# Round Table

## No. 2

## Public Policy and the Child in Tamil Nadu

**Sept. 02, 2017 | Kasturi Buildings, Chennai - 600002**

**THE HINDU CENTRE**
*for*
Politics and Public Policy

**unicef**
for every child

The Hindu Centre for Politics and Public Policy is an independent platform for an exploration of ideas and public policies. As a public policy resource, our aim is to help the public increase its awareness of its political, social and moral choices. The Hindu Centre believes that informed citizens can exercise their democratic rights better.

In accordance with this mission, The Hindu Centre's publications are intended to explain and highlight issues and themes that are the subject of public debate, and aid the public in making informed judgments on issues of public importance.

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# The Hindu Centre for Politics and Public Policy - UNICEF
Round Table on
## Public Policies and the Child in Tamil Nadu
**Saturday, September 2, 2017**

## Board Room, Kasturi & Sons Ltd, 859 & 860, Anna Salai, Chennai 60002

### Programme Schedule

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| 9.55 am – 10.00 am | Welcome by **V.S. Sambandan, Chief Administrative Officer, The Hindu Centre for Politics and Public Policy** |
| 10.00 am – 10.05 am | Remarks on UNICEF-The Hindu Centre partnership by **Job Zachariah, Chief, UNICEF Field Office for Tamil Nadu and Kerala** |
| 10.05 am – 10.10 am | Purpose of the Round Table by **N. Ravi, Director, Kasturi & Sons Ltd** |
| 10.10 am – 10.15 am | Inaugural Remarks: **Girija Vaidyanathan, Chief Secretary, Government of Tamil Nadu** |
| **Session I – Policy and Fiscal Space in Tamil Nadu** | |
| 10.15 am – 10.25 am | Budgetary Allocations and the Child in Tamil Nadu: Some Initial Findings: **R. Srinivasan, Associate Professor, University of Madras** |
| 10.25 am – 10.35 am | Social Sector Budgets: **K.R. Shanmugam, Director, Madras School of Economics** |
| 10.35 am – 10.45 am | Fiscal Space for the Child: **S. Krishnan, Principal Secretary, Planning and Development, Government of Tamil Nadu** |
| **Session II – Health and Education** | |
| 10.45 am – 10.55 am | Survival, Nutrition and Health Status of Children in Tamil Nadu: **V.R. Muraleedharan, Professor, IIT-Madras** |
| 10.55 am – 11.05 am | Employability of School Pass-outs: **V. S. Sambandan and Saptarshi Bhattacharya, The Hindu Centre for politics and Public Policy** |
| 11.05 am – 11.30 am | **Discussion and Tea** |
| **Session III – The Disadvantaged Child** | |
| 11.30 am – 11.40 am | Policy Challenges for the Total Elimination of Child Labour in Tamil Nadu: **R. Vidyasagar, Independent Expert in Child Protection** |
| 11.40 am – 11.50 am | The Dalit and Adivasi Child: **Fr. Kumar, Director, Social Watch** |
| 1150 am – 12.00 pm | Slums, Migrant Pockets and Coastal Communities: **Vanessa Peter, Policy Researcher, Information and Resource Centre for the Deprived Urban Communities** |
| 12.00 pm – 12.10 pm | The Disabled Child: **P.V.S. Giridhar, Advocate, Madras High Court** |
| **Session IV – Social Spaces for the Child** | |
| 12.10 pm – 12.20 pm | Governance and Social Spaces for Children – Tamil Nadu as a Potential Leader: **Akila Radhakrishnan, Programme Specialist, UNICEF** |
| 12.20 pm – 12.30 pm | Towards a Paradigm Shift in Child-sensitive Policy in the Social Space in Tamil Nadu: **Erinda Shah, Independent Expert on the Child** |
| **Discussion and Soup and Starters** | |
| 1.00 pm – 1.15 pm | Summary Remarks by **Girija Vaidyanathan, Chief Secretary, Government of Tamil Nadu** |
| 1.15 pm – 1.30 pm | Concluding Remarks by **N. Ravi, Director, Kasturi & Sons Ltd** |
| **Lunch** | |

# The Hindu Centre for Politics and Public Policy and UNICEF (Tamil Nadu and Kerala)

**Concept Note: Round Table on Public Policy and the Child in Tamil Nadu**

Public policies define the life of a child. In Tamil Nadu, progressive investments in basic public goods, like health, education to name just two, have led to socio-economic indicators favourable for the child. However, even successful policies need to be revisited, both, to take stock of gaps, achievements and to recalibrate them to meet current and future needs.

The Hindu Centre for Politics and Public Policy and UNICEF (Tamil Nadu and Kerala) propose to hold a Round Table discussion, **Public Policy and the Child in Tamil Nadu** on 02 September 2017, followed by lunch, at the corporate office of *The Hindu*, Kasturi Buildings, 859 & 860, Anna Salai, Chennai 600002.

**Aim:** The Round Table will take stock of the extent to which State policies have contributed to and shaped childhood, including the social spaces available, to lead a fulfilled life. Covering the ages of 0 to 18 years, the aim is to explore the relationship between the state and the child in Tamil Nadu, which is critical for the quality of life for children. The Round Table will also look at possible innovations that could ensure that Tamil Nadu not only maintains its leading position, but also leverages its progress and sets itself against international benchmarks.

It will serve as a forum for focused deliberation on public policies that directly and indirectly affect the life of the child in Tamil Nadu. It aims to bring together informed policy makers, scholars, and practitioners to discuss thematic policy areas from quantity, quality and equity perspectives. The discussions will look to generate and share forward-looking perspectives relevant to policy and facilitate reviews.

**The way ahead:** The Round Table could point to the way ahead and to the future course of action relevant to Tamil Nadu. It is expected to contribute to updating policies relevant for the child in a rapidly changing environment, and periodic reviews of status and progress *vis-à-vis* global benchmarks. If required, introduction of new policies will be suggested to enable the State to better cater to the needs of every child, including the vulnerable.

**The Child in Tamil Nadu**

In many ways, Tamil Nadu is a pioneer in social welfare schemes catering to children's health, nutrition and education. A child born in Tamil Nadu, going by key socio-economic indicators in India, has better opportunities compared with one born in many other States. These include several outcomes with higher probabilities: birth at an institution, living up to the age of five years, being immunised, living longer, access to food, education, healthcare and other life-defining attributes.

However, there are signs that Tamil Nadu's impressive performance has started to either plateau, or in some instances, slow down. For instance, the Government of Tamil Nadu, in its *Economic Appraisal, 2011-12 to 2013-14,* points out that though the State's literacy rate had doubled in the past five decades (from 36.4 per cent in 1961 to 80.1 per cent in 2011), was better than the All-India rate of 73.0 per cent, and was placed third after Kerala and Maharashtra; there was "cause for concern" as decadal gains had slowed down in 2001-2011.[1] This indicator, from the State's

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[1] Government of Tamil Nadu, (nd): *Tamil Nadu Economic Appraisal 2012-12 to 2012-13*. Department of Evaluation and Applied Research, pp. 215-216.

literacy rate, is a timely reality check both for the laurels earned and the lags that persist in some sub-sectors: 'wasting' for instance, which remains a nutritional problem.

**Themes and Experts to be invited for the Round Table:**

The Round Table will address selected issues under the following categories.

I. **Policy and Fiscal Space in Tamil Nadu** (Tamil Nadu *vis-à-vis* national and international benchmarks)
   1. Dr. Girija Vaidyanathan
   2. Mr. S. Krishnan (Fiscal Space for the Child) (Subject to re-confirmation)
   3. Dr. R. Srinivasan (Overview of public policy for the child in Tamil Nadu)
II. **Education and Health:**
   1. Dr. Girija Vaidyanathan
   2. Dr. K.R. Shanmugam (Social Sector budgets)
   3. Dr. Muraleetharan (Survival, Health and Nutrition)
   4. V.S. Sambandan and Saptarshi Bhattacharya (Employability of School Leavers)
III. **The disadvantaged child:**
   1. Mr. Vidyasagar – (Children as workers – paid and unpaid)
   2. Fr. Kumar (Dalit and Adivasi children)
   3. Ms. Vanessa Peter (Children in slums, migrant pockets and coastal areas)
   4. Mr. P.V.S. Giridhar – The Disabled Child
IV. **Social spaces for the Child**
   1. Dr. Akila Radhakrishnan
   2. Ms. Erinda Shah

**Methodology and Resource Papers**

The Round Table will be held under Chatham House Rules.

Invited experts will be requested to contribute a short Working Note on their theme (about 800 to 1,600 words, excluding tables and figures), preferably 10 days before the Round Table, to facilitate informed discussion. Note contributors may consider the following guidelines:

- Reference period: From 1990 to the present for trends in outcomes, status, and key challenges
- Comparisons: National comparisons, and international benchmarks
- State intervention: Nature and extent of policies, programmes, schemes; regulatory, distributive, redistributive[2]; budget allocations
- Gaps, inequalities: Gender, geography and economic status
- Emerging issues
- Way forward

Interactive discussions will be held after all papers are presented

From The Hindu Centre for Politics and Public Policy Mr. N. Ravi will chair the Round Table while Mr. N. Ram will participate. From UNICEF Mr. Job Zachariah will deliver the welcome address.

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[2] Steinberger, J. P., 1980. Typologies of Public Policy: Meaning Construction and the Policy Process. *Social Sciences Quarterly,* 61(2), pp. 185-197.

## Brief Profiles of Discussants
## (Brief Profiles of authors are included at the end of their respective papers)

**Mr. N. Ram** is Chairman, Kasturi & Sons Ltd. He is former Editor-in-Chief and Publisher of *The Hindu, Frontline, Business Line,* and *Sportstar* of *The Hindu* group of publications, and has been in the media field since 1966.

His areas of special journalistic interest include Indian politics; aspects of India's foreign policy and nuclear policy; external pressures on India's economic and political sovereignty; issues of corruption and abuse of power; the challenge of communalism and fundamentalism in India; the Sri Lankan ethnic crisis and India's interaction with it; freedom of expression issues, and the role of media in society.

Honours and awards include the Padma Bhushan (for journalism), 1990; the Asian Investigative Journalist of the Year Award from the Press Foundation of Asia (1990); the B.D. Goenka Award for Excellence in Journalism (1989); the National Citizen's Award (1995); XLRI's First JRD Tata Award for Business Ethics (2002); and Sri Lanka Ratna, Sri Lanka's highest National Honour conferred on non-nationals (2005).

He is closely associated, as a founding trustee of the Media Development Foundation (MDF), with the Asian College of Journalism (ACJ), Chennai, which is India's, and South Asia's, premier post-graduate journalism education institution. He is a member of the Board of Visitors of the Graduate School of Journalism, Columbia University, New York.

He is co-author with Susan Ram of the biography, *R.K. Narayan: The Early Years, 1906-1945,* Penguin India, New Delhi, 1996. His latest book, *Why Scams are Here to Stay,* Aleph Book Company, was released in July 2017.

**Mr. N. Ravi** is a Director of Kasturi & Sons Ltd and former Editor-in-Chief, *The Hindu.* He is the Chairman of the India Chapter of the International Press Institute and member of the Executive Board of the International Press Institute, Vienna. He was President of the Editors' Guild of India, Chairman of the Press Trust of India, India's premier news agency and is now a Director on the Board of PTI. He was a member of the National Integration Council, Government of India, and from 2006 to 2008 of the National Security Advisory Board.

He joined *The Hindu* in 1972, served as reporter, leader writer, Washington Correspondent, Deputy Editor and Associated Editor. He was Editor from 1991 to 2011 and Editor-in-Chief from October 2013 to January 2015. He has covered several international conferences and travelled with Prime Ministers and Presidents to cover international summits. His special areas of interest and writing include constitutional and political issues, economic policy, international economy, free speech and human rights, and India-U.S. relations.

He is the recipient of several professional awards, including the G. K. Reddy Memorial Award and BREAD Role Model Award, and was awarded an honorary doctorate by the Sri Venkateswara University, Tirupati.

**Mr. Job Zachariah** is the chief of UNICEF office for Tamil Nadu & Kerala. Earlier, he has worked in UNICEF offices in Bihar, Odisha, and Jharkhand.

Before joining UNICEF, Mr. Zachariah was director in the department of elementary education, Ministry of Human Resource Development in Government of India, where he was responsible for monitoring and implementation of the District Primary Education Programme (DPEP) and Sarva Shiksha Abhiyan (SSA). Mr. Zachariah was the national programme manager of Government of India's Janshala Programme, which was adjudged as the best social sector programme by United Nations in 2002.

In the Government of India, he had held many responsible positions. Mr. Zachariah was the official spokesperson for the Ministry of Planning, Department of Women and Child Development and the Ministry of Sports & Youth Affairs during 1987-1990.

A post graduate in Business Administration (MBA) from the University of Hull in United Kingdom, Mr. Zachariah is a Chartered Accountant (CA) from the Indian Institute of Chartered Accountants. He also possesses bachelor degrees in Commerce (B.Com) and law (LLB).

**Dr. Girija Vaidyanathan**, Chief Secretary, Government of Tamil Nadu, belongs to the 1981 batch of the Indian Administrative Service in which she was ranked first among women and 9th among all candidates.

As a professional administrator, Dr. Vaidyanathan draws from rich experience of distinguished service in nearly all departments that have a bearing on child development. Early in her career, she has held the post of Project Coordinator, Tamil Nadu Integrated Nutrition Project. She has had two stints in the Education Department, first as Additional Secretary looking after School Education in 1995 and 10 years later as Secretary of the same Department.

During her tenure as the Mission Director of the State Health Society, Tamil Nadu was recognised as the best performer among the non-backward States. She also served twice as the Secretary of the Health Department in the State. In addition, she has worked for nearly six years in the Finance Department, having largely concentrated on funding of the social sector and two years in the State Planning Commission, where she was responsible for the drafting of the Eleventh Five Year Plan. Before her elevation to the position of the Chief Secretary of the Government of Tamil Nadu on December 23, 2016, she was Commissioner, Land Administration.

Dr. Vaidyanathan's other academic and professional qualifications include M.Sc. (Physics) and PhD in Health Economics, both from Indian Institute of Technology-Madras.

She is a Chartered Financial Analyst and has served on the Board of Governors of the Institute of Chartered Financial Analysts of India. She is also the recipient of the British Chevening Gurukul Scholarship in Leadership and Excellence at the London School of Economics and Political Science.

**Mr. Saranyan Krishnan**, Principal Secretary, Planning and Development, Government of Tamil Nadu, belongs to the 1989-batch of the Indian Administrative Service and has served in various positions, primarily in finance and planning.

Mr. Krishnan's experience as a financial administrator saw him hold several key positions. Of direct relevance to child development, he was Managing Director of the Tamil Nadu Text Book Corporation and Member-Secretary of the Sports Development Authority of Tamil Nadu, Chairman of the Fifth State Finance Commission, and Officer on Special Duty for Tamil Nadu for the Fourteenth Finance Commission.

As Deputy Secretary (Budget) in the Finance Department of the Government of Tamil Nadu, he held the primary responsibility of preparing the State budget for five years. At the national level, as Private Secretary to the Union Finance Minister between June 2004 and March 2007, he assisted the Minister in preparing four Union budgets.

Mr. Krishnan was also Commissioner of Commercial Taxes and Principal Secretary (Expenditure) in the Finance department. He served as Senior Advisor in the Office of the Executive Director for India, Sri Lanka, Bangladesh and Bhutan at the International Monetary Fund, Washington DC.

He was also instrumental in the training of officers to the Indian Administrative Service as Deputy Director and Deputy Director (Senior) at the Lal Bahadur Shastri National Academy of Administration, Mussoorie.

Currently, in addition to his responsibility and Principal Secretary, Planning and Development, Mr. Krishnan is Chief Executive Officer, Tamil Nadu Infrastructure Board, Managing Director, New Tirupur Area Development Corporation, and Principal Secretary, Special Initiatives Department in the Government of Tamil Nadu.

# Budgetary Allocations and the Child in Tamil Nadu:
## Some Initial Findings

**R. Srinivasan**

**Abstract:** *In the absence of an explicit policy for the child by a State government, its programmes for child protection and development can serve as a close proxy.* R. Srinivasan, Associate Professor in Economics, Directorate of Distance Education, University of Madras, *points out that though Tamil Nadu has been a pioneer in child-related programmes such as expansion of schools, mid-day meals, and effective implementation of the Integrated Child Development Scheme; of late new initiatives are rare. The National Policy for Children and the programmes that the Union government has been supporting with matching grants have shaped the construction of Tamil Nadu's child policies. However, there is still scope for the State to leave its distinct imprint on this policy space with new initiatives.*

In India's federal framework, which is skewed towards the Union rather than the States, the National Policy for Children is the overarching framework. The Union government's acceptance of UN Convention on the Rights of the Child, and enactment of a host of legislations to protect children against atrocities and to realise the rights of the child towards education, protected life and development are the compelling policy related legislations that shape the public policy for children in a State.

States are expected to adhere to such laws, constitute their commission for protection of child rights, and implement mechanisms to protect and develop children in conflict with law, eradicate child labour, ensure universal access to education, health and nutrition and shelter and care. The centrally sponsored programmes such as the Integrated Child Development Scheme (ICDS), National Rural Health Mission (NRHM), Sarva Sikhsha Abhiyan (SSA), and the Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and similar schemes, structure the allocation of States' resources to the benefit of children. These schemes are based on matching grants from Union and State governments, hence, on one hand, reduce the autonomy of the State government in allocating its own resources and on the other hand, compel the State government to allocate resources for schemes that it would otherwise neglect. In this context, the States have to make a difference in terms of scaling up the size of programmes and effectiveness in implementing the programmes. Of course, there are a few areas where new initiatives from the States are possible.

**The National Policy for Children and Schematic Interventions**

The rights-based National Policy for Children recognises any one below the age of 18 years as a child and childhood as an integral part of life with a value of its own. It is thoughtful on the part of policymakers to have recognised children as heterogeneous by age, sex, community, location, disability and vulnerability. This compelled the state to implement programmes targeting children with differences in these aspects. While recognising family as an ideal environment for a child to grow, it also recognises that every child is unique, which makes the state directly address the

issues of a child, irrespective of the family and social background. The independence of children is also recognised and one of the guiding principle states, "Children are capable of forming views and must be provided a conducive environment and the opportunity to express their views in any way they are able to communicate, in matters affecting them".

The National Policy identifies seven board areas for the state to intervene, of which the following three are important:

**1.** A child has a right to life and survival and should have equal access to health and nutrition. A child's right to life and survival could be ensured only when the state supplements the family resources to provide adequate food and nutrition and health care. In the case of children without families, it is the state's duty to protect such children either through running homes for them or to facilitate adoption.

Starting from funding of ICDS and NRHM, the health sector is crowded with centrally sponsored schemes, including provision of health education and nutrition supplement to adolescent girls. The Mid-day Meal Programme for school children up to upper primary level is also partially funded by the Union government.

Tamil Nadu has the rare distinction as a pioneer to provide mid-day meal to school children in 1950s and the scale of operation was enlarged in 1981. Tamil Nadu is well known in scaling up the programmes funded by the Union government: the Muthulakshmi Reddy Scheme for Maternity Benefit is an example. Any indicator of maternal and child health would show Tamil Nadu is far ahead of most other States in the country. This has been possible due to scaling up of central programmes with State's own resources and efficiency in service delivery. At the same time, quality of service delivery in health care, reaching the marginalised, particularly the differently abled and people in remote locations such as Scheduled Tribes are the areas where there is a need for fresh initiatives from the State.

**2.** Every child has inalienable right to education and to develop one's capability. It is the state's responsibility to secure this right, through promotion of required environment, information, infrastructure, services and other supports. Starting from early childhood care and education, the state's responsibility extends up to higher secondary level, including vocational education, education for the marginalised such as migrant children, street children, child labour, and children with special needs. Bringing children with special needs to schools, designing curriculum and providing educational services are important towards development of the child's fullest potential. Once again, the education sector is also filled with of programmes funded by the Union government.

The Union government's efforts to allocate resources for SSA, RMSA and host of schemes to provide education to differently abled children, girls, and children from minorities and depressed communities like OBCs, SCs and STs should be matched by the State's resources as stipulated in the programmes. As in the health sector, Tamil Nadu's achievement in education places it as one among the most literate with a large educated labour force in the country. However, access to education for the differently abled leaves much to be desired, as their literacy rate is just 62 per cent and enrolment ratio is down to single digit in secondary school. The drop-out rate among

STs is also high. We do not have reliable information about street children, migrant children and other marginalised groups to evaluate the efficiency of delivery of educational services to them.

Moreover, the quality of education has been in debate as reflected in the performance of State board students in national and the State's university examinations. The functional independence of the State government enlarges its scope to act in improving the quality of school education and designing and implementing educational systems for the different groups of marginalised children.

**3.** Protection of a child is the precondition to realise all other rights of a child. Ensuring safe space for living, learning and for other activities is a necessity that cannot be compromised. It is important that family, society and the state together should ensure the child's space whether it is the house or the public place is safe and devoid of discrimination and exploitation. An effective State commission for protection of the child is an important institutional set up in achieving this. Safety of a child is also achieved with active participation of the child herself; hence, educating children about their rights and means to secure them are important.

**How Child Centric are Tamil Nadu's Budgets: Initial Findings of an Analysis of Nine-year Data**

Though the national policy for children is governed by laudable objectives and clearly stated principles to design and implement programmes, the realisation of the objectives starts with allocation of financial resources for the various child-related programmes of the government. As mentioned already, the Union and State governments together provide the financial resources and the delivery is entirely with the State government. The UNICEF and other international agencies working on child related issues have been advocating child centric analysis of government budgets. Though a budget should be analysed from both the revenue and expenditure aspects, the child centric analysis is often restricted to expenditure side.

We present here some of preliminary findings of a study, *'Public Expenditure on Children in Tamil Nadu'* funded by UNICEF, (Tamil Nadu and Kerala), Chennai. Our analysis is based on the expenditure of the Government of Tamil Nadu (GoTN) over the last nine years, using the Demand for Grants of all the departments.

We identified 11 department of GoTN spend on schemes that directly benefit children. Some of the schemes have been targeted at children such as schools and preventive medicine. Certain other expenditures have children as beneficiaries along with college students, such as hostels. Here we used enrolment and differences in dietary charges between school and college students as the basis for calculation. We also considered expenditure on pregnant women and lactating mothers as expenditure on children.

In this analysis, we excluded certain indivisible expenditures that could have benefited children, for want of adequate data, such as expenditure in general hospitals and water and sanitation. We shall include these once we have a methodology to apportion the expenditure which could have benefited children. Similarly, we are also in the process of designing a methodology to calculate the reach of subsidised food grains to children. We have not included Union government direct

grants to autonomous bodies for schemes like SSA, RMSA and NRHM. Given these excluded items, we present a conservative estimate of GoTN's expenditure on children.

The Table compiled by us shows that the GoTN's spending on children increased by 180 per cent in nine years (from Rs. 12,797.39 crore in 2009-10 to Rs. 35,896.08 crore in 2017-18). The Department of School Education followed by Departments of Social Welfare and Nutritious Meal Programme and then the Health and Family Welfare are the major spenders on children. On the whole, according to our initial findings, the government spends around 18 per cent of the total budgetary disbursements on children.

The expenditures on children in the financial years 2015-16, 2016-17 and 2017-18 have been estimated as Rs. 29,938.39 crore, Rs. 32,104.83 crore and Rs. 35,896.08 crore respectively. In these years, the grants for various child centric schemes from the Union government were Rs. 3,700.40 crore, Rs. 4,871.03 crore and Rs. 6,629.88 crore. Thus, roughly the Union grants are in the range of 12 per cent to 18 per cent of the expenditure on children. This is in addition to the general untied grants through finance commission and grants to societies. Thus a substantial portion of GoTN's expenditure is influenced by programmatic grants from the Union government.

We cannot comment on the adequacy of this volume of financial allocation. But the reach of government to the marginalised can improve in terms of quantum and efficiency of expenditure is debatable. To give an example, all the schools in the welfare departments see sharp decline in enrolment for the last many years. The faster growth of enrolment in private schools shows that people prefer private schools to government schools. Generally, students from poor and low income families study in government schools, though there are exceptions.

The total enrolment ratio for children with special needs is still less than 50. This low enrolment is despite providing assistive devices to children with special needs and special training to teachers. Now the number of teachers trained in imparting education for children with special needs in primary and upper primary education is around 30,000. Here the teacher-pupil ratio is 1:4 for children with special needs.

Detailed examination of expenditure in each scheme shows some disturbing trends. For instance, the absolute number of children taking mid-day meal has been declining while the total enrolment is increasing in government and government aided schools. We have heard of systematic leakages in the system. The quality of mid-day meal is often revisited and corrected for nutrition component; yet, the meal is not attractive for children. We cannot assume away that the children are rich enough to bring home cooked food.

Though the popular discourse is that Tamil Nadu has been a pioneer in social policy and programmatic intervention, its actual engagement is otherwise. There can be a long history of reservation system and mid-day meal for school children, but the plethora of schemes and institutional mechanism are actually driven by the Union government through national level policies and legislations. Thus, the National Policy for Children followed by the Union grants for specific schemes structure the State government's policy and programmatic intervention in child sector. But there is still scope for the State government to put its stamp on the child welfare through better designed and efficiently delivered services for the children.

**Table 1: Aggregate Public Expenditure on Children in Tamil Nadu, 2009-10 to 2017-18 (Rs. Crore)**

| Departments | 2009-10 (Accounts) | 2010-11 (Accounts) | 2011-12 (Accounts) | 2012-13 (Accounts) | 2013-14 (Accounts) | 2014-15 (Accounts) | 2015-16 (Accounts) | 2016-17 (R.E) | 2017-18 (B.E) |
|---|---|---|---|---|---|---|---|---|---|
| AdiDravidar and Tribal Welfare | 441.51 | 529.62 | 737.85 | 704.85 | 851.10 | 1428.20 | 1531.95 | 1120.08 | 1160.41 |
| BC, MBC and Minorities Welfare | 280.94 | 333.04 | 391.80 | 466.76 | 514.65 | 535.16 | 516.72 | 554.83 | 580.83 |
| Differently Abled People Welfare | 68.88 | 83.15 | 138.20 | 168.60 | 179.34 | 260.29 | 301.60 | 324.30 | 324.42 |
| School Education | 9265.83 | 11114.48 | 12803.43 | 13764.88 | 16506.75 | 19914.34 | 21025.47 | 23824.20 | 26430.04 |
| Social Welfare and NMP | 1710.44 | 2377.41 | 2336.19 | 2498.15 | 3150.29 | 3408.88 | 3212.07 | 3627.87 | 3872.88 |
| Higher Education – Polytechnics | 103.92 | 193.23 | 218.58 | 189.22 | 241.83 | 352.34 | 272.64 | 331.23 | 360.99 |
| Labour and Employment - ITI | 0.17 | 0.21 | 0.27 | 7.74 | 50.41 | 20.98 | 19.65 | 35.62 | 33.94 |
| Special Programme Implementation | 0 | 0 | 29.08 | 1387.41 | 1000.94 | 817.32 | 1100.83 | 536.89 | 760.85 |
| Transport | 301.85 | 302.87 | 390.84 | 337.17 | 623.81 | 448.90 | 481.10 | 506.54 | 542.08 |
| Environment and Forests | 4.21 | 5.47 | 6.65 | 6.38 | 9.19 | 6.97 | 7.70 | 7.48 | 7.62 |
| Health and Family Welfare | 619.64 | 624.11 | 838.15 | 966.18 | 1211.39 | 1252.85 | 1468.66 | 1235.79 | 1822.02 |
| Total Exp on Children | 12797.39 | 15563.59 | 17891.04 | 20497.34 | 24339.70 | 28446.23 | 29938.39 | 32104.83 | 35896.08 |
| Total Exp of TN government | 72750.31 | 90901.68 | 109486.75 | 121419.05 | 153659.43 | 172937.29 | 159987.80 | 183451.62 | 203081.75 |
| % of Children Exp to Total Exp | 17.59 | 17.12 | 16.34 | 16.88 | 15.84 | 16.45 | 18.71 | 17.50 | 17.68 |

## About the author

**R. Srinivasan** is Associate Professor in Economics, Directorate of Distance Education, University of Madras, and has been in the academic field since 1988. He served as a teacher in several colleges in the Union Territory of Pondicherry and Tamil Nadu. He was an economist in the Tax Reforms and Revenue Augmentation Commission, Government of Tamil Nadu in 2002-03 and then a member of the State Planning Commission, Government of Tamil Nadu in 2006-11. Since 2008 he has been with the University of Madras.

Srinivasan holds a Ph.D. degree in Economics. His doctoral thesis was on 'Union Financial Transfers and Horizontal Equity in India'. He contributes academic articles to journals and popular articles in English and Tamil to newspapers and magazines on issues relating to Public Finance, Education and regional economics, with focus on Tamil Nadu.

# Prioritising Health and Education in Tamil Nadu: A Note on Social Sector Allocations

## K.R. Shanmugam

**Abstract:** *Tamil Nadu is an acknowledged leader in India, both in terms of its economic and social indicators. Though consistently top-ranked among India's States, Tamil Nadu's performance does not compare well with international standards.* K.R. Shanmugam, Director, Madras School of Economics, *analyses the State's budgets for its allocative priorities and points out that Tamil Nadu should allocate more resources to social sectors (not in percentage alone) so that it could perform better in term of many social indicators and match with international standards.*

T amil Nadu is one of the most progressive States in the country in both economic and social development. It has been ranked one among the top three or four States in many economic and social indicators. Currently, it ranks first in credit deposit ratio and number of factories, second (largest) in size of economy (Rs. 11620 billion in 2015-16), third in industrial (output) development and fifth in terms of per capita income among the major Indian States.

Tamil Nadu has also done well in terms of many social indicators. It ranks first in urbanisation, second in low birth rate, infant mortality rate (IMR) and under-5 mortality rate (U-5 MR), and third in literacy and female literacy. It also ranks fourth in life expectance at birth (LEB) and fifth in under-weight children. Though Tamil Nadu compares well with many social outcome indicators with other major Indian States, it is nowhere near international standards. For instance, the LEB was 70.6 years in Tamil Nadu (in 2012-13), while it was 83.1 in Singapore, 76.1 in China, 74.9 in Sri Lanka. Its IMR was 19.0 (in 2015) while it was just 1.0 in Singapore, 5.5 in China and 5.4 in Sri Lanka. The under-5 mortality (28) in Tamil Nadu was also relatively high compared with Singapore (2.7), Japan (2.7), China (10.7) and Sri Lanka (9.8). The State's MMR was 79, compared with 5 in Japan, 9 in UK and 10 in Singapore. The obvious question is: why is Tamil Nadu lagging if viewed through the international comparative perspective in many social indicators? Is it because of poor social budgeting or poor allocations to priority sectors-education and health? If, so what should be remedy? How can standards be improved to match international standards? To answer these questions, this study first reviews the social budgeting in TN and then compares Tamil Nadu's performance with other Indian States and finally suggests possible strategies to improve the standards. For this purpose, it uses UNDP's (1991) three basic budgeting indicators relating to any economy, namely Public Expenditure Ratio (PER), Social Allocation Ratio (SAR) and Social Priority Ratio (SPR). It suggests optimal levels of 25 per cent of GDP, 40 per cent of total budget and 50 per cent of social budgets.

**A Brief Review of Economic and Social Indicators**

Tamil Nadu's economy, measured by Gross State Domestic Product (GSDP), increased by 3-fold from 1994-95 to 2004-05, and 5.3-fold from 2004-05 to2015-16. Its size of Government measured by its total public expenditure registered 3.4-fold and 4.6-fold rise during these periods. Its budget allocation on social sector registered 3-fold rise between 1994-95 and 2004-05 and 5-fold rise between 2004-05 and 2015-16. The social priority expenditure increased by 2.4-fold and by 5.7-fold during these periods. Thus, these indicators improved more dramatically in the current decade than in the past decade.

In 2015-16, the State's PER was 13.8 per cent, the SAR was 37.8 per cent and SRP was 57 Per cent. While the SAR is closer to UNDP criterion, the SPR exceeded it, and the PER is little above the half way mark of UNDP criterion. This means that the Government of Tamil Nadu makes its budget smaller than prescribed norm and with that little budget amounts, it makes allocations to many sectors. This is the major concern because the quantum of money allotted is low, although the ratio looks fine.

During 1994-95 to 2015-16, the time series trends of education expenditure as percentage of GSDP ranged between 2.2-2.6 per cent as against the world average of 4.4 per cent of GDP (UNDP, 2016). Similarly, health expenditure was kept less than 1 per cent of GSDP throughout the period as against world average of 6 per cent This needs policy attention.

