

Newsletter

January - February 2010

No. 75

Literacy and PopulationDocumentation Centre
Indian Adult Education Association**Reversal of HIV infection
Distinct possibility of success in sight**

Great strides have been made in the care and treatment of people living with HIV, and at the core of the transformation of the lives of those infected and affected are the positive people themselves. It is with great courage that they have come forward to acknowledge their status and do advocacy for those not so brave to speak up or even access the life-saving ART (anti-retroviral treatment).

From purely urban locales, their networks have spread deep into the districts, and small bands of trained peer educators are actually tracking down and bringing for treatment not only all those infected but also those who have defaulted from treatment.

The vice-president of the Indian Network of Positive People (INP+), Senthil, recalls that just five years ago in Chennai, a pregnant woman, who went for delivery of her child to a Primary Health Centre and declared her HIV positive status, was locked up in a room. Nevaprine tablets and a bottle of water were chucked into her room and from closed doors she was ordered to take it to prevent the transmission of the infection to the child in her womb. Even when she delivered her baby no one came to help the mother or give the mandatory drug to the newborn. It was only when the complaint reached the district medical administration that

someone was sent to cut the cord.

Now in South India, thanks to the strong advocacy of the positive people's network, 75 to 80 per cent of PLHIV are not only able to deliver their babies in PHCs but also have surgeries too. But in North India the stigma and discrimination persists and accessing health, education and other basic services is still not easy. Despite the slow pace of awareness in the vulnerable states of central and north India, when 350 PLHIV recently got together in Delhi to discuss access to care and treatment, the hall resonated with hope and a new vigour.

The Global Fund for AIDS, Tuberculosis, Malaria (GFATM), an international financing organisation, showed confidence in the joint efforts of the well-known health NGO Population Foundation of India, the National AIDS Control Organisation, the positive networks and their partners to commit \$ 500 million over the next six years.

This puts an end to the uncertainty over the continuation of India's ART programme in the six high prevalence states and the eight vulnerable ones as the current phase of GFATM funding comes to an end in the six high prevalence states next March. The government's target now is to scale up to 375 ART centres from the

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More and more girls taking to tobacco use

The gap between prevalence of tobacco abuse among male and female adolescents in India is fast narrowing and more and more girls are taking to tobacco use, warns a new study by non-government organisation Health Related Information Dissemination Amongst Youth (HRIDAY).

Conducted in collaboration with the University of Texas, US, the study revealed the psycho-social risk profiles of boys and girls and highlighted that girls are far more vulnerable to tobacco advertising compared to boys.

HRIDAY director Monika Arora said: "An alarming and worrisome finding in this study is that the differential in prevalence of tobacco use between boys and girls is much

smaller than that between adult males and females in India."

Peer/advertising pressure

"Almost all tobacco advertising imagery includes women, taking advantage of the changing position of women in society and their increasing socio-economic independence. As a result many educated young women perceive smoking as a symbol of liberation and freedom from traditional gender roles. Peer and advertising pressure encourages even knowledgeable women to smoke," she added.

Dr. Melissa Stigler, the US-based co-investigator on the study, noted that in India tobacco use is

ten times more common among adults males compared with adult females. Among adolescents, however, the prevalence of tobacco use among boys and girls is about the same. This does not bode well for the emerging tobacco epidemic in this country. Young girls especially are at high risk.

According to the study, 21.1 per cent boys have ever used tobacco as against 14.7 per cent girls. Lead author and doctoral student at the Harvard School of Public Health, Amenah A. Babar, noted: "As a leader in global tobacco prevention, India faces many challenges in addressing the tobacco epidemic that has affected one of its most vulnerable populations — India's children."

Panchayats key to curbing dropouts

The Centre wants village panchayats to be key instruments to curb trafficking of minors and school dropouts and has submitted an elaborate action plan to the Supreme Court for appropriate directions for better implementation of welfare schemes for children.

