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India lags in mother-child mortality reduction

At the beginning of this millennium in year 2000, 189 countries and 23 international health agencies had pledged to reduce child under-5 mortality by two-thirds and maternal mortality by three-fourths by 2015. These were called the Millennium Development Goals (MDGs) number 4 and 5. With only five years left for the target year, a clutch of international health agencies and NGOs have come out with "Countdown to 2015 — Decade Report (2000-2010)".

The report, which tracks progress made on these fronts, says that out of 68 priority (countdown) countries accounting for more than 90% of maternal and child deaths worldwide, only 19 countries were on track to meet MDG 4; 17 countries had reduced child mortality by half, while 47 countries had accelerated their progress on child mortality since 2000. At the same time, 49 countries are not on track to achieve MDG 4, while 12

countries (including some currently on track) have seen their progress slow since 2000. But reduction of maternal mortality (MDG 5) is showing fewer signs of progress, according to the report.

The report tracks 26 key parameters that determine infant mortality over a period of nearly two decades between 1990 and 2008. Across the 68 countries, child under-5 mortality fell from 90 deaths per 1,000 live births in 1990 to 65 in 2008, a 28% reduction.

Brazil and China are among the 19 countries that have averaged a rate of 4.4% reduction in under-5 child mortality since 1990, needed to meet the target in 2015. Brazil has made progress through reducing socioeconomic inequities and improving primary coverage to almost universal levels. China's successful reduction of newborn and child mortality during the past two decades is a result of steady investments in reproductive

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health, primary care, and economic development. Other countries on track include Mexico, Peru, Nepal, Egypt, Malawi, and Turkmenistan.

India's rate of under-5 mortality fell from 169 in 1990 to 69 in 2008, averaging an annual rate of decline of just 2.9%. This puts India firmly in the insufficient progress category. During the first decade of 1990 to 2000, infant mortality declined by just 2.1% annually in India, but it increased to 3.9% annual decrease between 2000 and 2008. Other countries in this category include Pakistan, Myanmar, Nigeria, Ethiopia, Iraq, Ghana and several

other African countries.

A handful of countries have shown an increase in infant mortality rates over the period. These include Chad, Congo, Kenya, Zimbabwe and surprisingly, South Africa.

The report is pessimistic about reduction in maternal mortality saying that although coverage of skilled-delivery care increased in 12 countries, others had little or no improvement.

According to lead authors — Professor Zulfiqar Bhutto of Aga Khan University in Pakistan and Dr Mickey Chopra, UNICEF, New York, USA — coverage of interventions delivered directly in

the community on scheduled occasions was higher than for interventions relying on functional health systems. Examples of such community interventions include vitamin A supplementation; vaccination against tetanus, whooping cough and diphtheria, and complementary feeding.

Services such as skilled attendant at birth, postnatal visits, antibiotic treatment continue to be the major obstacles to progress. Latest estimates from 2008 show that only 22% of the 68 countries met the WHO standard of 23 physicians, nurses, and midwives per 10,000 people needed to deliver essential health services.

Gujarat improves gender ratio

The female to male ratio in Gujarat has improved from 844 per 1,000 in 2002 to 898 per 1,000 in 2008, a survey by the Registrar General of India said. The figure for 2009, still under computation, is estimated at 905 females for every 1,000 males.

Commenting on the improved gender ratio, State Health Minister Jay Narayan Vyas said the trend indicated the success of Beti Bachao andolan propagated by the Chief Minister.

The 2001 census had shown a gender ratio very skewed against females, the problem being acute in the more

developed urban areas that had easy access to sonography: see ultrasound machines to determine the sex of the unborn child.

Apart from the much publicised Beti Bachao campaign, the State had conducted widespread raids on doctors' clinics misusing their sonography machines for the banned sex determination tests. Many doctors were arrested and their clinics sealed.

Such was the impact that a gathering of the Patel community in Surat had taken a pledge not to practise female

foeticide or sex determination tests.

Vyas said the government had undertaken a special programme to prevent female foeticide, including setting up of district level cells, compulsory registration of ultrasound machines, more strict implementation of the relevant Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PNDT PNDT Pre-Natal Diagnostic Techniques Act) and surprise checking of maternity homes and private clinics.

