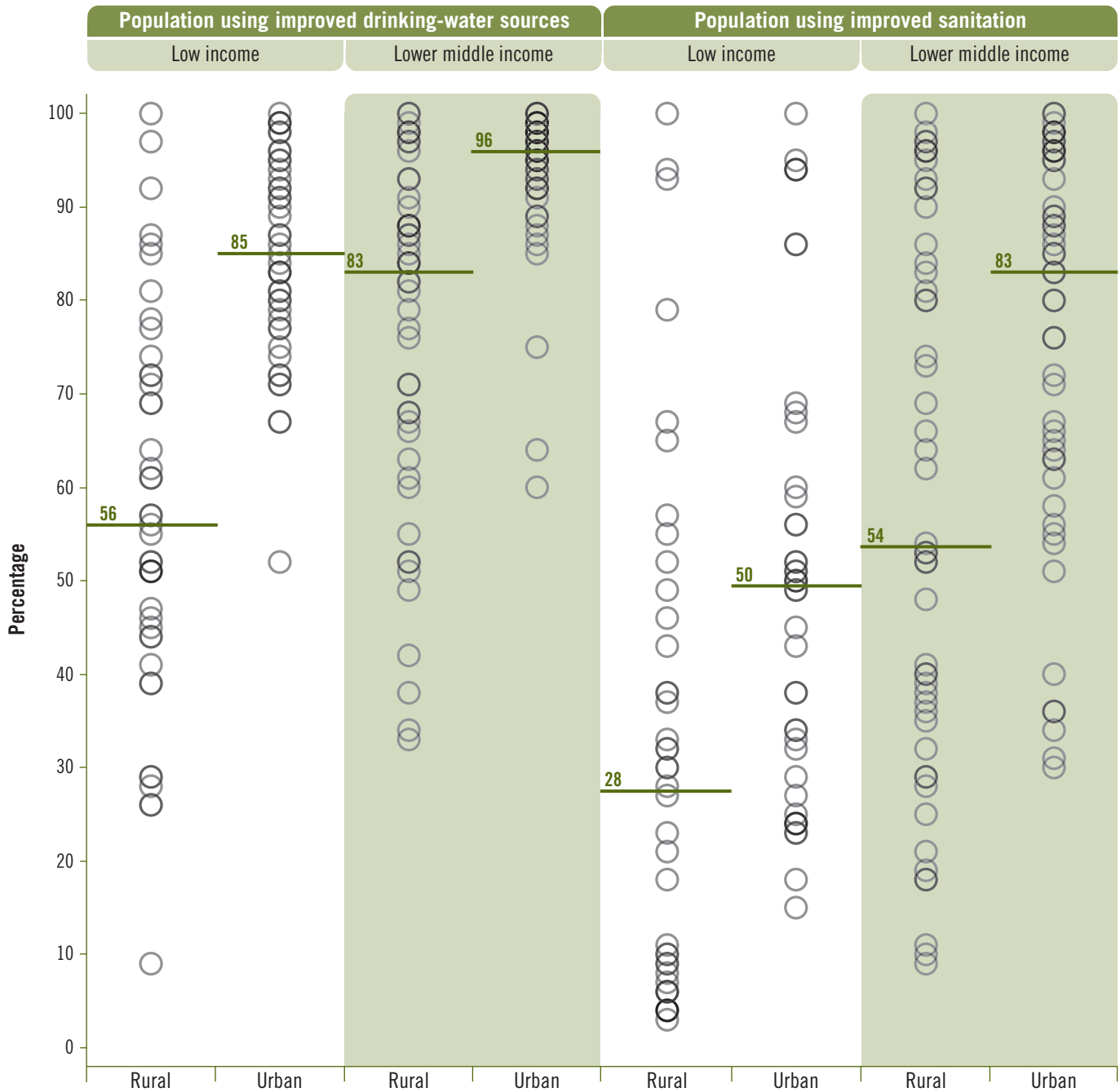
Data on risk factors and health-related behaviours are generally drawn from household surveys. It is important to note that the reliability of these estimates depends on the overall quality of the sampling frames and methods used; on interviewer training, data-quality assurance procedures, and statistical analyses of the data; and on the ability and willingness of respondents to provide accurate responses. Where data from household surveys are not available, statistical techniques may be used to develop estimates in some settings.

²⁰ Improved drinking-water sources include: piped water into dwelling, plot or yard; public tap/standpipe; borehole/tube well; protected dug well; protected spring; rainwater collection; and bottled water (if a secondary available source is also improved).

²¹ Improved sanitation facilities are facilities that hygienically separate human excreta from human contact and include: flush/pour flush toilets or latrines connected to a sewer, septic tank or pit; ventilated pit latrines; pit latrines with a slab or platform of any material which covers the pit entirely except for the drop hole; and composting toilets/latrines.

²² MDG 7; Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation. Use of an improved drinking-water source is a proxy for access to safe drinking-water. Similarly, the indicator used as a proxy for access to basic sanitation records the proportion of the population using an improved sanitation facility. Definitions and a detailed description of drinking-water sources and sanitation facilities can be found at the web site of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation at www.wssinfo.org

Figure 11: Population using improved drinking-water sources and sanitation in low-income and lower middle-income countries by rural and urban areas – 2008



Note: Solid horizontal lines indicate the median.

Box 4: Use of improved drinking-water sources and sanitation

In Figure 11, each circle represents a country (note that circles may overlap). From the data presented, three major conclusions emerge:

The use of improved drinking-water and sanitation are heavily dependent upon country income and place of residence – people living in rural areas in low-income countries are least likely to have access to improved drinking-water and sanitation facilities.

The use of improved sanitation is generally far lower than the use of improved drinking-water in both rural and urban areas – in low-income countries, median use of improved drinking-water in rural areas is 56% compared with only 28% for sanitation. In the corresponding urban areas, the figures are 85% and 50% respectively.

There are wide inequalities across countries in the use of both improved drinking-water and sanitation facilities – for example in rural areas of lower middle-income countries, improved sanitation levels ranged from 9% to 100% – representing an 11-fold difference.

5. Risk factors

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Member State	MDG 7 Population using improved drinking-water sources ^a (%)						MDG 7 Population using improved sanitation ^a (%)						Population using solid fuels ^b (%)			Low birth-weight newborns ^c (%)
	Urban		Rural		Total		Urban		Rural		Total		Urban	Rural	Total	
	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	2007			
															2000–2008	
Afghanistan	...	78	...	39	...	48	...	60	...	30	...	37	36 ⁱ	97 ⁱ	87	...
Albania	100	96	...	98	...	97	...	98	...	98	...	98	...	...	...	7
Algeria	100	85	88	79	94	83	99	98	77	88	88	95	<5 ⁱ	<5 ⁱ	<5	6
Andorra	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	...
Angola	30	60	40	38	36	50	58	86	6	18	25	57	17 ⁱ	92 ⁱ	48	12
Antigua and Barbuda	95	95	...	...	...	...	98	98	...	...	...	...	...	...	<5	5
Argentina	97	98	72	80	94	97	93	91	73	77	90	90	<5 ⁱ	...	5 ⁱ	7
Armenia	99	98	...	93	...	96	95	95	...	80	...	90	<5	<5	26	7
Australia	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	7
Austria	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	7
Azerbaijan	88	88	49	71	70	80	...	51	...	39	...	45	<5 ⁱ	23 ⁱ	7	10
Bahamas	98	98	...	...	...	...	100	100	100	100	100	100	...	...	<5 ⁿ	11
Bahrain	100	100	...	...	...	...	100	100	...	...	...	...	...	...	<5 ⁿ	8
Bangladesh	88	85	76	78	78	80	59	56	34	52	39	53	60	99	90	22
Barbados	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	14
Belarus	100	100	99	99	100	100	...	91	...	97	...	93	<5 ⁱ	9 ⁱ	<5 ⁱ	4
Belgium	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	8
Belize	89	99	63	100	75	99	73	93	75	86	74	90	<5	21	10	7
Benin	72	84	47	69	56	75	14	24	1	4	5	12	88	97	94	15
Bhutan	...	99	...	88	...	92	...	87	...	54	...	65	<5 ^t	72 ^t	54 ^t	15
Bolivia (Plurinational State of)	92	96	42	67	70	86	29	34	6	9	19	25	6	75	31	7
Bosnia and Herzegovina	...	100	...	98	...	99	...	99	...	92	...	95	20 ^t	71 ^t	49 ^t	5
Botswana	100	99	88	90	93	95	58	74	20	39	36	60	<5	53	40	10
Brazil	96	99	65	84	88	97	81	87	35	37	69	80	<5	40	7	8
Brunei Darussalam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	<5 ⁿ	10
Bulgaria	100	100	99	100	100	100	100	100	98	100	99	100	...	...	...	9
Burkina Faso	73	95	36	72	41	76	28	33	2	6	6	11	82 ^t	99 ^t	>95 ^t	16
Burundi	97	83	68	71	70	72	41	49	44	46	44	46	>95	>95	>95	11
Cambodia	52	81	33	56	35	61	38	67	5	18	9	29	64	96	91	14
Cameroon	77	92	31	51	50	74	65	56	35	35	47	47	62 ^t	98 ^t	81 ^t	11
Canada	100	100	99	99	100	100	100	100	99	99	100	100	...	...	<5 ⁿ	6
Cape Verde	...	85	...	82	...	84	...	65	...	38	...	54	12	73	36	6
Central African Republic	78	92	47	51	58	67	21	43	5	28	11	34	>95 ⁱ	>95 ⁱ	>95	13
Chad	48	67	36	44	38	50	20	23	2	4	6	9	94 ⁱ	>95 ⁱ	93 ⁱ	22
Chile	99	99	48	75	90	96	91	98	48	83	84	96	...	...	<5 ⁿ	6
China	97	98	56	82	67	89	48	58	38	52	41	55	23	71	48	4
Colombia	98	99	68	73	88	92	80	81	43	55	68	74	<5	53	13	6
Comoros	98	91	83	97	87	95	34	50	11	30	17	36	44 ⁱ	90 ⁱ	76 ⁱ	25
Congo	...	95	...	34	...	71	...	31	...	29	...	30	77 ^t	>95 ^t	84 ^t	13
Cook Islands	99	98	87	...	94	...	100	100	91	100	96	100	...	...	<5	3
Costa Rica	99	100	86	91	93	97	94	95	91	96	93	95	...	...	...	7
Côte d'Ivoire	90	93	67	68	76	80	38	36	8	11	20	23	64	>95	79	17
Croatia	...	100	...	97	...	99	...	99	...	98	...	99	7 ⁱ	24 ⁱ	12 ⁱ	5
Cuba	93	96	53	89	82	94	86	94	64	81	80	91	<5	13	<5	5
Cyprus	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	...
Czech Republic	100	100	100	100	100	100	100	99	98	97	100	98	<5 ⁱ	<5 ⁱ	<5 ⁱ	7
Democratic People's Republic of Korea	100	100	100	100	100	100	...	...	...	...	...	...	...	...	...	7
Democratic Republic of the Congo	90	80	27	28	45	46	23	23	4	23	9	23	89 ⁱ	>95 ⁱ	>95	12

Infants exclu- sively breastfed for the first 6 months of life ^d (%)	Children aged <5 years ^e (%)						Adults aged ≥15 years who are obese ^f (%)		Alcohol consump- tion among adults aged ≥15 years ^g (litres of pure alcohol per person per year)	Prevalence of smoking any tobacco product among adults aged ≥15 years ^h (%)		Prevalence of current tobacco use among ado- lescents aged 13–15 years ⁱ (%)		MDG 6 Prevalence of condom use by adults aged 15–49 years at higher-risk sex ^j (%)		MDG 6 Population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS ^k (%)			
	Stunted		MDG1 Underweight		Overweight		Male	Female		Male	Female	Male	Female	Male	Female	Male	Female		
	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009												2000–2009		2005		2006		2000–2009		2000–2007		2000–2007
	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009	2000–2009		2005	2006		2000–2009		2000–2007		2000–2007		
...	53.2	59.3	44.9	32.9	6.5	4.6	...	...	<0.1	...	...	13.1 ^m	3.2 ^m	...	...	...	...
39	20.4	27.0	7.1	6.6	9.5	25.2	...	...	4.9	42.6	3.8	17.6	6.7	...	...	...	6
7	22.5	15.9	11.3	3.7	13.2	12.9	...	...	0.6	28.8	0.2	25.5 ^m	5.7 ^m	...	...	...	13
...	...	...	...	...	...	...	...	...	12.8	35.6	27.7	...	...	...	...	...	...
11	61.7	50.8	37.0	27.5	1.6	5.3	...	...	4.7	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	9.5 ^o	...	...	15.1	12.5	...	...	...	...
...	16.9	8.2	4.7	2.3	13.5	9.9	...	19.4 ^{o,q}	7.8	34.7	25.7	26.1	29.7	...	...	...	...
33	15.1	18.2	2.7	4.2	10.8	11.7	...	15.5 ^q	11.5	61.0	2.7	10.9	4.3	58	...	15	23		
...	0.0	...	0.0	...	8.2	...	25.6 ^{p,r}	24.0 ^{p,r}	9.9	22.0	19.0	...	...	...	...	...	...
10	...	...	...	...	...	...	13.0 ^{p,r,s}	9.0 ^{p,r,s}	12.7	46.7	41.3	...	...	...	...	...	...
12	...	26.8	...	8.4	...	13.9	4.3 ^q	17.9 ^q	8.0	...	0.6	...	...	26	<1	5	6
...	...	...	...	...	...	...	...	...	11.0 ^o	...	...	12.9	10.2	...	...	...	...
...	...	...	...	...	...	...	...	...	3.7	21.8	2.9	28.0	11.7	...	...	...	...
43	62.4	43.2	52.0	41.3	0.5	1.1	...	1.7 ^q	0.0	47.0	3.7	9.1	5.1	...	...	...	16
...	...	...	...	...	...	...	...	...	7.6 ^o	18.0	3.0	34.5	23.2	...	...	...	...
9	...	4.5	...	1.3	...	9.7	...	...	11.1	64.4	21.6	31.6	22.2	...	...	...	34
1	...	...	...	...	...	...	11.9 ^{t,s}	13.4 ^{t,s}	9.7	33.3	24.4	...	...	...	...	...	...
10	...	22.2	...	4.9	...	13.7	...	...	5.8 ^o	24.8	3.0	21.8	15.3	...	...	...	...
43	34.5	44.7	26.8	20.2	2.5	11.4	...	5.8 ^q	1.1	18.0	2.0	14.6 ^m	5.8 ^m	17	...	35	16		
10	47.7	37.5	14.1	12.0	3.9	5.2	...	...	0.2	...	...	27.6	11.6	...	...	...	...
60	33.1	27.1	5.9	4.3	10.7	8.5	...	17.4 ^q	2.8	34.3	29.1	24.7 ^m	16.6 ^m	...	...	18	15
18	...	11.8	...	1.6	...	25.6	16.5 ^{p,r}	25.2 ^{p,r}	9.6	48.7	35.1	16.3	10.5	...	...	...	48
...	35.1	29.1	15.1	10.7	...	10.4	...	...	4.5	...	...	27.0	20.5	...	...	...	...
40	13.5	7.1	4.5	2.2	6.6	7.3	8.9 ^{p,r}	16.0 ^q	6.2	19.4	12.0	17.2 ^m	15.7 ^m	...	...	...	...
...	...	...	...	...	...	...	...	...	1.7	...	...	...	...	...	...	...	...
...	...	8.8	...	1.6	...	13.6	13.4 ^{p,r}	19.2 ^{p,r}	10.9	49.0	38.0	26.4	31.8	...	...	...	...
7	45.5	44.5	33.7	37.4	1.9	7.7	...	2.4 ^q	4.7	20.8	10.3	22.6 ^m	11.5 ^m	43	44	23	15		
45	...	63.1	...	38.9	...	1.4	...	...	6.2	...	...	20.7	16.8	...	...	...	30
66	58.6	39.5	42.6	28.8	6.5	2.0	...	1.5 ^q	2.0	49.1	6.6	4.3	2.3	41	...	45	50		
21	36.7	36.4	17.8	16.6	8.2	9.6	...	2.4 ^q	4.7	11.9	2.0	14.0 ^m	8.2 ^m	38	35	34	27		
17	...	...	...	...	...	...	22.9 ^{p,r}	23.2 ^{p,r}	7.8	24.0	18.0	...	...	...	...	...	...
60	21.4	...	11.8	...	...	...	...	...	2.5 ^o	16.1	4.5	14.7	11.7	69	57	36	36
23	40.2	44.6	23.3	21.8	4.2	10.8	...	...	1.6	...	...	29.5 ^m	34.5 ^m	...	...	27	17
2	45.0	44.8	34.3	33.9	2.7	4.4	...	1.5 ^q	0.4	15.3	2.3	20.9	13.9	20	7	19	7		
58	3.1	2.0	0.7	0.5	11.9	9.5	19.0 ^{p,r}	25.0 ^{p,r}	6.8	42.0	33.8	29.8 ^m	39.8 ^m	...	...	...	...
...	20.7	21.8	7.9	6.8	6.8	9.2	2.4 ^{p,r}	3.4 ^{p,r}	4.4	59.5 ^u	3.7 ^u	7.1 ^m	4.1 ^m	...	...	...	...
47	19.7	16.2	6.3	5.1	4.5	4.2	10.4 ^{p,r}	16.2 ^{p,r}	4.3	...	...	27.0 ^m	27.8 ^m	...	31	...	...
21	41.4	46.9	22.3	25.0	5.9	21.5	...	...	0.2	26.7	12.4	21.8	14.8	...	...	...	18
19	...	31.2	...	11.8	...	8.5	...	7.5 ^q	2.0	11.4	0.9	27.6	20.4	30	23	35	26		
...	...	...	...	...	...	...	57.4 ^{p,v}	65.7 ^{p,v}	5.4 ^o	42.0	34.2	33.7	36.3	...	...	...	...
19	9.0	...	4.5	...	9.6	...	...	...	4.2	25.7	7.3	15.9	13.1	...	...	...	...
4	31.5	40.1	18.2	16.7	4.6	9.0	...	...	4.5	14.4	2.2	21.7 ^m	10.3 ^m	38	41	28	18
...	...	...	...	...	...	...	21.6 ^{p,r}	22.7 ^{p,r}	12.5	38.5	29.1	23.3	25.6	...	...	...	...
26	...	4.6	...	3.9	...	...	8.0 ^{p,r}	15.4 ^{p,r}	4.5	42.9	29.4	10.9 ^m	9.5 ^m	...	...	...	30
...	...	...	...	...	...	...	12.9 ^r	11.8 ^r	9.3 ^o	...	...	13.2	8.4	...	...	...	...
...	3.1	2.6	0.9	2.1	6.7	4.4	23.9 ^{p,r}	22.3 ^{p,r}	14.8	34.8	27.2	35.8	34.1	...	...	...	...
65	...	43.1	...	20.6	58.4		
36	51.0	45.8	30.7	28.2	...	6.8	...	2.4 ^q	2.0	12.7	2.4	36.5 ^m	29.3 ^m	16	8	21	15		

Table 5

5. Risk factors

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Member State	MDG 7 Population using improved drinking-water sources ^a (%)						MDG 7 Population using improved sanitation ^a (%)						Population using solid fuels ^b (%)			Low birth-weight newborns ^c (%)
	Urban		Rural		Total		Urban		Rural		Total		Urban	Rural	Total	
	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	2007			
															2000-2008	
Denmark	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	5
Djibouti	80	98	69	52	77	92	73	63	45	10	66	56	10	83	16	10
Dominica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10
Dominican Republic	98	87	76	84	88	86	83	87	61	74	73	83	<5	21	7	11
Ecuador	81	97	62	88	72	94	86	96	48	84	69	92	<5	17	<5	10
Egypt	96	100	86	98	90	99	91	97	57	92	72	94	<5	<5	<5	13
El Salvador	90	94	58	76	74	87	88	89	62	83	75	87	8	51	23	7
Equatorial Guinea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	<5 ⁿ	13
Eritrea	62	74	39	57	43	61	58	52	0	4	9	14	27	89	63	14
Estonia	99	99	97	97	98	98	...	96	...	94	...	95	8 ⁱ	35 ⁱ	16 ⁱ	4
Ethiopia	77	98	8	26	17	38	21	29	1	8	4	12	74	>95	>95	20
Fiji	92	...	...	...	...	...	92	...	...	...	...	...	...	...	...	10
Finland	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	4
France	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	7
Gabon	...	95	...	41	...	87	...	33	...	30	...	33	15	76	27	14
Gambia	85	96	67	86	74	92	...	68	...	65	...	67	91 ⁱ	>95 ⁱ	95	20
Georgia	94	100	66	96	81	98	97	96	95	93	96	95	9 ⁱ	78 ⁱ	43 ⁱ	5
Germany	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	7
Ghana	84	90	37	74	54	82	11	18	4	7	7	13	74	>95	86	9
Greece	99	100	92	99	96	100	100	99	92	97	97	98	...	...	<5 ⁿ	8
Grenada	97	97	...	...	...	...	96	96	97	97	97	97	...	...	...	9
Guatemala	91	98	75	90	82	94	84	89	51	73	65	81	29	88	62	12
Guinea	87	89	38	61	52	71	18	34	6	11	9	19	>95 ^t	>95 ^t	>95	12
Guinea-Bissau	...	83	37	51	...	61	...	49	...	9	...	21	>95 ⁱ	>95 ⁱ	>95	24
Guyana	...	98	...	93	...	94	...	85	...	80	...	81	<5 ^t	14 ^t	11 ^t	19
Haiti	62	71	41	55	47	63	44	24	19	10	26	17	86	>95	93	25
Honduras	91	95	59	77	72	86	68	80	28	62	44	71	24 ^t	89 ^t	57 ^t	10
Hungary	98	100	91	100	96	100	100	100	100	100	100	100	...	...	<5 ⁿ	9
Iceland	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	4
India	90	96	66	84	72	88	49	54	7	21	18	31	25	88	60	28
Indonesia	92	89	62	71	71	80	58	67	22	36	33	52	23	80	58	9
Iran (Islamic Republic of)	98	98	83	...	91	...	86	...	78	...	83	...	...	...	<5 ^{lw}	7
Iraq	97	91	44	55	81	79	...	76	...	66	...	73	<5 ⁱ	13 ⁱ	5	15
Ireland	100	100	100	100	100	100	100	100	98	98	99	99	...	...	<5 ⁿ	6
Israel	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	8
Italy	100	100	100	100	100	100	...	...	...	...	...	...	...	...	<5 ⁿ	6
Jamaica	98	98	88	89	93	94	82	82	83	84	83	83	...	...	16	12
Japan	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	8
Jordan	99	98	91	91	97	96	98	98	...	97	...	98	<5	<5	<5	13
Kazakhstan	99	99	92	90	96	95	96	97	97	98	96	97	5	25	12	6
Kenya	91	83	32	52	43	59	24	27	27	32	26	31	32	>95	75	10
Kiribati	76	...	33	...	48	...	36	...	21	...	26	...	...	...	...	5
Kuwait	99	99	99	99	99	99	100	100	100	100	100	100	...	...	<5 ⁿ	7
Kyrgyzstan	98	99	...	85	...	90	94	94	...	93	...	93	12 ⁱ	56 ⁱ	37 ⁱ	5
Lao People's Democratic Republic	...	72	...	51	...	57	...	86	...	38	...	53	91	>95	>95	11
Latvia	100	100	96	96	99	99	...	82	...	71	...	78	<5 ⁱ	26 ⁱ	10 ⁱ	5
Lebanon	100	100	100	100	100	100	100	100	...	...	...	...	...	...	<5 ^{lw}	6
Lesotho	88	97	57	81	61	85	29	40	32	25	32	29	8	86	71	13

Infants exclu- sively breastfed for the first 6 months of life ^d (%)	Children aged <5 years ^e (%)						Adults aged ≥15 years who are obese ^f (%)		Alcohol consump- tion among adults aged ≥15 years ^g (litres of pure alcohol per person per year)	Prevalence of smoking any tobacco product among adults aged ≥15 years ^h (%)		Prevalence of current tobacco use among ado- lescents aged 13–15 years ⁱ (%)		MDG 6 Prevalence of condom use by adults aged 15–49 years at higher-risk sex ^j (%)		MDG 6 Population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS ^k (%)	
	Stunted		MDG1 Underweight		Overweight		Male	Female		Male	Female	Male	Female	Male	Female	Male	Female
	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009											
	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009	2000–2009		2005	2006		2000–2009		2000–2007		2000–2007
...	...	...	...	...	...	...	11.8 ^{p,t,s}	11.0 ^{p,t,s}	11.3	35.3	29.8	...	...	...	...	...	...
1	31.7	32.6	16.0	29.6	...	13.4	...	...	1.7	...	...	22.7	14.3	...	...	...	18
...	...	...	...	...	...	...	...	...	8.1 ^o	...	...	30.4	19.8	...	...	...	...
8	13.9	10.1	4.7	3.4	6.9	8.3	...	...	5.8	17.3	13.3	18.4	11.9	45	35	34	41
40	32.5	29.0	12.5	6.2	...	5.1	...	14.6 ^q	4.1	23.4	5.8	31.2 ^m	26.1 ^m	...	...	...	...
53	34.9	30.7	10.8	6.8	14.7	20.5	18.2 ^v	39.5 ^v	0.2	27.6	1.4	16.0	7.6	...	...	...	...
31	29.5	24.6	7.2	6.1	3.9	5.8	...	25.6 ^q	2.5	...	...	18.2	11.0	...	...	...	...
...	...	35.0	...	10.6	...	8.3	...	...	4.6	...	...	25.1	17.3	...	...	...	4
52	44.4	43.7	38.3	34.5	1.2	1.6	2.3 ^v	4.4 ^v	0.8	16.0	1.1	7.8	4.6	...	...	...	37
...	...	...	...	...	...	...	17.5 ^{p,v,s}	18.3 ^{p,v,s}	16.2 ^o	47.8	25.3	33.8	27.8	...	...	...	...
49	...	50.7	...	34.6	...	5.1	...	0.7 ^q	0.6	9.0	0.8	9.9 ^m	4.9 ^m	9	...	33	20
40	4.3	...	6.9	...	2.2	...	15.1 ^{p,v}	32.7 ^{p,v}	2.1 ^o	21.8	3.6	11.6	10.2	...	...	...	...
15	...	...	...	...	...	...	15.4 ^{v,s}	16.0 ^{v,s}	10.0	33.3	23.0	...	...	...	...	...	...
...	...	...	...	...	...	...	16.1 ^{p,f}	17.6 ^{p,f}	13.2	36.4	26.9	...	...	...	...	...	...
5	...	26.3	...	8.8	...	5.6	...	8.2 ^q	7.9	...	...	...	...	40	26	...	...
41	36.3	27.6	23.2	15.8	...	2.7	...	...	2.4	29.2	2.6	34.0 ^m	36.6 ^m	...	...	...	39
11	16.1	14.7	2.7	2.3	17.9	21.0	...	...	4.2	57.0	5.6	15.2	2.8	...	...	...	...
22	...	1.3	...	1.1	...	3.5	20.5 ^{p,f}	21.1 ^{p,f}	11.7	37.2	25.7	...	...	...	...	...	...
63	31.3	28.6	20.3	14.3	2.7	5.9	...	9.3 ^q	1.5	9.5	0.7	11.6	10.9	38	35	33	25
...	...	...	...	...	...	...	26.0 ^{p,t,s}	18.2 ^{p,t,s}	9.2	63.4	39.4	17.1	14.4	...	...	...	...
...	...	...	...	...	...	...	...	...	10.8 ^o	...	...	24.5	16.7	...	...	...	...
51	53.1	54.3	20.3	17.7	6.9	5.6	...	...	2.4	24.1	4.1	19.7	13.3	...	...	...	...
48	34.3	40.0	21.2	20.8	4.3	...	...	3.0 ^q	0.2	...	...	30.8	20.0	24	20	23	17
28	...	28.1	...	17.2	...	...	...	...	3.2	...	...	11.5 ^m	10.3 ^m	...	...	...	18
21	14.0	18.2	10.3	10.8	1.9	6.8	14.3 ^{p,t,s}	26.9 ^{p,t,s}	7.2	...	...	17.6	12.2	53	56	47	53
41	37.2	29.7	24.0	18.9	4.3	3.9	...	6.3 ^q	5.2	...	...	21.7 ^m	23.9 ^m	34	21	40	34
30	43.3	29.9	19.2	8.6	2.4	5.8	...	18.8 ^q	3.2	...	3.4	22.8 ^m	18.2 ^m	...	27	...	30
...	...	...	...	...	...	...	12.1 ^r	18.3 ^r	12.5	45.4	35.3	27.9	26.7	...	...	...	...
...	...	...	...	...	...	...	12.4 ^{t,s}	12.3 ^{t,s}	7.1 ^o	29.3	23.8	...	...	...	...	...	...
46	51.0	47.9	44.4	43.5	3.6	1.9	1.3 ^q	2.8 ^q	0.6	33.2	3.8	19.0	8.3	23	12	36	20
32	...	40.1	22.8	19.6	...	11.2	1.1 ^r	3.6 ^r	<0.1	61.7	5.2	41.0	6.2	...	...	...	...
44	20.4	...	9.5	...	6.9	...	9.2 ^v	19.2 ^v	<0.1	29.6	5.4	32.9	19.5	...	...	...	...
25	...	27.5	...	7.1	...	15.0	26.2 ^{p,f}	38.2 ^{p,f}	0.2	29.6	3.4	17.7 ^m	15.2 ^m	...	...	...	3
...	...	...	...	...	...	...	16.0 ^{p,x}	17.0 ^{p,x}	13.4	33.8	28.2	...	...	...	...	...	...
...	...	...	...	...	...	...	19.8 ^{p,v}	25.4 ^{p,v}	2.5	30.5	18.5	...	...	...	...	...	...
...	...	...	...	...	...	...	7.4 ^{p,t,s}	8.9 ^{p,t,s}	8.0	34.0	19.5	...	...	...	...	...	...
15	6.3	3.7	2.3	2.2	5.9	...	...	...	3.5	20.5	9.2	24.0	15.3	...	...	...	60
...	...	...	...	...	...	...	2.9 ^r	3.3 ^r	8.0	42.4	12.6	...	...	...	...	...	...
22	11.1	12.0	3.8	3.6	4.4	4.7	21.1 ^{p,t,s}	20.1 ^{q,s}	0.4	61.1	9.6	33.7	26.1	...	...	...	...
17	13.9	17.5	3.8	4.9	5.3	14.8	...	...	6.2	42.9	9.1	15.2	8.1	...	...	...	22
32	37.0	35.8	17.6	16.5	7.6	5.8	...	6.3 ^q	1.9	25.9	2.0	14.9	14.5	33	12	47	34
...	...	...	...	...	...	...	41.7 ^{p,v}	58.9 ^{p,v}	1.6	...	...	42.6	30.7	...	...	...	...
...	...	...	...	...	...	...	36.4 ^{p,v}	47.9 ^{p,v}	<0.1	36.9	4.3	25.0	11.3	...	...	...	...
32	32.6	18.1	8.2	2.7	9.2	10.7	...	...	2.8	46.4	2.0	10.3	4.4	...	...	...	20
26	52.9	47.6	35.9	31.6	...	1.3	0.7 ^r	3.0 ^q	5.8	64.0	15.3	13.2 ^m	4.9 ^m	...	...	...	...
29	...	...	...	...	...	...	12.3 ^{v,s}	18.1 ^{v,s}	10.2	53.4	24.1	41.8	33.9	...	...	...	...
...	16.7	16.5	2.6	4.2	...	16.7	1.7	30.6	7.1	65.8	54.1
36	49.8	45.2	14.0	16.6	...	6.8	...	16.1 ^q	1.9	26.4	21.7	41	19	19	27

