

# CHILD RIGHTS SITUATION & Growth Strategy

Supported By  
HELP  
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Facilitated By  
MITHRA - HYDERABD

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*MITHRA GROUP*

## CHAPTER - 1

### Executive Summary

In the process of understanding emerging issues especially for the children and in the given changing scenario many of the INGOs closing down their operations in Andhra Pradesh looks to be apparent. However, HELP organization to carry out an exercise to critically analyse and understand the status of children in Andhra Pradesh as a prerequisite. With this purpose in mind external consultants were engaged to work on the following specific objectives. To specify the core issue and ideas for attention or gaps to be addressed in restoring children's rights in AP, in the coming five years, To identify the geographical locations in Andhra Pradesh where the issues exist and To suggest possible strategies to address the issue/s.

In order to achieve the objectives, Desk Review, Consultations with Children and families in the field, consultations with NGOs working in various regions of the state and consultations with networks and INGOs working in the state (mostly on Child Development and allied issues) were adopted as methodology.

Initial days were devoted for desk review and meeting with Government officials. Due to Assembly and Parliamentary election in the state, most of the officials appeared to be busy. Hence no meaningful interaction could take place with the government officials. However, as per the schedule more time was given for collection of information and data from various sources, such as published / unpublished reports / document and materials available in the web sites. Information and data thus collected were further carefully scanned for their reliability and then critically analysed for incorporating in this report.

The State of Andhra Pradesh comprised of 9 coastal districts, 5 Rayalaseema and 9 Telangana districts which are further subdivided into 1,105 revenue Mandals, 29,994 villages spreading over 2,76,814 sq.km. While on the one hand, AP (the fifth largest state in India) with an estimated population of 80 million has been growing faster than national average. Andhra Pradesh poses a paradoxical situation among the states of India in relation to the Protection of rights of children. The state has 3.1 crore children (0-18 years) which is more than 41 percent of the state's total population. Of these 1.8 crore are between 5-14 years. The projected number of children (5 to 14 years) has increased to 2.80 crores during 2006. One of every 62 children in AP dies before attaining five years of age.<sup>1</sup> Percent of children of 12-35 months received all recommended vaccines has gone down from 59% in 1998-99 to 46% in 2005-06 as against the expected level of 100% by the end of Tenth Plan (2007). Children in the age group of 6-35 months suffering from Anaemia increased from 72.3% in 1998-99 to 79% in 2005-06, whereas, the figure for India currently is at 79.2% in 2005-06.

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<sup>1</sup> SRS India, 200 shows that Child Mortality Rate (Probability of dying between 1-6 years of age, expressed per 1,000 live births) is at 15.9

Though Andhra Pradesh has the highest percentage of children attending educational institutions between 1991 and 2001, the drop out estimates is still quite high. Of every 100 children who are enrolled in school 27 do not reach secondary level; 43 drop out before they complete secondary level and 64 drop out before completing 10th class. The levels of social sector indicators in A.P. are much lower and progress has been slow than many other states particularly Southern states. A large number of children in the age group of 5 – 14 (13.6 lakh) in AP are working amounting to 7.7 percent of India's total child labour force.

It is the fourth largest states in terms of marriage of women below 18 years of age (54.7%) against India's figure (44.5%). The state is the only southern State that is comparable with the northern States in terms of incidence of child marriage, with one in 40 persons married below the legal age. Andhra Pradesh is the largest source of women and children for sexual exploitation. About 40 percent among the victims trafficked for sexual exploitation is from Andhra Pradesh and over 93% of the trafficking is inter-district and inter-state. Andhra Pradesh, report highest percentage of sexual abuse among both boys and girls. So far as Child Abuse is concerned the report further reveals that almost 63.74% of both boys and girls are physically abused (all India figure of 68.99), 54.21 %boys and 45.79% girls are sexually abused and 72.83% of children facing one or more forms of sexual abuse in Andhra Pradesh which is much higher than all India figure of 50.76.

S. Mahendra Dev, a reputed scholar who has studied the AP situation reported that, It is depressing to note that Andhra Pradesh will not meet MDGs in 10 out of 14 indicators. Thus, except in poverty, enrolment of boys and girls and drinking water, A.P. may not achieve millennium development goals in crucial indicators of education, health and sanitation at current rates of progress. Again there are significant regional, social, rural-urban and gender disparities in social sector indicators. Above analysis gives ample evidence that although the state has achieved economic growth, the status of children has not been changed for better. In fact it seems there are gross violations of child rights and Child Protection issues in the state are alarmingly high.

After analysing the data available on the Status of children in AP, An analysis of National plan of action, State plan of action frame work was made so as to understand the world view of children's' need and how the respective stakeholders are reacting to the situation.

Then, attempt was made to analyse the critical inputs generated from various consultative process. The outcome of the consultative process marked certain major areas, almost as a consensus among all, supported by evidence based review of literature.. They are categorized into specific areas of concern needing action / intervention from all those who are interested in the issue of child. Those are, Children infected and affected by HIV/AIDS, Child trafficking, abuse, sexual exploitation and Child marriage, Child Labour and Street Children, Issue of Girl Children- sexual exploitation in the form of traditional practices – such

as Matha and Jogini, Orphan and Child headed family, Tribal children (Domara and Yeanadi), Impact of Natural disaster, Impact of displacement due to land acquisition for SEZ and issue of migration and its impact on children. and etc.

From all available sources and supported by the facts raised in the consultations, It becomes undeniably clear that many a new issues are emerging such as SEZs pushing migration to a great extent, thereby creating more and more land less families, street children, child labour and etc. Secondly with the rise in migration, child abuse, sexual exploitation and other forms of exploitations are increasing. Thirdly, new slums are not only created in the urban areas, but also overcrowding the existing ones, thereby reducing the quality of life of slum inhabitants and mostly increasing vulnerability of children to a number of abuse and exploitation.

The state is also severely affected by Naxalite activities, where large number of villages is facing lots of violence and living their life in perpetual fear. Development and infrastructural facilities and government schemes are utmost nonexistent in these area. The children in these circumstances are the worst affected as their most fundamental development needs such as education, health care and nutritional requirements are scantily available.

In the final analysis it can be affirmatively said that lot of support needed to be given to the children of Andhra Pradesh.

following suggested categories of children and issues.

1. Children infected and affected by HIV/AIDS
2. Child Trafficking
3. Children of Sex Workers.
4. Orphan and Vulnerable Children.
5. Differently abled Children and Children of Disable parents.
6. Child Labour
7. Girl Children
8. Prevention and care of Victims of Matha and JOGINI cult
9. Street Children
10. Children living in Urban and semi urban areas.
11. Adolescent Boys and girls
12. Children in begging,
13. Railway platform,
14. Rag pickers.
15. Children of scavenging community
16. Children of Tribal Communities and etc.

In addition to providing support to the children of Andhra Pradesh, INGOs may consider taking up in-depth studies for preparing appropriate program intervention package in some of the areas, such as;

1. Girl Children affected by Matha and Jogini Cult.
2. Railway Platform Children
3. Children working different conditions such as minining and quarries, cotton seed, Prwan farming, granite cutting industries and etc.
4. Condition of children in Naxal affected areas.
5. Children of Tribal communities.
6. Conduct a study to ascertain the existence, prevalence and nature of child labour below and above ten years of age in both the organised and un-organised sectors.
7. Gather data on working children including informal sector and children working in domestic service.

In the end we intend to conclude by saying that although the State is marching ahead in terms of economy, and industry, its social sector has remained far behind. With the new emerging issues as explained in the report, Children in the state of Andhra Pradesh need care and support as never before. The fore, issues of children cannot be overlooked by any humanitarian organization.

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## CHAPTER – 2

In the given changing scenario closing down of operations of INGOs in Andhra Pradesh looks to be apparent. However, before embarking on any strategic decision on its continuation in AP. HELP thought it to be prudent to carry out an exercise to critically analyse and understand the status of children in Andhra Pradesh as a prerequisite. With this purpose in mind external consultants were engaged to work on the following specific objectives.

1. To specify the core issue and ideas for attention or gaps to be addressed in restoring children's rights in AP, in the coming five years.
2. To identify the geographical locations in Andhra Pradesh where the issues exist.
3. To suggest possible strategies to address the issue/s.

**Methodology:** The methodology of the exercise was prepared by MITHRA, In order to make the exercise most participatory the following sequence was adopted. First, to spend time on desk review of the all types of possible Secondary data such as government reports, reports of other agencies/INGOs, documents from Government and Non government organizations etc. Then proceed to the field in each region to have interaction with children / adolescent children and the people in general and in a randomly selected village, based on the proximity and logistical feasibility. The third strategy was to conduct a regional meeting with a number of NGOs working in all the three zones of Andhra Pradesh (Rayalseema, Coastal AP and Telengana). The last one was to hold consultation with INGO operating in AP, Government Department Officials, Researchers and corporate bodies working on their respective CSR approach.

### **Limitations:**

This report is the outcome of a participatory process adopted by the consultants. Efforts were made to objectively collect, analyse and reflect the views of the participants and clues taken from the available source of published and unpublished information / data. Consultant believes that the information incorporated in this report is reliable and valid as they have been collected from authentic sources and appropriately referred. However, the report has certain limitations. Some of them are; Child and family consultation are less and the number of participation in the regional meetings cannot be termed as true representative to speak for their region. The report could have included many more issues and etc. All these observations are valid and consultants were aware of the limitations.

### **Chapter Contents:**

The report has been organized into nine chapters. The first chapter portrays the Executive Summary. The second chapter gives a brief description context and methodology adopted for the study. The third chapter explores the information from secondary sources in the

form of desk review. The fourth chapter gives a detailed analysis of the National Plan of action, AP State Plan of action. The fifth chapter gives a vivid picture of qualitative data collected through series of consultation process regarding the status of children and major concerns for future action. The sixth chapter deals with the major findings and detailed recommendations that flow from the secondary sources and consultative process. The seventh chapter provides the concluding remarks of the describing the need for action of delineates the district level perspectives with reference to trafficking and HIV with a for protection and development of thousands of vulnerable children in Andhra Pradesh. At the end annexure and references are provided for further understanding.

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## CHAPTER - 3

### DESK REVIEW OUT COME:

Initial days were devoted for desk review and meeting with Government officials. Due to Assembly and Parliamentary election in the state, most of the officials appeared to be busy. Hence no meaningful interaction could take place with the government officials. However, as per the schedule more time was given for collection of information and data from various sources, such as published / unpublished reports / document and materials available in the web sites. Information and data thus collected were further carefully scanned for their reliability and then critically analysed for incorporating in this report. The outcome of the desk review is presented below.