Inter-State comparisons reveal that in 2015-16, Tamil Nadu ranked 12th in SAR with 38.9 per cent as against 48.4 per cent in Andhra Pradesh, 47.9 per cent in Assam and 44.0 per cent in Gujarat. The State ranked 14th in allocation to education and 8th in health allocation. It also ranked 8th in SPR. Tamil Nadu, with Rs. 3324 as per capita public expenditure on education, ranked 8th and with Rs. 1032 as per capita public expenditure on health ranked 5th.

We also check whether the State's deficiency relative to average due to its fiscal capacity ratio or priority ratio (R), with the all-States average as the bench mark. If a State spends excess over this average, it is indicated by R>0. For capacity ratio calculation, the education/health expenditure as percentage of total revenue expenditure was used. For priority ratio, per capita expenditure on education/health was used. Results indicate that Tamil Nadu has a problem in priority ratio for education only. This means that it spends less than the all-State average per capita expenditure on education. This is another area of concern because Tamil Nadu is the second largest economy in the country, but it allocations to education in terms of per capita expenses on education is surprisingly lower than the all State average figure. This may affect the quality of education.

Interestingly the National Health Policy 2017 sets targets for many health indicators: 100 for MMR, 23 for U5MR, 28 for IMR and 70.6 years for LEB in 2025. Notably, Tamil Nadu has already met many of these targets except U-5MR.

The above analysis indicates that Tamil Nadu's rank in budgetary allocations on social, education and health are not highly and positively associated with social sector outcome indicators. This means that they are other players like private, centre, international community and other donors who play a

leading role in determining the social indicators in the State. While State Government plays a role and provides a space and environment for others to play, it could also take initiative by increasing its size and allocating more resources to social sectors (not in percentage alone) so that it could perform better in term of many social indicators and match with international standards.

# Social Sector Budgets:
## with Special References to Education and Health

K.R. Shanmugam, MSE

@ Round Table on Public Policy and child in TN on Sep 2, 2017

# Social Budgets in TN: A Summary

| Indicators | Scale | 1994-95 | 2004-05 | 2015-16 | Change 1 | Change 2 |
|---|---|---|---|---|---|---|
| Size of Economy | Rs. Crore | 72946 | 219003 | 1161963 | 3.0 | 5.3 |
| Rank | | Third | Third | Second | | |
| Population | Crore | 5.8341 | 6.5200 | 7.5269 | | |
| Size of Government | Rs. Crore (TE) | 10315 | 34805 | 159988 | 3.4 | 4.6 |
| | % GSDP | 14.14 | 15.89 | 13.77 | 1.1 | 0.9 |
| Social Allocation | Rs. Crore | 3956 | 12132 | 60467 | 3.1 | 5.0 |
| Social Allocation Ratio | % TE | 38.35 | 34.86 | 37.79 | 0.9 | 1.1 |
| Social Expenditure | Per Capita | 678 | 1861 | 8033 | 2.7 | 4.3 |
| | % of GSDP | 5.42 | 5.54 | 5.20 | 1.0 | 0.9 |
| Social Priority Expenditure | Edu, hel, w&S, Rs. Crore | 2878 | 7580 | 36671 | 2.6 | 4.8 |
| Socil Priority Ratio | % SE | 72.76 | 62.48 | 60.65 | 0.9 | 1.0 |
| Social Priority Expenditure 1 | Edu, health Rs. Crore | 2569 | 6049 | 34465 | 2.4 | 5.7 |
| Socil Priority Ratio 1 | % SE | 64.95 | 49.86 | 57.00 | 0.8 | 1.1 |
| Education | Rs. Crore | 1959 | 4744 | 26120 | 2.4 | 5.5 |
| | % SE | 49.53 | 39.11 | 43.20 | 0.8 | 1.1 |
| | % GSDP | 2.69 | 2.17 | 2.25 | 0.8 | 1.0 |
| | Per Capita | 336 | 728 | 3470 | 2.2 | 4.8 |
| Health | Rs. Crore | 634 | 1352 | 8345 | 2.1 | 6.2 |
| | % SA | 16.03 | 11.14 | 13.80 | 0.7 | 1.2 |
| | % GSDP | 0.87 | 0.62 | 0.72 | 0.7 | 1.2 |
| | Per Capita | 109 | 207 | 1109 | 1.9 | 5.3 |

# UNDP (1991)'s 3 Budget Indicators: TN



Legend: PE as % of GSDP — SE as % of TE — Social Priority Ratio
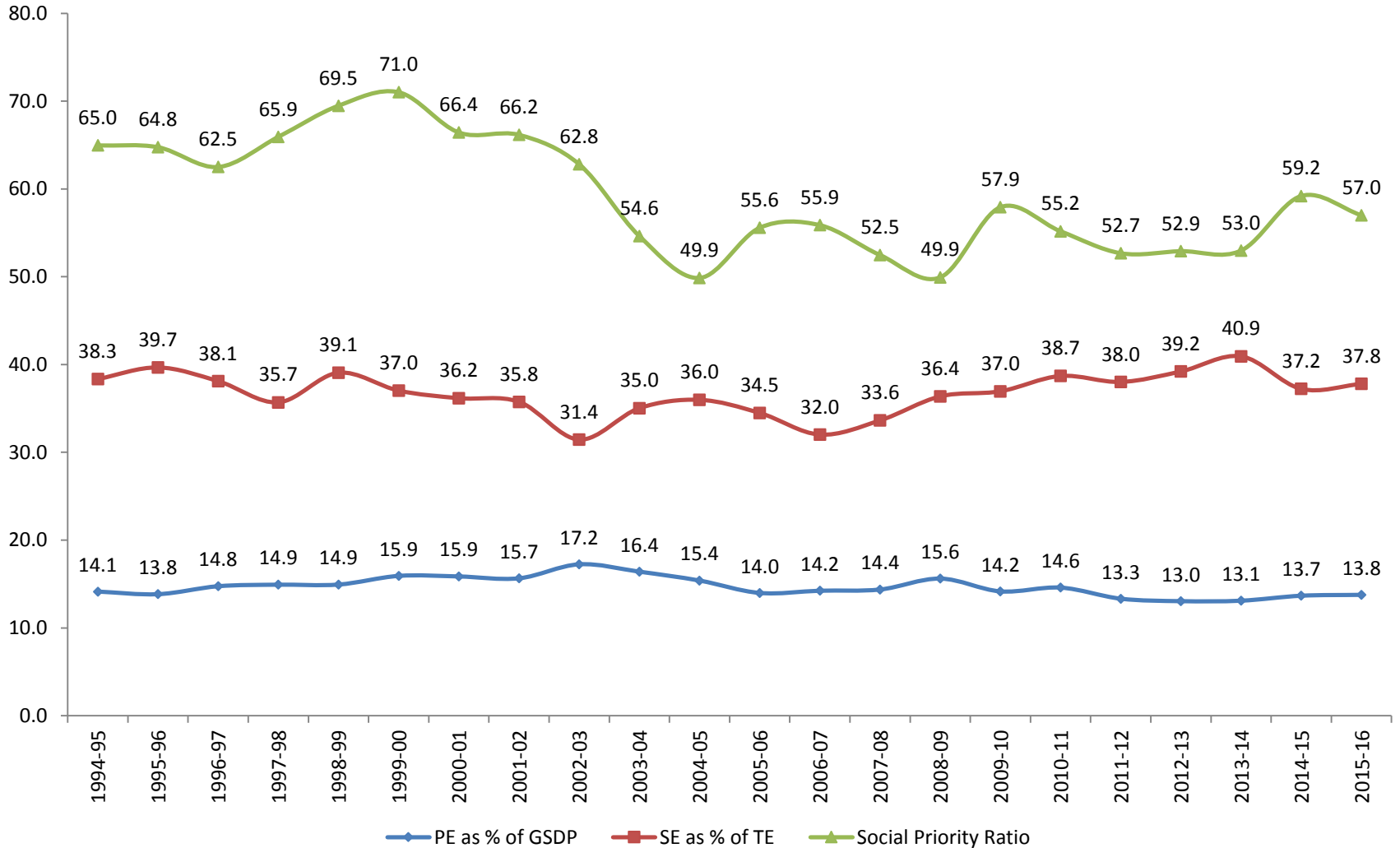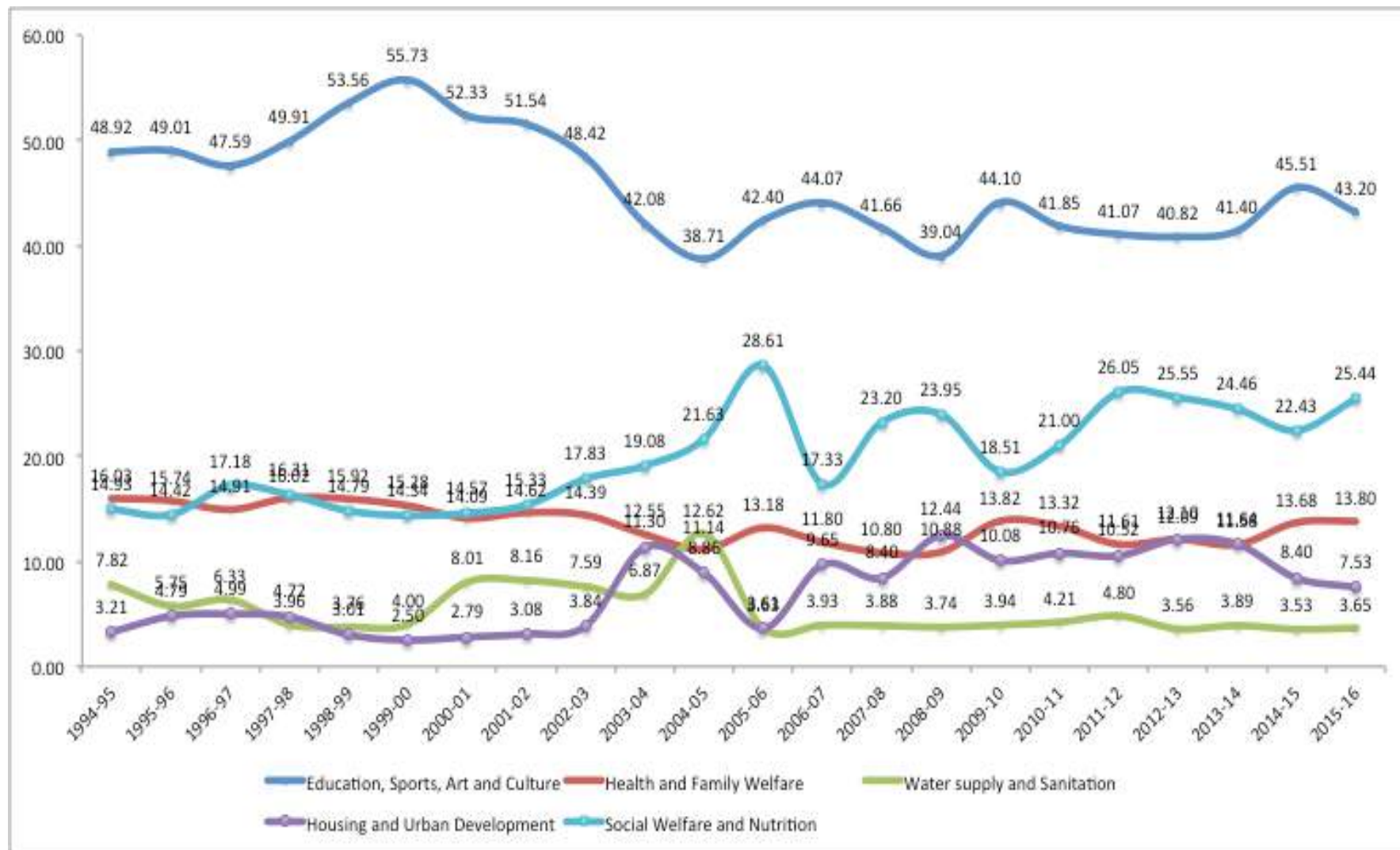
# Education and Health Expenditure as % of GSDP in TN
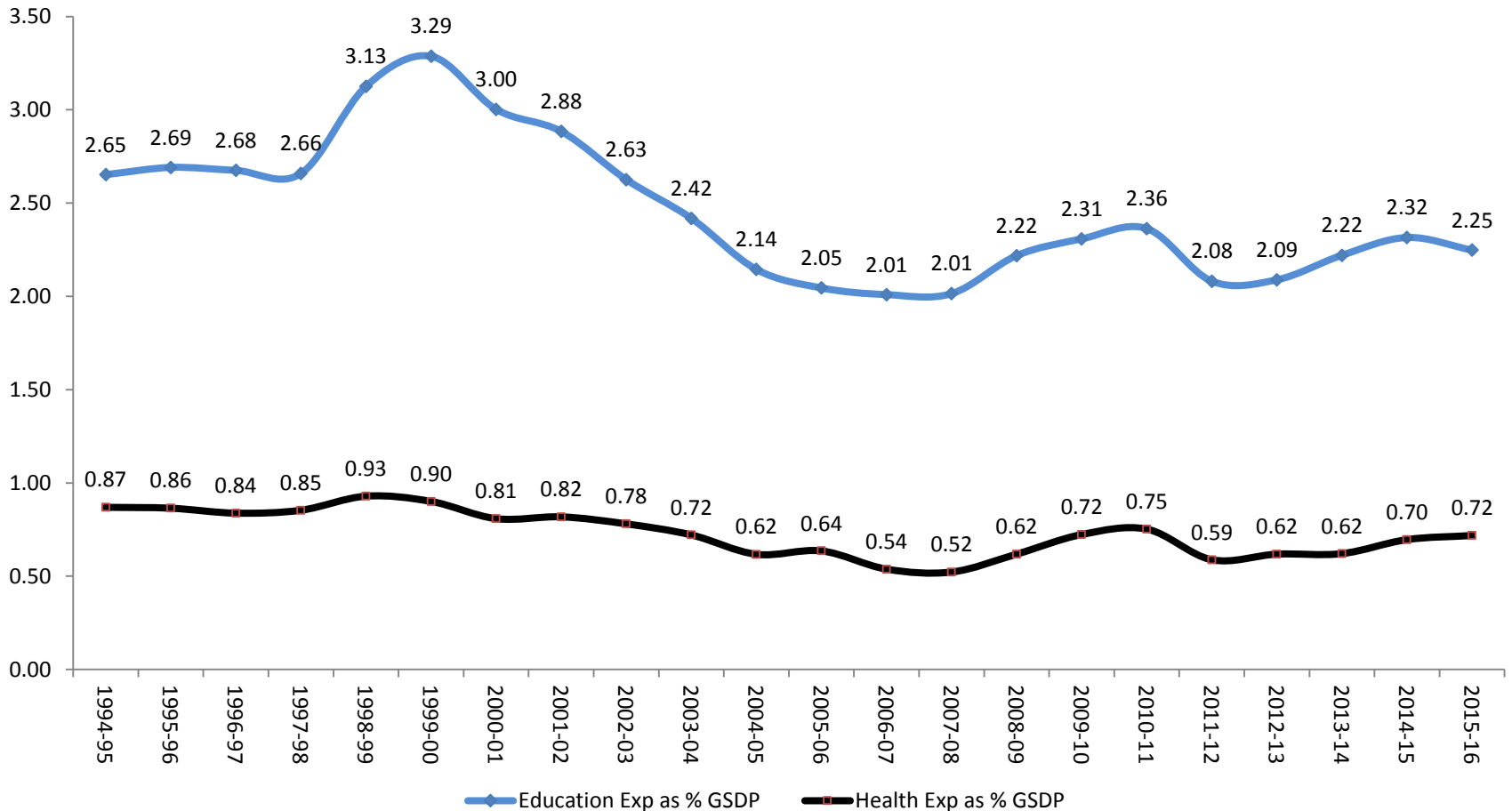
# Composition of Social Sector Exp

# Interstate Comparison (2015-16)

| States | SE as %RE | Rank | Edu as % of SE | Rank | Helath as % of SE | Rank | Social Priority Ratio | Rank | Edu pc | Rank | health pc | Rank |
|--------|-----------|------|----------------|------|-------------------|------|----------------------|------|--------|------|-----------|------|
| Andhra Pradesh | 48.4 | 1 | 34.6 | 20 | 10.6 | 19 | 45.3 | 20 | 3187 | 10 | 980 | 7 |
| Assam | 47.9 | 2 | 60.4 | 1 | 16.1 | 6 | 76.5 | 1 | 3236 | 9 | 863 | 11 |
| Bihar | 43.0 | 6 | 51.8 | 8 | 9.7 | 20 | 61.4 | 12 | 1663 | 20 | 311 | 20 |
| Chhattisgarh | 37.4 | 15 | 57.1 | 3 | 14.8 | 7 | 71.9 | 4 | 3392 | 7 | 880 | 10 |
| Gujarat | 44.0 | 3 | 42.7 | 17 | 12.4 | 11 | 55.1 | 17 | 2800 | 14 | 815 | 12 |
| Haryana | 36.4 | 16 | 46.0 | 13 | 11.6 | 16 | 57.6 | 14 | 3667 | 5 | 921 | 8 |
| Himachal Pradesh | 35.8 | 17 | 51.8 | 7 | 16.3 | 5 | 68.1 | 5 | 5782 | 1 | 1819 | 1 |
| Jammu & Kashmir | 31.1 | 19 | 53.4 | 5 | 20.9 | 1 | 74.3 | 3 | 4500 | 3 | 1763 | 2 |
| Jharkhand | 40.6 | 10 | 44.1 | 16 | 12.4 | 14 | 56.4 | 16 | 1841 | 19 | 516 | 18 |
| Karnataka | 39.6 | 11 | 40.4 | 18 | 10.8 | 18 | 51.3 | 19 | 2917 | 11 | 780 | 14 |
| Kerala | 35.1 | 18 | 51.2 | 10 | 16.5 | 4 | 67.6 | 6 | 4134 | 4 | 1333 | 3 |
| Madhya Pradesh | 42.7 | 7 | 40.0 | 19 | 12.3 | 15 | 52.2 | 18 | 2197 | 16 | 673 | 16 |
| Maharashtra | 43.2 | 4 | 52.1 | 6 | 11.4 | 17 | 63.4 | 10 | 3613 | 6 | 789 | 13 |
| Odisha | 41.9 | 8 | 44.9 | 15 | 12.4 | 12 | 57.3 | 15 | 2515 | 15 | 695 | 15 |
| Punjab | 29.8 | 20 | 57.4 | 2 | 17.5 | 2 | 74.9 | 2 | 2903 | 12 | 884 | 9 |
| Rajasthan* | 40.8 | 9 | 48.7 | 12 | 16.6 | 3 | 65.2 | 8 | 2882 | 13 | 981 | 6 |
| Tamil Nadu | 38.9 | 12 | 45.6 | 14 | 14.2 | 8 | 59.8 | 13 | 3324 | 8 | 1032 | 5 |
| Uttar Pradesh | 38.8 | 13 | 54.6 | 4 | 12.4 | 13 | 67.0 | 7 | 2104 | 18 | 476 | 19 |
| Uttarakhand | 43.0 | 5 | 49.7 | 11 | 13.3 | 9 | 63.0 | 11 | 4599 | 2 | 1234 | 4 |
| West Bengal1 | 38.6 | 14 | 51.3 | 9 | 13.2 | 10 | 64.5 | 9 | 2167 | 17 | 558 | 17 |
| All Major | 40.4 | | 48.1 | | 12.9 | | 61.0 | | 2721 | | 733 | |

# Fiscal Capacity and Priority Ratios

- To analyzes whether State's deficiency relative to the average is due to its capacity ratio or due to priority ratio.

- $R_i = (I_i - M)/M *100,$

- where $R_i$ is the capacity ratio or priority ratio of state i; $I_i$ is per capita public expenditure on health of state i (in the case of capacity ratio) or share of health expenditure in the total Government expenditure of state i (in the case of priority ratio); and M is all states average per capita health expenditures in the case of capacity ratio or all states' average share of health in total expenditure.

- States that have excess spending over all states average per capita expenditure relative to all states average per capita spending on health (i.e., R>0) are basically creating higher capacity in health services while states with higher share of health expenditure (in total expenditure) than all states' average share of expenditure health relative to all states average share (i.e., R>0) show priority in spending on health.

# Performances of States in Capacity and Priority Ratios: Education (2015-16)

# Performances of States in Capacity and Priority Ratios: Health
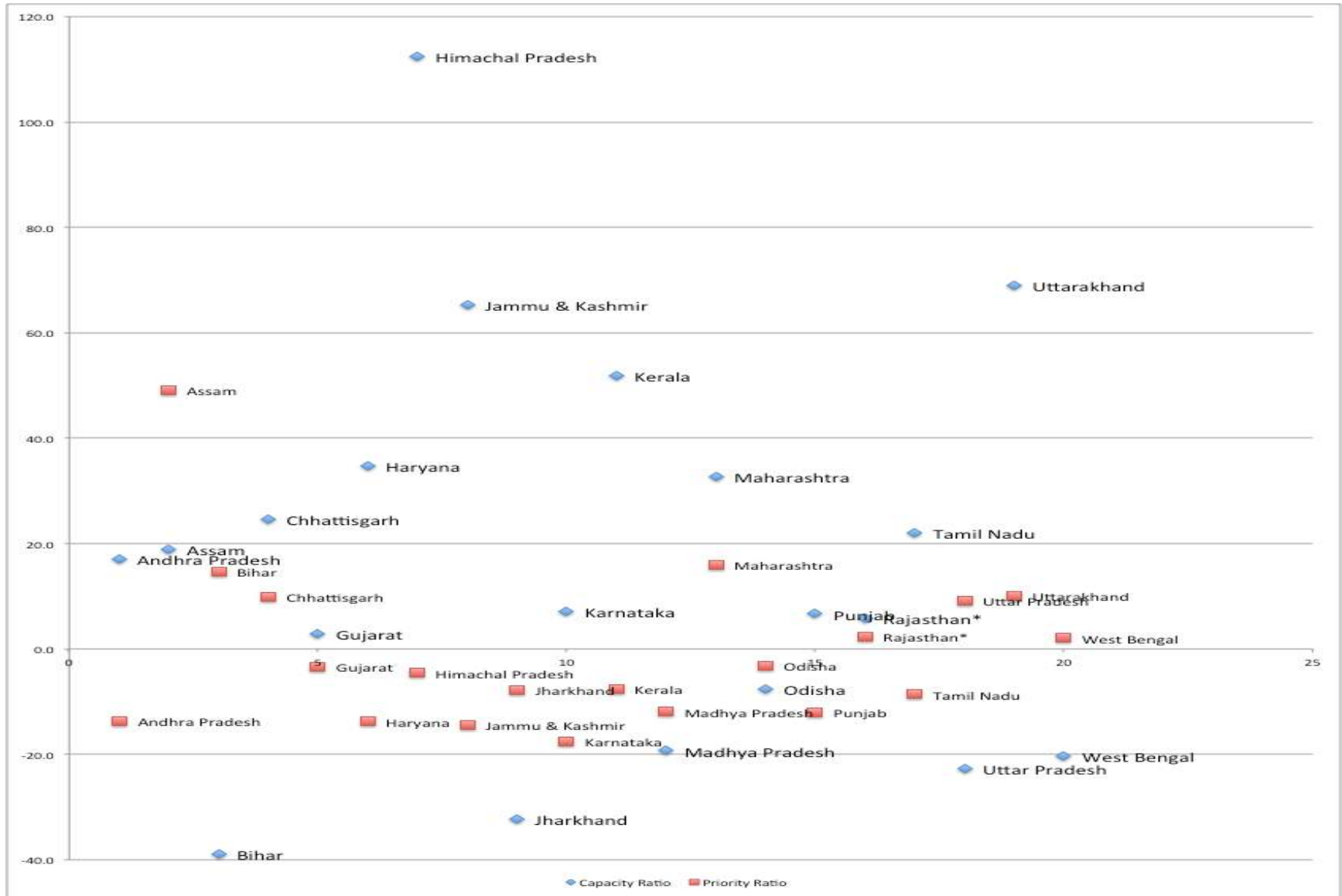
# Selective Health Indicators

| State | Life Expectancy at Birth | | Maternal Mortality Rate | | Infant Mortality Rate | | Under-5 Mortality | | Under Weight Children | | Births Attended by Health Personal | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2013–14 | Rank | 2012–13 | Rank | 2015 | Rank | 2015–16 | Rank | 2015–16 | Rank | 2015–16 | Rank |
| *INDIA* | *67.9* | | *167* | | *37* | | *50* | | *35.7* | | *81.4* | |
| Andhra Pradesh | 68.5 | 12 | 92 | 4 | 37 | 12 | 41 | 11 | 31.9 | 11 | 92.2 | 5 |
| Assam | 63.9 | 20 | 300 | 20 | 47 | 20 | 56 | 17 | 29.8 | 9 | 74.3 | 17 |
| Bihar | 68.1 | 13 | 208 | 12 | 42 | 14 | 58 | 18 | 43.9 | 20 | 70 | 20 |
| Chhattisgarh | 64.8 | 17 | 229 | 16 | 41 | 15 | 64 | 19 | 37.7 | 16 | 78 | 16 |
| Gujarat | 68.7 | 10 | 112 | 5 | 33 | 10 | 43 | 12 | 39.3 | 17 | 87.3 | 9 |
| Haryana | 68.6 | 11 | 127 | 9 | 36 | 13 | 41 | 10 | 29.4 | 8 | 84.7 | 12 |
| Himachal Pradesh | 71.6 | 4 | 126 | 8 | 28 | 7 | 38 | 9 | 21.2 | 3 | 78.9 | 14 |
| Jammu & Kashmir | 72.6 | 2 | 126 | 7 | 26 | 6 | 38 | 8 | 16.6 | 2 | 87.6 | 8 |
| Jharkhand | 66.6 | 15 | 208 | 13 | 32 | 9 | 54 | 16 | 47.8 | 21 | 69.6 | 21 |
| Karnataka | 68.8 | 9 | 133 | 10 | 28 | 8 | 32 | 5 | 35.2 | 13 | 93.9 | 4 |
| Kerala | 74.9 | 1 | 61 | 1 | 12 | 1 | 7 | 1 | 16.1 | 1 | 100 | 1 |
| Madhya Pradesh | 64.2 | 18 | 221 | 14 | 50 | 19 | 65 | 20 | 42.8 | 19 | 78.1 | 15 |
| Maharashtra | 71.6 | 5 | 68 | 2 | 21 | 3 | 29 | 3 | 36 | 14 | 91.1 | 7 |
| Odisha | 65.8 | 16 | 222 | 15 | 46 | 18 | 49 | 14 | 34.4 | 12 | 86.6 | 10 |
| Punjab | 71.6 | 6 | 141 | 11 | 23 | 4 | 33 | 7 | 21.6 | 4 | 94.1 | 3 |
| Rajasthan | 67.7 | 14 | 244 | 17 | 43 | 16 | 51 | 15 | 36.7 | 15 | 86.6 | 11 |
| Tamil Nadu | 70.6 | 7 | 79 | 3 | 19 | 2 | 27 | 2 | 23.8 | 5 | 99.3 | 2 |
| Telungana | - | - | - | - | 34 | - | 32 | 6 | 28.5 | 7 | 91.4 | 6 |
| Uttarakhand | 71.7 | 3 | 285 | 18 | 34 | 11 | 47 | 13 | 26.6 | 6 | 71.2 | 18 |
| Uttar Pradesh | 64.1 | 19 | 285 | 19 | 46 | 17 | 78 | 21 | 39.5 | 18 | 70.4 | 19 |
| West Bengal | 70.2 | 8 | 113 | 6 | 26 | 5 | 32 | 4 | 31.5 | 10 | 81.7 | 13 |
| C.V (%) | 4.6 | | 45.4 | | 30.7 | | 36.4 | | 27.5 | | 11.4 | |
| GINI(%) | 2.5 | | 25.0 | | 17.1 | | 19.7 | | 15.3 | | 6.4 | |

Source: National Family Health Survey, India 2015-16; SRS Bulletin, December 2016; Open Govt Data plat form, India (data.gov.in); Abridged Life Tables (available in (www.censusindia.gov.in/Vital_Statistics/SRS_Life_Table/2.Analysis_2010-14.pdf). – means not

# State-wise Health Infrastructure Indicators

| States | SCs, PHCs, CHCs (2005) | | | | SCs, PHCs, CHCs (2016) | | | | Shortfall of | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Rank | Per 1 Lakh People | Rank | Numbers | Rank | Per 1 Lakh People | Rank | SCs | PHCs | CHCs |
| Andhra Pradesh | 14256 | 2 | 18.2 | 10 | 33718 | 1 | 38.1 | 1 | 0 | 122 | 106 |
| Assam | 5819 | 13 | 20.9 | 4 | 5786 | 13 | 17.4 | 9 | 1229 | 0 | 87 |
| Bihar | 12086 | 5 | 13.6 | 17 | 11682 | 6 | 10.3 | 19 | 8908 | 1297 | 626 |
| Chhattisgarh | 4451 | 15 | 20.1 | 6 | 6131 | 12 | 22.1 | 5 | 0 | 0 | 38 |
| Gujarat | 8616 | 10 | 16.1 | 13 | 10829 | 8 | 16.7 | 10 | 0 | 0 | 0 |
| Haryana | 2913 | 17 | 13.1 | 18 | 3160 | 18 | 11.6 | 16 | 725 | 76 | 27 |
| Himachal Pradesh | 2573 | 18 | 40.8 | 1 | 2668 | 19 | 37 | 2 | 0 | 0 | 0 |
| Jammu & Kashmir | 2283 | 19 | 21.1 | 2 | 3526 | 17 | 25.8 | 3 | 0 | 0 | 0 |
| Jharkhand | 5070 | 14 | 17.7 | 11 | 4468 | 15 | 12.5 | 14 | 2107 | 639 | 53 |
| Karnataka | 10078 | 9 | 18.3 | 9 | 11891 | 5 | 18.4 | 8 | 0 | 0 | 120 |
| Kerala | 6111 | 12 | 18.9 | 8 | 5623 | 14 | 16.5 | 11 | 0 | 0 | 0 |
| Madhya Pradesh | 10295 | 7 | 16.1 | 12 | 10697 | 9 | 13.7 | 13 | 3223 | 818 | 163 |
| Maharashtra | 12615 | 3 | 12.5 | 19 | 12751 | 4 | 10.7 | 18 | 2932 | 390 | 190 |
| Odisha | 7440 | 11 | 19.4 | 7 | 8370 | 11 | 18.9 | 7 | 1505 | 10 | 0 |
| Punjab | 3458 | 16 | 9 | 20 | 3528 | 16 | 8 | 20 | 517 | 151 | 0 |
| Rajasthan | 12551 | 4 | 21 | 3 | 17059 | 3 | 23 | 4 | 0 | 0 | 0 |
| Tamil Nadu | 10097 | 8 | 15.5 | 14 | 10465 | 10 | 13.7 | 12 | 0 | 0 | 0 |
| Uttarakhand | 1845 | 20 | 20.7 | 5 | 2164 | 20 | 19.9 | 6 | 0 | 0 | 0 |
| Uttar Pradesh | 24567 | 1 | 14 | 15 | 24791 | 2 | 11.5 | 17 | 0 | 1697 | 525 |
| West Bengal | 11624 | 6 | 13.9 | 16 | 11627 | 7 | 12.1 | 15 | 2714 | 1244 | 189 |
| C.V(%) | 65.1 | | 35.1 | | 78.4 | | 45.8 | | | | |
| GINI(%) | 33.8 | | 15.8 | | 38.4 | | 23.3 | | | | |

Source:Rural Health Statistics - 2016 (Available in Open Govt Data Platform).