Table 5

5. Risk factors

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Member State	MDG 7 Population using improved drinking-water sources ^a (%)						MDG 7 Population using improved sanitation ^a (%)						Population using solid fuels ^b (%)			Low birth-weight newborns ^c (%)
	Urban		Rural		Total		Urban		Rural		Total		Urban	Rural	Total	
	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	2007			
															2000-2008	
Liberia	86	79	34	51	58	68	21	25	3	4	11	17	>95 ⁱ	>95 ⁱ	>95 ⁱ	14
Libyan Arab Jamahiriya	54	...	55	...	54	...	97	97	96	96	97	97	...	...	<5 ^{lw}	7
Lithuania	...	...	...	...	...	...	...	...	...	...	...	...	...	...	<5 ⁿ	4
Luxembourg	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	8
Madagascar	78	71	16	29	31	41	14	15	6	10	8	11	>95	>95	>95	17
Malawi	90	95	33	77	40	80	50	51	41	57	42	56	>95	>95	>95	13
Malaysia	94	100	82	99	88	100	88	96	81	95	84	96	<5 ⁱ	<5 ⁱ	<5 ⁱ	9
Maldives	100	99	87	86	90	91	100	100	58	96	69	98	...	...	10	22
Mali	54	81	22	44	29	56	36	45	23	32	26	36	>95	>95	>95	19
Malta	100	100	98	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	6
Marshall Islands	94	92	97	99	95	94	77	83	41	53	64	72	9 ⁱ	94 ⁱ	31	18
Mauritania	36	52	26	47	30	49	29	50	8	9	16	26	30	82	60	34
Mauritius	100	100	99	99	99	99	93	93	90	90	91	91	<5 ^t	<5 ^t	<5 ^t	14
Mexico	94	96	64	87	85	94	80	90	30	68	66	85	<5 ⁱ	45 ⁱ	15	8
Micronesia (Federated States of)	93	95	87	...	89	...	55	...	20	...	29	...	...	...	44	18
Monaco	100	100	...	...	100	100	100	100	...	...	100	100	...	...	<5 ⁿ	...
Mongolia	81	97	27	49	58	76	...	64	...	32	...	50	61 ⁱ	>95 ⁱ	77 ⁱ	6
Montenegro	...	100	...	96	...	98	...	96	...	86	...	92	18 ⁱ	56 ⁱ	32 ⁱ	4
Morocco	94	98	55	60	74	81	81	83	27	52	53	69	<5 ^t	17 ^t	7 ^t	15
Mozambique	73	77	26	29	36	47	36	38	4	4	11	17	89 ^t	>95 ^t	>95 ^t	15
Myanmar	87	75	47	69	57	71	...	86	...	79	...	81	88 ⁱ	>95 ⁱ	>95 ⁱ	15
Namibia	99	99	51	88	64	92	66	60	9	17	25	33	19	88	57	16
Nauru	...	90	...	...	...	90	...	50	...	...	...	50	...	...	5	27
Nepal	96	93	74	87	76	88	41	51	8	27	11	31	36	91	82	21
Netherlands	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	...
New Zealand	100	100	100	100	100	100	...	...	88	...	...	...	...	...	<5 ⁿ	6
Nicaragua	92	98	54	68	74	85	59	63	26	37	43	52	31	92	56	8
Niger	57	96	31	39	35	48	19	34	2	4	5	9	>95	>95	>95	27
Nigeria	79	75	30	42	47	58	39	36	36	28	37	32	40	92	79	14
Niue	100	100	100	100	100	100	100	100	100	100	100	100	...	...	5	0
Norway	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	5
Oman	84	92	72	77	80	88	97	97	61	...	85	...	...	...	<5 ⁿ	9
Pakistan	96	95	81	87	86	90	73	72	8	29	28	45	31	91	66	32
Palau	73	...	98	...	81	...	76	96	54	...	69	...	...	...	<5 ^{lw}	9
Panama	99	97	66	83	84	93	73	75	40	51	58	69	<5	46	16	10
Papua New Guinea	89	87	32	33	41	41	78	71	42	41	47	45	...	...	...	10
Paraguay	81	99	25	66	52	86	61	90	15	40	37	70	33	81	52	9
Peru	88	90	45	61	75	82	71	81	16	36	54	68	11 ^t	80 ^t	36	8
Philippines	93	93	76	87	84	91	70	80	46	69	58	76	27 ⁱ	70 ⁱ	47 ⁱ	20
Poland	100	100	100	100	100	100	96	96	...	80	...	90	...	...	<5 ⁿ	6
Portugal	98	99	94	100	96	99	97	100	87	100	92	100	...	...	<5 ⁿ	8
Qatar	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ^{lw}	10
Republic of Korea	97	100	...	88	...	98	100	100	100	100	100	100	...	...	<5 ^{lw}	4
Republic of Moldova	...	96	...	85	...	90	...	85	...	74	...	79	<5 ⁱ	24 ⁱ	15 ⁱ	6
Romania	...	...	...	...	...	...	88	88	52	54	71	72	<5 ⁱ	42 ⁱ	23 ⁱ	8
Russian Federation	98	98	81	89	93	96	93	93	70	70	87	87	<5	20	7	6
Rwanda	96	77	66	62	68	65	35	50	22	55	23	54	>95	>95	>95	6
Saint Kitts and Nevis	99	99	99	99	99	99	96	96	96	96	96	96	...	...	<5 ⁿ	11
Saint Lucia	98	98	98	98	98	98	...	...	...	...	...	...	...	...	<5	11

Infants exclu- sively breastfed for the first 6 months of life ^d (%)	Children aged <5 years ^e (%)						Adults aged ≥15 years who are obese ^f (%)		Alcohol consump- tion among adults aged ≥15 years ^g (litres of pure alcohol per person per year)	Prevalence of smoking any tobacco product among adults aged ≥15 years ^h (%)		Prevalence of current tobacco use among ado- lescents aged 13–15 years ⁱ (%)		MDG 6 Prevalence of condom use by adults aged 15–49 years at higher-risk sex ^j (%)		MDG 6 Population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS ^k (%)			
	Stunted		MDG1 Underweight		Overweight		Male	Female		Male	Female	Male	Female	Male	Female	Male	Female		
	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009												2000–2009		2005		2006		2000–2009		2000–2007		2000–2007
	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009	2000–2009		2005	2006		2000–2009		2000–2007		2000–2007		
29	45.3	39.4	22.8	20.4	4.6	4.2	...	5.7 ^q	3.5	13.1	...	14.2 ^m	11.8 ^m	...	...	...	...
...	20.7	21.0	4.3	5.6	...	22.4	...	...	0.0	...	...	15.5	6.1	...	...	...	...
...	...	...	...	...	...	...	20.6 ^{p,v,s}	19.2 ^{p,v,s}	12.5	49.9	21.7	38.4	28.8	...	...	...	...
...	...	...	...	...	...	...	...	...	11.7	38.8	30.4	...	...	...	...	...	...
51	55.5	52.8	35.5	36.8	2.9	6.2	...	1.0 ^q	0.8	...	...	33.2	14.3	9	2	16	19
57	55.8	53.2	24.4	15.5	9.9	11.3	...	2.4 ^q	1.1	21.4	5.4	16.7	11.4	20	16	36	24		
...	20.7	...	16.7	...	5.5	...	13.9 ^{p,v}	18.8 ^{p,v}	0.5	52.6	2.6	35.1	9.4	...	...	...	...
10	46.7	31.9	41.5	25.7	6.9	3.9	...	...	...	44.5	11.8	8.5	3.4	...	...	...	...
38	36.2	38.5	38.2	27.9	2.1	4.7	...	5.2 ^q	0.5	18.3	2.5	23.1	8.8	12	8	22	18		
...	...	...	...	...	...	...	22.2 ^{p,t,s}	19.3 ^{p,t,s}	5.3 ^o	32.1	20.7	...	...	...	...	...	...
27	...	...	...	...	...	...	...	...	...	35.7	6.1	...	...	20	11	39	27
19	49.8	24.2	20.3	16.7	...	...	...	16.7 ^q	<0.1	33.7	5.1	27.5	17.7	...	...	...	...
...	...	...	...	...	...	...	5.6 ^{p,f}	13.7 ^{p,f}	2.6	34.2	0.9	20.3	7.7	...	...	...	...
...	21.7	15.5	6.0	3.4	7.6	7.6	24.2 ^{p,f}	34.5 ^{p,f}	5.1	36.4	12.4	27.8 ^m	28.5 ^m	...	...	...	...
...	...	...	...	...	...	...	...	...	3.3	29.8	18.0	51.9	39.8	...	...	...	...
...		
57	30.1	27.5	10.8	5.3	7.0	14.2	7.2 ^v	12.5 ^v	1.4	45.6	6.5	25.7	16.0	...	...	...	35
19	9.7	7.9	0.6	2.2	22.0	15.6	...	...	...	...	...	6.6	5.9	...	...	...	30
31	29.9	23.1	8.1	9.9	10.7	13.3	8.2 ^{p,f}	11.0 ^q	0.5	30.4	0.2	12.5	8.2	...	...	...	12
30	45.3	47.0	28.1	21.2	6.0	6.3	...	3.9 ^q	1.5	20.9	3.1	12.7 ^m	7.4 ^m	19	14	33	20		
11	47.6	40.6	25.0	29.6	11.6	2.4	...	...	0.1	42.6	14.8	22.5	8.2	...	...	...	...
24	35.7	29.6	21.5	17.5	4.5	4.6	...	11.7 ^q	6.5	24.1	9.5	28.6	22.9	74	66	62	65		
67	...	...	...	...	...	...	50.3 ^q	56.0 ^q	2.3	47.5	54.0	...	...	...	...	...	...
53	61.1	49.3	38.2	38.8	0.4	0.6	...	0.9 ^q	0.2	35.8	27.9	13.0	5.3	30	...	44	28		
...	...	...	...	...	...	...	8.6 ^{p,t,s}	10.8 ^{p,t,s}	9.5	33.3	27.5	...	...	...	...	...	...
...	...	...	...	...	...	...	24.7 ^r	26.0 ^r	9.3	22.2	20.0	18.7	21.5	...	...	...	...
31	28.3	18.8	10.0	4.3	4.0	5.2	33.1 ^{p,f}	35.2 ^{p,f}	3.7	...	...	30.4 ^m	20.5 ^m	...	19	...	22
10	47.0	54.8	45.0	39.9	1.2	3.5	...	3.2 ^q	<0.1	...	...	15.2	8.0	7	8	16	13
13	39.7	41.0	27.3	26.7	...	10.5	...	6.0 ^q	9.7	11.9	1.0	19.2 ^m	11.1 ^m	22	13	21	18		
...	...	...	...	...	...	...	...	...	7.7	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	11.0 ^{p,t,s}	8.0 ^{p,t,s}	6.4	30.5	29.7	...	...	...	...	...	...
...	12.9	...	11.3	...	1.6	...	16.7 ^{p,f}	23.8 ^{p,f}	0.7	20.5	1.3	17.8	11.3	...	...	...	...
37	42.7	41.5	35.3	31.3	1.6	4.8	...	...	<0.1	35.4	6.5	12.4 ^m	7.5 ^m	...	...	...	...
...	...	...	...	...	...	...	...	...	11.3	37.7	9.3	58.3	42.4	...	...	...	...
...	21.5	19.1	6.3	3.9	6.2	...	14.4 ^{p,f}	21.8 ^{p,f}	5.9	...	...	10.5	6.5	...	...	...	...
...	...	43.9	...	18.1	...	3.4	...	...	1.5	...	...	55.4	40.3	...	...	...	...
22	18.3	...	2.8	...	6.3	...	...	...	6.4	32.9	15.2	20.8	12.9	...	...	...	...
73	31.6	29.8	5.7	5.4	9.9	9.1	11.5 ^{p,f}	12.5 ^q	3.1	...	...	19.9 ^m	18.2 ^m	...	31	...	19
34	38.3	33.8	28.3	20.7	1.9	2.4	3.0 ^{p,f}	5.7 ^{p,f}	4.2	53.2	12.2	28.2	17.3	22	...	18	12		
...	...	...	...	...	...	...	15.7 ^{p,f}	19.9 ^{p,f}	9.5	29.6	37.7	26.0 ^m	31.7 ^m	...	...	...	...
...	...	...	...	...	...	...	15.0 ^{p,v}	13.4 ^{p,v}	12.2	33.7	15.5	...	...	...	...	...	...
...	11.6	...	4.8	...	10.4	...	...	...	0.9	...	...	25.2	13.1	...	...	...	...
...	...	...	...	...	...	...	2.8 ^{p,t,s}	3.5 ^{p,t,s}	11.8	53.3	5.7	14.9	10.6	...	...	...	...
46	...	11.3	...	3.2	...	9.1	...	18.2 ^q	...	44.7	5.4	20.8	7.1	45	22	...	...
16	15.3	12.8	3.4	3.5	10.1	8.3	7.7 ^r	9.5 ^r	10.5	45.5	24.1	18.4	10.4	...	...	...	...
...	...	...	...	...	...	...	11.8 ^{p,q,s}	20.1 ^{p,q,s}	11.0	70.1	27.7	30.1	24.4	...	...	...	...
88	56.8	51.7	24.3	18.0	4.0	6.7	...	1.1 ^q	7.0	13.3	9.5	8	14	54	51		
...	10.3 ^o	18.2	13.6		
...	12.7 ^o	28.4	12.1	22.4	14.5		

Table 5

5. Risk factors

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Member State	MDG 7 Population using improved drinking-water sources ^a (%)						MDG 7 Population using improved sanitation ^a (%)						Population using solid fuels ^b (%)			Low birth-weight newborns ^c (%)	
	Urban		Rural		Total		Urban		Rural		Total		Urban	Rural	Total		
	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	2007				
															2000–2008		
Saint Vincent and the Grenadines	96	96	8
Samoa	99	...	89	...	91	...	100	100	98	100	98	100	...	...	44	4
San Marino	...	...	...	...	...	...	...	...	...	...	...	...	...	...	<5 ⁿ	...
Sao Tome and Principe	...	89	...	88	...	89	...	30	...	19	...	26	...	...	...	8
Saudi Arabia	97	97	63	...	89	...	100	100	...	...	...	...	...	...	<5 ⁿ	11
Senegal	88	92	43	52	61	69	62	69	22	38	38	51	17	86	51	19	
Serbia	...	99	...	98	...	99	...	96	...	88	...	92	14 ⁱ	61 ⁱ	34	5	
Seychelles	...	100	...	...	...	...	...	97	...	...	...	...	...	...	<5 ⁱ	...
Sierra Leone	...	86	...	26	...	49	...	24	...	6	...	13	>95 ^t	>95 ^t	>95	24	
Singapore	100	100	...	...	100	100	99	100	...	...	99	100	...	...	<5 ⁿ	8
Slovakia	...	100	...	100	...	100	100	100	99	100	100	100	<5 ⁱ	<5 ⁱ	<5 ⁱ	7	
Slovenia	100	100	99	99	100	99	100	100	100	100	100	100	...	...	8 ⁱ	...
Solomon Islands	...	...	...	...	...	...	98	98	...	...	...	...	60 ^t	>95 ^t	92	13
Somalia	...	67	...	9	...	30	...	52	...	6	...	23	>95 ^t	>95 ^t	>95 ^t	...	
South Africa	98	99	66	78	83	91	80	84	58	65	69	77	7	41	17	15	
Spain	100	100	100	100	100	100	100	100	100	100	100	100	<5 ⁱ	<5 ⁱ	<5 ⁱ	6	
Sri Lanka	91	98	62	88	67	90	85	88	67	92	70	91	32 ^t	81 ^t	72	18	
Sudan	85	64	58	52	65	57	63	55	23	18	34	34	...	...	90	31
Suriname	99	97	...	81	...	93	90	90	...	66	...	84	...	...	...	13
Swaziland	...	92	...	61	...	69	...	61	...	53	...	55	14	77	58	9	
Sweden	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	4
Switzerland	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	6
Syrian Arab Republic	96	94	75	84	85	89	94	96	72	95	83	96	<5 ⁱ	<5 ⁱ	<5 ⁱ	9	
Tajikistan	...	94	...	61	...	70	93	95	...	94	...	94	<5	35	21	10	
Thailand	97	99	89	98	91	98	93	95	74	96	80	96	11 ⁱ	47 ⁱ	25	9	
The former Yugoslav Republic of Macedonia	...	100	...	99	...	100	...	92	...	82	...	89	25 ⁱ	55 ⁱ	37 ⁱ	6	
Timor-Leste	...	86	...	63	...	69	...	76	...	40	...	50	...	...	...	12
Togo	79	87	36	41	49	60	25	24	8	3	13	12	>95 ⁱ	>95 ⁱ	>95 ⁱ	12	
Tonga	...	100	...	100	...	100	98	98	96	96	96	96	9 ⁱ	50 ⁱ	45	3	
Trinidad and Tobago	92	98	88	93	88	94	93	92	93	92	93	92	...	...	<5 ⁱ	19
Tunisia	95	99	62	84	81	94	95	96	44	64	74	85	<5 ^t	<5 ^t	<5 ^t	5	
Turkey	94	100	73	96	85	99	96	97	66	75	84	90	...	...	...	16
Turkmenistan	97	97	...	...	...	...	99	99	97	97	98	98	<5 ⁱ	<5 ⁱ	<5 ^{l,w}	4
Tuvalu	92	98	89	97	90	97	86	88	76	81	80	84	...	...	25	5
Uganda	78	91	39	64	43	67	35	38	40	49	39	48	95	>95	>95	14	
Ukraine	99	98	...	97	...	98	97	97	91	90	95	95	<5 ^t	15 ^t	7 ^t	4	
United Arab Emirates	100	100	100	100	100	100	98	98	95	95	97	97	<5 ⁱ	<5 ⁱ	<5 ⁱ	15	
United Kingdom	100	100	100	100	100	100	100	100	100	100	100	100	...	...	<5 ⁿ	8
United Republic of Tanzania	94	80	46	45	55	54	27	32	23	21	24	24	85	>95	94	10	
United States of America	100	100	94	94	99	99	100	100	99	99	100	100	...	...	<5 ⁿ	8
Uruguay	98	100	79	100	96	100	95	100	83	99	94	100	<5 ^t	23	<5	9	
Uzbekistan	97	98	85	81	90	87	95	100	76	100	84	100	<5 ^t	26 ^t	16 ^t	5	
Vanuatu	91	96	49	79	57	82	...	66	...	48	...	51	53 ⁱ	>95 ⁱ	85	10	
Venezuela (Bolivarian Republic of)	93	...	71	...	90	...	89	...	45	...	82	...	...	...	...	9
Viet Nam	88	99	51	92	58	94	61	94	29	67	35	75	20	72	61	7	
Yemen	...	72	...	57	...	62	64	94	6	33	18	52	<5	53	36	32	
Zambia	89	87	23	46	49	60	62	59	36	43	46	49	62	>95	86	11	
Zimbabwe	99	99	70	72	78	82	58	56	37	37	43	44	19	>95	71	11	

Infants exclu- sively breastfed for the first 6 months of life ^d (%)	Children aged <5 years ^e (%)						Adults aged ≥15 years who are obese ^f (%)		Alcohol consump- tion among adults aged ≥15 years ^g (litres of pure alcohol per person per year)	Prevalence of smoking any tobacco product among adults aged ≥15 years ^h (%)		Prevalence of current tobacco use among ado- lescents aged 13–15 years ⁱ (%)		MDG 6 Prevalence of condom use by adults aged 15–49 years at higher-risk sex ^j (%)		MDG 6 Population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS ^k (%)	
	Stunted		MDG1 Underweight		Overweight		Male	Female		Male	Female	Male	Female	Male	Female	Male	Female
	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009											
	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009	2000–2009		2005	2006		2000–2009		2000–2007		2000–2007
...	...	...	...	...	...	...	...	...	5.9 ^o	18.8	6.0	22.0	16.6	...	...	...	...
...	6.4	...	1.7	...	6.2	...	44.9 ^{p,v}	66.3 ^{p,v}	3.6	58.5	22.9	25.8	20.4	...	...	...	...
...
51	...	29.3	...	13.1	...	...	...	...	5.4	22.2	9.7	...	...	...	...	...	44
...	21.4	9.3	13.5	5.3	1.2	6.1	28.3 ^v	43.8 ^v	0.5	22.9	3.7	20.2	10.7	...	...	...	...
34	33.7	20.1	21.9	14.5	4.0	2.4	...	7.2 ^q	0.3	18.5	1.4	20.4	9.6	31	21	26	21
15	9.9	8.1	0.5	1.8	17.8	19.3	...	...	10.1	39.6	26.7	10.8	9.6	...	...	...	42
...	...	...	...	...	...	...	15.0 ^{p,v}	35.2 ^{p,v}	11.9 ^o	32.3	6.4	27.1	25.3	...	...	...	...
11	...	37.4	...	21.3	...	10.1	...	9.3 ^q	6.5	...	...	20.3 ^m	24.1 ^m	...	...	...	17
...	...	4.4	...	3.3	...	2.6	6.7 ^{p,t,s}	4.7 ^{p,t,s}	2.1 ^o	36.3	5.9	10.5	7.5	...	...	...	...
...	...	...	...	...	...	...	13.5 ^{v,s}	15.0 ^{v,s}	11.0	41.3	20.3	28.5	24.5	...	...	...	...
...	...	...	...	...	...	...	16.5 ^{p,v,s}	13.8 ^{p,v,s}	10.5	31.6	21.3	16.9	24.2	...	...	...	...
74	...	32.8	...	11.5	...	2.5	5.2 ^q	14.5 ^q	1.1	...	...	43.9	37.0	...	...	...	...
9	...	42.1	...	32.8	...	4.7	...	...	0.0	...	...	15.5 ^m	12.3 ^m	...	...	...	4
7	30.9	...	10.1	...	9.6	...	8.8 ^r	27.4 ^r	7.0	29.5	9.4	29.3	20.1	...	...	...	...
...	...	...	...	...	...	...	15.7 ^{p,t,s}	15.4 ^{p,t,s}	10.0	37.0	27.2	...	...	...	...	...	...
76	26.1	17.3	29.3	21.1	...	1.6	...	7.2 ^q	0.3	32.4	2.1	12.4	5.8	...	...	...	...
34	40.3	37.9	34.9	31.7	2.3	5.3	...	...	1.4	27.8	3.0	9.5	4.3	...	...	...	...
9	14.5	...	11.4	...	2.9	...	...	...	5.4	17.0	2.8	20.7	16.6	...	...	...	41
32	...	29.5	...	6.1	...	11.4	3.9 ^q	23.1 ^q	5.0	23.0	2.7	15.8	8.6	56	57	52	52
...	...	...	...	...	...	...	13.0 ^{p,t,s}	12.0 ^{p,t,s}	6.6	17.3	23.3	...	...	...	...	...	...
14	...	...	...	...	...	...	8.7 ^{t,s}	7.8 ^{t,s}	10.1	32.5	23.1	...	...	...	...	...	...
29	26.5	28.6	11.3	10.0	...	18.7	15.5 ^{p,v}	27.7 ^{p,v}	1.1	42.9	...	38.6	19.5	...	...	...	7
25	41.5	33.1	...	14.9	...	6.7	...	7.1 ^q	0.4	...	...	6.8	2.8	...	...	...	3
5	18.1	15.7	15.4	7.0	4.7	8.0	3.3 ^{p,v}	10.2 ^{p,v}	6.5	43.1	2.0	24.0	7.5	...	...	...	46
16	8.0	11.5	1.9	1.8	9.6	16.2	...	...	5.8	...	...	11.9	11.7	...	...	...	27
31	...	55.7	...	40.6	...	5.7	...	...	0.3	...	...	60.2	53.4	...	...	...	...
48	29.8	26.9	23.2	20.5	2.6	...	...	...	1.0	...	...	17.7	7.9	...	...	...	28
...	...	...	...	...	...	...	56.1 ^v	74.9 ^v	4.0 ^o	62.3	15.0	...	...	...	...	...	...
13	...	5.3	...	4.4	...	4.9	...	...	6.0	...	...	20.8	17.8	...	...	...	28
6	30.9	9.0	8.1	3.3	25.4	8.8	5.8 ^{p,t,s}	15.3 ^{p,t,s}	1.1	57.6	7.3	27.8	8.8	...	...	...	...
42	19.1	15.6	7.0	3.5	4.0	9.1	15.6 ^{p,t}	23.9 ^q	1.3	51.3	19.5	14.4	7.4	...	...	...	...
11	...	...	...	...	...	...	...	10.3 ^q	2.3	...	...	...	...	...	...	...	...
35	...	10.0	...	1.6	...	6.3	46.6 ^q	67.6 ^q	1.3	53.6	20.9	41.6	32.7	...	...	...	...
60	45.0	38.7	21.5	16.4	5.1	4.9	...	4.1 ^q	11.9	18.9	4.2	17.3	15.3	42	41	38	32
18	...	22.9	...	4.1	...	26.5	...	11.3 ^q	8.5	64.5	24.1	29.8	22.2	46	48	43	42
...	...	...	...	...	...	...	17.1 ^{p,t}	31.4 ^{p,t}	0.3	25.0	2.6	25.2	13.2	...	...	...	...
<1	...	...	...	...	...	...	24.0 ^{p,t}	24.0 ^{p,t}	11.5	26.1	23.5	...	...	...	...	...	...
41	48.3	44.4	25.3	16.7	3.3	4.9	...	4.4 ^q	5.2	23.8	4.0	12.4 ^m	8.8 ^m	29	21	40	45
12	3.2	3.9	0.9	1.3	5.4	8.0	31.1 ^{p,t}	33.2 ^{p,t}	8.5	25.4	19.3	18.2	15.9	...	...	...	...
57	13.4	13.9	3.9	6.0	9.6	9.4	18.0 ^{p,t}	22.0 ^{p,t}	6.6	38.7	28.5	21.4	24.5	...	...	...	...
26	39.0	19.6	15.3	4.4	18.5	12.8	5.4 ^v	7.1 ^{q,s}	1.8	23.4	3.4	2.7 ^m	1.6 ^m	...	...	...	31
40	25.7	...	10.6	...	...	...	14.4 ^v	25.2 ^v	0.8 ^o	49.6	7.2	34.1	19.6	...	...	...	...
...	18.3	15.6	4.1	3.7	5.2	6.1	...	...	6.9	31.6	26.5	13.0 ^m	12.2 ^m	...	...	...	...
17	43.7	30.5	31.1	20.2	1.8	3.0	0.3 ^{p,t}	0.6 ^{p,t}	1.2	44.0	2.4	6.5	1.5	58	...	50	42
12	59.3	57.7	47.6	43.1	3.7	5.0	...	...	0.0	29.1	5.8	14.5	10.5	...	...	...	...
61	57.9	45.8	19.6	14.9	12.3	8.4	...	5.4 ^q	2.3	20.9	4.6	25.7 ^m	25.6 ^m	28	33	37	34
22	33.7	35.8	11.5	14.0	10.6	9.1	3.9 ^{p,t}	7.2 ^q	3.8	32.9	4.2	14.9 ^m	8.2 ^m	36	41	46	44

Table 5

5. Risk factors

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Member State	MDG 7 Population using improved drinking-water sources ^a (%)						MDG 7 Population using improved sanitation ^a (%)						Population using solid fuels ^b (%)			Low birth-weight newborns ^c (%)
	Urban		Rural		Total		Urban		Rural		Total		Urban	Rural	Total	
	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	1990	2008	2007				2000–2008

RANGES OF COUNTRY VALUES

Minimum	30	52	8	9	17	30	11	15	0	3	4	9	<5	<5	<5	0
Median	97	98	74	87	88	94	91	92	60	75	74	84	18	80	15	9
Maximum	100	100	100	100	100	100	100	100	100	100	100	100	>95	99	>95	34

WHO REGION

African Region	84	84	36	48	50	61	47	47	23	26	30	34	51	90	78	14
Region of the Americas	97	98	74	85	91	96	89	92	60	70	81	87	<5	53	9	8
South-East Asia Region	91	93	67	83	73	86	54	60	16	31	26	40	28	87	62	24
European Region	99	99	91	94	96	98	97	97	85	87	94	94	...	24	<5	6
Eastern Mediterranean Region	95	93	76	76	85	83	85	83	32	45	53	61	14	58	34	21
Western Pacific Region	97	98	58	83	71	90	64	69	42	56	49	62	23	71	43	6

INCOME GROUP

Low income	86	86	48	60	57	67	46	52	22	37	27	42	62	90	83	15
Lower middle income	93	95	62	81	71	86	58	62	28	40	37	49	23	76	51	17
Upper middle income	96	98	74	87	89	95	87	90	56	68	77	85	<5	34	10	7
High income	100	100	97	98	99	100	100	100	99	99	100	100	...	...	<5	8

GLOBAL	95	96	63	78	77	87	77	76	35	45	52	60	21	76	42	15
--------	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Infants exclu- sively breastfed for the first 6 months of life ^d (%)	Children aged <5 years ^e (%)						Adults aged ≥15 years who are obese ^f (%)		Alcohol con- sump- tion among adults aged ≥15 years ^g (litres of pure alcohol per person per year)	Prevalence of smoking any tobacco product among adults aged ≥15 years ^h (%)		Prevalence of current tobacco use among ado- lescents aged 13–15 years ⁱ (%)		MDG 6 Prevalence of condom use by adults aged 15–49 years at higher-risk sex ^j (%)		MDG 6 Population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS ^k (%)	
	Stunted		MDG1 Underweight		Overweight		Male	Female		Male	Female	Male	Female	Male	Female	Male	Female
	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990– 1999	2000– 2009											
<1	0.0	1.3	0.0	0.5	0.4	0.6	0.3	0.6	0.0	9.0	0.2	2.7	1.5	7	<1	5	3
29	31.7	29.1	14.1	11.8	5.7	6.8	14.4	15.0	4.5	33.3	9.3	20.8	13.1	31	22	34	26
88	62.4	63.1	52.0	43.5	25.4	26.5	57.4	74.9	16.2	70.1	54.0	65.8	54.1	74	66	62	65
31	...	...	...	...	...	...	...	...	4.3	17.7	2.8	20.1	13.1	...	...	30	23
31	...	...	...	...	...	...	...	...	6.7	26.8	17.0	20.8	19.5	...	...	...	...
43	...	...	...	...	...	...	...	...	0.7	39.4	4.6	20.7	7.7	...	...	36	21
23	...	...	...	...	...	...	...	...	9.5	44.6	24.3	21.5	16.6	...	...	...	...
36	...	...	...	...	...	...	...	...	0.3	32.0	4.4	17.8	10.3	...	...	...	...
...	...	...	...	...	...	...	...	...	4.7	56.5	4.8	9.5	5.4	...	...	...	...
38	...	...	...	...	...	...	...	...	1.6	30.9	4.8	15.2	9.8	...	...	0	0
37	...	...	...	...	...	...	...	...	2.8	47.7	4.4	16.7	8.0	...	...	33	24
34	...	...	...	...	...	...	...	...	6.6	41.1	19.1	23.3	19.4	...	...	...	...
12	...	...	...	...	...	...	...	...	9.4	33.1	19.8	...	15.5	...	...	...	...
36	...	...	...	...	...	...	...	...	4.4	41.1	8.9	17.5	10.4	...	...	...	...

Health workforce, infrastructure and essential medicines

This section presents data on the resources available to the health system – this includes physicians; nurses and midwives; other health-care workers; and hospital beds. The table also includes the MDG target²³ indicator on access to essential medicines. Such data are essential in enabling governments to determine how best to meet the health-related needs of their populations.

Estimates of the numbers and density of the health workforce (Figure 12 and Box 5) refer to the active health workforce – i.e. those currently participating in the health labour market. The data are derived from multiple sources, including national population censuses; labour-force and employment surveys; health-facility assessments; and routine administrative information systems.²⁴

This diversity of sources means there is considerable variability in the coverage and quality of the data. Figures may be under-estimated or over-estimated where it is not possible to distinguish whether they include health workers in the private sector, or to identify the double counting of health workers holding two or more jobs at different locations. In addition health service providers may be working outside the health-care sector, working in unpaid and/or unregulated conditions, or not currently engaged in the national health labour market.

The density of hospital beds can be used to indicate the availability of inpatient services. Statistics on hospital-bed density are generally drawn from routine administrative records but in some settings only public-sector beds are included.

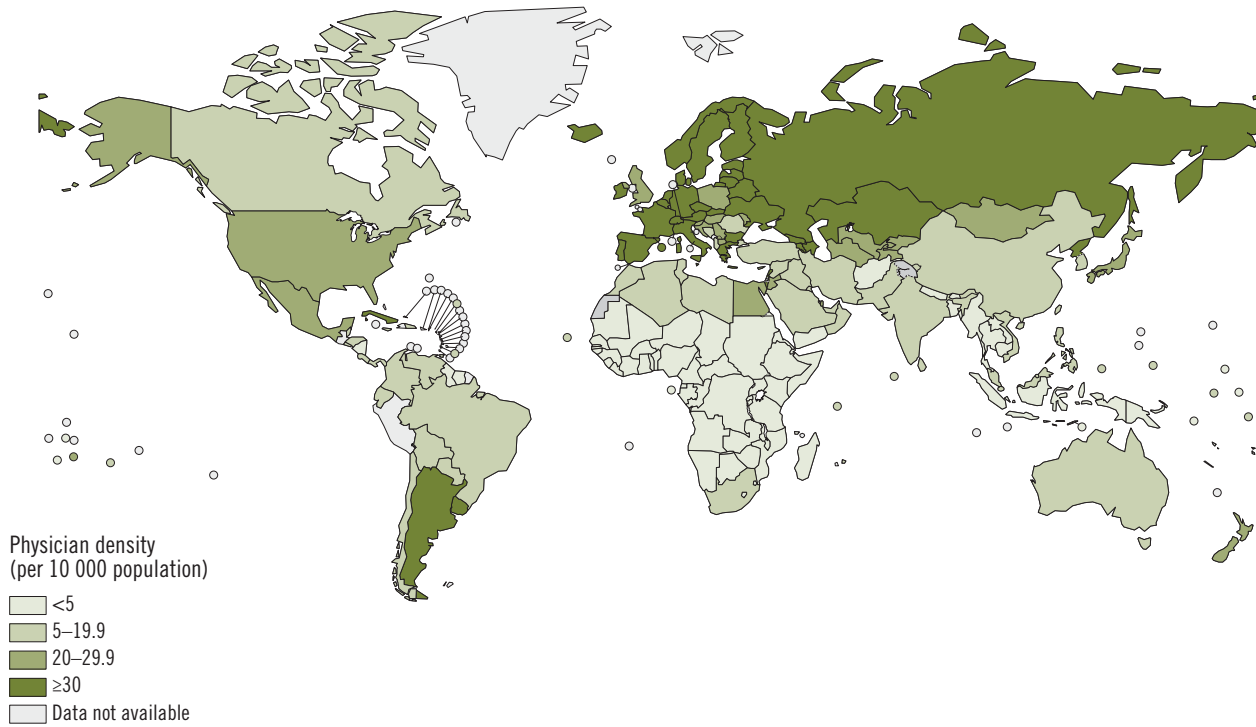
Data on the availability of medicines are poor in most developing countries. However, data on availability and consumer prices for selected generic medicines have been derived from surveys of medicine prices and availability conducted using WHO/Health Action International (HAI) standard methods between 2001 and 2008. In individual surveys, availability is reported as the percentage of medicine outlets in which a medicine was found on the day of data collection. As baskets of medicines differ by country, results are not strictly comparable across countries. The consumer price ratio is an expression of how much greater or less the local medicine price is than the international reference price.

