



Promoting Clinical Legal Education in India:

A Case Study of the Citizen Participation Clinic

A Joint Report

Cornell International
Human Rights Clinic



Cornell University
Law School

Jindal Good Rural Governance
and Citizen Participation Clinic



Jindal Global
Law School

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“An old lady gave a hand written letter to me, which stated all her grievances with regard to the management of the village, expressing her hope and faith that I, as a law student, should on her behalf make her letter reach the appropriate authorities who will take the required steps to address her grievances. This was very touching, and I felt that I owe an obligation to the society members and should put my legal knowledge or resources to fruitful use and betterment of fellow citizens, especially those who cannot voice their opinions before the government, policy makers and other stakeholders. It is my duty to become the bridge between these two ends with the State on one end and the marginalized on the other.”

– Meher Dev, Jindal Global Law School



Executive Summary

Promoting Clinical Legal Education in India

Clinical legal education is essential to preparing law students to practice law effectively. Indian law schools, however, do not generally offer robust clinical legal education programs. In the United States, “clinics” are small law school classes taught by full-time faculty where students learn lawyering skills by undertaking legal services, typically on behalf of poor or marginalized people and communities. Even though most Indian law schools do not offer clinics defined in this way, many have “legal aid cells” where students, largely without faculty supervision, perform legal services for poor communities.

Clinics are important because they prepare students to practice law by teaching them valuable skills such as fact-finding, investigation, interviewing, and legal research and writing. In the United States, law students learn these skills by undertaking projects or cases on behalf of individuals, always under faculty supervision and guidance. Students also develop a sense of social justice and empathy through their work with disenfranchised groups.

In India, the Bar Council, Law Commission, and other important government and non-governmental agencies have recognized the importance of clinical legal education, yet it has not been adequately developed. Among other things, this is

Above: Cornell and Jindal Law students in the Cross-National Rural Governance and Human Rights Clinic

Cover: Cornell and Jindal students interviewing a teacher in a school in Sonipat, India.

so because of a lack of resources devoted by law schools to clinics, lack of trained faculty, failure to give workload credit/reductions to faculty and academic credits to students, and a regulation that prevents faculty and students from practicing before courts in India.

The goal of this Report is to encourage the development of robust clinical legal education programs in India. This Report describes the key features of the Good Rural Governance and Citizen Participation Clinic (“Citizen Participation Clinic”) taught at Jindal Global Law School in Sonipat, India. Although there are many possible ways for clinics to be structured, the Citizen Participation Clinic is an important example of a clinic that can be successful within the Indian context. Through their participation in the Citizen Participation Clinic, students are trained in basic lawyering skills, learn about the devastating economic and social problems facing the majority of Indians, and reflect on ways they can work to improve these conditions as lawyers. As part of the Citizen Participation Clinic, members of rural communities participate in weekly *sabhas* (meetings) held at community-based non-governmental organizations where they are encouraged to articulate their own concerns and problems, and learn about legal and governmental mechanisms through which they can address their problems. The Clinic collaborates with community-based non-governmental organizations, which provide access to and continuity with the communities. The non-governmental organizations benefit from the collaboration because the program builds their capacity to use the political process and legal mechanisms to further the rights of the communities. Additionally, law students provide much-needed manpower to the non-governmental organizations.

The genesis of this report was a joint class taught by videoconference at Jindal Global Law School in Sonipat, India and Cornell Law School in Ithaca, N.Y. from January to April 2012. This class was called the Cross-National Rural Governance and Human Rights Clinic and was a joint project between the Citizen Participation Clinic at Jindal Global Law School and the International Human Rights Clinic at Cornell Law School. The students who participated in this Clinic created the initial draft of this Report. Chapter 1 provides further background on the joint class and the development of this Report.

Chapter 2 of this Report emphasizes the importance of clinical legal education in terms of instilling both values and skills. Chapter 3 describes the key features of the Citizen Participation Clinic. Chapter 4 provides an example of the work undertaken by clinic students on the right to food.

To promote clinical legal education in India, it is critical:

- ✓ for the Bar Council to amend its rules to allow law professors to practice in the course of teaching a clinical class and encourage law schools to dedicate faculty to teaching clinics and offer students credits for participating in clinics;
- ✓ for vice-chancellors and other administrators of Indian law schools to devote resources to hiring faculty and offering clinic classes with low student-teacher ratios;
- ✓ for law professors to develop sustainable clinics and work with law school administration to implement them;
- ✓ for non-governmental organizations to collaborate with law schools to further their work with communities and advance the social justice mission of education;
- ✓ for legal services authorities to broaden the scope of legal aid by supporting law schools to make legal aid and advice easily accessible to communities within the premises of law schools; and
- ✓ for grant making or funding agencies to fund law-school-based legal clinics to engage with communities in strengthening democracy and improving governance for the advancement of justice and the rule of law.

“I have always been interested in the field of public policy. The clinic has more than anything made me realize that one cannot ‘figure out’ one’s career choice while sitting in a classroom in one’s law school. One has to really interact with people outside, understand the current situation, and ponder upon whether one fits into that area of work or not. While working in the clinic I realized that this is one area of work that is slowly becoming a passion for me.” – Shireen Moti, Jindal Global Law School



Chapter 1

Background to this Report

The genesis of this Report is a unique collaboration between the Good Rural Governance and Citizen Participation Clinic (“Citizen Participation Clinic”) at Jindal Global Law School and the Cornell International Human Rights Clinic (“Human Rights Clinic”) at Cornell Law School. The Citizen Participation Clinic aims to address the disconnect between the Indian Constitution’s promise for a dignified life for every citizen and the reality of undignified human existence for the majority of the population, particularly in rural India. The Human Rights Clinic works with organizations and individuals around the world to promote human rights through a multi-faceted approach, including through litigation, human rights education, and law reform.

The Citizen Participation and Human Rights Clinics collaborated to form the Cross-National Rural Governance and Human Rights Clinic (“Cross-National Clinic”). The Cross-National Clinic was taught by videoconference from January to April, 2012 simultaneously to students in Ithaca, N.Y. (Cornell) and Sonipat, India (Jindal).¹ The joint class was taught at 8.30 a.m. (New York time) / 7 p.m.

Kirti Rana, Susan Jahangiri, and Chris Cain interviewing Chhamlesh, a woman who lives in Kherla, Haryana and who participates in the sabhas conducted by the Citizen Participation Clinic.

¹ The names of the instructors and students participating in the joint class are listed in Appendix A.

(India time) by Professors Elizabeth Brundige (Cornell), Priya S Gupta (Jindal), Sital Kalantry (Cornell), and Ajay Pandey (Jindal).

Students from Jindal Global Law School and Cornell Law School participated in class discussions and exercises, which involved intensive interaction among students on both sides of the videoconference screen. Students gained substantive exposure to principles of clinical legal education, international human rights law and its implementation, and the theory and practice of good rural governance and citizen participation. Through simulation activities, students developed skills in investigation and interviewing, explored strategies for the enforcement of human rights, and reflected critically on difficult questions of ethics and professional responsibility in human rights lawyering. Other sessions offered students an opportunity to present, discuss, and receive feedback on their clinical project work.

“The concept of a cross-national clinic is unique I learned a great deal about human rights law and the relevant Indian law, but also about Indian culture, about working and communicating across cultures, and about the mental flexibility required to make sense of theoretical legal concepts in an environment so completely different from my own.”