"At the level of gram panchayats, a record of all out of school children has to be maintained and even tracked, which includes school dropouts, children who do not attend schools and child labourers whether working in the village or who have migrated from the village to be employed as domestic help," said Solicitor General Gopal Subramaniam while explaining the action plan to a Bench comprising Justices Dalveer Bhandari and A K Patnaik. If a panchayat finds certain children missing from the village or from the

family, it must immediately inquire and lodge a complaint with the local police and pursue the matter till the children were found and rescued from whatever location they might be in, the SG said assuring the court that the action plan had the necessary approval from the concerned ministries. "A list of such children who are not with the families and are trafficked must be drawn up at every gram panchayat and consolidated at the mandal/block/district level and should be monitored at the state level and reviewed periodically," the plan suggested. The SG said that the list of children suspected to have been trafficked for sex exploitation or as labourers, child beggars or street vendors must be given to the nearest police station for registration of cases to trace them and bring them back to their

families. Touching on the problems faced by children trafficked from across the border into India, the action plan said: "Children from neighbouring countries such as Nepal and Bangladesh found trafficked or working as child labourers shall be first sent to juvenile homes for care and protection through Child Welfare Committees and their embassies must be contacted to make arrangement for repatriation." In an earlier report, the SG had informed the SC that "About 200 girls and women enter prostitution daily of which 20% are below 15 years of age. Research on cross-border trafficking has indicated that 5,000-7,000 Nepali girls were trafficked into Indian annually. This research also highlighted that in the last decade, the average age of the trafficked girl has steadily fallen from 14 to 16 years to 10 to 14 years," he had said.

India still home to largest illiterate population: UNESCO

India still has the largest number of illiterate adults in the world, but has made “rapid advances” in cutting down the numbers of school drop outs, a new UN report on education has said.

The Education For All Global Monitoring Report finds that out of the total 759 million illiterate adults in the world, India still has the highest number.

“Over half of the illiterate adults live in just four countries: Bangladesh, China, India and Pakistan,” the report said, adding the progress has been “painfully slow” and threatens to obstruct the Millennium Development Goals.

It said about 72 million primary school age children and another 71 million adolescents are not at school, and on current trends, 56 million primary school age children will still be out of school in 2015, it said. UNESCO’s top official Irina Bokova said the world body was apprehensive that the financial crisis would cause governments to scale back funding on education.

“With the world’s largest illiterate population, India has been making progress,” the report said.

While in 1985-1994 just about half of the adults in the country were literate, now the number has gone up to two-thirds. “Since the adult population increased by 45 per cent, this marks a real advance,” it said. Gender disparities remain deeply engrained, with 28 nations across the developing world having nine or fewer girls in school for every 10 boys. The report said said two-thirds of the total illiterate people are women.

On a positive note, it says that out-of-school numbers have fallen “driven by rapid advances in India”. In the three years to 2007, out-of-school population fell by 8 million.

“Much of the decline took place in India, which reported a fall of almost 15 million in out-of-school numbers in the two years after the 2001 launch of the Sarva Shiksha Abhiyan (universal primary education) programme,” the report said.

It finds that with the exception of China, progress towards halving illiteracy has been “painfully slow,” which will make meeting MDG targets difficult.

“On current trends, the world will be less than halfway towards this goal by 2015. India alone will have a shortfall of some 81 million literate people,” it said. Bokova, Executive Director of the UN body for education, warned that the present financial crisis would cause parents and governments to scale back on educating their children. The Education For All Monitoring Global Report comes out in the backdrop of a financial crisis that is driving millions into extreme poverty. “In short it would create a lost generation... a tremendous cost to society,” she added. “It could force governments to cut their spending on education and parents to pull their children out of school or simply not to send them,” Bokova said, at the launch of the report here at the UN headquarters.

The report also finds that low-income countries provide poor quality education and caste system obstructs education in South Asia.

“In rural India, just 28 per cent of

grade 3 students could subtract two-digit numbers and only a third could tell the time,” the report said.

The study also points out at India as an example of how caste systems obstruct education in South Asia. “It shows that children from low-caste households score at far lower levels when their caste is publicly announced than when it is unannounced an outcome that underlines the debilitating effects of stigma on self-confidence,” it said.

Underlining that poverty is a critical factor that blocks access to education, it quotes a 2005 survey that in India the poorest 20 per cent were over three times more likely to be out of school than children from the richest 20 per cent. “Many of the 8.3 million Indian children born with low birth weight will carry a burden of disadvantage with them into primary school,” it said. The report finds that vocational programmes in India reach only about 3 per cent of rural youth and there are few signs that these are benefitting people in getting jobs. “The image of technical and vocational provision as a form of second-class education that provides limited benefits for employment remains largely intact,” it stated. Governance problems have hampered India’s efforts to strengthen vocational education and responsibilities are spread among several ministers and authorities leading to a great deal of duplication and fragmentation of the work. “For countries including Bangladesh, India, Indonesia and Nepal, the big challenge is keeping children in school once they enroll,” it added.