²³ MDG 8; Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

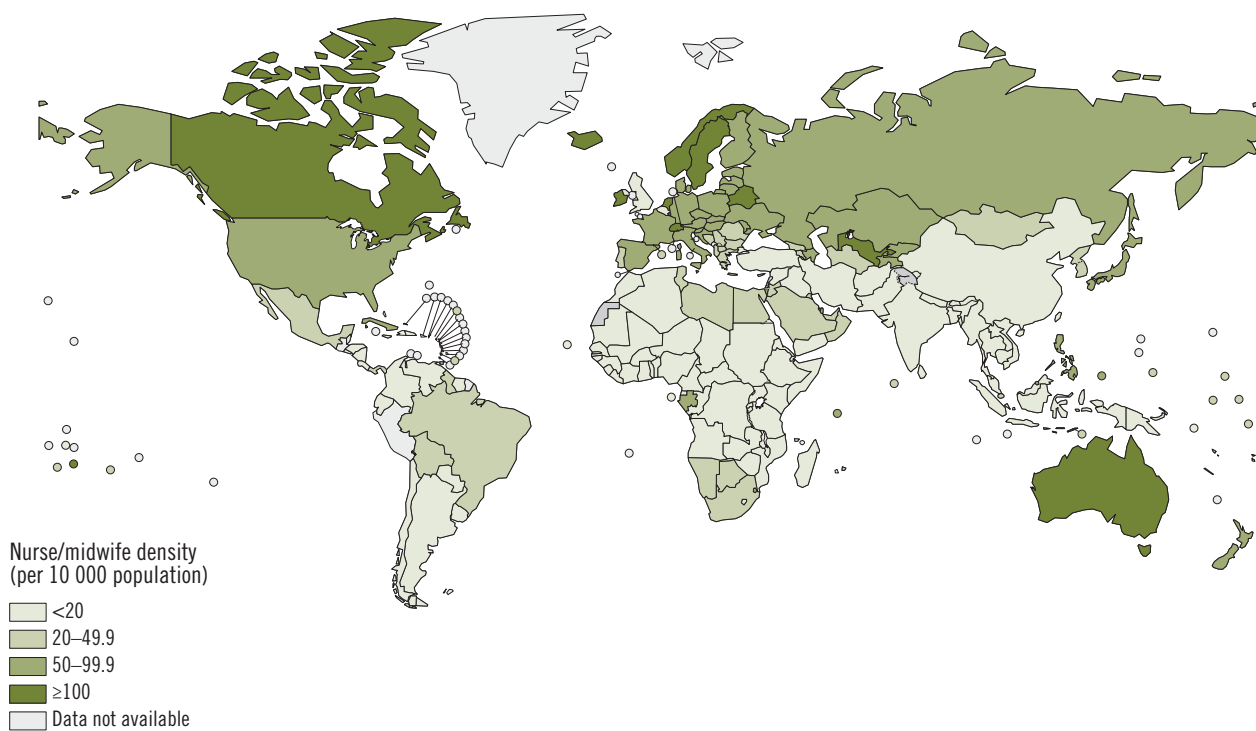
²⁴ These include registries on public expenditure, staffing and payroll, as well as records of professional training, registration and licensure.

Figure 12: Global distribution of the health workforce (per 10 000 population) 2000–2009

Physicians



Nurses



Box 5: Health workforce distribution

Figure 12 illustrates the density of physicians and nursing and midwifery personnel as the number of physicians and nurses/midwives per 10 000 population. From the data presented, three major conclusions emerge:

In general, countries with the lowest density for both physicians and nurses/midwives are in the WHO African Region.

European countries have the highest physician densities.

The highest nurse/midwife densities are found in the more-developed regions of the world.

6. Health workforce, infrastructure and essential medicines

62+
31:4
81:4
3

Member State	Health workforce ^a							
	Physicians		Nursing and midwifery personnel		Dentistry personnel		Pharmaceutical personnel	
	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)
	2000–2009		2000–2009		2000–2009		2000–2009	
Afghanistan	5 970	2	14 930	5	900	<0.5	900	<0.5
Albania	3 626	11	12 746	40	1 035	3	1 237	4
Algeria	40 857	12	65 919	19	11 010	3	8 232	2
Andorra	249	37	280	42	47	7	73	11
Angola	1 165	1	18 485	13	222	<0.5	919	1
Antigua and Barbuda	...	...	...	...	...	...	...	...
Argentina	122 623	32	18 685	5	35 592	9	19 510	5
Armenia	11 088	37	14 601	49	1 163	4	163	1
Australia	19 612	10	222 133	109	29 624	15	15 339	8
Austria	31 175	38	54 580	66	4 490	5	5 076	6
Azerbaijan	32 388	38	71 833	84	2 522	3	1 609	2
Bahamas	...	...	...	...	...	...	...	...
Bahrain	2 227	30	4 354	58	334	4	644	9
Bangladesh	42 881	3	39 471	3	2 344	<0.5	9 411	1
Barbados	...	...	...	...	...	...	...	...
Belarus	46 965	49	121 114	126	4 784	5	2 994	3
Belgium	44 124	42	5 505	5	8 305	8	12 109	12
Belize	251	11	303	13	32	1	...	...
Benin	542	1	7 129	8	37	<0.5	20	<0.5
Bhutan	52	<0.5	545	2	65	<0.5	87	<0.5
Bolivia (Plurinational State of)	10 329	12	18 091	21	5 997	7	4 670	6
Bosnia and Herzegovina	5 540	14	18 332	47	629	2	308	1
Botswana	715	4	4 753	26	38	<0.5	333	2
Brazil	320 013	17	549 423	29	217 217	12	104 098	6
Brunei Darussalam	400	11	2 120	61	70	2	30	1
Bulgaria	27 911	37	35 645	47	6 432	8	1 020	1
Burkina Faso	921	1	10 539	7	28	<0.5	347	<0.5
Burundi	200	<0.5	1 348	2	14	<0.5	76	<0.5
Cambodia	2 047	2	11 125	8	209	<0.5	564	<0.5
Cameroon	3 124	2	26 042	16	147	<0.5	700	<0.5
Canada	62 307	19	327 224	100	38 310	12	27 078	8
Cape Verde	310	6	714	13	11	<0.5	43	1
Central African Republic	331	1	1 613	4	13	<0.5	17	<0.5
Chad	345	<0.5	2 499	3	15	<0.5	37	<0.5
Chile	17 250	11	10 000	6	6 750	4	...	...
China	1 862 630	14	1 259 240	10	136 520	1	351 620	3
Colombia	58 761	14	23 940	6	33 951	8	...	...
Comoros	115	2	588	7	29	<0.5	41	1
Congo	401	1	3 492	8	12	<0.5	63	<0.5
Cook Islands	20	12	80	47	10	6	2	1
Costa Rica	5 204	13	3 653	9	1 905	5	2 101	5
Côte d'Ivoire	2 746	1	9 231	5	274	<0.5	413	<0.5
Croatia	11 799	26	25 397	56	3 265	7	2 607	6
Cuba	72 416	64	97 800	86	20 158	18	7 047	6
Cyprus	1 950	23	3 361	40	715	8	160	2
Czech Republic	36 815	36	91 311	90	6 948	7	5 785	6
Democratic People's Republic of Korea	74 597	33	93 414	41	8 315	4	13 497	6
Democratic Republic of the Congo	5 827	1	28 789	5	159	<0.5	1 200	<0.5
Denmark	17 226	32	53 133	98	4 266	8	3 723	7
Djibouti	140	2	450	6	60	1	41	1

Health workforce ^a				Hospital beds ^b (per 10 000 population)	MDG 8 Essential medicines			
Environment and public health workers		Community health workers			Median availability of selected generic medicines ^c (%)		Median consumer price ratio of selected generic medicines ^d	
Number	Density (per 10 000 population)	Number	Density (per 10 000 population)		Public	Private	Public	Private
2000–2009		2000–2009		2000–2009	2001–2008		2001–2008	
...	...	...	...	4	...	...	...	...
...	...	...	...	29	...	...	...	...
2 429	1	...	...	17 ^e	...	...	...	...
...	...	...	...	26	...	...	...	...
...	...	...	...	8 ^e	...	...	...	...
...	...	...	...	17	...	...	...	...
...	...	...	...	41	...	...	...	...
...	...	...	...	41	... ^f	... ^g	... ^f	3.4
...	...	1 012	<0.5	39	...	...	...	...
...	...	...	...	78	...	...	...	...
...	...	...	...	79	...	...	...	...
...	...	...	...	32	...	...	...	...
294	4	...	...	20	...	...	...	...
6 091	<0.5	21 000	1	4	...	...	...	...
...	...	...	...	76	...	...	...	...
...	...	...	...	112	...	...	...	...
...	...	...	...	53	...	...	...	...
...	...	...	...	12 ^h	...	...	...	...
217	<0.5	...	...	5 ^e	...	...	...	...
80	<0.5	195	1	17	...	...	...	...
...	...	...	...	11	31.9	86.7	3.5	4.5
...	...	...	...	30	...	...	...	...
172	1	...	...	18 ^e	...	...	...	...
167 080	10	...	...	24	...	...	...	...
...	...	...	...	26	...	...	...	...
...	...	...	...	64	...	...	...	...
36	<0.5	1 238	1	9 ^e	...	...	...	...
...	...	548	1	7 ^e	...	...	...	...
...
28	<0.5	...	...	15 ^e	58.3	52.5	2.2	13.6
1 375	<0.5	...	...	34	...	...	...	...
9	<0.5	65	1	21 ^e	...	...	...	...
55	<0.5	99	<0.5	12 ^e	...	...	...	...
230	<0.5	154	<0.5	4 ^e	31.3	13.6	3.9	15.1
...	...	...	...	23	...	...	...	...
...	...	...	...	30	19.2 ⁱ	10.0 ⁱ	1.5 ^j	1.1 ⁱ
...	...	...	...	10	86.7 ⁱ	87.9	... ^j	3.1
17	<0.5	...	...	22 ^e	...	...	...	...
19	<0.5	...	...	16 ^e	21.2	31.3	6.5	11.5
...	...	...	...	63	...	...	...	...
1 266	3	...	...	13	...	...	...	...
1 419	1	...	...	4 ^e	...	...	...	...
...	...	...	...	53	...	...	...	...
3 419	3	...	...	60	...	...	...	...
...	...	...	...	37	...	...	...	...
...	...	...	...	81	...	...	...	...
2 685	1	...	...	132	...	...	...	...
...	...	...	...	8 ^e	...	...	...	...
...	...	...	...	35	...	...	...	...
20	<0.5	...	...	...	...	...	...	...

Table 6

6. Health workforce, infrastructure and essential medicines

02+...
81:4...
3

Member State	Health workforce ^a							
	Physicians		Nursing and midwifery personnel		Dentistry personnel		Pharmaceutical personnel	
	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)
	2000–2009		2000–2009		2000–2009		2000–2009	
Dominica	...	...	...	...	...	...	...	...
Dominican Republic	15 670	19	15 352	18	7 000	8	3 330	4
Ecuador	18 335	15	20 586	17	2 062	2	...	...
Egypt	179 900	24	248 010	34	25 170	3	92 540	12
El Salvador	7 938	12	5 103	8	3 465	5	...	...
Equatorial Guinea	153	3	271	5	15	<0.5	121	2
Eritrea	215	1	2 505	6	16	<0.5	107	<0.5
Estonia	4 414	33	9 247	70	1 175	9	869	7
Ethiopia	1 806	<0.5	19 158	2	93	<0.5	1 201	<0.5
Fiji	380	5	1 660	20	60	1	90	1
Finland	17 503	33	46 930	89	4 490	9	8 086	16
France	227 683	37	494 895	81	41 422	7	72 160	12
Gabon	395	3	6 778	50	66	1	63	1
Gambia	62	<0.5	927	6	23	<0.5	49	<0.5
Georgia	19 951	45	17 119	39	1 219	3	249	1
Germany	288 182	35	661 000	80	63 100	8	49 528	6
Ghana	2 587	1	22 834	10	148	<0.5	1 673	1
Greece	59 599	54	38 727	35	14 180	13	8 977	8
Grenada	...	...	...	...	...	...	...	...
Guatemala	...	...	...	...	...	...	...	...
Guinea	940	1	401	<0.5	33	<0.5	199	<0.5
Guinea-Bissau	78	<0.5	953	6	6	<0.5	38	<0.5
Guyana	366	5	1 738	23	30	<0.5	...	...
Haiti	...	...	...	...	...	...	...	...
Honduras	3 676	6	8 528	13	1 371	2	926	1
Hungary	27 957	28	92 488	92	4 245	4	5 483	5
Iceland	1 120	38	2 960	101	286	10	312	11
India	643 520	6	1 372 059	13	55 344	1	592 577	6
Indonesia	29 499	1	179 959	8	7 093	<0.5	7 580	<0.5
Iran (Islamic Republic of)	61 870	9	98 020	14	13 210	2	13 900	2
Iraq	15 994	5	31 782	10	3 515	1	3 357	1
Ireland	13 141	31	67 245	158	2 537	6	4 108	10
Israel	25 314	36	42 812	61	7 814	11	5 310	8
Italy	215 000	37	403 000	69	37 000	6	44 000	8
Jamaica	2 253	9	4 374	16	212	1	...	...
Japan	270 371	21	1 210 633	95	95 197	7	241 369	19
Jordan	15 279	26	18 555	32	4 891	8	8 087	14
Kazakhstan	57 387	39	115 944	78	5 717	4	12 651	9
Kenya	4 506	1	37 113	12	1 340	<0.5	3 094	1
Kiribati	20	2	260	30	3	<0.5	2	<0.5
Kuwait	4 840	18	9 940	37	810	3	1 340	5
Kyrgyzstan	12 395	23	30 495	57	1 021	2	86	<0.5
Lao People's Democratic Republic	2 000	3	5 600	10	...	...	...	...
Latvia	6 940	30	12 909	57	1 552	7	...	...
Lebanon	11 760	33	4 720	13	4 058	11	4 105	11
Lesotho	89	1	1 123	6	16	<0.5	62	<0.5
Liberia	51	<0.5	978	3	4	<0.5	269	1
Libyan Arab Jamahiriya	7 070	12	27 160	48	850	2	1 130	2
Lithuania	13 729	40	25 751	76	2 395	7	2 743	8
Luxembourg	1 326	29	4 820	104	359	8	405	8

Health workforce ^a				Hospital beds ^b (per 10 000 population)	MDG 8 Essential medicines			
Environment and public health workers		Community health workers			Median availability of selected generic medicines ^c (%)		Median consumer price ratio of selected generic medicines ^d	
Number	Density (per 10 000 population)	Number	Density (per 10 000 population)		Public	Private	Public	Private
2000–2009		2000–2009		2000–2009	2001–2008		2001–2008	
...	...	...	...	38	...	...	...	...
...	...	...	...	10 ^h	...	...	...	...
...	...	...	...	6 ^h	41.7	71.7	... ^k	5.0
9 531	1	...	...	21	...	...	...	...
...	...	...	...	8 ^h	53.8	69.2	... ^k	28.3
18	<0.5	308	6	19 ^h	...	...	...	...
88	<0.5	...	...	12 ^e	...	...	...	...
115	1	...	...	56	...	...	...	...
1 109	<0.5	24 571	3	2 ^h	52.9	88.0	1.3	2.2
...	...	...	...	21	... ^f	75.0	... ^f	2.7
...	...	...	...	68	...	...	...	...
...	...	...	...	72	...	...	...	...
150	1	...	...	13 ^h	...	...	...	...
79	<0.5	117	1	11 ^e	...	...	...	...
...	...	...	...	33	...	...	...	...
...	...	...	...	83	...	...	...	...
35	<0.5	4 502	2	9 ^e	17.9	44.6	2.4	3.8
...	...	...	...	48	...	...	...	...
...	...	...	...	26	...	...	...	...
...	...	...	...	6 ^h	...	...	...	...
67	<0.5	...	...	3 ^e	...	...	...	...
58	<0.5	2 355	15	10 ^e	...	...	...	...
...	...	...	...	19	...	...	...	...
...	...	...	...	13	...	...	...	...
215	<0.5	...	...	7 ^h	...	...	...	...
...	...	...	...	71	...	...	...	...
...	...	...	...	75	...	...	...	...
...	...	50 393	<0.5	9	20.5 ^l	75.4 ^l	... ^k	1.8 ^l
6 493	<0.5	...	...	6	46.7	62.1	2.5	2.8
10 004	1	25 242	4	14	96.7	96.7	1.3	1.3
2 601	1	149	<0.5	13	...	...	...	...
...	...	...	...	53	...	...	...	...
...	...	...	...	58	...	...	...	...
...	...	...	...	39	...	...	...	...
...	...	...	...	17 ^h	...	...	...	...
...	...	...	...	139	...	...	...	...
1 412	3	...	...	18	27.8	80.0	0.9	10.5
...	...	...	...	77	0.0	70.0	4.8	3.7
6 496	2	...	...	14 ^e	37.7	72.4	2.0	3.3
...	...	...	...	15	...	...	...	...
...	...	...	...	18	12.0	0.0	... ^k	15.7
...	...	...	...	51	... ^f	80.0	... ^f	2.6
...	...	...	...	12	...	...	...	...
...	...	...	...	76	...	...	...	...
...	...	...	...	34	0.0	83.8	... ^k	6.1
55	<0.5	...	...	13 ^e	...	...	...	...
40	<0.5	...	...	7 ^e	...	...	...	...
...	...	...	...	37	...	...	...	...
...	...	...	...	81	...	...	...	...
...	...	...	...	63	...	...	...	...

Table 6

6. Health workforce, infrastructure and essential medicines

02+
31:4
81:4
3

Member State	Health workforce ^a							
	Physicians		Nursing and midwifery personnel		Dentistry personnel		Pharmaceutical personnel	
	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)
	2000–2009		2000–2009		2000–2009		2000–2009	
Madagascar	3 150	2	5 661	3	57	<0.5	175	<0.5
Malawi	257	<0.5	3 896	3	211	<0.5	293	<0.5
Malaysia	17 020	7	43 380	18	2 160	1	2 880	1
Maldives	302	9	886	27	14	<0.5	241	7
Mali	1 060	1	2 882	2	15	<0.5	214	<0.5
Malta	1 357	34	2 540	63	175	4	630	16
Marshall Islands	24	5	152	30	4	1	2	<0.5
Mauritania	445	1	2 303	7	93	<0.5	123	<0.5
Mauritius	1 303	11	4 604	37	233	2	1 428	12
Mexico	303 519	29	417 665	40	148 456	14	79 925	8
Micronesia (Federated States of)	60	6	250	23	10	1	20	2
Monaco	...	...	...	...	...	...	...	...
Mongolia	6 732	26	8 826	34	337	1	1 093	4
Montenegro	1 233	20	3 442	55	248	4	105	2
Morocco	18 269	6	24 328	8	3 091	1	7 366	2
Mozambique	548	<0.5	6 214	3	159	<0.5	817	<0.5
Myanmar	17 791	4	49 341	10	1 396	<0.5	127	<0.5
Namibia	598	3	6 145	31	113	1	288	1
Nauru	10	8	63	48	1	1	10	8
Nepal	5 384	2	11 825	5	359	<0.5	358	<0.5
Netherlands	64 417	39	248 810	151	8 113	5	2 871	2
New Zealand	8 190	21	33 249	87	1 620	4	3 920	10
Nicaragua	2 045	4	5 862	11	243	<0.5	...	...
Niger	288	<0.5	2 115	1	16	<0.5	21	<0.5
Nigeria	55 376	4	224 943	16	3 781	<0.5	18 682	1
Niue	4	20	22	110	2	10	1	5
Norway	18 143	39	76 173	163	4 108	9	3 239	7
Oman	4 908	18	10 394	39	524	2	1 200	5
Pakistan	127 859	8	62 651	4	15 790	1	8 102	1
Palau	30	16	120	60	...	...	...	...
Panama	4 431	15	8 158	28	2 231	8	2 526	9
Papua New Guinea	275	1	2 841	5	90	<0.5	...	...
Paraguay	6 355	11	10 261	18	3 182	6	1 868	3
Peru	...	...	...	...	...	...	...	...
Philippines	90 370	12	480 910	61	43 220	6	46 360	6
Poland	77 479	20	199 700	52	12 187	3	22 442	6
Portugal	36 138	34	50 955	48	6 149	6	10 320	10
Qatar	2 313	28	6 185	74	486	6	1 056	13
Republic of Korea	81 998	17	210 640	44	65 916	14	53 492	11
Republic of Moldova	11 167	27	27 815	66	1 566	4	2 993	7
Romania	41 455	19	90 698	42	4 360	2	901	<0.5
Russian Federation	614 183	43	1 214 292	85	45 628	3	11 521	1
Rwanda	221	<0.5	4 050	4	35	<0.5	14	<0.5
Saint Kitts and Nevis	46	11	198	47	17	4	21	5
Saint Lucia	...	...	...	...	...	...	...	...
Saint Vincent and the Grenadines	89	8	447	38	5	<0.5	...	...
Samoa	50	3	310	17	10	1	20	1
San Marino	...	...	...	...	...	...	...	...
Sao Tome and Principe	81	5	308	19	11	1	24	2
Saudi Arabia	41 870	16	93 735	36	6 049	2	15 043	6

Health workforce ^a				Hospital beds ^b (per 10 000 population)	MDG 8 Essential medicines			
Environment and public health workers		Community health workers			Median availability of selected generic medicines ^c (%)		Median consumer price ratio of selected generic medicines ^d	
Number	Density (per 10 000 population)	Number	Density (per 10 000 population)		Public	Private	Public	Private
2000–2009		2000–2009		2000–2009	2001–2008		2001–2008	
130	<0.5	385	<0.5	3 ^e	...	...	...	...
318	<0.5	10 055	7	11 ^e	...	...	...	...
...	...	...	...	18	25.0	43.8	... ^k	6.6
...	...	515	16	26	...	...	...	...
262	<0.5	68	<0.5	6 ^m	81.0	70.0	1.8	5.4
...	...	...	...	78	...	...	...	...
...
196	1	...	...	4 ^e	...	...	...	...
238	2	236	2	33 ^e	...	...	...	...
...	...	...	...	17 ^h	...	...	...	...
...	...	...	...	33	...	...	...	...
...
85	<0.5	...	...	60	100.0	80.0	2.6	4.2
...	...	...	...	40	...	...	...	...
737	<0.5	...	...	11	0.0	52.5	... ^k	11.1
564	<0.5	...	...	8 ^e	...	...	...	...
1 757	<0.5	44 293	9	6	...	...	...	...
240	1	...	...	27 ^h	...	...	...	...
...	...	...	...	35	...	...	...	...
172	<0.5	16 206	6	50	...	...	...	...
...	...	...	...	48	...	...	...	...
...	...	5 259	14	62	...	...	...	...
...	...	...	...	9 ^h	50.0	87.1	... ^k	5.7
137	<0.5	...	...	3 ^e	...	...	...	...
4 280	<0.5	19 268	1	5 ^e	26.2	36.4	3.5	4.3
...	...	...	...	52	...	...	...	...
...	...	...	...	39	...	...	...	...
197	1	...	...	20	96.7	70.3	... ^k	7.4
106	<0.5	65 999	4	6	3.3	31.3	... ^k	2.3
...	...	...	...	50	...	...	...	...
948	3	...	...	22	...	...	...	...
...
133	<0.5	...	...	13	...	...	...	...
...	...	...	...	15	61.5	60.9	1.4	5.6
...	...	...	...	5	15.4	26.5	6.4	5.6
...	...	...	...	52	...	...	...	...
...	...	...	...	35	...	...	...	...
...	...	...	...	25	...	...	...	...
...	...	...	...	86	...	...	...	...
...	...	...	...	61	...	...	...	...
...	...	...	...	65	...	...	...	...
72 515	5	...	...	97	...	...	...	...
36	<0.5	12 000	14	16 ^e	...	...	...	...
17	4	65	15	55	...	...	...	...
...	...	...	...	28	...	...	...	...
...	...	45	4	30	...	...	...	...
...	...	...	...	10	...	...	...	...
...
19	1	150	9	32 ^e	56.3	22.2	2.4	13.8
...	...	...	...	22	...	...	...	...

Table 6

6. Health workforce, infrastructure and essential medicines

62+
81:4
3

Member State	Health workforce ^a							
	Physicians		Nursing and midwifery personnel		Dentistry personnel		Pharmaceutical personnel	
	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)
	2000–2009		2000–2009		2000–2009		2000–2009	
Senegal	741	1	5 254	4	105	<0.5	127	<0.5
Serbia	20 013	20	43 569	44	2 455	3	1 910	2
Seychelles	121	15	634	79	94	12	61	8
Sierra Leone	95	<0.5	991	2	24	<0.5	192	<0.5
Singapore	6 380	15	18 710	44	1 190	3	1 280	3
Slovakia	16 868	31	35 757	66	2 441	5	2 637	5
Slovenia	4 766	24	15 361	78	1 202	6	944	5
Solomon Islands	60	1	630	13	...	...	...	...
Somalia	300	<0.5	965	1	...	...	50	<0.5
South Africa	34 829	8	184 459	41	5 995	1	12 521	3
Spain	163 800	38	322 600	74	24 515	6	39 900	9
Sri Lanka	10 479	6	33 431	17	1 245	1	1 066	1
Sudan	11 083	3	33 354	9	944	<0.5	1 531	<0.5
Suriname	191	5	688	16	4	<0.5	...	...
Swaziland	171	2	6 828	63	32	<0.5	70	1
Sweden	32 495	36	104 958	116	7 541	8	6 605	7
Switzerland	28 812	40	79 153	110	3 847	5	4 269	6
Syrian Arab Republic	10 342	5	27 288	14	2 306	1	89	5
Tajikistan	13 267	20	33 165	50	1 003	2	680	1
Thailand	18 987	3	84 683	14	4 471	1	7 350	1
The former Yugoslav Republic of Macedonia	5 187	25	8 833	43	1 175	6	908	4
Timor-Leste	79	1	1 795	22	45	1	14	<0.5
Togo	349	1	1 816	3	19	<0.5	11	<0.5
Tonga	30	3	350	34	10	1	4	<0.5
Trinidad and Tobago	1 543	12	4 677	36	294	2	641	5
Tunisia	13 330	13	28 537	29	2 452	3	2 909	3
Turkey	110 482	15	144 229	19	17 985	2	24 756	3
Turkmenistan	12 104	24	22 419	45	701	1	970	2
Tuvalu	10	9	50	45	2	2	2	2
Uganda	3 361	1	37 625	13	440	<0.5	762	<0.5
Ukraine	143 728	31	388 444	84	19 169	4	22 257	5
United Arab Emirates	6 946	15	13 936	46	1 368	4	2 006	7
United Kingdom	126 126	21	37 200	6	25 914	4	...	...
United Republic of Tanzania	300	<0.5	9 440	2	230	<0.5	81	<0.5
United States of America	793 648	27	2 927 000	98	463 663	16	249 642	9
Uruguay	12 384	37	2 880	8	3 936	12	...	...
Uzbekistan	71 627	26	295 781	108	4 748	2	899	<0.5
Vanuatu	30	1	360	17	...	...	...	...
Venezuela (Bolivarian Republic of)	48 000	19	28 000	11	13 680	6	...	...
Viet Nam	44 960	6	61 810	8	...	...	24 080	3
Yemen	6 739	3	13 746	7	850	<0.5	2 638	1
Zambia	649	1	8 369	7	56	<0.5	108	<0.5
Zimbabwe	2 086	2	9 357	7	310	<0.5	883	1

Health workforce ^a				Hospital beds ^b (per 10 000 population)	MDG 8 Essential medicines			
Environment and public health workers		Community health workers			Median availability of selected generic medicines ^c (%)		Median consumer price ratio of selected generic medicines ^d	
Number	Density (per 10 000 population)	Number	Density (per 10 000 population)		Public	Private	Public	Private
2000–2009		2000–2009		2000–2009	2001–2008		2001–2008	
1 212	1	...	...	3 ^h	...	...	...	...
...	...	...	...	54	...	...	...	...
77	10	...	...	39 ^e	...	...	...	...
135	<0.5	132	<0.5	4 ^e	...	...	...	...
...	...	...	...	32	...	...	...	...
...	...	...	...	68	...	...	...	...
...	...	...	...	47	...	...	...	...
...	...	...	...	14	...	...	...	...
41	<0.5	...	...	...	...	...	...	...
2 529	1	...	...	28 ^e	... ^f	71.7 ^o	... ^f	6.5 ^o
...	...	...	...	34	...	...	...	...
1 541	1	...	...	31	...	...	...	...
2 897	1	4 716	1	7	51.7 ^o	77.1 ^o	4.4 ^o	4.7 ^o
...	...	...	...	31	...	...	...	...
110	1	4 000	37	21 ^e	...	...	...	...
...
...	...	...	...	55	...	...	...	...
...	...	...	...	15	... ^f	98.2	... ^f	2.5
...	...	...	...	61	75.0	85.0	2.4	2.3
2 151	<0.5	...	...	22	75.0	28.6	2.6	3.3
...	...	...	...	46	...	...	...	...
22	<0.5	10	<0.5	...	...	...	...	...
68	<0.5	...	...	9 ^e	...	...	...	...
...	...	...	...	24	...	...	...	...
...	...	...	...	27	...	...	...	...
890	1	...	...	20	64.3	95.1	... ^k	6.8
19 304	3	...	...	28	...	...	...	...
...	...	...	...	41	...	...	...	...
...	...	...	...	56	...	...	...	...
1 042	<0.5	...	...	4 ^e	20.0	80.0	... ^k	2.6
...	...	...	...	87	100.0	90.7	4.0	3.7
...	...	...	...	19	61.1	73.9	... ^k	13.8
...	...	...	...	39	...	...	...	...
1 831	1	...	...	11 ^e	23.4	47.9	1.3	2.7
...	...	...	...	31	...	...	...	...
...	...	...	...	29 ^h	...	...	...	...
...	...	...	...	48	... ^f	82.5	... ^f	2.0
...	...	...	...	37	...	...	...	...
...	...	...	...	13	...	...	...	...
...	...	...	...	28	...	...	...	...
792	<0.5	2 542	1	7	5.0	90.0	1.1	3.5
803	1	...	...	19 ^e	...	...	...	...
1 803	1	...	...	30 ^e	...	...	...	...

Table 6

6. Health workforce, infrastructure and essential medicines

62+
376+45
81:41-3

Member State	Health workforce ^a							
	Physicians		Nursing and midwifery personnel		Dentistry personnel		Pharmaceutical personnel	
	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)	Number	Density (per 10 000 population)
	2000–2009		2000–2009		2000–2009		2000–2009	

RANGES OF COUNTRY VALUES

Minimum	4	<0.5	22	<0.5	1	<0.5	1	<0.5
Median	5 684	11	13 328	27	1 099	2	1 056	2
Maximum	1 862 630	64	2 927 000	163	463 663	18	592 577	19

WHO REGION

African Region	174 510	2	802 076	11	25 798	<0.5	56 212	1
Region of the Americas	1 889 643	23	4 510 636	55	1 009 763	12	503 383	7
South-East Asia Region	843 571	5	1 867 409	11	80 691	<0.5	632 308	4
European Region	2 877 344	33	6 020 074	68	428 343	5	413 588	5
Eastern Mediterranean Region	549 009	10	773 040	14	87 658	2	168 034	3
Western Pacific Region	2 413 713	14	3 575 524	21	376 265	2	742 180	4

INCOME GROUP

Low income	332 034	4	899 015	10	24 873	<0.5	65 479	1
Lower middle income	3 464 085	10	4 917 127	14	368 175	1	1 203 878	4
Upper middle income	2 126 466	24	3 566 218	40	621 351	7	331 961	4
High income	2 825 205	28	8 166 399	81	994 119	10	914 387	10

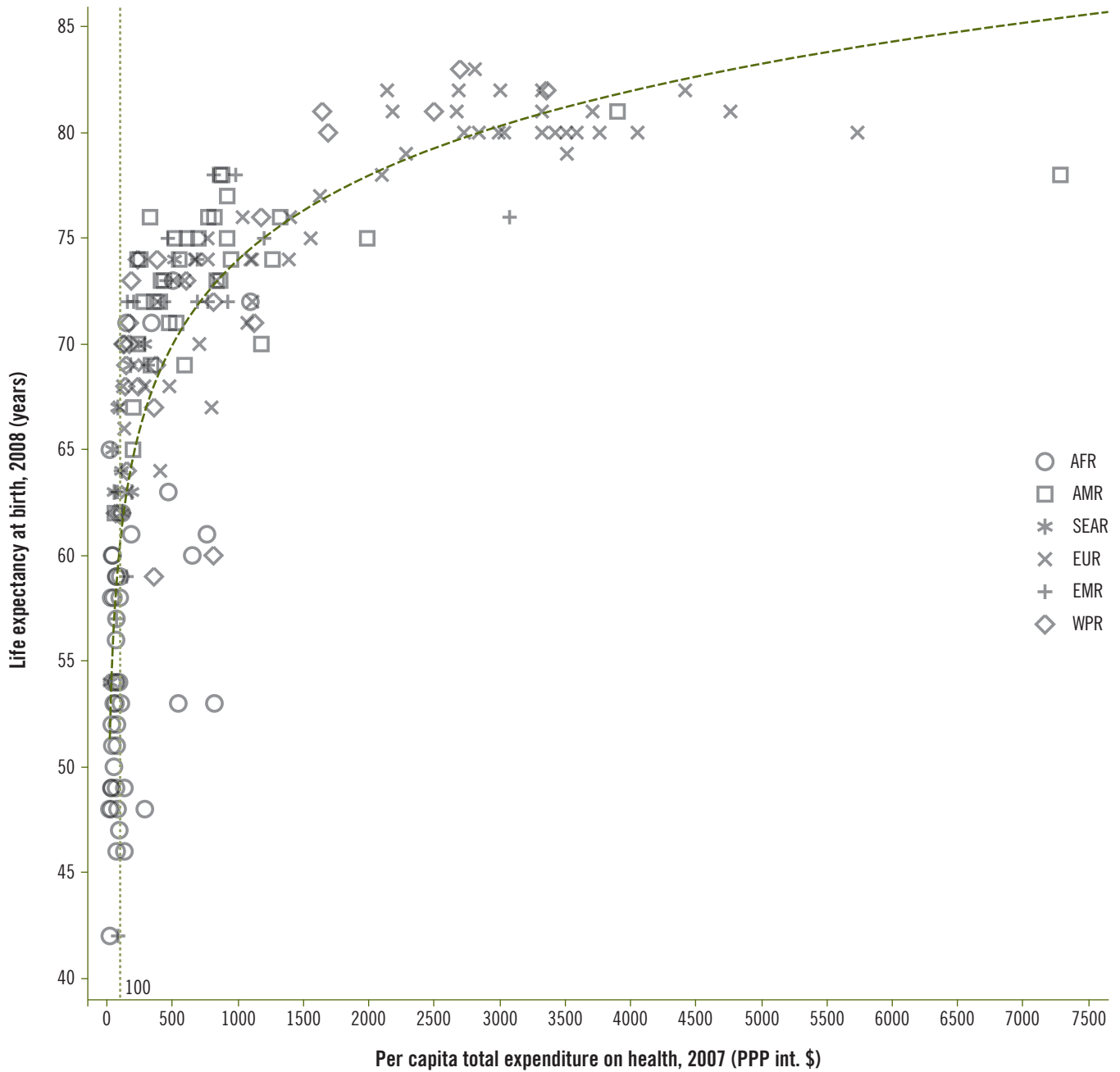
GLOBAL	8 747 790	14	17 548 759	28	2 008 518	3	2 515 705	4
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Health workforce ^a				Hospital beds ^b (per 10 000 population)	MDG 8 Essential medicines			
Environment and public health workers		Community health workers			Median availability of selected generic medicines ^c (%)		Median consumer price ratio of selected generic medicines ^d	
Number	Density (per 10 000 population)	Number	Density (per 10 000 population)		Public	Private	Public	Private
2000–2009		2000–2009		2000–2009	2001–2008		2001–2008	
9	<0.5	10	<0.5	2	0.0	0.0	0.9	1.1
230	<0.5	1 012	1	26	39.7	71.7	2.4	4.3
167 080	10	65 999	37	139	100.0	98.2	6.5	28.3
28 856	<0.5	...	...	9	...	...	...	...
...	...	...	...	24	...	...	...	...
...	...	132 612	1	11	...	...	...	...
...	...	...	...	63	...	...	...	...
29 522	1	98 648	3	12	...	...	...	...
...	...	...	...	38	...	...	...	...
28 602	<0.5	...	...	15	...	...	...	...
...	...	...	...	18	...	...	...	...
270 384	5	...	...	39	...	...	...	...
...	...	...	...	58	...	...	...	...
...	...	...	...	27	...	...	...	...