– Natalie Blanc, Cornell Law School

In addition to the seminar component of the course, the students worked on clinical projects that aimed to promote good governance and citizen participation in India. At Jindal, students furthered the Citizen Participation Clinic’s mission by supporting the effective participation of rural communities in bringing good governance to their villages. They consulted with community members about their concerns, advised them on potential avenues for redress, and assisted them in filing complaints and petitions under the Right to Information Act, and writing letters to relevant government authorities. During the course of the semester, the Jindal students attended weekly *sabhas* (meetings) with community members and shared their work and experiences with the Cornell students through the videoconference format. The Cornell students conducted legal and factual desk research on the Citizen Participation Clinic’s model of clinical legal education and its contributions to the advancement of human rights. They also prepared sample interview questions to guide their subsequent field research.

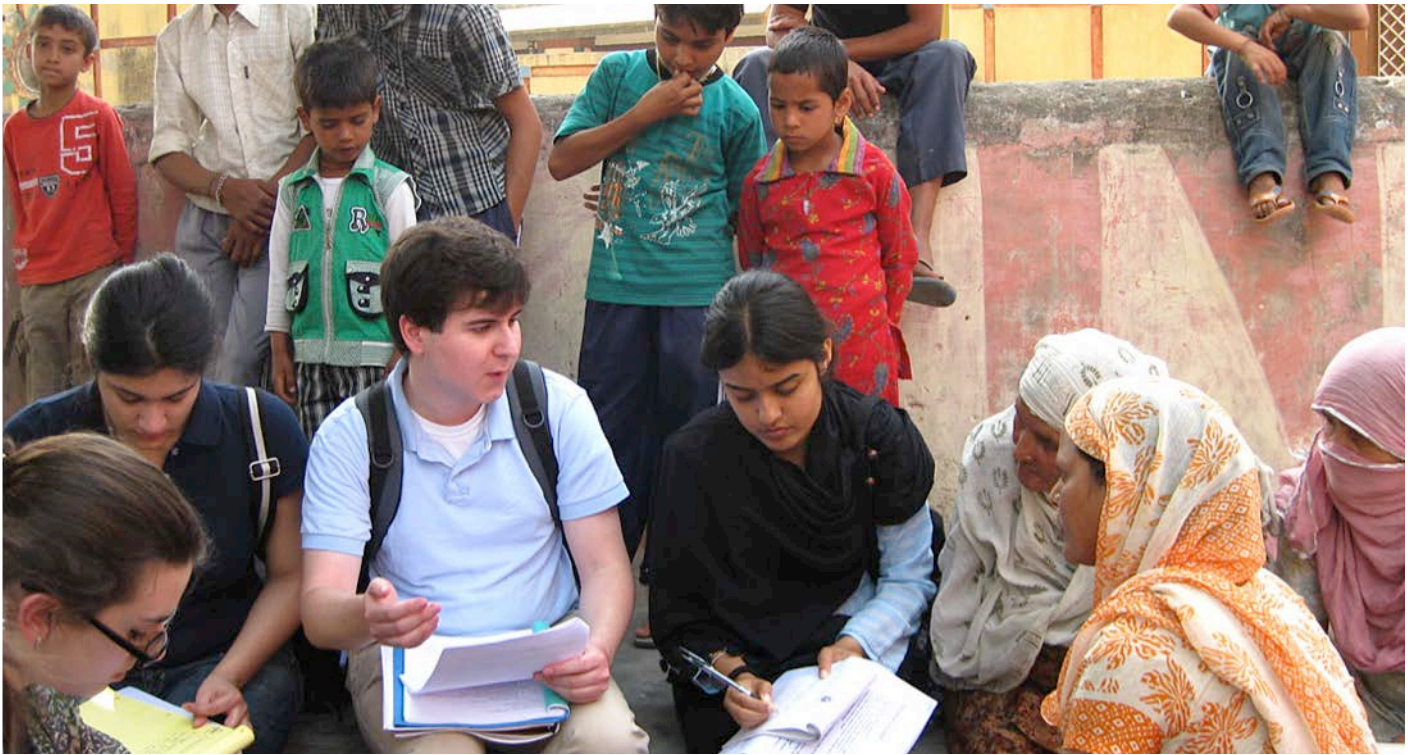
In March 2012, the Cornell students travelled to Sonipat, India to engage in person with the Jindal students, to learn first-hand about the implementation of India's human rights obligations, and to gain an understanding of the mechanics of the Citizen Participation Clinic. In conducting research for this Report, Jindal and Cornell students interviewed community members, teachers, employees of non-governmental organizations, and policymakers. They conducted site visits of government-run day care centers (*aganwadi*), ration distribution centers, and government schools in two villages in the state of Haryana.² The initial draft of this report was prepared by the Cornell students of the Cross-National Clinic, and was edited and revised by the Jindal and Cornell professors who taught the clinic. In keeping with the pedagogical goals of clinical programs, we have retained as much of the original student writing in the report as possible, and have revised and supplemented it only to the extent necessary.

“The cross-national aspect of this clinic made it a one-of-a-kind experience. The use of technology enabled us to have a single, integrated class despite having two sets of students and professors separated by over 7,000 miles.” – Cheryl Blake, Cornell Law School

Student Experiences in the Cross-National Human Rights Clinic

The Cross-National Clinic provided a rich set of experiences to both Cornell and Jindal students. The visits to the villages were the first time in their lives that many Cornell students observed poverty in a developing country. As Cheryl Blake, a Cornell student, said, the trip was an “eye-opening” experience. The law and policies they had been learning about throughout the course were contextualized by observing life in rural India and interacting with community members. For many of the Jindal students, the Cross-National Clinic gave them an opportunity to interact, and develop relationships with poor people from rural communities. During their personal inter-actions outside of the class, the Cornell and Jindal students discussed the various approaches that the American and Indian governments take toward addressing poverty and other social issues. Through this exchange of ideas, the Jindal and Cornell students gained a stronger grasp not only of the human rights issues in each other's countries but also of those in their own countries.

² The students also met with the Supreme Court Commissioner on the Right to Food and the Member Secretary of the National Commission for the Protection of Child Rights, and submitted to them their key findings and recommendations. See Chapter 4 of this report for an excerpt from the students' submission on the right to food.



Chapter 2

Clinical Legal Education in India and the United States: A Comparative Overview

Clinical legal education involves teaching students to be lawyers by learning through experience or “learning by doing.” In the United States, clinics are typically organized as law school classes where students, under faculty supervision, represent clients in a variety of litigation and non-litigation matters. In addition to learning lawyering skills, clinical education furthers social justice by providing legal representation to poor people and by sensitizing law students to the concerns of marginalized groups in society. As such, law school clinics have the potential to play an important role in making access to justice a reality for many low-income people.³

Clinical programs in American law schools burgeoned in the 1960s alongside the civil rights movement and the national focus on eliminating poverty. Most clinics at the time engaged students in providing routine legal services to local community members who could not otherwise afford them. Today most law schools in the United States offer clinics as part of their curricular offerings, in many different subject areas of law.

Students Natalie Blanc, Rashell Khan, Chris Cain, and Kudrat Dev interviewing women who work at an aganwaadi (government day care center) in a village in Sonipat, Haryana.

³ For further reading materials on clinical legal education, please see Appendix C.

Some Key Features of Clinical Programs in United States:

Low student/teacher ratios: To ensure that students are closely supervised in the legal work they perform and to provide them with appropriate feedback, clinic classes are typically limited to 8 students per instructor.

Clinical professorships: Most law schools have dedicated clinical faculty with extensive practice experience. In some schools, these professors are on the same tenure track as non-clinical professors, but in many other schools they work on long-term contracts.

For-credit classes: Virtually all clinics are offered to students for law school credit. This allows students to participate in clinics while simultaneously working toward their credit requirements.