Our National Government after six decades of Independence realized the importance of children in the society as the saying goes “Children are the future of the country”. Thus (an independent) Ministry of Women and Child Development was created in 2006 to work exclusively for the development of children and women. Soon after, the ministry conducted study on Child Abuse in 2007. The report states that “With the adoption of the rights based approach issues that were hitherto peripheral came to the forefront. It is then that the gaps in child protection became obvious. *What emerged was that on the one hand, there were enormous numbers of children needing care and protection, while on the other hand there were not enough schemes or sufficient budgetary allocations to deal with them*”.<sup>2</sup> (*Italics added*). The story of children therefore, is no different in the federal states of India.

Let us take the case of Andhra Pradesh. The State of Andhra Pradesh comprised of 9 coastal districts, 5 Rayalaseema and 9 Telangana districts which are further subdivided into 1,105 revenue mandals, 29,994 villages spreading over 2,76,814 sq.km. While on the one hand, AP (the fifth largest state in India) with an estimated population of 80 million has been growing faster than national average. The poverty rate has been fallen more rapidly than rest of India and the state is known to have best managed Power sector in the country. It has highest credit rating among the major Indian States; the third best investment climate in the country and its economy is growing at the rate of 7.2% (2006 -07).<sup>3</sup> On the other hand, the state is facing increased unemployment and acute poverty. Nearly 54% of total population is unemployed in the State which comprises nearly 7% of total unemployment of the country.<sup>4</sup>

Andhra Pradesh poses a paradoxical situation among the states of India in relation to the Protection of rights of children. The state has 3.1 crore children (0-18 years) which is more

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<sup>2</sup> Study on Child Abuse in India – 2007

<sup>3</sup> Mahendra Dev, Inclusive Growth in Andhra Pradesh, 2007

<sup>4</sup> Report – Back ground of AP and Child Labour (Unpublished)

than 41 percent of the state's total population. Of these 1.8 crore are between 5-14 years.<sup>5</sup> The projected number of children (5 to 14 years) has increased to 2.80 crores during 2006.<sup>6</sup> The IMR in AP currently is at 53 per 1000 live births which means one out of every 18 children of the State die before they reach the age of one year. The figure is much higher than Kerala (15), Tamil Nadu (31) and Karnataka (43). The difference in the IMR in rural and urban context is quite dramatic with rural A.P. having 64 infant deaths per 1000 live births in contrast to 33 deaths in urban areas.<sup>7</sup> One of every 62 children in AP die before attaining five years of age.<sup>8</sup> Percent of children of 12-35 months received all recommended vaccines has gone down from 59% in 1998-99 to 46% in 2005-06 as against the expected level of 100% by the end of Tenth Plan (2007). The State figure is more than National figure which is at 44% in 2005-06.<sup>9</sup> Nutritional status of children reflect that of every 100 school children under age 3 in the state 37 are Underweight, 13 are Wasted (too thin for height) and 34 are Stunted (too short for age). India's statistics shows that 46% pre-school children are Underweight, 19% are Wasted and 38% are Stunted.<sup>10</sup> Children in the age group of 6-35 months suffering from Anaemia increased from 72.3% in 1998-99 to 79% in 2005-06, whereas, the figure for India currently is at 79.2% in 2005-06.<sup>11</sup>

Though Andhra Pradesh has the highest percentage of children attending educational institutions between 1991 and 2001, the drop out estimates are still quite high. Director of School Education (DSE) shows that out of total projected child population (6-14 years) of 1.59 crores a number of 1.31 crores have enrolled in 2006-07 leaving 28 lakhs children out of the school system. However, Official estimates shows that only 2.6 lakhs children were reported out of schools in AP as of April'07.<sup>12</sup> Of every 100 children who are enrolled in school 27 do not reach secondary level; 43 drop out before they complete secondary level and 64 drop out before completing 10th class.<sup>13</sup> The levels of social sector indicators in A.P. are much lower and progress has been slow than many other states particularly Southern states. The 61st Round NSS Survey provides literacy rates at state level for the year 2004-05. It shows that Andhra Pradesh literacy levels are very low as compared to other states in India. among 20 other states.<sup>14</sup>

A large number of children in the age group of 5 – 14 (13.6 lakh) in AP are working amounting to 7.7 percent of India's total child labour force. Maximum numbers of child

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<sup>5</sup> Census of India, 2001

<sup>6</sup> By census of India projections,2006

<sup>7</sup> National Family Health Survey- III,2005-06

<sup>8</sup> SRS India, 200 shows that Child Mortality Rate (Probability of dying between 1-6 years of age, expressed per 1,000 live births) is at 15.9

<sup>9</sup> National Family Health Survey- III,2005-06

<sup>10</sup> *ibid*

<sup>11</sup> *ibid*

<sup>12</sup> *SSA Achievements,2006-07*

<sup>13</sup> Director of School Education (DSE), 2006-07

<sup>14</sup> S. Mahendra Dev, Inclusive Growth in Aandhra Pradesh, March 2007

labour in AP are in cotton-seed production with over 150,000 children engaged in the production of hybrid cotton seeds. A number of 9730 children of these age groups are engaged in one of the most hazardous work-Mining and Stone Quarrying, which is highest among all states.<sup>15</sup> About 40,000 children work as domestic labour in Andhra Pradesh and 25,000 among them are in Hyderabad and Secunderabad alone. Estimated 45,000 Street Children are found in the twin cities of Hyderabad and Secunderabad alone.<sup>16</sup>

In Andhra Pradesh the average age of marriage of girl child is 17.5 years and most women have their first child at the age of 18.8 years. It is the fourth largest states in terms of marriage of women below 18 years of age (54.7%) against India's figure (44.5%).<sup>17</sup> The state is the only southern State that is comparable with the northern States in terms of incidence of child marriage, with one in 40 persons married below the legal age.<sup>18</sup>

Andhra Pradesh is the largest source of women and children for sexual exploitation. About 40 percent among the victims trafficked for sexual exploitation is from Andhra Pradesh and over 93% of the trafficking is inter-district and inter-state.<sup>19</sup> Among other states (Assam, Bihar and Delhi ) Andhra Pradesh, report highest percentage of sexual abuse among both boys and girls. So far as Child Abuse is concerned the report further reveals that almost 63.74% of both boys and girls are physically abused (all India figure of 68.99), 54.21 %boys and 45.79% girls are sexually abused and 72.83% of children facing one or more forms of sexual abuse in Andhra Pradesh which is much higher than all India figure of 50.76.<sup>20</sup>

In relation to meeting the Millennium Development Goals Mahendra Dev in his paper on Regional disparity in Andhra Pradesh writes that "We have examined whether A.P. can achieve Millennium Development Goals (MDGs). It is depressing to note that Andhra Pradesh will not meet MDGs in 10 out of 14 indicators. Thus, except in poverty, enrolment of boys and girls and drinking water, A.P. may not achieve millennium development goals in crucial indicators of education, health and sanitation at current rates of progress. The progress in MDGs for some regions and socially deprived sections like SCs and STs has been slower than the state average"<sup>21</sup>.

Again there are significant regional, social, rural-urban and gender disparities in social sector indicators. For example, female literacy rate varies from 32.8% in Mahboobnagar district to 70% in West Godavari district. Infant mortality is very high in Vijayanagaram as compared to low levels in Krishna and Guntur. Similar disparities can be seen among social groups.

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<sup>15</sup> Census of India 2001

<sup>16</sup> Estimated by Balajyoti- The Hyderabad District Child Labour Project Society

<sup>17</sup> National Family Health Survey- III,2005-06

<sup>18</sup> Frontline - India's National Magazine, Volume 22 - Issue 14, Jul 02 - 15, 2005

<sup>19</sup> A report of National Commission for Women in1997

<sup>20</sup> Study on Child Abuse: India 2007

<sup>21</sup> S. Mahendra Dev, Inclusive Growth in Andhra Pradesh, 2007

Progress in human development among women is lower than men. It must be noted that there is considerably low public expenditures in health and education. Allocation of funds to social sector expenditure is lower in the post-reform period as compared to pre-reform period. The social sector expenditure as per cent of GDP in A.P was between 6 to 7% the last four years (2002-06) . Similarly, social sector expenditure as per cent of total expenditure was between 30 to 35% in A.P. during the same period. In both these cases, A.P. is the median states in India.

Above analysis gives ample evidence that although the state has achieved economic growth, the status of children has not been changed for better. In fact it seems there are gross violations of child rights and Child Protection issues in the state are alarmingly high. This needs more concerted action not only from government but also and more from other sources including NGOs, INGOs and Corporate sector.

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## CHAPTER – 4

### National Action Plan, AP State Plan :

After analysing the status of children in Andhra Pradesh in the previous chapter, In this Chapter we will analyse Various Plan of action devised by the National and the state government to address the issues regarding Children.

#### National Plan of Action:

Government of India adopted a National Plan of Action for Children <sup>22</sup>in the year 2005 by committing to ensure all rights to all children up to the age of 18 years. The Plan had identified **twelve** key areas keeping in mind priorities and the intensity of the challenges that require utmost and sustained attention in terms of outreach, programme interventions and resource allocation, so as to achieve the necessary targets and ensure the rights and entitlements of children at each stage of childhood. These are:-

- Reducing **Infant Mortality Rate**.
- Reducing **Maternal Mortality Rate**.
- Reducing **Malnutrition** among children.
- Achieving 100% civil **registration of births**.
- **Universalization of early childhood care and development and quality education for all children** achieving 100% access and retention in schools, including pre-schools.
- Complete **abolition of female foeticide, female infanticide and child marriage** and ensuring the survival, development and protection of the **girl child**.
- Improving **Water** and **Sanitation** coverage both in rural and urban areas
- Addressing and upholding the rights of **Children in Difficult Circumstances**.
  
- Securing for all children all legal and **social protection** from all kinds of abuse, exploitation and neglect.
- Complete abolition of **child labour** with the aim of progressively eliminating all forms of economic exploitation of children.
- **Monitoring, Review and Reform** of policies, programmes and laws to ensure protection of children's interests and rights.
- Ensuring **child participation** and choice in matters and decisions affecting their lives.