AIDS: J&K tops in creating awareness

There are a total of 2,300 persons carrying HIV infections, and 700 full-blown cases of AIDS and 151 deaths so far in the state. Though the number of HIV positive people is constantly on the rise, Jammu and Kashmir has topped the charts in the entire country creating awareness regarding the HIV infection.

Not only this, the state today has the lowest prevalence rate of HIV infection among High Risk Group (truckers, sex workers, drug addicts and STD patients), that is .3 per cent and it again has the lowest prevalence rate of .01 per cent among Low Risk Group.

In the latest sentinel survey, we again recorded lowest prevalence rate of HIV infection among Higher

Risk Groups and Lower Risk Groups, project director of the State AIDS Prevention and Control Society (SAPCS), MAWani told The Tribune. The state had 1,410 HIV persons in 2007 and the number rose to 1,594 in 2008, and a year later now, the figure reached to 2,300. "Because of our concerted efforts the state has been doing a commendable work in spreading awareness among the people," said Dr Wani.

"A layman may say that when the number of HIV people is constantly rising then how we can boast of a good job, but bringing hidden epidemic to the surface for proper care and support is our task and I think we have done a good job so far," he said.

He said: "Bringing to the surface hidden cases and then covering them under the umbrella of care, support and treatment is a success for the society." Out of 7,000 samples collected at our testing centers last year none was tested positive, he said.

In Jammu and Kashmir, the infection was completely static and under control, said Dr Wani, who said besides 24 voluntary counselling and testing centers (VCTC), the SAPCS is going to open 10 more very soon.

"Preventing the infection is not the task of government alone and every individual has to contribute his or her bit," he said. Out of the 121 blocks in the state we have already covered 20, Dr Wani added.

अब मर्दों के लिए भी बनी गर्भनिरोधक गोली

अब महिला की शिकायत खत्म हो जाएगी। पुरुष भी परिवार नियोजन के मामले में उनके साथ कंधे से कंधा मिला कर जिम्मेदारी उठाएंगे। इजरायली वैज्ञानिकों ने पुरुषों के लिए गर्भनिरोधक गोली विकसित करने में सफलता पा ली है। इससे पहले 'मर्दों की गोली' बनाने में प्रयास नाकाम रहे थे। प्रायोगिक तौर पर इनका इस्तेमाल करने वालों ने अवसाद और कामेच्छा खत्म होने की शिकायत की थी।

परन्तु 'डेली एक्सप्रेस' ने इजरायली वैज्ञानिकों ने शुक्राणुओं की जैव रसायन मशीनरी को अवरुद्ध कर यह गोली बनाई है। जिसके

तहत शुक्राणुओं के उन महत्वपूर्ण प्रोटीन को हटा दिया गया है, जो महिला के गर्भधारण के लिए जरूरी होते हैं। वैज्ञानिकों का कहना है कि यह गोली तीन महीने में केवल एक बार लेनी होगी। यह गर्भधारण को रोकने में सौ प्रतिशत प्रभावी है और इसका कोई दुष्प्रभाव नहीं है। बार-एलन यूनिवर्सिटी के प्रमुख वैज्ञानिक हैडम ब्रेटबर्ट के हवाले से ब्रिटिश अखबार ने लिखा है, 'जो गोली हम विकसित कर रहे हैं, यह पुरुषों को यौन आनंद देती है और वह भी बिना किसी परिणाम के।'

पुरुषों के लिए भले ही प्रभावी गर्भनिरोधक गोली विकसित कर ली

गई हो। परन्तु सर्वेक्षणों में पता चला है कि महिलाओं को गर्भनिरोध के मामले में अब भी खुद पर ही ज्यादा भरोसा है। सर्वे में अधिकतर महिलाओं ने कहा कि यदि हर रोज गर्भनिरोधक गोली लेनी हो, तो वे परिवार नियोजन की जिम्मेदारी पुरुषों को देने के बजाय, इसे खुद उठाना बेहतर समझेंगी। लेकिन क्या वे इस बात पर भरोसा करेंगी कि पुरुष ने गर्भनिरोधक गोली ली है? प्रोफेसर ब्रेटबर्ट ने कहा, 'मैं समझता हूँ कि अधिकतर महिलाएं इस मामले में अपने साथी पुरुष पर भरोसा करेंगी।'

Low-cost sanitary napkins for rural girls

The Union Health and Family Welfare Ministry has recently approved a scheme for providing highly subsidised sanitary napkins to adolescent girls in the rural areas to promote menstrual hygiene. The scheme, to be launched in 150 districts across the country in the first phase, will cost Rs.150 crore for the current financial year.