In India, there have been waves of national-level reform efforts concentrating on the development of a skills-based curriculum.⁴ The Bar Council of India issued a directive in 1997 that requires law schools to include certain classes focused on practical training.⁵ Even where schools have introduced these classes, however, it is common for more than eighty students to be enrolled in one class. This makes it virtually impossible for instructors to provide supervision to students in undertaking legal work. In a 2002 report, the Law Commission of India suggested that clinical legal education be mandatory.⁶ Today there are a number of “legal aid cells” in Indian law schools where students, largely without faculty guidance or supervision, provide direct legal services to individuals.⁷

Despite these national calls for reform, most law schools in India lack robust clinical education programs where faculty directly supervise students in experiential learning. A recent UNDP report surveying 39 law schools with legal aid cells found that although 82% of those schools had faculty designated to supervise legal aid cells, 63% of those schools gave no academic credit to students.⁸ Where law schools do undertake legal aid activities, most involve

⁴ For an excellent review of policy reform efforts in Clinical Legal Education in India, see Frank Bloch and M.R.K. Prasad, Institutionalizing a Social Justice Mission for Clinical Legal Education: Cross-National Currents from India and the United States, 13 *Clinical L. Rev.* 165 (2006).

⁵ Bar Council of India, Circular No. 4/1997; See United Nations Development Programme India, A Study of Law School Based Legal Service Clinics 2 (2011), available at http://www.in.undp.org/content/dam/india/docs/a_study_of_law_school_based_legal_services_clinics.pdf (covering seven major states: Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, and Uttar Pradesh) [hereinafter UNDP Study].

⁶ Law Commission of India, 184th Report (2002) available at <http://lawcommissionofindia.nic.in/reports/184threport-PartI.pdf>.

⁷ For some examples of law school based legal services clinics in India, see UNDP Study, *supra* note 5.

⁸ UNDP Study, *supra* note 5, at 16, 20.

legal literacy camps.⁹ According to this UNDP study, the key problems in developing clinical legal education in India are that: (1) no credit is given to students who undertake these activities, which is a disincentive to students to conduct them and discourages them to follow through on their commitments; (2) there is no workload reduction given to faculty who are designated to supervise legal aid cells; (3) communities are not aware that the law schools provide free legal services; and (4) under the Advocates Act, full-time law teachers and students are not allowed to represent clients before courts.¹⁰ See text box, below, for a summary of these and additional challenges to developing law school clinics in India found by this UNDP study.

The Key Problems to Developing Law School Clinics in India according to a UNDP Study:¹¹

- ▶ Lack of trained faculty
- ▶ Lack of financial support
- ▶ Restriction on faculty to practice in court of law
- ▶ Restriction on students to represent clients in court
- ▶ Lack of involvement of the Indian Bar
- ▶ Lack of involvement of the Judiciary
- ▶ Lack of specific directions from Bar Council of India
- ▶ No academic credit to students for legal aid work
- ▶ Legal aid not counted as faculty workload
- ▶ Lack of infrastructural facilities

Skills and Values in Clinical Programs

In the United States, clinics are taught in numerous subject areas such as immigration, labor, and criminal law. Although different clinics may emphasize different skills, among the skills clinics teach include interviewing, client representation, fact-finding/investigation, report-writing and documentation, empathetic lawyering, and formulating and advocating policy reforms.

⁹ *Id.* at 45.

¹⁰ *Id.* at 33-44.

¹¹ *Id.* at 38.

1. Interviewing

In connection with research for reports or developing litigation, students in clinics may conduct in-person interviews with policy-makers, judges, victims, community leaders, witnesses, and others. In preparation for these interviews, students typically draft interview questions, conduct mock interviews, and participate in class lectures and simulation exercises on interview skills.

“The main skill that I developed while participating in the Cross-National Clinic was how to conduct an interview with someone who doesn’t speak English. I learned how to communicate with somebody who has a vastly different background than I do and how to properly use an interpreter.”
– Christopher Cain, Cornell Law School

2. Client Representation

In many clinics, students work directly with individual clients or NGOs. Students often prepare agendas in advance of these meetings and lead the meetings themselves. Professors emphasize the need for professional service—being timely, effectively counseling clients, and producing high quality work-product. From this experience, students learn how to communicate and relate to clients.

3. Fact-Finding/Investigation

In many clinical classes, students learn fact-finding and investigation skills. Through fact-finding exercises students not only learn and develop human rights lawyering skills, they also develop sensitivity for human rights needs of different segments of society. Their interaction with community members and various actors from different fields helps them develop collaborative skills. Fact-finding includes desk research, developing and conducting surveys, and qualitative interviews.

“Clinical courses offer students the opportunity to take control of their learning. By drafting our written work and conducting field work together, we we were able to contribute to real-world projects that will incrementally, yet significantly, promote social justice and human rights.” – Cheryl Blake, Cornell Law School

4. Report-writing and Documentation

Report-writing and documentation are another set of skills that students can learn through their participation in clinics. Generally, report-writing begins with fact-finding and ultimately culminates in documentation. Law school clinics use report-writing and documentation as a means to disseminate information about conditions on the ground, thereby furthering the protection and promotion of human rights. These reports can be used to develop litigation but can also achieve other advocacy goals. These reports can be publicly released to media and other sources. Media publicity can generate widespread awareness of human rights violations and put pressure on policy-makers to make changes. Students in some clinics also write op-eds in newspapers and articles aimed at achieving a narrowly defined advocacy goal.

5. Empathic Lawyering

Through their experiences in clinics, students often learn to be empathetic to the needs of people from other groups of society. Empathy is important for social justice advocacy. Empathic lawyering involves viewing the legal system through the client's eyes and appreciating her needs and circumstances. It is difficult to learn empathy in a classroom. The best way to develop it is through working with clients. For example, in a clinic at Yale Law School, during the preparation for a lawsuit on behalf of nearly a thousand families facing eviction, some law students took care of client's children while others worked on developing the case.¹² In another instance, students spent a winter night with homeless people at the New Haven train station to protest a proposed police action against homeless people.¹³ Thus, a human rights clinic requires students to practice humane and compassionate lawyering.

“The clinic has completely changed my view in choosing my career. Through the clinic I came to know about the problems in our society. So I have decided that in the future I will not only focus on getting a good job but also will work for society.”

– Sanchit Jain, Jindal Global Law School

¹² See Stephen Wizner, *Beyond Skills Training*, 7 CLINICAL L. REV. 327, 334 (2001).

¹³ *Id.* at 335.

6. Formulating and Advocating Policy Reforms

Some clinics aim to make policy-level changes as part of human rights advocacy. For example, students in the Cross-National Clinic conducted fact-finding and investigation on issues relating to the implementation of right-to-food policies in India and presented their findings to policy-makers in the form of a memorandum.¹⁴

“I enjoyed visiting India and seeing for myself the village residents who had positive outcomes thanks to the Citizen Participation Clinic. It was sad to see so much apathy in many people who live in villages and in officials. I developed and honed interviewing skills, skills for working with an interpreter, knowledge of ethical issues regarding research with human subjects, group work skills, and skills for working with students from various cultures.” – Susan Jahangiri, Cornell Law School

¹⁴ See Chapter 4 for more details on this project.

Skills and Values Learned in a Clinic: An Example of Student Experiences in the Cross-National Clinic

By participating in the Cross-National Clinic (see Chapter 1 for a description of the Cross-National Clinic), students have been able to hone many skills that are central to their legal education including legal writing, legal research, knowledge of government schemes and legal tools, critical thinking, and problem solving. These students also have had the opportunity to develop other skills that they would not usually acquire in typical lecture or seminar-based classes. The clinic students have learned how to conduct interviews, how to interpret from one language to another, how to effectively communicate with people from different cultural and socio-economic backgrounds, how to meet and interact with government officials, and how to efficiently manage time.