#### Andhra Pradesh State Plan of Action:

Andhra Pradesh is divided into 23 administrative districts that are subdivided into a number of mandals. Generally, there are between 20 and 40 villages in a Mandal. In total, there are 1,125 Mandals and 27,000 villages in Andhra Pradesh. Andhra Pradesh state can be categorised into three distinct agro-climatic regions: Coastal Andhra, Rayalseema and Telangana (Young Lives 2007).

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<sup>22</sup> National Plan of Action for Children 2005

Government of Andhra Pradesh with the support of UNICEF and Young Lives<sup>23</sup> has prepared a State Plan of Action in the context of the 11<sup>th</sup> Five Year Plan. It targeted at achieving the Millennium Development Goals by outlining the policies, programs, activities and targets to be achieved in the period **2007- 2010** to ensure the well being of all children in Andhra Pradesh. Broad priorities outlined are;

### **Government Priorities**

1. Interventions for child survival
2. Interventions for safe motherhood
3. Interventions for fertility reduction
4. Expanding access to health services
5. Enhancing quality of health services
6. Awareness and empowerment of community to demand better quality health services
7. Behavioural change towards health practices and adopting scientific approach.

Without going into details of goals and strategies, we have tried the broad action plans by the state government in the following

### **Major Goals:**

1. Reduction in Perinatal / Neonatal Mortality Rate by 50
2. Reduction in Post-neonatal / Child Morbidity and Mortality by 50%
3. Reduction of malnutrition in children and adolescents, especially among those below the age of five years.
4. Provide safe drinking water to all rural habitations
5. Provide drinking water and sanitation facilities in all schools
6. Expanding the outreach of the Total Sanitation Campaign
7. Improvement of health and nutrition status of children
8. Universalization of ICDS programme
9. Prioritizing preschool education as an integral component of formal education
10. Universal access to quality education to all children
11. All children in regular schools, bridge schools and alternative schools
12. All children complete eight years of elementary schooling by 2010
13. Ensure inclusion and equal access to education across castes, gender, communities.
14. Vulnerable groups including disabled children, at elementary education level by 2010
15. To ensure equality and provide equal access to health, education, participation and other growth and development opportunities to all young and adolescent girls thereby ensuring a healthy and safe environment.
16. Children in difficult circumstances are those who are denied a safe and secure environment to grow and develop. The Convention on the Rights of Child recognizes the need of the children to a safe and protected environment as their right to protection. This right includes freedom from all forms of exploitation, violence, abuse and inhuman or degrading treatment

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<sup>23</sup> Andhra Pradesh State Plan Of Action For Children -2007-2010, Young Lives

- a. Children involved in Labour
- b. Children within the Juvenile Justice system
- c. Children trafficked for commercial sexual exploitation
- d. Children with disability
- e. Children with HIV/AIDS
- f. Children and Displacement
- g. Children under adoption

2. Ensuring Child Participation by,

- Having child representation with veto powers in state level committees and advisory boards on children's issues
- Forming programme based groups at local level under specific programmes
- Forming children's clubs at community and school level
- Establishing panels from children's organizations
- Setting up Feedback committees
- Annual consultative forums with children at community and state level
- Websites for children and using internet to generate children's opinion
- Conducting opinion surveys and questionnaires amongst children.

3. Child focused budget monitoring and analysis by way of,

- Disaggregated information on child outcomes, at least at the state and district levels, that enable monitoring of the indicators that have been set out in chapters 2 to 11 of this Action Plan. Currently, district-wise indicators on educational outcomes can be found, but district-wise indicators on health, protection, nutrition, child labour, among others are not available.
- Mapping of the policies, programs and activities for which different line departments or levels of government are responsible in order to be able to trace the corresponding budget heads and identify lines of accountability.
- Systematizing information on public spending, particularly with relation to social sector spending not only at the State level for which this information is currently more easily available, but particularly at the district level. This is key in order to be able to analyse how budgetary resources are translating to outcomes for children.

Based on the above the **seven thematic areas and corresponding Program Objectives** outlined were based on the assumptions that government policies and programs.

**Child Protection:**

Children in India grow up and develop in unsafe and enabling environment that ensures that their right to protection is respected and realised and that they can grow and develop free from abuse, discrimination and exclusion.

**1. Quality Education:**

Children in India, including girls, realise their right to quality education that enables them to make informed choices.

**2. Optimal Health:**

Children, families and communities in India, including vulnerable groups, can exercise their right to attain and maintain optimal health status, based on appropriate knowledge and services.

**3. Healthy Environment:**

Children, families and communities in India realize their right to a healthy environment, where they have geographical and economic access to quality integrated water and sanitation services that are free from social exclusion and gender discrimination.

**4. Household Economic Security:**

Children and families in India have household economic and social security where individual can participate in decision making, at home and in the wider community, to the best of their ability.

**5. Children's Participation in Governance:**

Children, families and communities in India can exercise their right to participate actively in value based community governance and take on the responsibilities that come with this.

**6. Disaster Risk Reduction and Response.**

Children, families in India, especially vulnerable groups, live in communities that can protect themselves from the effects of natural disasters.

## CHAPTER – 4

### Critical inputs from Consultation Process

In the previous two chapters we have tried to analyse the state and status of children and plan of action by national government and State government own strategy. In this chapter we will analyse the responses / views of different actors like Children, families, Non Government Organizations and Development agencies working in the state in various sectors of development. The box below presents a summary of the views by the children and parents in the villages.

#### Critical inputs from family and child consultation (Box – 1)

REGION and Place of Consultation	MAJOR ISSUES	CHILD DEV. ISSUES
ROYALSEEMA REGION – Satyavedu Village, Chittoor District, Consultation with 32 Male and 15 female. and 10 children 6 -14 years.	Displacement due to SEZ, Drought, Lack of Health care,	quality education, Trafficking, Child Labour, Child abuse, HIV/AIDS affected and infected children, Sexual exploitation of adolescent girls
COASTAL AP REGION – Edurumundi Village, Krishna District, Consultation with 26 adults and 33 children of 6 to 18 years.	Livelihoods, Migration, High Dropout, , No health care facility, no maternal care and delivery facility, lack of water for agriculture and drinking, lack of support during disasters	No school facilities beyond 7 <sup>th</sup> class, Sexual abuse of adolescent girls, Child labour, Child Trafficking
TELENGANA REGION – Parakalu Village, Mahbobnagar district, Consultation with Villagers and 14 Children of 6 -15 years.	Drought, Unemployment, Lack of Health Care, High level of illiteracy, lack of quality education	Child Labour, Trafficking, Abuse of girl children (JOGINI), Street Children, Malnutrition

#### Critical inputs from Regional NGO meet (Box – 2)

Three Regional Consultations were organized at Tirupati for Royalseema Region, Vijaywada for Coastal Region and Warrangal for Telengana Region. 42 Chief Functionaries of 42 Civil Society Organizations participated from as many as 18 districts (out of 23 districts) of Chittoor, Cuddppa, Ananthpur,Prakasham, Guntur, Nellore, Vishkhapatnam, Krishna, Srikakulam, East Godavari, Adilabad, Warangal, Nalgonda, Mahboobnagar, Hyderabad, Medak, Rangareddy and Nizamabad. The list of participants may be seen in Annexure – 1. The views and opinions of the participants are presented in the table below.

<b>Royalseema</b> 13 Chief Functionaries from 13 CSOs Participated in meet held at Tirupati	<b>Major Issues of the region.</b>	<b>Major Child Development Issues.</b>	<b>Suggested Strategies to Address the Issues.</b>
	Recurrent Drought	HIV/AIDS infected and affected children -prostitution	Suitable program implementation and advocacy action is required on all issues.
	High rate of Migration	- Child Trafficking	
	Displacement	Child abuse, labour	
		Quality Education, Drop out	
		Disable Children	
		Tribal Children (Yenadi Tribe)	
		Displacement due to SEZ	
		Drought	
		Migration	
<b>COASTAL ANDHRA PRADESH</b> 14 Chief Functionaries from 14 CSOs Participated in meet held at Vijaywada.	<b>Major Issues of the region.</b>	<b>Major Child Development Issues of the region.</b>	<b>Suggested Strategies to Address the Issues.</b>
	Displacement	Children infected and affected with HIV/ADIS	<ul style="list-style-type: none"> <li>• Advocate for child rights activist from Panchayat to state Govt.</li> <li>• Advocate for the integration of programs and polices (Viz. ICDS and Health etc)</li> <li>• State level platforms for achieving macro issues</li> <li>• Formation of Child</li> </ul>
	Migration	Child Labour	
	Children affected by Disaster Cyclone and Flood	Child Trafficking	
	Quality of education	OVC	
	Gender Disparity	Girl child – abuse, marriage, trafficking	
	Domestic Violence	Malnutrition	

	SEZ – Industrialization	Street children	<p>Forums</p> <ul style="list-style-type: none"> <li>• Integration of child participation in local governance</li> <li>• Advocate for the implementation of UNCRC</li> <li>• Lobby for the state plan of action for children</li> <li>• Advocate for the JJ act implementation effectively</li> <li>• Ensure effective and timely implementation of NACP – 111</li> <li>• Advocacy for implementation of NREGA</li> <li>• Advocate for the formation of Child Rights commission</li> <li>• Advocate for the common school system/ensure quality education with equity.</li> <li>• Advocate for the school health program</li> <li>• Sensitize the media</li> <li>• Advocacy with policy makers and planners for effective program and proper allocation of budgets for children.</li> </ul>
	Health, Hygiene, Sanitation and drinking water	Displacement/Migration	
	Tribal Under Development	Domara children (traditional prostitution)	
		Children in Disasters	
		Disability	
		Health and Hygiene, Access to sanitation and safe drinking water	

<b>TELENGANA</b> 15 Chief Functionaries from 15 CSOs Participated in meet held at Warangal .	10 Major Issues of the region.	10 Major Child Development Issues of the region.	<b>Suggested Strategies to Address the Issues.</b>
	HIV/ADIS	HIV/AIDS; OVC, CAA,	<ul style="list-style-type: none"> <li>• Advocacy (all kinds of</li> </ul>

		CLHIVs	advocacy) <ul style="list-style-type: none"> <li>• Lobbying</li> <li>• Monitoring</li> <li>• Identification Activists</li> <li>• Formation and alliances of various networks on one single platform</li> <li>• Undertake legal interventions – PIL etc</li> <li>• Base line and data, research on the issues</li> </ul>
	Girl Child Issues	Girl child issues – enrolment, child trafficking, traditional practice, abuse,	
	Child Trafficking	Domestic work	
	Child Labour	Child trafficking	
	Differently Abled	Child labour	
	Tribal Children	Disability (flurosis) – Nalgonda	
	EFFECT OF DOMESTIC VIOLENCE	Effect of Domestic violence	
	MIGRATION	Migration effect on children	
	BRITH REGISTRATION	Birth registration – present, back log	
	QUALITY EDUCATION	Education: Pre School, quality, enrolment	
	DROUGHT	Issues of adolescent children	

## CRITICAL INPUTS FROM STATE LEVEL MEET WITH INGOS / OTHERS

32 representatives of International NGOs and Network NGOs such as CCF, SCF, IOM, Action Aid India, CRY, OXFAM, Plan India, Ankuram, CACT, Mahitha, APACR, Center of media studies, HELP, NATSAP, HRLN, HCHW, CARE, SAATHI, JJ Desk, ASHRAY, CMS, HIV / AIDS Alliance, SPACE, SWARD, SCOPE, PILUPU, SADHANA, PEACE, Aranya Agricultural Alternatives, SWEET, Pragati Seva Samiti and SYOW etc. The collective opinion of the participants enlisted the following areas of concern in the state of Andhra Pradesh.