Approved by the Mission Steering Group – the highest decision-making body – of the National Rural Health Mission, at its sixth meeting, the scheme envisages covering 1.5-crore girls in the age group of 10-19 years every month. Of this, the approximate number of APL girls is 105 lakh while that of the BPL category is 45 lakh. The napkins will be supplied to the below poverty line (BPL) girls at a nominal cost of Re.1 per pack of six while those girls living above poverty line (APL) will have to pay Rs.5 per pack.

In India, menstruation and menstrual practices are clouded by taboos and socio-cultural restrictions for women as well as adolescent girls. Limited access to safe sanitary products and facilities is believed to be one of the reasons for constrained school attendance, high dropout rates

and ill health due to infection.

Tamil Nadu, Haryana, Bihar, Rajasthan and Puducherry have already taken similar initiatives to promote menstrual hygiene among adolescent girls.

The 150 districts identified in the first phase include 30 from the four southern States, Maharashtra and Gujarat and 120 from northern, central and the north-eastern States. In the first year, the Centre will procure the napkins and supply these to the States that will in turn send these to Accredited Social Health Activists (ASHA) in the districts for distribution on a monthly basis or to the schools which will become distribution points for students.

As an incentive, ASHA will get one pack free every month in addition to Rs.50 per meeting she holds on a Sunday for creating awareness regarding menstrual hygiene among girls. Subsequently, States can choose to involve self-help groups for manufacturing and marketing sanitary napkins. At least 50 districts with a strong network of SHGs will be involved in the manufacture of napkins in the first phase itself. The ASHAs will procure sanitary napkins from the sub-centre for which she will be given Rs.300

from the untied fund. Each month, ASHA will replenish the imprest fund with the amount collected through the sale of napkins.

Safe disposal

For safe disposal of the napkins at the community level, deep-pit burial or burning are the options being considered. Due environmental clearance has to be obtained from the States for this. Installing incinerators in schools that can be manually operated is another option. Consultations are on with the Ministry of Environment and Forests for use of environment-friendly raw material and disposal mechanism.

States have been given the option of leveraging funds for incinerators through the Total Sanitation Campaign of Sarva Shiksha Abhiyan.

The scheme will be expanded to other districts after the outcome of the first phase is evaluated. In that case, the States will be asked to contribute 15 per cent of the cost. The scheme can also be transferred to the Ministries of Women and Child Development and Rural Development at a later stage for self-financing and self-sustaining that will reduce the budgetary support.

Lancet study on decline in child mortality incorrect, says NGO

A new study published in medical journal Lancet on accelerating decline in the deaths of children under five years between 2000 and 2010 as compared to 1990-2000 has got its figures wrong on India, says Save the Children, a non-governmental organisation.

According to the Lancet report, across 21 regions of the world, rates of neonatal, post-neonatal, and childhood mortality are declining.

The study also claims that worldwide, deaths of children under five years have dropped from 11.9 million in 1990 to an estimated 7.7 million in 2010.

Using a technique called the Gaussian Process Regression, the authors of the study claim that under-five mortality in India has come down from 84.6 per 1,000 live births in 2000 to 62.6 per 1,000 live births in 2010. "This would mean a 22 per 1,000 decline in under-five mortality, which is incredibly good news. Unfortunately, this is a misleading picture of the reality," CEO of the NGO Thomas Chandy said.

"The authors of the study have used a technique that works better at providing estimates where there is limited or no data. The Sample Registration System (SRS) Statistical Report 2008, places under-five mortality in the country at 69 per 1,000 live births.

The SRS 2008 findings, matched by the United Nations Children's Fund (UNICEF) estimates, are based on a sample size of 7.10 million in India as a whole, with even the small States given a coverage of more than 1,00,000.