Reaching the Marginalized

Why are millions of children still missing out on their right to education? That's the question examined in this year's *EFA Global Monitoring Report (GMR) 2010, Reaching the marginalized*, launched in 19 January, 2010 in New York.

Senior Policy Analyst for the report Samer Al-Samarrai spoke to *EduInfo* about the aims of this year's GMR and why the theme was chosen.

The EFA GMR 2010 defines marginalization as distinct from inequality in that it is acute and persistent disadvantage rather than the unfair distribution of education opportunity. It focuses on the fact that while progress has been made, the failure to reach the millions of children excluded from education by poverty, gender, location, ethnicity, disability and language means the 2015 Education for All (EFA) goals remain out of reach. And the worsening effect of the financial crisis has led to fears that, in the world's poorest countries, a generation of 'lost children' who will never benefit from education is being created.

Part of the challenge of tackling marginalization lies in its diversity.

Child labourers in the Philippines, low-income black children in the US and low-caste girls in India all suffer very different educational problems which call for adapted solutions and

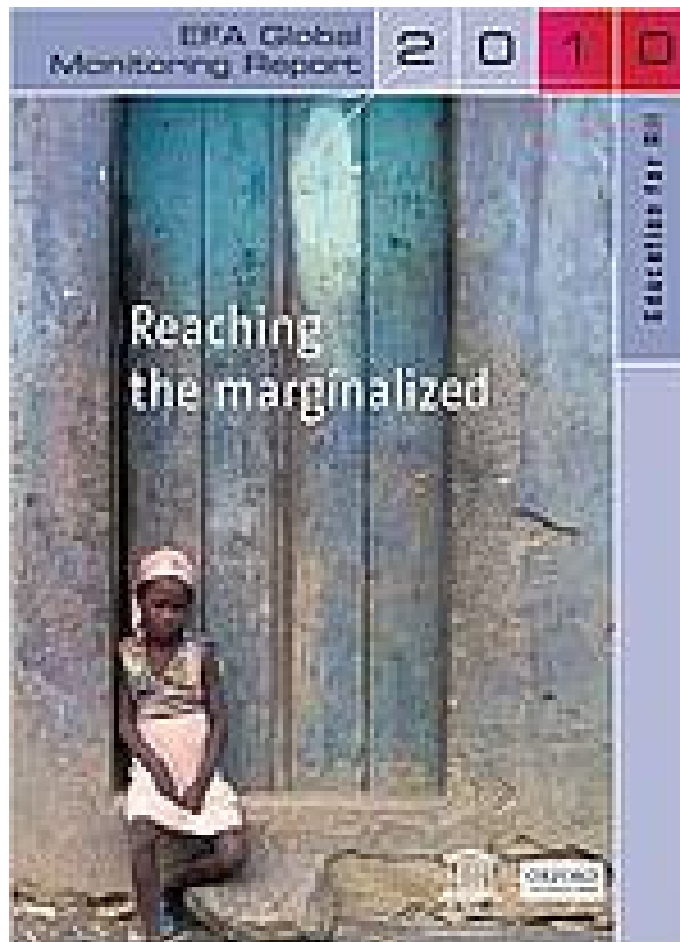
EFA by 2015 but Mr Al-Samarrai makes no excuse for the stark message.

"It is coming out in a global context that is truly worrying for EFA and we don't pull any punches in addressing that. More households are experiencing poverty, malnutrition levels are rising and, at the same time, levels of education and aid budgets are coming under increased pressure. Countries like Sweden and Ireland have already made cuts to their aid budgets.

"Without a concerted effort by national governments and the international community, the financial crisis is likely to have a big negative impact on the prospect of achieving the goals and without specifically addressing the needs of the most marginalised and deprived, EFA will not be achieved. And it is not a question of just extending the same

opportunities to these groups, they require special attention and special policies."

In order to better inform policymaking the report fills data gaps using a new tool to measure marginalization and draws together



policies. What they have in common is that they are at the bottom of the scale when it comes to access and achievement in their societies.

The report paints a disturbing picture of the prospect of achieving

case studies from across the world.

“Achieving EFA will require a special focus on addressing the causes of marginalisation but there is a lack of good information on the extent of education marginalization,” said Mr Al-Samarrai.