Health expenditure

This section presents data on government, private, external, social security and out-of-pocket expenditures on health. These data are generated from information collected by WHO for over 10 years. The most comprehensive and consistent data on health financing are generated from national health accounts (NHAs) that collect expenditure information within an internationally recognized framework. NHAs trace financing as it flows from funding sources, to decision-makers who decide upon the use of the funds, to the providers and beneficiaries of health services. Not all countries maintain or update NHAs – in such cases data are obtained through technical contacts in the country or from publicly available documents and reports. Missing values are estimated using various accounting techniques depending on the data available for each country. WHO sends all such estimates to the respective ministries of health every year for validation. As a general rule, life expectancy rises with increasing per capita total health expenditure; however, there are diminishing returns (Figure 13 and Box 6).

Figure 13: Life expectancy at birth against per capita total health expenditure



Box 6: Life expectancy and per capita total health expenditure

In Figure 13, each shape represents one country coded according to WHO region. Three major conclusions can be drawn from the data:

As a general rule, life expectancy rises with increasing per capita total health expenditure; however, there are diminishing returns – the highest levels of per capita health expenditure are associated with only modest or no improvements in life expectancy. In addition, a number of countries have achieved high levels of life expectancy despite relatively lower per capita health expenditures.

In almost one quarter of countries, health expenditure in 2007 was less than 100 PPP int. \$ per capita – most of these countries are in the WHO African Region and three quarters of them had a life expectancy at birth of 60 years or lower in 2008.

Countries with the highest levels of per capita health expenditure are mainly those in the WHO Region of the Americas and the WHO European Region.

7. Health expenditure

62+2>六九零
 2018-50-4/5
 Y2M Y014
 81:4CL-3

Member State	Health expenditure ratios ^a									
	Total expenditure on health as % of gross domestic product		General government expenditure on health as % of total expenditure on health ^b		Private expenditure on health as % of total expenditure on health ^b		General government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health	
	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
Afghanistan ^{d,e,f}	6.5	7.6	2.9	23.6	97.1	76.4	6.7	3.7	0.8	20.2
Albania	6.4	7.0	36.3	41.2	63.7	58.8	7.1	9.5	6.0	3.9
Algeria	3.5	4.4	73.3	81.6	26.7	18.4	9.0	10.7	0.1	0.1
Andorra	7.6	7.6	64.8	69.8	35.2	30.2	19.1	21.3	0	0
Angola ^g	2.4	2.5	79.2	80.3	20.8	19.7	3.2	5.3	3.6	3.7
Antigua and Barbuda	4.8	4.7	69.0	69.4	31.0	30.6	12.1	10.6	3.6	0
Argentina	9.0	10.0	55.5	50.8	44.5	49.2	14.7	13.9	0	0.1
Armenia	6.4	4.4	17.7	47.3	82.3	52.7	4.6	10.4	8.5	15.2
Australia ^h	8.3	8.9	66.8	67.5	33.2	32.5	15.3	17.6	0	0
Austria	9.9	10.1	76.8	76.4	23.2	23.6	14.7	15.9	0	0
Azerbaijan ⁱ	4.8	3.7	18.1	26.8	81.9	73.2	4.2	3.8	3.9	0.8
Bahamas	6.0	7.3	47.6	51.0	52.4	49.0	14.5	15.5	0	0
Bahrain ^d	3.9	3.7	67.5	69.6	32.5	30.4	10.2	9.8	0	0
Bangladesh ^{d,j}	2.7	3.4	38.0	33.6	62.0	66.4	7.2	8.0	7.0	7.7
Barbados	6.3	7.0	65.8	64.0	34.2	36.0	11.7	11.9	4.0	0.7
Belarus	6.4	6.5	76.6	74.9	23.4	25.1	10.7	9.9	0.1	0.2
Belgium	9.1	9.4	71.8	74.1	28.2	25.9	13.3	14.4	0	0
Belize ^d	3.7	4.0	58.3	65.1	41.7	34.9	6.7	9.1	3.6	1.6
Benin	4.6	4.8	47.6	51.8	52.4	48.2	11.3	10.7	16.0	21.3
Bhutan ⁱ	5.2	4.1	73.6	80.3	26.4	19.7	8.6	10.7	27.1	19.6
Bolivia (Plurinational State of) ^k	6.1	5.0	60.1	69.2	39.9	30.8	9.8	9.9	6.0	0
Bosnia and Herzegovina	6.9	9.8	52.5	56.8	47.5	43.2	6.4	13.5	10.3	0.7
Botswana	4.4	5.7	61.0	74.6	39.0	25.4	6.9	13.0	0.5	4.0
Brazil	7.2	8.4	40.0	41.6	60.0	58.4	4.1	5.4	0.5	0
Brunei Darussalam	3.0	2.4	86.5	81.5	13.5	18.5	6.3	6.7	0	0
Bulgaria	6.1	7.3	59.6	57.2	40.4	42.8	8.5	10.7	2.0	0
Burkina Faso ^d	5.1	6.1	39.6	56.1	60.4	43.9	8.9	13.3	13.9	28.3
Burundi ^{d,g}	7.2	13.9	38.2	37.7	61.8	62.3	7.9	12.5	16.3	40.0
Cambodia ^{d,l}	5.8	5.9	22.5	29.0	77.5	71.0	8.7	11.2	9.4	16.4
Cameroon ^{d,g}	4.5	4.9	21.5	25.9	78.5	74.1	6.4	8.1	4.1	5.2
Canada	8.8	10.1	70.4	70.0	29.6	30.0	15.1	18.1	0	0
Cape Verde	4.6	4.5	73.5	74.6	26.5	25.4	9.6	10.5	13.5	15.5
Central African Republic	3.8	4.1	41.4	34.7	58.6	65.3	10.1	11.0	22.9	25.9
Chad	6.3	4.8	42.5	56.3	57.5	43.7	13.1	13.8	24.9	11.3
Chile	6.6	6.2	52.1	58.7	47.9	41.3	14.1	17.9	0.1	0
China	4.6	4.3	38.7	44.7	61.3	55.3	11.1	9.9	0.1	0.2
Colombia	6.8	6.1	80.9	84.2	19.1	15.8	21.4	18.8	0.3	0.1
Comoros ^g	2.8	3.3	54.1	57.2	45.9	42.8	9.5	8.4	26.4	20.9
Congo	2.1	2.4	57.7	70.4	42.3	29.6	4.8	5.1	4.6	5.4
Cook Islands ⁱ	3.8	4.4	90.6	91.7	9.4	8.3	9.8	12.4	2.2	16.3
Costa Rica	6.5	8.1	76.8	72.9	23.2	27.1	21.7	25.8	1.0	0.1
Côte d'Ivoire	5.3	4.2	24.8	24.0	75.2	76.0	7.2	4.8	5.1	5.0
Croatia	7.8	7.6	86.1	87.0	13.9	13.0	14.5	17.6	0.4	0
Cuba	6.7	10.4	90.9	95.5	9.1	4.5	11.9	14.5	0.1	0.1
Cyprus	5.7	6.6	41.7	45.6	58.3	54.4	6.4	7.0	0	0
Czech Republic	6.5	6.8	90.3	85.2	9.7	14.8	14.1	13.5	0	0
Democratic People's Republic of Korea	...	...	...	...	...	...	...	...	...	...
Democratic Republic of the Congo	3.7	5.8	1.1	20.8	98.9	79.2	0.4	6.4	3.7	47.8
Denmark	8.3	9.8	82.4	84.5	17.6	15.5	12.6	16.2	0	0
Djibouti	5.8	7.2	67.8	76.6	32.2	23.4	12.0	14.1	32.6	12.9

Health expenditure ratios ^a						Per capita health expenditures ^a							
Social security expenditure on health as % of general government expenditure on health		Out-of-pocket expenditure as % of private expenditure on health		Private prepaid plans as % of private expenditure on health		Per capita total expenditure on health at average exchange rate (US\$)		Per capita total expenditure on health ^c (PPP int. \$)		Per capita government expenditure on health at average exchange rate (US\$)		Per capita government expenditure on health ^c (PPP int. \$)	
2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
0	0	98.9	98.9	0	0	9	42	16	83	<1	10	<1	20
20.2	35.5	99.9	93.9	0	0	76	244	267	505	27	101	97	208
35.5	30.9	96.7	94.7	3.1	5.1	63	173	188	338	46	141	138	276
88.1	88.0	75.5	74.8	22.3	23.1	1 289	2 948	2 057	3 004	836	2 057	1 333	2 097
0	0	100	100	0	0	15	86	55	131	12	69	43	105
0	0	86.8	86.5	13.2	13.5	411	627	597	946	284	435	412	656
59.5	58.8	63.3	42.9	32.6	51.7	689	663	815	1 322	382	336	452	671
0	0	91.6	91.4	0	0.2	40	133	130	246	7	63	23	117
0	0	59.7	55.5	21.8	24.1	1 728	3 986	2 263	3 357	1 155	2 691	1 512	2 266
58.8	58.6	66.1	65.2	20.7	19.3	2 335	4 523	2 824	3 763	1 794	3 456	2 169	2 875
0	0	78.3	87.8	0.3	1.0	31	140	105	284	6	38	19	76
1.8	2.6	40.2	40.7	58.6	58.2	1 072	1 535	1 374	1 987	510	783	654	1 014
0.4	0.4	68.7	67.7	25.4	12.8	483	902	800	1 199	326	628	541	835
0	0	95.9	97.4	0.1	0	9	15	22	42	3	5	8	14
0	0.2	77.3	80.7	22.7	19.3	639	932	841	1 263	420	596	553	808
5.8	2.7	57.1	69.4	0.1	0.1	66	302	328	704	51	226	251	528
79.0	88.3	84.7	76.4	12.3	22.5	2 061	4 056	2 518	3 323	1 479	3 005	1 807	2 461
0	8.5	100	100	0	0	123	174	183	279	72	113	107	182
0.5	0.5	99.9	94.9	0.1	5.0	16	32	55	70	8	17	26	36
0	0	100	100	0	0	41	75	129	188	30	60	95	151
62.0	64.3	81.6	79.4	8.1	15.4	61	69	183	200	37	47	110	138
95.9	95.4	100	100	0	0	94	397	280	767	49	225	147	436
0	0	35.6	27.3	3.8	5.2	145	372	357	762	88	278	218	568
0	0	62.7	58.8	33.9	39.4	267	606	506	837	107	252	202	348
0	0	98.8	98.9	0.6	0.5	541	753	1 247	1 176	468	613	1 078	958
12.7	63.0	100	86.4	0	0.8	95	384	372	835	56	220	222	477
0.8	0.3	94.4	91.3	1.0	2.0	11	29	41	72	5	16	16	40
25.1	15.9	71.3	60.5	0.4	0.2	8	17	22	51	3	7	9	19
0	0	97.1	84.7	0	0	17	36	52	108	4	10	12	31
0.1	0	94.4	94.5	0	0	27	54	73	104	6	14	16	27
2.0	2.0	53.7	49.6	38.8	42.6	2 082	4 409	2 516	3 900	1 465	3 086	1 770	2 730
36.1	28.0	99.6	99.7	0.4	0.3	57	132	100	148	42	99	74	110
0	0	95.0	95.0	0	0	10	16	26	30	4	6	11	10
0	0	96.2	96.2	0.4	0.4	10	32	49	72	4	18	21	40
15.0	17.0	48.7	53.2	51.3	46.8	324	615	615	863	169	361	320	507
57.2	55.3	97.3	92.0	1.0	7.1	43	108	108	233	17	49	42	104
60.2	70.1	59.0	48.7	41.0	51.3	161	284	388	516	130	239	314	435
0	0	100	100	0	0	10	23	27	37	6	13	14	21
0	0	100	100	0	0	22	52	60	90	13	36	34	63
0	0	100	100	0	0	178	474	252	381	161	435	228	350
89.6	82.3	88.2	84.6	2.3	9.0	265	488	468	899	203	356	360	656
0	0	90.7	88.7	9.3	11.3	32	41	82	67	8	10	20	16
97.6	91.0	100	91.9	0	8.1	375	1 009	842	1 398	323	878	726	1 216
0	0	91.9	91.3	0	0	184	585	375	917	167	558	341	875
0	0.1	95.7	84.4	4.3	10.8	744	1 778	1 889	3 034	310	811	787	1 383
89.5	90.3	100	89.0	0	1.5	361	1 141	980	1 626	326	972	885	1 385
...
0	0	97.0	51.7	0	0	10	9	8	17	<1	2	<1	4
0	0	91.0	89.0	9.0	10.5	2 478	5 551	2 378	3 513	2 043	4 690	1 960	2 968
11.3	9.6	98.4	98.6	1.6	1.4	44	71	91	148	30	54	61	113

7. Health expenditure

62+2>六九
 2004年18-50岁
 81:4CL-3

Member State	Health expenditure ratios ^a									
	Total expenditure on health as % of gross domestic product		General government expenditure on health as % of total expenditure on health ^b		Private expenditure on health as % of total expenditure on health ^b		General government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health	
	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
Dominica	5.9	6.2	69.0	62.1	31.0	37.9	8.6	8.2	3.7	3.9
Dominican Republic	6.3	5.4	34.5	35.9	65.5	64.1	15.9	9.2	2.0	3.2
Ecuador	4.2	5.8	31.2	39.1	68.8	60.9	6.4	7.4	4.1	0.8
Egypt	5.5	6.3	39.6	38.1	60.4	61.9	7.3	7.1	1.0	1.1
El Salvador	8.0	6.2	45.2	58.9	54.8	41.1	14.3	14.3	0.9	3.7
Equatorial Guinea ^{d,g,m}	1.9	2.1	49.8	80.4	50.2	19.6	7.8	6.9	9.5	4.8
Eritrea ^g	5.5	3.3	49.7	45.3	50.3	54.7	4.0	4.2	24.6	46.5
Estonia	5.3	5.4	77.5	76.5	22.5	23.5	4.1	4.0	0.9	1.1
Ethiopia	4.3	3.8	53.6	58.1	46.4	41.9	8.5	10.2	16.5	43.9
Fiji	4.7	4.0	69.0	70.2	31.0	29.8	10.3	9.5	6.2	5.8
Finland	7.2	8.2	71.1	74.6	28.9	25.4	10.6	12.9	0	0
France	10.1	11.0	79.4	79.0	20.6	21.0	15.5	16.6	0	0
Gabon ^g	4.5	4.6	67.9	64.5	32.1	35.5	14.0	14.0	1.5	1.5
Gambia ^d	5.8	5.5	33.6	47.9	66.4	52.1	8.8	11.6	22.2	24.3
Georgia ⁿ	7.4	8.2	16.7	18.4	83.3	81.6	6.4	4.2	5.1	10.6
Germany	10.3	10.4	79.7	76.9	20.3	23.1	18.2	18.2	0	0
Ghana ^d	7.2	8.3	41.4	51.6	58.6	48.4	10.8	10.7	9.5	10.3
Greece	7.9	9.6	60.0	60.3	40.0	39.7	10.1	13.2	0	0
Grenada	6.1	7.1	68.4	51.1	31.6	48.9	13.2	8.2	0	0.2
Guatemala	6.2	7.3	39.8	29.3	60.2	70.7	16.7	14.1	3.4	1.4
Guinea	5.3	5.6	12.4	11.0	87.6	89.0	4.0	4.7	9.0	10.8
Guinea-Bissau ^{g,o}	6.2	6.1	16.2	25.9	83.8	74.1	2.3	4.0	46.5	35.0
Guyana	5.5	8.2	84.5	87.7	15.5	12.3	10.0	14.8	4.2	25.0
Haiti	6.3	5.3	27.7	23.3	72.3	76.7	16.0	9.2	9.4	37.7
Honduras	5.3	6.2	56.3	65.7	43.7	34.3	15.1	19.0	3.1	4.9
Hungary	7.0	7.4	70.7	70.6	29.3	29.4	10.6	10.5	0	0
Iceland	9.6	9.3	81.0	82.5	19.0	17.5	18.4	17.8	0	0
India ^d	4.4	4.1	24.5	26.2	75.5	73.8	3.8	3.7	0.5	1.4
Indonesia ^d	2.0	2.2	36.6	54.5	63.4	45.5	4.5	6.2	0	1.7
Iran (Islamic Republic of) ^p	5.9	6.4	37.0	46.8	63.0	53.2	9.6	11.5	0	0.1
Iraq ^q	1.4	2.5	28.7	75.0	71.3	25.0	1.3	3.1	26.5	25.3
Ireland	6.3	7.6	73.5	80.7	26.5	19.3	14.7	17.1	0	0
Israel	7.7	8.0	62.8	55.9	37.2	44.1	10.2	10.1	2.6	2.3
Italy	8.1	8.7	72.5	76.5	27.5	23.5	12.7	13.9	0	0
Jamaica	5.5	4.7	52.6	50.3	47.4	49.7	6.6	5.2	1.8	1.8
Japan	7.7	8.0	81.3	81.3	18.7	18.7	16.0	17.9	0	0
Jordan ^{d,r}	9.8	8.9	48.9	60.6	51.1	39.4	11.3	11.4	4.4	4.7
Kazakhstan	4.2	3.7	51.0	66.1	49.0	33.9	9.2	11.2	7.4	0.4
Kenya	4.5	4.7	48.2	42.0	51.8	58.0	11.6	7.8	8.3	24.1
Kiribati	10.8	19.1	98.8	84.0	1.2	16.0	8.7	10.3	29.6	30.5
Kuwait	3.0	2.2	77.5	77.5	22.5	22.5	6.7	5.4	0	0
Kyrgyzstan	4.7	6.5	44.3	54.0	55.7	46.0	8.3	9.8	9.9	11.3
Lao People's Democratic Republic	3.2	4.0	32.5	18.9	67.5	81.1	5.1	3.7	30.3	14.5
Latvia	6.0	6.2	54.4	57.9	45.6	42.1	8.8	10.0	0.5	0.2
Lebanon	10.9	8.8	30.0	44.7	70.0	55.3	7.8	11.7	2.1	4.9
Lesotho	6.7	6.2	51.0	58.3	49.0	41.7	6.5	7.9	3.1	11.5
Liberia ^{d,g}	9.2	10.6	14.6	26.2	85.4	73.8	9.0	16.6	5.6	57.7
Libyan Arab Jamahiriya ^{g,s}	3.7	2.7	61.7	71.8	38.3	28.2	7.2	5.4	0	0
Lithuania	6.5	6.2	69.7	73.0	30.3	27.0	11.6	12.9	1.7	2.5
Luxembourg	5.8	7.1	89.3	90.9	10.7	9.1	13.9	17.3	0	0

Health expenditure ratios ^a						Per capita health expenditures ^a							
Social security expenditure on health as % of general government expenditure on health		Out-of-pocket expenditure as % of private expenditure on health		Private prepaid plans as % of private expenditure on health		Per capita total expenditure on health at average exchange rate (US\$)		Per capita total expenditure on health ^c (PPP int. \$)		Per capita government expenditure on health at average exchange rate (US\$)		Per capita government expenditure on health ^c (PPP int. \$)	
2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
0	0	88.9	83.2	11.1	16.8	237	312	389	550	163	193	269	341
17.0	17.2	71.9	65.3	18.7	21.9	170	224	316	411	59	81	109	148
28.0	40.1	85.3	75.2	4.8	5.2	54	200	202	434	17	78	63	170
24.3	26.8	94.1	95.1	0.4	0.2	77	101	196	310	31	39	78	118
44.2	43.5	94.6	89.0	5.4	11.0	176	206	366	402	80	121	166	236
0	0	89.5	75.6	0	0	42	347	135	543	21	279	67	436
0	0	100	100	0	0	9	9	33	20	5	4	17	9
88.2	84.7	88.5	94.1	0	1.3	219	837	521	1 094	169	640	404	836
0	0	79.2	80.6	0.5	3.0	5	9	20	30	3	5	11	17
0	0	79.1	79.1	15.0	15.0	98	157	162	169	68	110	112	118
19.5	19.5	77.0	74.3	8.8	8.3	1 693	3 809	1 853	2 840	1 203	2 843	1 317	2 120
94.3	93.4	34.4	32.5	61.6	63.9	2 256	4 627	2 615	3 709	1 791	3 655	2 076	2 930
2.0	2.0	100	100	0	0	185	373	529	650	126	240	359	419
0	0	53.7	48.4	2.3	3.1	19	22	56	71	6	10	19	34
44.3	60.0	93.4	86.8	0.5	1.9	47	191	152	384	8	35	25	71
87.3	88.3	55.1	56.6	40.8	40.1	2 372	4 209	2 671	3 588	1 890	3 236	2 128	2 758
0	48.6	79.6	79.3	6.1	5.9	19	54	67	113	8	28	28	58
45.9	51.8	94.5	94.5	5.5	5.5	919	2 679	1 449	2 727	552	1 617	870	1 646
0	0	100	97.2	0	0	259	416	385	591	177	213	263	302
52.3	37.3	89.7	92.6	4.2	4.4	95	186	194	334	38	54	77	98
1.8	1.5	99.5	99.5	0	0	19	26	46	62	2	3	6	7
5.3	3.0	61.4	55.7	0	0	10	16	35	33	2	4	6	8
0	0	100	100	0	0	51	115	112	197	43	101	95	173
0	0	69.7	57.4	0	0	26	35	60	58	7	8	17	13
16.4	25.1	86.9	96.0	5.8	4.0	62	107	136	235	35	71	77	154
83.9	82.5	89.8	84.7	0.6	3.9	326	1 019	852	1 388	231	720	602	980
33.4	32.7	100	91.7	0	0	2 940	5 971	2 738	3 323	2 383	4 927	2 219	2 742
16.9	17.2	92.2	89.9	1.0	2.1	20	40	66	109	5	11	16	29
6.2	16.0	72.9	66.2	6.4	4.7	16	42	48	81	6	23	17	44
42.3	41.0	95.9	95.4	3.2	3.8	290	253	382	689	107	118	142	322
0	0	100	100	0	0	17	62	37	78	5	46	11	58
1.2	0.8	41.2	51.2	28.4	41.9	1 595	4 556	1 805	3 424	1 172	3 676	1 326	2 762
72.4	72.8	78.5	74.4	10.4	15.3	1 557	1 893	1 845	2 181	978	1 058	1 159	1 219
0.1	0.1	89.1	85.9	3.2	4.0	1 541	3 136	2 052	2 686	1 117	2 400	1 488	2 056
0	0	65.0	71.0	30.0	25.6	190	224	319	357	100	113	168	180
80.9	78.7	90.1	80.8	1.7	13.7	2 827	2 751	1 967	2 696	2 298	2 237	1 598	2 193
0.6	0.3	74.9	88.3	5.3	5.6	171	248	312	434	84	150	153	263
0	0	99.0	98.4	0.1	0.1	51	253	198	405	26	167	101	268
10.9	8.3	80.1	77.2	7.1	8.8	18	34	51	72	9	14	24	30
0	0	100	5.3	0	0	62	191	138	358	61	160	137	301
0	0	93.9	91.6	6.1	8.4	504	901	736	814	391	698	570	631
10.0	59.9	89.3	91.9	0	0	13	46	62	130	6	25	27	70
1.4	12.1	91.8	76.1	0	0.4	10	27	40	84	3	5	13	16
0	0	96.8	97.1	3.2	2.3	197	784	479	1 071	107	454	260	620
52.1	51.2	80.1	77.6	17.3	18.3	485	525	801	921	145	234	240	411
0	0	73.2	68.9	0	0	28	51	69	92	14	30	35	54
0	0	52.2	52.2	0	0	18	22	39	39	3	6	6	10
0	0	100	100	0	0	238	299	385	453	147	215	238	325
88.3	81.3	86.2	98.3	0.3	1.5	212	717	559	1 109	148	523	390	809
82.6	77.2	65.2	69.4	10.1	20.4	2 708	7 439	3 137	5 734	2 418	6 763	2 800	5 212

7. Health expenditure

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 2004:18-50+4/5
 2004:18-50+4/5
 81:4CL-3

Member State	Health expenditure ratios ^a									
	Total expenditure on health as % of gross domestic product		General government expenditure on health as % of total expenditure on health ^b		Private expenditure on health as % of total expenditure on health ^b		General government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health	
	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
Madagascar	3.7	4.1	66.5	66.2	33.5	33.8	14.0	14.8	20.1	17.8
Malawi ⁱ	6.1	9.9	43.8	59.7	56.2	40.3	8.6	11.9	26.9	59.9
Malaysia	3.2	4.4	52.4	44.4	47.6	55.6	6.2	6.9	0.6	0
Maldives ^d	9.6	9.8	51.6	65.4	48.4	34.6	13.5	10.5	2.0	1.2
Mali	6.3	5.7	32.9	51.4	67.1	48.6	9.5	11.8	7.8	19.8
Malta	6.8	7.5	72.5	77.5	27.5	22.5	12.0	13.7	0	0
Marshall Islands	20.3	14.7	98.0	97.4	2.0	2.6	21.1	14.6	36.9	66.1
Mauritania ^g	2.8	2.4	71.2	65.3	28.8	34.7	6.5	5.3	23.6	13.3
Mauritius	3.8	4.2	52.0	49.0	48.0	51.0	8.7	9.3	1.4	1.8
Mexico	5.1	5.9	46.6	45.4	53.4	54.6	16.6	15.5	1.0	0
Micronesia (Federated States of)	8.4	13.2	93.9	95.8	6.1	4.2	10.5	18.9	71.6	72.4
Monaco ^g	4.6	4.0	75.3	74.8	24.7	25.2	17.4	15.6	0	0
Mongolia	4.9	4.3	80.1	81.7	19.9	18.3	10.7	9.1	27.5	2.6
Montenegro ^h	8.3	8.9	58.1	57.2	41.9	42.8	22.0	26.4	0	0.5
Morocco	4.2	5.0	29.4	33.8	70.6	66.2	4.0	6.2	0.8	1.4
Mozambique	5.9	4.9	71.9	71.8	28.1	28.2	17.9	12.6	26.4	57.8
Myanmar ^v	2.1	1.9	13.4	11.7	86.6	88.3	1.2	0.9	1.1	7.6
Namibia ^d	6.1	7.6	68.9	42.1	31.1	57.9	13.1	11.1	3.8	10.6
Nauru ⁱ	11.3	15.1	72.7	70.9	27.3	29.1	11.2	32.1	9.8	27.8
Nepal ^{d,i}	5.1	5.1	24.9	39.7	75.1	60.3	7.7	10.9	15.2	17.8
Netherlands	8.0	8.9	63.1	82.0	36.9	18.0	11.4	16.2	0	0
New Zealand	7.7	9.0	78.0	78.9	22.0	21.1	15.6	18.0	0	0
Nicaragua	6.6	8.3	53.5	54.9	46.5	45.1	13.1	16.3	7.8	9.3
Niger	3.5	5.3	54.4	52.8	45.6	47.2	10.3	12.4	40.2	74.9
Nigeria ^d	4.6	6.6	33.5	25.3	66.5	74.7	4.2	6.5	16.2	2.2
Niue	8.0	18.6	98.2	98.9	1.8	1.1	6.2	15.1	4.5	49.1
Norway	8.4	8.9	82.5	84.1	17.5	15.9	16.4	18.3	0	0
Oman	3.1	2.4	81.8	78.7	18.2	21.3	7.1	5.2	0	0
Pakistan ^{d,w}	3.0	2.7	21.3	30.0	78.7	70.0	2.4	3.5	0.8	3.3
Palau ^d	9.5	10.8	89.1	78.4	10.9	21.6	11.3	12.6	38.9	39.9
Panama	7.8	6.7	68.1	64.6	31.9	35.4	21.3	11.6	1.0	0.2
Papua New Guinea	4.0	3.2	81.7	81.3	18.3	18.6	9.9	7.3	23.8	29.7
Paraguay	9.2	5.7	40.2	42.4	59.8	57.6	17.5	11.9	2.8	1.1
Peru	4.7	4.3	58.7	58.4	41.3	41.6	14.9	15.6	1.1	1.1
Philippines	3.4	3.9	47.6	34.7	52.4	65.3	7.0	6.7	3.5	1.3
Poland	5.5	6.4	70.0	70.9	30.0	29.1	9.4	10.8	0	0.1
Portugal	8.8	10.0	72.5	70.6	27.5	29.4	14.9	15.4	0	0
Qatar ^d	2.3	3.8	68.8	75.6	31.2	24.4	5.0	9.7	0	0
Republic of Korea	4.7	6.3	44.9	54.9	55.1	45.1	9.4	12.1	0	0
Republic of Moldova ^t	5.9	10.3	50.3	50.8	49.7	49.2	8.7	12.5	16.7	2.1
Romania	5.2	4.7	67.7	80.3	32.3	19.7	9.2	10.3	5.7	0
Russian Federation	5.4	5.4	59.9	64.2	40.1	35.8	9.6	10.2	0.2	0
Rwanda	4.2	10.3	39.2	47.0	60.8	53.0	8.2	19.5	52.0	52.3
Saint Kitts and Nevis	5.4	6.0	60.3	57.8	39.7	42.2	9.5	8.0	5.4	0
Saint Lucia	5.4	6.3	58.5	54.2	41.5	45.8	11.7	11.2	0.4	0
Saint Vincent and the Grenadines	5.7	5.4	64.0	61.3	36.0	38.8	10.8	7.6	0.2	0
Samoa ^d	5.6	5.0	70.9	84.5	29.1	15.5	10.8	12.8	17.3	12.0
San Marino	7.5	7.1	86.0	85.5	14.0	14.5	20.4	13.6	0	0
Sao Tome and Principe	10.2	11.2	35.7	47.1	64.3	52.9	9.0	13.2	28.6	21.7
Saudi Arabia ^d	3.7	3.4	81.7	79.5	18.3	20.5	9.2	8.4	0	0