# National Health Targets and TN's Achievements

| Goals | MMR | Under 5 Mortality | IMR | Life Expectancy | Health As % GDP |
|---|---|---|---|---|---|
| SDGs Target (for 2030) | <70 | 25 | 12 | - | 2.50% |
| NHP -2017 Target* | 100 (in 2020) | 23 (in 2025) | 28 | (70 in 2025) | 2.50% |
| Achievements | 79 (2012/3) | 27 (2015/6) | 19 (2015) | 70.6 (2013) | 0.72 |

# Economic Growth: TN Vs. INDIA
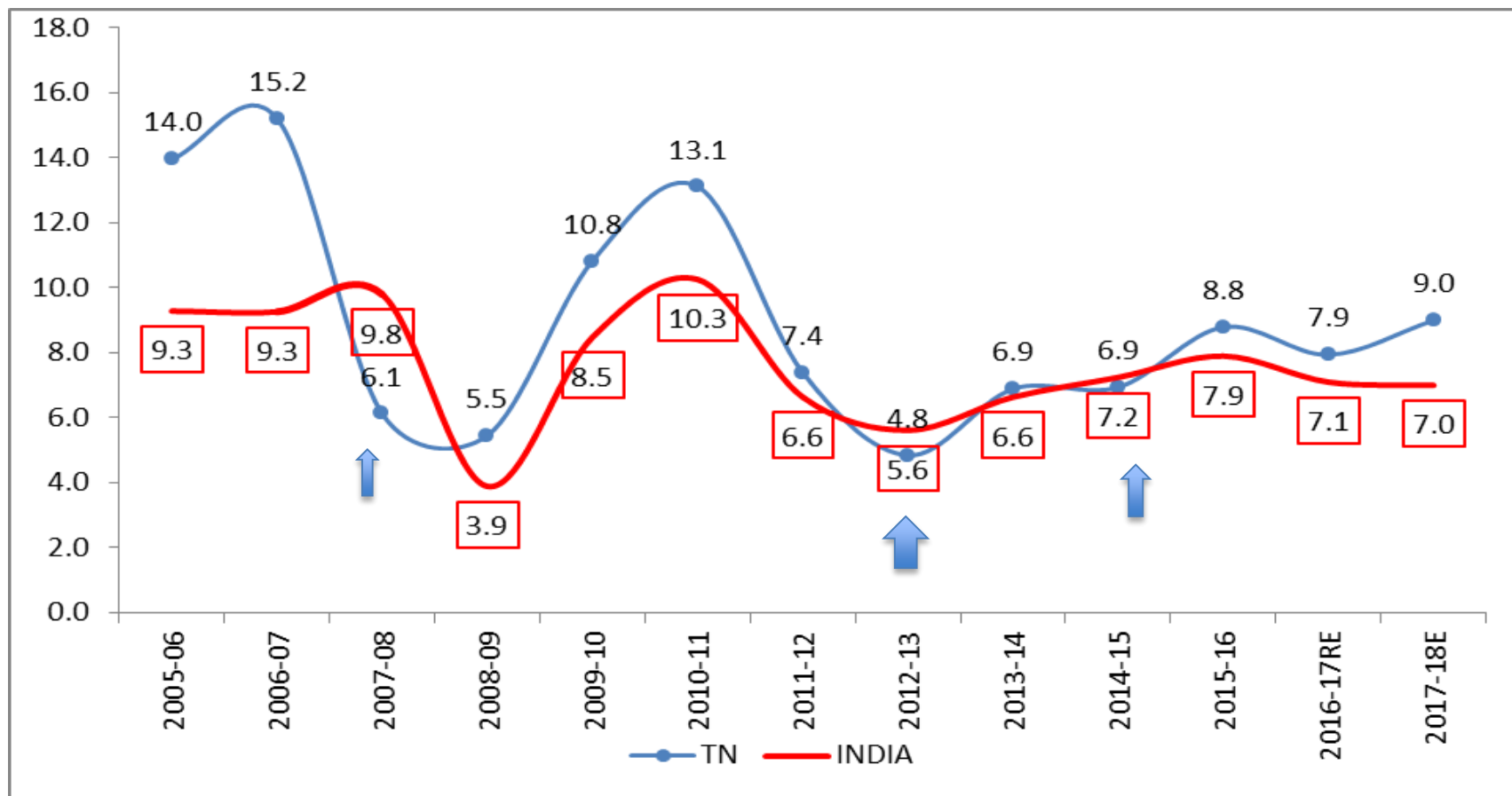


Less than India

Average Growth:

|       | 2005-12 | 2012-17 |
|-------|---------|---------|
| TN    | 10.3%   | 7.1%    |
| INDIA | 8.2%    | 6.9%    |

# Commitment to Fiscal Consolidation
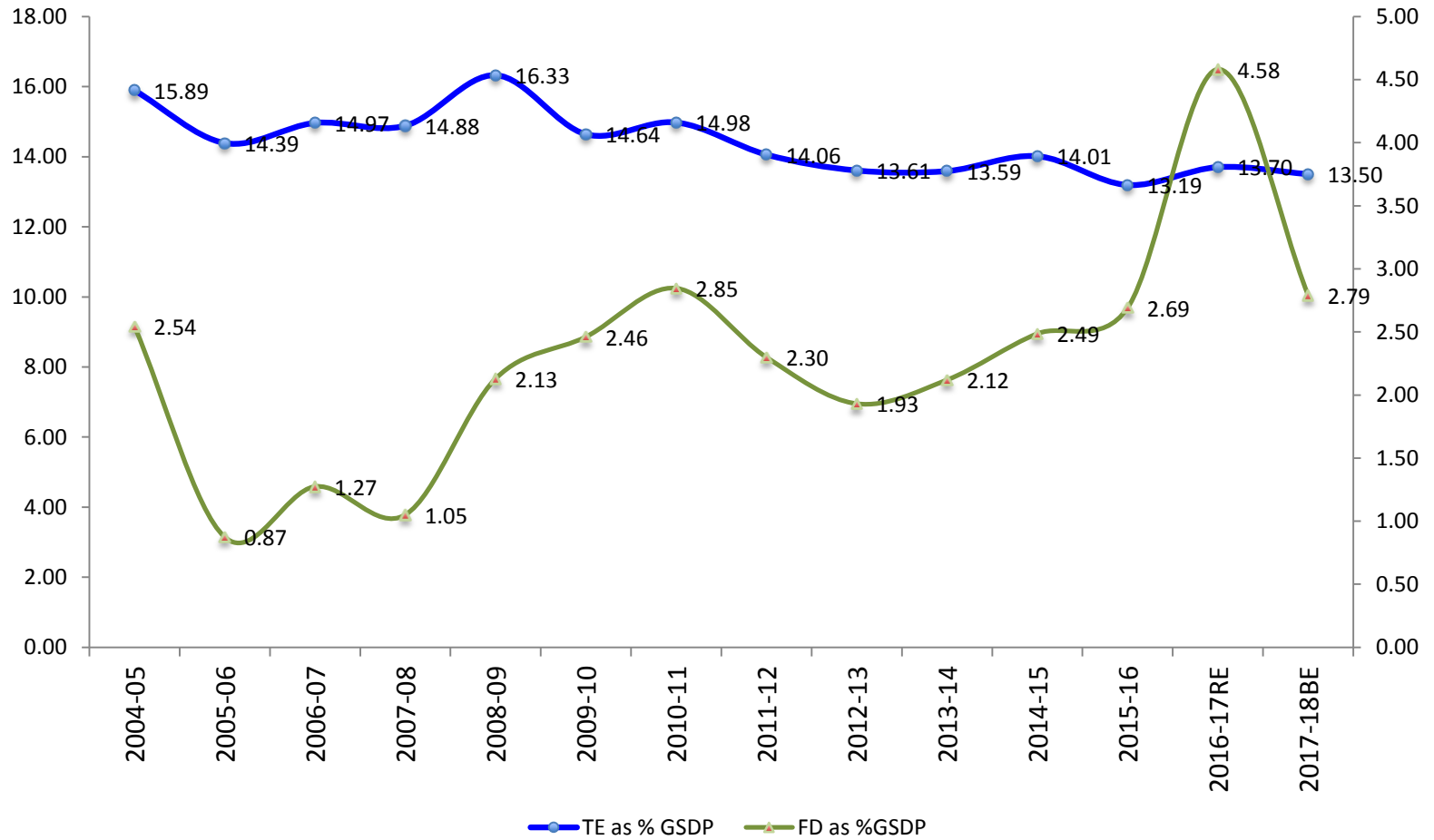
# Deficit Indicators

| Year | GSDP | Revenue Deficit | % of GSDP | Fiscal Deficit | % of GSDP |
|---|---|---|---|---|---|
| 2004-05 | 219003 | 703 | 0.32 | 5570 | 2.54 |
| 2005-06 | 257833 | -1951 | -0.76 | 2251 | 0.87 |
| 2006-07 | 310526 | -2648 | -0.85 | 3956 | 1.27 |
| 2007-08 | 350819 | -4545 | -1.30 | 3686 | 1.05 |
| 2008-09 | 401336 | -1452 | -0.36 | 8548 | 2.13 |
| 2009-10 | 479733 | 3531 | 0.74 | 11807 | 2.46 |
| 2010-11 | 584896 | 2729 | 0.47 | 16647 | 2.85 |
| 2011-12 | 751485 | -1364 | -0.18 | 17274 | 2.30 |
| 2012-13 | 855481 | -1760 | -0.21 | 16519 | 1.93 |
| 2013-14 | 971090 | -244 | -0.03 | 20583 | 2.12 |
| 2014-15 | 1092564 | -289 | -0.03 | 27163 | 2.49 |
| 2015-16 | 1212668 | 11985 | 0.99 | 32628 | 2.69 |
| 2016-17RE | 1338766 | 15459 | 1.15 | 61341 | 4.58 |
| 2017-18BE | 1503970 | 15930 | 1.06 | 41977 | 2.79 |

Minus means a surplus

# Quality of Government Spending
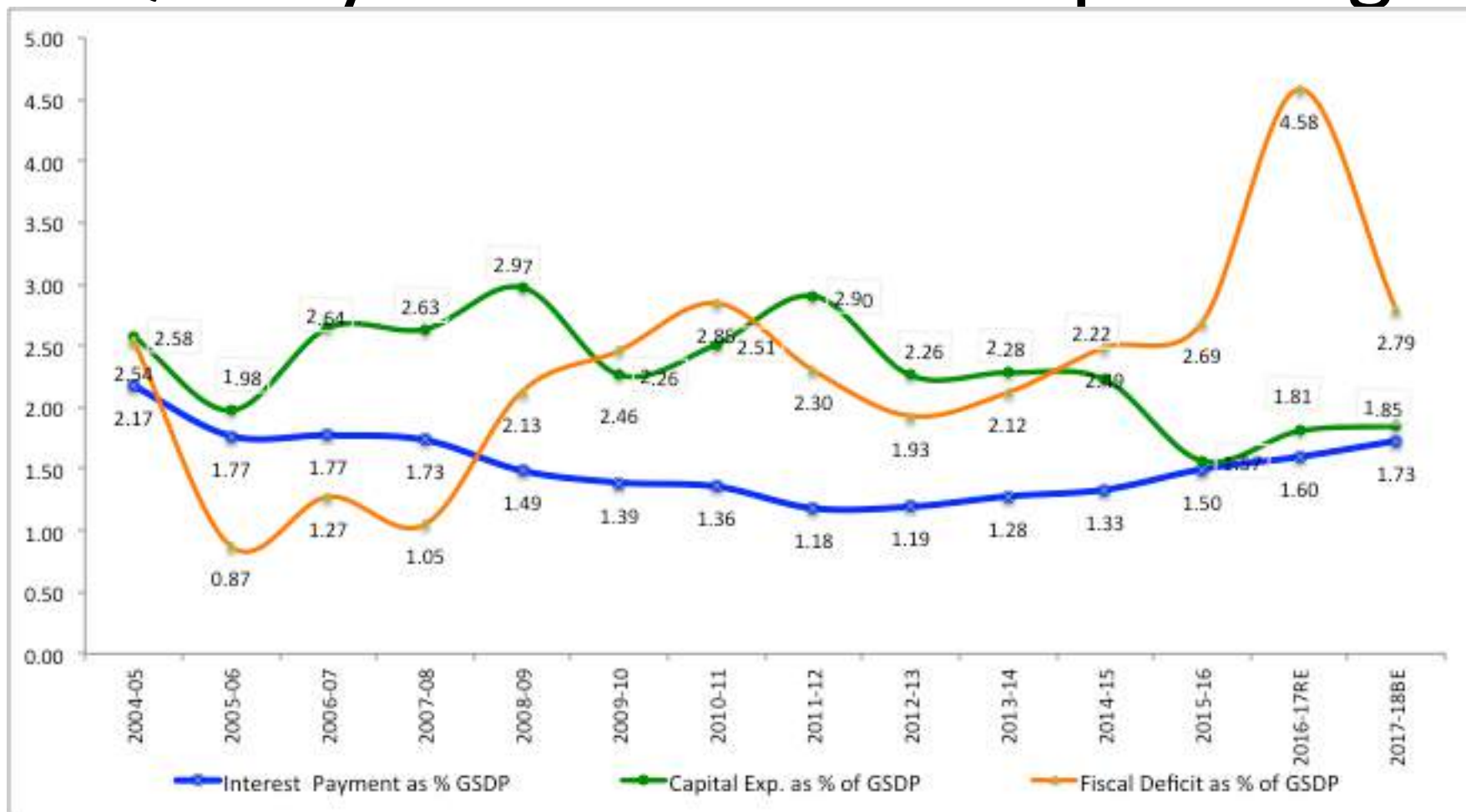
**About the author**

**Prof. K.R. Shanmugam** is the Director and Professor at Madras School of Economics (MSE). He holds a Doctoral degree in Econometrics from the University of Madras. His areas of specialisation are: Public Finance, Macro-modelling, Applied Econometrics, Human development and Environment. He has been teaching various courses for Master's students at MSE since 1995. He has done more than 25 projects sponsored by DFID, UNDP, Ministry of Finance, Union Planning Commission, Reserve Bank of India, and Australian Centre for International Agricultural Research. He has edited four books jointly with others and published about 50 research articles in various refereed journals.

He has presented many research papers in national and international conferences, and organised various workshops, conferences and seminars and training programmes. He has been a resource person for many workshops and training programs organised by SANDEE, Reserve Bank Staff College, and other institutions. His professional activities include: (i) Life Member of the Indian Econometric Society (TIES) and Knowledge Forum (ii) Treasurer, TIES during 2001-2006, (iii) He served as Member of Board of Studies for a) Humanities and Social Sciences, Anna University (2006), (b) PSG college of Arts and Science, and (c) Social Sciences, Goa University (2008), (iii) Currently Member of Board of Studies, Social Sciences, VIT, and Member of Board of Studies in Economics (PG), University of Madras, (iv) Member, Committee on Fixation of Fee in Self Financing Professional Colleges, Government of Tamil Nadu (2011-12), (v) Member, Working Group on Macroeconomic Issues and Financial Resources, State Planning Commission, Tamil Nadu (2011-12)., (vi) Non Official Member, Central Direct Taxes Advisory Committee, Ministry of Finance, Government of India.

# Abstract of a presentation on
# Child Health Status and Access to care in Tamil Nadu[1]

## V.R. Muraleedharan

### Overall objective:

To present the various dimensions of health status of children and their access to private and public healthcare services, across districts of Tamil Nadu.

### Data Sources and Analysis:

Data from two large national surveys, namely the National Family Health Survey (NFHS) (Rounds 1 to 4) and National Sample Surveys (NSS) (Rounds 2004-5, and 2014) will be used for analysing the trends in (a) nutritional status of children under 5, over the period 1992-93 to 2015-16; (b) inequality in nutritional status and access to immunisation services across districts of Tamil Nadu in relation to their overall socio-economic status (measured in terms of district human development index, HDR TN: 2017); (d) dependence on private and public facilities for accessing immunisation services; (e) causes of hospitalisation and the extent to which they depend on private and public facilities, particularly those who belong to bottom two quintiles, covering the past 10 years (2004-05 to 2014); and (f) out of pocket expenditure for Out Patient and In Patient services for children of age groups 0-14.

### Key findings and Questions for discussion:

All India analysis of NFHS 3 (2005-06) shows a clear negative association between average State level incomes and degree of inequality in chronic childhood malnutrition (Kanjilal, et al 2010). Unit household level study also shows a clear intra-State inequality in child-health status, which implies that the children of the poorer sections of society account for a higher proportion of the total number of children suffering from "chronic childhood malnutrition" (stunting) across all States of India but particularly in the urban regions. Our results from district level analysis shows no such direct and definitive association but there are clear signs of high degree of variations (inequity) in both health status and access to health services across districts. More interestingly, districts such as Virudhunagar and Tirunelveli, though ranked high in terms of HDI have a higher proportion of under-5 stunting than the state average (see Figure 1). These districts also have a lower coverage of immunisation than the State average (NFHS-4, 2015-16]. Overall at the State level, full immunisation coverage has fallen from 88.9% in 1998-99 to 69.9% in 2015-16 (NFHS, refer Figure 2). Unit level data (of NFHS4 which is not yet accessible) will help in throwing light on the degree of inequity in access to immunisation coverage and also health status (measured by stunting or under-weight) among children from various socio-economic status. But, NSS 60th and 71st Rounds clearly show that while children of bottom two quintiles have a higher share of inpatient services for select causes in public facilities, their overall share has fallen from 53% (in 2004-05) to 48% (2014) [NSS data]. The dependence

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of bottom two quintiles on private providers for inpatient services has increased over the years, indicating a large financial burden on the poorest sections of society. We need a more detailed analysis of out of pocket expenditures for healthcare for children across districts and over time.

Three key questions need to be addressed:

- While the child health status in TN has improved as a proportion of under-weight and stunted children, the proportion children suffering from wasting has remained higher than the national average, over the years,
- Why do districts ranked higher in HDI have lower immunisation coverage?, and
- How can we enhance access to public healthcare facilities for children from bottom most quintiles and thereby reduce the financial risks on their families?

We need to build our capacity to

- Collect reliable and accurate information on the nutritional status of children,
- Carry out robust assessment of specific interventions, and
- Design and implement more effective and efficient strategies to enhance access to child care services.

Figures 1-2, on page 3.

Figure 1



Under 5- Stunted (Height for age%): Districts arranged in desending order according to HDI ranking
-- from highest ranked (Kanyakumari district) to Lowest ranked (Ariyalur district)

Figure 2



Child Immunisation: Tamil Nadu: 1992-93 to

# Child Health Status and Access to care and cost of care in Tamil Nadu

V R Muraleedharan

Department of Humanities and Social Sciences, IIT Madras

Presented at the Round Table on Child Health and Public Policy, organised by the Hindu Centre for Politics and Public Policy and UNICEF, on 2nd Sept. 2017

# **Overarching objectives**

- To present the various dimensions of health status of children, their access to private and public healthcare services, costs of care, Tamil Nadu; and

- To highlight a few questions for further research to design better policy interventions and programme effectiveness;

# Child Health Status: Nutritional Status: TN – NFHS Rounds

**Nutritional status of children (1998-99 to 2015-16)**



Legend: ■ 1998-99  ■ 2005-06  ■ 2015-16 (TN)  ■ 2015-16 (India)
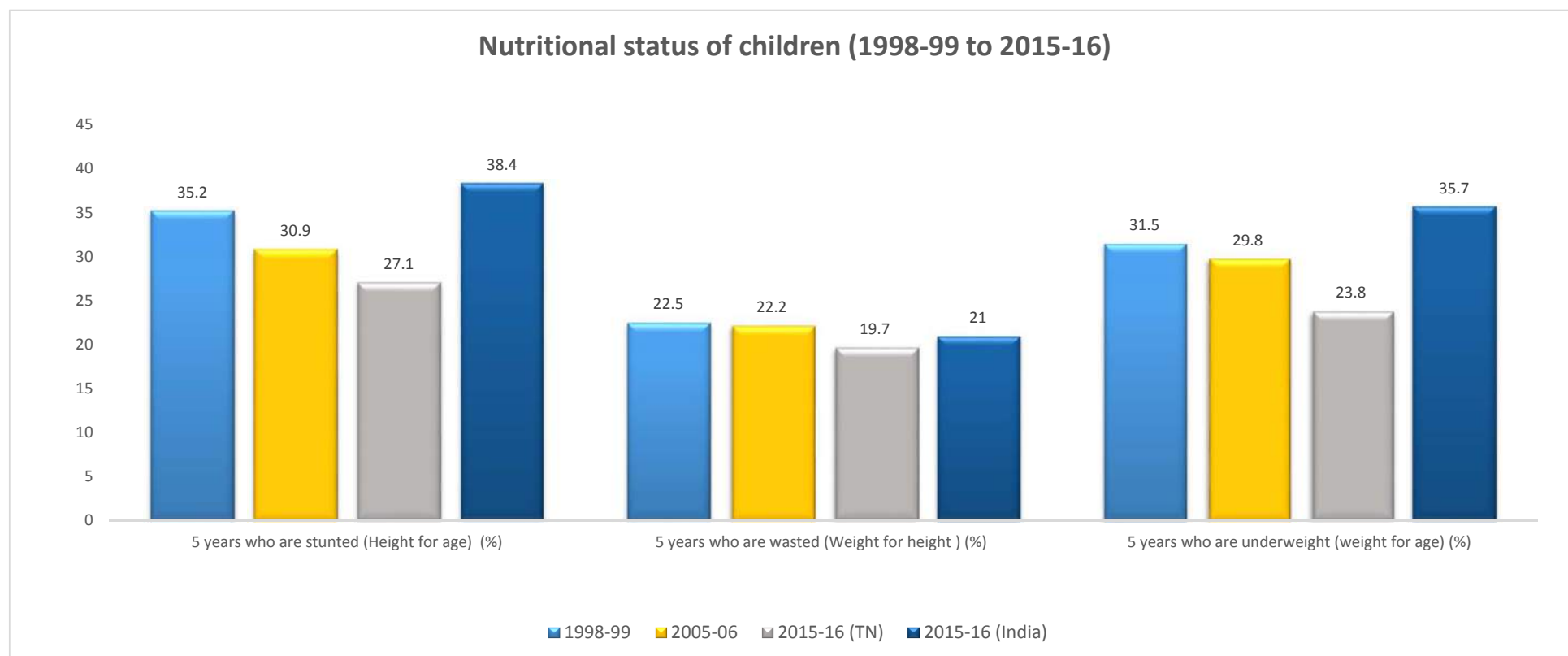
*Source : Various rounds of NFHS*

# Stunting (Chronic Malnutrition) : HDI ranking vs Stunting)

**Under 5- Stunted (Height for age) Districts arranged in desending order according to HDI ranking from highest (Kanyakumari)to lowest (Ariyalur)**
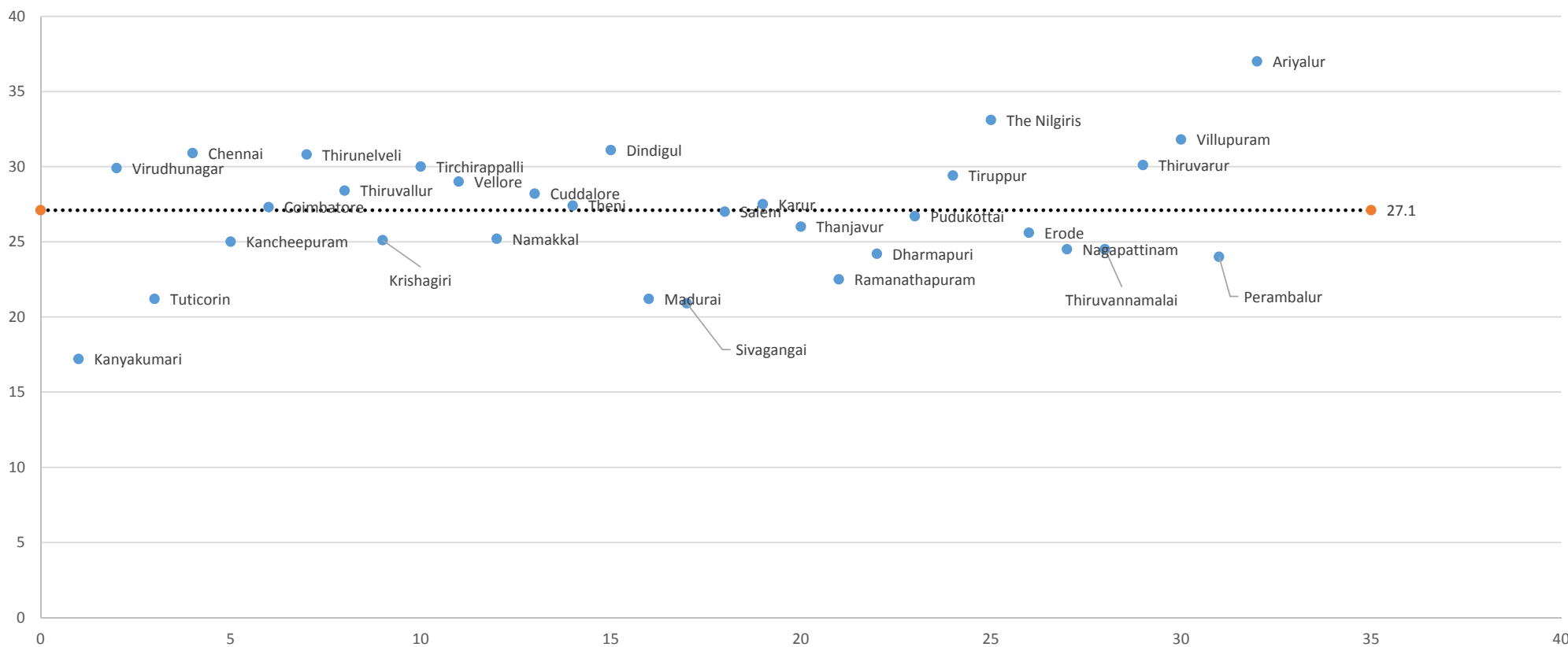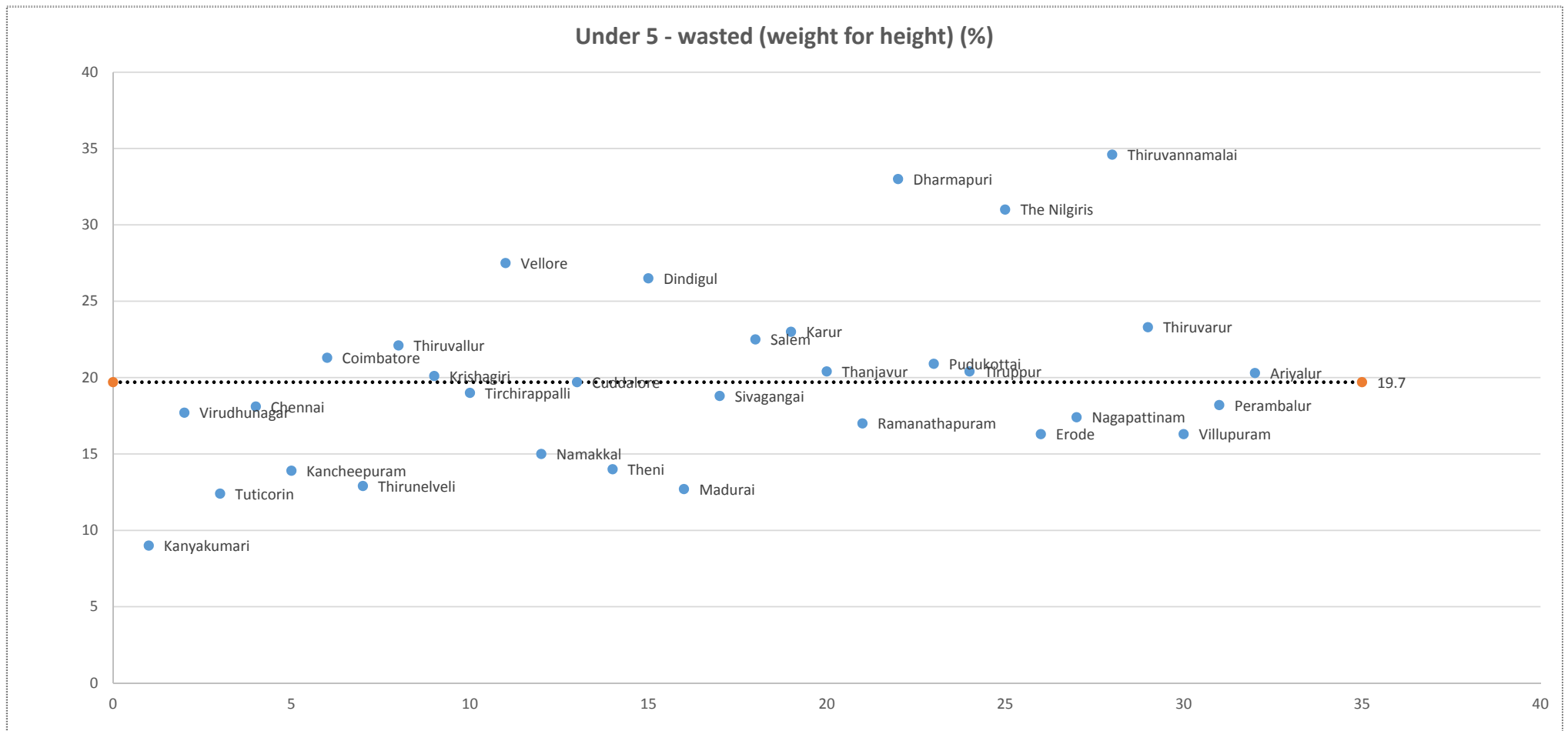


*Source : NFHS-4, Fact sheets*

# Underweight: across districts (HDI ranking vs Underweight)

**5 years who are underweight (weight for age) (%)**
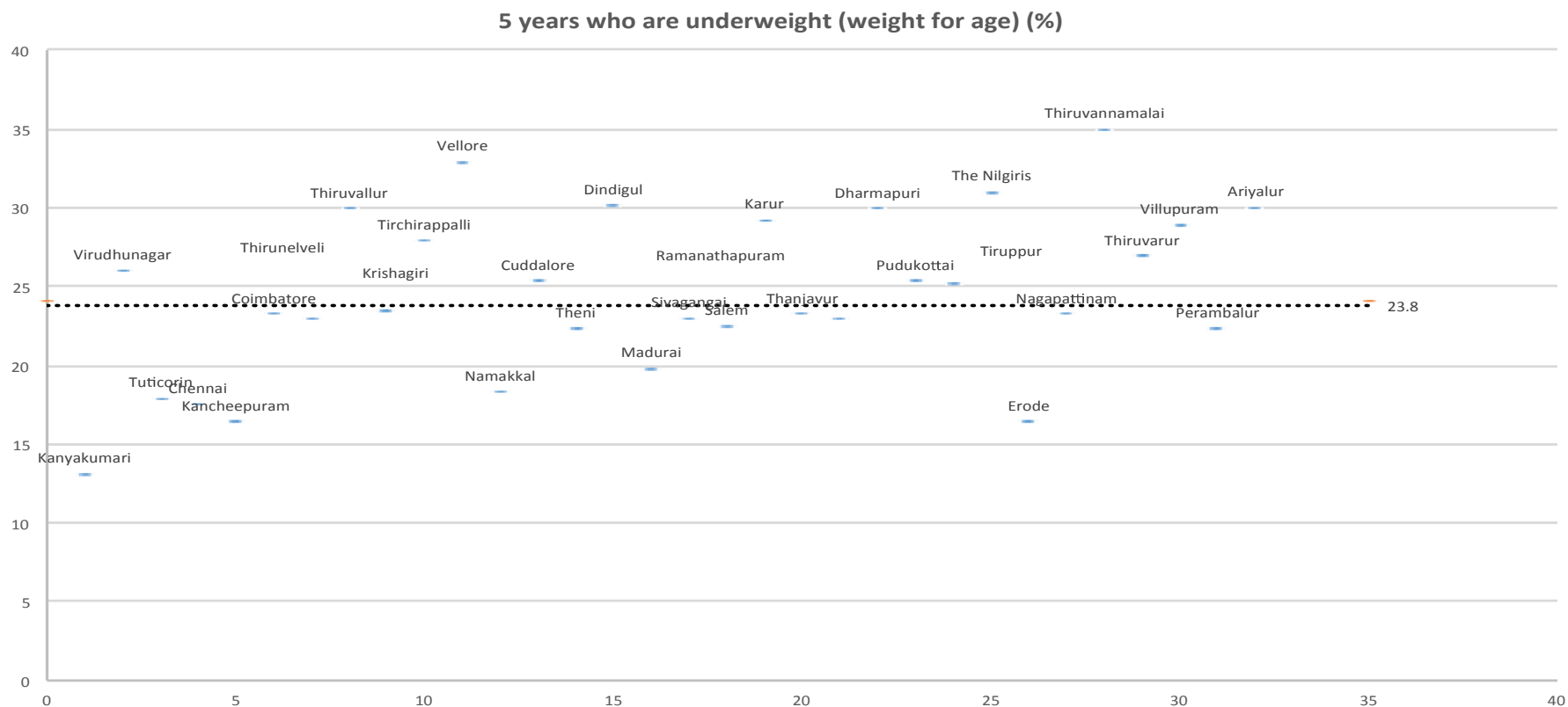


*Source : NFHS-4, Fact sheets*

# Wasting: (HDI ranking vs wasting)



Under 5 - wasted (weight for height) (%)

Source : NFHS-4, Fact sheets

- **Overall observation: HDI ranking does not reflect well the status of child health; what factors, other than income, education and overall health indices determine child health status? Need better understanding.**