The Report has developed a Deprivation and Marginalization in Education (DME) database drawing on a range of household surveys covering 80 countries and providing a more nuanced picture of education poverty (those with less than 4 years of education), extreme education poverty (those with less than 2 years of education) and those in the bottom 20 per cent (with the fewest years of education in a given society).

Marginalized children present a special challenge to policymakers as they are hard to reach and, once in school, hard to retain. They are heavily under-represented in higher education and become adults who are often illiterate, unskilled and with little voice in society.

The report proposes an integrated response to the problem which sets marginalization within a wider framework for poverty reduction and social inclusion. Policy responses focus on access and affordability, guaranteeing entitlements and opportunities and improving the learning environment.

“When you look at the education provided to marginalized children it is often of much poorer quality with fewer qualified teachers available and more limited levels of key teaching and learning materials.

We need to allocate education resources more equitably and at the same time provide incentives for the marginalized to attend and stay in school,” said Mr Al-Samarrai.

Social protection programmes which offer nutritional and financial support to families have already proved successful in regions like Latin America.

Other factors which can reduce the effects of marginalization are improved early intervention and maternal health, the removal of school fees, the provision of teaching and learning materials, building schools closer to isolated communities, and improving teacher training.

“The report focuses on early childhood care and education and primary education because marginalisation starts from the very beginning and unless it is dealt with at this stage exclusion at higher levels is harder to tackle. However, there are also second chance options for marginalised adults such as literacy and skills training,” said Mr Al-Samarrai.

“In the case of ethnic minorities the report makes a strong case for a language policy which offers intercultural and bilingual education to improve the relevance of education and to help address the social exclusion of the marginalized.”

How can countries suffering the effects of the financial crisis be persuaded to continue or increase funding for education?

“We have already seen that the response of certain developed countries has been to invest yet

more in education because it is seen as a way out of the crisis and a platform for future economic growth,” he said.

“For developing countries the case that education is a way of moving out of crisis into sustained growth has to be put more strongly. Donors must also live up to their commitments on financing basic education.”

To aid policymakers further the report has produced a new set of global estimates for the costs of achieving EFA by 2015. The estimates point to the need for an increased commitment to education on the part of national governments as well as a substantial increase in aid commitments to basic education.

The Report also highlights the need to improve aid effectiveness and substantially reform the Education Fast Track Initiative if the EFA goals are to be achieved.

Asked what effect he thinks the GMR has Mr Al-Samarrai said: “Its strength is that it is recognised as an important and reliable source of information about progress towards EFA. It produces strong arguments to put pressure on governments to honour the commitments they have signed up to.

“It also provides policy makers with a wealth of examples of successful education policies that they can learn from. I have seen for myself when working in Bangladesh how powerful a tool it can be for countries to see how they measure up against others.”

समय से पहले जन्म लेने वाले बच्चों में 85 फीसद एशिया और अफ्रीका में

विश्व में हर साल लगभग 1 करोड़ 30 लाख शिशु समय से पहले जन्म लेते हैं। इनमें से लगभग 1 करोड़ 10 लाख शिशु अकेले अफ्रीका और एशिया में होते हैं।

विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के ताजा बुलिटिन में यह जानकारी दी गई है। 2005 में डब्ल्यूएचओ ने दुनिया भर में पैदा होने वाले बच्चों में से केवल 9.6 फीसद के समय से पूर्व पैदा होने की जानकारी दी थी। रिपोर्ट के मुताबिक समय से पूर्व पैदा होने वाले लगभग 1 करोड़ 10 लाख

(85 फीसद) शिशु अफ्रीका और एशिया के होते हैं। यूरोप और उत्तरी अमेरिका में ऐसे बच्चों की संख्या लगभग 50 हजार है। लातिन अमेरिका और कैरेबिया में यह संख्या लगभग 90 हजार है।

दुनिया भर में लगभग 10 फीसद बच्चों का जन्म गर्भावस्था के 37 हफ्ते के पहले होता है जो समय से पूर्व है। शोध के नौ लेखकों ने अपने दस्तावेज में लिखा है कि बच्चों का समय से पूर्व जन्म लेना दुनिया की एक बड़ी स्वास्थ्य समस्या है। अफ्रीका और दक्षिण एशिया जैसी विकासशील अर्थव्यवस्थाओं में यह