Health expenditure ratios ^a						Per capita health expenditures ^a							
Social security expenditure on health as % of general government expenditure on health		Out-of-pocket expenditure as % of private expenditure on health		Private prepaid plans as % of private expenditure on health		Per capita total expenditure on health at average exchange rate (US\$)		Per capita total expenditure on health ^c (PPP int. \$)		Per capita government expenditure on health at average exchange rate (US\$)		Per capita government expenditure on health ^c (PPP int. \$)	
2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
0	0	52.8	67.9	10.8	15.1	9	16	30	41	6	11	20	27
0	0	42.4	28.4	9.1	15.7	9	17	37	50	4	10	16	30
0.6	0.8	75.4	73.2	11.9	14.4	128	307	304	604	67	136	159	268
0	0	73.8	72.0	0	4.6	220	343	270	514	113	224	140	336
0	0	99.1	99.5	0.1	0.5	16	34	50	67	5	18	16	34
0	0	96.9	89.2	3.1	9.0	637	1 362	2 903	4 053	462	1 056	2 104	3 140
35.0	12.3	100	100	0	0	418	371	378	357	410	361	370	348
0	0	100	100	0	0	12	22	35	47	8	14	25	31
0	0	74.6	81.5	8.3	10.1	145	247	299	502	76	121	156	246
67.6	58.9	95.3	93.1	4.7	6.9	328	564	508	819	153	256	236	372
21.4	22.2	100	100	0	0	170	285	217	373	160	273	204	357
98.5	98.4	83.1	81.4	16.9	18.6	3 775	7 338	1 785	2 139	2 843	5 492	1 345	1 601
24.5	33.0	70.6	84.4	0	0	22	64	89	138	18	52	71	112
98.8	81.4	60.8	57.1	0	0	124	550	501	1 107	72	314	291	633
0	26.9	76.6	86.3	23.4	13.7	54	120	109	202	16	40	32	68
0.3	0.3	45.2	42.1	1.0	1.5	14	18	26	39	10	13	19	28
3.1	1.6	99.2	95.1	0	0	3	7	12	21	<1	<1	2	2
1.8	2.9	18.2	5.8	77.3	64.4	131	319	252	467	90	134	174	196
0	0	24.4	84.4	0	0	375	673	858	812	273	477	624	575
0	0	91.2	90.8	0.1	0.4	12	20	43	53	3	8	11	21
93.9	93.4	24.3	33.5	43.0	34.5	1 916	4 243	2 337	3 509	1 209	3 481	1 474	2 878
0	11.6	69.9	71.7	28.5	23.5	1 055	2 790	1 623	2 497	823	2 202	1 266	1 971
27.0	27.6	91.6	93.0	0.6	1.6	54	92	131	232	29	51	70	127
2.7	1.4	87.6	96.4	11.3	3.2	5	16	16	35	3	9	9	18
0	0	92.7	95.9	5.1	3.1	17	74	59	131	6	19	20	33
0	0	100	100	0	0	322	1 724	308	1 123	316	1 706	303	1 111
17.1	14.3	95.5	95.1	0	0	3 156	7 354	3 039	4 763	2 604	6 184	2 507	4 005
0	0	64.4	61.3	21.3	23.2	252	375	619	688	206	296	506	542
6.2	4.2	80.3	82.1	0.2	0.3	15	23	48	64	3	7	10	19
0	0	100	40.3	0	43.3	594	873	545	812	529	685	485	637
50.0	49.3	81.3	82.7	18.7	17.3	306	396	560	773	208	256	381	500
0	0	56.0	41.3	5.5	6.2	26	31	69	65	21	25	57	53
53.0	39.2	88.6	97.0	10.9	1.3	122	114	309	253	49	48	124	107
49.5	42.4	81.3	75.3	15.0	20.8	96	160	229	327	57	94	134	191
14.7	22.3	77.2	83.7	11.1	9.8	33	63	79	130	16	22	37	45
82.6	82.7	93.2	83.2	0.8	1.9	247	716	583	1 035	173	507	408	733
1.3	1.2	80.8	77.5	11.1	13.8	970	2 108	1 509	2 284	704	1 489	1 095	1 613
0	0	84.5	88.2	0	0	659	2 403	1 453	3 075	453	1 816	1 000	2 324
79.5	77.7	83.2	79.2	8.5	9.2	536	1 362	809	1 688	240	748	363	927
0	67.6	97.9	97.6	0	0.4	21	127	86	281	10	65	43	142
89.4	83.2	100	98.8	0	1.1	87	369	298	592	59	296	202	475
40.3	38.7	74.7	83.0	8.1	9.6	96	493	412	797	57	316	247	512
6.4	3.9	40.7	44.4	0.9	10.2	9	37	25	95	4	18	10	45
0	0	94.2	94.4	5.8	5.6	387	623	540	863	233	360	326	499
4.9	3.4	95.3	94.4	4.7	5.6	244	361	417	608	143	195	244	330
0	0	100	100	0	0	176	272	303	474	113	166	194	290
0.3	0.7	81.3	76.1	0	0	73	152	154	237	52	129	109	200
100	85.4	96.0	96.3	4.0	3.7	2 150	3 878	2 265	2 810	1 849	3 317	1 948	2 404
0	0	55.5	58.9	0	0	56	103	...	183	20	48	...	86
0	0	41.3	32.2	18.3	30.3	338	531	647	768	276	422	529	610

7. Health expenditure

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Member State	Health expenditure ratios ^a									
	Total expenditure on health as % of gross domestic product		General government expenditure on health as % of total expenditure on health ^b		Private expenditure on health as % of total expenditure on health ^b		General government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health	
	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
Senegal	4.4	5.7	37.5	56.0	62.5	44.0	8.8	12.1	17.2	8.5
Serbia ^{u,y}	10.3	9.9	78.5	61.8	21.5	38.2	20.9	13.8	0.8	0.4
Seychelles	5.3	5.1	75.3	70.2	24.7	29.8	8.4	8.9	5.6	2.2
Sierra Leone ^e	4.9	4.4	43.0	31.3	57.0	68.7	7.6	7.8	19.6	31.3
Singapore	3.5	3.1	36.2	32.6	63.8	67.4	6.2	7.2	0	0
Slovakia	6.6	7.7	85.0	66.8	15.0	33.2	27.7	29.9	0	0
Slovenia	8.3	7.8	74.0	71.5	26.0	28.3	13.1	13.2	0.2	0
Solomon Islands	5.2	4.6	91.6	92.4	8.4	7.6	17.9	15.4	14.8	43.6
Somalia ^e	2.6	...	44.8	...	55.2	...	4.2	...	9.0	...
South Africa ^d	8.5	8.6	40.5	41.4	59.5	58.6	10.9	10.8	0.3	0.8
Spain	7.2	8.5	71.6	71.8	28.4	28.2	13.2	15.6	0	0
Sri Lanka ^d	3.7	4.2	47.9	47.5	52.1	52.5	6.8	8.5	0.3	1.7
Sudan ^{d,g}	3.1	3.5	29.2	36.8	70.8	63.2	8.3	6.1	4.7	10.2
Suriname	7.5	7.6	48.8	47.4	51.2	52.6	9.7	13.3	10.9	1.8
Swaziland	5.7	6.0	58.6	62.5	41.4	37.5	11.6	9.1	5.5	7.9
Sweden	8.2	9.1	84.9	81.7	15.1	18.3	12.6	14.1	0	0
Switzerland	10.2	10.8	55.4	59.3	44.6	40.7	16.0	19.8	0	0
Syrian Arab Republic ^z	4.8	3.6	40.4	45.9	59.6	54.1	6.5	6.0	0.1	0.3
Tajikistan	4.6	5.3	20.4	21.5	79.6	78.5	4.9	3.6	2.3	7.8
Thailand ^d	3.4	3.7	56.1	73.2	43.9	26.8	10.0	13.1	0	0.3
The former Yugoslav Republic of Macedonia	7.6	7.1	70.9	65.6	29.1	34.4	15.8	14.1	3.2	1.0
Timor-Leste ^{aa,ab,ac}	8.8	13.6	70.9	84.6	29.1	15.4	12.7	14.9	52.7	35.0
Togo	4.8	6.1	29.9	24.9	70.1	75.1	8.0	7.7	6.6	10.1
Tonga	5.6	4.4	71.9	70.3	28.1	29.7	15.2	9.7	26.3	20.3
Trinidad and Tobago	3.9	4.8	42.8	56.1	57.2	43.9	5.7	9.4	4.7	0.1
Tunisia ^d	6.0	6.0	54.9	50.5	45.1	49.5	8.1	9.1	0.9	1.4
Turkey	4.9	5.0	62.9	69.0	37.1	31.0	9.8	10.3	0.1	0
Turkmenistan ^{g,ad}	3.9	2.6	81.7	52.1	18.3	47.9	13.7	10.3	1.4	0.3
Tuvalu	12.4	9.8	99.8	99.8	0.2	0.2	5.9	16.3	43.9	6.1
Uganda	6.6	6.3	26.8	26.2	73.2	73.8	7.3	9.8	28.3	31.6
Ukraine	5.9	6.9	48.9	57.6	51.1	42.4	8.4	9.2	0.5	0.3
United Arab Emirates	3.2	2.7	76.6	70.5	23.4	29.5	7.6	8.9	0	0
United Kingdom	7.0	8.4	79.3	81.7	20.7	18.3	14.3	15.6	0	0
United Republic of Tanzania ^d	3.8	5.3	43.4	65.8	56.6	34.2	9.1	18.4	27.8	49.9
United States of America	13.4	15.7	43.2	45.5	56.8	54.5	17.1	19.5	0	0
Uruguay ^d	11.2	8.0	54.6	74.0	45.4	26.0	20.5	17.3	0.1	0.1
Uzbekistan	5.7	5.0	44.1	46.1	55.9	53.9	6.0	7.9	6.2	1.6
Vanuatu	3.7	3.6	74.4	76.3	25.6	23.6	9.8	11.4	2.7	15.4
Venezuela (Bolivarian Republic of)	5.7	5.8	41.5	46.5	58.5	53.5	8.0	7.1	0.7	0
Viet Nam	5.4	7.1	30.1	39.3	69.9	60.7	6.6	8.7	2.5	1.6
Yemen ^d	4.5	3.9	53.8	39.6	46.2	60.4	8.3	4.5	8.0	7.4
Zambia	5.7	6.2	51.3	57.7	48.7	42.3	9.4	14.5	17.8	33.1
Zimbabwe ^e	10.0	8.9	53.0	46.3	47.0	53.7	10.7	8.9	1.3	0.2

Health expenditure ratios ^a						Per capita health expenditures ^a							
Social security expenditure on health as % of general government expenditure on health		Out-of-pocket expenditure as % of private expenditure on health		Private prepaid plans as % of private expenditure on health		Per capita total expenditure on health at average exchange rate (US\$)		Per capita total expenditure on health ^c (PPP int. \$)		Per capita government expenditure on health at average exchange rate (US\$)		Per capita government expenditure on health ^c (PPP int. \$)	
2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
8.5	4.0	91.7	78.5	7.1	17.9	21	54	57	99	8	30	21	56
59.5	93.4	84.7	91.7	0	0.5	71	408	443	769	56	252	348	475
5.0	3.7	63.0	62.5	0	0	402	564	856	1 094	303	396	644	768
0	0	75.2	58.8	3.0	3.8	7	14	18	32	3	4	8	10
4.8	15.3	97.0	93.9	0	2.8	803	1 148	1 167	1 643	290	375	422	536
86.5	89.9	76.4	79.1	0	0	248	1 077	720	1 555	211	720	612	1 040
93.9	92.7	44.1	48.6	51.0	45.3	707	1 836	1 447	2 099	523	1 313	1 070	1 501
0	0	66.7	66.7	0	0	42	54	81	123	39	50	75	113
0	...	100	...	0	...	8	...	18	...	4	...	8	...
3.3	3.0	25.0	29.7	69.9	66.2	251	497	551	819	101	206	223	340
9.6	7.0	83.1	74.6	13.7	20.8	1 036	2 712	1 536	2 671	742	1 947	1 100	1 917
0.3	0.1	83.3	86.7	12.2	9.1	33	68	102	179	16	32	49	85
8.2	11.3	100	100	0	0	11	40	37	71	3	15	11	26
40.7	41.7	44.0	60.2	0.8	0.8	152	361	350	527	74	171	171	250
0	0	42.4	42.3	18.9	17.4	78	151	203	287	46	95	119	180
0	0	91.1	87.0	1.2	1.1	2 280	4 495	2 283	3 323	1 936	3 673	1 938	2 716
72.8	72.2	74.0	75.0	23.8	22.6	3 529	6 108	3 217	4 417	1 956	3 620	1 783	2 618
0	0	100	100	0	0	240	68	159	154	97	31	64	70
0	0	99.0	94.4	0	0	6	29	41	93	1	6	8	20
9.4	9.7	76.9	71.7	12.8	19.5	67	136	159	286	38	100	89	209
97.5	92.2	100	100	0	0	136	277	452	669	97	182	321	439
0	0	43.4	37.2	0	0	34	58	69	116	24	49	49	98
12.5	12.9	86.6	84.2	5.4	4.3	16	33	43	68	5	8	13	17
0	0	82.9	84.7	9.4	3.6	88	108	164	167	63	76	118	117
0	0	86.3	89.7	7.2	6.5	244	785	449	1 178	104	440	192	661
28.9	42.8	80.3	84.3	17.9	14.0	123	211	290	463	67	107	159	234
55.5	50.3	74.6	71.8	11.8	14.4	194	465	432	677	122	320	272	467
6.6	8.8	100	100	0	0	44	139	134	153	36	72	110	80
0	0	100	100	0	0	160	292	122	150	160	291	122	149
0	0	56.7	51.0	0.1	0.2	15	28	46	74	4	7	12	20
0	0.5	93.4	92.4	1.0	1.8	38	210	195	475	19	121	95	274
0	0	69.4	64.9	20.2	25.4	699	1 253	805	982	536	883	616	693
0	0	64.8	62.7	15.6	6.9	1 769	3 867	1 833	2 992	1 403	3 161	1 454	2 446
0	3.3	83.5	75.0	4.5	10.4	10	22	29	63	4	14	12	41
33.5	27.9	25.5	22.6	60.3	63.5	4 703	7 285	4 703	7 285	2 032	3 317	2 032	3 317
27.4	35.1	31.2	50.3	14.9	34.5	773	582	916	916	422	431	500	678
0	0	97.0	98.0	0	0	32	41	82	121	14	19	36	56
0	0	71.6	71.6	10.7	10.7	48	79	115	145	35	61	85	111
34.6	33.7	90.9	88.1	3.2	3.2	273	477	480	697	113	222	199	324
19.7	32.3	91.7	90.2	4.1	2.7	22	58	76	183	6	23	23	72
0	0	94.5	97.8	2.2	1.6	25	43	87	104	13	17	47	41
0	0	80.5	67.6	0.7	3.7	18	57	50	79	9	33	26	46
0	0	45.5	50.4	34.3	28.8	66	79	26	20	35	36	14	9

7. Health expenditure

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Member State	Health expenditure ratios ^a									
	Total expenditure on health as % of gross domestic product		General government expenditure on health as % of total expenditure on health ^b		Private expenditure on health as % of total expenditure on health ^b		General government expenditure on health as % of total government expenditure		External resources for health as % of total expenditure on health	
	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007

RANGES OF COUNTRY VALUES

Minimum	1.4	1.9	1.1	11.0	0.2	0.2	0.4	0.9	0	0
Median	5.8	6.1	57.0	60.3	43.0	39.7	9.8	10.8	2.2	1.4
Maximum	20.3	19.1	99.8	99.8	98.9	89.0	27.7	32.1	71.6	74.9

WHO REGION

African Region	5.9	6.2	43.5	45.3	56.5	54.7	8.7	9.6	5.4	6.9
Region of the Americas	12.0	13.6	44.8	47.2	55.2	52.8	15.5	17.1	0.1	0
South-East Asia Region	3.7	3.6	31.2	36.9	68.8	63.1	4.8	5.3	0.9	1.7
European Region	8.4	8.8	75.3	76.0	24.7	24.0	14.3	15.3	0.1	0
Eastern Mediterranean Region	4.2	4.1	52.8	55.5	47.2	44.5	7.3	7.5	1.0	1.8
Western Pacific Region	6.8	6.5	72.7	67.8	27.3	32.2	14.9	15.1	0.1	0.1

INCOME GROUP

Low income	4.7	5.3	37.6	41.9	62.4	58.1	7.9	8.7	10.2	17.5
Lower middle income	4.4	4.3	37.0	42.4	63.0	57.6	7.5	7.8	1.1	1.0
Upper middle income	6.2	6.4	52.0	55.2	48.0	44.8	8.9	9.4	0.6	0.2
High income	10.2	11.2	59.4	61.3	40.6	38.7	15.6	17.2	0	0

GLOBAL	9.2	9.7	57.9	59.6	42.1	40.4	14.5	15.4	0.1	0.2
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Health expenditure ratios ^a						Per capita health expenditures ^a							
Social security expenditure on health as % of general government expenditure on health		Out-of-pocket expenditure as % of private expenditure on health		Private prepaid plans as % of private expenditure on health		Per capita total expenditure on health at average exchange rate (US\$)		Per capita total expenditure on health ^c (PPP int. \$)		Per capita government expenditure on health at average exchange rate (US\$)		Per capita government expenditure on health ^c (PPP int. \$)	
2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
0	0	18.2	5.3	0	0	3	7	8	17	<1	<1	<1	2
1.0	2.0	86.8	84.4	1.7	3.6	110	248	270	434	62	136	142	263
100	98.4	100	100	77.3	66.2	4 703	7 439	4 703	7 285	2 843	6 763	2 800	5 212
7.1	8.3	53.0	60.1	39.1	32.5	35	76	86	137	15	34	38	63
31.9	26.0	30.1	28.0	56.8	59.4	1 849	2 911	1 983	3 046	829	1 374	896	1 437
12.1	13.8	88.9	86.9	2.7	3.4	20	41	61	104	6	15	18	36
52.9	49.5	65.6	66.5	25.5	24.3	931	2 035	1 220	1 875	701	1 546	901	1 401
9.9	14.0	84.4	85.7	7.2	7.6	68	133	180	271	36	74	85	137
72.6	63.0	88.4	81.6	4.3	11.7	291	416	298	531	212	282	190	330
3.8	11.0	85.6	83.1	3.9	3.7	14	27	37	67	5	11	14	28
37.1	37.2	92.8	90.5	2.5	5.3	34	80	97	181	13	34	35	76
41.1	38.0	70.7	69.0	24.0	26.4	221	488	454	757	115	269	243	419
48.4	41.8	38.2	36.1	49.1	51.4	2 657	4 405	2 745	4 145	1 577	2 699	1 631	2 492
47.6	41.2	44.2	43.9	44.2	45.0	481	802	568	863	279	478	320	493

Health inequities

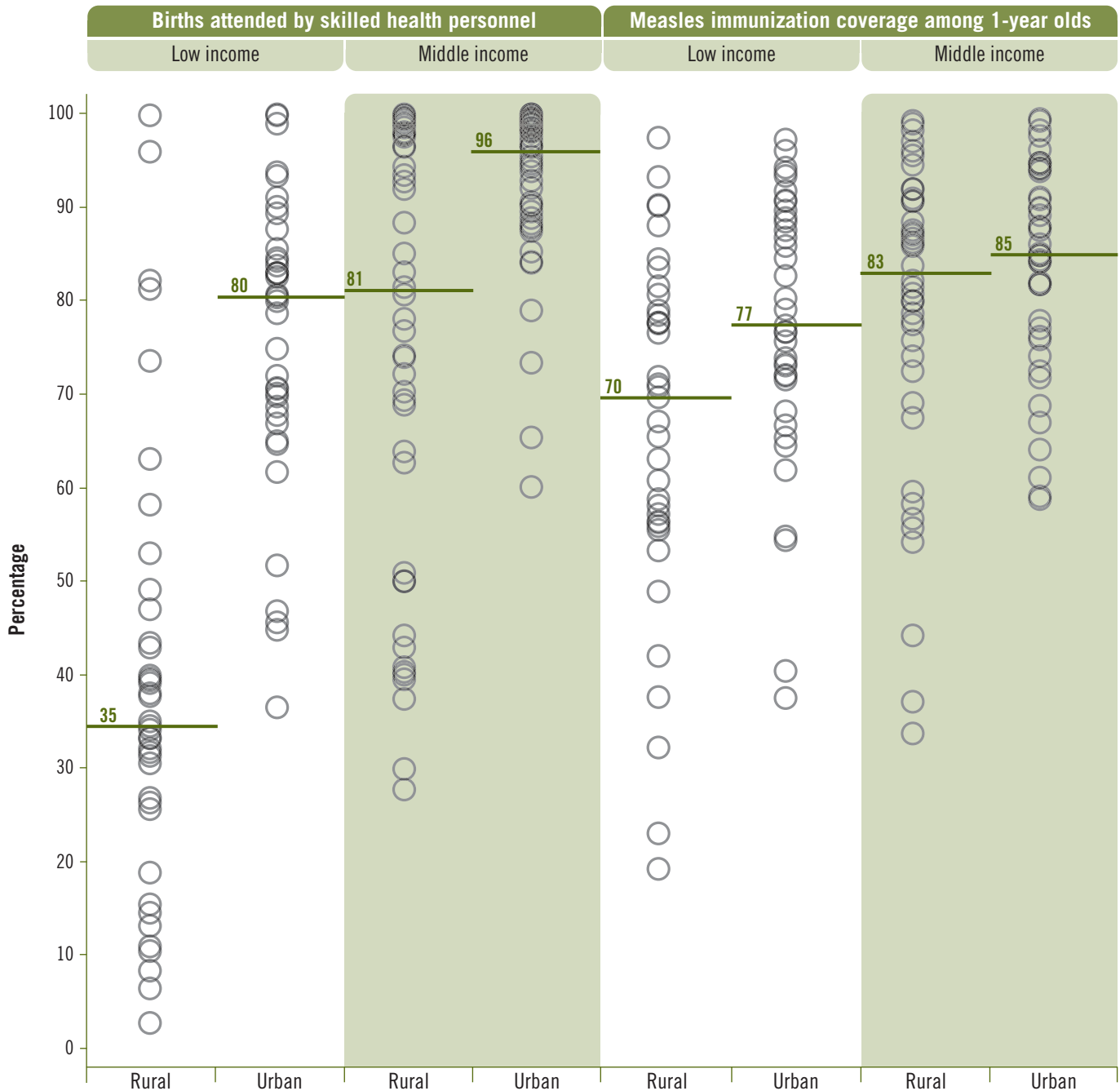
In general, the global reporting of health indicators focuses on national averages. However, data on the distribution of health and health services within countries and between population subgroups are equally important (Figure 14 and Box 7). Such data help to identify health inequities – unfair and avoidable differences in health and health service provision – that arise for example from socioeconomic factors (such as level of education, occupation and household wealth or income), from geographical location, and from ethnicity and gender.

This section presents data from 87 countries using three health indicators – percentage of births attended by skilled health personnel, measles immunization coverage among 1-year-old children, and mortality in children under 5 years old (under-five mortality) – disaggregated according to urban or rural residence, household wealth and maternal educational level.

The main sources of the data are the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), conducted between 2000 and 2008. For the disaggregations by household wealth, the total population is classified into wealth quintiles based on relative differences in household wealth within the country rather than an absolute wealth criterion. The estimates are subject to normal sample variability, which are usually indicated by confidence intervals – however, only the point estimates are shown in this section.

The data presented refer to ratios and differences between the most-advantaged and least-advantaged groups. However, these measures do not reflect the situation across all population groups (such as groups falling into the middle of wealth or education distributions) for which other measures are used.

Figure 14: Urban–rural differences in the coverage of skilled attendant at birth and measles immunization in low-income and middle-income countries – 2000–2008



Note: Solid horizontal lines indicate the median.

Box 7: Inequities in health service coverage

In Figure 14, each circle represents a country (note that circles may overlap). Three major conclusions can be drawn from the data:

There are differences between rural and urban areas in coverage of key health services such as skilled attendant at birth and measles immunization – these differences are more marked in low-income countries compared with middle-income countries, and significantly more acute in relation to skilled attendant at birth than to measles immunization.

In low-income countries, there are major differences between urban and rural areas in the coverage of skilled attendant at birth – 80% of urban births take place with the assistance of skilled health personnel compared with only 35% of births in rural areas. By contrast, urban–rural differences with regard to measles immunization rates are less pronounced at 77% and 70%, respectively.

Within the low-income country group, there is very wide variation in both indicators – for example, coverage of skilled attendant at birth in rural areas ranges from as low as 3% to as high as 100%.

8. Health inequities

62+2>六九零
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Member State	Year	MDG 5 Births attended by skilled health personnel ^{a,b} (%)											
		Place of residence				Wealth quintile				Education level of mother ^c			
		Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest
Afghanistan		...	...	...	...	...	...	...	...	...	...	...	...
Albania ^f	2005	100	100	1.0	0	99	100	1.0	1	...	...	...	...
Algeria ^f	2006	92	98	1.1	6	...	...	...	...	...	...	...	...
Andorra		...	...	...	...	...	...	...	...	...	...	...	...
Angola		...	...	...	...	...	...	...	...	...	...	...	...
Antigua and Barbuda		...	...	...	...	...	...	...	...	...	...	...	...
Argentina		...	...	...	...	...	...	...	...	...	...	...	...
Armenia ^e	2005	98	99	1.0	1	93	100	1.1	7	...	...	...	...
Australia		...	...	...	...	...	...	...	...	...	...	...	...
Austria		...	...	...	...	...	...	...	...	...	...	...	...
Azerbaijan	2006	81	97	1.2	16	78	100	1.3	22	83	89	1.1	5
Bahamas		...	...	...	...	...	...	...	...	...	...	...	...
Bahrain		...	...	...	...	...	...	...	...	...	...	...	...
Bangladesh	2007	13	37	2.8	23	5	51	10.3	46	5	33	7.4	29
Barbados		...	...	...	...	...	...	...	...	...	...	...	...
Belarus ^f	2005	100	100	1.0	0	100	100	1.0	0	...	...	...	...
Belgium		...	...	...	...	...	...	...	...	...	...	...	...
Belize ^f	2006	93	99	1.1	7	...	...	...	...	...	...	...	...
Benin	2006	74	86	1.2	12	56	97	1.7	42	72	98	1.4	26
Bhutan		...	...	...	...	...	...	...	...	...	...	...	...
Bolivia (Plurinational State of) ^h	2008	51	88	1.7	37	38	99	2.6	61	...	...	...	...
Bosnia and Herzegovina ^f	2006	100	100	1.0	0	99	100	1.0	0	...	...	...	...
Botswana		...	...	...	...	...	...	...	...	...	...	...	...
Brazil		...	...	...	...	...	...	...	...	...	...	...	...
Brunei Darussalam		...	...	...	...	...	...	...	...	...	...	...	...
Bulgaria		...	...	...	...	...	...	...	...	...	...	...	...
Burkina Faso	2003	31	88	2.9	57	39	91	2.3	52	33	95	2.9	62
Burundi ^f	2005	32	75	2.4	43	25	55	2.2	30	30	84	2.8	54
Cambodia	2005	39	70	1.8	31	21	90	4.3	69	22	80	3.6	58
Cameroon	2004	44	84	1.9	40	29	95	3.2	65	23	92	4.0	69
Canada		...	...	...	...	...	...	...	...	...	...	...	...
Cape Verde ^h	2005	64	91	1.4	27	...	...	...	...	...	...	...	...
Central African Republic ^f	2006	35	83	2.4	48	27	89	3.3	62	34	88	2.6	55
Chad	2004	6	46	7.1	39	4	55	15.4	52	9	67	7.2	57
Chile		...	...	...	...	...	...	...	...	...	...	...	...
China		...	...	...	...	...	...	...	...	...	...	...	...
Colombia	2005	77	97	1.3	20	72	99	1.4	27	67	97	1.4	30
Comoros		...	...	...	...	...	...	...	...	...	...	...	...
Congo	2005	74	97	1.3	23	67	98	1.5	32	62	93	1.5	30
Cook Islands		...	...	...	...	...	...	...	...	...	...	...	...
Costa Rica		...	...	...	...	...	...	...	...	...	...	...	...
Côte d'Ivoire ^f	2006	40	84	2.1	44	29	95	3.3	66	47	87	1.8	40
Croatia		...	...	...	...	...	...	...	...	...	...	...	...
Cuba		...	...	...	...	...	...	...	...	...	...	...	...
Cyprus		...	...	...	...	...	...	...	...	...	...	...	...
Czech Republic		...	...	...	...	...	...	...	...	...	...	...	...
Democratic People's Republic of Korea		...	...	...	...	...	...	...	...	...	...	...	...
Democratic Republic of the Congo	2007	63	91	1.4	28	59	98	1.7	39	59	89	1.5	29
Denmark		...	...	...	...	...	...	...	...	...	...	...	...

MDG 4 Measles immunization coverage among 1-year-olds ^{a,c} (%)												MDG 4 Under-five mortality rate ^{a,d} (probability of dying by age 5 per 1000 live births)											
Place of residence				Wealth quintile				Education level of mother ^e				Place of residence				Wealth quintile				Education level of mother ^e			
Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Rural	Urban	Ratio rural-urban	Difference rural-urban	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest
...
...	...	...	...	...	...	...	...	...	...	...	...	19	20	1.0	-1	...	...	...	...	...	...	...	...
...
...
...
80	67	0.8	-13	72	(62)	0.8	-11	...	...	...	...	42	26	1.6	16	52	23	2.2	29	...	...	...	...
...
44	64	1.5	20	50	83	1.7	34	46	55	1.2	9	64	52	1.2	12	63	41	1.5	22	68	58	1.2	10
...
82	88	1.1	6	80	89	1.1	9	74	90	1.2	16	77	63	1.2	14	86	43	2.0	43	93	52	1.8	41
...
99	98	1.0	-1	100	98	1.0	-2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...
79	91	1.2	12	...	...	...	...	...	...	...	...	27	26	1.0	1	...	...	...	...	...	...	...	...
57	68	1.2	11	48	76	1.6	28	57	82	1.5	26	145	116	1.3	30	151	83	1.8	68	143	78	1.8	65
...
87	85	1.0	-2	88	88	1.0	0	...	...	...	...	99	55	1.8	44	116	31	3.7	85	...	...	...	...
80	74	0.9	-6	72	76	1.1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...
...
53	73	1.4	20	48	71	1.5	23	54	80	1.5	26	202	136	1.5	65	206	144	1.4	62	198	108	1.8	90
78	85	1.1	7	77	79	1.0	3	74	87	1.2	13	178	137	1.3	41	190	128	1.5	62	195	55	3.5	140
77	79	1.0	3	70	82	1.2	13	64	91	1.4	27	111	76	1.5	35	127	43	3.0	84	136	53	2.6	83
58	73	1.2	14	52	83	1.6	31	46	79	1.7	33	169	119	1.4	50	189	88	2.2	101	186	93	2.0	92
...
87	90	1.0	3	...	...	...	...	...	...	...	...	44	53	0.8	-9	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	199	126	1.6	73	223	112	2.0	111	187	107	1.7	80
19	38	2.0	18	8	38	4.6	30	18	54	3.0	36	208	179	1.2	28	176	187	0.9	-11	200	143	1.4	57
...
76	85	1.1	9	69	90	1.3	21	70	86	1.2	16	33	23	1.4	10	39	16	2.4	23	51	20	2.5	30
...
57	76	1.3	20	49	84	1.7	36	44	75	1.7	31	136	108	1.3	28	135	85	1.6	51	202	101	2.0	101
...
78	94	1.2	16	69	98	1.4	29	80	95	1.2	16	...	...	...	...	...	...	...	...	...	...	...	...
...
...
...
56	73	1.3	17	51	85	1.7	34	49	77	1.6	28	177	122	1.5	55	184	97	1.9	87	209	112	1.9	97
...

8. Health inequities

62+2>六九零
326418-50+45
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81:4CL-3

Member State	Year	MDG 5 Births attended by skilled health personnel ^{a,b} (%)											
		Place of residence				Wealth quintile				Education level of mother ^c			
		Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest
Djibouti ^f	2006	40	95	2.3	54	...	...	...	...	...	...	...	...
Dominica		...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic	2007	94	96	1.0	2	89	98	1.1	9	86	97	1.1	12
Ecuador		...	...	...	...	...	...	...	...	...	...	...	...
Egypt ^h	2008	72	90	1.2	18	55	97	1.8	42	60	89	1.5	29
El Salvador		...	...	...	...	...	...	...	...	...	...	...	...
Equatorial Guinea		...	...	...	...	...	...	...	...	...	...	...	...
Eritrea	2002	10	65	6.2	54	6	85	14.7	79	12	88	7.3	76
Estonia		...	...	...	...	...	...	...	...	...	...	...	...
Ethiopia	2005	3	45	16.6	42	1	27	29.7	26	2	58	24.0	55
Fiji		...	...	...	...	...	...	...	...	...	...	...	...
Finland		...	...	...	...	...	...	...	...	...	...	...	...
France		...	...	...	...	...	...	...	...	...	...	...	...
Gabon	2000	69	93	1.3	24	67	97	1.4	30	84	93	1.1	9
Gambia ^f	2006	43	83	1.9	40	28	89	3.1	60	49	85	1.7	36
Georgia ^f	2005	98	99	1.0	1	95	99	1.0	3	...	...	...	...
Germany		...	...	...	...	...	...	...	...	...	...	...	...
Ghana	2008	43	84	2.0	41	24	95	3.9	70	36	78	2.2	42
Greece		...	...	...	...	...	...	...	...	...	...	...	...
Grenada		...	...	...	...	...	...	...	...	...	...	...	...
Guatemala		...	...	...	...	...	...	...	...	...	...	...	...
Guinea	2005	26	81	3.1	55	15	87	6.0	73	33	84	2.6	51
Guinea-Bissau ^f	2006	27	69	2.6	42	19	79	4.0	59	28	80	2.9	52
Guyana ^f	2006	82	89	1.1	7	64	93	1.5	29	...	...	...	...
Haiti	2005-2006	15	47	3.0	31	6	68	10.5	61	9	60	6.6	51
Honduras	2005-2006	50	90	1.8	40	33	99	3.0	65	37	96	2.6	59
Hungary		...	...	...	...	...	...	...	...	...	...	...	...
Iceland		...	...	...	...	...	...	...	...	...	...	...	...
India	2005-2006	37	73	2.0	36	19	89	4.6	69	26	75	2.9	49
Indonesia	2007	63	88	1.4	25	44	96	2.2	52	31	87	2.8	56
Iran (Islamic Republic of)		...	...	...	...	...	...	...	...	...	...	...	...
Iraq ^f	2006	78	95	1.2	17	...	...	...	...	79	96	1.2	17
Ireland		...	...	...	...	...	...	...	...	...	...	...	...
Israel		...	...	...	...	...	...	...	...	...	...	...	...
Italy		...	...	...	...	...	...	...	...	...	...	...	...
Jamaica ^f	2005	94	99	1.0	4	...	...	...	...	...	...	...	...
Japan		...	...	...	...	...	...	...	...	...	...	...	...
Jordan	2007	99	99	1.0	1	98	100	1.0	2	94	99	1.1	5
Kazakhstan ^f	2006	100	100	1.0	0	100	100	1.0	0	...	...	...	...
Kenya	2003	35	72	2.1	38	17	75	4.4	58	16	72	4.6	56
Kiribati		...	...	...	...	...	...	...	...	...	...	...	...
Kuwait		...	...	...	...	...	...	...	...	...	...	...	...
Kyrgyzstan ^f	2006	96	100	1.0	4	93	100	1.1	7	...	...	...	...
Lao People's Democratic Republic ^f	2006	11	68	6.2	57	3	81	27.1	78	3	63	18.5	59
Latvia		...	...	...	...	...	...	...	...	...	...	...	...
Lebanon		...	...	...	...	...	...	...	...	...	...	...	...
Lesotho	2004	50	88	1.8	38	34	83	2.5	50	21	73	3.5	52
Liberia	2007	32	79	2.5	47	26	81	3.2	56	36	75	2.1	39
Libyan Arab Jamahiriya		...	...	...	...	...	...	...	...	...	...	...	...