- **Subramanianm et al (2011): Is economic growth associated with reduction in child under-nutrition in India? – "NO consistent association".  (PloS, vol 8**

# Immunization coverage: Overall – over 1992-93 to 2015-16

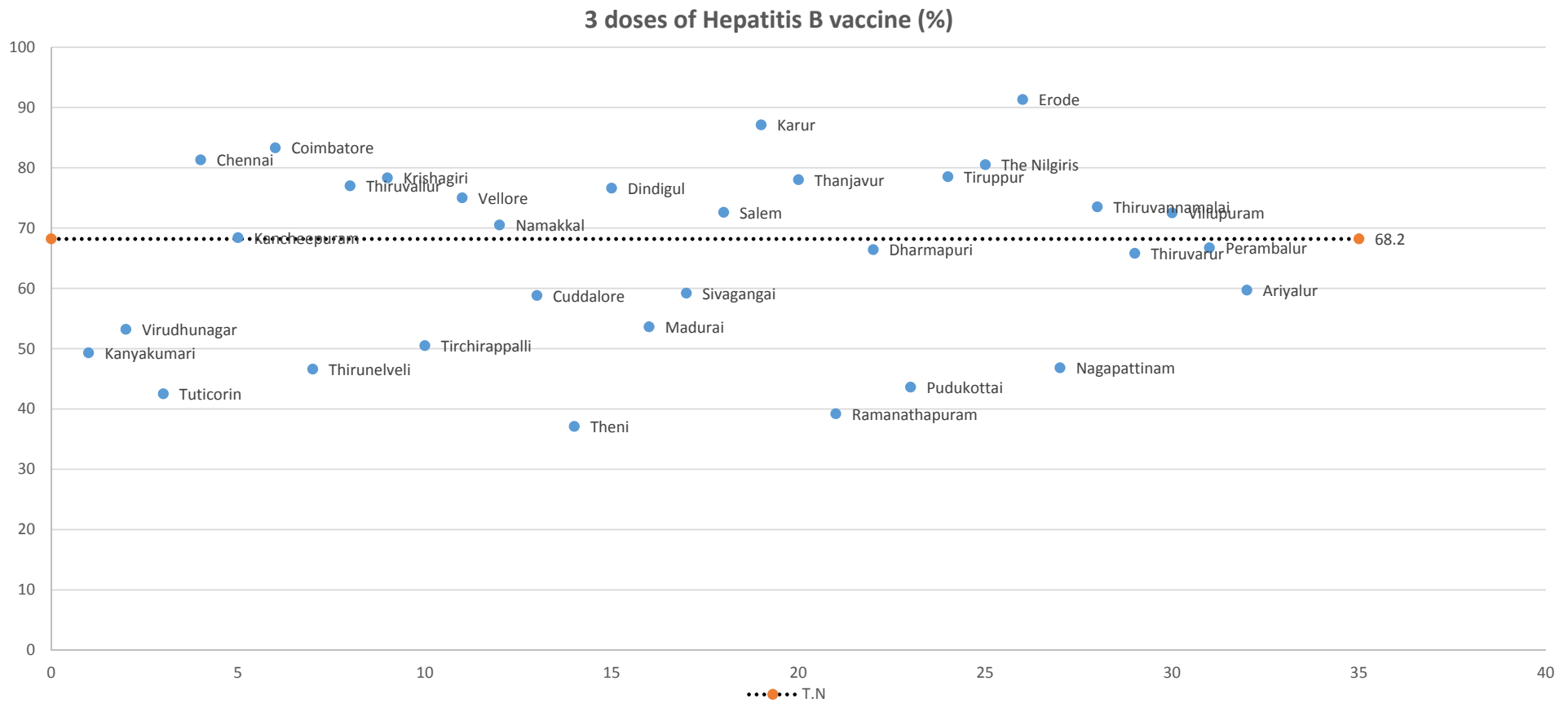**Child Immunisation: Tamil Nadu: 1992-93 to**



Legend: 1992-93 | 1998-99 | 2005-06 | 2015-16

Categories: Full Immunisation | who have received BCG (%) | who have received 3 doses of polio vaccine (%) | who have received 3 doses of DPT vaccine (%) | who have received measles vaccine (%)

Full Immunisation: 65.1, 88.8, 80.9, 69.7
who have received BCG (%): 91.7, 98.6, 99.5, 94.9
who have received 3 doses of polio vaccine (%): 86, 98, 87.8, 82.3
who have received 3 doses of DPT vaccine (%): 86.5, 96.7, 95.7, 84.5
who have received measles vaccine (%): 71.5, 90.2, 92.5, 85.1

*Source : Various rounds of NFHS*

# District-wise Immunization coverage: HDI vs Coverage

**Children fully Immunised (BCG, measles and 3 doses each of polio &DPT) (12-23 months)**
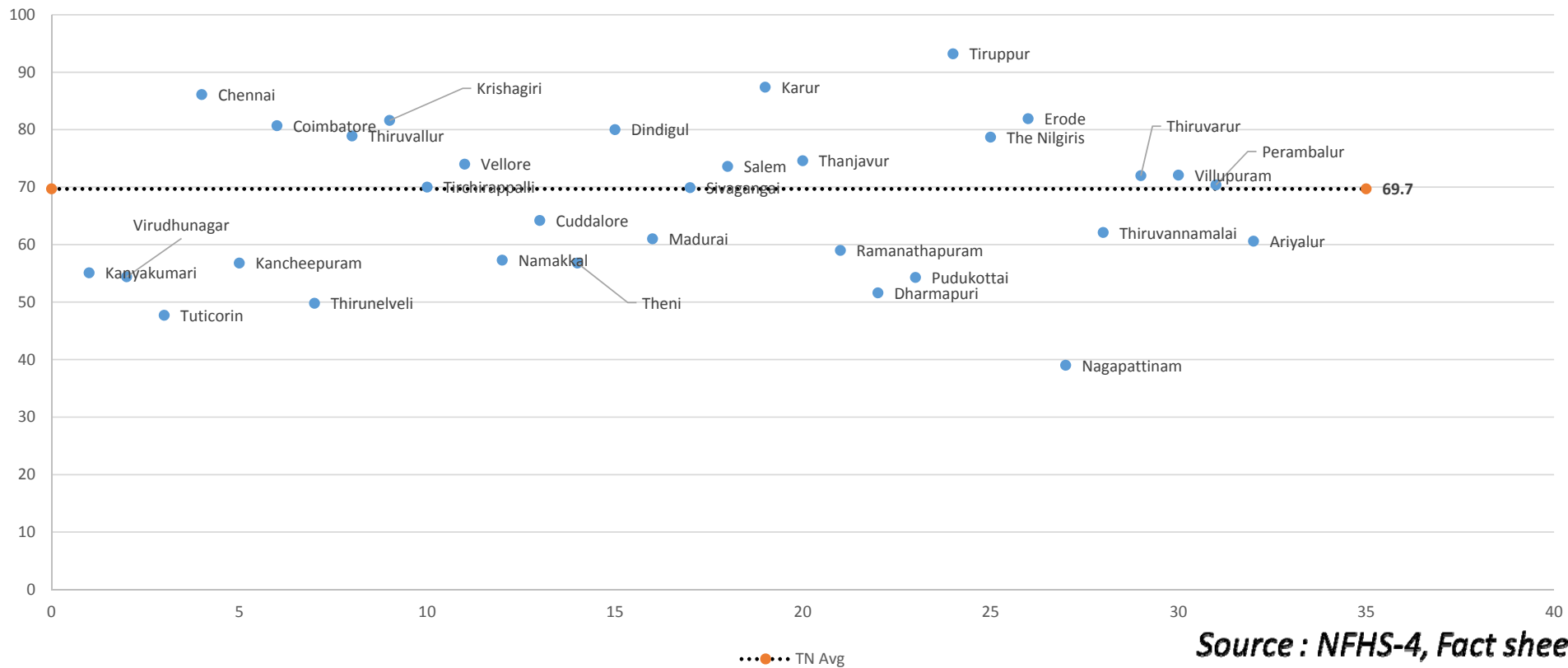

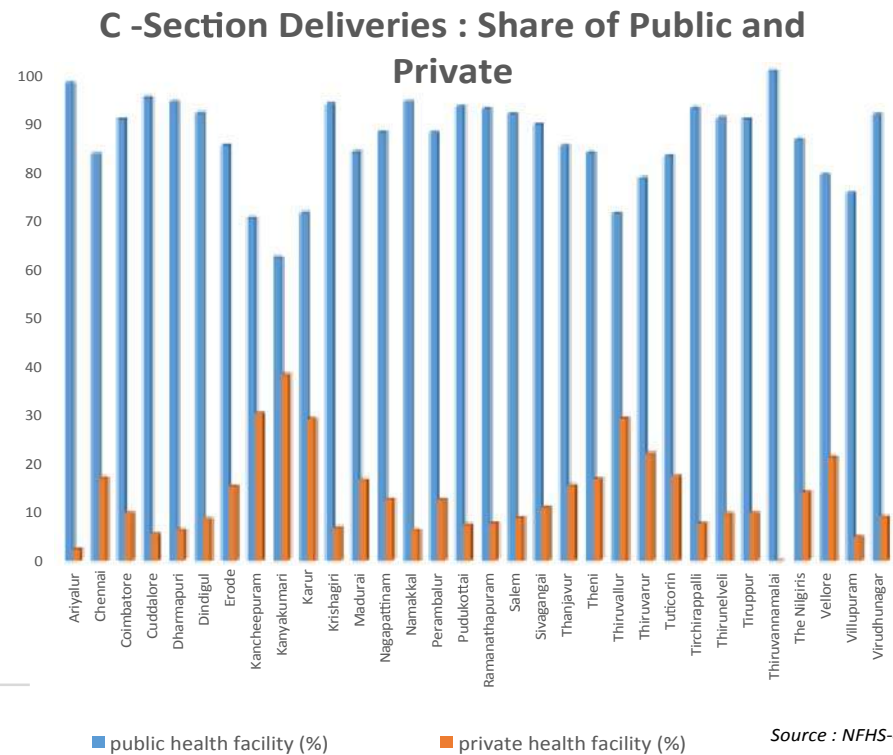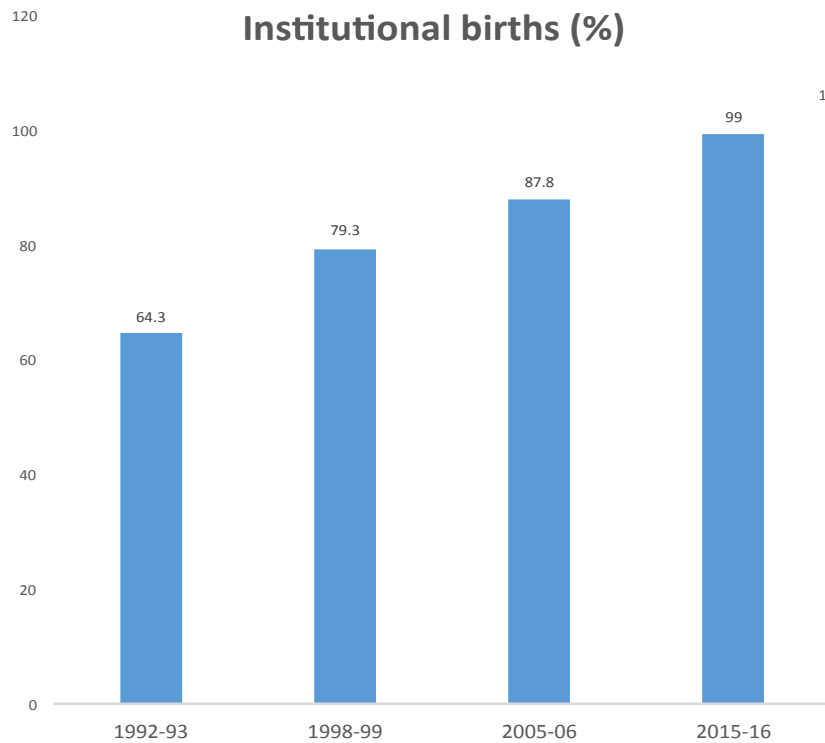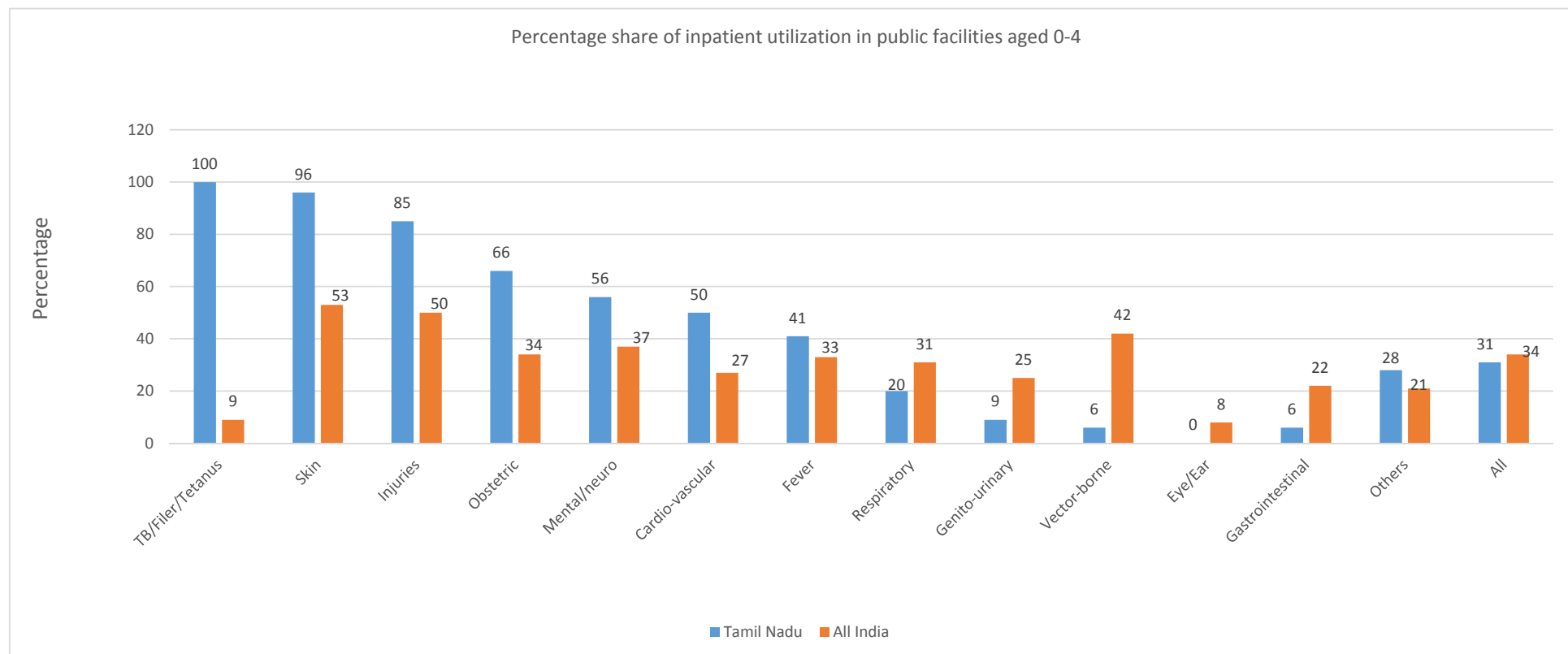
*Source : NFHS-4, Fact sheets*

# District-wise coverage of Hepatitis B: HDI vs Coverage



**3 doses of Hepatitis B vaccine (%)**

Source : NFHS-4, Fact sheets

# Access to care: Public vs Private

## Institutional births (%)



Source : Various rounds of NFHS

## C -Section Deliveries : Share of Public and Private



■ public health facility (%)      ■ private health facility (%)

Source : NFHS-4

# Percentage share of Inpatient utilisation in public facilities aged (0-4)

Percentage share of inpatient utilization in public facilities aged 0-4

# Share of age group 5-14: Inpatient utilization in public facilities



Percentage share of inpatient utilization in public facilities aged 5-14
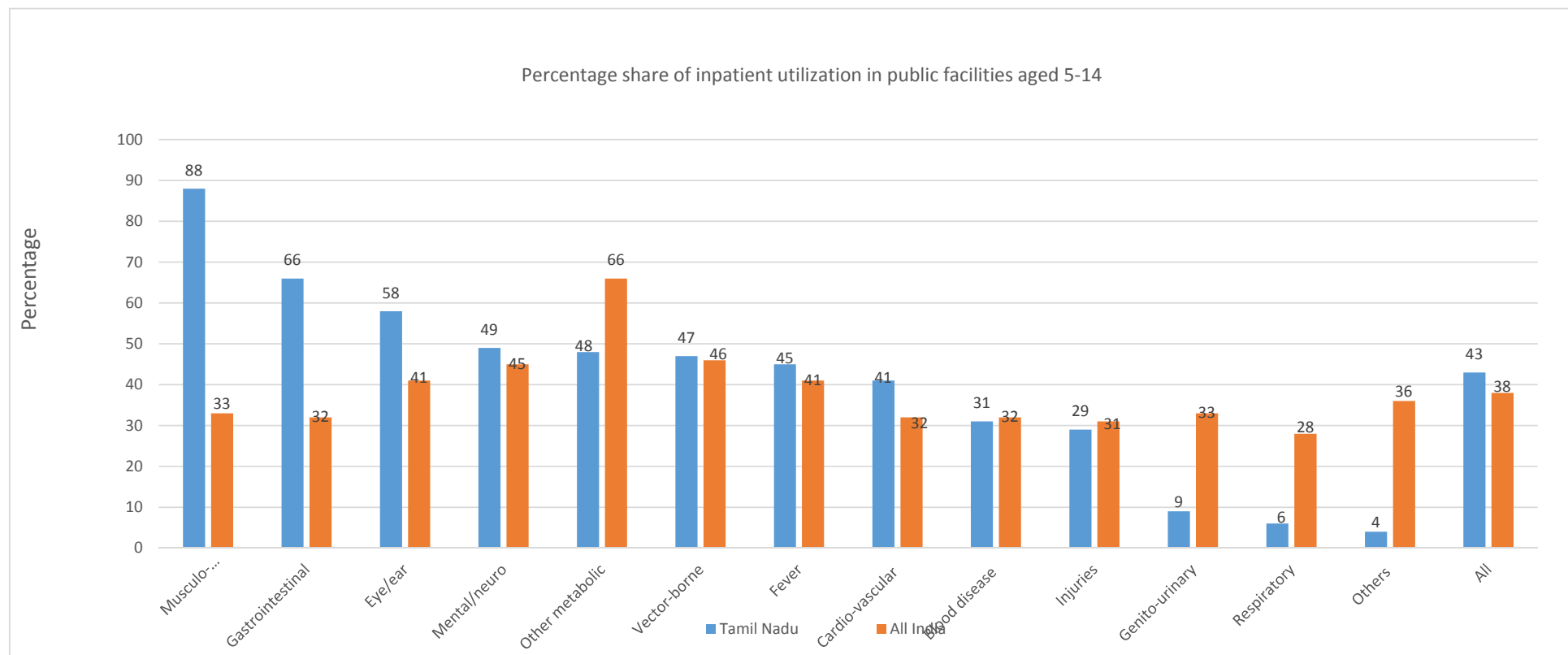
*Source : NSSO, 2014*

# Inpatient utilization, public facilities, various causes, share of bottom two quintiles:



Quintile wise distribution of inpatient utilization in public facilities (age 0-14)
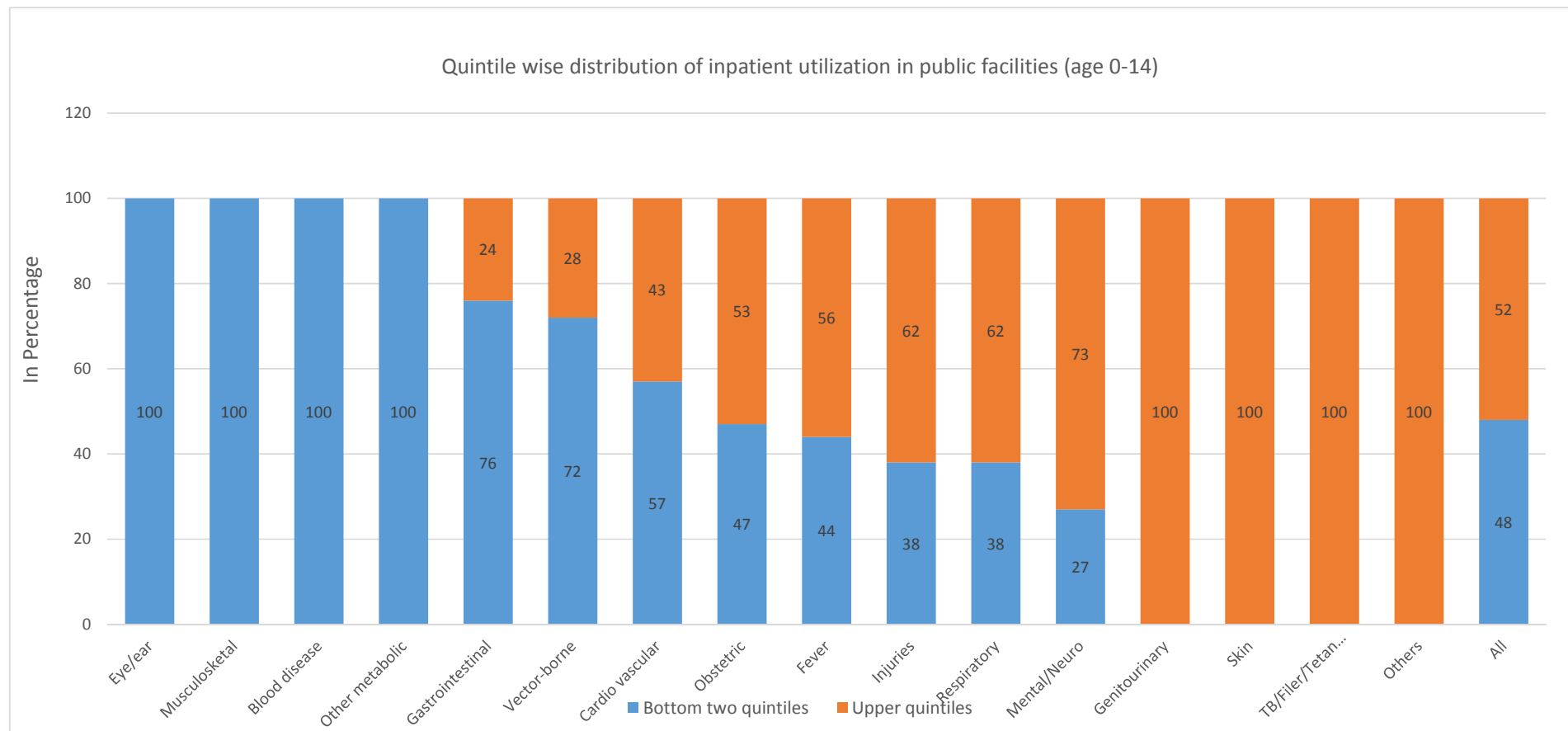
*Source : NSSO, 2014*

# Inpatient utilization, private facilities, various causes, share of bottom two quintiles:

Quintile wise distribution of inpatient utilization in private facilities (age 0-14)
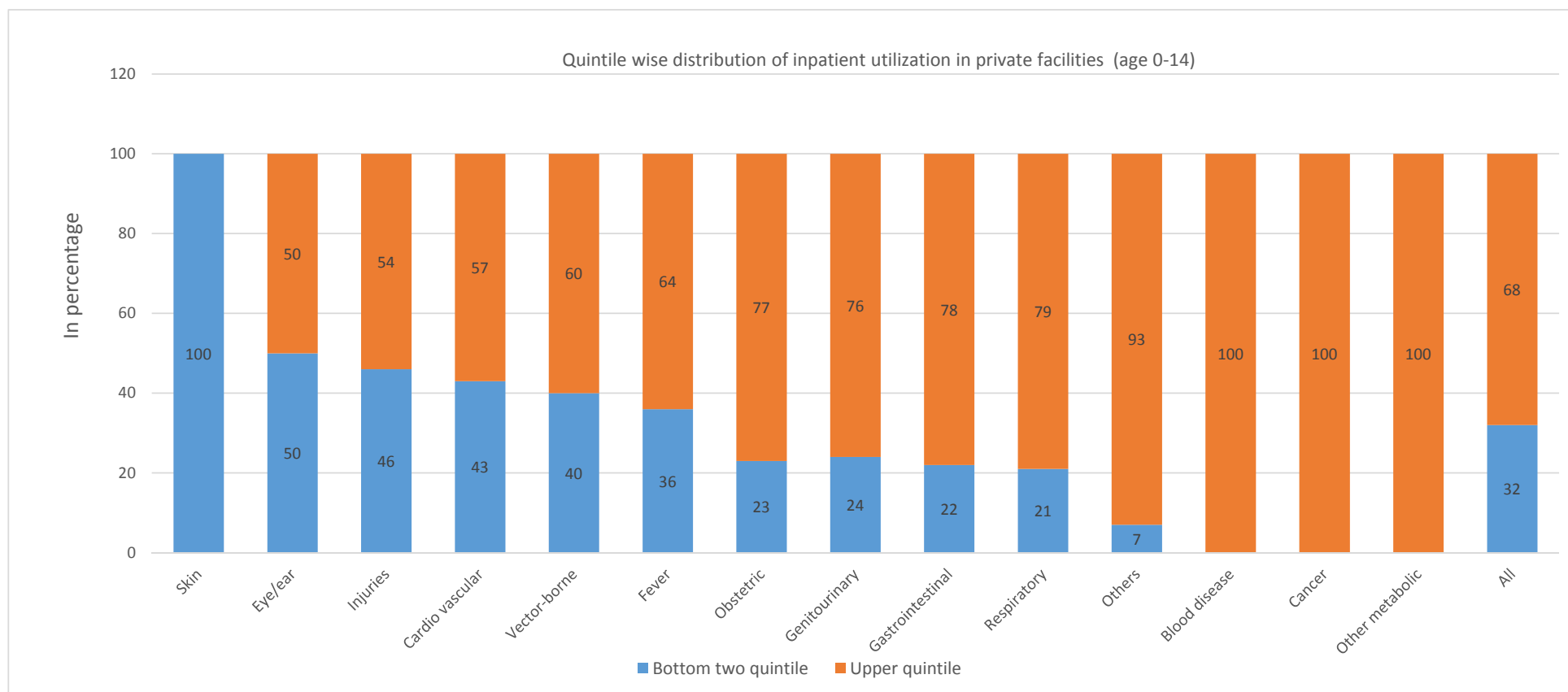


*Source : NSSO, 2014*

# Out of Pocket Expenditure (5-14 age groups) out-patient services, Public vs Private facilities, TN vs All India



Components for average cost of treatment for outpatient aged 5-14
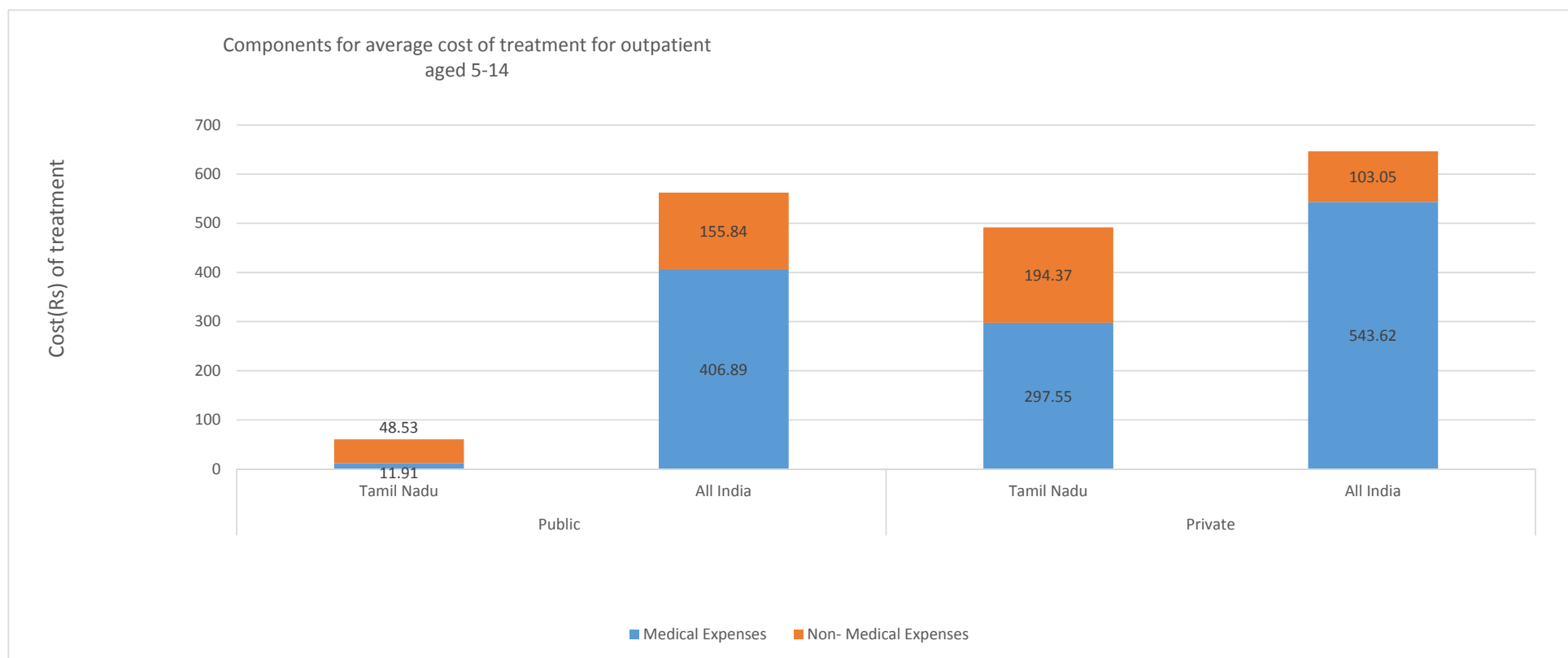
*Source : NSSO, 2014*

# Out of Pocket Expenditure (5-14 age groups) In-patient services, Public vs Private facilities, TN vs All India



Components for average cost of treatment for inpatient aged 5-14
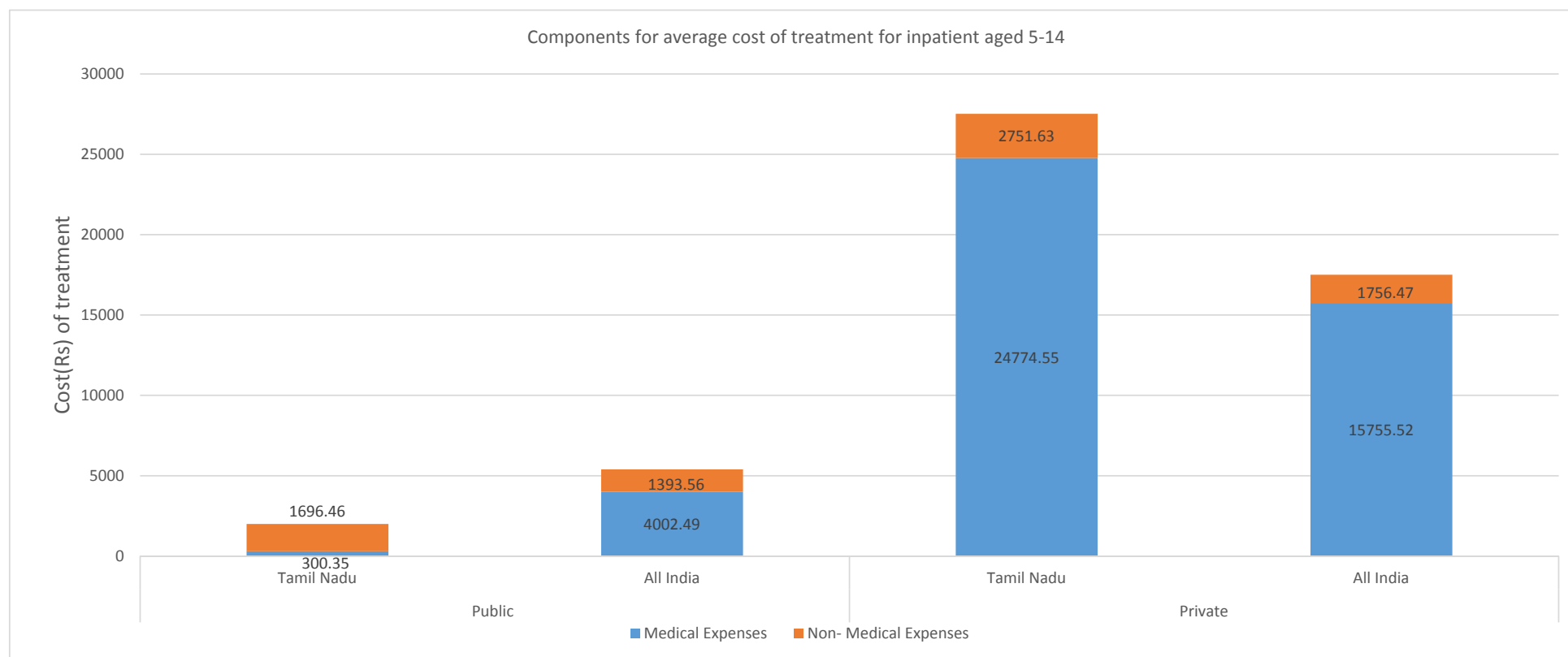
*Source : NSSO, 2014*

*Three key questions need to be addressed:*

- while the child health status in TN has improved in terms of fall in proportion of under-weight, and stunting, the proportion children suffering from wasting has remained higher than national average, over the years,

- why do districts ranked higher in HDI have lower immunization coverage?, and

- how can we enhance access to public healthcare facilities for children from bottom most quintiles, and thereby reduce the financial risks on their families?