"The sample size of the SRS, which is arguably the largest in the world, helps provide robust estimates of health indicators and is more acceptable than an extrapolated figure arrived at by the study which is seven points less," he said. By adopting a lower and unsubstantiated rate of under-5 mortality, we are, in effect, underreporting the deaths of several hundred thousands of children. "Believing that we have made a rapid decline in the number of deaths of children under 5 will lead to a false sense of complacency. This would be foolhardy at a time when we should be stepping up our efforts to prevent the needless deaths of children under 5. If saving the lives of millions of children were seen as less of a problem, budgetary commitments to the issue will slacken," Mr. Chandy warned. According to the UNICEF and SRS estimates, 1.83 million children under 5 die every year in the country. But, on the basis of the study published in the Lancet, only 1.64 million children under 5 die annually in India.

इग्नू ने शुरू किया जल संचय से जुड़ा पाठ्यक्रम

नदियों के देश में पीने के पानी का संकट गहराता जा रहा है। भूजल का स्तर भी लगातार गिर रहा है। गिरते भूजल स्तर को रोकने के लिए तमाम उपाय किए जा रहे हैं। दरअसल जनसंख्या में लगातार वृद्धि, बढ़ते शहरीकरण और औद्योगिकरण, कृषि उपज की बढ़ती मांग से, जल की मांग में बेतहाशा इजाफा हुआ है। इससे सीमित सतह और भूजल संसाधनों का बेतरह दोहन हो रहा है नतीजे में भूजल स्तर में लगातार कमी हो रही है। शहरी क्षेत्रों में स्थिति और भी गंभीर है इसलिए न केवल जल संसाधनों के संरक्षण बल्कि विभिन्न प्रतिस्पर्धी क्षेत्रों से निरंतर बढ़ती जल की मांग की वजह से प्रभावी कार्यनीतियों और प्रबंधन के द्वारा उन्हें बढ़ाने की तत्काल आवश्यकता है।

वर्षा जल संचयन के लिए इंदिरा गांधी राष्ट्रीय मुक्त विश्वविद्यालय ने पाठ्यक्रम शुरू किया है। इसका मुख्य मकसद शिक्षार्थियों को जल संसाधनों को बढ़ाने और उनके उचित उपयोग के लिए संवेदनशील बनाना, जल संचयन तकनीकों को समझने के लिए आवश्यक कौशल और निपुणता प्रदान करना और शिक्षार्थियों

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HRD panel to oversee implementation of Right To Education

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जल संचय

This National Advisory Council might not be as powerful as its namesake and as freewheeling in its mandate, but it will oversee the implementation of the Right to Education, the single most important intervention in the field of education since independence.

HRD minister Kapil Sibal, who will be the ex-officio chairperson of this 14-member NAC, has cleared the names of eight members. They are Kiran Karnik, former president of NASSCOM; Krishna Kumar, former director of the National Council for Educational Research and Training; Mrinal Miri, former vice-chancellor of North-East Hill University; social scientist Yogendra Yadav; Amita Dhanda, professor of law, National Academy of Legal Studies and Research, Hyderabad; Venita Kaul, Head of Centre for Early Childhood Education and Development, Ambedkar University, Delhi; Annie Namala, an activist and head of Centre for Social Equity and Inclusion; and Aboobacker, vice-president of Muslim Education Society, Kerala.

Central rules of RTE stipulate that at least three members should be from amongst SCs/STs and minorities. The rules also say that one-third of the members should be women.

One member will be from among persons with specialized knowledge of pre-primary education and one with specialized knowledge of teacher education.

The NAC on RTE will be five ex-officio members — secretary, school education and literacy, HRD ministry; director of NCERT; vice-chancellor of National University of Educational Planning and Administration; chairperson of National Council for Teacher Education; and chairperson of National Commission of Protection of Child Rights.

Under the central rules of the RTE Act, the NAC will review compliance with teacher qualification and training. It will also commission studies and research for the effective implementation of the Act and be an interface between the HRD ministry and the world at large in creating awareness and a positive environment for the implementation of the Act.