MDG 4 Measles immunization coverage among 1-year-olds^{a,c} (%)

MDG 4 Under-five mortality rate^{a,d} (probability of dying by age 5 per 1000 live births)

Place of residence				Wealth quintile				Education level of mother ^e				Place of residence				Wealth quintile				Education level of mother ^e			
Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Rural	Urban	Ratio rural-urban	Difference rural-urban	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest
...	...	...	...	...	...	...	...	...	...	...	...	73	95	0.8	-22	...	...	...	...	...	...	...	...
81	78	1.0	-3	73	87	1.2	14	53	83	1.6	30	37	37	1.0	1	53	28	1.9	25	57	29	2.0	28
98	98	1.0	0	98	99	1.0	2	98	99	1.0	1	36	29	1.3	8	49	19	2.6	30	44	25	1.8	19
...
79	94	1.2	15	80	95	1.2	15	77	96	1.2	19	117	86	1.4	31	100	65	1.5	35	121	59	2.1	62
32	65	2.0	33	25	53	2.1	28	30	63	2.1	33	135	98	1.4	37	130	92	1.4	38	139	54	2.6	85
...
37	61	1.6	24	34	71	2.1	37	42	64	1.5	22	100	88	1.1	12	93	55	1.7	38	112	87	1.3	25
93	91	1.0	-3	95	91	1.0	-3	92	95	1.0	2	150	96	1.6	54	158	72	2.2	86	140	66	2.1	74
...	...	...	...	...	...	...	...	...	...	...	...	45	24	1.9	21	...	...	...	...	...	...	...	...
88	93	1.1	5	88	95	1.1	7	86	93	1.1	7	91	75	1.2	16	103	60	1.7	43	103	67	1.5	35
...
49	55	1.1	6	42	57	1.4	15	48	68	1.4	20	204	133	1.5	71	217	113	1.9	104	194	92	2.1	102
72	83	1.2	11	70	90	1.3	20	72	87	1.2	15	253	250	1.0	3	...	...	...	...	...	...	...	...
96	95	1.0	-1	94	100	1.1	6	...	...	...	...	50	34	1.5	16	...	...	...	...	...	...	...	...
56	62	1.1	6	50	67	1.3	17	52	68	1.3	16	114	78	1.5	36	125	55	2.3	70	123	65	1.9	57
86	84	1.0	-2	85	86	1.0	0	81	86	1.1	5	43	29	1.5	14	50	20	2.5	30	55	20	2.8	35
...
54	72	1.3	18	40	85	2.1	45	41	80	2.0	39	94	61	1.5	33	118	39	3.0	78	106	49	2.2	57
73	82	1.1	10	63	85	1.3	22	49	83	1.7	34	60	38	1.6	22	77	32	2.4	46	94	38	2.5	56
...
60	76	1.3	16	...	...	...	...	60	79	1.3	19	41	41	1.0	0	...	...	...	...	49	37	1.3	12
...
95	88	0.9	-7	...	...	...	...	...	...	...	...	25	36	0.7	-11	...	...	...	...	...	...	...	...
91	95	1.0	4	92	96	1.0	4	85	95	1.1	10	27	22	1.2	5	30	27	1.1	3	...	...	...	...
99	100	1.0	0	100	99	1.0	-1	...	...	...	...	43	30	1.4	12	...	...	...	...	...	...	...	...
70	86	1.2	16	55	88	1.6	33	51	85	1.7	34	117	94	1.3	23	149	91	1.6	58	127	63	2.0	64
...
38	54	1.4	17	33	60	1.8	27	31	55	1.8	24	50	35	1.4	15	...	...	...	...	...	...	...	...
...
84	91	1.1	7	82	85	1.0	3	74	85	1.1	11	105	86	1.2	18	113	82	1.4	31	161	82	2.0	79
56	77	1.4	20	45	86	1.9	41	58	78	1.3	20	146	132	1.1	15	138	117	1.2	21	151	119	1.3	33
...

8. Health inequities

62+2>六九零
2014.18-50+45
Y2A.Y014-
81:4CL-3

Member State	Year	MDG 5 Births attended by skilled health personnel ^{a,b} (%)											
		Place of residence				Wealth quintile				Education level of mother ^c			
		Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest
Lithuania		...	...	...	...	...	...	...	...	...	...	...	...
Luxembourg		...	...	...	...	...	...	...	...	...	...	...	...
Madagascar	2003-2004	40	71	1.8	31	30	94	3.1	64	22	81	3.7	59
Malawi	2004	53	84	1.6	31	47	85	1.8	38	43	83	2.0	41
Malaysia		...	...	...	...	...	...	...	...	...	...	...	...
Maldives		...	...	...	...	...	...	...	...	...	...	...	...
Mali	2006	38	80	2.1	42	35	86	2.5	51	44	92	2.1	48
Malta		...	...	...	...	...	...	...	...	...	...	...	...
Marshall Islands		...	...	...	...	...	...	...	...	...	...	...	...
Mauritania ^f	2007	39	90	2.3	51	21	95	4.6	75	45	92	2.0	47
Mauritius		...	...	...	...	...	...	...	...	...	...	...	...
Mexico		...	...	...	...	...	...	...	...	...	...	...	...
Micronesia (Federated States of)		...	...	...	...	...	...	...	...	...	...	...	...
Monaco		...	...	...	...	...	...	...	...	...	...	...	...
Mongolia ^f	2005	99	100	1.0	1	98	100	1.0	2	...	...	...	...
Montenegro ^{f,g}	2005	98	100	1.0	2	98	100	1.0	3	...	...	...	...
Morocco	2003-2004	40	85	2.2	46	30	95	3.2	66	49	94	1.9	46
Mozambique	2003	34	81	2.4	47	25	89	3.6	64	31	95	3.0	63
Myanmar		...	...	...	...	...	...	...	...	...	...	...	...
Namibia	2006-2007	74	94	1.3	20	60	98	1.6	38	50	92	1.8	42
Nauru		...	...	...	...	...	...	...	...	...	...	...	...
Nepal	2006	19	52	2.8	33	5	58	12.0	53	11	53	4.7	41
Netherlands		...	...	...	...	...	...	...	...	...	...	...	...
New Zealand		...	...	...	...	...	...	...	...	...	...	...	...
Nicaragua	2001	83	97	1.2	13	78	99	1.3	22	77	98	1.3	21
Niger	2006	8	71	8.5	62	5	59	11.8	54	13	81	6.1	67
Nigeria ^h	2008	28	65	2.4	38	8	86	10.3	77	...	...	...	...
Niue		...	...	...	...	...	...	...	...	...	...	...	...
Norway		...	...	...	...	...	...	...	...	...	...	...	...
Oman		...	...	...	...	...	...	...	...	...	...	...	...
Pakistan	2006-2007	30	60	2.0	30	16	77	4.8	61	27	74	2.8	47
Palau		...	...	...	...	...	...	...	...	...	...	...	...
Panama		...	...	...	...	...	...	...	...	...	...	...	...
Papua New Guinea		...	...	...	...	...	...	...	...	...	...	...	...
Paraguay		...	...	...	...	...	...	...	...	...	...	...	...
Peru ⁱ	2004-2005	43	92	2.1	49	28	100	3.5	72	...	...	...	...
Philippines	2003	41	79	1.9	38	25	92	3.7	67	11	72	6.5	61
Poland		...	...	...	...	...	...	...	...	...	...	...	...
Portugal		...	...	...	...	...	...	...	...	...	...	...	...
Qatar		...	...	...	...	...	...	...	...	...	...	...	...
Republic of Korea		...	...	...	...	...	...	...	...	...	...	...	...
Republic of Moldova ^e	2005	99	100	1.0	0	99	100	1.0	1	100	100	1.0	-1
Romania		...	...	...	...	...	...	...	...	...	...	...	...
Russian Federation		...	...	...	...	...	...	...	...	...	...	...	...
Rwanda ^h	2007-2008	49	70	1.4	21	43	71	1.7	28	39	82	2.1	43
Saint Kitts and Nevis		...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia		...	...	...	...	...	...	...	...	...	...	...	...
Saint Vincent and the Grenadines		...	...	...	...	...	...	...	...	...	...	...	...
Samoa		...	...	...	...	...	...	...	...	...	...	...	...

MDG 4 Measles immunization coverage among 1-year-olds ^{a,c} (%)												MDG 4 Under-five mortality rate ^{a,d} (probability of dying by age 5 per 1000 live births)											
Place of residence				Wealth quintile				Education level of mother ^e				Place of residence				Wealth quintile				Education level of mother ^e			
Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Rural	Urban	Ratio rural-urban	Difference rural-urban	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest
...
56	74	1.3	18	38	84	2.2	46	36	85	2.4	49	120	73	1.6	47	142	49	2.9	92	149	65	2.3	83
78	87	1.1	9	67	88	1.3	21	72	94	1.3	22	164	116	1.4	48	183	111	1.6	72	183	86	2.1	97
...
66	76	1.2	10	68	78	1.2	11	66	90	1.4	24	234	158	1.5	76	233	124	1.9	110	223	102	2.2	122
...
79	72	0.9	-7	67	79	1.2	12	70	80	1.1	10	127	114	1.1	14	144	87	1.6	57	118	89	1.3	29
...
86	90	1.0	4	88	91	1.0	3	...	...	...	...	69	31	2.2	38	...	...	...	...	...	...	...	...
82	84	1.0	3	(83)	(78)	0.9	-4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
86	94	1.1	8	83	98	1.2	15	88	96	1.1	9	69	38	1.8	31	78	26	3.0	52	63	27	2.3	36
71	91	1.3	20	61	96	1.6	36	66	99	1.5	34	192	143	1.3	49	196	108	1.8	88	201	86	2.3	115
...
82	86	1.0	4	70	95	1.4	25	57	91	1.6	34	76	60	1.3	16	92	30	3.1	63	79	54	1.5	25
...
85	89	1.1	4	73	95	1.3	21	78	99	1.3	21	84	47	1.8	36	98	47	2.1	51	93	32	2.9	60
...
74	77	1.0	3	76	94	1.2	18	69	73	1.0	3	55	34	1.6	21	64	19	3.3	45	72	25	2.9	47
42	72	1.7	30	32	74	2.3	41	43	84	2.0	42	231	139	1.7	91	206	157	1.3	49	222	92	2.4	130
34	59	1.8	25	17	75	4.3	58	...	...	...	...	191	121	1.6	70	219	87	2.5	132	...	...	...	...
...
56	69	1.2	13	36	76	2.1	39	51	81	1.6	31	100	78	1.3	21	121	60	2.0	61	102	62	1.6	40
...
87	88	1.0	1	86	90	1.0	4	...	...	...	...	52	31	1.7	21	63	11	5.7	52	...	...	...	...
78	82	1.1	4	70	89	1.3	20	46	83	1.8	38	52	30	1.7	22	66	21	3.2	46	105	29	3.7	76
...
92	88	1.0	-4	(91)	91	1.0	0	...	...	...	...	30	20	1.5	9	29	17	1.7	12	...	...	...	...
90	92	1.0	2	89	92	1.0	3	86	95	1.1	9	142	87	1.6	55	161	84	1.9	77	174	43	4.0	131
...
...
...

Table 8

8. Health inequities

62+2>六九零
3764618-50+45
Y2M.Y014
81:4CL-3

Member State	Year	MDG 5 Births attended by skilled health personnel ^{a,b} (%)											
		Place of residence				Wealth quintile				Education level of mother ^c			
		Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest
San Marino		...	...	...	...	...	...	...	...	...	...	...	...
Sao Tome and Principe		...	...	...	...	...	...	...	...	...	...	...	...
Saudi Arabia		...	...	...	...	...	...	...	...	...	...	...	...
Senegal	2005	33	85	2.5	51	20	89	4.4	69	42	88	2.1	45
Serbia ^f	2005	99	99	1.0	0	98	100	1.0	2	...	...	...	...
Seychelles		...	...	...	...	...	...	...	...	...	...	...	...
Sierra Leone ^h	2008	33	67	2.0	34	28	71	2.5	43	36	73	2.0	37
Singapore		...	...	...	...	...	...	...	...	...	...	...	...
Slovakia		...	...	...	...	...	...	...	...	...	...	...	...
Slovenia		...	...	...	...	...	...	...	...	...	...	...	...
Solomon Islands		...	...	...	...	...	...	...	...	...	...	...	...
Somalia ^f	2006	15	65	4.5	51	11	77	7.2	66	25	73	3.0	48
South Africa ^h	2003	85	94	1.1	9	...	...	...	...	...	...	...	...
Spain		...	...	...	...	...	...	...	...	...	...	...	...
Sri Lanka		...	...	...	...	...	...	...	...	...	...	...	...
Sudan		...	...	...	...	...	...	...	...	...	...	...	...
Suriname		...	...	...	...	...	...	...	...	...	...	...	...
Swaziland	2006-2007	70	88	1.3	18	51	92	1.8	42	57	84	1.5	27
Sweden		...	...	...	...	...	...	...	...	...	...	...	...
Switzerland		...	...	...	...	...	...	...	...	...	...	...	...
Syrian Arab Republic ^f	2006	88	98	1.1	9	78	99	1.3	21	...	...	...	...
Tajikistan ^f	2005	81	89	1.1	8	70	91	1.3	21	...	...	...	...
Thailand ^f	2005-2006	97	99	1.0	3	93	100	1.1	7	81	99	1.2	18
The former Yugoslav Republic of Macedonia ^f	2005-2006	98	98	1.0	0	95	100	1.0	5	89	100	1.1	11
Timor-Leste		...	...	...	...	...	...	...	...	...	...	...	...
Togo ^f	2006	40	93	2.3	54	30	97	3.3	67	44	89	2.0	45
Tonga		...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago ^{f,g}	2006	...	...	...	...	98	100	1.0	2	...	...	...	...
Tunisia ^f	2006	...	...	...	...	...	...	...	...	...	...	...	...
Turkey ^h	2003	69	90	1.3	21	...	...	...	...	...	...	...	...
Turkmenistan	2000	97	98	1.0	2	97	98	1.0	2	93	97	1.0	5
Tuvalu		...	...	...	...	...	...	...	...	...	...	...	...
Uganda	2006	38	80	2.1	43	28	77	2.7	48	26	76	2.9	50
Ukraine	2007	98	99	1.0	1	97	99	1.0	2	100	99	1.0	-1
United Arab Emirates		...	...	...	...	...	...	...	...	...	...	...	...
United Kingdom		...	...	...	...	...	...	...	...	...	...	...	...
United Republic of Tanzania	2004-2005	47	83	1.8	36	39	90	2.3	51	40	89	2.2	49
United States of America		...	...	...	...	...	...	...	...	...	...	...	...
Uruguay		...	...	...	...	...	...	...	...	...	...	...	...
Uzbekistan ^f	2006	100	100	1.0	0	100	100	1.0	0	...	...	...	...
Vanuatu		...	...	...	...	...	...	...	...	...	...	...	...
Venezuela (Bolivarian Republic of)		...	...	...	...	...	...	...	...	...	...	...	...
Viet Nam ⁱ	2002	82	99	1.2	17	58	100	1.7	42	42	94	2.3	52
Yemen ^f	2006	26	62	2.3	35	17	74	4.3	57	27	61	2.3	34
Zambia	2007	31	83	2.7	52	27	91	3.4	64	24	73	3.1	49
Zimbabwe	2005-2006	58	94	1.6	36	46	95	2.1	49	35	81	2.3	46

MDG 4 Measles immunization coverage
among 1-year-olds^{a,c} (%)

MDG 4 Under-five mortality rate^{a,d}
(probability of dying by age 5 per 1000 live births)

Place of residence				Wealth quintile				Education level of mother ^e				Place of residence				Wealth quintile				Education level of mother ^e			
Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Rural	Urban	Ratio rural-urban	Difference rural-urban	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest
...
71	77	1.1	6	71	81	1.1	10	69	95	1.4	26	160	91	1.8	69	183	64	2.8	119	152	60	2.5	92
89	85	1.0	-4	87	84	1.0	-3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
58	65	1.1	6	56	68	1.2	13	56	75	1.3	19	168	167	1.0	1	211	144	1.5	67	170	130	1.3	40
...
23	40	1.8	17	22	47	2.1	25	24	48	2.0	25	136	134	1.0	2	...	...	...	...	...	...	...	...
68	59	0.9	-9	...	...	...	...	...	...	...	...	57	51	1.1	6	...	...	...	...	...	...	...	...
...
91	95	1.0	4	89	93	1.0	4	84	93	1.1	9	105	107	1.0	-2	118	101	1.2	17	150	95	1.6	55
...
91	94	1.0	3	89	97	1.1	9	...	...	...	...	24	19	1.3	5	22	20	1.1	2	...	...	...	...
90	96	1.1	6	89	96	1.1	8	...	...	...	...	83	70	1.2	13	...	...	...	...	...	...	...	...
96	96	1.0	0	96	99	1.0	3	90	96	1.1	6	...	...	...	...	...	...	...	...	...	...	...	...
88	89	1.0	2	80	93	1.2	13	71	92	1.3	21	26	10	2.6	16	...	...	...	...	...	...	...	...
...
61	67	1.1	6	57	72	1.3	15	50	82	1.6	32	143	73	2.0	70	150	62	2.4	88	145	64	2.3	81
...	...	...	...	(98)	(85)	0.9	-13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
97	99	1.0	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
69	84	1.2	15	...	...	...	...	...	...	...	...	50	30	1.7	20	...	...	...	...	...	...	...	...
92	82	0.9	-10	91	80	0.9	-11	74	88	1.2	14	100	73	1.4	27	106	70	1.5	36	133	88	1.5	45
...
67	77	1.1	10	66	73	1.1	7	64	82	1.3	18	147	115	1.3	32	172	108	1.6	64	164	91	1.8	73
...	...	...	...	...	...	...	...	...	...	...	...	20	19	1.1	1	23	9	2.7	15	...	...	...	...
...
78	90	1.2	12	65	91	1.4	26	65	90	1.4	25	138	108	1.3	31	137	93	1.5	44	160	76	2.1	84
...
98	97	1.0	0	97	98	1.0	1	...	...	...	...	59	51	1.2	8	72	42	1.7	30	...	...	...	...
...
81	94	1.2	14	64	98	1.5	33	49	93	1.9	44	36	16	2.2	19	53	16	3.3	37	66	29	2.3	38
59	80	1.4	22	52	86	1.6	33	60	81	1.4	21	86	57	1.5	29	118	37	3.2	81	...	...	...	...
84	89	1.1	5	88	94	1.1	7	82	90	1.1	8	139	132	1.1	7	124	110	1.1	14	144	105	1.4	39
63	72	1.1	8	54	74	1.4	20	30	71	2.3	41	72	64	1.1	8	72	57	1.3	15	69	68	1.0	1

8. Health inequities

62+2>六九零
376+8.18-59+45
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81:4CL-3

Member State	Year	MDG 5 Births attended by skilled health personnel ^{a,b} (%)											
		Place of residence				Wealth quintile				Education level of mother ^c			
		Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest

RANGES OF COUNTRY VALUES

Minimum		3	37	...	...	1	27	...	...	2	33	...	...
Median		51	89	...	...	39	95	...	...	36	87	...	...
Maximum		100	100	...	...	100	100	...	...	100	100	...	...

**MDG 4 Measles immunization coverage
among 1-year-olds^{a,c} (%)**

**MDG 4 Under-five mortality rate^{a,d}
(probability of dying by age 5 per 1000 live births)**

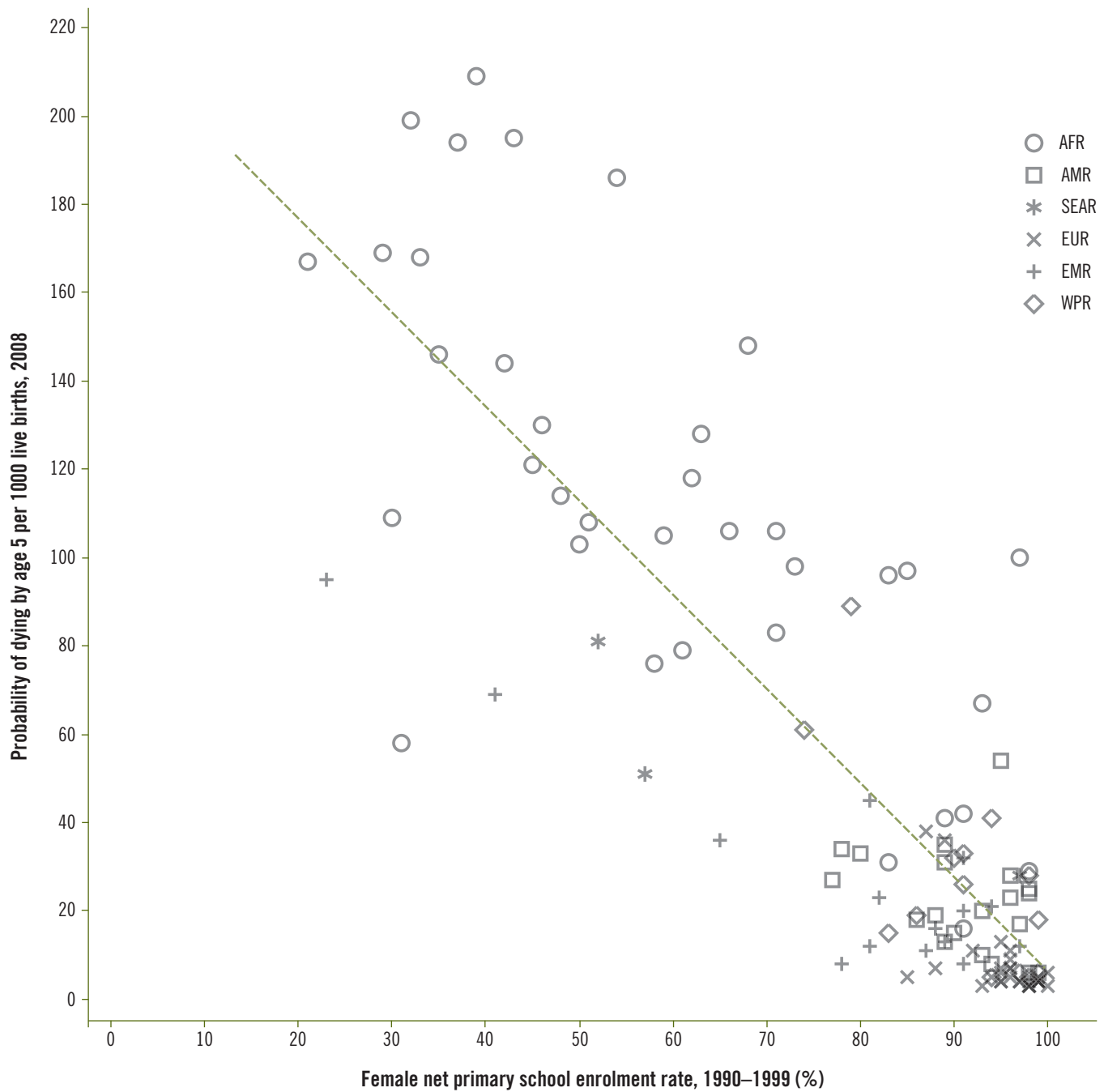
Place of residence				Wealth quintile				Education level of mother ^e				Place of residence				Wealth quintile				Education level of mother ^e			
Rural	Urban	Ratio urban-rural	Difference urban-rural	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Lowest	Highest	Ratio highest-lowest	Difference highest-lowest	Rural	Urban	Ratio rural-urban	Difference rural-urban	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest	Lowest	Highest	Ratio lowest-highest	Difference lowest-highest
19	38	...	...	8	38	...	...	18	48	...	...	19	10	...	...	22	9	...	...	44	20	...	...
78	84	...	...	70	86	...	...	62	85	...	...	94	73	...	...	120	61	...	...	139	65	...	...
99	100	...	...	100	100	...	...	98	99	...	...	253	250	...	...	233	187	...	...	223	143	...	...

Demographic and socioeconomic statistics

This section presents data on demographic and socioeconomic factors that are major determinants of health. For example, reductions in child mortality are closely associated with improvements in female education (Figure 15, Box 8). The table includes three MDG-related indicators – adolescent fertility; primary school enrolment ratios; and population living in poverty. The table also includes data on demographics (population size, growth, fertility rates and urbanization); coverage of civil registration of births and deaths; adult literacy; and per capita gross national income. In addition to their intrinsic value, such data are also important in making other statistics comparable across countries. For example, data on disease incidence, prevalence and mortality rates, and on the availability of health-system resources all require reliable population-based denominators.

These demographic and socioeconomic data have been derived from a variety of national and international sources. The latter include the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF) and the United Nations Department of Economic and Social Affairs (UNDESA). Estimates are based on a combination of administrative records, population-based surveys, censuses and civil registration data and on statistical modelling to account for missing values. For more information on the sources and methods used for a particular indicator, please refer to the relevant footnotes and to the web site of the responsible organization.

Figure 15: Mortality rate in children under 5 years old against female net primary school enrolment rate



Box 8: Correlation between female primary education and child mortality rates

In Figure 15, the available data from 120 countries is shown. Each shape represents one country coded according to WHO region. Two conclusions can be drawn from the data:

High rates of child mortality are strongly associated with a lack of female primary education – in general, countries with a higher rate of female primary education have lower levels of under-five mortality.

There is much more variation between countries in the WHO African Region than in other WHO regions – where there are few outliers.

9. Demographic and socioeconomic statistics

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81:4CL-3

Member State	Population ^a									Civil registration coverage (%)	
	Total (000s)	Median age	Aged under 15 (%)	Aged over 60 (%)	Annual growth rate (%)		Living in urban areas (%)			Births ^b	Deaths ^c
					1988–1998	1998–2008	1990	2000	2008	2000–2008	
Afghanistan	27 208	17	46	4	5.1	3.2	18	21	24	6 ^h	<25
Albania	3 143	29	24	13	-0.4	0.2	36	42	47	>90	50–74
Algeria	34 373	25	28	7	2.1	1.5	52	60	65	>90	75–89
Andorra	84	...	14	22	2.6	2.6	95	92	89	>90	25–49
Angola	18 021	17	45	4	2.9	2.9	37	49	57	29 ^h	<25
Antigua and Barbuda	87	...	27	12	1.5	1.6	35	32	30	...	75–89
Argentina	39 883	30	25	14	1.3	1.0	87	90	92	>90	90–100
Armenia	3 077	32	21	14	-1.2	-0.1	67	65	64	>90	50–74
Australia	21 074	37	19	19	1.2	1.2	85	87	89	>90	90–100
Austria	8 337	41	15	23	0.5	0.4	66	66	67	>90	90–100
Azerbaijan	8 731	28	25	9	1.4	0.9	54	51	52	>90	50–74
Bahamas	338	29	26	10	1.8	1.3	80	82	84	...	90–100
Bahrain	776	28	27	4	3.0	2.2	88	88	89	>90	75–89
Bangladesh	160 000	24	32	6	2.0	1.6	20	24	27	10 ^h	<25
Barbados	255	37	18	14	-0.2	0.1	33	36	40	>90	90–100
Belarus	9 679	38	15	18	0.0	-0.5	66	70	73	>90	90–100
Belgium	10 590	41	17	23	0.3	0.4	96	97	97	>90	90–100
Belize	301	22	36	6	2.9	2.3	47	48	52	94 ^h	90–100
Benin	8 662	18	43	5	3.3	3.2	34	38	41	60 ^h	<25
Bhutan	687	23	31	7	0.0	2.6	16	25	35	...	<25
Bolivia (Plurinational State of)	9 694	21	37	7	2.2	1.9	56	62	66	74 ^h	<25
Bosnia and Herzegovina	3 773	39	16	18	-2.2	0.8	39	43	47	>90	...
Botswana	1 921	22	34	6	2.7	1.5	42	53	60	58 ^h	<25
Brazil	191 972	28	26	10	1.6	1.3	75	81	86	89 ^{h,k}	75–89
Brunei Darussalam	392	27	27	5	2.7	2.1	66	71	75	>90	90–100
Bulgaria	7 593	41	13	24	-0.9	-0.7	66	69	71	>90	90–100
Burkina Faso	15 234	17	46	3	2.8	3.2	14	17	20	64 ^h	<25
Burundi	8 074	20	39	4	1.6	2.5	6	8	10	60 ^h	<25
Cambodia	14 562	22	34	6	3.0	1.7	13	17	22	66 ^h	<25
Cameroon	19 088	19	41	5	2.7	2.3	41	50	57	70 ^h	<25
Canada	33 259	39	17	19	1.1	1.0	77	79	80	>90	90–100
Cape Verde	499	20	37	6	2.2	1.6	44	53	60	>90	...
Central African Republic	4 339	19	41	6	2.5	1.9	37	38	39	49 ^h	<25
Chad	10 914	17	46	4	3.1	3.3	21	23	27	9 ^h	<25
Chile	16 804	31	23	13	1.7	1.1	83	86	88	>90	90–100
China	1 344 920	33	20	12	1.2	0.7	28	36	43	...	<25
Colombia	45 012	26	30	8	1.9	1.6	68	72	74	90 ^h	90–100
Comoros	661	21	38	5	2.4	2.2	28	28	28	83 ^h	<25
Congo	3 615	19	41	6	2.4	2.1	54	58	61	81 ^{h,k}	<25
Cook Islands	20	...	33	8	0.0	1.0	57	64	74	>90	>75
Costa Rica	4 519	27	26	9	2.5	1.9	51	59	63	>90	90–100
Côte d'Ivoire	20 591	19	41	6	3.3	2.3	40	44	49	55 ^h	<25
Croatia	4 423	41	15	23	0.2	-0.4	54	56	57	>90	90–100
Cuba	11 205	37	18	16	0.6	0.2	73	76	76	>90	90–100
Cyprus	862	36	18	18	1.4	1.2	67	69	70	>90	90–100
Czech Republic	10 319	39	14	21	0.0	0.1	75	74	73	>90	90–100
Democratic People's Republic of Korea	23 819	33	22	14	1.4	0.6	58	60	63	99 ^h	<25
Democratic Republic of the Congo	64 257	16	47	4	3.4	2.8	28	30	34	31 ^h	<25
Denmark	5 458	40	18	23	0.3	0.3	85	85	87	>90	90–100
Djibouti	849	21	37	5	3.2	2.1	76	83	87	89 ^h	<25