*There are many more questions...*

# ACKNOWLEDGEMENT

I most sincerely acknowledge the contributions of Sumirtha Gandhi and Veen Pani for their help in this presentation. They are co-authors of this presentation. They are PhD ressearch scholars of HSS Dept of IIT Madras.

## About the author

**Professor V.R. Muraleedharan** has been teaching in the Department of Humanities and Social Sciences, IIT-Madras since 1988. He obtained his Master's degree in Economics (from BITS, Pilani) and doctoral degree from IIT Madras. His primary areas of research include healthcare economics and history of healthcare in south India. He is currently engaged in a comparative research project on health economics and financing, as part of a Consortium of 10 institutions (from India, Kenya, Tanzania, Thailand and South Africa; http://resyst.lshtm.ac.uk). His most recent contribution to the book "Good Health at Low Cost: what makes an effective health system?" (2012), analyses developments in the healthcare delivery system of Tamil Nadu over the past 30 years.

He has worked closely with the Government of Tamil Nadu and the Government of India. He has served as a member of the Mission Steering Group of the National Rural Health Mission. At present, he is engaged with National Health Mission–TN, in piloting UHC in three districts of Tamil Nadu.

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# Employability of School Pass-outs

## Saptarshi Bhattacharya and V.S. Sambandan

**Abstract:** *Employability is a serious current concern. This brief note looks at the definition of employability, argues the case for public investment in education, traces the changed teaching methodology, indicates the gaps, and flags some concerns that could be taken for further discussion.*

T here is concern, both in India and abroad, over the 'employability' of youth who have gained a certain level of education This note aims to raise questions on two issues: what is employability, and what are the mismatches in the outcome of school pass-outs (and graduates), and the requirements of the labour market.

An economist's view of unemployment would be to treat it as the disequilibrium in the labour market created by the gap between what the market demands and what the education system provides in terms of graduating students. Hillage and Pollard (1998), points out that:

> "While there is no singular definition of employability, a review of the literature suggests that employability is about work and the ability to be employed; i.e.
> • the ability to gain initial employment; hence the interest in ensuring that 'key skills', career advice and an understanding about the world of work are embedded in the education system;
> • the ability to maintain employment and make 'transitions' between jobs and roles within the same organisation to meet new job requirements; and
> • the ability to obtain new employment if required, i.e. to be independent in the labour market by being willing and able to manage their own employment transitions between and within organisations.
> In simple terms, employability is about being capable of getting and keeping fulfilling work."[1]

This view of employability makes an important point: that ensuring "key skills" and "understanding about the world of work are embedded in the education system". This, however, is as old as Adam Smith's formulation of the role of a state in providing education. That the quality of human resource forms the very backbone of a country's economic well-being is no secret. An early advocate of the importance of schooling was Adam Smith, who, in his book, *An Inquiry into the Nature and Causes of the Wealth of Nations*, published in 1776, had sufficiently argued the case for public intervention in providing education to create a workforce that would benefit trade and industry.

Smith would go the additional step to establish a link between what is taught in schools and their role in the marketplace:

> "There is scarce common trade which does not afford some opportunities of applying to it the principles of geometry and mechanics, and which would not therefore gradually exercise and improve the common people in those principles, the necessary introduction to the most sublime as well as to the most useful sciences." [p991.][2]

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[1] Hillage, J. & Pollard, E., 1998. *Employability: Developing a Framework for Policy Analysis,* Nottingham: Department of Education and Employment.

[2] Smith, A., 1776. *An Inquiry into the Nature and Causes of the Wealth of Nations* 2003 Edition pp: 988-991. Bantam Classic.

We belabour this point to emphasise that the role of schooling, inherently, means preparing a child for work, and life. However, the changes in the world of work, and the expectations of the employers appear to have changed the output from school pass-outs, not only in a developing country such as India, but in the developed UK as well. A study by an online learning provider, learndirect, concluded that "school leavers in 1851 were better prepared for the job market" than they were when the study was conducted in 2013. The points of inflexion, in the western world, if one were to go by the learndirect report, was the post-World War II recovery phase which saw a rise in the 'modern trades'. These, by implication, changed the curricula, resulting in retail and trade employees, public administrators (including defence) and engineers occupying the top three slots. There may have been variations since, but the change is evident.

India's predicament has always been its massive, but largely unskilled labour force. Tamil Nadu, which has achieved near universal enrolment in elementary education (up to 8th standard), has an enrolment rate hovering around 94 per cent for high schools[3] (9th and 10th standards). For higher education (11th and 12th Standards), the enrolment rate drops below the 50-per cent (42 per cent)[4].

While the State takes solace in the fact that its gross enrolment ratio is double the national figure, the fact that stares at its face is that over 50 per cent of the 10th standard pass-outs are potential job seekers. This paper seeks to discuss the employability of this group of pass-outs, and those passing out of 12th Standard.

Experts are of the view that a large gap exists between the skill sets of the pass-outs and the eligibility criteria required for jobs. This is due primarily to the teaching methodology followed by schools in the State, where rote learning is the order of the day. A departure from the beaten path came when 13 schools of the Chennai Corporation adopted the UNICEF-supported Acitivity Based Learning (ABL) on a trial basis in 2003. Soon, it was extended to all the 270 primary schools in Chennai, and then to the rest of the State with support from the Sarva Shiksha Abhiyan (SSA). ABL method used child-friendly educational aids to foster self-learning and allowed the child to study according to her aptitude and skill.

The ABL was first designed and tested at the Rishi Valley School in Andhra Pradesh in the 1990s. Soon, the SSA began a push for Active Learning Methodology (ALM), which promoted activities that involve students in doing things and thinking about what they are doing, according to a manual developed jointly by SSA and The School, Krishnamurti Foundation India.

A former SSA official who took active interest in introducing ALM in Tamil Nadu schools said that success or failure of every such methodology depends finally on the transaction inside the classroom. The teachers, hence, form the most critical link in this methodology.

The focus of these active learning methodologies have been on developing the Cognitive Process Dimension of a child, amply explained through the Revised Bloom's Taxonomy. The Cognitive Process Dimension enables the child to remember, understand, apply, analyse, evaluate and create. The ALM, however, is yet to take off in Tamil Nadu.

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[3] Minutes of meeting of Project Approval Board, Ministry of HRD, for RMSA, held on held on February 15, 2017. http://rmsaindia.gov.in/administrator/components/com_pabminutes/files/Tamil%20Nadu%20Minutes%202017-18.pdf Last accessed September 1, 2017
[4] All-India Survey of Higher Education (AISHE) 2012-13, NITI Aayog, State Statistics, Gross Enrolment Ration: Higher Education. http://niti.gov.in/content/gross-enrolment-ratio-higher-education Last accessed September 1, 2017

Arguably, the fundamental skills of team work, disposition to democratic values and civic sense, and communication fall victims to rote learning. Meanwhile, the ABL methodology began to falter as it failed to incorporate the best practices of the conventional classroom learning, like reading continuous texts and doing multiplications or divisions. The Annual Status of Education Report in 2016 brought to light this aspect.

Around 45 per cent of Class V children managed to read Class II texts, which is big improvement from 30.5 per cent in 2010. However, it is quite alarming that over half the class still could not read Class II texts. Also, 71 per cent of Class VIII students could read Class II texts.[5]

Similarly, a paltry 21.4 per cent of Class V students could do division, although their numbers increased substantially from 15 per cent in 2010. Close to 45 per cent of Class VIII students could do division, a decrease compared to 48.3 per cent in 2010.

This fall in outcomes can be attributed to two aspects: limitations in pedagogy and oversimplification of the ABL methodology.

That there continues to be an aspiration for a higher qualification in the hope of improving one's job prospect is evident from data from *Tamil Nadu - An Economic Appraisal 2011-12 to 2013-14*

| Table: Job seekers by Educational Levels (%) | | | |
|---|---|---|---|
| **Educational level** | **2010-11** | **2011-12** | **2012-13** |
| SSLC/PUC/HSC | 49 | 66 | 57 |
| Graduates | 16 | 18 | 22 |
| Post Graduate | 6 | 6 | 4 |
| Diploma holders | 7 | 2 | 2 |
| Other categories (below SSLC) | 22 | 8 | 15 |
| Total (%) | 100 | 100 | 100 |
| Grand Total (Numbers) | 6805248 | 7503767 | 8278618 |

Source: Department of Employment and Training, GoTN.

The key lesson from this table is that there is an inherent aspiration to advance one's prospects in life by moving up the education ladder. Though data are not available for the subsequent years, indications are that the figures for the SSLC/PUC/HSC category could be higher. Lest there be cause for concern, this high percentage is also reportedly on account of mandatory requirement for school pass-outs (leavers) to register themselves as job seekers.

There is another important lesson lurking in these numbers: the disenchantment of both students and employers with the outcomes from the schooling system. These, however, need further study, and data to aid policy making.

From the demand perspective, what is the expectation of an employer from an SSLC qualified person. Anecdotally, two jobs that such a person is qualified to apply for under the Tamil Nadu Public Services Commission are that of a Class IV employee and a Village Administrative Officer. Admittedly, these are scattered examples, but nonetheless pointers as to where an SSLC-pass fits in in the employment market.

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[5] Annual Status of Education Report, 2016
http://img.asercentre.org/docs/Publications/ASER%20Reports/ASER%202016/aser_2016.pdf Last accessed September 1, 2017

Efforts to correct the labour market disequilibrium have included vocationalisation of education. This, again, is a well-studied sector in Tamil Nadu, and the Girija Vaidyanathan Committee Report on this sector is an example of the changes in policies that were introduced. There is a need to revisit the working of these recommendations. The jostling for space between the mainstream curricula and vocational training is an ongoing process, which needs to be addressed both by policy makers and pedagogues.

There is a parting question that we would like to raise. While it is inescapable that industry is a major employer, the counter-narrative is: "Is industry equipped to set the educational agenda, specifically, the academic curricula?"

The way forward:

1. Employability studies (contrasted with skill-set surveys) at the Higher Secondary School pass-out level.

2. Student-satisfaction studies as an ongoing process.

3. Where is the public education system faltering – they have better paid, better qualified, and better trained teachers. They have well-equipped school infrastructure. They have students who aspire for a better life.

4. Is there a way in which work-experience, which equips school-leavers to get a view of the professional world, can be incorporated in the system?

5. Evaluating the Opportunity Cost of higher education – many a school pass-out goes on to study higher qualifications and degrees, often incurring costs, and possibly falling into a debt trap.

**About the authors:**

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# Policy challenges for total elimination of child labour in Tamil Nadu

## R. Vidyasagar

### Introduction

India ratifying the UN Child Rights Convention during 1992 has been a watershed in the history of policy towards children in the country. Since then there has been a paradigm shift in the policy focus from a welfare perspective to rights-based approach. The National Policy for Children (2013) (revised after 1974) declared by the Ministry of women and child development, Government of India (April 26, 2016) categorically stated that "every child is unique and a supremely important national asset". It further stated that "the Government of India reiterates its commitment to safeguard, inform, include, support, and empower all children within its territory and jurisdiction, both in their individual situation and as a national asset. The state is committed to taking affirmative measures—legislative, policy or otherwise—to promote and safeguard the right of all children to live and grow with equity, dignity, security, and freedom, especially those marginalised or disadvantaged; to ensure that all children have equal opportunities; and that no custom, tradition, cultural, or religious practice is allowed to violate or restrict or prevent children from enjoying their rights.". The most important shift is that the National Policy has defined children as those persons who are below the age of 18.

In this backdrop, Tamil Nadu is one of the pioneering States in addressing the vulnerabilities of children through various positive policies and programmes. Through these, Tamil Nadu has achieved near Universal Elementary Education with a number of positive incentives to attract children to school. With more focus on improving investment in education and expanding access to elementary education in the last three decades, there has been a drastic reduction in the magnitude of child labour in the state. While there are many positive outcomes for children who were made to slog in difficult conditions, some policy challenges still remain to be addressed in the State. This paper briefly outlines such challenges and policy needs in those areas.

### Past retrieved

Myron Weiner's path breaking study published during 1990[1] has provoked much debate on the issue of child labour in India. Comparing India with many other countries (including Kerala State within India) in the South and South East Asian region that have achieved universal elementary education within a generation, he categorically stated that the policy approach of the State in India is very lethargic towards educating all children in terms of investment in education and political commitment. He provided evidence to show that Universal elementary education and elimination of child labour are two sides of the same coin. Thus, child labour has been an issue of focus in the public discourse during the 1990s in Tamil Nadu as well as in other parts of India. This debate is also triggered by international pressure on certain goods that are produced using children in the labour force and exported. For example, when the tell-tale evidences of slave labour of children in carpet weaving in Mirapur-Badhohi belt in Uttar Pradesh was packaged into a documentary film (so many such documentaries were produced, including about child labour in matches and fireworks industry in Sivakasi area of Tami Nadu), this has disturbed the serene evenings of the customers of carpets in the West, followed by great pressure from the importers.

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[1] Myron Weiner, 1990, "The Child and the State in India: Child Labor and Education Policy in Comparative Perspective", Priceton University Press, 1990.

Similarly, the child labour issue in Sivakasi matches and crackers belt is the most exposed issue in the media and public discourse. In fact the Tamil Nadu government has appointed a special committee for documenting the conditions of child workers in the Sivakasi region and to suggest a feasible action plan for elimination of child labour. This committee conducted a survey on the magnitude of child labour in Sivakasi[2], identified 82,000 children below the age of 14 working in matches and fireworks units in the region during the early 1990s. The situation is mostly reversed now and there is near universal enrolment in elementary education in this region as in other regions of the State, thanks to the policy interventions of the State.

**Progressive policy environment in Tamil Nadu**

Much before the Right of Children to Free and Compulsory Education Act of 2009 was passed, Tamil Nadu State had a policy on compulsory education (1994) and had achieved near universal enrolment in elementary education due to various incentives such as the noon meal programme in schools, free transport, free books, free uniforms and so on.

**The State Action Plan for Children 1993**, declared the elimination of child labour as a priority for securing the welfare of all children in the State. State-wide goals for child labour elimination were included with targets for children's health, education, and services, in a 15-point programme for children; interim targets were fixed for 1995, 1998 and 2000 for each item.

With respect to child labour, the State made a specific and categorical commitment to end bonded child labour, eliminate the participation of children below 14 years of age in hazardous industries, and do away with the participation of children below 12 years of age in full-time work across all sectors. Interim 5-year goals included the eradication of child labour in three industries of particular concern: *beedi*, match and fireworks. **The Sub-Committee on the Elimination of Child Labour in the Match and Fireworks Industries in Tamil Nadu**, set up in this context in 1992 as a collaboration between the State departments of Labour and Social Welfare & Education with UNICEF, is worth noting; in particular, for the strategic framework to combat child labour that it proposed. Based on a survey of the match and fireworks belt in Virudhunagar District, the Sub-Committee proposed a multi-dimensional approach that continues to be the policy template for much of the State's initiatives against child labour.

In the period 1991 to 2001, several State-level bodies were set up in response to evolving ground realities and the child labour goals of the 1993 Action Plan for Children. These included a State Advisory Board for child labour under the leadership of the Minister of Labour, and the State Authority on Elimination of Child Labour, both constituted in 1995; the Child Labour Monitoring Cell set up in 1997 to oversee compliance with the Supreme Court direction in the M.C. Mehta case; the State Monitoring Committee (1999) and the State Project Steering Committee (2000), set up to review the State's Child Labour Projects. In 2001, the Action Plan for Children was revived and updated as the 'Tamil Nadu 18-point Program for the Welfare of Women & Children.' The elimination of child labour continued to be a 'thrust area of intervention' for the State. Setting interim goals for 2003, 2006 and 2010, the state planned a phased increase of child labour projects to cover all districts till eradication of child labour was achieved across the state.

The State Action Plan 2003 is not only the defining policy direction for the State, but also the central child labour-oriented policy. Underscoring the centrality of child labour eradication to the State's development agenda, the mission was to make Tamil Nadu the leading State in the country and to make it 'Child Labour-free'. The 15-point mission statement included the eradication of the

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[2] Survey jointly conducted by UNICEF and Department of Social Welfare, Government of Tamil Nadu, 1992.

employment of children below 14 years of age—first in all hazardous occupations by 2005, and then, in 2007, in *all* occupations, irrespective of hazard.

The goal of a Child Labour-free State as part of the core bundle of State priorities was not just a symbolic move; it was to be activated by means of a 10-point Action Plan under the stewardship of the State Child Labour Rehabilitation-Cum-Welfare Society and led by the Commissioner of Labour, Chennai. The operations of the SCRCW would be reviewed biannually by a powerful State Authority on Elimination of Child Labour, formed under the Chairmanship of Chief Secretary and with other concerned Secretaries as members.

The transitions child workers undergo at each stage of rescue and rehabilitation must be managed with great care if a child worker is to successfully move from work to school. 'Rescue' involves the removal of child labour from the workplace, typically, as part of inspections of employers' premises by the Labour Department or 'raids' by District Task Forces set up to enforce child labour laws under the 2003 Action Plan. Many districts have come out with their own innovative approaches to elimination of child labour.

**State Level Legislations against Child Labour:** Since child labour is a concurrent subject between the states and the centre, additional legal provisions against child labour exist in Tamil Nadu. While the CLPRA continues to be the backbone—Tamil Nadu is one of only 13 of India's 35 states and union territories to have framed state rules for the implementation of the CLPRA (in 1994)—recourse to state acts may also be taken. The Tamil Nadu Shops and Establishments Act, 1947 and the Tamil Nadu Catering Establishments Act, 1958 prohibited the employment of children below 14 and 16 years of age, respectively, in the specified types of commercial undertakings. To these, the State also added legislation to protect child workers in informal sectors: in 1981, the Tamil Nadu Handloom Workers Act and then, a year later, the Tamil Nadu Manual Workers Act. Both Acts prohibited the employment of children below 16 years of age in the handloom and manual work sectors, including in construction and domestic work. State also played a role, if obliquely, in the framing of a landmark case law that added teeth to the CLPRA. In 1986, a Public Interest Litigation on child labour in the match factories of Sivakasi was filed by M.C. Mehta. Given fresh and tragic impetus by a fire in a Sivakasi fireworks unit that claimed 39 lives in 1991, the Supreme Court prohibited the participation of children in match manufacturing processes in 1996.

In the above background let us have a quick look at the current scenario of child labour in Tamil Nadu and the challenges ahead.

**Current scenario of Child labour in Tamil Nadu**

While child labour continues to be a significant phenomenon in many states in India, there has been a drastic reduction in Tamil Nadu state. As per the 1991 population census, Tamil Nadu had 5.8 lakh children below 14 in the workforce. This has come down to about 4.2 lakhs during 2001 and further to 2.8 lakhs during 2011 Census. (Of these 2.8 lakh working children, 1.5 lakhs are full-time workers and the remaining are marginal workers working for less than six months in a year[3]. At the all-India, level the magnitude of child labour (5-14) has increased between 1991 and

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[3] The figures for 'child labour' are derived from using age-wise distribution of workers. Workers are defined as "those who engage in economic activities"; and 'economic activity' is defined as "any activity resulting in production of goods and services that add value to national product". The major exclusions are 'own account' processing of primary products. Similarly, activities relating to the production of primary goods for 'own consumption' are restricted to only the agriculture sector and do not include mining and quarrying activities. Further, "activities like prostitution, begging, smuggling etc., which though fetched earnings, are, by convention, not considered as economic activities"[3]. Work has been defined in the Census 2001 as 'participation in any economically productive activity with or without

2001 from 11.3 million to 12.3 million. During 2011, there is a decline with 10.1 million children enumerated as child workers. There are many districts across the country where the incidence has gone high, whereas, in Tamil Nadu the decline is all round. However, there is a shift from rural to urban. The proportion of child labour in urban areas of Tamil Nadu is higher than rural areas. However, there are still challenges to total elimination of child labour as child labour is emerging in new forms in the State.

**Magnitude of child labour in Tamil Nadu (age group wise)**

| Age group | Categories | 2001 Census | 2011 Census |
|-----------|-----------|-------------|-------------|
| 5-9 Years | Child population | 56 lakhs | 55.5 lakhs |
| | Number of working children (main and marginal) | 0.73 lakhs | 0.88 lakhs |
| | % of working children to population in the age group | 1.31% | 1.59% |
| | % to total workforce | 0.26% | 0.26% |
| 10-14 Years | Child population | 60 lakhs | 61.8 lakhs |
| | Number of working children | 3.45 lakhs | 1.96 lakhs |
| | % of working children to population in the age group | 5.75% | 3.17 |
| | % to total workforce | 1.24% | 0.6% |
| 15-19 Years | Child population | 62 lakhs | 62.5 lakhs |
| | Number of working children | 19.4 lakhs | 12.8 lakhs |
| | % of working children to population in the age group | 31.4% | 20.6% |
| | % to total workforce | 6.96% | 3.91% |

**Challenges to total elimination of child labour**

There are four main challenges that remain to be addressed in Tamil Nadu for bringing all children out of work, compatible with the RTE.

1.  The phenomenon of child labour is Tamil Nadu is an issue related to last mile population consisting of tribal areas, urban slums and migrant population. Many children below 14 year from these sections are engaged full time in many operations.

2.  Secondly, more and more of adolescent children (15-18) are pushed into work unprotected.

3.  Thirdly, the occupations that were earlier known for child labour in Tamil Nadu, such as *beedi* rolling, silver anklet work, fireworks, and so on, are now employing children after school hours—depriving them of their right to leisure, play and free time.

4.  Sustaining the gains made so far.

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compensation, wages or profit.' Such participation could be physical and/or mental in nature. This work includes supervisory work as well as direct participation in the work. All persons engaged in 'work' as defined in the Census are considered workers. Main workers are defined as those who have worked for the major part of the reference period, which is 6 months or more. And marginal workers are those who have not worked for the major part of the reference period.

**Last mile population**

Studies conducted by UNICEF shows that a large number of tribal children (below 14 years as well as children in their adolescence) are taken away from tribal villages to work in cotton seed farms, plantations and to work as domestic workers. This is mainly because of the status of school education in the tribal areas as well as the poor economic conditions in the tribal areas (it is seen that despite the threats to their lives many tribal youths are going to cut red sanders in Andhra Pradesh). There is considerable vacancy of teachers in tribal schools in tribal areas, and the schools are not run regularly. No one is staying in most of the so called tribal boarding schools. Children are not regularly attending the schools. It is also seen that there are "in-school drop outs" (registered in school but migrating to work elsewhere) in most of the tribal areas.

There is large scale migration of people, mostly from Orissa, UP, Bihar and other states into Tamil Nadu to work in brick kilns, construction and scores of other occupations, including poultry farms and textiles and garment sectors. There is a system called 'Pathuria' in brick kilns where a unit of labour consists of a man, a woman, and a child. While the men and women are busy preparing the clay and laying bricks, children are supposed to frequently turn the bricks for drying. The whole unit is paid on piece rate and there is a tendency among parents to bring their children along to earn more wages. Moreover, in many districts of the State, the migrant children are not enrolled in schools because of language problem. Gradually, they all get engaged in some work.

Due to various reasons, children in urban slums are deprived of their right to education (details would be discussed on the exclusive paper on this) and many of them are into various informal sector activities.

**Adolescent Children**

As already seen vide the figures given in the table above, almost every 5th child in the age group of 15-19 are in the work force, while there is only a marginal increase in the absolute number of these children between 2001 and 2011. UDISE data[4] shows that only 39.4 lakh children in this age group are in schools out of 62.5 lakh children enumerated in the 2011 census. Net enrollment ratio in this age group is only 54.99 per cent in general. GER is much lower for SC and ST children compared to general population in this age group[5].

Dropout rate is quite high in the secondary levels and many boys and girls are forced to join the work force early in their lives. Textile industry (under the so called Sumangali scheme) and service sector are the two major employers of these children without much legal protection.

The recently amended CLPRA also takes into account this section and prohibits them from working in hazardous sectors. But the list of prohibited occupations are not yet clear.

**Part time Child Labourers**

Due to various efforts and policy interventions of the government, most of the full-time working children were brought to schools in areas that are known for high incidence of child labour, such as the *beedi* industry (Vellore district), silver anklet industry (Salem district), fireworks (Virudhunagar) district and so on. Now the school going children are forced to work in these industries, before and after school hours. It is seen that these children are deprived of their right

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[4] National University of Educational Planning and Administration, 2013-14, "School Education in India" U-DISE, 2013-14, pp33-34.
[5] Ibid, pp, 61-64.

to leisure and play and their performance in school is also not to the desirable levels due to heavy work burden. This is the case in most of the poor and lower middle class families in the above districts. Right to Education is not only for all children below 14 years attending schools. They also have the right to learn without any burden. But the phenomenon of part time job negates the impact of the RTE. This is aided by the recent amendment suggested to the CLPRA, 1986.

While it has been a good news that the CLPRA, 1986 was amended to say that no children up to 14 years should be working anywhere instead of prohibiting only hazardous sectors, the amendment is not fully child-friendly. Many social activists are afraid that the amendment suggested will bring the situation back to square one. The cabinet committee that has reviewed the amendment said that in the context of 'country's social fabric and socio-economic conditions'', especially in the rural-based occupations, it is necessary for the children to work to support the parents. Thus, it is recommended that the children may help the family enterprises after school hours and during vacations. The amendment also allowed children to work in entertainment industry. These amendments are seen as retrogressive—instead of extending RTE up to 18 years, the amendments legalise the work of children in the family enterprises.

Many of the rural based industry being home-based production, the amendment would legalise engagement of children before and after school hours in such industries. This would nullify the very purpose of the RTE. It is seen in Salem and Vellore that children also work as part time bonded labourers in lieu of the advances taken by their parents from the employers. It is necessary to revisit some of the amendments made to the CLPRA, 1986 to make it compatible with RTE and to make it more child-friendly.

**Sustaining the gains made so far**

In the current context of preponderance of informal sector labour[6] decelerating growth in employment, many of the adult workers are given a raw deal. Many studies on informal sector employment show that the wages are so poor that it is very difficult to sustain the families. In addition to this, investment in social protection schemes is also declining. Adding to this is the recent GO 89 of the government of Tamil Nadu, making many changes in the hitherto public distribution system. Many families are surviving because of the subsidised food supply through the public distribution system. The new policy changes may adversely affect the families, especially children, and may push many families below the poverty line. Under such circumstances it is difficult to sustain the gains made so for children in general and child labour in particular.

**Way forward**

**Last mile population:**

In spite of all the incentives in the education system, it is difficult to draw the last mile population into the system. It obviously shows that it is difficult to address the issues of the last mile population with the same strategy as in the case of general population. There are many good practices of non-governmental organisations and pioneering teachers in certain tribal schools. These experiences are to be documented and scaled up. Migrant children require special plan. This plan is already developed by the department of labour in collaboration with UNICEF and this plan is to be implemented.

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[6] Arjun Sen Gupta Committee report on informal sector workers show that over 90 percent of the labour force is in the informal sector.

**Programming for Adolescents: Opportunities and Concerns**

The Rashtriya Madhyamik Shiksha Abhiyan, the flagship programme of the Government of India, has a vision of making good quality secondary education available, accessible, and affordable to all young persons in the age group of 14-18 years. Even as universalisation of elementary education was in sight, the RMSA was launched in 2009, the very year in which the RTE Act was enacted. The RMSA seeks to achieve the following:

- Provide a secondary school within a reasonable distance of any habitation, which should be 5 kilometre for secondary schools and 7 -10 kilometres for higher secondary schools.
- Universal access of secondary education by 2017 (GER of 100%), and Universal retention by 2020
- Access to secondary education with special references to economically weaker sections of society, the educationally backward, the girls and the disabled children residing in rural areas and other marginalised categories like SC, ST, OBC and Educationally Backward Minorities (EBM).

Recognising the special context of adolescence, RMSA has suggested that the Adolescent Education Programme (AEP) that started as an HIV/AIDS Awareness Scheme for school children should incorporate health related education of adolescents and should be treated in the larger context of life skill education and holistic development which covers health, physical education and sports.

With regard to skill development, vocational education should be completely revamped in schools. The current system of vocational education is more supply driven than demand driven. Skill development needs to focus on demand driven skills and provide for vertical mobility in acquiring such skills more through access to higher education.

Most of the adolescent children joining the labour force are doing so without any legal protection. Most of them are treated as apprentices. In this context, the LA Bill 47/2008, passed in the TN legislative assembly on May 14, 2008 and the assent given by the President of India on July 4, 2016, needs to be implemented by framing State rules for the standing order. Tamil Nadu government has agreed in the court that the standing order with rules would be notified within three months. But this has not seen the light of the day. There has been a demand that the apprentice should not exceed five per cent of the total workers (in spinning mills the so called apprentice exceeds almost 80 per cent with very low wages). Secondly, the adolescents working in the service sectors (especially in the big shopping malls) do so without any protection. TN Government has to come out with a comprehensive law to protect such children.

**Sustaining the gains made so far**

This requires a fair deal for adult workers. While extending the social protection schemes, Tamil Nadu Government should also embark on fixing a general minimum wage of Rs. 18,000 per month as it is recently done in Kerala. Social protection to informal sector workers should be extended to all sections.

## About the author

**Mr. Vidyasagar Ramamurthy,** has served as a Child Protection Specialist at UNICEF office for Tamil Nadu and Kerala from November 2008 to April 2015. He has over 25 years of professional experience in social development, project administration, research and documentation, monitoring, and evaluation. He has an in depth understanding and knowledge of the child rights and child protection issues in India and knowledge of current trends and issues in areas relevant to India since he has worked on key policies, legislative framework, and schemes and programmes of Government of India with regard to children. He has good experience in data collection/validation and analysis and in data visualisation techniques. Based on his experience, he has also served as a working group member in the National Commission for Protection of Child Rights (NCPCR), India during 2008.

Between 2004 and 2005, he worked as an International Consultant with UNICEF country office in Bangladesh to provide technical support for a rapid appraisal and census survey of child labour in six major cities of Bangladesh and to do a situation analysis of Child Domestic Workers (CDW) in Dhaka City. This study has served policy advocacy on CDWs in Bangladesh.

He has served as an international consultant with UNICEF's Regional office for South Asia, for two years during 2000-01 as a coordinating officer for the regional task force on Child Labour. He has developed UNICEF's Regional Strategy Framework for interventions on Child Labour in South Asia.

He was involved with Government of India and a few States on the issue of child protection.

# Upholding Rights of the Tribal Child Tamil Nadu

## Fr. K. J. Kumar

**Abstract:** *Behind Tamil Nadu's success as a progressive State in providing for its peoples lies the coming together of politics and public policies. Despite an underlying current of universalisation in its redistributive policies, there are pockets that tend to be left out.* Fr. Kumar, Director, Social Watch–Tamil Nadu, *calls for pointed interventions for the Tribal child, presenting findings from a case study of Kaadar children.*

A combination of socially transformative politics and public policies that were synchronised with the larger political direction, explains the progress made by Tamil Nadu from the mid-1950s, albeit at varying degrees and under different political leaderships.

The State's politics and redistributive policies have tended to broadly be along the lines set by its pioneering and visionary Chief Ministers, the late K. Kamaraj and C.N. Annadurai. A whose efforts were bolstered by a host of progressive-minded executives on the one side and revolutionary socio-politico-cultural leaders like E.V. Ramasamy (Periyar) and Annai Meenambal Sivaraj on the other. Collectively, their people-oriented and humanitarian mindset rendered yeoman service to Tamil Nadu. The policies adopted by the State, which influenced the trajectory of its economy and society have their roots in the social justice thrust embedded in their social and political struggles that began in the dawn of the 20th century and continues till date.