The NAC will play a vital role in implementing the curriculum and evaluation procedure for elementary education and ensure that the RTE's stress on all-round development of the child, building up her knowledge, potentiality and talent is maintained by all the stakeholders. Similar panels will be created the state level. Called the State Advisory Council, each of them will have 14 members.

को घरेलू और सामुदायिक स्तर पर प्रशिक्षकों और संगठनकर्ताओं की तरह कार्य करने के लिए सक्षम बनाना है ताकि प्रभावी जल प्रबंधन और जल संरक्षण संभव हो सके।

इस सर्टिफिकेट कार्यक्रम में चार क्रेडिट के चार पाठ्यक्रम हैं इनमें से तीन सैद्धांतिक और एक प्रायोगिक पाठ्यक्रम हैं। इसके तहत जल संचयन का परिचय, जल विज्ञान की मौलिक अवधारणाएं, जल संचयन, संरक्षण व उपयोग और जल संचयन संस्था में प्रायोगिक प्रशिक्षण आते हैं। इस पाठ्यक्रम के लिए दसवीं पास या इग्नू से स्नातक प्रारंभिक कार्यक्रम (बीपीपी) होना जरूरी है। इसकी अवधि न्यूनतम छः महीने और अधिकतम दो साल है। अध्ययन का माध्यम अंग्रेजी और हिंदी है। इस प्रशिक्षण के बाद रोजगार के मौके भी मिलते हैं। सर्टिफिकेट धारक, जल संचयन परियोजनाओं में कार्य कर रहे विभिन्न सरकारी और गैर सरकारी संगठनों (एनजीओ-शहरी आवास बोर्ड, भू संपत्ति, निर्माताओं, मृदा संरक्षण विभागों और भूजल बोर्ड में जल संचयन सहायक के रूप में कार्य करने के लिए पूर्णतया सक्षम होंगे।

New Data from Unesco Highlight Gender Disparities in Education

New data released by the UNESCO Institute for Statistics (UIS) highlight the gender disparities found at all levels of education. Only about one out of three countries have achieved gender parity in primary and secondary education, while disparities persist at the tertiary level nearly everywhere in the world.

For those countries with recently available data, 112 have achieved gender parity in primary education enrolment. However, girls continue to lag behind boys in terms of enrolment in 66 countries, while the opposite is true (boys have lower enrolments) in eight countries. Low participation rates among girls are most apparent in countries with very limited resources, according to UIS data. For example, in Somalia, the gross enrolment ratio (GER) for girls is just 23% compared to 42% for boys. A similar situation is found in Afghanistan (84% for girls compared to 127% for boys), Chad (68% compared to 97%), Central African Republic (74% compared to 104%) and Mali (86% compared to 103%).

These statistics are part of the main UIS education data release, which will be featured in international publications, such as the *Global Education Digest* and the *Education for All (EFA) Global Monitoring Report*. The release includes new figures for the year 2008 on primary education for about 155 countries and for secondary and tertiary levels for 135 and 103 countries, respectively. Education finance data for 2008 are also available for 61 countries. This data release also includes a preview of education data for the year 2009. Gender and education is the subject of the upcoming edition of the *Global Education Digest*, which will be launched in September 2010. The publication will provide an in-depth analysis of UIS data to help evaluate progress towards the gender targets associated with EFA and the Millennium Development Goals, which concern all levels of education.

According to UIS data, girls are especially deprived of secondary education in countries where school places are scarce. This is the case in

all but three of the 36 countries with a GER below 50%. In contrast, gender parity is the norm in 36 out of 73 countries with a GER exceeding 90%. Boys are however less likely to enter secondary school than girls in 24 of these countries with high participation rates (i.e. GER).

At the tertiary level of education gender parity is a rare exception, achieved in just seven out of 139 countries with available data. As in the case of secondary education, access appears to be the key factor shaping gender patterns. In sub-Saharan Africa – which has the lowest regional tertiary GER – the ratio for women is 4% compared to 7% for men. Yet in North America and Western Europe, which has the highest regional participation rate for both sexes combined, women participate more than men in tertiary education with a GER of 84% compared to 62% for men.

These figures are all part of the UIS education database, which is updated three times each year in January, May/June and October.

Lifelong Learning/Education

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