Total fertility rate ^a (per woman)			MDG 5 Adolescent fertility rate ^d (per 1000 girls 15–19 years)	Adult literacy rate ^e (%)		MDG 2 Net primary school enrolment rate ^c (%)				Gross national income per capita ^f (PPP int. \$)			MDG 1 Population living on <\$1 ^g (PPP int. \$) a day ^e (%)
1990	2000	2008	2000–2007	1990– 1999	2000– 2007	Male		Female		1990	2000	2008	2000–2007
						1990– 1999	2000– 2009	1990– 1999	2000– 2009				
8.0	7.7	6.6	151	...	28	...	...	...	0	...	...	...	...
2.9	2.2	1.9	13	...	99	...	91	...	91	2 820	4 370	7 950	<2.0
4.7	2.6	2.4	4	...	75	93	96	89	94	4 340	5 120	7 940	...
1.3 ⁱ	1.4 ⁱ	1.3 ⁱ	11	...	...	...	81	...	79	...	...	...	...
7.2	6.8	5.8	165	...	67	...	...	...	...	1 840	1 850	5 020	54.3
...	2.7 ⁱ	2.1 ⁱ	67	...	99	...	75	...	73	8 110	...	20 570	...
3.0	2.5	2.2	62	96	98	...	...	...	...	5 160	8 860	14 020	4.5
2.5	1.7	1.7	25	...	99	...	73	...	75	2 040	2 090	6 310	10.6
1.9	1.8	1.8	15	...	...	94	97	94	97	16 310	24 920	34 040	...
1.5	1.4	1.4	12 ^j	...	...	97	97	98	98	19 290	28 570	37 680	...
3.0	2.0	2.1	44	99	100	88	97	89	95	...	2 080	7 770	<2.0
2.6	2.2	2.0	43	...	...	89	89	89	92	...	...	...	...
3.7	2.6	2.3	15 ^j	84	89	95	98	97	98	10 830	20 030	...	...
4.4	3.0	2.3	127	35	53	...	85	...	86	500	820	1 440	49.6
1.7	1.5	1.5	51	...	...	...	...	...	...	...	...	...	...
1.9	1.2	1.3	20	100	100	...	93	...	96	4 650	5 120	12 150	<2.0
1.6	1.6	1.8	10	...	...	99	98	99	98	18 720	28 150	34 760	...
4.5	3.6	2.9	90	70	...	89	98	88	98	2 970	4 630	6 040	...
6.7	6.0	5.4	114	27	41	66	99	45	86	790	1 130	1 460	47.3
5.9	3.8	2.6	46	...	53	59	82	52	84	1 280	2 330	4 880	26.2
4.9	4.1	3.5	88	80	91	95	93	95	94	2 010	2 930	4 140	19.6
1.7	1.4	1.2	16 ^j	...	97	...	...	...	...	...	4 910	8 620	<2.0
4.7	3.4	2.9	51	69	83	80	85	83	87	4 860	8 310	13 100	...
2.8	2.4	1.9	56	...	90	...	93	...	92	5 050	6 810	10 070	5.2
3.2	2.5	2.1	26 ^j	88	95	...	93	...	93	35 700	42 070	...	...
1.7	1.2	1.4	38	...	98	98	95	96	94	5 000	6 000	11 950	<2.0
6.8	6.3	5.9	131	13	29	41	64	29	56	520	790	1 160	56.5
6.6	5.8	4.6	30	37	59	39	100	33	99	340	310	380	81.3
5.8	3.9	2.9	52	67	76	87	90	79	87	...	860	1 820	40.2
5.9	5.0	4.6	141	...	68	...	...	...	...	1 430	1 520	2 180	32.8
1.7	1.5	1.6	14 ^j	...	...	99	99	99	100	18 830	27 630	36 220	...
5.3	3.7	2.7	92	63	84	100	85	98	84	1 230	2 080	3 450	20.6
5.8	5.4	4.8	133	...	49	...	68	...	50	570	640	730	62.4
6.7	6.6	6.2	193	12	32	63	72	39	50	690	770	1 160	61.9
2.6	2.1	1.9	49	94	97	...	95	...	94	4 490	8 910	13 270	<2.0
2.3	1.8	1.8	5	78	93	...	...	...	...	800 ^l	2 330 ^l	6 020 ^l	15.9
3.1	2.6	2.4	96	91	93	93	90	93	90	4 120	5 550	8 510	16.0
5.5	4.3	4.0	95	63	75	70	79	59	67	880	970	1 170	46.1
5.4	4.8	4.4	132	...	...	...	79	...	75	2 060	1 990	3 090	54.1
...	3.2 ⁱ	2.6 ⁱ	47	...	...	87	69	83	66	...	...	...	...
3.2	2.4	2.0	63 ^j	...	96	...	...	...	...	4 340	6 620	10 950	2.4
6.3	5.2	4.6	111	36	49	63	62	48	50	1 170	1 430	1 580	23.3
1.7	1.4	1.4	13 ^j	97	99	86	91	85	90	9 530	10 580	18 420	<2.0
1.8	1.6	1.5	42 ^j	...	100	97	99	98	99	...	...	...	...
2.4	1.7	1.5	6 ^j	94	98	95	99	95	99	10 690	16 020	...	...
1.8	1.1	1.4	11 ^j	...	...	96	91	97	94	...	14 640	22 790	...
2.4	2.0	1.9	...	...	...	...	...	...	...	...	...	...	...
7.1	6.9	6.0	124	...	67	33	...	32	...	400	210	290	59.2
1.7	1.8	1.8	6 ^j	...	...	97	95	97	96	18 030	28 180	37 280	...
6.2	4.8	3.9	27	...	...	32	48	23	43	...	1 600	2 330	18.8

9. Demographic and socioeconomic statistics

02+2>六九一零
2004年18-50+55
Y2M.Y0124
81:4CL-3

Member State	Population ^a									Civil registration coverage (%)	
	Total (000s)	Median age	Aged under 15 (%)	Aged over 60 (%)	Annual growth rate (%)		Living in urban areas (%)			Births ^b	Deaths ^c
					1988–1998	1998–2008	1990	2000	2008	2000–2008	
Dominica	67	...	27	12	-0.2	-0.2	68	71	74	>90	>75
Dominican Republic	9 953	25	32	8	1.9	1.5	55	62	69	78 ^h	50–74
Ecuador	13 481	25	31	9	2.0	1.2	55	60	66	85 ^h	50–74
Egypt	81 527	23	32	7	2.1	1.9	43	43	43	>90	75–89
El Salvador	6 134	23	33	10	1.2	0.4	49	58	61	>90	75–89
Equatorial Guinea	659	19	41	4	3.4	2.8	35	39	39	32 ^h	<25
Eritrea	4 927	19	42	4	1.2	3.7	16	18	21	...	<25
Estonia	1 341	39	15	22	-1.2	-0.4	71	69	69	>90	90–100
Ethiopia	80 713	18	44	5	3.2	2.6	13	15	17	7 ^h	<25
Fiji	844	24	32	8	0.9	0.7	42	48	52	>90	90–100
Finland	5 304	42	17	23	0.4	0.3	61	61	63	>90	90–100
France	62 036	40	18	22	0.4	0.6	74	76	77	>90	90–100
Gabon	1 448	21	37	6	3.0	2.1	69	80	85	89 ^h	<25
Gambia	1 660	19	42	5	3.8	3.1	38	49	57	55 ^h	<25
Georgia	4 307	37	17	19	-1.1	-1.2	55	53	53	>90	75–89
Germany	82 264	43	14	26	0.4	0.0	73	73	74	>90	90–100
Ghana	23 351	20	39	6	2.7	2.3	36	44	50	51 ^h	<25
Greece	11 137	41	14	24	0.8	0.2	59	60	61	>90	90–100
Grenada	104	24	28	9	0.3	0.2	32	31	31	...	...
Guatemala	13 686	19	42	6	2.3	2.4	41	45	49	>90	75–89
Guinea	9 833	18	43	5	3.4	2.0	28	31	34	43 ^h	<25
Guinea-Bissau	1 575	19	43	5	2.5	2.3	28	30	30	39 ^h	<25
Guyana	763	27	30	9	0.0	0.1	30	29	28	93 ^h	50–74
Haiti	9 876	21	37	6	2.0	1.7	29	36	47	81 ^h	<25
Honduras	7 319	20	38	6	2.6	2.0	40	44	48	94 ^h	...
Hungary	10 012	40	15	22	-0.2	-0.3	66	65	68	>90	90–100
Iceland	315	35	21	16	1.0	1.3	91	92	92	>90	90–100
India	1 181 412	24	32	7	2.0	1.6	26	28	29	41 ^h	<25
Indonesia	227 345	28	27	9	1.5	1.3	31	42	52	55 ^h	<25
Iran (Islamic Republic of)	73 312	26	24	7	1.9	1.2	56	64	68	>90	50–74
Iraq	30 096	19	41	5	3.0	2.6	70	68	67	95 ^h	<25
Ireland	4 437	34	21	16	0.5	1.8	57	59	61	>90	90–100
Israel	7 051	29	28	14	3.0	1.9	90	91	92	>90	90–100
Italy	59 604	43	14	26	0.0	0.4	67	67	68	>90	90–100
Jamaica	2 708	26	30	10	0.8	0.7	49	52	53	>90	...
Japan	127 293	44	13	29	0.3	0.1	63	65	66	>90	90–100
Jordan	6 136	22	35	6	4.5	2.8	72	78	78	>90	25–49
Kazakhstan	15 521	29	24	10	-0.7	0.2	56	56	58	>90	75–89
Kenya	38 765	18	43	4	3.1	2.6	18	20	22	48 ^{h,k}	25–49
Kiribati	97	...	31	7	1.7	1.7	35	43	44	...	>75
Kuwait	2 919	30	23	4	-0.4	4.0	98	98	98	>90	90–100
Kyrgyzstan	5 414	25	30	7	1.2	1.2	38	35	36	>90	75–89
Lao People's Democratic Republic	6 205	20	38	5	2.6	1.8	15	22	31	72 ^h	<25
Latvia	2 259	40	14	22	-0.9	-0.7	69	68	68	>90	90–100
Lebanon	4 194	28	26	10	2.4	1.3	83	86	87	>90	<25
Lesotho	2 049	19	39	7	1.6	1.2	14	20	25	26 ^h	<25
Liberia	3 793	18	43	5	0.9	4.4	45	54	60	4 ^{h,k}	<25
Libyan Arab Jamahiriya	6 294	25	30	6	2.1	2.0	76	76	78	...	<25
Lithuania	3 321	39	15	21	-0.3	-0.7	68	67	67	>90	90–100
Luxembourg	481	39	18	19	1.3	1.2	81	84	82	>90	90–100

Total fertility rate ^a (per woman)			MDG 5 Adolescent fertility rate ^d (per 1000 girls 15–19 years)	Adult literacy rate ^e (%)		MDG 2 Net primary school enrolment rate ^c (%)				Gross national income per capita ^f (PPP int. \$)			MDG 1 Population living on <\$1 ^g (PPP int. \$) a day ^e (%)
1990	2000	2008	2000–2007	1990– 1999	2000– 2007	Male		Female		1990	2000	2008	2000–2007
						1990– 1999	2000– 2009	1990– 1999	2000– 2009				
3.0 ⁱ	2.3 ⁱ	2.1 ⁱ	48	...	...	95	68	93	72	4 080	5 350	8 300	...
3.5	2.9	2.6	98	...	89	79	80	80	80	2 610	4 810	7 890	5.0
3.7	3.0	2.6	100	88	84	97	93	98	90	3 510	4 430	7 760	4.7
4.6	3.3	2.9	27 ^j	56	66	88	95	82	92	2 240	3 570	5 460	<2.0
4.0	2.9	2.3	67 ^j	74	82	...	93	...	95	2 600	4 500	6 670	11.0
5.9	5.8	5.3	128	...	87	...	54	...	53	1 330	5 330	21 700	...
6.2	5.4	4.6	85	...	64	36	45	31	40	...	600	630	...
1.9	1.3	1.7	20	...	100	96	94	95	94	...	9 430	19 280	<2.0
7.1	6.2	5.3	109	27	36	43	81	30	75	390	460	870	39.0
3.4	3.1	2.7	30 ^j	...	...	98	91	99	91	2 370	3 510	4 270	...
1.7	1.7	1.8	9 ^j	...	...	99	96	98	96	17 220	25 470	35 660	...
1.8	1.8	1.9	8 ^j	...	...	99	98	99	99	17 800	26 380	34 400	...
5.2	4.1	3.3	...	72	86	...	81	...	80	9 700	9 940	12 270	4.8
6.1	5.6	5.1	104	...	...	81	67	71	71	760	920	1 280	34.3
2.2	1.6	1.6	37	...	...	...	100	...	98	3 900	2 150	4 850	13.4
1.4	1.3	1.3	10 ^j	...	...	99	98	99	98	18 630	25 670	35 940	...
5.6	4.7	4.3	74	...	65	61	73	58	74	630	900	1 430	30.0
1.4	1.3	1.4	11	93	97	92	99	93	100	13 080	18 440	28 470	...
3.8	2.6	2.3	53	...	...	...	92	...	93	3 410	5 560	8 060	...
5.6	4.8	4.1	92 ^j	64	73	86	97	78	93	2 360	3 470	4 690	11.7
6.7	6.0	5.4	153	...	29	51	76	35	66	620	850	1 190	70.1
5.9	5.9	5.7	170	...	...	61	61	43	43	490	530	530	48.8
2.6	2.5	2.3	90	...	...	...	95	...	95	730	1 910	2 510	...
5.4	4.3	3.5	69	...	...	...	...	...	...	1 170	1 060	1 180	54.9
5.1	4.0	3.3	108	...	84	...	96	...	98	1 760	2 510	3 870	18.2
1.8	1.3	1.4	20 ^j	99	99	88	90	88	88	8 390	11 730	17 790	<2.0
2.2	2.0	2.1	14 ^j	...	...	100	97	98	97	20 640	28 030	25 220	...
4.0	3.3	2.7	45	48	66	...	91	...	88	860	1 500	2 960	41.6
3.1	2.5	2.2	51	82	92	...	97	...	94	1 430	2 240	3 830	...
4.8	2.2	1.8	25	73	82	95	100	91	96	4 510	6 790	...	<2.0
6.0	5.0	4.1	68	...	74	94	93	81	81	...	...	...	...
2.1	1.9	2.0	17	...	...	93	96	94	97	11 950	24 590	37 350	...
3.0	2.9	2.8	15 ^j	...	...	98	97	98	98	12 580	21 480	27 450	...
1.3	1.2	1.4	7 ^j	...	99	99	99	99	98	17 360	25 370	30 250	...
2.9	2.6	2.4	58 ^j	80	86	88	86	89	84	3 880	5 560	7 360	<2.0
1.6	1.3	1.3	5 ^j	...	...	...	...	...	...	18 870	25 910	35 220	...
5.5	3.9	3.1	28	...	91	91	88	91	90	2 280	3 260	5 530	<2.0
2.8	1.9	2.3	27	100	100	...	90	...	89	5 120	4 460	9 690	3.1
6.0	5.0	4.9	116	...	74	62	81	63	82	990	1 130	1 580	19.7
4.6 ⁱ	4.3 ⁱ	3.1 ⁱ	39	...	...	...	...	...	...	2 070	3 820	3 660	...
3.5	2.4	2.2	14 ^j	78	94	86	89	87	87	...	35 010	...	...
3.9	2.7	2.5	28 ^j	99	99	89	84	87	83	1 810	1 250	2 140	21.8
6.0	4.6	3.5	110	60	73	81	84	74	81	680	1 130	2 040	44.0
1.9	1.2	1.4	17 ^j	...	100	98	89	96	92	7 810	8 010	16 740	<2.0
3.1	2.4	1.8	18	...	90	92	89	89	88	4 640	7 510	10 880	...
4.9	4.1	3.3	98	...	82	54	71	61	74	1 110	1 330	2 000	43.4
6.5	5.9	5.1	137	41	56	54	85	42	66	...	290	300	83.7
4.8	3.2	2.7	4 ^j	76	87	...	...	...	...	...	...	15 630	...
2.0	1.3	1.3	19 ^j	...	100	96	92	95	91	9 000	8 460	18 210	<2.0
1.6	1.7	1.7	10 ^j	96	95	98	96	28 900	46 690	64 320	...

9. Demographic and socioeconomic statistics

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Member State	Population ^a									Civil registration coverage (%)	
	Total (000s)	Median age	Aged under 15 (%)	Aged over 60 (%)	Annual growth rate (%)		Living in urban areas (%)			Births ^b	Deaths ^c
					1988–1998	1998–2008	1990	2000	2008	2000–2008	
Madagascar	19 111	18	43	5	3.0	2.8	24	27	29	75 ^h	<25
Malawi	14 846	17	46	5	2.5	2.9	12	15	19	...	<25
Malaysia	27 014	26	30	7	2.6	2.0	50	62	70	>90	...
Maldives	305	23	29	6	2.6	1.5	26	28	38	>90	75–89
Mali	12 706	18	44	4	1.9	2.3	23	28	32	53 ^h	<25
Malta	407	38	16	20	0.8	0.6	90	92	94	>90	90–100
Marshall Islands	61	...	31	7	1.6	1.6	65	68	71	...	...
Mauritania	3 215	20	40	4	2.7	2.7	40	40	41	56 ^h	<25
Mauritius	1 280	32	23	11	1.2	0.9	44	43	42	>90	90–100
Mexico	108 555	27	29	9	1.9	1.2	71	75	77	...	90–100
Micronesia (Federated States of)	110	20	37	6	1.6	0.3	26	22	22	...	...
Monaco	33	...	18	22	0.9	0.4	100	100	100	>90	>75
Mongolia	2 641	25	27	6	1.0	1.2	57	57	57	>90	75–89
Montenegro	622	35	20	17	1.2	–0.5	48	59	60	>90	...
Morocco	31 606	25	29	8	1.6	1.2	48	53	56	85 ^h	...
Mozambique	22 383	18	44	5	2.6	2.6	21	31	37	31 ^h	<25
Myanmar	49 563	27	27	8	1.4	0.8	25	28	33	65 ^{h,k}	<25
Namibia	2 130	21	37	5	2.9	2.0	28	32	37	67 ^h	<25
Nauru	10	...	31	7	1.4	0.1	100	100	100	...	...
Nepal	28 810	21	37	6	2.5	2.1	9	13	17	35 ^h	<25
Netherlands	16 528	40	18	21	0.6	0.5	69	77	82	>90	90–100
New Zealand	4 230	36	21	17	1.3	1.1	85	86	87	>90	90–100
Nicaragua	5 667	21	36	6	2.2	1.4	52	55	57	81 ^h	50–74
Niger	14 704	15	50	4	3.3	3.6	15	16	16	32 ^h	<25
Nigeria	151 212	18	43	5	2.5	2.4	35	43	48	30 ^h	<25
Niue	2	...	33	8	–2.0	–2.7	31	34	39	>90	>75
Norway	4 767	39	19	20	0.5	0.7	72	76	77	>90	90–100
Oman	2 785	24	32	5	3.0	1.8	66	72	72	...	50–74
Pakistan	176 952	21	37	6	2.6	2.3	31	33	36	...	<25
Palau	20	...	31	7	2.5	1.0	70	70	80	>90	...
Panama	3 399	27	30	9	2.0	1.8	54	66	73	>90	90–100
Papua New Guinea	6 577	20	40	4	2.6	2.5	15	13	12	...	...
Paraguay	6 238	23	34	7	2.4	2.0	49	55	60	...	75–89
Peru	28 837	25	31	8	1.9	1.3	69	71	71	93 ^h	50–74
Philippines	90 348	23	34	6	2.3	1.9	49	59	65	>90	90–100
Poland	38 104	38	15	18	0.2	–0.1	61	62	61	>90	90–100
Portugal	10 677	40	15	23	0.1	0.5	48	54	59	>90	90–100
Qatar	1 281	30	16	2	2.8	8.1	92	95	96	>90	75–89
Republic of Korea	48 152	37	17	15	0.8	0.5	74	80	81	>90	90–100
Republic of Moldova	3 633	35	17	15	–0.2	–1.5	47	45	42	>90	90–100
Romania	21 361	38	15	20	–0.3	–0.5	53	53	54	>90	90–100
Russian Federation	141 394	38	15	17	0.1	–0.4	73	73	73	>90	90–100
Rwanda	9 721	18	42	4	–0.3	3.6	5	14	18	82 ^h	<25
Saint Kitts and Nevis	51	...	27	12	0.9	1.3	35	33	32	...	>75
Saint Lucia	170	27	27	9	1.4	1.1	29	28	28	>90	90–100
Saint Vincent and the Grenadines	109	27	27	9	0.1	0.1	41	44	47	>90	90–100
Samoa	179	19	40	7	0.9	0.3	21	22	23	>90	...
San Marino	31	...	14	26	1.1	1.7	90	93	94	>90	>75
Sao Tome and Principe	160	19	41	5	2.0	1.7	44	53	61	69 ^h	...
Saudi Arabia	25 201	24	33	4	2.7	2.5	77	80	82	...	25–49

Total fertility rate ^a (per woman)			MDG 5 Adolescent fertility rate ^d (per 1000 girls 15–19 years)	Adult literacy rate ^e (%)		MDG 2 Net primary school enrolment rate ^c (%)				Gross national income per capita ^f (PPP int. \$)			MDG 1 Population living on <\$1 ^g (PPP int. \$) a day ^e (%)
1990	2000	2008		1990– 1999	2000– 2007	Male		Female		1990	2000	2008	
6.3	5.6	4.7	154	...	71	66	98	66	99	720	790	1 040	67.8
7.0	6.2	5.5	178	64	72	99	88	97	93	440	610	830	73.9
3.7	3.0	2.6	13 ^j	83	92	99	98	97	97	4 590	8 350	13 740	<2.0
6.1	2.8	2.0	8	96	97	98	97	97	95	...	2 680	5 280	...
6.4	5.8	5.5	190	19	26	52	86	37	71	540	750	1 090	51.4
2.0	1.6	1.3	17 ^j	88	92	94	92	96	91	10 450	17 830	...	...
5.7 ⁱ	4.4 ⁱ	3.7 ⁱ	88 ⁱ	...	...	...	67	...	66	...	...	...	...
5.9	5.1	4.5	88	...	56	62	77	62	82	1 210	1 430	...	21.2
2.2	2.0	1.8	35 ^j	51	87	90	93	91	94	4 110	7 490	12 480	...
3.4	2.5	2.2	82 ^j	88	93	97	98	97	98	5 990	8 950	14 270	<2.0
5.0	4.3	3.6	51 ^j	...	...	...	...	...	...	...	2 790	3 000	...
1.1 ⁱ	1.2 ⁱ	1.5 ⁱ	...	...	...	...	...	...	...	...	...	...	...
4.2	2.2	2.0	19 ^j	...	97	92	89	94	88	1 500	1 790	3 480	22.4
1.9	1.8	1.6	16	...	...	...	...	...	...	...	6 320	13 920	...
4.0	2.7	2.4	18 ^m	42	56	76	92	65	87	1 930	2 570	4 330	2.5
6.2	5.7	5.1	185 ^m	39	44	58	82	46	77	270	420	770	74.7
3.4	2.5	2.3	...	...	90	...	...	...	...	...	...	...	...
5.2	4.0	3.4	74	76	88	85	87	91	91	2 920	4 040	6 270	...
...	3.7 ⁱ	2.9 ⁱ	69	...	...	...	72	...	73	...	...	...	...
5.2	4.0	2.9	106	33	57	73	79	57	76	510	800	1 120	55.1
1.6	1.7	1.7	4 ⁱ	...	...	100	99	99	98	17 530	30 000	41 670	...
2.1	1.9	2.0	29 ^j	...	...	99	99	99	99	13 490	19 430	25 090	...
4.8	3.3	2.7	109	...	78	76	92	77	92	1 320	1 780	2 620	15.8
7.9	7.5	7.1	199	...	29	30	55	21	43	480	500	680	65.9
6.6	5.9	5.3	126	55	72	66	64	54	58	950	1 130	1 940	64.4
...	...	...	28	...	...	99	...	98	...	...	...	...	...
1.9	1.8	1.9	9 ^j	...	...	100	98	100	98	17 420	35 600	58 500	...
6.6	4.4	3.0	11	...	84	81	67	81	69	9 900	14 440	...	...
6.1	4.7	4.0	20	43	54	...	72	...	60	1 260	1 690	2 700	22.6
2.8 ⁱ	2.0 ⁱ	1.9 ⁱ	31	...	...	...	...	...	...	...	...	...	...
3.0	2.7	2.5	85	89	93	96	99	96	98	4 180	6 830	11 650	9.5
4.8	4.5	4.1	70	...	58	...	...	...	...	1 190	1 630	2 000	...
4.5	3.7	3.0	65	90	95	96	92	96	93	2 970	3 370	4 820	6.5
3.8	2.9	2.6	59	87	90	98	97	98	97	3 120	4 750	7 980	7.9
4.3	3.5	3.1	55	94	93	90	89	90	91	1 710	2 430	3 900	22.6
2.0	1.3	1.3	13	99	99	96	95	96	96	5 160	10 410	17 310	<2.0
1.5	1.4	1.4	17 ^j	88	95	...	99	...	98	10 700	16 650	22 080	...
4.4	3.1	2.4	16 ^j	83	93	90	95	91	94	...	...	...	...
1.6	1.4	1.2	2 ^j	...	...	98	100	98	97	8 200	17 050	28 120	...
2.4	1.6	1.5	25 ^j	...	99	...	84	...	82	2 800	1 320	3 210	8.1
1.9	1.3	1.3	35 ^j	97	98	96	94	95	94	5 180	5 610	13 500	<2.0
1.9	1.2	1.4	28 ^j	...	100	...	...	...	...	9 100	7 430	15 630	<2.0
6.8	5.9	5.4	40	58	65	...	95	...	97	510	580	1 010	76.6
2.6 ⁱ	2.2 ⁱ	1.8 ⁱ	74	...	...	...	86	...	88	5 780	9 440	15 170	...
3.4	2.3	2.0	49	...	...	94	92	90	91	4 680	6 720	9 190	...
3.0	2.4	2.1	57 ^j	...	...	...	98	...	92	3 030	5 060	8 770	...
4.8	4.5	4.0	29	98	99	92	91	91	91	2 880	2 870	4 340	...
...	1.3 ⁱ	1.5 ⁱ	1 ^j	...	...	...	...	...	...	...	...	...	...
5.4	4.6	3.8	91	73	88	86	98	85	97	...	...	1 780	...
5.8	4.2	3.1	7 ⁿ	71	85	...	85	...	84	14 670	17 490

9. Demographic and socioeconomic statistics

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Member State	Population ^a									Civil registration coverage (%)	
	Total (000s)	Median age	Aged under 15 (%)	Aged over 60 (%)	Annual growth rate (%)		Living in urban areas (%)			Births ^b	Deaths ^c
					1988–1998	1998–2008	1990	2000	2008	2000–2008	
Senegal	12 211	18	44	4	2.8	2.6	39	41	42	55 ^h	<25
Serbia	9 839	37	18	19	0.8	-0.4	50	51	52	>90	...
Seychelles	84	...	24	11	1.3	0.6	49	51	54	>90	>75
Sierra Leone	5 560	18	43	4	0.3	3.2	33	36	38	48 ^h	<25
Singapore	4 615	39	17	14	2.8	1.9	100	100	100	>90	75–89
Slovakia	5 400	36	16	17	0.3	0.0	56	56	56	>90	90–100
Slovenia	2 015	41	14	21	0.4	0.2	50	51	48	>90	90–100
Solomon Islands	511	20	39	5	2.8	2.6	14	16	18	...	...
Somalia	8 926	18	45	4	0.7	2.5	30	33	37	3 ^h	<25
South Africa	49 668	24	31	7	2.1	1.3	52	57	61	78 ^{h,k}	75–89
Spain	44 486	40	15	22	0.3	1.1	75	76	77	>90	90–100
Sri Lanka	20 061	30	24	11	1.0	0.8	17	16	15	>90	50–74
Sudan	41 348	20	40	6	2.5	2.2	27	36	43	33 ^h	<25
Suriname	515	27	29	9	1.4	1.3	68	72	75	>90	75–89
Swaziland	1 168	19	40	5	2.6	1.2	23	23	25	30 ^h	<25
Sweden	9 205	41	17	24	0.5	0.4	83	84	85	>90	90–100
Switzerland	7 541	41	16	23	0.8	0.6	73	73	73	>90	90–100
Syrian Arab Republic	21 227	22	35	5	2.7	3.0	49	52	54	...	90–100
Tajikistan	6 836	20	38	5	1.8	1.3	32	26	26	88 ^h	50–74
Thailand	67 386	32	22	11	1.1	0.9	29	31	33	99 ^h	50–74
The former Yugoslav Republic of Macedonia	2 041	35	18	16	0.6	0.2	58	63	67	>90	90–100
Timor-Leste	1 098	17	45	5	1.5	2.9	21	24	27	53 ^{h,k}	<25
Togo	6 459	19	40	5	2.8	2.7	30	37	42	78 ^h	<25
Tonga	104	21	37	8	0.5	0.6	23	23	25	...	...
Trinidad and Tobago	1 333	30	21	10	0.6	0.4	9	11	13	96 ^h	90–100
Tunisia	10 169	28	24	9	1.6	0.9	58	63	67	>90	25–49
Turkey	73 914	28	27	9	1.7	1.4	59	65	69	84 ^h	50–74
Turkmenistan	5 044	24	30	6	2.3	1.4	45	46	49	96 ^h	...
Tuvalu	10	...	33	8	0.7	0.5	41	46	49	...	>75
Uganda	31 657	15	49	4	3.3	3.2	11	12	13	21 ^h	<25
Ukraine	45 992	39	14	21	-0.3	-0.8	67	67	68	>90	90–100
United Arab Emirates	4 485	31	19	2	5.5	4.4	79	78	78	...	75–89
United Kingdom	61 231	39	18	22	0.3	0.5	89	89	90	>90	90–100
United Republic of Tanzania	42 484	17	45	5	3.1	2.7	19	22	25	8 ^h	<25
United States of America	311 666	36	20	18	1.2	1.0	75	79	82	>90	90–100
Uruguay	3 349	33	23	18	0.7	0.2	89	91	92	>90	90–100
Uzbekistan	27 191	24	30	6	2.1	1.2	40	37	37	100 ^h	75–89
Vanuatu	234	20	39	5	2.5	2.5	19	22	25	...	...
Venezuela (Bolivarian Republic of)	28 121	26	30	8	2.2	1.8	84	90	93	>90	90–100
Viet Nam	87 096	27	27	9	1.8	1.3	20	24	28	>90	<25
Yemen	22 917	17	44	4	4.1	2.9	21	26	31	22 ^h	<25
Zambia	12 620	17	46	5	2.9	2.4	39	35	35	10 ^h	<25
Zimbabwe	12 463	19	40	6	2.2	0.2	29	34	37	74 ^h	25–49

Total fertility rate ^a (per woman)			MDG 5 Adolescent fertility rate ^d (per 1000 girls 15–19 years)	Adult literacy rate ^e (%)		MDG 2 Net primary school enrolment rate ^c (%)				Gross national income per capita ^f (PPP int. \$)			MDG 1 Population living on <\$1 ^g (PPP int. \$) a day ^h (%)
1990	2000	2008	2000–2007	1990– 1999	2000– 2007	Male		Female		1990	2000	2008	2000–2007
						1990– 1999	2000– 2009	1990– 1999	2000– 2009				
6.7	5.6	5.0	100	...	42	59	72	51	74	...	...	1 760	33.5
2.1	1.7	1.6	24	...	...	...	95	...	95	...	6 000	11 150	...
2.7 ⁱ	2.2 ⁱ	1.9 ⁱ	54	88	92	...	99	...	100	9 460	15 310	19 770	...
5.5	5.4	5.2	146	...	38	...	...	...	...	430	350	750	53.4
1.8	1.5	1.3	6 ⁱ	89	94	...	...	...	...	17 690	32 880	47 940	...
2.0	1.3	1.3	21 ^j	...	...	...	91	...	92	7 730	10 800	21 300	...
1.5	1.2	1.4	5 ^j	100	100	96	96	95	95	...	17 460	26 910	<2.0
5.9	4.6	3.9	...	...	...	...	62	...	61	...	...	2 580	...
6.6	6.5	6.4	123	...	...	...	...	...	...	...	...	...	...
3.7	2.9	2.5	54	82	88	91	87	93	88	5 440	6 470	9 780	26.2
1.3	1.2	1.4	12	96	98	100	100	99	100	13 240	21 120	31 130	...
2.5	2.2	2.3	28	...	91	...	100	...	100	1 450	2 660	4 460	14.0
6.0	5.1	4.2	...	...	61	...	43	...	36	650	1 070	1 930	...
2.7	2.7	2.4	63 ^k	...	90	...	91	...	90	3 780	4 400	7 130	...
5.7	4.2	3.5	111	...	84	69	82	71	84	2 660	3 650	5 010	62.9
2.0	1.6	1.9	6 ^l	...	...	...	94	...	94	19 120	27 500	38 180	...
1.5	1.4	1.5	4 ^l	...	...	95	94	96	93	25 440	34 020	46 460	...
5.5	3.8	3.2	75	...	83	95	97	88	92	2 070	3 150	4 350	...
5.2	4.0	3.4	27	...	100	...	99	...	95	2 210	800	1 860	21.5
2.1	1.8	1.8	46	...	94	...	...	...	...	2 690	4 610	5 990	<2.0
2.1	1.7	1.4	19	94	97	94	86	92	87	5 500	5 830	9 950	<2.0
5.3	7.1	6.5	59	...	...	...	77	...	74	...	790	4 690	52.9
6.3	5.1	4.3	...	...	53	93	89	73	78	600	690	820	38.7
4.6	4.2	4.0	16	99	99	90	97	86	96	1 980	2 960	3 880	...
2.4	1.6	1.6	35	97	99	89	94	89	93	6 770	10 670	23 950	...
3.6	2.1	1.8	6 ^m	...	78	96	97	94	98	2 810	4 590	7 070	2.6
3.1	2.4	2.1	51	79	89	...	95	...	92	4 210	8 720	13 770	2.7
4.3	2.8	2.5	20	99	100	...	...	...	...	2 710	1 930	6 210	...
3.8 ⁿ	3.6 ⁱ	3.2 ⁱ	22 ^j	...	...	...	...	...	...	...	...	...	...
7.1	6.8	6.3	159	56	74	...	94	...	97	400	680	1 140	51.5
1.9	1.1	1.3	30	...	100	...	89	...	89	5 950	3 170	7 210	<2.0
4.4	2.7	1.9	23	...	90	79	92	78	91	40 090	41 500	...	...
1.8	1.7	1.8	26	...	...	100	97	100	98	15 860	25 590	36 130	...
6.2	5.7	5.6	139	...	72	48	100	50	99	590	750	1 230	88.5
2.0	2.0	2.1	41 ^j	...	...	94	91	94	92	22 940	35 190	46 970	...
2.5	2.2	2.1	63	97	98	...	97	...	98	5 090	8 170	12 540	<2.0
4.2	2.8	2.3	26	...	97	...	91	...	89	...	1 420	2 660	46.3
4.9	4.5	4.0	...	66	78	92	87	91	86	2 520	2 930	3 940	...
3.4	2.8	2.5	91	90	95	85	90	86	90	6 800	8 360	12 830	3.5
3.7	2.3	2.1	35	90	...	...	96	...	91	610	1 390	2 700	21.5
8.1	6.3	5.2	80	37	59	70	79	41	66	1 270	1 710	2 210	17.5
6.5	6.2	5.8	146	68	71	71	95	68	96	820	840	1 230	64.3
5.2	3.9	3.4	101	84	91	83	89	83	91

9. Demographic and socioeconomic statistics

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Member State	Population ^a									Civil registration coverage (%)	
	Total (000s)	Median age	Aged under 15 (%)	Aged over 60 (%)	Annual growth rate (%)		Living in urban areas (%)			Births ^b	Deaths ^c
					1988–1998	1998–2008	1990	2000	2008		
	2008	2008	2008	2008	1988–1998	1998–2008	1990	2000	2008	2000–2008	

RANGES OF COUNTRY VALUES

Minimum	2	15	13	2	-2.2	-2.7	5	8	10	3	...
Median	6 836	25	30	8	1.6	1.3	49	53	57	>90	...
Maximum	1 344 920	44	50	29	5.5	8.1	100	100	100	100	...