Some of the clinic students plan to use these skills to continue helping the poor even after graduating from law school. For example, a third-year student named Ankur Sheoran mentioned that he would like to pursue a career in public interest law and assist in the implementation of government schemes for the poor. Other clinic students, who do not plan to work with poor communities after graduation, nevertheless see the value of the clinical program to their future careers. A third-year student, Kirti Rana, who wants to enter the judiciary after graduation, says that the clinical program has benefited her because she now understands how the law intersects with reality and how the government works.

In whatever career path students pursue, they will benefit from a clinical program that has given them invaluable insight into the lives of the rural poor and a better understanding of the human rights problems that plague much of India's population. When lawyers spend their entire careers in luxurious offices and ivory towers, it is easy for them to forget that an important objective of the legal profession is to promote social justice.

Clinical legal education ensures that the members of India's next generation of lawyers have at least some experience working on pro bono matters. Overall, the clinic students demonstrated sensitivity to the plight of the poor and expressed a desire to use their privileged position as lawyers to improve the lives of disadvantaged populations. Second-year student Chakravarthy Chunduri explained that the clinic has provided him with a "very good grounding for social responsibility." When asked what his primary goal was in participating in the course, he responded, "We are trying to get equality before the law." Another second-year student, Harsh Vardhan Bhati, reflected upon the problems of inequality in India, saying, "The rich people are getting richer day by day. We have to change that on behalf of the citizens and the law."



Chapter 3

Key Features of the Citizen Participation Clinic

The Citizen Participation Clinic is a community-based clinical program that relies on a continuous dialogue with communities in order to learn from them and to secure their effective participation in the political processes. Professor Ajay Pandey developed many contours of the Citizen Participation Clinic in 2008 while he worked with the Institute for Rural Research and Development (IRRAD), a non-governmental organization based in Gurgaon, India. Later, in 2009, he joined Jindal Global Law School and involved students and faculty in the endeavor of good rural governance and citizen participation. The Citizen Participation Clinic aims to address the disconnect between the noble promises of the law and the dire reality experienced by the majority of Indian citizens by engaging law students, community members, non-governmental organizations, and policymakers.

Participants in a weekly sabha (meeting) at the Navjyoti Foundation offices in Gurgaon, Haryana.

Key Participants of the Citizen Participation Clinic:

Students: The Citizen Participation Clinic is a semester-long, for-credit course at Jindal taught by Professor Pandey, in which law students participate in classroom-based weekly seminars, attend weekly *sabhas* (meetings) with community members, and work on projects with individual community members.

Community Members: Community members attend *sabhas* that are conducted by Professor Pandey in a location near the communities. Professor Pandey asks the people attending the meeting to discuss their concerns and the challenges that they face in everyday life. Thereafter, he works with the community to develop strategies that community members can employ to address those concerns and challenges. Students work on supporting the community members by drafting petitions, Right to Information Act requests, and legal literacy materials.

Community-Based Non-Governmental Organizations: The Citizen Participation Clinic works in collaboration with community-based non-governmental organizations. Typically, the organizations that the Clinic partners with have strong ties to the communities in which they work. The organizations are able to inform the communities about the Citizen Participation Clinic and provide ongoing support to the communities.

“During our visit from Cornell Law School, we attended a sabha at Navjyoti Foundation, an NGO based in Gurgaon. The villagers, law students, law professors, and NGO workers all sat together as equals on a mat and discussed issues of concern to them in their communities. Once the community members see that the strategies they learn in the sabhas can successfully address their problems, meetings begin to attract more community members.” – Rashell Khan, Cornell Law School

Bottom-up Approach to Working with Communities

Professor Pandey leads weekly *sabhas* as part of a one-year program for community members. In each weekly session, Professor Pandey invites community members to share their concerns and problems with him, rather than setting an agenda for the work. The problems may be personal—for example, a woman cannot send her child to school because she is unable to get a birth certificate. Some concerns affect the entire community—for instance, community

members have complained that there is no health center or hospital located near their village. Professor Pandey then leads a discussion about the possible legal and non-legal avenues available to individuals to rectify their problems. He may also give a background on the constitutional and statutory rights and frameworks implicated by the concerns. The *sabhas* are conducted with a bottom-up approach that aims to unleash the power of communities by centering activities around the community members' own needs and goals.

In addition to formulating their own goals and articulating their needs, participants take action on their own behalf to the furthest extent possible. For example, participants draft Right to Information Act ("RTI") applications and contact local governance bodies such as the *sarpanch* (the elected head of village). Participants are also encouraged to file complaints to Block Officers and District Officers, use consumer protection mechanisms, address human rights commissions, seek relief in courts by adopting unconventional methods, appeal to Parliamentary forums, and participate in the making, and correction, of laws.

In this way, community members gain skills they can use in the future, gain the knowledge to teach those skills to other villagers, and develop confidence and self-sufficiency. To the extent community members need their assistance, students assist them in writing letters and other petitions.¹⁵

Through community *sabhas*, and with the support of Professor Pandey and his students, community members drafted the following letter for the Chief Justice of the High Court of Haryana. By doing so, the community sought relief from the highest court of a state without taking the conventional route of filing a petition with the help of a lawyer. The High Court acted on this letter by asking various state authorities to answer the issues it raised. The High Court's action on the letter has been reported in regional newspapers, bringing hope, confidence, and motivation to the community. The Clinic plans to advocate for the judiciary to respond to such letters from communities as a norm. This will ensure that the process of seeking relief from courts becomes easier and more people-friendly. It will also help in making law and its processes inclusive. Assisting in drafting letters of this sort is one way in which the Clinic strives to promote judicial reforms and access to justice.

¹⁵ For more information on the role of students, see *infra* pp. 18-21.

Letter from Community Members to the Chief Justice of the High Court of Haryana.

To The Honorable Chief Justice
Punjab and Haryana High Court
Chandigarh

Subject: Petition against non-resolution of the sewerage problem of Maruti Kunj, Sohna, Gurgaon, affecting human health and environment.

Respected Sir:

We would like to draw your kind attention towards the subject mentioned above. Maruti Kunj Society was formed 20 years ago, in the year 1990 - 91. Maruti Kunj Society is dependent upon the Gram Panchayat of Bhondsi, for all its needs, which falls under the district of Gurgaon.

Maruti Suzuki India Ltd. developed the Maruti Kunj Society for its employees. The residential complex was constructed with all facilities and the Maruti employees started staying here. Maruti Kunj Society has its sewerage treatment plant and it treats approx. 8 lakh litres of water per day. The total population is about 6000 people which includes 916 houses and a market complex inside the Society.

When the Society was formed, there was empty land surrounding the society where treated water was being dispersed. Since the vacant land surrounding the Society is now occupied, we are left with no means of dispersing the treated water. Also, there is no government sewer line in the nearby area. This situation is posing a serious risk to human health and environment for the residents.

We approached several authorities for the resolution of our problem including the Hon'ble Chief Minister of Haryana, Hon'ble Members of Parliament and of Legislative Assembly from Sohna, Hon'ble Deputy Commissioner, Gurgaon, and Hon'ble Mayor, Municipal Corporation, Gurgaon (copies of various correspondences are attached with this letter for your perusal and kind consideration). So far, we have not got any resolution to our problems even though two years (24 months) have gone by when we first approached the concerned government agency for the resolution of the problem.

Therefore, now, we approach your honorable self with great hope of justice and speedy action.