### Major Issues emerged during Consultation:

- Christian Children’s fund India program looks at the issue concerning children from the perspective of deprivation, exclusion and vulnerability. It advocated for program initiatives to address the root cause related to the above noted three areas. Others however, pointed out more specific issues concerning children in the state. At the end of the meet following issues came up as major concerns and broad strategies suggested.
- Tribal children – children from SKLM, Vijayanagaram, Vishka, and border districts
- The more the states the vulnerability is more Traditional practices (adolescent girls), Matama/ Jogini /traditional prostitution (dommara) – 10 – 15 in a year dedicated
- Child labour

- Child trafficking
- Second Generation prostitution
- CAA, CL HIV – kakinada alone 700 children affected
- Children on the street
- Disability
- Poor knowledge of JJ act, Child welfare committee
- Weavers community – telangana region
- Suicides, Issues emerging out of development
- Street children, Child labour – the number is growing , Domestic workers
- Health - Immunization, Nutritional status
- Girl child – adolescent Abuse, Child pregnancies, child marriage
- Education – quality, minimum standards in school
- Exploitation of children due to increased Tourism in the temple town of AP.
- Children orphaned, Semi orphans, Children living with grannies, Child headed households
- Domestic violence
- Dalit women
- Disasters

### **Strategies**

After Identifying major issues / areas of concern, participants envisaged to adopt the following points as strategies for future course of action.

- Coordinated effort by the civil society organizations.
- Collective engagement with government departments.
- Networks among civil society organization and other form of community group.
- Advocacy and lobbying for implementation.
- Campaigns for support and mobilization
- Research / Studies for updated knowledge on issues.
- Workshops and awareness as a tool for educating and informing the people.
- Monitoring for better implementation of government programs.
- More coordination with Media for highlighting critical issues.
- Advocacy and lobbying for effective implementation of laws regarding women and children.
- Design strategies and program as per varying climatic condition and its impact such as drought prone area of Rayalaseema and Telangana and flood and cyclone affected area of Coastal Andhra Pradesh.
- Capacity building as a strategy for skill and knowledge empowerment
- Advocacy – JJ act, Govt run juvenile homes / institutions.

## CHAPTER – 5

### Overwhelming issues and way forward (Recommendations)

The outcome of the exercise for identification of issues concerning children towards guiding the in Andhra Pradesh, gives a clear picture, almost as a matter of overwhelming unanimity between the secondary sources of information and that of consultation with number of actors in the field in the form of Child and family consultation in the villages, three Regional meetings and State level INGO meeting etc. The factual unanimity in identifying issues therefore, has made our task bit easier, as we found in no stress for interpretation and unnecessary analysis of all sources of information.

There were no two opinions that the state has economically progressed a lot in comparison to the counterparts in northern states of the country. States industrial and agricultural growth has been impressive, so also education and literacy scenario. Growth and development in infrastructure and power sector is highly commendable as it is ahead of other southern states. However, state poses plethora of paradoxes. While its growth has been impressive, in human development index its position is sordid. The social development sector leaves many a room for the general public to demand for action as they affect in many ways survival and development of the children in specific and family in general. Some of the development can be termed as region specific like drought condition in Royalseema and Telengana region and flood / cyclone in Coastal Andhra Pradesh. The common issues / concerns identified during the exercise may be summarized under three broad categories.

#### Child Development Issues, Child Protection Issues and Cross cutting issues (Box – 4)

Child Development Issues	Child Protection Issues	Cross cutting Issues impacting Children
Orphan Children and Child headed family, Children living with Grand Parents	<b>Children Infected and affected by HIV / AIDS</b>	Impact of recurring Drought (Natural Disaster)
Issues of Differently Able Children	<b>Child Trafficking, abuse, sexual exploitation and Child marriage.</b>	Impact of recurring Flood / cyclone and Tsunami (Natural Disaster)
Education – Retention and drop out	<b>Child Labour and Street Children</b>	<b>Impact of displacement due land acquisition by private sector</b>
Quality Education	<b>Issue of Girl Children – Sexual exploitation in the form Traditional practices -(Matha and Jogoni) and in temple / tourist places.</b>	Impact of Migration
Immunization, Sanitation and Drinking Water	<b>Second Generation prostitution in the name of traditional practice (dommara/veddera communities)</b>	Lack of Livelihood and employment
Birth Registration		Farmers Suicide
<b>Tribal Children (Domara and Yenadi)</b>		Condition of Dalit, Tribal and children of Scavengers
Impact of Domestic Violence		Health care, Sanitation and drinking water
		Non or lacklustre implementation of Government Programs

It may be noted while the issues framed in the box are all important, nevertheless the most common issues / concerns (based on their extent, coverage and impact on a higher scale) needing concerted action from all types of agencies like INGOs, Bilateral as well as multi lateral organization and the respective state and national governments are highlighted in different colours. In the following we will try to analyse each highlighted issue and possible strategies to address them. It may be noted that apart from consultation process we have drawn upon several strategies from the National, State plan of action views of various individuals and unpublished papers, as we felt they were extremely useful and effectively implementable.

Of all the issues raised and discussed in the consultation meetings and based on our desk review understanding, in the following we will analyse the most common and prominent ones only, in order to provide focus area for action beginning with Child Protection issues and then go into the Child Development Issues and subsequently deal with Cross cutting issues. Based on the analysis of the problems, we have tried to provide a few strategies as guidance for initiating action at various ends. The suggestions offered should be positioned in the context of Social Mobilization / Mass campaign, Linkages and Networking, Advocacy and lobbying, Better Coordination among CBOs / NGOs , Direct Support by the Implementing Agency as their appropriateness.

## **CHILD PROTECTION ISSUES**

### **ISSUE: CHILDREN INFECTED AND AFFECTED BY HIV / AIDS**

After North East India, Andhra Pradesh tops the list of states for the spread of HIV / AIDS in the Country. Data derived from the screening of women attending antenatal clinics (ANC) in Andhra Pradesh shows 2% prevalence rate in both 2004 and 2005, which is higher than any other state. The latest figure for the Districts wise Non ANC clients tested and found positive from April to October 2008 , provided by Andhra Pradesh State AIDS Society states that highest percentage of positive clients were found in the district, 20.25 West Godavari, 19.7% in East Godavari followed by 17.9 in Guntur, 16.8% in Hyderabad, 16.5 in Krishna, 12.45 in Prakasam, 11.7% in Visakhapatnam, 10.6% in Nalgonda and 10.4 in Nellore. Other districts however showed positive cases between 9.4 % to 4.2%. Data for a period of six months shows that overall in the state almost 12 % cases tested were found positive. (See Annexure - 2)

As the disease is spreading from urban to rural areas it has posed greater danger for affecting the child population in the state. As per National AIDS Control Organisation estimated in India there are 0.55 lakhs HIV infected children under 14 years age. In addition majority (87.7%) of HIV/AIDS infected people in India are in the age group 15-44 years. Amongst the children under 14 years age, the most common cause of infection is the Mother-to-Child transmission (MTCT), whereas amongst the older age group the virus is transmitted through sexual contact, drug use and blood transfusion. According to the estimation of National AIDS Control Programme there were 5.21 million Indians living with HIV at the end of 2005 (compared to 4.58 million in 2002), of whom 39% were female.

Andhra Pradesh State AIDS Society provides alarming figures about the status of PLHIVs and CLHIVS in the state as fresh as March 2009. According to the report, the state has 175810 numbers of infected children and 48100 are taking ART treatment. Guntur district leads in higher number (22109) HIV infected children, followed by Hyderabad having 18509 children already infected. In other districts the number are comparatively smaller, but the spread of the disease is continuing very fast. Children are also affected in various ways because of HIV/AIDS of their father or mother and their well-being is seriously threatened. Even when the children are not directly infected they have to suffer loss of childhood due to early death of their caregivers and continue facing social stigma and discrimination.

**Geographical area for Action:**

From the above noted figures, it becomes almost clear that the HIV / AIDS has been prevalent in a pandemic form in the entire state. However, most prominent districts are West Godavari, East Godavari, Hyderabad, Krishna, Prakasam, Vishakhapatnam, Nalgonda and Nellore. Since the spread of the disease is in the entire state, action needed in all the districts for the prevention and control, and also care and support.

**Suggested Strategies:**

Strategies for intervention need to be evolved around three broad areas Such as;

1: Prevention of Parent to Child HIV transmission, 2: Prevention of HIV/AIDS amongst young people and 3. : Provide care and support to infected and affected children

**Strategy and Program Plan:**

- Support for evidence based advocacy for rights – based approach for children and HIV, including the rights of children to HIV prevention and to live with their family, the rights of those affected by HIV to social protection, care and support services.
- Lobbying for Mandatory blood testing and compulsory for registration of all marriages
- Lobbying for increasing the coverage and utilization of PPTCT
- Ensure ante-natal care and screening of all pregnant women
- Ensure institutional delivery for all women to reduce risk of transmission during delivery
- Massive education and awareness on HIV/AIDS through IEC
- Intensive door-to-door and neighbourhood campaigns on HIV/AIDS issues
- To empower young women through knowledge and skill for negotiating sex and insisting on condom use by their partner
- Create peer / community educator in each village.
- Educate the youth and adolescent on HIV and sexual behaviours
- To provide easy access to condoms to youth
- Make easy access to testing and counselling facilities
- Mandatory refusal of untested blood transfusion in health delivery institutions.
- Ensure treatment and regular health check ups to all positive children
- Provide home based and community-based care options for the children
- Ensure children's access to all opportunities for survival and development, like shelter, education, sustenance etc.
- To take action against all forms of stigma and discrimination of the infected and affected children in schools.