WHO REGION

African Region	804 865	19	42	5	2.7	2.5	29	34	37	...	...
Region of the Americas	915 430	31	25	13	1.5	1.2	72	77	80	...	...
South-East Asia Region	1 760 486	25	31	8	1.8	1.5	26	29	32	...	...
European Region	889 170	37	18	19	0.3	0.2	68	69	70	...	...
Eastern Mediterranean Region	580 208	22	35	6	2.5	2.1	44	47	49	...	...
Western Pacific Region	1 787 321	33	21	12	1.2	0.8	34	41	47	...	...

INCOME GROUP

Low income	975 322	21	38	6	2.5	2.1	23	26	29	...	...
Lower middle income	3 770 921	27	28	9	1.6	1.3	31	37	41	...	...
Upper middle income	954 057	30	25	11	1.2	0.8	68	72	75	...	...
High income	1 037 180	39	18	21	0.7	0.7	73	76	77

GLOBAL	6 737 480	29	27	11	1.5	1.3	43	47	50
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Total fertility rate ^a (per woman)			MDG 5 Adolescent fertility rate ^d (per 1000 girls 15–19 years)	Adult literacy rate ^e (%)		MDG 2 Net primary school enrolment rate ^c (%)				Gross national income per capita ^f (PPP int. \$)			MDG 1 Population living on <\$1 ^g a day ^h (%)
1990	2000	2008		1990– 1999	2000– 2007	Male		Female		1990	2000	2008	
1990	2000	2008	2000–2007	1990– 1999	2000– 2007	1990– 1999	2000– 2009	1990– 1999	2000– 2009	1990	2000	2008	2000–2007
1.1	1.1	1.2	1	12	26	30	43	21	0	270	210	290	<2.0
3.7	2.7	2.4	43	80	89	92	92	90	91	3 000	4 460	6 290	19.6
8.1	7.7	7.1	199	100	100	100	100	100	100	40 090	46 690	64 320	88.5
6.2	5.4	4.9	118	51	63	61	80	54	76	1 319	1 506	2 279	52.8
2.7	2.4	2.2	61	...	91	94	93	94	93	11 833	17 520	24 005	6.5
3.8	3.0	2.6	55	52	71	...	91	...	89	994	1 670	3 043	40.5
1.9	1.6	1.6	23	...	98	98	96	98	95	11 546	15 193	22 849	4.2
5.5	4.0	3.4	35	53	66	...	82	79	70	2 981	4 313	3 805	11.8
2.4	1.9	1.8	11	79	93	...	...	...	...	2 824	4 918	8 958	16.7
5.4	4.5	4.0	110	51	60	56	85	48	80	594	835	1 372	47.6
3.4	2.7	2.5	35	66	81	...	87	...	83	1 208	2 173	4 363	26.1
2.8	2.2	2.0	51	89	93	94	94	94	93	5 796	7 347	12 337	4.4
1.8	1.7	1.7	21	...	...	96	94	96	94	18 302	27 417	37 750	...
3.3	2.7	2.5	47	68	81	...	89	...	85	4 862	6 940	10 290	25.6

These summary tables represent the best estimates of WHO – based on evidence available in 2009 – rather than the official estimates of Member States. These estimates have been computed using standard categories and methods to enhance cross-national comparability. Therefore, they are not always the same as official national estimates, nor necessarily endorsed by specific Member States.

For indicators with a reference period expressed as a range, figures refer to the latest available year in the range; except in **Table 8. Health inequities**, where the figures refer to the period specified. For more information on specific years, indicator definitions and metadata, please refer to www.who.int/whosis.

... Data not available or not applicable.

The global, regional and income aggregates for rates and ratios are weighted averages when relevant, while for absolute numbers they are the sums. Aggregates are calculated only if data are available for 50% of the population within the group. Income-group aggregates are calculated using the 2009 World Bank list of economies¹ unless otherwise noted.

Table 1 Mortality and burden of disease

^a *Life tables for WHO Member States*. Geneva, World Health Organization, 2010 (http://www.who.int/whosis/database/life_tables/life_tables.cfm).

^b Healthy life expectancy (HALE) estimates use methods described in the statistical annex to *The world health report 2004 – Changing history*. Estimates for 2007 have been revised to take into account the Global Burden of Disease estimates for Member States for the year 2004 and may not be entirely comparable with those for 2002 published in *World Health Statistics 2007*. Income-group aggregates are based on the 2008 World Bank list of economies.

^c *Mortality data*. Geneva, World Health Organization, 2010 (www.who.int/healthinfo/statistics/mortality/en/).

Table 2 Cause-specific mortality and morbidity

^a Sources: *Towards reaching health-related Millennium Development Goals: Progress report and way forward. Report of the regional director*. Brazzaville, WHO Regional Office for Africa, 2009. See Annex 3; *PAHO basic indicators 2009*. Washington, DC, Pan American Health Organization, 2009 (www.paho.org/English/SHA/coredata/tabulator/newTabulator.htm); *European health for all database* (HFA-DB). Copenhagen, WHO Regional Office for Europe, 2009 (<http://data.euro.who.int/hfad/>); *Country health information profiles* (CHIPS). Manila, WHO Regional Office for the Western Pacific, 2009 (www.wpro.who.int/countries/countries.htm); *Core health indicators and MDGs*. New Delhi, WHO Regional Office for South-East Asia, 2008 (<http://203.90.70.117/esidas/CoreHealthData.asp>). Additional data compiled by the WHO Regional Office for the Eastern Mediterranean.

^b *Maternal mortality in 2005: estimates developed by WHO, UNICEF, UNFPA and the World Bank*. Geneva, World Health Organization, 2007 (www.who.int/reproductive-health/publications/maternal_mortality_2005/mme_2005.pdf). Income-group aggregates are based on the 2005 World Bank list of economies.

^c Based on the *2008 report on the global AIDS epidemic*. Geneva, UNAIDS and World Health Organization, 2008. See Annex: HIV and AIDS estimates and data, 2007 and 2001 (http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp211_234_en.pdf). Ranges of estimates are available from this document. WHO regional and global figures are updates for the year 2008. Income-group aggregates are based on the 2008 World Bank list of economies.

^d *World malaria report 2008*. Geneva, World Health Organization, 2008 (www.who.int/malaria/wmr2008). See Annex 1: Estimating the numbers of malaria cases and deaths by country in 2006.

^e These are classified as deaths from tuberculosis (A15–A19, B90) according to the *International statistical classification of diseases and related health problems*, tenth revision. Geneva, World Health Organization, 1992. *Global tuberculosis control: A short update to the 2009 report*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.426) (www.who.int/tb/publications/global_report). WHO region, income group and global aggregates include territories.

¹ *World Bank list of economies (July 2009)*. Washington, DC, World Bank, July 2009: <http://siteresources.worldbank.org/DATASTATISTICS/Resources/CLASS.XLS>

- ^f *Mortality and burden of disease estimates for WHO Member States in 2004*. Geneva, World Health Organization, 2009 (www.who.int/entity/healthinfo/statistics/bodgbddeathdalyestimates.xls). Communicable diseases include maternal causes, conditions arising during the perinatal period and nutritional deficiencies. Income-group aggregates are based on the 2004 World Bank list of economies.
- ^g Rates are age-standardized to WHO's world standard population. Ahmad OB et al. *Age standardization of rates: a new WHO standard*. Geneva, World Health Organization, 2001 (GPE Discussion Paper Series No. 31) (www.who.int/healthinfo/paper31.pdf).
- ^h Individual percentages may not add up to 100% due to rounding.
- ⁱ *Mortality data*. Geneva, World Health Organization, 2010 (www.who.int/healthinfo/statistics/mortality/en/).
- ^j Data are for all forms of tuberculosis including tuberculosis in people with HIV infection. *Global tuberculosis control: A short update to the 2009 report*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.426) (www.who.int/tb/publications/global_report). WHO region, income group and global aggregates include territories.
- ^k The number of deaths is estimated at less than 0.05 per 100 000 population.
- ^l The Ministry of Health and Social Services Seychelles reported 1 maternal death in 2008.

Table 3 Selected infectious diseases

- ^a Cholera: global surveillance summary, 2008. *Weekly Epidemiological Record*, No. 31, 2009, 84:309–324 (www.who.int/wer).
- ^b *WHO/UNICEF estimates of disease incidence*. Geneva, World Health Organization, 2009 (www.who.int/immunization_monitoring/data/en/).
- ^c *Cumulative number of confirmed human cases of avian influenza A(H5N1) reported to WHO*. Geneva, World Health Organization, 2009 (www.who.int/csr/disease/avian_influenza/country/cases_table_2009_12_30/en/index.html). All dates refer to onset of illness. WHO reports only laboratory-confirmed cases.
- ^d Global leprosy situation, 2009. *Weekly Epidemiological Record*, No. 33, 2009, 84:333–340 (www.who.int/wer).
- ^e *World malaria report 2009*. Annex 3.A: Reported malaria cases, 1990–2008. Geneva, World Health Organization, 2009 (www.who.int/malaria/world_malaria_report_2009/en/index.html).
- ^f Suspected meningitis cases reported to WHO Epidemic and Pandemic Alert and Response (EPR) in African countries under enhanced surveillance up to 29 November 2009.
- ^g Human plague: review of regional morbidity and mortality, 2004–2009. *Weekly Epidemiological Record*, No. 6, 2010, 85:37–48 (www.who.int/wer).
- ^h Data from World Health Organization, Polio Eradication Initiative, as of 12 January 2010. Updated information can be found at: www.who.int/immunization_monitoring/en/diseases/poliomyelitis/case_count.cfm Confirmed polio cases refer to any circulating polioviruses (wild poliovirus and circulating Vaccine Derived Poliovirus – cVDPV). Figures include 2 cVDPVs in the Democratic Republic of the Congo and India; 1 cVDPV in Ethiopia and Guinea; and 148 cVDPVs in Nigeria. Afghanistan, India, Nigeria and Pakistan are currently endemic countries. For non-endemic countries, cases are the result of importation.
- ⁱ Number of new smear-positive cases notified to WHO. *Global tuberculosis control: A short update to the 2009 report*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.426) (www.who.int/tb/publications/global_report). WHO regional, income group and global figures exclude territories and may differ from those in the publication.
- ^j Number of cases reported up to 05 July 2009.
- ^k Number of cases reported up to 05 October 2009.
- ^l Number of cases reported up to 26 July 2009.
- ^m Number of cases reported up to 09 November 2009.
- ⁿ Data represent only 15 northern states of Sudan.

Table 4 Health service coverage

- ^a *UNICEF global database on maternal health*. New York, UNICEF, 2010 (www.childinfo.org/antenatal_care_country.php – January 2010 update).
- ^b *WHO global database on maternal health indicators, 2009 update*. Geneva, World Health Organization, 2009 (www.who.int/reproductive-health/global_monitoring/index.html). In order to enhance comparability over time, the reported figures are derived, to the extent possible, from broadly comparable data sources. Therefore, reported figures may not refer to the most recently available data. Refer to the source for more complete information on time trends and metadata.
- ^c Proportion of neonates protected at birth against neonatal tetanus through maternal immunization with tetanus toxoid, based on a mathematical model taking into account the mother's immunization in infancy, during pregnancy and in tetanus campaigns. The model is described in: Griffiths UK et al. Incremental cost-effectiveness of supplementary immunization activities to prevent neonatal tetanus in Pakistan. *Bulletin of the World Health Organization*, 2004, 82:643–651. *WHO/UNICEF estimates of national immunization coverage*. Geneva, World Health Organization, 2009 (www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html).
- ^d Measles = measles-containing vaccine (MCV); DTP3 = 3 doses of diphtheria-tetanus-pertussis vaccine; HepB3 = 3 doses of hepatitis B vaccine; Hib3 = 3 doses of *Haemophilus influenzae* type B vaccine. *WHO/UNICEF estimates of national immunization coverage*. Geneva, World Health Organization, 2009 (www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html). Estimates based on data available up to December 2009. For countries recommending the first dose of measles vaccine in children older than 12 months of age, the indicator is calculated as the proportion of children less than 24 months of age receiving one dose of measles-containing vaccine. Complete coverage estimates are available online.
- ^e Data compiled by WHO from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) January 2010 (www.measuredhs.com; and www.unicef.org/statistics/index_24302.html).
- ^f *World malaria report 2009*. Geneva, World Health Organization, 2009 (www.who.int/malaria/world_malaria_report_2009/en/index.html). See Annex 6.
- ^g *World contraceptive use 2009*. New York, Population Division, Department of Economic and Social Affairs, United Nations Secretariat, 2009 (POP/DB/CP/Rev2009).
- ^h PMTCT = prevention of mother-to-child transmission. Point estimates are published only for countries with a generalized epidemic. Regional and level-of-income aggregates are based on data for all low-income and middle-income countries when available. *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector: progress report, September 2009*. Geneva, World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, 2009. See Annexes 3 and 4.
- ⁱ *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector: progress report, 2008*. Geneva, World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, 2008. WHO regional and global figures are updates for the year 2008. Income-group aggregates are based on the World Bank 2008 list of economies.
- ^j The case-detection rate is the number of new smear-positive cases reported to WHO divided by the estimated number of new smear-positive cases. *Global tuberculosis control: a short update to the 2009 report*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.426) (www.who.int/tb/publications/global_report). WHO region, income group and global aggregates include territories.
- ^k The treatment-success rate is the percentage of new smear-positive patients registered for treatment who were cured (with laboratory confirmation) or who completed their course of treatment. *Global tuberculosis control: a short update to the 2009 report*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.426) (www.who.int/tb/publications/global_report). WHO region, income group and global aggregates include territories.
- ^l Composition of methods might be slightly different based on country context.
- ^m Includes <5% of deliveries by cadres of health workers other than doctors, nurses and midwives.
- ⁿ Data pertain to sexually active women of reproductive age.
- ^o Institutional births.
- ^p Includes deliveries by cadres of health workers other than doctors, nurses and midwives – range not available.
- ^q Includes >15% of deliveries by cadres of health workers other than doctors, nurses and midwives.

^r Includes 5–15% of deliveries by cadres of health workers other than doctors, nurses and midwives.

^s Data pertain to men and women of reproductive age.

^t 5 or more visits.

^u Estimate.

^v Adjusted.

^w 3 or more visits.

^x Data pertain to nationals of the country.

^y Excluding the Northern Province.

^z Based on the Sudan Household Health Survey in Northern Sudan only.

^{aa} 6 or more visits.

^{ab} Excluding Northern Ireland.

^{ac} Data pertain to men and women of reproductive age who are married or in union.

Table 5 Risk factors

^a *WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation*. Geneva, World Health Organization and UNICEF, 2010 (www.wssinfo.org/en/welcome.html).

^b *WHO household energy database*. Geneva, World Health Organization, 2010 (www.who.int/indoorair/database). These estimates use methods developed and implemented by the *WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation*. Where solid fuel use information is available for two or more separate years (spaced at least five years apart) linear regression is performed. The linear regression line is extrapolated up to two years after the latest survey point and up to two years before the earliest survey point. Outside these time limits, the extrapolated regression line is flat for four years in either direction. Where coverage reaches 0% or 100%, a horizontal line is drawn from the year before coverage reaches 0% or 100%. For countries with solid fuel use at less than <5%, 0% is assumed for the calculation of regional or global aggregates; for countries with >95%, 95% is assumed in the calculation of the aggregate.

^c *UNICEF global database on low birthweight*. New York, UNICEF, 2009 (www.childinfo.org/low_birthweight_table.php – November 2009 update).

^d *WHO global data bank on infant and young child feeding*. Geneva, World Health Organization, 2009 (www.who.int/nutrition/databases/infantfeeding/en/index.html).

^e *Global database on child growth and malnutrition*. Geneva, World Health Organization, 2009 (www.who.int/nutgrowthdb/database/en). Prevalence estimates are based on WHO standards.

^f Comparisons between countries may be limited owing to differences in sample characteristics or survey years. Source: *Global database on body mass index (BMI)*. Geneva, World Health Organization, 2010 (www.who.int/bmi).

^g *Global information system on alcohol and health*. Geneva, World Health Organization, 2010 (www.who.int/globalatlas/DataQuery/default.asp).

^h Based on *WHO report on the global tobacco epidemic, 2009: Implementing smoke-free environments*. Geneva, World Health Organization, 2009. See Appendix VII, Age-standardized prevalence estimates for WHO Member States, 2006. Definition: smoking at the time of the survey of any form of tobacco, including cigarettes, cigars, pipes, bidis, etc. and excluding smokeless tobacco. These figures represent age-standardized prevalence rates for smoking tobacco and should only be used to draw comparisons of prevalence between countries and between men and women within a country. They should not be used to calculate the number of smokers in a country, region, income group or globally.

ⁱ *WHO/CDC global youth tobacco survey (GYTS)*. Geneva, World Health Organization, 2010 (www.cdc.gov/tobacco/global/GYTS/results.htm). Data relate to tobacco use in any form in the past 30 days.

^j Percentage of women and men aged 15–49 years who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse. Data is from Demographic and Health Surveys (DHS) and excludes country-reported data. *2008 report on the global AIDS epidemic*. Geneva, Joint United Nations Programme on HIV/AIDS, World Health Organization, 2008. See Annex 2: Country Progress Indicators.

- ^k Percentage of young men and women (aged 15–24 years) who both correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. The data are derived from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) and exclude country-reported data. *2008 report on the global AIDS epidemic*. Geneva, Joint United Nations Programme on HIV/AIDS, World Health Organization, 2008. See Annex 2: Country Progress Indicators.
- ^l Solid fuel use information is available for a single year; thus a horizontal line is drawn six years into the past and six years into the future.
- ^m City surveys were extrapolated into country figures reported here.
- ⁿ For those upper-middle or high-income countries with a GDP of more than US\$ 10 500 per capita in any given year, solid fuel use is assumed to be less than 5% (Rehfuess, Mehta & Prüss-Üstün 2006).
- ^o Estimate includes significant tourist consumption.
- ^p Lower limit is greater than 15.
- ^q Upper limit is 49.
- ^r Upper limit is greater than or equal to 65.
- ^s Self-reported data.
- ^t Solid fuel use information is available for two or more separate years spaced four or fewer years apart; thus an average is calculated. This average is extrapolated six years into the past and six years into the future.
- ^u Data not approved by national authorities.
- ^v Upper limit is between 54 and 65.
- ^w A horizontal line at 95% coverage or above, or at 5% coverage or below, can be extrapolated without limitations up to the years 1990 and 2015 respectively.
- ^x Upper limit is 44.

Table 6 Health workforce, infrastructure and essential medicines

- ^a Source: *WHO global atlas of the health workforce*. Geneva, World Health Organization, 2009 (www.who.int/globalatlas/autologin/hrh_login.asp). Please see this source for the latest updates, time-trend statistics and disaggregated data, as well as metadata descriptors. In general, the denominator data for health workforce density (i.e. national population estimates) were obtained from the *World population prospects* database of the United Nations Population Division (see Table 9 footnotes below). In some cases, official reports provided only workforce density indicators, from which estimates of the absolute numbers were calculated. Depending on the organization of national health systems and means of monitoring, data may not be exactly comparable across countries. Data from the years prior to 2000 were excluded from this edition.
- ^b Sources: *PAHO basic indicators 2009*. Washington, DC, Pan American Health Organization, 2009 (www.paho.org/English/SHA/coredata/tabulator/newTabulator.htm); *European health for all database* (HFA-DB). Copenhagen, WHO Regional Office for Europe, 2009 (<http://data.euro.who.int/hfadb>). *Country health information profiles* (CHIPS). Manila, WHO Regional Office for the Western Pacific, 2009 (www.wpro.who.int/countries/countries.htm). *Core health indicators and MDGs*. New Delhi, WHO Regional Office for South-East Asia, 2008 (<http://203.90.70.117/esidas/CoreHealthData.asp>). Additional data compiled by the WHO Regional Office for Africa and WHO Regional Office for the Eastern Mediterranean.
- ^c Source: *Surveys of medicine prices and availability using WHO/HAI standard methodology conducted between 2001 and 2008* (www.haiweb.org/medicineprices/). In individual surveys, availability is reported as the percentage of medicine outlets in which a medicine was found on the day of data collection. As baskets of medicines differ by individual country, results are not exactly comparable across countries. Median availability is determined for the specific list of medicines in each survey, and does not account for alternate dosage forms or strengths of these products or therapeutic alternatives. Public-sector data may be limited by the fact that the list of survey medicines may not correspond to national essential medicines lists (EMLs) where these exist, and some public-sector facilities may not be expected to stock all of the survey medicines. This has been addressed in the revised edition of the survey tool, which allows public-sector data to be analysed by EML status and level of care.
- ^d Consumer price ratio = ratio of median local unit price to the Management Sciences for Health (MSH) international reference price of selected generic medicines. Source: *Surveys of medicine prices and availability using WHO/HAI standard*

methodology conducted between 2001 and 2008 (www.haiweb.org/medicineprices/). Data are unadjusted for differences in the MSH reference price year used, exchange rate fluctuations, national inflation rates, variations in purchasing power parities, levels of development or other factors. In each survey, median consumer price ratios are obtained for the basket of medicines surveyed and found in at least four medicine outlets. As baskets of medicines differ by individual country, results are not exactly comparable across countries. However, data on specific medicines is publicly available on the HAI web site above, and matched basket comparisons on a subset of medicines can be made.

- ^e Hospital beds include inpatient and maternity beds, but not cots and delivery beds.
- ^f Did not survey public-sector medicine outlets.
- ^g Availability data were excluded as they were assessed using different methods to those used in the current WHO/HAI methodology.
- ^h Refers to the public sector only.
- ⁱ Simple average of two surveys of medicine prices and availability in Shandong and Shanghai provinces, China.
- ^j Restricted to reimbursed medicines available through public-sector outlets.
- ^k Medicines are provided free to patients in the public sector.
- ^l Simple average of seven surveys of medicine prices and availability in India (Chennai, Haryana, Karnataka, Maharashtra (12 districts); Maharashtra (4 regions); Rajasthan; and West Bengal).
- ^m Refers to tertiary public-hospital beds only.
- ⁿ Based on a survey of medicine prices and availability in Gauteng province, South Africa.
- ^o Simple average of four surveys of medicine prices and availability in Sudan (Gadarif; Khartoum; North Kordofan; and Northern states).

Table 7 Health expenditure

- ^a Source: WHO National Health Accounts (NHA) *Country health expenditure* database. Geneva, World Health Organization, February 2010 (www.who.int/nha/country/). The regional, income and global figures are calculated using Purchasing Power Parity (PPP) terms. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, this is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2008 data will cover the fiscal year 2007–08). Absolute values of expenditures are expressed in nominal terms (current prices). National currency unit per US\$ are calculated using the average exchange rates for the year. For 2008, the use of yearly average exchange rates (compared to year-end exchange rates) may not fully represent the impact of the global financial crisis. GDP = gross domestic product.
- ^b In some cases the sum of general government and private expenditures on health may not add up to 100% because of rounding.
- ^c A new PPP series resulting from the 2005 *International Comparison Project* (ICP) estimated by the World Bank has been used since *World health statistics 2008*. In countries where this is not available, PPPs are estimated by WHO.
- ^d A new basis for these estimates was provided by new NHA reports, surveys, National Accounts series, accessed information and/or country consultations.
- ^e Non-profit institutions (such as nongovernmental organizations) serving households are accounted for in “external assistance” and recorded under government expenditure.
- ^f GDP includes both licit and illicit GDPs (for example, opium). Government expenditures include external assistance (external budget).
- ^g Estimates should be viewed with caution as these are derived from scarce data.
- ^h About 30% of the expenditure in residential facilities for care of the aged has a health purpose, but this is difficult to estimate routinely and so is not included under health at present. Such health-purpose expenditure was about US\$ 2.1 billion in 2005–06 or 0.2% of GDP. The data for 2007 correspond to the fiscal year 2007–08 starting on 01 July 2007. All 2008 entries are estimates made by WHO unless otherwise specified.
- ⁱ Adjustments for currency change (from old to new manat) were made for the entire Azerbaijan series starting from *World health statistics 2008*.

- ^j Fiscal year starts in July and expenditure data have been allocated to the later calendar year (i.e. 2007 data cover the fiscal year 2006–07).
- ^k Funds previously included in social security were reclassified.
- ^l A recent census in the country has shown differences in population data. However, the per capita levels used here are estimated based on United Nations Population Division data.
- ^m Increases in government expenditure on health are due to investment in capital expenditures.
- ⁿ As a result of recent health-care reforms in Georgia, public compulsory insurance has since 2008 been implemented by private insurance companies. The voucher cost of this insurance is treated as general government health expenditure.
- ^o Government expenditures show fluctuations due to variations in capital investment. Private-sector fluctuations are due to the large share of nongovernmental organizations, which are linked to external funding.
- ^p Exchange rate changed in 2002 from multiple to a managed floating exchange rate. Inter-bank market rate used prior to 2002.
- ^q The estimates do not include expenditures for Northern Iraq.
- ^r The public expenditure on health includes contributions from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) made to refugees from West Bank and Gaza Strip residing in Jordanian territories.
- ^s Government expenditures in 2002 show a large increase due to capital investment.
- ^t Revision of the General Government Expenditure series can explain changes in public expenditure ratios.
- ^u After the declaration of independence on 03 June 2006, Serbia and Montenegro are now separate states. Health expenditures for the previous years have been estimated separately for each of the two countries.
- ^v The market exchange rate is used to estimate the per capita figures.
- ^w Total level of government expenditure on health increased due to the inclusion of local government expenditure, as well as a more-comprehensive estimation of regional expenditure on health.
- ^x The health expenditure data as well as the population data after 2000 do not include Transdniestria. Data on GDP and private final consumption expenditure exclude Transdniestria from 1995.
- ^y The estimates do not include the expenditures of the provinces of Kosovo and Metohia, which are under the administration of the United Nations.
- ^z The exchange rate used for the Syrian Arab Republic is the rate for non-commercial transactions from the Central Bank of Syria.
- ^{aa} GDP does not include the income from petroleum.
- ^{ab} The country became independent in 2002. However, NHA estimates have been produced for previous years based on the available macro data.
- ^{ac} Until 2007 the fiscal year ended in June. There was then a transition period in the second quarter of 2007 to make the fiscal year equal to the calendar year. Expenditure data have been allocated exceptionally to the previous calendar year (i.e. 2005 data cover the fiscal year 2005–06).
- ^{ad} On 01 January 2009 Turkmenistan introduced the new manat ISO code TMT. The exchange rate between the old and the new currency is 1 TMT = 5000 TMM. The entire health expenditure series has been adjusted.

Table 8 Health inequities

- ^a Sources: Unless otherwise stated, data are derived from Demographic and Health Surveys (DHS) conducted since 2000. The DHS figures were extracted using STATcompiler software (www.measuredhs.com/ – accessed 08 January 2010). When not available using STATcompiler software, figures were extracted directly from DHS reports. For some countries and some of the indicators there were differences in the figures extracted from the country reports and STATcompiler. In these cases, following discussions with staff from the MEASURE DHS implementation group (ICF Macro), data from the country reports were used. Further information regarding the source of individual country data can be obtained on request from WHO. Figures in the “difference” columns may be affected by rounding.

- ^b Data derived from DHS relate to births occurring in the five years preceding the survey, unless otherwise stated. Data derived from MICS relate to births occurring in the two years preceding the survey.
- ^c The data refer to coverage of measles or MMR (measles, mumps, rubella) vaccine at 12, 15, 18, 24 or 30 months depending on the country.
- ^d For all countries where the source is DHS, the under-five mortality rate relates to the decade preceding the survey, except for Turkey where it relates to the five-year period preceding the survey.
- ^e Lowest educational level achieved by mother is “no education”; highest level is “secondary or higher”.
- ^f Data are derived from MICS (round 3). All MICS figures were extracted from country reports available on the UNICEF web site (www.childinfo.org/ – accessed 13 February 2009; updated 08 January 2010).
- ^g The figures in parentheses are based on small numbers of cases (25–49 unweighted cases).
- ^h The figures were extracted directly from DHS reports as they were not available through STATcompiler software (www.measuredhs.com/ – accessed 08 January 2010).
- ⁱ Data for “births attended by skilled health personnel” relate to births occurring in the three years preceding the survey.

Table 9 Demographic and socioeconomic statistics

- ^a *World population prospects: the 2008 revision*. New York, Population Division, Department of Economic and Social Affairs, United Nations Secretariat, 2009.
- ^b *United Nations demographic yearbook 2007*. New York, United Nations Statistics Division, 2009 (<http://unstats.un.org/unsd/Demographic/Products/dyb/dyb2007.htm>).
- ^c *WHO mortality database: tables*. Geneva, World Health Organization, 2009 (www.who.int/healthinfo/morttables).
- ^d *World fertility data 2008*. New York, Department of Economic and Social Affairs, Population Division, United Nations Secretariat, 2009 (POP/DB/Fert/Rev.2008).
- ^e *UNESCO Institute for Statistics data centre*. Montreal, UNESCO Institute for Statistics, 2007 (<http://stats.uis.unesco.org> – accessed 18 December 2009).
- ^f PPP int. \$ = Purchasing Power Parity at international dollar rate. *World development indicators database, 2009*. Washington, DC, World Bank, 2009 (www.worldbank.org/data).
- ^g *World development indicators database, 2009*. Washington, DC, World Bank, 2009 (www.worldbank.org/data). These figures reflect the World Bank default poverty line.
- ^h The standard definition includes the percentage of children less than 5 years of age who were registered at the moment of the survey. The numerator of this indicator includes children whose birth certificate was seen by the interviewer, or whose mother or carer says the birth has been registered. *The state of the world's children 2009: Maternal and newborn health*. New York, United Nations Children's Fund, 2009.
- ⁱ *International data base (IDB)*. Washington, DC, US Census Bureau, 2009 (www.census.gov/ipc/www/idb – accessed 12 January 2010).
- ^j The number of women by age were estimated by the United Nations Population Division and published in the *World population prospects revision 2006*.
- ^k Differs from the standard definition.
- ^l For statistical purposes, the data for China do not include Hong Kong and Macao Special Administrative Regions of China.
- ^m Data pertain to nationals of the country.
- ⁿ Data pertain to Saudi women only.

WHO regions²

WHO African Region: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea*, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

WHO Region of the Americas: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of).

WHO South-East Asia Region: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste*.

WHO European Region: Albania, Andorra*, Armenia*, Austria, Azerbaijan*, Belarus, Belgium, Bosnia and Herzegovina*, Bulgaria, Croatia*, Cyprus, Czech Republic*, Denmark, Estonia*, Finland, France, Georgia*, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan*, Kyrgyzstan*, Latvia*, Lithuania*, Luxembourg, Malta, Monaco, Montenegro*, Netherlands, Norway, Poland, Portugal, Republic of Moldova*, Romania, Russian Federation, San Marino, Serbia*, Slovakia*, Slovenia*, Spain, Sweden, Switzerland, Tajikistan*, The former Yugoslav Republic of Macedonia*, Turkey, Turkmenistan*, Ukraine, United Kingdom, Uzbekistan*.

WHO Eastern Mediterranean Region: Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

WHO Western Pacific Region: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands*, Micronesia (Federated States of)*, Mongolia, Nauru*, New Zealand, Niue*, Palau*, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu*, Vanuatu, Viet Nam.

Income groups³

Low income: Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Kyrgyzstan, Lao People's Democratic Republic, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Senegal, Sierra Leone, Somalia, Tajikistan, Togo, Uganda, United Republic of Tanzania, Uzbekistan, Viet Nam, Yemen, Zambia, Zimbabwe.

Lower middle income: Albania, Angola, Armenia, Azerbaijan, Belize, Bhutan, Bolivia (Plurinational State of), Cameroon, Cape Verde, China, Congo, Côte d'Ivoire, Djibouti, Ecuador, Egypt, El Salvador, Georgia, Guatemala, Guyana, Honduras, India, Indonesia, Iran (Islamic Republic of), Iraq, Jordan, Kiribati, Lesotho, Maldives, Marshall Islands, Micronesia (Federated States of), Mongolia, Morocco, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Paraguay, Philippines, Republic of Moldova, Samoa, Sao Tome and Principe, Solomon Islands, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Thailand, Timor-Leste, Tonga, Tunisia, Turkmenistan, Tuvalu**, Ukraine, Vanuatu.

² Member States indicated with an * may have data for periods prior to their official membership of WHO.

³ *World Bank list of economies (July 2009)*. Washington, DC, World Bank, July 2009: <http://siteresources.worldbank.org/DATASTATISTICS/Resources/CLASS.XLS>
Member States marked with an ** have been classified into income groups using gross domestic product.

Upper middle income: Algeria, Argentina, Belarus, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Chile, Colombia, Cook Islands**, Costa Rica, Cuba, Dominica, Dominican Republic, Fiji, Gabon, Grenada, Jamaica, Kazakhstan, Latvia, Lebanon, Libyan Arab Jamahiriya, Lithuania, Malaysia, Mauritius, Mexico, Montenegro, Namibia, Nauru**, Niue**, Palau, Panama, Peru, Poland, Romania, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Serbia, Seychelles, South Africa, Suriname, The former Yugoslav Republic of Macedonia, Turkey, Uruguay, Venezuela (Bolivarian Republic of).

High income: Andorra, Antigua and Barbuda, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Canada, Croatia, Cyprus, Czech Republic, Denmark, Equatorial Guinea, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Portugal, Qatar, Republic of Korea, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States of America.