In both education and health sectors, Tamil Nadu has been one among the forward marching States right from the Seventies and with jumps and strides from the 80s and 90s. Keeping in tune with India's macroeconomic structural adjustment and the adoption of the New Economic Policy in the 1990s, the State entered into the fray of market economy, but the progress witnessed a slump back to stagnancy in certain respects from the beginning of the Second Millennium: a consequence of the economic setback that started in the mid-Nineties.

With all its social welfare schemes and populist measures—doling out free gifts—both in terms of food provisions, and other items like television sets and kitchen gadgets (mixie, grinder, fan etc.), the State and its administrators could not guarantee progressively the even pattern of growth prospects, to reach all the sectors and the regions, especially the remote tribal (Kaadar) habitats and those whose total population is less than 1,500, located in remote jungles. This is the predicament of these miniscule minorities despite well ingrained institutional systems that have been in place delivering goods and services.

(**Kindly find the Human Development Index (HDI) of TN 2003 report (attached) with an interpretation of the HDI ranking and its possible correspondence with the life/living conditions of SC/ST in TN.**)

In meeting and addressing the child welfare needs, India is worse off compared with the other South Asian countries, viz. Sri Lanka, Bangladesh, and even Nepal, the reason being the vast stretch of its landscape with all the geo-physical regional differences. Of course, Tamil Nadu is far ahead of many other States in the Indian Union. But, childcare protection and the needed attention to the growth and development of the children of the marginalised groups need to be toned up in a few aspects.

Though Tamil Nadu still can claim that a child born here has better opportunities compared with one born in many other States, this broadly justifiable claim is put to the test when children living in the margins are not able to keep pace with the rest of the population, because of want of focus through specific provisions of budgets and institutional approaches. Currently these are not inclusive enough with respect to Scheduled Castes (SCs) and Scheduled Tribes (STs).

The entry of market-driven policy orientation, stress and priority towards infrastructure growth, and development wooing FDIs have progressively reduced budgetary allocations in the social sector and their realisations through social welfare policies. Much less is the maximum utilisation (budgets) of the fund allocated as budgetary provisions; on the whole, the social sector budgets have been shrinking radically from the Nineties, which have resulted in the slowing down benefits through decadal gains.

The shrinking social sector budgeting affect the prospects and welfare of the poor in general and SCs and STs in particular. The following Table shows the fact in a cursory glance:

*(Kindly find attached the Excel sheets of Social Sector Budgeting with particular reference to Tribal population, budgeting for them and their expenditure over the last two decades.)*

The needs (issues and concerns) of tribal children and their struggles and challenges emerging out of one per cent of the ST population in Tamil Nadu is a cause for concern. Their absolute number (tribal children in the age group of 0 to 18) could be three to four hundred thousand in Tamil Nadu (roughly one-third of the eight lakh tribal population in the State). They are a miniscule minority, thinly spread out all over the State, and their plights have not been studied in depth so far.

Coverage of this group appears within reach. However, the effort becomes arduous considering the scattered population living in small clusters far removed from the mainstream. Political sensitivity to policy frameworks for Tribals has always been indifferent, given the low political bargaining power of the latter. Consequently, the much needed administrative and social attention also becomes nominal.

Among Indian States, Tamil Nadu is quite advanced in taking education to all and does not lag in providing health coverage either. However, beyond this broad-brush picture, there lie the at the micro-level 'not so positives' facts such as the concerns of Tribals, both on the hills and on the plains, especially their children who suffer gross neglect. State policies. These cannot simply be overlooked or brushed under the carpet just because their numbers are insignificant. Social Watch – Tamil Nadu, a civil society organisation, has been focusing on specific needs of tribal children.

**Kaadar Tribals – A Case Study**

A microscopic study of the Kaadar Tribal population was carried out by Social Watch-Tamil Nadu for the State Planning Commission between 2015 and 2016. As a group, Kaadars are barely 600 and odd people. All of them are live and eke out their livelihood in the deep jungles of Valparai in Pollachi Taluk of Coimbatore District. Children, far fewer in number, fight odds to come out of their remote habitats to become graduates. They are, however, yet to explore employment prospects. The following two tables depict the plight of this particular Tribal population:

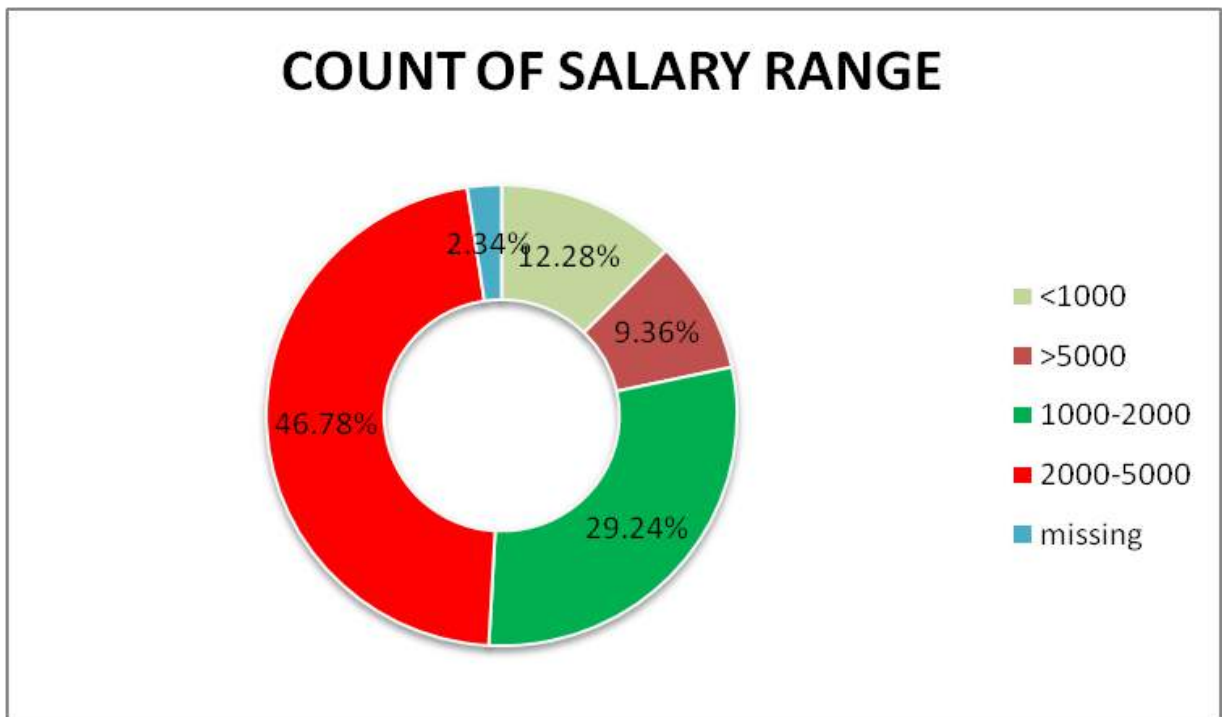**Income and Family Sizes of Kaadars**



Table 1. Per capita income (p/m) Kaadar Tribals

- Most of the Kaadar are marginal farmers earning between Rs. 1,000 to Rs. 5,000 per month. A total of 77 per cent (47 per cent + 30 per cent) of families fall in the BPL (Below Poverty Line) category of the population
- Half of the Kaadar population earn an income of more than Rs. 2,000 and less than Rs. 5,000 p/m.
- About 12 per cent of them are very poor and their monthly income is less than Rs. 1,000.
- Less than 10 per cent of the Kaadar families have their monthly income more than Rs. 5,000.

The above described poverty condition, coupled with the Union and the State governments' skewed policies on conservation of forests, ban on hunting, or felling of trees, have had a heavy bearing on the lives, livelihood and sustenance of the Tribals. This has critically affected the fertility rate, if the figures are to be believed:

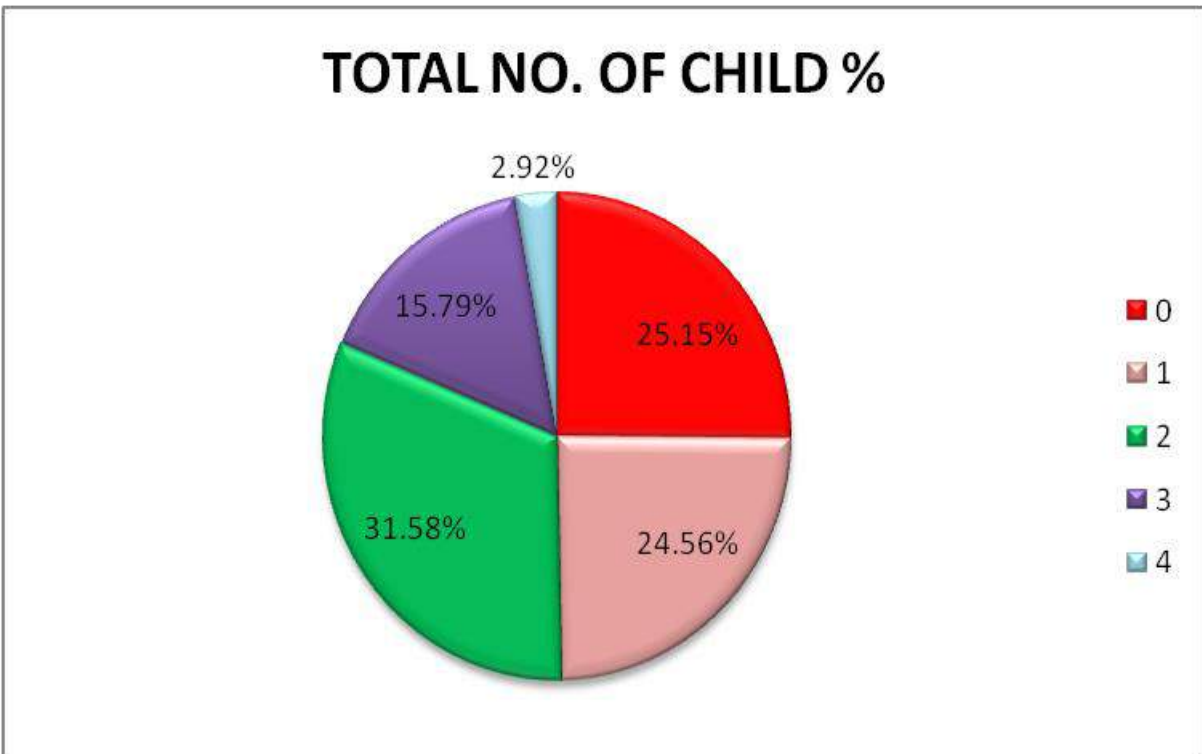**Child birth rate and fertility among Kaadars:**



**Table.2. Child population among Kaadar Tribals**

- 25 per cent of Kaadar Tribal households don't have children (alarming).
- Only about three per cent households have four children.
- Almost 72 per cent households have 1 to 3 children.

- A majority of the households have on an average two children each.
(Demographically, this tribal group is, almost successfully, keeping in line with State's population & birth control policy!)

The total population of 600+ persons live in six different settlements in Tamil Nadu. Perhaps another 600-odd Kaadars live in the neighbouring State of Kerala. In-breeding within the community could be one of the reasons for the low fertility rate among the Kaadar tribals.

**Literacy levels among the Kaadar Tribals of Valparai**
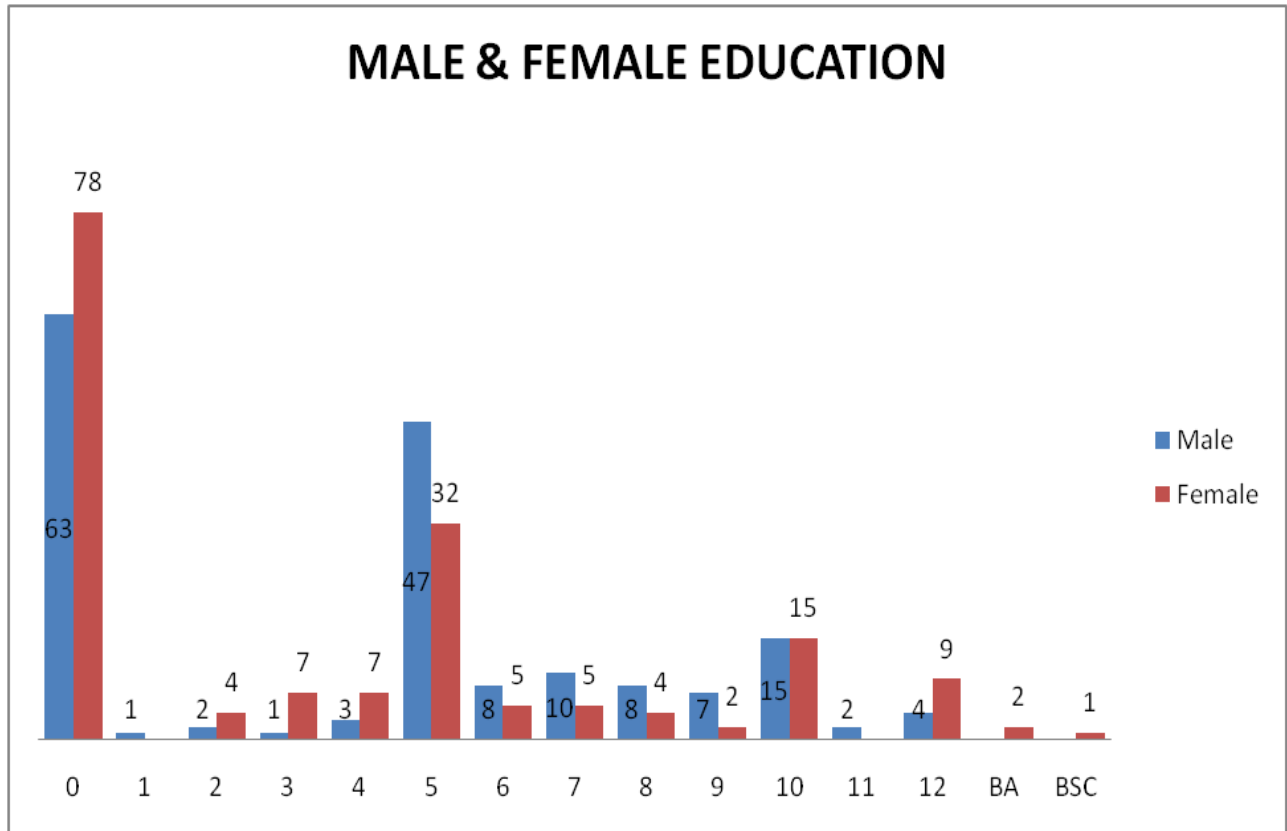


**Table.3 Literacy rate among Kaadar Tribals**

- Most of the Kaadars, especially women, do not even have primary education.
- The number of uneducated females is 15 percentage points higher than that of males.
- A huge majority of the Kaadars (47 per cent men and 32 per cent women) stop their education at 5$^{th}$ standard.
- Only one male member and three females have managed to get a graduation degree (one woman doing her PG at Bharathidasan University, Tiruchirapalli, and the three others completed BA or BSc).

The protection of these communities, whose numbers are dwindling, is deemed to be as important as the conservation of forests, nature, flora and fauna of this country and State. We suggest the following programmes:

**I. Pre-Natal Care:**

Attention to the Tribal children is called for from the stage of their conception in the womb of their mothers. The ongoing schemes for pregnant mothers and those for delivery do not have enabling components to reach out to the remote Tribal settlements. A micro-level perambulation of Tribal habitats in Valparai reveals the plight of the would-be mothers.

Almost all the six Tribal settlements are located in deep forests declared as sanctuaries and, therefore, deprived of normal roadways for travel and transport. Routine scheme delivery would neither reach them nor does the system have any special arrangement to ensure that the services reach them. A cursory look at two of the six Kaadar Tribal settlements:

1.      **Nedumkundram:** Five kilometres away from the main town or neighbourhood villages; one has to walk through the forests for four kilometres through tea-estate pathways before reaching a bus road. Another six kilometres to Valparai where primary health care is available. They need to set on another long road journey to Pollachi if they need any critical health care to be attended to.

2.      **Udumanpaarai:** One hour of steep climb through rubble pathways and another two kilometres of walk through estate pathways before reaching Valparai and Pollachi. There is an instance of a full-term Tribal lady walking for over eight hours to reach the nearest hospital where she was delivered of her baby an arrival. Even 108 ambulance services are of no use since they cannot access the habitat. Moreover, no mode of transport is safe for a mother in labour when it is going to be a long and bumpy ride. Therefore, schemes appropriate to Tribals needs to be conceived.

**II. Pre-school child care:**

The existing schemes of early childhood (0-3 years) and childhood (3-5 years) care, the manpower pattern and institutional care yet again cannot be extended to the Tribal children since tribal habitats would normally have barely 5-10 children of these age groups living in the neighbourhood settlements. Therefore, appropriate micro-level child care centres need to be designed.

**III. Special Primary school system for Tribal children:**

Tamil Nadu can proudly claim to have complied with the Right to Education Act requirements in having provided enough primary schools within one kilometre perimeter. What is sufficient for mainstream people will not always deliver the goods or services to the Tribals. Even if it is one or two kilometres to a primary school, for a tribal child to traverse that distance becomes a perilous journey through the jungles.

Prescribing a minimum population for location of a primary school will not provide a practical solution to all situations in the demographic and geo-physical settings of our country or state. Engaging non-tribal teachers from outside would end up in absenteeism. The concept of residential primary schools militates against the very right of the child to live under the tender loving care of parents.

Therefore, an innovative module of primary schooling addressing these specific requirements needs to be put in place through the existing development programs (Integrated Tribal Development Schemes).

Social Watch-Tamil Nadu, rather than making critical appraisals of ongoing schemes, believes in urging new functional options for Tribal children. Keeping in mind the critical gaps listed above, we recommend the following innovative schemes for establishing the rights of tribal children:

**I. PREGNANCY AND DELIVERY CARE:**

A monthly allowance of Rs. 5,000 should be provided to Tribal pregnant women from the date of conception for a period of twelve months. (Under the Dr. Muthulakshmi Reddy Scheme, the maternity benefit for pregnant women has been increased from Rs. 12,000 to Rs. 18,000 by the Tamil Nadu government in the current fiscal year. This benefit was being disbursed over three instalments over a period of a year.) This should be provided for two normal institutional deliveries. While the pregnant mother should take care of her nourishment at home for six months, she should be shifted to *Thaayagam*, a residential care home in the proximity of an upgraded primary health centre equipped with a modern labour ward for a term lasting till delivery. These *Thaayagams* should be large enough to accommodate 5-10 pregnant women and an attendant each. These should be run as an NGO by Tribals themselves.

Accommodation, food, medical care, lessons for pregnant women and their husbands should be the responsibilities of the *Thaayagam*. Moving the pregnant women in time for delivery to the PHC should be the utmost responsibility of the *Thaayagam*. Generous funding at the following scales should be provided by the government:

1. Rent = Rs. 30,000 per month (p/m)

2. Water & power charges      = Rs. 5,000 p/m

3. Food for pregnant mothers    = Rs.5,000 p/m (individual)

4. Food allowance for attendant = Rs. 3,000 p/m (per individual)

5. Honorarium for the NGO     = Rs. 20,000 p/m

Food can be outsourced from a nearby mess. Medicines will be provided by the PHC. An amount of Rs. 8 lakh per annum, per *Thaayagam* can be allocated initially for five such centres.

1)        One *Thaayagam* can be set up in Pollachi to cater to the Valparai Tribals.
2)        One in Sathyamangalam catering to the Tribals in Sathyamangalam ranges.
3)        One in Thuraiyur catering to Pachachamalai Tribals.
4)        One in Gudalur catering to the most vulnerable tribes.
5)        One in Coonoor for the most vulnerable tribes (Thodars, Kurumbars and similar tribes).

## II. 0-5 Yr. CHILD CARE CENTERS:

One sophisticated care centre consisting of cradles, play materials, indoor play area, kitchen, bath, and toilets should be designed and set up in separate habitations, irrespective of the numbers they cater to. The best of nutrition should be provided at the centre for the child and the mother. Each centre should have the freedom of designing their menu. This should be a place for community activity in rearing the child. Elders will learn lullabies, singing, dancing, and attending to the needs of babies, viz. feeding, playing with them, cleaning them, dressing them up, lulling them to sleep, narrating stories, as well as taking care of breast-feeding mothers.

Besides two care-takers, mothers coming to the centres would also actively take part in looking after their babies for the duration of stay at the centre. They, in turn, will assist in cooking, cleaning of the premises,

and washing of utensils. The two care-takers would be from the same habitations and would have to live there. Preference should be given to women degree-holders. Their remuneration should be fixed as Rs. 20,000 per month, besides food. A building at a cost of Rs. One crore should be built in tune with the local ecosystem. No uniform design should be imposed. The local forest rights committee under the 2006 Forest Rights Act should be left to manage this centre. Rs. 200 crore can be set apart for a period of ten years, so that 200 such centres could up during that period.

## III. PRIMARY SCHOOLS

Since the number of elementary school children in Tribal hamlets will be abysmally low, sometimes less than 20, primary schooling can be made an extension of the pre-school community centre. The building to be designed for the pre-school centre can have just one more class room (since, the strength will not be more than 20) and other common facilities, like kitchen, rest-rooms, play area, can be shared. One lady teacher from the same hamlet shall be in-charge of teaching all the children (1–5 standards). Candidates with teacher training qualifications can be given preference. Even otherwise, available degree holders can be appointed. Being a local, is most vital compared to other acquired qualifications. Untrained candidates can be subsequently provided special in-service training. The teacher will be paid a scale of salary applicable to other teachers.

The existing tribal residential primary schools can be merged with this pattern. About 200 such schools coterminous with 200 pre-school centres can be introduced over a decade.

## IV. OTHER SUGGESTIONS

Till the time local institutions are established within the same hamlets, wherever children of any age are forced to travel to school, special transport arrangements suitable for road conditions, like two-wheelers, three-wheelers or four-wheel travellers, should be provided free of cost. Social Watch – Tamil Nadu makes these recommendations that will uphold and nurture tribal children's rights

  a. In the mother's womb,
  b. With the parental love and care,
  c. While early schooling, and
  d. With the sensitivity towards nativity and culture.

T AMIL NADU HUMAN DEVELOPMENT REPORT A1.2—HUMAN DEVELOPMENT INDEX

| S.no. | Districts | LEB index | Education index | Income index | HDI Value | Rank | Real GDP per capita rank(minus)HDI rank | SC/ST Pop (Percentage) (20.01% / 1.10%) |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. | Chennai | 0.820 **(1)** | 0.870 **(2)** | 0.580 **(2)** | 0.757 | 1 | 1 (1) | |
| 2. | Kancheepuram | 0.738 **(3)** | 0.768 **(15)** | 0.631 **(1)** | 0.712 | 2 | −1 (2) | |
| 3. | Thiruvallur | 0.706 **(13)** | 0.773 **(14)** | 0.484 **(18)** | 0.654 | 12 | 6 (12) | |
| 4. | Cuddalore | 0.731 **(7)** | 0.749 **(19)** | 0.451 **(24)** | 0.644 | 16 | 8 (17) | 29.32 / 0.60 |
| 5. | Villupuram | 0.668 **(23)** | 0.678 **(28)** | 0.417 **(29)** | 0.587 | 28 | 1 (29) | 29.37 / 2.16 |
| 6. | Vellore | 0.676 **(19)** | 0.781 **(12)** | 0.518 **(8)** | 0.658 | 11 | −3 (9) | |
| 7. | Tiruvannamalai | 0.693 **(14)** | 0.721 **(24)** | 0.422 **(28)** | 0.612 | 26 | 2 (25) | 22.94 / 3.69 |
| 8. | Salem | 0.671**(20)** | 0.698 **(27)** | 0.508 **(12)** | 0.626 | 24 | −13 (24) | 16.67 / 3.43 |
| 9. | Namakkal | 0.687 **(16)** | 0.728 **(23)** | 0.491**(16)** | 0.636 | 20 | −5 (21) | 20.00 / 3.30 |
| 10. | Dharmapuri | 0.614 **(29)** | 0.628 **(29)** | 0.512 **(9)** | 0.584 | 29 | −20 (27) | 16.29 / 4.18 |
| 11. | Erode | 0.736 **(6)** | 0.716 **(26)** | 0.523 **(6)** | 0.658 | 10 | −4 (8) | |
| 12. | Coimbatore | 0.738 **(4)** | 0.792 **(9)** | 0.565 **(3)** | 0.699 | 5 | −2 (5) | |
| 13. | Nilgiris | 0.737 **(5)** | 0.809 **(5)** | 0.510 **(10)** | 0.685 | 6 | 4 (6) | |
| 14. | Trichy | 0.709 **(11)** | 0.807 **(6)** | 0.497 **(13)** | 0.671 | 7 | 6 (7) | |
| 15. | Karur | 0.718 **(9)** | 0.732 **(21)** | 0.492 **(14)** | 0.647 | 15 | −1 (14) | 20.80 / 0.05 |
| 16. | Perambalur | 0.618 **(28)** | 0.703 **(25)** | 0.465 **(20)** | 0.596 | 27 | −7 (28) | 31.01 / 0.46 |
| 17. | Thanjavur | 0.656 **(25)** | 0.787 **(10)** | 0.447 **(25)** | 0.630 | 21 | 4 (23) | 18.91 / 0.15 |
| 18. | Nagapattinam | 0.689 **(15)** | 0.784 **(11)** | 0.489 **(17)** | 0.654 | 13 | 4 (13) | |
| 19. | Tiruvarur | 0.683 **(17)** | 0.793**(8)** | 0.435 **(27)** | 0.637 | 19 | 8 (20) | 34.08 / 0.24 |
| 20. | Pudukkotai | 0.676 **(21)** | 0.729 **(22)** | 0.451 **(23)** | 0.618 | 25 | −2 (26) | 17.60 / 0.08 |

| 21. | Madurai | 0.619 **(27)** | 0.832 **(4)** | 0.533 **(4)** | 0.661 | 8 | −4 | (10) | |
|-----|---------|----------------|---------------|---------------|-------|-----|-----|------|---|
| 22. | Theni | 0.628 **(26)** | 0.775 **(13)** | 0.480 **(19)** | 0.628 | 23 | −4 | (22) | 20.72 / 0.15 |
| 23. | Dindigul | 0.661 **(24)** | 0.741 **(20)** | 0.521 **(7)** | 0.641 | 17 | −10 | (15) | 20.95 / 0.37 |
| 24. | Ramnad | 0.670 **(22)** | 0.762 **(17)** | 0.454 **(21)** | 0.629 | 22 | −1 | (19) | 18.40 / 0.08 |
| 25. | Virudhunagar | 0.693 **(12)** | 0.753 **(18)** | 0.508 **(11)** | 0.651 | 14 | −2 | (16) | |
| 26. | Sivagangai | 0.711 **(10)** | 0.768 **(16)** | 0.441 **(26)** | 0.640 | 18 | 8 | (18) | 17.01 / 0.06 |
| 27. | Tirunelveli | 0.680 **(18)** | 0.806 **(7)** | 0.489 **(15)** | 0.658 | 9 | 7 | (11) | |
| 28. | Thoothukudi | 0.721 **(8)** | 0.857 **(3)** | 0.530 **(5)** | 0.703 | 4 | 1 | (3) | |
| 29. | Kanniyakumari | 0.794 **(2)** | 0.885 **(1)** | 0.453 **(22)** | 0.711 | 3 | 19 | (4) | |
| | STATE | 0.696 | 0.767 | 0.508 | 0.657 | | | | |

Source: State Planning Commission, Chennai, 2001. & Statistical Hand Book of Tamilnadu 2016.

N.B: The districts where the average percentage of SC/ST is of more or about the State average of SC/ST or more than national average & their ranking which is at the fag end of the scale; this gives way to interpret that the Social welfare needs are either not met / mechanisms wanting to the SC/ST population pockets are living in remote areas; only special focus can bridge the gaps

## About the author

**Fr. Kumar John Krishnasamy**, Director, Social Watch–Tamil Nadu, is a development researcher and has held the position at the policy research and budget advocacy organisation since 2010. He is a member of the Jesuit Madurai Province.

While his research and professional work has primarily focussed on the Dalits and subaltern communities of Tamil Nadu, he has been a member of the Working Committee of the State Planning Commission in the State Ministry of Adi-Dravidar and Tribal Welfare for the 11ᵗʰ and 12 Five Year Plan periods. He is the co-editor of Tamil Nadu Social Development Report 2000, a research compilation of TN People's Forum for Social Development. He also co-authored a paper *The Social Development of Dalits and Tamil Nadu Budget* following a State-level seminar on Dalit socio-economic issues and concerns in 1998. He was the editor of '*Aanaalum Tamilnaattaip Paaraattlam*', a critique of the Budget 2010-11 from the Dalit perspective.

He is also a member of the Management Committee of Loyola College, Chennai. After doing his B.A. in English Literature at Madras University, Fr. Kumar went on to do B.Ph from Gnana Deepa Vidyapeeth, Pune. He did his Masters in Sociology from Annamalai University, Chidambaram, Tamil Nadu. His interest in Folk art and street theatre saw him take up a course on Folkloristics at Xavier's College in Tirunelveli, Tamil Nadu. He also did a Diploma on Research Methods (Social Study) at the University of Manitoda, Canada.

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# Children in Informal, Coastal and Migrant Settlements in Tamil Nadu: Gaps in Policies and Challenges in Implementation

## Vanessa Peter

**Abstract:** *The non-homogenous categorisation of the child, even amongst disadvantaged communities, is brought out by the condition of children in informal, coastal and migrant communities. Often lost in the maze of numbers, there is no clear publicly available estimate of the children hailing from these three segments.* Vanessa Peter, Independent Researcher and member of the Shelter Advisory Committee of the Corporation of Chennai*, identifies the gaps in the policy-making process, the inconsistencies in documentation, and the knowledge gaps that are impediments to successful policy interventions. On the normative side, she sees the potential for a progressive welfare-orientated State such as Tamil Nadu to mainstream the child in the policy-making process by incorporating issues relating to children in Annual Policy Notes of the State's Departments relating to informal, coastal and migrant settlements, and other related Departments.*

O ne of the ten vision themes of the Government of Tamil Nadu as expounded in Vision Tamil Nadu 2023[1] is to facilitate an inclusive growth pattern by ensuring an enabling environment for vulnerable and destitute sections of the society. Tamil Nadu is widely considered a pioneer in India for its welfare schemes which are beneficial to disadvantaged children. However, gaps in its policy-making and challenges during implementation persist. If the gaps in policies are not addressed with the perspectives of beneficiaries, they would only exacerbate the children's vulnerability.

This working paper intends to analyse the gaps in policies, identify the diverse dimensions of vulnerabilities affecting the disadvantaged children residing in the informal[2], coastal, and migrant settlements in Tamil Nadu.

The key challenge in measuring the intensity of the problems and provisions of appropriate service is that of inadequate data on the vulnerabilities of these children. The census survey has information on the number of children residing in informal settlements and those that are urban homeless only for the 0–6 years age category.[3]

The 2011 Census has data of the migrant children of 0-18 years, but not for the most vulnerable children, like the distress, seasonal, and circulatory migrants. Likewise, the data on children in coastal areas is also limited, as the primary focus group of the Marine Fisheries Census 2010 is that of marine fishing communities and specific allied fishing communities. There is inadequate data on the families involved in freshwater fishing and other coast-based livelihood in Tamil Nadu.

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[1] Vision Tamil Nadu 2023 – Strategic Plan for Infrastructure Development in Tamil Nadu, Government of Tamil Nadu, March 2012. http://www.spc.tn.gov.in/pdfs/TN_Vision_2023.pdf

[2] In this working paper, the term 'slum' is intentionally referred as 'informal settlement', as the Tamil Nadu Slum Areas (Improvement and Clearance) Act, 1971 defines the 'slum' as 'any area is or may be a source of danger to the health, safety or convenience of the public of that area or of its neighbourhood, by reason of the area being low-lying, insanitary, squalid, over-crowded or otherwise' and thereby violates the dignity of the residents of these areas.

[3] P.10, Status of Children in Urban Area – Baseline Study 2016, National Institute of Urban Affairs, New Delhi, 2016. https://cfsc.niua.org/sites/default/files/Status_of_children_in_urban_India-Baseline_study_2016.pdf

**Gaps in Policies:**

The gaps that hinder the most vulnerable among the poor from availing of their entitlements are (i) absence of policy safeguards and (ii) inadequacies in existing policies.