समस्या बहुत सामान्य है। उत्तरी अमेरिका भी इससे अछूता नहीं है। 90 के दशक से 2007 तक सर्वेक्षणों से भी पता चला था कि अफ्रीका में समय पूर्व जन्म लेने वालों की संख्या सर्वाधिक और यूरोप में सबसे कम है। रिपोर्ट के अनुसार दुर्भाग्य से वर्तमान में ऐसी कोई प्रभावी तकनीक नहीं है, जो बच्चे के समय से पूर्व जन्म के बारे में जानकारी दे दे। विकसित देशों में गर्भावस्था से जुड़ी कई समस्याओं का सुलझाने की तकनीकें उपलब्ध हैं लेकिन विकासशील देशों में इनकी कमी है।

Review of PNDT Act sought

Ahead of the National Girl Child Day tomorrow, members of civil society groups and NGOs have expressed dissatisfaction over the government's efforts to curb female foeticide and have called for stricter implementation of the Pre-conception and Pre-natal Diagnostic Techniques Act, 1994 (PNDT Act).

According to women organisations, given the plight of the girl child that has worsened in the past decades, a review of the act is a must. The groups said the poor state of girl child in India was reflected in the skewed sex ratio (age group of 0-6 years) which fell from 976 girls per 1,000 boys in 1961 to 927 girls per 1,000 boys in the 2001 census.

Director of Centre for Social

Research and president of WomenPowerConnect Dr Ranjana Kumari said, "We need to evaluate the existing administrative, enforcement and monitoring provisions and put in place mechanisms that can tackle sex determination and foeticide."

Adding that many states have registered a disturbing decline in the number of girls, she said, there was a need for stringent laws and a vigilant monitoring and evaluation committee to curb sex-selective abortions. "For this, the health ministry in consultation with states should work to devise strategies to ensure that the PNDT Act leads to positive outcome," she stated.

She said, "It is unfortunate that the PC & PNDT Board has not met since the formation of the current

government, while many instances of sex-selective abortions are coming to light."

It was pointed out that gender discrimination results in malnutrition of girls. "Fifty-six per cent of Indian girls between 15 and 19 years of age suffer from anaemia and another 45% are facing stunted growth as opposed to 20% of the boys," said Kumari. Surveys suggest that adolescent girls in India do not achieve their potential weight and height due to inadequate diet. In rural areas, 35% of adolescent girls weigh below 38 kg and their heights range below 145 cm. Gynecologists caution that undernourished girls grow into undernourished mothers and create a vicious inter-generational cycle of under-nutrition.

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Reversal of HIV.....

present 227 that are currently giving treatment to 2.8 lakh people with the help of 256 Community Care Centres and 204 Link ART centres.

In fact, Mr Taufiqur Rahman of the Global Fund feels that with the current level of political commitment to the treatment of and support for PLHIV, India can hope to see a reversal of infection in the next six years. This unique public-private partnership of four years under the Global Fund has turned the infection from being considered a death warrant to a chronically manageable disease.

There is a woman, HIV positive for 20-odd years, who has managed without ART. Today close to 300,000 PLHIV have access to care and treatment. The second line of ART is available even if so far only a few educated, urban elite with the right connections have access to it.

So, how has the turn-around happened? The district-level networks (DLN) are the key to transformation. Some 283 DLNs have been established in 27 states. It is these networks of positive people that follow up all issues, whether it is availability of ART, stigma or discrimination or a close scrutiny on defaulters who are tracked down, counselled and persuaded to go back to drugs.

By 2012 another 220 districts will be covered by the network and by 2015, the entire country will benefit from the advocacy and service delivery mechanism of the DLN. Support group meetings are held thrice a month at the DLNs and there is a sharing of views, challenges and successes of positive people.

Despite access to ART, managing opportunistic infections like tuberculosis, malaria and hepatitis is a problem because the

PLHIV have to go to other departments for treatment. The INP+ had to fight for ART, then treatment for opportunistic infections and subsequently the second line of ART. Not even a thousand of the 200299 people registered with INP+ are on second line ART. After being on first line ART for about two years, it is important to test the PLHIV for the second line ART. But there are just about 20 machines in the country for doing these tests. The champions of the DLNs are the peer educators, all of them volunteers. They are members of the community who have been selected and trained for their leadership qualities, standing in the community and their communication skills. There are some 13,500 peer educators in the country and each of them is responsible for 10 cases or clients. It is they who are responsible for bringing back into the fold defaulters or those who have dropped out from treatment and care.

Between 2007 and 2009, some 5457 dropped out and 60 per cent of them were brought back for treatment. Those who drop out are those who are still scared of being seen at an ART centre because they have not told the family about their status. In fact, it is easier to trace defaulters in a village, where everyone knows everyone else, than in a city, says Senthil. That is how deep and strong the arms of the network are!