Thanking You
Yours Sincerely

President
The Maruti Employees Co-Op House Building Society Ltd. Bhondsi, Gurgaon,
Registration no. 655(G)

Encls:

1. Letter to Inspector, Co-Op Society, Sohna, dated 30/12/2009
2. Letter from Inspector, Co-Op Society, Sohna, dated 14/01/2010 and 28/01/2010
3. Letter to Commissioner Municipal Corporation Gurgaon, dated 18/05/2011
4. Letter to Chief Minister, Haryana, dated 18/05/2011
5. Letter to Member of Legislative Assembly, Sohna, dated 12/06/2011
6. Letter to Member of Parliament, dated 07/10/2011
7. Letter to Chairman Maruti Suzuki India Ltd. dated 17/10/2011
8. Letter to Chief Minister of Haryana, dated 22/11/2011
9. Letter to Deputy Commissioner, Gurgaon, dated 26/11/2011
10. Letter to Member of Parliament, Gurgaon, dated 02/12/2011

Promoting Socially Relevant Legal Education: The Role of Law Students

The Citizen Participation Clinic is a course for approximately 15 students taught each semester at Jindal by Professor Ajay Pandey. In addition to the students who enroll in the class and receive academic credit, many students volunteer for the Clinic and work without any credit. Students who participate in the class are required to attend the *sabhas*, visit the villages as needed, and participate in weekly seminars at the law school, where they learn (among other things) human rights law, governance theory, and lawyering skills. Classroom discussions include issues such as making existing projects sustainable beyond a single semester; effectively partnering with local NGOs; dividing responsibilities between students, professors, NGOs, and community members; and effectively conducting oneself in the village environment. In the seminar, students also participate in simulation exercises that prepare them to interview community members and conduct other practical work for them. Additionally, students are trained in basic procedures for filing RTI applications and other petitions.

In addition to participating in the classroom seminars, students perform practice work as part of their duties in the Citizen Participation Clinic. The tasks that the students perform in the Clinic are not required to be performed by lawyers. Therefore, students' work in the Clinic is not in conflict with the provisions of the Advocates Act, which prevents anybody not registered as an advocate from practicing law in India.

Examples of practical work undertaken by students are listed below:

1. Preparation of Legal Literacy Materials

Students prepare fact-sheets and brochures in local languages that explain in easy-to-understand terms government schemes and programs available to community members. The community members identify the rights and programs that the materials should cover. Students draft the materials and share them with community members for their input. The students then revise the drafts based on the feedback they receive from the community members. One of the problems the students have encountered in drafting these materials is that it is often difficult to identify government officials in charge of monitoring government benefit programs and the appropriate routes for recourse in the event of non-implementation of these services. The Clinic students have often had to contact the Delhi offices of agencies (rather than the State of Haryana offices) or make personal visits to offices just to obtain appropriate forms and contact information for officers. Appendix B contains an example of legal literacy materials—a pamphlet prepared for the rural communities of the district Mewat of Haryana,

India—put together by students of the Clinic in collaboration with community members and an NGO, the Institute of Rural Research and Development (IRRAD). This pamphlet is written in simple Hindi language and provides information about the Public Distribution System, the Aaganwadi system, the Right of Children to Free and Compulsory Education, the National Rural Employment Guarantee, the Mid-day-Meal program, and the Right to Information.

2. Right to Information Applications

Students assist community members in filling out RTI applications. The collaborating NGO provides the actual legal service, if needed, but students provide the important time-intensive work of discussing the Right to Information Act, explaining the role of applications, and assisting community members in writing detailed accounts of situations and complaints. Through the use of RTI applications, community members have been able to solve a number of problems. Community members file RTI applications most often when government departments or authorities do not respond to their letters of complaints or demands. Thus, community members use RTI applications as a tool for their effective and authoritative participation in affairs of governance.

“The Right to Information Act sets out the practical regime of right to information, which enables citizens to secure access to information under the control of public authorities, in order to promote transparency and accountability in the working of every public authority.”

– Sidhant Nehra, Jindal Global Law School

One illiterate community member who participated in weekly *sabhas* shared the plight of his family who had applied to go for Haj pilgrimage to Mecca in Saudi Arabia. They made their application to the Haj Committee, a statutory body in India promoting Haj pilgrimage for Indians, and paid the necessary fee. The Haj Committee did not accept their application and was therefore supposed to refund the application fee that the family had deposited. The family received an outdated check against the said refund. They wrote to the concerned authority about their grievance but to no avail. In the *sabha*, this community member was advised to file a RTI application seeking response from the concerned authority in this matter. As a result of the RTI application, the authority issued a fresh check to the family for the refund. Because of this result, the family started believing in the weekly *sabhas* and their methods of encouraging citizens to participate to improve governance. Before this incident, the family was not supportive of *sabhas*, describing them as waste of time.

In another example of an RTI application, several community members had applied for electricity connections but were not provided with them despite complying with all necessary formalities. The community members then filed an RTI application, seeking information from the electricity department about their applications for the electricity connections and the time frame within which these connections would be provided. The RTI application also sought to identify the employees of the electricity department who were responsible for providing these electricity connections, and since they failed to do so within the given time frame, inquired into what action the electricity department was taking against them. As a result of this RTI application, the electricity department responded with extreme alacrity, and all the concerned applicants got their electricity connections quickly.

“I helped a woman file an RTI and a complaint regarding the poor state of roads in their nearby areas, and I was very happy to hear that after the complaints, the government had started work on that stretch of the road.”
– Dev Chaudhary, Jindal Global Law School

3. Letters

Students also assist community members with writing letters to appropriate government offices to report on their lack of access to legal benefits. The most basic letters are about non-issuance of a ration card or voter identity card to a community member. The community members are often illiterate, and generally, whenever they approach the authorities with questions about their ration cards or voter identity card, they receive evasive answers. Written communication is important because it binds authorities into delivering. Letters thus play an important role in ensuring good governance and accountability. Students listen to such matters in the *sabhas* and help community members write the required letters and send them to concerned authorities. Most often, authorities take action on such letters. When they do not, students follow up these letters and get the authorities to act, either by sending reminders or ensuring that the necessary RTI application is filed. The students also assist with writing letters that question government policies and programs. An example of this is a letter written by women raising concerns about female feticide in Haryana. This letter emerged from a discussion on the problem of female feticide amongst about 200 village women who got together to observe International Women’s Day, March 8, 2012. The women wanted to convey their message that since it is so difficult to be a woman in their society, birth of a girl child often brings worries about her security, safety, and well-being to the family. These women wanted to urge the world to do something about creating a secure and enabling environment for women in

society to effectively address the problem of female feticide. Students worked with some of these women to draft an initial letter. Now, some Clinic students are working to circulate this letter amongst all concerned. Similarly, students helped community members communicate their grievances relating to the government's criteria to adjudge poverty levels and their concern about the growing gulf between the rich and the poor in India.

4. Government Advocacy

Clinic students have undertaken advocacy on behalf of the communities before government officials and agencies. Students have met with government officials (such as members of the National Commission on the Rights of the Child) and submitted memoranda to them. The goal of these efforts is to bridge the divide between the reality of the law and lawmakers, and bring the words and experiences of the communities to law and policymakers. Unfortunately, government officials, while often amenable to meeting, tend to cite inadequate resources and organizational empowerment as reasons for poor implementation of government programs. The Clinic continues to reach out to various agencies and branches of government in the hope that constructive relationships and collaborations can be fostered among law schools, communities, NGOs, and governments.

“The government officials we met see problems in the abstract. They think of problems as they affect an entire population, rather than an individual. This is also the way international human rights law usually views treaties and the like. All the people need the rights. The problem is so big that it seems insurmountable. The government officials told us the problems were too big; give them x amount of years to make some sort of progress. This is why the rural governance initiative is so important. The people in the villages cannot wait x amount of years. They need results soon or else they, their neighbors, and their children will go without. The rural governance model gives them some power to bring change for the individual, because the system drags as it tries to implement change for the masses.” – Susan Jahangiri, Cornell Law School

Collaborating with Non-Governmental Organizations

Collaboration with a community-based non-governmental organization (“NGO”) is the backbone of the Citizen Participation Clinic. When a law school begins a new partnership with an NGO, both institutions must hold a shared conception of the purposes of the partnership as well as to the bottom-up approach to working in the community. In October 2011, the Citizen Participation Clinic started to work with the Navjyoti Foundation in Gurgoan, which focuses on community-based development and education and believes in the bottom-up approach.