**(i) Absence of policy safeguards**

One of the factors that increase the vulnerability of the disadvantaged children residing in urban informal settlements and in coastal areas is limited access to 'adequate housing'.[4] The lack of policy safeguards relating to housing and allied services has an adverse impact on the lives of the disadvantaged children.

Since its inception in 1971, the Tamil Nadu Slum Clearance Board (TNSCB) has constructed over 1.05 lakh tenements and it has taken up 504 informal settlements for upgradation, thereby benefitting 1.30 lakh families. Over 1.08 lakh plots have been developed and allotted so far.[5] However, these large-scale housing programmes have been implemented without any legal or policy guidelines.

The absence of policy needs to be addressed on a priority basis as the population of children in informal settlements is steadily increasing in Tamil Nadu.

**Table: Rising Children Population (0-6 years) in Informal Settlements**

| Census Year | Children Population (0-6 years) in Informal Settlements (urban) | Percentage of children population in informal settlements to urban children population |
|---|---|---|
| 2001[6] | 5,11,095 | 17 |
| 2011[7] | 6,14,969 | 17.5 |

Source: Compiled by author from Census of India 2001 and 2011

Though several thousand families are being resettled for implementation of various development projects, there has not been a comprehensive Rehabilitation and Resettlement (R&R) Policy yet and it has had an adverse impact on the lives of children in these settlements. In the resettlement sites of Ezhil Nagar, Kannagi Nagar, and Perumbakkam in Chennai, 16 per cent of children are out of school/*anganwadi* centres.[8]

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[4] Article 11.1 of the International Covenant on Economic, Social and Cultural Rights (1966) guarantees the human right to adequate housing. The human right to adequate housing is further elaborated by the United Nations Committee on Economic, Social and Cultural Rights (CESCR) in its General Comment 4, 'The right to adequate housing,' 1991.
[5] Policy Note 2010-2011, Housing and Urban Development, Tamil Nadu Slum Clearance Board, http://www.tnscb.org.in/Policy%20Note%202010-11%20Secretariat%20English.pdf
[6] P.129, State of Slums in India - A Statistical Compendium 2013, Ministry of Housing and Urban Poverty Alleviation, Government of India, New Delhi
[7] P.118, State of Slums in India - A Statistical Compendium 2015, Ministry of Housing and Urban Poverty Alleviation, Government of India, New Delhi
[8] P. 33, From Deluge to Displacement: Impact of Post Flood Evictions and Resettlement in Chennai, Housing and Land Rights Network and Information and Resource Centre for the Deprived Urban Communities, New Delhi, 2017

Tami Nadu is also known for its effective implementation of programmes for urban homeless children under the Shelter for Homeless programme[9] and the Special Training Interventions[10] for the informal, coastal, migrant, and homeless children. However, there is a need to draft comprehensive policies on coastal communities, migrants, and urban homeless so as to facilitate inter-departmental coordination and to bring the various programmes implemented by multiple departments under a policy framework to facilitate effective planning, implementation, and evaluation.

## (ii) Inadequacies in existing policies

Tamil Nadu is one of the most urbanised States with 50 per cent of its population residing in urban areas and it is expected to reach 75 per cent by 2026.[11] The existing urban renewal programmes do not have adequate provisions for creating child-friendly spaces despite the fact that 0-18 years age group constitutes 29.3 per cent of the population residing in urban areas.[12] The thrust areas of these programmes are mostly in civic infrastructure facilities than the social infrastructure facilities.

The Marine Fisheries Census 2010 points out that in Tamil Nadu, 37 per cent of fisher folk had no access to education. However, there is no specific data on children and their access to education. The annual policy notes by the Tamil Nadu Fisheries Department do not include plans for the development of children in coastal areas.

**Gaps in Implementation:**

The implementation challenges can be categorised into:

i.   Issue-related knowledge gaps,
ii.  Absence of operational guidelines, and
iii. Lapses in participatory monitoring mechanisms.

## (i) Issue-related knowledge gaps

There are gaps in the enumeration methodologies adopted by the departments to identify the most vulnerable children. There should be different strategies adopted for different social groups. These enumerations should also ensure that the dimensions of vulnerabilities are identified. Techniques like involving communities in the enumeration process and focus group discussions can be adopted to fill these gaps.

The existing documentation of the various programmes is restricted to quantitative assessment, there is a need to evolve community participatory assessments to evaluate the successful models and use it for shared learning initiatives.

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[9] Implemented under Deendayal Antyodaya Yojana (DAY) - National Urban Livelihood Mission (NULM), implemented by the Department of Municipal Administration and Water Supply (MAWS), Government of Tamil Nadu

[10] Programme under Sarva Shiksha Abhiyan (SSA), School Education Department, Government of Tamil Nadu

[11] Policy Note 2017-2018, Housing and Urban Development Department, Government of Tamil Nadu http://cms.tn.gov.in/sites/default/files/documents/hud_e_pn_2017_18.pdf

[12] Supra Note 3

## (ii) Absence of operational guidelines

The Central government schemes are implemented with broad guidelines drafted at the national level and are not State specific. As multiple State government departments are also involved in their implementation, there is a need for formulating State-specific operational guidelines/standard operating procedures to outline the roles and responsibilities of all the related departments.

## (iii) Lapses in participatory monitoring mechanisms

The rights of the disadvantaged children residing in the urban informal settlements and coastal areas are restricted due to deficient basic infrastructure facilities. The access of these children to these facilities is differential based on secured tenure.

The disadvantaged child residing in a notified/declared[13] and 'developed'[14] 'slum' has better access to housing and other basic infrastructure facilities than the child residing in un-notified/undeclared 'slum'[15] and under developed 'slum'. In Tamil Nadu, over 49 per cent of the informal settlements do not have secured tenure on the grounds that are not notified or declared.[16]

In informal coastal settlements without secured land tenure, children have limited access to basic infrastructure. A study conducted by the National Institute of Urban Affairs in 2016 revealed that 6.45 per cent of children in urban areas 'under the school-going' (5 to 18 years) age in Tamil Nadu did not have access to any form of education.[17] The primary reason for children not accessing education was poverty and lack of access to schools. The budgetary allocations made by the State government to infrastructure facilities in these un-notified informal settlements are limited.

The programmes intended to benefit the urban homeless and migrant children, like the Special Training Interventions, at times, fall short of reaching them as dissemination of information is not made available directly to them in their native language. These gaps can be identified only when the programmes are monitored from the beneficiaries' perspective, on a periodic basis.

Recommendations to ensure children-friendly environment in informal settlements, coastal areas and worksites in urban areas

I.  **General Recommendations:**
    - The State should evolve a child-friendly State Urban Housing and Habitat Policy (SUHHP) as mandated by the National Urban Housing and Habitat Policy (NUHHP) 2007[18] through a participatory process. The policy should have special

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[13] Slum declared under Section 3 of the Tamil Nadu Slum Areas (Improvement and Clearance), 1971.
[14] Slums where development activities, including that of permanent housing, are undertaken by the Tamil Nadu Slum Clearance Board (TNSCB) under various schemes, like the Madras Urban Development Project (MUDP), the Tamil Nadu Urban Development Projects (TNUDP) and other housing projects of the Centre and the State governments.
[15] Slums not declared under Section 3 or Section 11 of the Tamil Nadu Slum Areas (Improvement and Clearance) Act, 1971.
[16] Supra Note 8
[17] Supra Note 3
[18] National Urban Housing and Habitat Policy, 2007
http://www.nhb.org.in/Urban_Housing/HousingPolicy2007.pdf

provisions for the most vulnerable groups like homeless, coastal communities and the migrants.

- The Departments implementing various welfare schemes for the disadvantaged children can constitute expert committees and undertake periodic researches to regularly monitor the effectiveness of the programmes implemented.
- Strategies like social audits, documentation of best practices, shared knowledge initiatives and capacity enhancement initiatives can be adopted by the departments.
- Annual Policy Notes of the Housing and Urban Development Department that implements housing and other development work for the informal settlements, the Department of Fisheries that reaches out to the coastal communities, the Labour and Employment Department that monitors the implementation of schemes for migrant workers by the employers, the School Education Department that implements SSA and the Social Welfare and Nutritious Meal Programme implementing the Integrated Child Development Services and the Noon Meal Programme should have a comprehensive development plan for the children of these groups based on the survey assessing the status of children.

II. **Specific Recommendations:**

Children in informal settlements
- Evolving a planning framework for creating children-friendly environment in smart cities plan with participation of children
- The State to amend the Tamil Nadu Slum Areas (Improvement and Clearance) Act, 1971 and include provisions related child-friendly housing and access to civic and social infrastructure facilities.
- Comprehensive child-friendly Rehabilitation and Resettlement (R&R) Policy to be drafted by the State
- TNSCB to ensure that slums are notified and declared to facilitate access to civic and social infrastructure facilities
- Adopting civic and social infrastructure access audit processes to enhance children's accessibility to services

Homeless and migrant children
- The State should adopt participatory policy making and evolve comprehensive child-friendly policies for the migrant and urban homeless
- To ensure that the most vulnerable within these groups are included in the enumeration process, participatory survey processes to be undertaken with enhanced civil society participation
- Qualitative social audits/impact assessments to be conducted on a periodic basis to identify gaps and evolve strategies strengthen the programmes.

Children residing in coastal areas:
- The State should evolve a comprehensive child-friendly Fisheries Policy also encompassing the different coastal-based occupational groups
- The Tamil Nadu Fisheries Department should initiate a joint survey to assess the living conditions of the children in coastal areas and include the other marginalised groups who depend on the coast for their livelihoods

Being a progressive State, the Government of Tamil Nadu should take measures to strengthen the policy framework so as to protect the rights and entitlements of the disadvantaged child in informal, coastal, and migrant settlements by enabling environment towards fulfilling the Sustainable Development Goals (SDGs)[19] that aspires to make human settlements in cities and coasts inclusive, safe, resilient, and sustainable.

## About the author

**Vanessa Peter**, Policy Researcher, Information and Resource Centre for the Deprived Urban Communities, has worked with the coastal communities in Tamil Nadu since 2005 as part of the Tsunami relief and rehabilitation programmes. She is also working with the urban informal settlements (slums and the urban homeless) across the State since 2007. Having been associated with the office of the Advisor to the Supreme Court, Vanessa was monitoring the implementation of 'Shelter for the Urban Homeless' programme. She was also instrumental in the designing and implementation and drafting the Standard Operating Procedure of the 'Shelter for Urban Homeless' for the Greater Chennai Corporation. Presently, she is a member of the Shelter Advisory Committee to monitor the programme. Vanessa is also the member of the State-level Project Sanctioning Committee, constituted by the Government of Tamil Nadu under Deendayal Antyodaya Yojna-National Urban Livelihoods Mission. Vanessa has produced several policy research papers, social audits, and citizens' reports that have been instrumental in highlighting the violations of rights of children and address the situation in coordination with the Government. Vanessa strives to bring about pro-poor policies by addressing the disconnect between the poor and the policy through the research initiatives undertaken through Information and Resource Centre for Deprived Urban Communities—a social initiative.

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[19] On September 25, 2015, the United Nations (UN) adopted a set of 17 Sustainable Development Goals (SDGs) to end poverty, protect the planet and ensure prosperity for all, as part of a new sustainable development agenda. http://www.un.org/sustainabledevelopment/sustainable-development-goals/

# The Disabled Child

**P.V.S. Giridhar**

A s per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are disabled' which is 2.21 per cent of the total population[1]. The percentage of disabled population among males and females are 2.41 per cent and 2.01 per cent respectively. At all India level as well as disaggregated by various social groups, the proportion of disabled in the corresponding population is higher for males than females.

- 20 per cent of the disabled persons suffer from disability in movement,
- 19 per cent are with disability in seeing,
- 19 per cent are with disability in hearing,
- 8 per cent have multiple disabilities.
- 32.5 lakhs are in age group 0-9 (14.7 per cent)
- 17 per cent of the disabled population is in the age group 10-19 years (46.2 lakhs). (So, 0-19 years - 78.7 lakhs or 31.7 per cent) deducting 4.62 we get a population of 41.58 or 15.3 per cent in age group 10-18)

**So, 0-18 can be deduced to be a population of 74.08 lakhs or 30 per cent of population**

The country's disabled population increased by 22.4 per cent between 2001 and 2011. The number of disabled, which was 2.19 crore in 2001, rose in 2011 to 2.68 crore - 1.5 crore males and 1.18 crore females. Rural areas have more disabled people than urban areas.

In Maharashtra, Andhra Pradesh, Odisha, Jammu and Kashmir and Sikkim, the disabled account for 2.5 per cent of the total population, while **Tamil Nadu** and Assam are among those where the disabled population is less than 1.75 per cent of the total population. Tamil Nadu ranks 13 in the literacy rate among disabled persons, at 60.66 per cent vis -a -vis overall population literacy rate of 80.33 per cent.

### Child with impairment to Child with Disability – Key Issues

- Not an exotic idea that children with disabilities and those close to them should aspire to a quality of life comparable to those without disabilities;

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[1] It needs to be stated that data on the disabled child in Tamil Nadu, performance levels in specific schemes and outcomes are scarce. (At least this author, who is not a specialist in the field of disability has been unable to access the same despite some armchair effort.) Hence the paper draws from the pan-India data and experience.

- Start by assuming that disabled children and their families should have access to experiences that others routinely expect; then the issue becomes one of finding the route to achieve it and the services that will enable it to happen.
- Disabled children and their families have a right to a quality of life comparable to that enjoyed by others who do not live with disability.
- The law should be seen as a tool that can be used to help achieve practice that research data indicates is valued and meets important needs.
- Need for emphasis on the *social oppression* of children and adults who live with impairment
- The 'social model of disability' tended to use the term 'impairment' to refer to physical, sensory or intellectual limitations and the term 'disability' to encompass the socially created restrictions experienced by the children and adults concerned.
- Some of the most devastating and eroding factors are socially or politically constructed and can be changed by social and political means.
- For disabled children and their families no amount of 'user-centred' or 'needs-led' terminology will disguise an assessment that is covertly resource- or provision-driven.[2]

**Legal rights of the child and the disabled child**

The two principal enactments relevant to the disabled child are:

1. The Persons with Disabilities (EOPF&FP) Act, 1995[3] provides for:

- Prevention and early detection of disabilities (Sec.25)
- Govt. and local authorities to provide children with disabilities (CWD – up to 18 years) free education etc. (Sec.26)
- Govt. to set up teachers' training institutions to develop trained manpower for schools for CWD (Sec. 29)
- Govt. to prepare a comprehensive education scheme providing for transport facilities, supply of books, improve physical access, scholarships etc.
- provide visually impaired students with aids who will write for them (amanuensis)

2. The Right of Children to Free and Compulsory Education Act, 2009 (RTE Act) provides for:
- Right of every child to free and compulsory education (6 to 14 years)

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[2] Disabled Children & the Law – Janet Read (2006)
[3] being replaced by Rights of PWD Act, 2016

- Right of CWD to pursue education under Chapter V of the PWD Act (obligations to rights)
- Special provision for children not admitted to or not completed elementary education
- Duty of Govt. and local authority to establish neighbourhood schools within 3 years

## Policies and Programmes in India

The education of children with disabilities and special needs in India was initiated in the late 1800s, with the establishment of special schools for the Deaf in Bombay in 1883, and for the Blind in Amritsar in 1887. By 1900 numerous special schools for the visually and hearing impaired children were set up across the country. *This initiated the tradition of special schools in the country and till the 1970s, this was the dominant mode of service delivery for children with special needs (CSN).* It was only in 1974 that the scheme on Integrated Education of Disabled Children (IEDC) broke new ground by stressing the need for educating children with mild to moderate disabilities in regular school settings. However, the tensions between the role of special and general schools for CSN continues today, even after the widespread recognition that inclusion is seen as a more effective educational and social strategy in most cases.

*The National Policy on Education (1986) brought the fundamental issue of equality for CSN to the forefront.* It stated that the "objective should be to integrate physically and mentally disabled people with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence". *While the NPE helped set the stage for further integration and inclusion, only in 1990 did the government provide teeth to the policy through the adoption of the Plan of Action (POA).* The POA ambitiously committed to universal enrolment by 2000 for both children with and without disabilities. It also strengthened the NPE by demanding that CSN be educated *only* in regularly schools and not in special schools as had been allowed earlier. The placement principle for CSN in effect relegated special schools to the status of bridge schools. Children in these schools were expected to obtain training in non-curriculum areas, to help them prepare for general curricula, after which it was expected that they would be transferred to general schools.

The PWD Act itself was an important intervening policy development in education. Its position on a rights-based entitlement to basic education was clear, and consistent with India's international commitments on education of CWD. At the same time, its guidance on modalities for ensuring realization of the right was less so, with all options for delivery of education for CWD allowed for and not as much specific guidance on which was the priority mode anticipated and in what circumstances other modes would be appropriate.

The 1989 *Convention on Rights of the Child* noted that "Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardians' race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, **disability**, birth or other status." While a general base, it was an important step in reaffirming the right to education of CWD.

The guiding principles of the Convention include
- non-discrimination;
- adherence to the best interests of the child;
- the right to life, survival and development; and
- the right to participate

The Convention also recognized the *right to participation* of children, which is seldom recognized in India: "Children are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political life. Participation rights include the right to express opinions and be heard, the right to information and freedom of association. Engaging these rights as they mature helps children bring about the realization of all their rights and prepares them for an active role in society."

*The framers of Sarva Shiksha Abhiyan (SSA) came to an early realization that their objectives could only be met if the education of CSN was an important part of the program.*

The key provisions under the SSA in 2001 for integrating and including children with special needs is through:
  (i)    a cash grant of up to 1200 Rupees per CSN per year;
  (ii)   district plans for CSN that will be formulated within the above prescribed norm, and
  (iii)  involvement of key resource institutions to be encouraged.

The year 2005 saw the most recent and comprehensive policy push from the Government of India (GoI) on education of both children and adults with disabilities, in the form of the Minister of HRD's Policy Statement in March 2005, 90 followed by a year-long development of a national Action Plan for Inclusion in Education of Children and Youth with Disabilities.[4]

There is no readily accessible data on the performance and outcomes of these programmes in Tamil Nadu. But the findings on "Budgetary Allocations and the Child in Tamil Nadu by R. Srinivasan" (Extracted in the Annexure) are disturbing. To take two examples:

  i.    The total enrolment ratio for children with special needs is still less than 50. This low enrolment is despite providing teachers with assistive devices and special training. Now the number of teachers trained in imparting education for children with special needs in primary and upper primary education is around 30,000. Here teacher-pupil ratio is 1:4."
  ii.   The absolute number of children taking mid-day meal has been declining while the total enrolment is increasing in government and government aided schools.

So, the access to schools for disabled children continues to be limited. The decline in mid-day meal consumption would impact the nutritional standards of the children and is likely to frustrate the statutory obligation of prevention of disability.

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[4] People with Disabilities in India: From Commitments to Outcomes, HDU, World Bank, 2007

## Observations

Law provides for a rights-based jurisprudence of disability and guarantees equal opportunities, protection of rights and full participation. Law also provides for detailed mechanisms for achieving the same and machinery for enforcement through the Commissioner for Disabilities (Sec.62 of PWD Act). The PWD Act goes beyond the RTE Act in providing for free education up to the age of 18 years and the latter creates entitlements for disabled child (see proviso to Sec.3 (2)). But empirical studies are needed to identify and enumerate the actual facilities provided, assess the performance on the ground and measure the outcomes.

In the developed economies, most children (without disabilities) are assured of education and other facilities and special provisions had to be made to ensure that CWD are included in such facilities. But in India even children without disabilities are deprived of access to quality education. It is largely due to the efforts of the NGOs and others working on Rights of the Disabled that the rights of the disabled have won statutory recognition and policy emphasis. Ironically at a normative level the rights of the disabled child are more advanced and detailed than a child without disability.

Consumerist development and enclosure of open spaces has ensured that the child is imprisoned before TV or PHDs (palm held devices) as a spectator rather than participate in games and other such participative exercises. This process tends to induce disability rather than prevent the same, and in any case stunt participation. Detailed research is not needed to understand that cultural attitudes towards disability and social structure dominated by the caste system present a structural barrier to an inclusive society and the disabled child attending school would be existentially aware of this.

**ANNEXURE**
Budgetary Allocations and the Child in Tamil Nadu: Some Initial Findings
**R. Srinivasan**, 2017

"We cannot comment on the adequacy of this volume of financial allocation. But the reach of government to the marginalised can improve in terms of quantum and efficiency of expenditure. To give an example, all the schools in the welfare departments see sharp decline in enrolment for the last many years. The faster growth of enrolment in private schools shows that people prefer private schools to government schools. Generally, students from poor and low income families study in government schools, though there are exceptions.

"The total enrolment ratio for children with special needs is still less than 50. This low enrolment is despite providing teachers with assistive devices and special training. Now the number of teachers trained in imparting education for children with special needs in primary and upper primary education is around 30,000. Here the teacher-pupil ratio is 1:4.

"Detailed examination of expenditure in each scheme shows some disturbing trends. For instance, the absolute number of children taking mid-day meal has been declining while the total enrolment is increasing in government and government aided schools. We have heard of systematic leakages in the system. The quality of school education is often revisited and corrected for nutrition component; yet, the meal is not attractive for children. We cannot assume away that the children are rich enough to bring home cooked food.

"Though the popular discourse is that Tamil Nadu has been a pioneer in social policy and programmatic intervention, its actual engagement is otherwise.[5]

## About the Author

**P.V.S. Giridhar**, an Advocate in the Madras High Court, and a Legal Consultant for non-government organisations such as Ability Foundation, ActionAid India, Human Rights Research and Advocacy Foundation, and Centre for Child Research & Development. He currently specialises in Intellectual Property. He is a Guest Lecturer at NALSAR Law University where he designed and taught a course on "Constitutional Obligations of Non-State Entities." He has lectured at universities in India and abroad, including at University of Oxford, U.K., and University of Michigan, Ann Arbor, U.S.

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[5] Budgetary Allocations and the Child in Tamil Nadu: Some Initial Findings, R. Srinivasan, 2017

# Governance and Social Spaces for Children: Tamil Nadu as a Potential Leader

## Akila Radhakrishnan[1]

**Abstract:** *Tamil Nadu's distinct track in finding a winning mix of politics and public policies is evident from its electorally successful welfare schemes. In this paper, **Akila Radhakrishnan**, flags fundamental issues that require urgent redress, such as sanitation and the abuse of open spaces, and asks for policy attention to progressive development of child friendly spaces. She promotes the idea of listening to the views of children in matters that directly and indirectly affect them.*

Social space has several dimensions: It has a geographic nature, which can be quantified and defined; a mental connotation which reflects the cultural significance of that space; and a relational meaning derived from how individuals occupy those spaces, based on who has the power to decide its use, especially when it is a high demand product [2]. These three variables seem important to explain the way different people, inclusive of children (defined as anyone below the age of 18 years), perceive, participate and even shape their identity through the given conditioning of their relationship with that space.

Extrapolated for larger groups, space therefore derives sociological significance. Age, gender, caste and class are some of the key determinants in Indian context. People view themselves as located or growing up in a stable, or hostile, or egaliatarian, or disadvantaged space according to the societal perceptions of these three variables. While at the outset, the notion of social space seems to be personal and influenced by one's psycho-social factors, it can be directed by policy, planning and good governance. This is the primary proposition of this paper.

The second argument is that children are a potential agency in transforming social spaces, *albeit* in subtle ways. They can contribute to the organisation of spaces, which adults primarily create as administrators, city planners, institutional heads or parents. When these adult decision makers do not factor in the rights and requirements of the children who are impacted by the public policies, they undermine the ways of using the shared physical, cultural and social space into positive and democratic use among all the users. Governments, civil society and citizen groups can play a positive role together in this area.

Available literature on spatial planning in western countries indicates their engagement in multi-perspective planning, development of parks, community centres and cultural platforms. In contrast, owing largely to our already unplanned growth, stubborn economic situations, and poor multi-sectoral approaches in spatial planning, there is scanty or weak discourse on planning social spaces in India. Worse still from child perspective, it remains as tokenism.

It is possible that Tamil Nadu could be a potential torch-bearer in exploring and modelling healthy and happy social spaces for children. At present, there is no stated policy for children, and it is

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[2] Elaborated in Children, childhood and space: Multidisciplinary approaches to identity – Romero et al, 2015.

promising to attempt a comprehensive child policy that looks not only into core interventions and results in nutrition, education, health and child protection but also cross-cutting and fundamental themes like social spaces for children.

This paper will discuss a wide spectrum of opportunity, starting from the fundamental non-negotiables like hygiene and sanitation as foundation stones. It has 3 sections, the first two of them presented in life-cycle approach to elaborate on the three main variables of space (stated in the beginning). As the purpose is to throw thought on the need to consider all the three variables, the paper prefers to concentrate more on the physical dimension of space in the first session and expand the focus to cultural and relational space as well in the next session. All the three are nevertheless important consideration across all ages. Finally, in arguing for better governance through participatory planning and with child lens, the last section discusses children's participation in governance on matters that affect them. It is not only for realising child right but also for improving the optimal use of space under public control. Overall, the paper aims to explore wider understanding and policy actions suitable for children.

Being a less trodden area, there is limited data to analyse trends and gaps, but relevant examples would be discussed to consider suitable suggestions for policy and programmes.

**Section 1: Social space for promoting the development of infants and children**

The process of planning for physical space is not an exclusive matter for town planners and technocrats. Several projects tend to succeed when planners have visualised the users well-enough during the planning phase or have heard the views of stakeholders for those spaces. Problems persist when they do not. A thumb rule in designing public spaces is that different categories of people in the community must be able to find them useful to engage in purposeful and shared manner. They are said to act as self-organising public service, and therefore demand detailing of management, maintenance, security and overall care[3]. When the use of public space is contended by different parties, children, more often than adults, are likely to give up their right to use it, and bear witness to several short and long term negative impacts. After all, use of any land is a matter of political economy and controlled by power relations.

Let us attempt to situate this in the context of Tamil Nadu, which is a shining example with impressive social development indicators. The state has relatively acceptable standards of social spaces for all sections of the population, thanks to its early education and reformistic approach. One area that needs more focused and urgent attention is the continuing prevalence of open defecation in waste lands, beaches, city-lanes, and several other places which could otherwise be great havens for children to play and enjoy good health. Within a generation of time, several open lands have become concrete jungles or dumping yards. Despite an abundance of growing evidence relating open defecation to stunting among children, diarrhoea, water pollution and breeding of diseases, the scarcely available common grounds continue to be abused, thus obstructing the space for children, and casting longer term scars in their development trajectory.

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[3] The social value of public spaces, Katharine Knox, 2007.

Do public facilities exist and how do they serve the deserving populations? Data shows[4] that 11% of ruralites and 30% of urbanites in Tamil Nadu use public or community toilets. A large 72% of villages in Tamil Nadu as against only 13 per cent of villages in India have a community toilet, but 14% of Tamil Nadu's villages report non-usage. Shockingly, the reason is that these toilets are not cleaned by anybody in 21% of the villages in the state. Comparatively better in urban areas, where 66% of wards in Tamil Nadu as against only 42% across India have a community toilet, the local municipal body is said to engage agencies to clean the toilets in almost 88% of the cases. Still, 5% of community toilets in urban Tamil Nadu report cleaning by nobody. Suffice this to note that a number of individual household toilets are dysfunctional, forcing open defecation. Oonly 40% of rural households in Tamil Nadu have access to water for use in toilets and there are other reasons such as need for suitable design options. Fact remains that the stubborn mind-sets do not care for clean public spaces. Closer attention to the supply and demand of public utilities and strict vigilance to curb misuse must ensure that areas around schools, play-grounds and all public spaces are kept clean and hygienic.

On another count, namely the system of garbage disposal from households, comparison with neighbouring Kerala shows startling situation. 12% of households in Tamil Nadu as against only 0.5% of them in Kerala dispose their garbage in a public space and 16% of them in Tamil Nadu against a smaller 6% in Kerala dump garbage from households into agricultural lands. It seems that the age-old practice of burying biodegradable waste around the house and use as manure is a lost practice, indicating the plight of over-crowded residential areas and apathy for environment. Overflowing and ill-placed garbage bins and messing up by dogs and cattle are a common sight in traffic-jammed lanes and in other dump-yards over dried up lakes and water-bodies.

Moving on to some successful practices, Tamil Nadu is recognised for promoting sanitation and hygiene among women by caring for their privacy, while it introduced a scheme for building women's toilet complexes in the year 2002 in all its 12,618 Village Panchayats.[5]. Several crores of rupees have been spent for construction, renovation and maintenance till date. Each unit was originally planned to have a baby-friendly toilet as well. Several positive features, acclaimed by the Planning Commission of India[6], included the user-trainings, user fees raised by women self-help groups, incinerators and formation of panchayat monitoring committees. It is now time to review the policy and implementation to gauge how the community values this social space and what course corrections are needed. Anecdotal evidence suggests that in several cases, they are unused because the unit's location is far away from the habitation, they are ill-lit at nights, and the concerned authorities do not address the critical concerns of women and girls. Later, men's complexes have also been opened. Further, there are also community sanitary complexes in several public places like bus stands, railway stations and areas that have high foot-fall of floating populations. But, they are not adequate, quantitatively or qualitatively. There have been cases of fake community groups pocketing the revenue from pay and use facility, without caring for the maintenance of these units. There have also been protests by caste-groups labelled with the pollution from toilet cleaning jobs. Sadly, during a field visit, I noted that local norms did not allow women in a Scheduled Caste colony to use the community sanitary complex during their menstrual

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[4] Swachhta status report, 72nd Round of NSSO, 2016.
[5] Integrated women sanitary complexes in Tamil Nadu, RD & PR department, 2012.
[6] Evaluation study on Total sanitation campaign, Planning Commission of India, 2013.

period. In none of these, however, the use by children or the challenges they face have been documented.

The issue of sanitation facilities, and the consequent abuse of open spaces – both private and public – is an example of a reality that affects the life opportunities for a child, directly and indirectly. It is time for the State to review the well-meaning policies to gauge the gaps and limitations, specifically from the dimension of the child.

We now discuss specifically about spaces primarily designed for children. Anganwadi centres (AWCs), meant for the 2-5 year olds to play, learn, socialise and get school-ready, are the first public space in which children spend considerable time on their own away from family. The positive cultural and social meanings that the child may form about the AWC could link a million wires in her/his brain that could build cognitive, emotional and social intelligence with everlasting benefit. However, there is no guarantee that these centres allow children to positively relate to the space, the teacher, the helper or the medley of toys and books. While the government has paid attention to the nutritional aspects, they are often left with substandard facility and inadequate personal care.

There are 13.49 lakh operational Anganwadi Centres (AWC) in the country, and each year about 10,000 to 14,000 toilets get constructed in them[7]. Yet, whether functioning in own or rented buildings, AWC toilets have a lot to improve. In Tamil Nadu, the Rapid Survey on Children found that 40 per cent of the AWCs in the State did not have toilets[8], leave alone child-friendly toilets. In Schools as well, despite the progressive data regularly published on availability of toilets, it is a fact that toilets are inadequate in numbers for the students, are poorly maintained, and are left unused because of lack of water or a variety of unmet repairs. It is common to find boys urinating outside the school compound walls, while girls suffer from holding until they can find a relatively more private spot. Thus, the critical window of opportunity to influence children for proper toilet-use in public places is lost by the poor provisioning and use of the public facility in the institutions for children. Automatically, it creates a pool of citizens who do not mind abusing the public spaces by urinating and defecating in the open.

Another critical indicator for children, namely exclusive breast-feeding during the first 6 months is at a low 57 per cent in the State, and contributes to the poor nutritional status for so many children. Literature shows that women working in the many unorganised sectors do not have a facilitating environment for breast-feeding their infants, once they have started to work soon after delivery. Last year, the then Chief Minister of Tamil Nadu pioneered setting up 352 breast-feeding rooms in bus terminals across the state, flagging off a promising start for rightful social spaces for infants. There is certainly longer way to expand and improve the social space provisioning for infants and children.

Closely related to the discourse on social space is the right of children to social services, which demands greater attention[9]. Public policy as well as funds to ensure the quality of service provided

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[7] Press information bureau of the Ministry of Women and Child, 2016.
[8] RSOC, 2014.
[9] Only one-third of Tamil Nadu's AWCs were found to provide all the 6 assigned services, namely supplementary nutrition, pre-school education, immunisation, nutrition & health education, health check-up and referral support.

to children are critically needed to prioritise early childhood care and education through Anganwadi-s and Schools.