- Set up adequate institutional mechanisms for care and support
- Make available ICDS services to the infected children
- Mobilise family and community for ensuring that the orphaned children’s vulnerability is not exploited
- Provide livelihood opportunities to affected families for food security and power to avail desired treatment.

### **ISSUE: Child trafficking, abuse, sexual exploitation and Child marriage.**

Trafficking in women and children is one of the most corrosive forms of violation of human rights. In India the State of Andhra Pradesh has emerged as one of the primary centres of origin of individuals being trafficked. A survey conducted by National Commission for Women in 1997 estimates that Andhra Pradesh represents 40% of those trafficked domestically for sexual exploitation. The girls from Andhra Pradesh are trafficked to various metropolitan cities (Delhi, Kolkata, Chennai, Mumbai and Goa). Trafficking has increased because of globalization, free market economy, poverty, lack of education and livelihood options, exacerbated by other socio-economic variables such as gender discrimination, ethnicity, caste and cultural sanctions<sup>24</sup>.

Various studies on prostitution in India indicate that almost 24 – 26% women among commercial sex workers are from Andhra Pradesh<sup>25</sup>. Again the Draft Action Plan for Children in Andhra Pradesh<sup>26</sup> states that “Trafficking is prevalent at various levels local, inter-district, and inter-state and cross border. Commercial exploitation of women and girl children takes place in various forms including brothel-based prostitution, sex tourism entertainment industry and pornography in print and electronic media. The percentage of victims of trafficking is highest in Andhra Pradesh according to various reports. According to some precise estimate nearly 50% of the victims belong to scheduled caste and up to 30% belong to the other backward classes. Kadapa, Chittor and Anantapur, all border districts, are the main affected areas”.

Trafficking is a very complex and has multi-dimensional causes. Economical, social and cultural issues coupled with human ingenuity such as promise of jobs better career prospects and marriage etc. Some are forcibly trafficked through abduction. Poverty and deprivation, secondary status accorded to women in society, prejudice against the girl child, changing public attitudes towards sex and morality, the caste structure, urbanization and migration are some main factors which are responsible for commercial sexual exploitation of women and children.<sup>27</sup> The consequences of trafficking is enormous as it hits the very basis of human dignity, and breaks the physical, psychological and moral fabric of the

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<sup>24</sup> Report of National Commission for Women, 1997

<sup>25</sup> Half Baked: A study on the implementation of the GO MS NO -1 in Andhra Pradesh

<sup>26</sup> Draft AP State action plan – Young lives

<sup>27</sup> Draft AP State Action Plan – Young Lives

victims for life long. The fall out of trafficking is also seen in the form of catching sexually transmitted diseases and more dreadful HIV/AIDS.

Looking at the enormity of the child trafficking in the state, it is imperative therefore, to engage in serious intervention programs by any actor or agency.

**Geographical Area for Action:**

Kadappa, Chittor, Ananthpur, Srikulam, Prakasam, Guntur, Warangal, Nalgonda, Kakinada, Krishna, East & West Godavari, Nellore, Kadapa, Ananthapur, Hyderabad and all border districts.

***Strategy and Program Plan:1***

- Identify and address the root causes leading to trafficking of children.
- Implement preventive, protective and rehabilitative strategies for trafficked children and those at risk.
- Ensure the safety, protection, and security of victims of trafficking and provide assistance and services to facilitate their recovery and social reintegration.
- Advocacy for criminalize, prosecute and penalise effectively, all forms of sale and trafficking of children including for sexual purposes, marriage, labour, adoption, sports and entertainment and illegal activities, like organ trade, begging and drug peddling.
- Ensure that the best interests of the child shall be a primary consideration in the criminal justice system dealing with child victims.
- Advocacy for legislative reform to place burden of proof on traffickers and enhance punishment.
- To enlist the support of the private sector, including the tourism industry and the media, in programmes to prevent and combat trafficking of children.
- To eradicate harmful, traditional or customary practices that lead to trafficking of women and children for sexual exploitation.
- To take necessary measures to combat the abuse of information technologies, including the Internet, for trafficking of children for the purposes of sale, prostitution, pornography, sex tourism, paedophilia and other forms of violence and abuse against children
- Mobilise community action by forming vigilant committees to prevent trafficking by keeping a track of missing children
- Generate awareness on trafficking and its consequences amongst community level groups such as self help groups, youth groups, school children and other community based groups.
- Create public awareness and motivate public resistance to trafficking through intense media campaigns
- Intensive operations to comb out traffickers and take legal action against and their nexus
- Provide institutional shelter to high risk group children like street children, neglected children, etc. so as to prevent exploitation of their vulnerability.
- Prevent second generation trafficking of the children of women in prostitution by providing them education and other welfare services
- Strict legal action against perpetrators of child sexual abuse
- Ensure registration of all marriages with Panchayat

### **Strategy and Program Plan:2**

- Media campaign for general community to change mindset towards trafficked children and mainstream them
- Work with families of trafficked children and promote family as unit for rehabilitation over institutional rehabilitation
- Provide psycho social therapy and medical aid to the trafficked children and help them in the adjustment process
- Provide skill training and capacity building for taking up alternative livelihood options
- Set up more private public partnerships for providing economic opportunities
- Formulate special schemes for economic empowerment of survivors by forming self help groups, cooperatives etc.
- Incorporate trafficked victims as core group of beneficiaries under all economic empowerment programmes
- Provide access to health care services, regular health monitoring of all children and women
- Monitoring of other diseases such as tuberculosis, skin infections, STDs and diseases caused due to substance misuse and alcoholism
- Establish link with existing residential schools with proper counseling facilities to prevent second generation trafficking; provide free and compulsory education with support services like scholarships, supplementary nutrition so as to prevent drop outs; establish vocational training centers with adequate marketing to provide livelihood skills for mainstream integration.

### **ISSUE : Child Labour and Street Children**

Andhra Pradesh has the highest number of child labourers in the country as per the Economic Survey report 2002-03. Young Lives reports that the workforce participation rate in rural Andhra Pradesh was 2.7 and 0.7 in urban areas in 1999-2000. Globalization policies that result in poverty are directly impacting children in terms of growing numbers of child workers labour in different sectors, including agriculture. The Campaign Against Child Labour - CACL estimates that there are over 45 lakh children working as child labour in AP. This figure has been arrived at on the basis of the number of children out of school and families living in destitution. On October 10, 2006, the Government of India issued an official gazette notification expanding the list of hazardous occupations under the Child Labour Prohibition Act, banning employment of children less than 14 years as domestic workers or in restaurants and the entertainment industry. While there have to be greater efforts to implement the new order, the main issue is to challenge the notion of “hazardous” and ensure that every child is in school and therefore automatically not working<sup>28</sup>

Despite the existence of the Child Labour (Prohibition and Regulation) Act 1986 and implementation of programmes aimed at reducing child labourers, the child work force participation in the state has sharply increased to 25% in rural areas in the age group 10-14 years and to 7.1 in urban areas. The reasons behind this are multifarious. Poverty is one of

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<sup>28</sup> Report of State/Regional Level Consultation on Right to Education & Out of School Children, Plan India, 2008

the key reasons. Regional analyses undertaken within the state shows drought prone areas tend to have higher incidences of child labour and so also in the case of areas affected by cyclone/flood and Tsunami.

Child labour is a term that covers a range and variety of circumstances in which children work. Child labour is conventionally defined to include all 'economically active' children in the age group 5-14 years. A person is treated as economically active or gainfully employed if s/he does work on a regular basis and receives remuneration for it. The ILO defines 'child labour' as "work that deprives children of their childhood and their dignity, which hampers their access to education and the acquisition of skills, and which is performed under deplorable conditions harmful to their health and their development."<sup>29</sup> However, the government of Andhra Pradesh was the first state Government in India to adopt a different kind of definition of child labour as "all children out of school". This definition is popular among the development actors working on child labour. The data shows that by adopting such a definition, there has been a spurt in school enrolment and thus claims have been made that child labour has been actually reduced. But that is not the case as retention and drop out of children is significantly high beyond primary school as discussed in chapter one.

Again it is also argued that, until 1991 Andhra Pradesh was notorious for its poor literacy rates and high child labour rates, both main and marginal workers, as compared to the all-India averages in every age group. In fact, in 1961 and upto 1991, Andhra Pradesh was in the same league as India's most educationally backward states, with very large percentages of children working as main and marginal workers. However, Andhra Pradesh's transition in a shorter time-frame of about 10 years from a low literacy, high child labour state to a near universal elementary education and low child labour/child work participation is as impressive as that of Kerala, Tamil Nadu and Maharashtra. Andhra Pradesh shows a dramatic decrease in the incidence of child labour (main and marginal) in the 5-14 age group from 10 percent in 1991 to 7.7 percent in 2001 which is a 23 percent decrease.<sup>30</sup>

Notwithstanding the impressive educational enrolment scenario, large number of children is still engaged in various forms of economic activities such as children engaged in occupations that are legally prohibited, agriculture and allied sectors and in domestic sector / other unorganized sectors. Maximum number of child labour in AP is in cotton-seed production with over 150,000 children engaged in the production of hybrid cotton seeds. A large number of children in the age group of 5 – 14 (13.6 lakh) in AP are working amounting to 7.7 percent of India's total child labour force. About 40,000 children work as domestic labour in Andhra Pradesh and 25,000 among them are in Hyderabad and Secunderabad alone. Estimated 45,000 Street Children are found in the twin cities of Hyderabad and Secunderabad alone.<sup>31</sup> A number of children (9730) of these age groups are engaged in one of the most hazardous work-mining and stone quarrying which is highest among all states. A

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<sup>29</sup> Child labour in rural areas with a special focus on migration, agriculture, mining and brick kilns, Neera Burra

<sup>30</sup> Child labour in rural areas with a special focus on migration, agriculture, mining and brick kilns, Neera Burra

<sup>31</sup> Estimated by Balajyoti- The Hyderabad District Child Labour Project Society

significant number of these children are working in the mines of neighbouring state of Karnataka.