“[We] tell the person [who brings a problem to us,] . . . ‘We are telling you how to solve [the problem] yourself.’ Navjyoti is the guide, not the one who does it.”—Ujala, head of Navjyoti’s Rural Development program in Sohna block

Navjyoti provides the Citizen Participation Clinic access to community members with whom they have already established close links. The NGO fosters trust and continuity with villagers. Unlike law school students, who generally participate in the Clinic for a limited time, the staff of an NGO can provide constant, ongoing assistance to a community. Employees of the NGO can follow up on work during semester breaks and exam periods, when students are unable to work in the communities. The NGO also provides the physical space where the *sabhas* are conducted.

NGOs are typically very happy with the collaboration because it expands the NGO’s reach to better serve the communities. The Citizen Participation Clinic provides specialized knowledge on legal issues, and students provide services and support work. A healthy collaboration with a community-based NGO is essential to the success of the Citizen Participation Clinic and also provides benefits to the NGO. Furthermore, students who worked with the NGO as part of the Clinic sometimes received internship positions at the NGO.

Success Story

A man named Ramesh (actual name withheld in the interest of privacy) who participated in a *sabha* had a buffalo that fell ill after a veterinarian provided an incorrect treatment. At the *sabha*, Professor Pandey told Ramesh that he was a consumer of the veterinarian's services and could invoke the Consumer Protection Law. Professor Pandey asked Ramesh to go to the district consumer dispute redressal forum in Gurgaon (District Consumer Forum) to file his case for compensation. The District Consumer Forum staff told him that they could not help him without a proper receipt of payment made to the veterinarian. Professor Pandey advised Ramesh to ask to speak with the supervisors at the District Consumer Forum. Ramesh then met with the supervisors who allowed him to file a case with affidavits from witnesses. The veterinarian, who was initially dismissive of Ramesh's concerns, suddenly began coming to Ramesh's home with settlement offers. Ramesh now felt the power he possessed as a citizen who was aware of his rights and of how to assert them. Ultimately, Ramesh won his case and received 15,000 rupees. He is considering filing an appeal to seek 60,000 rupees for the full value of his buffalo.

Empowering Women and Communities

The Citizen Participation Clinic requires that women constitute at least 50% of the community members participating in the *sabha*. The experiences of Chhamlesh, a woman from the village of Kherla in Haryana, who attended weekly *sabhas* at the Navjyoti Foundation, is an example of how community women have benefited from this program. In the meetings, Chhamlesh learned how to file Right to Information Act petitions and how to write letters to members of the local legislative committee, and she was encouraged to meet in person with government officials. According to Chhamlesh: "At first, I was very hesitant to go to the government officials. Now, I'm very confident filing applications and meeting with government officials." Chhamlesh petitioned local government officials to address various problems in Kherla. In response, the government agreed to fix a sixteen-kilometer road in the village and to increase the village's access to electricity from about three hours a day to nine hours.

Furthermore, Chhamlesh has shared the knowledge and skills that she received from the program with other villagers in Kherla. She is part of a local women's group, where she helps women file government petitions on a wide range of issues from domestic violence and female infanticide to timely access to food rations. In sum, Chhamlesh learned that "[she] as a woman could work to fix her problems." Another woman from the village of Kherla named Anita has had a similar experience. After participating in weekly *sabhas* and learning how to file Right to Information Act petitions, Anita has become the president of a local self-

help group, where she now teaches others how to file complaints with the government. When asked how the Clinic's program has changed her life, Anita responded: "We learned our worth. We learned what we could do. We started to feel like we knew what to do to get results."

“The most amazing fact about the clinic was the 50% women participation in the sabhas, which were held in the state of Haryana, notorious for gender discrimination. My best moment at the clinic was when I observed the women community members from Rhintoj village getting inspired and motivated by Ms. Susheela (from Mewat, who had been a part of the training sessions carried out by Prof. Pandey) who shared her experience of empowerment. The women community members developed this faith that if one of them could become a key member of a monitoring committee checking implementation of government schemes with due authorization from the local district authorities, then they could too! This was truly an example of winning people's faith by showing them results achieved by their fellow community members. Most importantly, I sensed this restlessness among the community members (including myself) while we discussed socio-legal women's rights and education in schools. I truly believe that 'restlessness' is the first positive indication of active community citizen participation, which is the most essential component of the Good Governance Model. The restlessness that we all feel at some level, connects all of us in a strange way to create, realize and harness 'the collective power of the people.'”

– Kudrat Dev, Jindal Global Law School

“Active women participation was a key feature of the sabha. Being a woman myself, it made me feel immensely proud that week after week, we were attracting even greater participation from women in the villages. More than once, women in the sabha have come out and said, ‘Earlier we were afraid to talk to people, but talking to the students here has given us the confidence to talk to anyone outside, even to the District and State Authorities.’” – Shireen Moti, Jindal Global Law School

Addressing the Challenges that Have Arisen in the Citizen Participation Clinic

Initial Meetings with Community Members

It is often difficult to convince community members to dedicate time to attend the *sabhas*. As a result, the first meeting with the community members is crucial to establishing a successful on-going program. The first *sabha* should aim to introduce the clinic to the community, ask the community why they came and what they hope for, discuss the gap between law and reality (with examples of programs, implementation issues, and “solutions”), explain the proposed weekly meetings and the importance of participation, and give concrete examples of how this model has worked elsewhere.

Starting in this way breaks the ice and gives community members confidence that their problems can be solved, which will encourage them to share their thoughts. Individual interactions with community members often determine the success of a partnership between the law school and community, as word of mouth travels fast. Thus, initial village visits and NGO collaboration are especially crucial in establishing the initial openness, trust, and awareness required for this program to work.

Success Story

In 2008, a laborer in Mewat, Haryana attended the *sabhas* but faced resistance from his parents, who were unsupportive and thought the *sabhas* were a waste of time. However, when the laborer used the aid provided at the *sabhas* to help his parents receive a government refund that they had deserved but had not received, the family began to support the rural governance initiative.

Cultural and Socioeconomic Divisions between Students and the Community

When doing rural governance work, students may face unfamiliar cultural and socioeconomic divisions. For example, students may be unable to communicate effectively in the local dialect or might be of a different religion or caste from the community members. Because of the students' youth, community members may not take them seriously. This problem may be compounded by gender, for example, men from the community may be resistant to working with female students, and women in the community may feel uncomfortable discussing issues like domestic violence with male students.

Given the vast economic differences that may exist between the students and the community members, students may have to be prepared to confront requests for money. For example, a village resident who had worked closely with a student over the course of several months asked the student for money to help get treatment for a sick relative. Students may believe that they should give such financial support from their personal funds. However, instructors discourage students from providing financial help out of their pocket; to do so is never a sustainable solution. The best way to help a needy person is to link her to the available government programs and represent her demands before concerned state authorities wherever that is required, securing benefits or help in that way.

In some circumstances, students and faculty may have to grapple more openly with discrimination based on gender or religion. For example, during one of the *sabhas*, community members were handing out pamphlets, which students later learned were biased against a particular religion. This should be addressed and not condoned. Such situations are best handled by telling the communities up front that these *sabhas* respect and consider all religions equally.

Maintaining a Trust-Based Relationship with the NGO and Community

By partnering with a local NGO that is deeply embedded in the local community, law students can build on that relationship and work with village residents more effectively. The program cannot be successful without this relationship of trust. It is essential that students maintain this hard-won relationship. If students make promises and fail to fulfill them, community members likely will feel that they cannot rely on what the students say. Mistrust can also hinder the community's relationship with the NGO, which would not only set back that institution's work, but also would damage its partnership with the law school.