**Section 2: Social Space for the development of children and adolescents**

Availability of physical public space is one aspect, while promoting positive cultural and mental connotations about that space is more important for its better use by all people to whom it is meant. Both aspects need equally good attention to ensure that children, especially adolescents, are well connected and feel secure physically and mentally[10].

Take for instance, community spaces which are supposed to help people explore their local and wider community, meet up with friends, get some exercise or relaxation and feel connected in the society they live in[11]. This could be the metaphorical banyan trees in villages, the culverts serving as chatting corners in streets (a fast-disappeared feature), courtyards in places of worship, or community centres. Are they child-friendly, and that equally for both boys and girls? What is the nature of surveillance and control of public authorities on these spaces? What are the constricting conditions against their use by adolescents (defined as people between ages 11 and 19)?

Most of the public spaces are essentially adult places, where control and surveillance are key concerns for shared use by adolescents. Posting of police personnel, surveillance cameras, and security checks which have become essential in the troubled cities and towns that we live have usurped the freedoms of teenagers and adolescents in many ways. In the name of supervision and control, children and adolescents are watched over, regulated and restricted to use public space in parks, beaches, playgrounds, neighbourhoods, markets and streets. Sometimes, they are even viewed as a threat to social order, when there are conflicting ideas between adults and adolescents. Adults try to influence who the kids mingle with, where and how. Caste leaders and khap panchayats have slapped several harsh punishments on younger people when they saw adolescent behaviours as a threat to their age-old customs, caste, etc. and overtly or subtly controlled them through punitive, conservative and patriarchal norm sets. Recently, the use of coloured wrist bands and neck bands as caste markers among students clearly displayed the adult preferences for controlling caste-mingling. It showed how parents and the community controlled the children's physical and mind space for defining a certain social order.

Negative stereotyping makes certain spaces as sites of selective inclusion and exclusion, and especially curtail the movement of girls more than boys[12].

Predictably, the social constructs around gender burden girls' access to public spaces. They have limited choices of public spaces for both essential and leisure time activities. The ways in which girls are socialised by the parents and the conditioning norm-sets which constrict their relationship

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This shows serious gaps in the service delivery during early childhood, and could well have grave impact in later years. RSOC, 2014.

[10] Commonly found second generation problems among adolescents emerge from the shortfalls of the first generation, namely broken families or poor child care practices, and expose the kids to substance abuse, addictions, sexual abuse and mental diseases leading to suicidal tendencies and crimes of sorts.

[11] https://eprints.qut.edu.au/76139/2/76139.pdf. It discusses about children and young people's need to experience excitement and fun in what has been termed "unprogrammed space" , or simply to 'hang out' in unstructured social space.

[12] Citizenship, community, public space and the marginalisation of children and young people; Dee, 2013.

with the limited public space affects their mobility in physical as well as psychosocial terms. Many girls develop fear of moving out of their homes, lose self-confidence and mentally imprison themselves from exploring newer educational and development opportunities. They are suppressed by several forces from discussing matters of their private concern, be it mundane or serious, among their peers and friends even within the same sex. In a number of cases of sexual abuse of children, girls mention that they did not disclose it to anyone because they did not feel encouraged to talk or seek help in the school or neighbourhood. Girls are also married off too early, and more stringent norms of mobility are slapped on them. Many are shunned away from productive employment and increase the poor work force participation rates, even among educated girls and women. Data suggests that India loses $56 billion a year in potential earnings because of adolescent pregnancy, high secondary school dropout rates, and joblessness among young women[13].

An ICRW document[14] succinctly summarises that safe spaces are more than the creation of physical structures; they are strategies through which girls have access to collective learning and sharing platforms and avenues, and where they feel comfortable enough to articulate their voices. There is thus urgent need to recognize and build effective strategies to create safe social spaces for girls, community platforms, and flexible support programs with incentives to participate.

In this context, the way that social policy in Tamil Nadu has attempted to promote the freedom and mobility of young girls deserves special mention. An example is the free distribution of bicycles to students. The free bicycle scheme was introduced in 2001 for Dalit girls and was extended in 2004 for girls from the Backward and Most Backward communities. In 2005, it was included for all boys and girls of all communities studying in class 11 of all Government and Government-aided schools. The stated objective of the innovative scheme was to create educational opportunities for students who were coming from deep rural pockets, but the social consequences seems to go further beyond, namely to promote freedom of mobility of the young students, breaking caste and gender norms, to ride through public streets and lanes. While the positive breakthrough in approach and implementation is commendable, a review exercise[15] showed that there is need to increase the actual use of the cycles by all students and to make the paths between home and schools safer for girls. The State would do very well to comprehensively review its social protection schemes for enhancing child-friendliness.

No public environment is free from violation of child rights. Children are frequently abused at homes, on their way to school, in public transportations, at religious institutions, orphanages and in care-homes. They are named and shamed by their caste affiliations, girls harassed in street corners, and, being children, they are dumb-founded by the use of unjust power and authority in different forms. They are also ill-protected from the adverse influence of market forces which lure them to tobacco, drugs and alcohol, sold in the close proximity to schools. Uncontrolled exchange of pornography and other illegal material through mobile phones lead them to several forms of cyber-crimes. The need for extra-caring teachers and counsellors, and local support

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[13] India's next generation of growth, India Economic Summit, New Delhi, November 2009, World Economic Forum; http://www.weforum.org/pdf/India/India09_report.pdf

[14] Addressing comprehensive needs of adolescent girls in India: A potential for creating livelihoods, ICRW, 2013.

[15] Review of social protection schemes administered by Government of Tamil Nadu through schools, UNICEF and Hand-in-Hand, 2015.

mechanisms from civil society are most timely at present. Children must relate themselves positively in the school environment so that they can learn without fear, and develop their full potential in art, sport and multiple dimensions. Domestic violence is also a critical area, but remains outside the scope of the present paper.

There may be several solutions for better planning and promoting of social spaces conducive for children and adolescents. For one, the decentralisation climate in the State must allow more powers and functions for the local self-governments and village based committees to act as duty-bearers for children. Panchayats must be trained and empowered to monitor and promote safe institutions and clean public spaces for children and adolescents. In this regard, the positive attempts at child-friendly local governance by the panchayats in the neighbouring State of Kerala could attract policy attention[16]. The contribution of civil society must be encouraged, and public-private partnerships must be explored.

**Section 3: Children as agencies for transforming the social space**

Everywhere, a basic challenge for children and adolescents is that they are counted as mere users of public space and not potential agency in transforming this space. Use of social space is a citizenship right for all. The way they are socialised could explain the link between the adult world and their world, and help to propose ways of promoting positive behaviours for change, where needed.

Do children and adolescents have scope to share their views and preferences on what they would like to learn, how they would like to play and what policy and programme changes do they imagine to improve their daily lives? How participatory are our classrooms and school based clubs? Are there community or neighbourhood networks for children? Taking stock of these things may help to promote the capacity and creativity of children to participate in the social spaces relevant for them.

States like Karnataka and Kerala have introduced special *grama sabhas* for children, to listen to their views for better governance. Matters that often come to this forum are around improvements in the foot-paths leading to school, removal of waste-dumps on the streets, solid and liquid waste management, closing of gutters, maintenance of playgrounds, and support for clubs and libraries, to name just a few. Overall, promoting child participation can throw several ideas for better investment of public funds for children.

While it is necessary to listen to their voices and address their concerns, it would also be important to train children not just as questioners and petitioners, but as active contributors to creative solutions and as the change-makers themselves.

At present, rarely are children and young people actively and respectfully brought into planning and governance processes in Tamil Nadu and it is time to explore this so that children have a rightful ownership and connect with the public spaces that matter to them. It could in fact be a good citizenship training for them. Besides, the active inclusion of children and young people

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[16] Child friendly local governance: Operational Manual and Guidance Note; Raj, Akila, Kalidasan and Antony (ed), KILA and UNICEF, 2016.

better informs the implementation of public policy about the design and governance of public space. This is a promising way forward towards healthier and more inclusive social space for all.

**Conclusion:**

In sum, the perusal of available literature in this barely explored but highly promising theme has shown that while western literature discusses the promotion of social spaces in the form of parks and gardens for multiple users at different staggered periods of time, community centres and cultural platforms, we are still grappling with making our public spaces at least open defecation free, clean and hygienic. Given the limited space in fast changing cities, we could turn to global examples that can show several creative and intelligent use of land[17] and help us correct the past and present abuses of common areas. There are guidelines for building smart and child-friendly cities and institutions, and for promoting child participation in governance[18]. The local community must be energised to serve as planners and monitors to ensure best use of social spaces for children. Tamil Nadu can show a way by picking up child sensitive social space promotion as a unique method.

On that exciting journey, the following suggestions may come handy:

- In managing the exponential urbanization, including promoting "smart cities", government and corporations/municipalities can draw upon and customise available guidelines to ensure child-friendly urban areas, infrastructure, and institutions. Standards and customised guidelines can be decided in consultation with civil society and citizen groups, including children.

- Departments of Social Welfare and School Education can set up well-thought out minimum standards for child friendly Anganwadis and Schools for children and adolescents, and regularly monitor and report on them. Social Audits can be conducted by people and children.

- School Education and Social Welfare departments can take the lead, drawing from suitable NGOs, in designing and motivating child participation in all matters that concern them. Examples are, (i) citizenship education in schools and residential institutions to encourage children to participate in social action, to develop social responsibility and to promote social cohesion; (ii) developing and strengthening the capacity of professionals and administrators to listen to children's voices.

- These same departments, school managements, and teachers can work with parents, using platforms like the parent-teacher associations, to strengthen the articulation and prioritization of child perspectives in social spaces.

- Urban and Rural Local bodies can plan and ensure clean and hygienic public spaces and also identify the existing and potential social spaces for children in the available public places (like parks, roads, sidewalks, walk-ways, cultural/ activity centres, etc). through integrating genuine

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[17] While planning the metro rail in  Reso, Canada, the plan included 30 kms of underground shopping for its 500,000 population, that allowed warm walk through hundreds of tunnels and shopping galleries during winters;  In Manhattan, the former overhead railroad was not pulled down when better alternative routes were made,  but changed into a landscape walking park concept. Discussed in Governance of public spaces: Presentation of 8 case studies;  https://www.thecityfactory.com/fabrique-de-la-cite/data.nsf/AE50D9A5860ED183C1257B82003970F5/$file/fiches_etude_eng.pdf

[18] The child friendly city governance checklist: An instrument to trigger reflection and dialogue on governance of child rights – Inter-agency Toolkit developed by Innocenti Research Centre, UNICEF. This is further customized in the Kerala context as quoted in earlier Reference 16.

child friendliness, wherever relevant. They can promote inclusiveness in design and implementation in all matters of social space.

- Government can support creative planning and promote bottom-up or at least bottom-linked approaches, coordinating across key departments and parastatals to minimize policy gaps and inconsistencies.
- The pending preparation of state child policy can incorporate the promotion of child friendly social space as a cross-cutting theme in all sectors like health, nutrition, education, child protection and the like.

**About the Author**

**Akila Radhakrishan,** currently Planning, Monitoring and Evaluation Specialist in UNICEF Field office for Tamil Nadu and Kerala, Chennai, provides cross-sectoral support to the government, civil society and academic institutions on policy and programme matters that directly and indirectly affect children in these two States.

Prior to joining UNICEF in 2011, she worked with Madras Institute of Development Studies and Madras School of Economics, and later independently took up several assignments and consultancies for a decade, for ILO, UNDP, DFID, UNICEF and UNTRS. She has a few publications in books and journals. She also taught undergraduates in Sociology at Stella Maris College, Chennai.

Specialised in Education, some of her work in Tamil Nadu includes process evaluation of Activity Based Learning with Sarva Shiksha Abhiyan (SSA); preparation of the first perspective plan for Rashtriya Madhyamik Shiksha Abhiyan (RMSA) with Ministry of Human Resource Development; and evaluation of UN as one during tsunami rehabilitation programme. Some of her work in Kerala, particularly recently, is on influencing child friendly local governance, and preparation of state child policy and state nutrition policy with Government of Kerala. She enjoys engaging in creative pilots that can show new ways of improving results for children.

She has a doctorate in Sociology from Madras Institute of Development Studies. She also had post-doctoral opportunity in the U.S., on Ford Fellowship.

# Towards a Paradigm Shift in Child-sensitive Policy: Social Space in Tamil Nadu

## Erinda Shah[1]

**Abstract:** *This paper attempts to explore in depth the synergies and links between social spaces theory and child-sensitive policies in Tamil Nadu. The transformative shift in Millennium Development Goals to more overarching and engaging Sustainable Development Goals underscored the need to address global matters in innovative ways. Three out of eight MDGs had a direct focus on child survival, health and education. On the other hand, the concerns of SDGs go beyond health, education and survival, demanding greater responsibility and closer collaboration between government and community at large. In a more local framework, Tamil Nadu enjoys a pivotal position in development indicators in the country. However newer issues linked to rapid urbanisation, climate change and use of internet have emerged, requiring innovative child-centred policies.*

*This paper aims to explore potentially innovative ways to help build better policies which are sensitive to children's needs and feed the large agenda of our State, nation and the world we live in by borrowing from the concepts of social spaces. [2] It starts with a brief conceptual and evolutionary backdrop of Social Spaces. Further, keeping as a reference Emile Durkheim's 1890 view on social spaces as the area* **inhabited by a group with reciprocal relation to each other and space,** *the paper elaborates upon three important social spaces which are significant for child development: 1. Family, 2. Urban space and 3. Virtual space –Internet and technology.*

Erinda Shah, independent researcher, *argues for a child-sensitive approach combined with a collaboration between Tamil Nadu government and community for optimising all three spaces*

C hildhood represents a valuable, but limited and irretrievable opportunity to help children survive, develop, and thrive. If this small window is not properly utilised, it can cause negative impact on children, with possible long-term consequences affecting their adulthood. This paper examines the relation between "social spaces" and child development through analysis of the concepts and its practice in our society. This paper attempts to address two primary questions: 1. How do social spaces influence the formation and development of childhood? And 2. How can concepts and theories of social spaces contribute in reinventing Tamil Nadu's policies and interventions for a fulfilling childhood? This paper uses a shallow analysis based on existing studies, experience and knowledge on child development issues intending to trigger conversations among professionals to explore new methods to identify child issues using the theories of social spaces.

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**A brief conceptual backdrop**

As this Round Table aims to introduce the concept of Social Space in the policy discourse, a brief backdrop is in order. When we talk of social space, we visualise places where people gather based on common interests and mutual influence on one another. The Oxford Online Dictionary defines 'Social Spaces' as space available or intended for social interaction. And, Oxford Reference terms it as the combined use and perception of space by distinct social groups, as opposed to personal space. For [3]Carter (2004), 'Social space is produced by societies according to the spatial practices that exist within the society. The produced space is a set of relations between objects within the space'. In addition, scholars see social space as one that provides an environmental framework for the behaviour of the group; it is flexible/networked (Peck and Tickell, 2002). As development studies evolved to factor in deprivation, social space also became a factor to be counted: 'vulnerability is a multi-dimensional and multi-layered social space defined by political, social and institutional capacities.' Watts and Bohle (1993)

It was Emile Durkheim who coined the phrase 'Social spaces' in the 1890s to describe it as "the area **inhabited by a group".** Given the **reciprocal** relationship between members and the space in which this relationship occurred, it was very important for sociology to study forms of this particular structure. Starting with its conceptual origin, different theorists have modified it in a number of ways, each taking a different position towards social space – structuralist, genealogical, Marxist, and realist respectively (Shields, 1991).

Lastly, over the last two decades, the Internet has become an integral part of our lives. Millions of children and youth are using Internet technology and mobiles. Mobiles are already a practical necessity of our day-to-day life and children have long hours of access to them. Children, however, are not passive users of the Internet and technology and their dynamic interplay with the medium calls for the Internet to be considered another social space.

Different theories and definitions of social spaces can be borrowed to study how the spaces influence child development. For the limited purpose of this paper, I have elaborated upon three important social spaces, which I consider important and significant for child development:

1. Family,
2. Urban space and
3. Virtual space –Internet and technology.

All three are introduced with the limited aim of expanding the debate on social space and then to move towards explaining why this should be mainstreamed.

**The Family**

The family as a social unit attends to the children's basic needs from the time of their birth through their childhood and helps them survive in this world. It is a unique social

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[3] Association of American Geographers, Middle Atlantic Division, Annual Meeting 2004

space where children learn about the world and acquire abilities to use their senses, speak the first words and take the first step. Kamla Raj in her article *"Children and Use of Space"* argues that the composition of the group providing care and safety is dictated as much by nurture as by nature, where 'nature' refers to immediate family members like parents and 'nurture' is the social composition of the family group and its structure like nuclear, extended or classificatory.

In our society children are 'nurtured' predominantly by extended families even if they originally belong to nuclear families. Lifestyle, culture and other norms play equally crucial roles in child development and formation. However, life for many families in today's uncertain times -- given the volatility of the economy, scarcity of resources, natural disasters, financial and other insecurities and political instability -- is not predictable. Therefore, the likelihood of a positive childhood is dependant not only on the social composition of people taking care of the children and the culture they live in but also on the capacity of the families to cater to the multiple needs of the children, in good and bad times. In short, the question is: Are families strong enough to nurture a positive childhood?'

The first indicator to define strength would be the capacity of families to provide basic needs like food, drinking water, health and sanitation, immunisation, clothing, and decent shelter.

A 2012 UNICEF-supported research on mapping "Child Sensitive Social Protection System in Tamil Nadu", identified around 147 schemes and programmes which had considerable state investments into education, health, nutrition and welfare of young mothers and children. Strategic investments for more than two decades have placed Tamil Nadu ahead of other States in India. The State's per capita income (2014 - 15) - is the third highest among large States. The State's HDI is second among large States and its socio-economic development status is much higher than the national average.

However, Tamil Nadu's percentage of population below the poverty line (2004-2005) is 22.5 with a higher percentage in urban areas. Data from the NFHS-4 reveal that in Tamil Nadu, 23.8 per cent of children under 5 years are underweight and 7.9 per cent are severely wasted.

Poverty and unsafe living circumstances such as families living on the streets or in work sites due to lack of shelter have led to loss of and kidnapping of children. The data from the National Tracking System for Missing and Vulnerable Children (NTM&VC), which works under the Ministry of Women and Child Development reports that at least [4]for the last one year as on 31st August 2018, 2206 children went missing from Tamil Nadu. The above data flag the weakness of thousands of families with small children who are not strong enough economically to assure food security and lack basic necessities like shelter and hygiene.

But a family is more than that: it is the place where children turn to for comfort regardless of their age. The role of the family as a social space goes far beyond assuring primary needs of hunger, thirst and safe shelter to the way family members care for, handle, communicate with, and mould the child's understanding of the world and help

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[4] http://trackthemissingchild.gov.in/trackchild/tamilnadu

shape its capacities and character. Aggression, physical and psychological abuse and neglect of the children's needs are all triggers for future emotional and mental health problems, low self-esteem, and lack of trust. Together they constitute the missed opportunity of a healthy childhood. As a pointer, the 2015 data from the National Crime Records Bureau reveal that in Tamil Nadu crimes against children rose 5.3 per cent over 2014 with most cases of abuse committed by family members and 125 cases registered in the State.

Therefore, another important requirement for a strong family is quality of parenting skills. Young parents are often unprepared or not literate enough on the right techniques of care and parenting. The importance of breastfeeding, the role of fatherhood, recognising children as individuals with their own rights and instilling mutual respect are equally vital for healthy infant and child development.

In the same line, family members also become role models for shaping the children's behaviour and their understanding of what the family expects them to do. Healthy and positive role models where members share mutual respect and responsibilities, and where girls and women are equal to boys and men are important too. The home is the starting place for breaking entrenched patriarchal 'crimes' against girls and women. In addition to the State's schemes in promoting girl child protection and empowerment of women, innovative initiatives and interventions which increase knowledge on rights and gender equality of family members as whole, are required.

In conclusion, the social space called family is blessed with the primary role in child development and character formation. The family as a standalone social structure does not have all necessary long-term strengths to assure a holistic positive development of children. The state and its policies should play their role in supporting families and help them rise above negative coping strategies. Importantly, the interventions should be timely and help diminish vulnerabilities that weaken families and their capacities to stay strong and contribute to a positive childhood.

There are children born in families with less access to resources and there are children whose families, in due course, become vulnerable due to sudden events like lack of access to incomes, loss of life, emergencies etc.

Where does the state's role start? State Policies should recognise the family as a crucial social space for the care of children and alongside accept that the family has vulnerabilities which need the support of the state. **The family as a whole with a focus on children should be considered the axis of state policy. And this policy should integrate fragmented schemes and interventions which currently target specific members of family alone and not the family as a whole.** Moreover, state policies need not target or be developed only for the poor; they need to go beyond the usual practice of covering only the economic aspect of resources. Economic fluctuations, poor health behaviour and attitude, exposure to drug and substance abuse, etc. can be risks for any family and these need to be addressed. **Can the state policies be widened so as to reach more families and therefore more citizens? Will governments change the long-held belief that state interventions should only cover the poor? That all types of families identify themselves with their government and must therefore be included and supported?**

## 2. The Urban space and units

There are two parts in this group; first, the units or different kind of institutions like education systems (schools, kindergartens, anganwadies) health system (hospitals, emergencies) parks (re-creative and green spaces) etc., and second, urban spaces like infrastructure development, neighbourhoods etc.

**First: The units** -[5]Recent research has started to examine the links between the use of the outdoors, access to green space and human health. Contemporary health challenges, such as growing levels of obesity and stress have prompted medical researchers, physiologists and social scientists to examine the potential of outdoors and natural spaces to alleviate such health problems. The Greater Chennai Corporation that has invested and expanded green spaces and opened 525 public multipurpose parks has applied the same rationale.

"…it is obvious that outdoor play experiences contribute to children's physical development too, in particular to motor development." Hewes and McEwan (2005), p. 4. There is a direct link with positive health, like physical health, and reduction of stress and promotion of wellbeing. But the benefits of outdoor play contribute also to the learning experience of children, interaction with other members of community, strengthening of their social capacities to communicate, negotiate and help them grow up with a sense of community.

As a mother of two little girls who love to play and explore the world around them, I may say that the outdoor spaces for children are very limited in the city and the existing ones do not fulfil the purpose or demand. There are two constraints: the first is the physical constraint which means the lack of parks with a child focus. And the second is safety constraint which prevents children from more frequently accessing the existing play areas. Safety includes avoiding physical hurt from not well maintained playground equipment as well risk of health issues from mosquitoes, unhygienic use of spaces for human defecation and fear of abuse from strangers.

Further, our children spend considerable time in education institutions which predominately have an indoor-oriented curriculum and are theory based. Scandinavian countries, have researched the positive links between nature and learning, examining the potential for engaging with nature within an educational setting (e.g. Sigsgaard, 2005; Hyllested, 2006). Another concern around the education institution is the quality of the teacher's knowledge on child development, psychology, mental health issues and children's rights.

There is a need for a Licensing authority to monitor and ensure a minimum standard for services to children, which would help in the reduction of abuse and neglect of children and improve services in child institutions like kindergarten, anganwadis, children's homes, both private and public, and health services. Specific attention must be paid to children's homes, whether public or private, which in the absence of the family becomes the primary space of child experience. In such cases, the state government has to step in to provide at least minimum care.

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[5] Dr. Sarah-Anne Muñoz-2009: "Children in the Outdoors – A literature review"

But what is 'minimum care'? How do we define it? Perhaps that will require another round table.

The theory that children are best suited to stay with their families despite facing continuous abuse or living on the streets, should be rethought too. Are we satisfied with the inhuman conditions in which children beg for a living or go to work? What about the threat of being raped everyday by their close family members? Today children's homes are predominantly occupied by the so-called 'social orphans'. But while the state bears the responsibility for making that space a successful one, there is an urgent need for complete reformation of approach from residential to community services.

**Second: Our urban space**

For analysis of urban and-rural space we will use the Space Syntax theory, which has its starting point from space and deals with the physical, architectural and urban space. For the purpose of this paper we will discuss how different groups of society in Tamil Nadu are placed in the space /urbanization of the city. Is the city development inclusive for all and how is the placement affecting poverty reduction?

According to the 20011 Census, Tamil Nadu has the highest level of urbanisation (48.45 per cent) in India. It is among 95 other states that are included in the Smart City Plan as declared in January 2016 by the Ministry of Urban Development with a vision to promote economic development, improve the quality of life and enable inclusive urbanisation.

The flooding of the city in 2015 revealed severe problems in urban construction and development, which seemed to have occurred without sufficient regulation and with no regard for environmental consequences, especially the preservation of water bodies. Government owns many of these encroaching structures including the Chennai airport, Koyambedu bus terminus, the entire IT corridor and the Adyar Eco Park. Forty years ago, the waterbeds of Chennai were twice their current size, and this drastic encroachment has greatly reduced their ability to drain water[6].

Children from the marginalised sections suffered the same consequences as their families and were forced to sleep on the pavement without adequate food or clothing.   On the pretext of 'safety', the State has designed a housing policy which forces the affected communities to forgo their traditional habitation. The government has plans for 50,000 families to be evicted, moved to the periphery and given one-room apartments of 310-390 square feet in high-rise apartments in one of two sites; Perumbakkam and Ezhil Nagar. The irony of this relocation is that the new sites are built in low-lying areas like Semancheri, which was flooded badly in 2015. Therefore, the urban poor are being moved from one risk-laden site to another. What are the effects of forced eviction and segregation of certain population in less accessed and resourced areas?

Loss of jobs and livelihoods, disruption of children's education, interruption of medical treatment, mental trauma, inadequate access to basic services like health, education, child or health care centres, ration shops, lack of safety, absence of proper road and transport, all contribute to the deepening of poverty of those families and communities. Moreover,

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[6] *The Economic Times*, Chennai's Encroachments on Water Bodies Caused Floods, 20 December 2015.

there is great risk of psychological trauma and violence- related impacts that have a direct negative effect on children.

There is a correlation between poverty and urban planning which should be kept in focus during the implementation of the Smart City Plan which aims at inclusion of all communities and provision of access to basic services, livelihood and decent living for all citizens. Can Chennai be transformed into an inclusive smart city as envisioned by the policy makers? This regeneration also provides an opportunity to develop social spaces for children.

## 3. Virtual – On line social space

With limited outdoor play facilities and social interaction, use of Internet and technology have become the principal and time-consuming interest in our children's lives. It is important therefore to consider the new life trend of virtual space where children are actively participating. Internet and technology have brought with them huge potential with regard to education, information and communication. For example, Internet has made possible to close the gap of education in most marginalised and geographically difficult areas where access to physical school were not possible. However, we need to recognize too the dangers that children and young people in virtual life are being exposed to.

Abusive spaces like pornography sites and bullying, being groomed by sexual conversation and exposure to non-appropriate information, negatively impact the emotional and mental health of children, affecting their self-worth, self-esteem and overall development. Naturally, therefore, these are some of the concerns of not only child welfare researchers and organisations but also society as a whole. The UNICEF study "Child Protection online/offline environment" indicates that the risk of children on the online world is positively linked with time-spent. On the other hand, children are not always necessarily the victims. They can also be engaged in abuse and cybercrime online. Daniel Goleman, the author of several books on the subject, says that the expanding hours spent alone with gadgets and digital tools could lower Emotional Intelligence due to shrinkages in the time young people spend in face-to-face interactions.

The WebWise survey conducted by Indian telecom operator Telenor among Indian school-going children, revealed significant internet usage and access patterns -- 98.8 per cent of school-going children access Internet whereas 54.8 per cent share their password and other personal information with other people.

Within families, schools or public spatial spaces we as adults are present to correct and control the surroundings for a better experience for and with children unlike in the virtual world where unfortunately children are by themselves, and often digest everything that internet introduces them to with very few filters. Children are unprepared emotionally and mentally to absorb the speed and diversity of information offered.

Henceforth, Internet and technology should be flagged as one of the trending spaces with great influence on child development. Parents and children have little knowledge on safe Internet use, privacy policy. Therefore, initiatives for education and awareness of

parents and children are required. More protection policy and action might help with better management of online activities and participation of children.

The state of Tamil Nadu, which pioneered provision of laptops to schoolchildren, has the potential to effectively channelise the online space. Innovative initiatives of the state government combined with the efforts and reach of civil society might be a good way to promote Internet literacy and child safety in the online word.

## About the author

**Ms. Erinda Shah** holds an MA degree in Social Work from University of Tirana, Faculty of Social Sciences, Albania. She is in social work field since 2000 and has experience working with government and non-government institutions such as the WHO, UNICEF, DFID, ILO, Gender Alliance for Development, Bethany Social Services, Indian Council for Child Welfare-Tamil Nadu, and The Banyan Academy for Leadership in Mental Health, Faculty of Social Science.

Ms. Shah lives in Chennai with her family for the past eight years and she engages regularly with UNICEF as consultant on child protection and policy initiatives. Since 2016, she has been documenting and monitoring projects initiated by ActionAid on Rehabilitation of flood-affected communities, which has given her the opportunity to know from up close the social and economic situation of the most marginalised communities. She has initiated parenting support groups on voluntary bases aiming to close the gap of knowledge on child development and issues concerning parenting. She supports empowerment of people through education as a way to attain rights and live a life with dignity.

# About The Hindu Centre for Politics and Public Policy

The Hindu Centre for Politics and Public Policy is a division of Kasturi & Sons Ltd., publishers of *The Hindu* and group newspapers. It was inaugurated by the President of India, Pranab Mukherjee on January 31, 2013. The aim of The Hindu Centre is to promote research, dialogue, and discussion to enable the creation of informed public opinion on key issues facing India in order to safeguard, strengthen, and nourish parliamentary democracy and pluralism, and to contribute to the nation's economic, social, and political betterment.

The Hindu Centre has so far supported 24 short term public policy scholars, who have submitted Policy Reports on areas such as parliamentary democracy, freedom of expression, content of school textbooks, financial inclusion and rural broadband connectivity, which are published online. The Centre has also organised 21 public events, consultations and public discussions on key issues of national importance, including the creation of the Telangana State, violence against women, pre-election opinion polls, gender-based violence, Right to Education Act, the Sri Lankan Tamils refugees in India, sedition and free speech in India, the politics of welfare in Tamil Nadu, the Union Budget, and, most recently, a discussion on demonetisation and black money in India.

Today's Round Table, 'Pubic Policy and the Child in Tamil Nadu' is the 22ⁿᵈ event, the second Round Table to be organised by The Hindu Centre, and the first in collaboration with UNICEF. The Hindu Centre has also organised a series of three lectures on Climate Change delivered by Jairam Ramesh, former Union Minister and Senior Visiting Fellow of The Hindu Centre, and Alan Rusbridger, former Editor-in-Chief, The Guardian, UK. The Hindu Centre also publishes frequent commentaries and analytical articles on current affairs. Its publications and resources can be accessed at [www.thehinducentre.com](www.thehinducentre.com)

The Hindu Centre's first Annual Lecture, *Will India Script an Uninterrupted Growth Story?* was delivered on March 13, 2017, by P. Chidambaram, former Union Minister, a distinguished Parliamentarian who has been elected to the Lok Sabha for seven terms since 1984, and is now a member of the Rajya Sabha.

# About UNICEF

UNICEF, Tamil Nadu and Kerala, has been working in Tamil Nadu for more than four decades now in partnership with Government, Civil Society Organizations and Academic Institutions

- With overarching priority to facilitate progressive realisation of SDGs and Child Rights, which includes right to survival, development, participation, and protection, UNICEF currently supports programmes for children and women in Health, Nutrition, Education, HIV/AIDS, Water and Sanitation and Child Protection sectors
- At State level, UNICEF supports progressive realisation of rights of children through evidence based advocacy and interventions for Policy, Planning, Research, Monitoring, Evaluation and Capacity Building for better child governance
- At District level, UNICEF supports convergent and sectoral programmes in Krishnagiri, Salem, and Dharmapuri districts besides High priority Districts (HPD) under Call to Action initiatives of MoHFW, Govt. of India

**Strategies of UNICEF supported Programming**

1. **Develop capacities:** identify gaps, improve data analysis & monitoring, develop skills of government functionaries
2. **Promote decentralisation:** improve governance for children's rights: pilot models, leverage resources to up-scale, develop capacities of local self-governments
3. **Leverage partnerships:** with government, NGOs, civil society, academia and the media
4. **Promote social inclusion to achieve equity:** advocate for transparent, accountable and non-discriminatory service delivery, prioritise public policies and resources, use social protection instruments to ensure a minimum standard of living for all
5. **Improve knowledge management systems**: share lessons learnt, support concurrent monitoring and facilitate exchange of knowledge across states, countries

Programming focus: Life cycle approach, Equity - Reaching the unreached, Quality