On the one hand when claims are being made that child labour has really decreased considerably, on the other hand there is hardly any data available on the actual number of child labour in the age group of 14 to 18 years. In the absence of such data it is difficult to accept that child labour has been reduced considerably. More over about 6000 primary schools have been closed down in the state due to the reasons best known to government. However, the most recent data (2007 by Sarva Siksha Aviyan, AP State indicate the total child labour force in the state are 264013. Considering that child labourers are not a homogeneous group due to varied nature of activities in which they are involved, in order to supplement the Government effort following strategies could be adopted.

**Geographical Area for Action: All the Districts of the State**

***Strategy and Program Plan:***

- Conduct a survey to ascertain the existence, prevalence and nature of child labour below and above ten years of age in both the organised and un-organised sectors.
- Gather data on working children including informal sector and children working in domestic service.
- Advocacy for effectively enforce child labour regulatory legislation and rehabilitation of working children through enrolment in schools, bridge courses of education/life skills training/counselling/recreational facilities and advocacy.
- Link the child labour elimination efforts with education and the older children are mainstreamed to the formal education system through the rehabilitation centers.
- Strengthen the formal school mechanism in the endemic child labour areas in the state both in terms of quality and access.
- Ensure convergence of national poverty eradication and developmental programmes aiming at prevention and progressive elimination of all forms of child labour.
- Educate society not to employ children or economically exploit them.
- Ensure involvement of committed voluntary organizations for the elimination of child labour.
- Introduce bridge schools for all working children for enrolling in the formal schools.
- Develop mechanisms to ensure that children, presently working in the informal sector including domestic service, have access to basic nutrition, clothing, education and protection from all forms of abuse and neglect.
- Enable all children to go to school and ensure that there are no drop outs from school
- Ensure school admission for all migrant children
- Regular visits and monitoring in the cottonseed production zone to make it child labour free
- Enforcement of the October 2006 order of the Supreme Court prohibiting employment of child labour as domestic servants or as workers in restaurants, hotels, teashops, resorts and other recreational centres, under the Child Labour (Prohibition and Regulation) Act 1986
- Multi media awareness campaign to inform people about the legal action against child labour offenders
- Strict community vigilance for ensuring that no child is engaged in domestic work
- Setting up transit camps for rescued children
- Provide bridge school and residential facilities for rehabilitation of children
- Involve school children for reporting and tracking incidences involving child labour

- Keep track of missing children at community level

### **ISSUE: Girl Children – Sexual exploitation in the form Traditional practices - (Matha and Jogini) and in temple / tourist places.**

Andhra Pradesh is a peculiar state so far as the status of girl children are concerned. On the one hand the state's economy is growing at an impressive rate of 7 to 8%. State has also very high school enrolment figures. In agriculture, Industry and power sector the growth is comparatively higher than other states of the country. It is widely believed that with the growth and urbanization along with high literacy conditions the position of girl children and women in the society would be better than the places of underdevelopment. On the other hand in Andhra Pradesh we find endless cases of sexual abuse, trafficking, and high dropout of girl children. In addition the indicators of development, such as sex ratio, particularly in the 0-6 age group, health status, literacy levels, attitudes and cultural practices towards girls give ample understanding about low status of girl and women in the state.

According to UNICEF, there are gender differentials in infant mortality, which is the death of children under the age of one. After birth, son-preference continues to persist leading to neglect of girls and their lack of access to nutrition, health and maternal care in these critical years. The statistics on literacy also reveal that a large number of girls going to school drop out by the time they are 12-14 years old. The lower status of girl child is further reflected by the prevalence of early child marriage in the state. In Andhra Pradesh the average age of marriage of girl child is 17.5 years and most women have their first child at the age of 18.8 years. It is the fourth largest states in terms of marriage of women below 18 years of age (54.7%) against India's figure (44.5%).<sup>32</sup> The state is the only southern State that is comparable with the northern States in terms of incidence of child marriage, with one in 40 persons married below the legal age.<sup>33</sup>

Andhra Pradesh is the largest source of women and children for sexual exploitation. About 40 percent among the victims trafficked for sexual exploitation is from Andhra Pradesh and over 93% of the trafficking is inter-district and inter-state. <sup>34</sup>Growing incidences of trafficking of girl child, increasing number of girl child labour, incidences of sexual abuse, vulnerability to HIV/AIDS are some of the other indicators of the situation of the young and adolescent girl child.

Andhra Pradesh also provides another horrible tale of exploitation of girl children notoriously famous in the line of Dommara, Devadasi tradition practiced in other southern parts of the country. This traditional practices has numerous forms such as JOGINI,

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<sup>32</sup> Draft AP State Action Plan,

<sup>33</sup> Frontline - India's National Magazine, Volume 22 - Issue 14, Jul 02 - 15, 2005

<sup>34</sup> A report of National Commission for Women in 1997

Mathamma, Yallamma, Basavi and Venkatasani. One can see pathetic plight of young girls from scheduled castes who are brutally exploited. In this traditional practice young girls from weaker section of the society are condemned in their infancy to lead a life of a shame and insecurity in the name of religion. They are forced to serve the community physically and socially and are sexually abused by many men in the community. They live a life of utter negligence and are subjected to stigma and discrimination. In 1998 , 17,000 cases were tracked through a study<sup>35</sup>, but according to rough estimate today the number of such cases are more than 40,000 and is increasing day by day Above description gives a definite understanding about the need for engagement in the issue of girl children, more than any other cause.

**Geographical Area for Action: All the districts of the state.**

***Strategy and Program Plan:***

- Launch a mass media campaign on sex determination of foetus and take legal action against those violating the law
- Make compulsory birth registration of all children at Panchayat and municipal level
- Ensure coverage of all girl children under the ICDS scheme.
- Create awareness on health and nutrition needs of girls in the villages
- Build network with other agencies and NGO's addressing the issue girl child health concerns and expand the outreach
- Prevent child marriages and early motherhood through awareness building of both men and women in rural and urban slums.
- Mobilise the community for sending girls to school through incentives like scholarships, free books, uniforms etc.
- Try to create girl child friendly schooling system by ensuring basic services like separate toilets, accessible location, gender sensitized teachers, more number of women teachers, etc.
- Lobby for expanded the coverage of the National Programme for Education of Girls at Elementary level (NPEGEL)
- Ensure 100% coverage under the Girl Child Protection Scheme
- Mobilise community action on incidences of early marriage
- Make all out effort to ensure that law and order machinery takes immediate action in cases of violence against girl child and punishes the offenders
- Mobilise community action against perpetrators of any kind of violence against girls
- Make the Panchayats to track as mandatory any incident of missing girls
- Provide immediate but temporary institutional care, counselling and health check up of all victims of violence
- Involve self help group women as change agents create corpus funds for providing immediate care and support to victims of violence
- Make all out effort through social mobilization to prevent younger girls pushed into the traditional practices in any form.
- Provide education and vocational training for the victims of the traditional practices and work for the removal of associated stigma and discrimination.

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<sup>35</sup> Matha Cult in Chittor District , RISE, Tirupati, 1998

- Work for providing food security and link up with microfinance for the economic and social uplift of girl children in general and victims of traditional practices.
- Promote child participation in planning, implementation and monitoring of programmes related to children
- Build capacities at local level amongst panchayats, NGOs, community leaders, SHG members to monitor and evaluate child-related services especially that of girl children.

## **CHILD DEVELOPMENT ISSUES**

Out of gamut of child development issues four area our attention was drawn on three prominent issues. They are related Tribal Children, Orphan Children and effect of domestic violence and issue of differently able children.

### **ISSUE : Tribal Children**

There are number of tribes in the State of Andhra Pradesh. Of all the tribes the condition of two types of tribes and the plight of their children were brought into focus. One tribe is known as Domara and other one as Yenadihi. Traditionally Domaras are considered to be wanderers who engage themselves as athletic performers as a custom as well as a means of livelihood. They are called as Dommara, Dombari and Domber in various places as the form of Dom, treated as a outcaste community in the Northern India. Traditionally, they are engaged in hunting fish, mat making, donkey and pig rearing. Their food habits include eating cats, pigs etc. They marry one person, but keep concubines for pleasure, which finally resulted in hereditary prostitution.

Yanadis are another primitive tribal communities living in the forest region spread across the Eastern Ghats - in the districts of Chittoor, Kadapa, Nellore, Prakassam, Guntur and Krishna districts. They are the third numerically largest scheduled tribe 9.2 of the total tribal population in Andhra Pradesh. Yanadhis are gatherers, hunters and fisherman. They are treated inferior in social hierarchy. The family bondage is very weak both male and female having detached attitudes towards family life resulting in negligence of children. The girl child is worst affected in this condition as their childhood are spent in cattle care, sibling care and getting married before 12<sup>th</sup> year.

There is a severe lack of infrastructure facilities in the tribal inhabitants As they are located away from the main habitations , the villages do not have proper approach roads, safe drinking water, electricity and mode of transportation facilities etc. Due to remoteness they do not have full access to PDS services. As per 2001 census the infant mortality rate among yanadis is 120 per 1000 population. The sanitary conditions in their habitations are very unhygienic, which causes different communicable disorders. 90% of the children are suffering with malnourishment disorders such as Kwashiorkor, marasmus, Anemia, bitat spots etc. discoloured hair and pale skin. Children are not enrolled in schools at right ages and school dropout rate is 60% after 5<sup>th</sup> class. Majority of the

children are involved in different labour works. Bonded agriculture labour is the most common form of child labour found among Yenadi children. More than 90% of girls marry soon after attaining puberty.

A study conducted by RISE a leading NGO in Tirupati report that out of total 1325 yenadi children in one revenue block, 564 children were identified as vulnerable in the study area as they are engaged in many hazardous activities. Out of 878 children in the age group of 6-15 years, 375 were school drop outs followed by 146 never attended any school.<sup>36</sup> It is a fact that the tribal communities are continued to be neglected by the government apathy and non action by the development agencies working on development issues. The reasons for the indifference are difficult to understand but going by the deplorable condition of the tribal communities and the overall status of children in these communities call for immediate action.

### **Geographical Area for Action: Tribal districts of Andhra Pradesh**

#### ***Strategy and Program Plan:***

- Provide support to Improve educational situation of the children.
- Increased lobbying with government for early child care support, immunization , birth registration and nutrition.
- Promote nutrition, health awareness and RCH practices and health delivery mechanisms.
- Promote vocational education and skill orientation.
- Prevent adolescent girls pushing into sex trade and exploitation,
- Promote community forest produce business activities
- Provide Marketing Linkages and promoting value addition to forest produces.
- Promote advocacy for land rights of the tribes.
- Increase activities on rights of children of tribal communities and protection issues.