The kind of work done by the DLNs is best exemplified by the story of Ramoji, (name changed) 19, from Guntur, Andhra Pradesh. As a 16-year-old in class 11 he suffered serious injuries in an accident and was in need of blood for surgery. His parents were poor and illiterate and finally ended up buying blood from an attendant in the hospital for Rs 100. Six months later he developed high fever and persistent coughing and was

diagnosed as HIV positive. Ramoji's parents then rejected him and would not let him into the house.

The Voluntary Counselling and Testing Centre, fearing he may commit suicide, referred him to the Guntur DLN which assured him that he could lead a happy life like other members but would have to be on medicines. The DLN members even explained the infection to the parents and asked them to take him back, but to no avail.

The DLN then moved him into a religious institute where he stayed in the hostel and concentrated on his studies. After a few months he fell ill again and was taken by the DLN to Guntur General Hospital where they found his CD-4 count had dropped very low and he was put on ART. Back at the hostel one day, the religious head asked him to give up medicine and trust in God. If he took medicines he said he would have to move out.

Despite knowing the consequences of giving up medicines, desperate for a roof over his head, he gave up medicines. The next time he fell ill, his CD-4 count was 5 and his survival seemed difficult. He was in a care and support centre for 45 days and the DLN members ensured he did not default on his ART medicines again.

After he recovered, the DLN decided to make Ramoji economically independent. After training he was made an outreach worker and given Rs 3000 as wages. Ramoji stayed in a working men's hostel, paying Rs 2000 towards his board and lodging. He has completed his 12th boards while working for the DLN and has now enrolled for his graduation through distant learning.

But the silver clouds on the HIV horizon need to be nurtured. There is scope for better governance and utilisation of funds coming to India.

*Courtesy: Usha Rai
Tribune*

Women Deliver. Focus on 5: Women's Health and the MDGs. Women Deliver in consultation with Family Care International and selected non-governmental organizations, individuals, and multilateral and UN agencies, including UNFPA. 2009. 22p.

These briefing cards outline why decision-makers should prioritize saving mothers' and newborns' lives and key investments they should make in order to achieve that goal. Designed for use by policymakers, civil society groups, and advocates, the cards explain why the world needs to invest now in maternal, newborn, and reproductive health and the strategic actions needed to improve vital health services for mothers and their newborns in the developing world.

Of all the Millennium Development Goals (MDGs), MDG 5—Improve Maternal Health—has made the least progress. It is the most underfunded of the health-related MDGs. Globally, the MDGs are widely accepted as the path to ending poverty. But one central fact

is not yet widely understood: none of these goals can be achieved without more progress in promoting women's reproductive rights and protecting maternal and newborn health.

Mfum-Mensah, Obed. **An Exploratory Study of the Curriculum Development Process of a Complementary Education Program for Marginalized Communities in**



Northern Ghana. Curriculum Inquiry, v39 n2 p343-367 Mar 2009.

Complementary education programs have emerged as a useful tool for addressing the educational needs of marginalized communities in the developing world. The literature attributes the success of these complementary education programs to innovative school organization, curriculum

development, and community participation. This article is based on a recent ethnographic study that explored the curriculum development process of School for Life (SFL), a complementary education program operating in northern Ghana. The objective of the study was to understand the elements of the SFL curriculum, to explore the different stages of the curriculum development process, and to investigate the stakeholders and their roles in the process. The scope of the article includes the background, the analytical framework, the context of education in northern Ghana, the SFL program, the SFL curriculum development process, and conclusion. Initially, the study revealed that the program utilized elements of both technical and critical approaches to curriculum development. The curriculum process was influenced by the context within which it occurred; the process was highly political, empowering, and emancipating for the community members who served as the major curriculum actors and decision makers.

Printed and Published by Dr. Madan Singh on behalf of IAEA, 17-B, I.P. Estate, New Delhi-110 002, for National Documentation Centre on Literacy & Population Education (Tel: 23378436, 23379282, 23379306, Fax: 23378206) E-mail: dc_iaea@yahoo.co.in & Printed at M/s. Graphic World, 1686, Kucha Dakhini Rai, Darya Ganj, New Delhi - 110 002.
Editor-in-Chief : KC Choudhary Executive Editor : Dr. Madan Singh Editor : SC Dua