If a student promises more than she is certain she can deliver, this almost certainly alienates the community member to whom she has made the broken promise. Students may make promises to help villagers out of a sense of lawyerly duty but then have trouble fulfilling these promises because of their busy schedules or lack of actual knowledge about the legal procedures. For this reason, it is essential that students use caution when making promises. This serves to manage not only the villagers' expectations but also their own.

“A lady told me the reason why they don't trust us: because students visit village and tell community members that they will help with their problems, and then, after collecting all the information, they don't visit again Things started to change when we visited village every Sunday and showed them that we wanted to help them by making posters, charts both in Hindi and English, and also by sending letters on their behalf.”

– Mohit Balwada, Jindal Global Law School.

Managing Student Expectations

For some students, working with poor people with few economic and social opportunities can be overwhelming. This can also frustrate students' attempts to act on the issues community members have brought up. Professors can help students understand that even though they cannot address every problem themselves, the contributions they make are extremely significant. Realism about students' intentions and capabilities should not be seen as their own lack of effectiveness.

Students Must Maintain Proper Records of Projects

Student participation in the Clinic may be limited to one semester, with new students joining the Clinic in the following semester. The students may not be able to complete their projects during the semester time frame because they are awaiting responses from government agencies or other actors. To ensure a smooth transition between semesters, it is essential that all students keep detailed records of the projects. These records should include the name of each person making a complaint, the nature of the issue, and the action taken.

“I was disappointed at both the meetings because I knew that these people were in a very dangerous position and they required immediate help, yet on the other side the government officials told us that it would be a gradual and slow process.” – Dev Chaudhary, Jindal Global Law School

Advancing Citizen Participation Clinic in the Urban Context

Although much of this report focuses on developing good governance and citizen participation in rural communities, the structure of the model and lessons learned apply with equal force in urban settings. Notably, some Clinic students have worked during the summer with the National Association of Street Vendors of India in Delhi on human rights and governance concerns of street vendors. The Navjyoti Foundation already works in several slum areas in Delhi, and the students in the Clinic plan to work in these slum areas with Navjyoti. As Professor Pandey explains, the same tools can be used in both rural and urban spaces to develop a bottom-up approach and encourage the participation of community members.



Chapter 4

The Potential for Clinics to Fulfill Human Rights: The Cross-National Clinic's Work on the Right to Food

Community members who participated in the *sabhas* run by the Cross-National Clinic during the Spring 2012 semester expressed specific concerns about economic and social rights, particularly the right to food. They complained that they did not receive timely, good quality, and of sufficient quantity, rations under the public distribution system (PDS), among other things. In this chapter, we focus on the fact-finding and advocacy work undertaken by the Clinic students on the right to food. This serves as one example of the contributions that legal clinics can make towards bridging the gap between law and reality in India.

Children eating a mid-day meal at a government school in Sonipat, Haryana.

The Right to Food

India has dedicated itself to the advancement of human rights through (among other things) its participation in all of the major international human rights treaties.¹⁶ In addition to its international obligations, there are many human rights principles incorporated into the Constitution of India. The preamble to the Constitution promises social, economic, and political justice.¹⁷ The right to life guaranteed by Article 21 of the Constitution has been interpreted by the Indian Supreme Court to guarantee a right to a “dignified life,” encompassing basic necessities such as a right to nutrition.¹⁸

The Indian Supreme Court has issued important orders guaranteeing the right to food, notably, in the case brought by People’s Union for Civil Liberties.¹⁹ Additionally, there is a bill pending in the Indian Parliament on this topic,²⁰ and the HUNGaMA (Hunger and Malnutrition) Survey Report recently pointed out the dire conditions in India today regarding child nutrition.²¹ There are several current initiatives in India that are aimed towards ending hunger: (1) the Mid-Day Meal Scheme (MDMS), through which school-age children receive one meal a day in their government schools;²² (2) the Public Distribution System (PDS), pursuant to which food rations such as grains are distributed to people below the poverty line;²³ and (3) the Aanganwadi system, which consists of government-run day care centers that provide food for children aged six and younger, and nursing and pregnant mothers.²⁴

The Cross-National Clinic’s Research and Documentation on the Right to Food

Under the auspices of the Cross-National Clinic, students investigated and documented problems relating to these programs aimed at guaranteeing the right to food. Between January and March of 2012, the Clinic met with community

¹⁶ United Nations, Office of the Commission on Human Rights, India country page, *available at* <http://www.ohchr.org/EN/countries/AsiaRegion/Pages/INIndex.aspx> (last visited June 16, 2012).

¹⁷ India Const. (1950) Preamble.

¹⁸ Francis Coralie Mullin v. Administrator, Union Territory of Delhi, (1981) 2 S.C.R. 516.

¹⁹ People’s Union for Civil Liberties v. Union of India and Others, Writ Petition (Civil) No. 196 (Supreme Court of India 2001). For a list of the orders issued in this case, see www.scccommissioners.org (last visited June 18, 2012).

²⁰ The National Food Security Bill, 2011, No. 132.

²¹ The HUNGaMA Survey Report 2011, Naandi Foundation, *available at* <http://www.naandi.org/CP/HungamaBKDec11LR.pdf> (last visited July 4, 2012).

²² Ministry of Human Resource and Development, Government of India, Mid Day Meal Scheme, *available at* <http://mdm.nic.in> (last visited June 21, 2012).

²³ Ministry of Consumer Affairs, Food and Public Distribution, Annual Report 2010-2011, *available at* <http://dfpd.nic.in/fcamin/sites/default/files/userfiles/annual201011.pdf>.

²⁴ ICDS - Maharashtra: Commissionerate Women & Child Development Pune, Types of Beneficiaries, *available at* <http://india.gov.in/outerwin.php?id=http://www.icds.gov.in> (last visited June 21, 2012).

members of the villages of Ghari Bala, Jagdishpur, Jatheri, Roth, Bala Bindroli in Sonipat and Damdama, Abhaypur, Kherla, Naya Gaon, Rhitoj, and Maruti Kunj in Gurgaon. The students interviewed a wide variety of community members, from primary school headmasters and aanganwadi workers to the beneficiaries of government programs. Through these interviews, they learned that the villagers do not have access to sufficient quantities of food. The villagers also expressed dissatisfaction over the quality of food that they received. The students then wrote a memorandum detailing their observations and the villagers' concerns. Although the goal of these programs is to provide all Indian citizens with sufficient amounts of quality food, the reality in these villages demonstrates the wide gaps between the guarantees of the right to food and the implementation of these programs. The students also offered recommendations for improvement to the programs, which were submitted to the Commissioners appointed by the Indian Supreme Court in the public interest litigation on the right to food brought by the People's Union for Civil Liberties. The discussion below draws from the students' report on the Right to Food:

Mid-day Meal:

The Mid-Day Meal in Sonipat was a successful execution of the Right to Food. The teachers had no complaints about it; however, they did use cow-dung cakes to fuel the fire to cook the food, which could be a health hazard. The teachers said they bought the rations, and the government reimbursed them. When we arrived, the children were sitting in the dirt, eating. The teachers noted that the children like the food and that they eat it with utensils that the school provides and the children take home to clean. They reported no cases of children becoming sick from the food, which is cooked with groundwater. They noted that they had not received rations a few times and had gone to other schools to get some. When they face problems, they report them to the Block Officer, who seems to be responsive. Overall, the government seems to be doing a successful job in Sonipat.