### **ISSUE: ORPHAN CHILDREN**

Orphan children in India are one of the vastly neglected sections among the child population. A child can be orphaned due to a variety of reasons such as Parent's death by accidents and natural calamities (Earth quake, Cyclone, Tsunami, Floods) and due to murder for many reasons. Death due to Caste and Communal clash, terrorist attack and conflicts. Death of parents due to war and violence and due to health reasons, Father abandoning the child after mother's death. As the support for orphan child's development is scarce, their environment and scope for development and progress in life are full of challenges. In recent times there is talk more on the children who are orphaned due to the death of parents by HIV/ AIDS. But the number of children orphaned for reasons other than the HIV/AIDS is significantly more than the dreaded disease. It is almost an agreed fact that children irrespective of causes are vulnerable for all types of abuses and exploitation. But in India, except some sort of institutional support to the children who have been orphaned due to

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<sup>36</sup> The situation of Yenadi Tribal Children, RISE, Tirupati, 2008 (Unpublished paper)

the parent's death, no appropriate system has been evolved in the country to address the growing needs of orphaned children due to HIV/AIDS or for that matter of any other causes..<sup>37</sup>

Andhra Pradesh is no exception to the plight of Orphan children. Orphan children are mostly physically abused and sexually exploited (especially girl children), threatened by police, land up as street children, work as child labour, and are vulnerable for trafficking etc. Girls are pushed into sex trade and subjected to lead a life humiliation, stigma and discrimination. It is therefore imperative to work for this category of children as no support is expected either from government or sources like non government organizations.

**Geographical Area for Action: Srikulam, Esat Godavari , Vishakhapatnam and other parts of the State.**

***Strategy and Program Plan:***

- Identify and create awareness about OVC in the community
- Create awareness among OVC family about Government schemes/livelihood
- Lobby for providing health care & Education facilities
- Lobby with the Government for Special Developmental Project for OVCs
- Identify OVCs and create updated data base on OVCs
- Advocate for special scholarship for OVCs studying in School
- Ensure protection of OVC
- Mobilize and sensitize the Community for care and support
- Established special care centers and homes for OVC
- Start special IGP programme for OVC families
- Start and strengthen special school for physically and mentally challenged OVCs
- Make provisions for facilities for tricycle, hearing equipmenty, etc. to physically challenged OVCs
- Capacity building of care givers and social workers.
- Strive to arrive at a consensus on policy-related definitions of OVC;
- Promote rights-based approaches to programming for OVC
- Create an effective flow of "resources to the base".
- Establish linkages and strive for convergence of programs for providing support OVC children.

**ISSUE: DIFFERENTLY ABLED CHILDREN**

The problem of differently able children is enormous. No rights of children are as found to be as neglected as that of the rights of disabled children in the country. Although unofficially around

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<sup>37</sup> Unpublished Paper - Study On Orphan And Vulnerable Children, Help, Andhra Pradesh

40,000 children are estimated to be affected by one of the several disabilities in the state, only a small section of them are supposed to be enrolled in the schools. It is primarily because of the inaccessibility of schools and poverty of the parents of the disabled children. Most of the disabled children belong to poor parents. The civil society and the schools as well as authorities have to be sensitized to address the issue of prevention of disabilities. A lot is to be done in the areas of protection and promotion of developmental as well as participatory rights of the disabled children.<sup>38</sup>

**Geographical Area for Action: All the districts of the State.**

***Strategy and Program Plan:***

- Ensure effective implementation of the Persons with Disability (Equal Opportunity, Protection of Rights) Act, 1995 as well as National Trust Act.
- Establish effective links between ICDS, Primary health centers, mother and child programmes and hospitals (pediatric units) for the early detection of high risk babies and children with disabilities including children with mental health issues and mental illnesses.
- Strengthen programmes of early childhood health and care to monitor and follow up children at risk of disability and children with disability in the early (0-6) years of development.
- Train social workers, health workers in hospitals and elsewhere, early childhood care personnel in providing information support, counseling and referral services to children and their families particularly around the time of detection of disability.
- Strengthen family based systems to enable them to care and protect the children that enable them to continue to live within the family and their community.
- Lobby for including in the general school system as the first option for any child with disability.,
- Lobby and demand to have physical access to for schools, accessible toilets and playgrounds for children with disability.
- Ensure that all children with disability are able to access a neighbourhood school.

## **CROSS CUTTING ISSUES**

### **Impact of Disasters and Natural Calamities in the lives of Children.**

The country has been witnessing small as well as large scale natural disasters in almost unflinching regularity. "India has many regions that are exposed to current natural phenomena that may cause disasters, like earthquake (*i.e Latur – Maharashtra and Kutch – Gujrat*), Floods and cyclones (*Begal, Bihar , Orissa, Assam, Andhra, Tamilnadu, Pondicherry. etc*) and drought (*MP, Rajsthan, Orissa and Andhra Pradesh.*)<sup>39</sup> In combination with social forces, such as population growth, urbanization, and migration, they create unsafe conditions for children. The impact of disasters are greater for those who live in increasingly

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<sup>38</sup> Un published Paper - School For Integrated Development Of Visually Challenged Children, Warangal

<sup>39</sup> Italics added

fragile physical environment, dangerous locations, unprotected buildings, and infrastructure.”<sup>40</sup>

Andhra Pradesh witnesses recurring flood and cyclone in many parts of the states. Tsunami in 2004 had terrible effect on the lives of hundreds of thousands of families and children, The impact was so ever, even now people are afraid of recalling the situation. There are lot of experiences about the situation of children during and after disasters. These experiences are important for discussion as they provide necessary knowledge for future action. The threats and risks that children face are directly linked to their vulnerability who are already in the trap of poverty and deprivation. Children get separated from their families and very often no effort is made to register or locate these missing children. Institutionalization is often seen as the only alternative for children who are separated or orphaned. Sometimes families too, want to institutionalize their children because they think it is the best option. Sale of children is common during emergencies. It is also a form of abandonment when parents and communities cannot take the responsibility for their children. Relief workers and outsiders are often found to abuse children. Children are also abducted or kidnapped. Disappearances of children are common particularly from hospitals, and relief camps. Children are forced to work, beg and migrate to cities or other places in search of employment in conditions of disaster.<sup>41</sup>

INGOs have been responding to disaster affected children and communities since a long time. During the Tsunami and its aftermath, INGOS continued its engagement in the rehabilitation work till recently. It is therefore, very much urged that INGOS to continue its effort in the future to build the capacities of the communities towards disaster preparedness and risk management and increase child centred human assistance in case of a direct disaster relief / rehabilitation intervention.

**Geographical Area for Action: Coastal Districts of the State in Particular and other districts in general.**

***Strategy and Program Plan:***

Some important practices for addressing child protection in Disaster Condition Could be;<sup>42</sup>

- Identify and register orphaned, missing or separated children.
- Strengthen communities to provide for their care. Avoid institutionalization.

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<sup>40</sup> Quoted from Plan India Country Program Framework, 2008 -2013

<sup>41</sup> International Workshop On Rights Of Children In Disaster Situations - A Report (Unpublished)

<sup>42</sup> International Workshop On Rights Of Children In Disaster Situations - A Report (Unpublished)

- Establish child friendly spaces where children can express their thoughts and feelings and safe spaces for play.
- Render psycho-social support to respond to shock and trauma.
- Monitor, report and advocate against sexual abuse, trafficking.
- Protect children from crime and violence.
- Re-establish and sustain education services, prevent economic exploitation and bring back a normal, daily routine.
- Challenge discriminatory practices.
- Address the differing vulnerabilities with reference to gender, age and disability among children.
- Respond to the need for psychosocial care within the community with a 'NO' to adoption or taking the child away from her/his milieu.
- There is need for an overarching national policy that is flexible and takes into consideration the cultural specificities, the area and the needs of the people.
- Prepare families and communities internalize and practice the concept of Child rights.
- Work with the government to bring out a long-term rehabilitation plan.
- Advocacy for sustainable development of children by way of having land rights, wages, livelihood and access to natural resources.
- Work with Institutional mechanisms for child protection during disasters and emergencies to ensure cases of child labour, child abuse and child domestic work etc.

### **ISSUE : Migration / Impact of Special Economic Zone**

The recent government policy for setting up Special Economic Zones has already started having its impact on the lives of families and children almost all over the country. Poor are gradually being pushed out from even existing universal basic services such as health and education programs. The government argues that privatization is inevitable because it has no funds to spend on public social infrastructure. On the other hand, the rich are kept out of the tax net by a variety of measures. Given its reluctance to raise taxes, the last three budgets have seen a decline in real terms in the public expenditures on agriculture, rural development and the social sector. The *en masse* approval given by the Government of India to 401 proposals to set up Special Economic Zones in the last 18 months has raised a spate of issues. The move to remove state governments from the land acquisition process is highly dangerous, and will put small landowners at the mercy of land sharks backed by the muscle power of criminal elements. There has been an attempt to dilute labour laws by encouraging state governments to exempt SEZs in the name of "Public Utility Services." These concerns are reflected in the huge mobilisations and struggles that have opposed the present pattern of SEZs.<sup>43</sup>

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<sup>43</sup> DRAFT REGIONAL PAPER 2008, Regional Coordination Office: South Asia , Terre des hommes, Germany

Recent changes in the Coastal AP situation that affects children and their education. Coastal corridor and SEZ are the major issues in the state, in which the Government of AP had decided to allocate 5 lakh acres of land to industries along the coastal line. From SKLM to East Godawari., nearly 2lakh acres of land is being allocated to petrochemical industries, in Guntur and Prakasam 1.2 lakh acres for VANPICK for chemical industries, 2000 acres for port operations and 5000 acres land for power plants and 1000 acres land for airports. Resulting, millions turn land less and they are forcibly migrated to other areas/occupation, where survival of children is challenged.<sup>44</sup>

Because of large scale acquisition of land, families are forced to look for alternative source of income and employment elsewhere in and outside their village. This phenomena is adding to number of families migrating to cities and towns and also increasing inter- state migration. Migration of parents affects the lives of hundreds of thousands of children in the state. This has also impacted on the gross violation of child rights and protection. The task of defending children's rights in such a circumstance looks to be very urgent. Children's survival, development, protection and participation can be realized only through a healthier rural economy, better health delivery system and quality education. Capacity building, critical awareness, legal assistance and enhancement of the community resource base are also very important steps for action.

**Geographical Area for Action: In all the regions of the State.**

***Strategy and Program Plan:***

- Support to the children of migrated families to continue with their education to children in the age group of 3 to 14 years.
- Make provisions for skill development and vocational training to the children above 14 years both boys and girls.
- Mobilize the community to protect child rights and ensure their protection.
- Sensitize the teachers and panchayats not to discourage education of the children of migrated families.
- Support to farmers groups and resistance movements to have a ripple effect in making the establishment respond, to the situations.
- Support to community based organizations in the areas acquired for SEZs.
- Ensure landless families due to SEZs to get the benefit of National Rural Employment Guarantee Scheme, implemented by the government
- Make time bound advocacy for institutional / infrastructural facilities for free compulsory quality education, health care and gender issues.

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<sup>44</sup> State / Regional level Consultation on right to education and out of school children, Plan, 2008

## Chapter - 5

### Conclusion:

This report is the outcome of a participatory process adopted by the consultants. The participants included children, parents, NGOs working in different regions, Net works of NGOs and INGOs working in different sectors in Andhra Pradesh and officials of regional office of Plan, Hyderabad. Efforts were made to objectively collect, analyse and reflect the views of the participants and clues taken from the available source of published and unpublished information / data. Consultant believed that the information incorporated in this report is reliable and valid as they have been collected from authentic sources and appropriately referred.

However, consultants are happy that within the constraints and resources available to them, are able to produce a report to INGOS in the best of intentions. Hope this report will help the organization to set up its future plans in the interest of the Children of Andhra Pradesh. It is undeniably clear that many a new issues are emerging such as SEZs pushing migration to a grate extent, there by creating more and more land less families, street children, child labour and etc. Secondly with the rise in migration, child Trafficking, abue, sexual exploitaion and other forms of physical as well as mental exploitations are increasing. Thirdly, new slums are not only created in the urban areas, but also overcrowding the exsting ones, there by reducing the quality of life of slum inhabitants and mostly increasing vunerabilty of children to a number of abuse and exploitation. As per a study report by VASAVYA Mahila Mandali, Vijayawada, AP, with the support of UNICEF, Vulnerability for trafficking is found to be high due to the prevalence of commercial sex activity as a coping mechanism for distress to life's situations that emanate from dwindling livelihoods and survival stressors. Distress prostitution and promiscuity, not of the form of commercial sex but for commercial gain, is also rampant in the villages, whether along highways or interiors and is predominantly responsible for the vulnerability to HIV / AIDS. Even a simple financial hardship in the lives of indigent people was found to trigger a whole series of vulnerabilities. Out migrants reported vulnerabilities of various sorts at the destination point of migration, the most severe being molestation of girls and young women. Consumption of Illicit liquor is very high in villages, which is ruining the health and wealth of the already vulnerable sections and increasing susceptibility to HIV / AIDS due to unsafe sex. Some villages were found to abet trafficking and second generation victimization. Girls and young women from migrating villages were found to be employed in baledari work, tobacco, cotton, prawn, slate, granite and mirchi processing units. In all the above mentioned livelihoods situation, the sexual abuse of women by the supervisors, mutha mestri and down the stream the truckers and cleaners is very high. The incidence and vulnerability towards HIV in such settings was found to be very high. Villages where men were engaged in trading activities leaving back families for long were found to be very high in promiscuity among men and women. The reported incidence of HIV is very high from such villages while men and women were spreading the virus both within and outside

the family and village due to promiscuity for pleasure and pecuniary gains.<sup>45</sup> One can therefore, imagine the kind of plight of children must be undergoing in such circumstances.

The state is also severely affected by Naxalite activities, where large number of villages are facing lots of violence and living their life in perpetual fear. Development and infrastructural facilities and government schemes are almost non-existent in these areas. The children in these circumstances are the worst affected as their most fundamental development needs such as education, health care and nutritional requirements are scantily available.

In the final analysis it can be affirmatively said that a lot of support needed to be given to the children of Andhra Pradesh. Following are suggested categories of children.

1. Children infected and affected by HIV/AIDS
2. Child Trafficking.
3. Children of Sex Workers (Second Generation)
4. Orphan and Vulnerable Children.
5. Differently abled Children and Children of Disabled parents.
6. Child Labour
7. Girl Children abuse and exploitation (Mathama and JOGINI cult)
8. Prevention and care of Victims of Matha and JOGINI cult
9. Street Children
10. Children living in Urban and semi-urban slum areas.
11. Adolescent Boys and girls
12. Children in begging,
13. Railway platform,
14. Rag pickers.
15. Children of scavenging community
16. Children of Tribal Communities and etc.

Apart from providing support to the children of Andhra Pradesh, INGOs may consider taking up in-depth studies for preparing appropriate program intervention packages in some of the areas, such as;

1. Girl Children affected by Matha and JOGINI Cult.
2. Railway Platform Children
3. Children working in different conditions such as mining and quarries, cotton seed, Prawn farming, granite cutting industries and etc.
4. Condition of children in Naxal affected areas.
5. Children of Tribal communities.
6. Conduct a study to ascertain the existence, prevalence and nature of child labour below and above ten years of age in both the organised and un-organised sectors.

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<sup>45</sup> Report of the UNICEF Study by VASAVYA Mahila mandali, Vijayawada, AP, 2006

7. Gather data on working children including informal sector and children working in domestic service.

In the end we intend to conclude by saying that although the State is marching ahead in terms of economy, and industry, its social sector has remained far behind. With the new emerging issues as explained in the report, Children in the state of Andhra Pradesh need care and support as never before. Therefore, issues of children cannot be overlooked by any humanitarian organizations.

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## **ANNEXURE:**

**ANNEXURE: 1****LIST OF PARTICIPANTS AT THE REGIONAL NGO CONSTITUTIONS**

S.NO.	NAME	ORGANISATION	DISTRICT
<b>RAYLASEEMA</b>			
1	Mr. Chandra	REDS	Anthapur
2	Mr.D.J.Naidu	RASS	Chittoor
3	Mr.K.balakrishnamurthy,	PASS	Chittoor
4	Mr.G.G.K.Murthy,	AGS	Chittoor
5	Mr.Rambabu,	GVS	Chittoor
6	Mr.Y.MuniKumar,	PRAGATHI	Chittoor
7	Mr.Ramakrishna,	RISE	Chittoor
8	Mrs.Suneela,	STREE SAKTHI SANGHATANA	Chittoor
9	Mr.B.G.Naidu,	CORE	Chittoor
10	Mr.Chalapathi,	YCYSS	Kadapa
11	Mr.Y.Veraddy,	PAID	Kadapa
12	Mr. J.Suresh Sanayam,	HEADS	Kadapa
13	Mr.Ch.Vijaya Bhaskar	SOCIAL SERVICE SOCIETY	Kadapa
<b>COASTAL ANDHRA</b>			
14	Mr.N.V.S.Rammohan	HELP	Prakasam,
15	Mr.Jowhar	SNIRD	Prakasam
16	Mr.Shivashnakar	RASHANA	Prakasam,
17	Mr.Sunil	SARDS	Prakasam
18	Mr.Srinivas	CJWS	Nellore
19	Mr.P.M.Khan	UJVALA	Nellore
20	Mr.Srinivas	CJWS	Nellore
21	Mrs.Phaedra	KID POWER INDIA	Vishkapatnam

22	Mrs.Phaedra	KID POWER INDIA	Vishkapatnam
23	Mr.Ramanamurth	SWEEP	Srikakulam,
24	Mrs.Rashmini	VMM	Krishna
25	Mrs.Vani	SANGAMITRA	Krishan
26	Mr.Jagadish	TNP +	Krishna,
27	Mr.B.V.Rao	GUIDE	Krishan,
28	Mr.Roshan Kumar	SEEDS	Guntur
29	Mr.Ravi Babu	ASSIST	Gunutr
<b>TELANGANA</b>			
30	K.Daniel	ANKURAM	Hyderabad
31	P.Ajith Rao,	PLAN INIDS,	Hyderabad
32	Dr.Sayanna Bandi	SCOPE	Hyderabad
33	J.Bhaskar	MVF	Hyderabad
34	K.Siva Kumari	SWARD,	Medak,
35	Ch.Mulai Mohan	SADHANA	Medak
36	Mr.Narasanna Koppula	ARANYA AGRICULTURAL	Adilabad
37	B.Krishnamurty	ADDRESS ORG	Nalgonda
38	Mr.V.Balachary	SWEET	Nalgonda
39	M.janardhan	PILUPU	Nalgonda
40	K.Nimmaiah	PEACE	Nalgonda
41	Mr. SK.Yakyob Pasha	SARVODAYA YOUTH	Warangal
42	Mr.G.John	PRAGATHI SEVA SAMITHI	Warnagal
43	B.Shobha	SPACE,	Warnagal,
44	Mr.S.Vedanta	MARI	Warangal

**ANNEXURE: 2**

**District wise Non ANC clients tested & found positive from April 2008 to October 2008**

Sl no	District	Tested	Positive	% of Positivity
1	Adilabad	12324	580	4.7
2	Anantapur	22195	1741	7.8
3	Chittoor	17256	1927	11.2
4	East Godavari	24837	4888	19.7
5	Guntur	28907	5174	17.9
6	HYDERABAD	27843	4665	16.8
7	Kadapa	25657	1411	5.5
8	Karimnagar	20438	1854	9.1
9	Khammam	17896	1446	8.1
10	Krishna	27931	4615	16.5
11	Kurnool	17938	1782	9.9
12	Mahbubnagar	18688	962	5.1
13	Medak	12521	1100	8.8
14	Nalgonda	15083	1595	10.6
15	Nellore	15888	1652	10.4
16	Nizamabad	14964	1131	7.6
17	Prakasam	21895	2718	12.4
18	Rangareddi	17013	989	5.8
19	Srikakulam	16218	1276	7.9
20	Visakhapatnam	21039	2469	11.7
21	Vizianagaram	12726	1103	8.7
22	Warangal	14342	1345	9.4
23	West Godavari	20507	4142	20.2
	<b>Grand Total</b>	<b>444106</b>	<b>50565</b>	<b>11.39</b>

**Source : Andhra Pradesh States AIDS Control Society, 2008**