On the other hand, when we spoke with teachers and students in Kherla regarding the Mid-Day Meal, we noted that clean water was available but problems existed with the food. The teachers and students explained that the food they received often was rotten. This was because the food was cooked early in the morning and shipped from Gurgaon (a location nearly two hours away from the school). Sometimes, the food was so bad that some classes refuse to eat it at all. The children at the girls' school explained that even when the food is not rotten, it does not taste good. They normally just bring food from home. The children at both the boys' and the girls' schools liked the food better when the school used to prepare it, rather than now when it is made in Gurgaon.

In addition, the facilities are inadequate such that the teachers have had to pay for water at times.

Aanganwadi:

Aanganwadis were founded in 1975 to provide basic food and health services to children up to 6 years old, as well as pregnant and lactating women. The food should supply the essential calories and nutrition for young children's proper physical and mental development.

The majority of the aanganwadi workers and helpers we spoke with said that their rations mostly came on time and are of good quality and condition. One worker noted that while the quantity of the ration had not increased over the years, the quality of the food had improved. The two aanganwadis we visited in Garhi said there was enough food for all of the children. In the second aanganwadi in Garhi village, mothers with very young children were able to come and take the food allotment back home for their children.

One of the major problems aanganwadi workers and helpers face, however, is the lack of facilities for cooking the children's meal; none of the aanganwadis we visited had sufficient cooking facilities. The meals were cooked outside in the open, which the workers find difficult in the wind and rain. The workers want proper indoor cooking facilities with ventilation as well as gas to cook with.

In Kherla village, two of the aanganwadis we visited were closed. One was closed so that the helper could distribute the polio vaccine, and according to local villagers, the other one was never open unless people specifically asked. The helper for that aanganwadi said that she cooked the children's food at her house because the aanganwadi didn't have facilities and she did not want to cook in the open there for fear of making the space dirty, as it was rented.

Public Distribution System (PDS):

Under the PDS scheme, the central and state governments collaborate to provide food grains and other essentials, such as sugar and kerosene oil, for affordable prices. To be eligible for PDS, families must present a ration card, which indicates the quantity and price of the rations for which they are eligible. The rations are priced according to the level of poverty of the recipient.

In Village Damdama, the Jindal students spoke to Smt. Urmil, a widow who was trying to renew her ration card after it expired. She had lost her old ration card and applied for a new card at the local Food Supply Office, but the officers did not cooperate with her and asked her to get a number of papers from various places. She was too poor to obtain the various papers she was asked to furnish, which would have required payment for attestation and other court charges, and

travel to various District offices. She had not been issued a ration card for three months, as she was unable to furnish the officers with the papers they demanded.

The Jindal students also spoke with two brothers who were daily wage laborers trying to obtain ration cards. They filled out all the required forms and papers many times in the past two years without any success in obtaining a ration card. The officers told them that they would be issued a ration card only after a survey had been done, and asked them to leave the office. They made repeated applications to the ADC (Additional Deputy Commissioner) in Gurgaon, but got no reply. They are still without a ration card and must buy the small quantities of food that they can afford from private suppliers for much higher prices than they should be paying.

In the villages of Garhi and Kherla, the Jindal and Cornell students spoke to several people who had experience with the PDS. Some people did not know when the shops would be open or what foods were being delivered. There were times when the rations were not delivered on time and some months when they were not received at all. People reported that if the villages do not get the rations when they are supposed to, the rations for that month are often lost and not made up for in subsequent deliveries. A woman in Kherla at the PDS distribution site said that she was able to collect grain only once a month and that it only lasted her ten to fifteen days; she then had to buy grain for the rest of the month from her wages at market price. Recipients of the rations reported that the grains often smelled because they were already beginning to rot. Even after being washed and dried, the grain retained its stench. Additionally, the grain was regularly dusty, dirty, and difficult to clean.

An additional concern of many villagers was that they would encounter difficulties in the transition from paper cards to smart cards and from family cards to individual cards. Many were worried that because of these changes, their ration cards would be discontinued and they would be unable to obtain new ones.

The Potential of Legal Clinics to Promote Human Rights

Through their work in the Cross-National Clinic, students came to understand first hand that the Indian system of government is more progressive in theory than in implementation. There is a pervasive and glaring disconnect between the rights guaranteed by the legal system and the grassroots reality of citizens' limited success in procuring the benefits promised them. Simply put, many of the programs codified in Indian law are implemented to a degree that falls far short of

the standards set forth in the governing legislation and case law. For example, government-funded schools routinely lack adequate space, faculty, and supplies to meet the demands of the student population in rural villages. The Public Distribution System—which is meant to ensure that any citizen who cannot afford to buy food for herself receives a ration of nutritionally balanced provisions—suffers from problems that range from poor food quality to corruption among distributors, who often overcharge destitute beneficiaries or divert rations for private profit. Additionally, the Aanganwadi program that purports to support expectant and lactating mothers often fails to provide safe facilities, adequate healthcare, or sufficient nutrition.

This disconnect undermines a variety of human rights commitments by which India is bound. On the domestic level, the subpar implementation of benefit programs violates the right to life, the right to food, and the right to education. On the international level, the bureaucratic obstacles that thwart citizens from successfully invoking their rights violates many commitments India has made under international treaties and agreements. India is facing a dilemma on both levels, as it struggles to meet both the expectations of its own progressive social welfare system and the objectives it pledged under the Millennium Development Goals.²⁵

The Citizen Participation Clinic seeks to remedy these shortcomings through clinical legal education. The students listen to the concerns of communities, which they document through interviews and desk research, and bring those concerns to government and policy makers' attention through various means. Additionally, the Citizen Participation Clinic helps create a generation of lawyers who both have respect for social justice, and possess the skills and experience necessary to provide legal assistance to the poor.

“Without seeing and speaking to people, it would have been impossible to truly understand the real-life implications of the human rights theories and legal constructs that we were working with.”

– Natalie Blanc, Cornell Law School

²⁵ The Millennium Development Goals are set to be achieved by 2015, with the ultimate aim of ending global poverty. For more information, see U.N. Millennium Development Goals (2010), <http://www.un.org/millenniumgoals> (last visited June 21, 2012).



Chapter 5

Conclusion and Recommendations

The introduction of robust clinical legal education programs in Indian law schools is critical to teaching essential skills to law students and instilling in them the importance of social justice. Furthermore, effective clinics provide legal services to poor and marginalized groups that would not otherwise receive them. In India, however, clinical legal education has not realized its potential. Some of the major reasons for this are that students do not receive academic credit for their work, faculty members do not receive appropriate workload reductions for supervising these activities, and a Bar Council rule prevents students and faculty from practicing before courts in India.

This Report was drafted by students who participated in a unique collaboration between the Human Rights Clinic at Cornell Law School and the Citizen Participation Clinic at Jindal. This Report describes one successful model that can potentially be adopted by other law schools—the Good Rural Governance and Citizen Participation Clinic (“Citizen Participation Clinic”) taught at Jindal Global Law School. The Citizen Participation Clinic model holds potential to advance human rights in India. The Clinic helps remedy existing human rights violations directly by teaching villagers about the legal provisions that protect

Flooding outside of a school in Sonipat, Haryana

their rights. The Clinic gives effect to these provisions by training community members to use legal tools and political pressure to demand the enforcement of their rights. By teaching villagers skills and norms that will last long after the training program has ended, the Citizen Participation Clinic lays a lasting foundation for sustainable democracy in India that is truly owned by the people.

To promote clinical legal education in India, we recommend:

Bar Council: Amend rules to allow law professors to practice in the course of teaching a clinical class and encourage law schools to dedicate faculty to teaching clinics and offer students credits for participating in clinics.

Vice-Chancellors and other law school administrators: Devote resources to hiring clinical faculty and offering clinical courses with low student-teacher ratios.

Law professors: Develop sustainable clinics and work with law school administrations to implement them.

Non-governmental organizations: Partner with law schools to further your work with communities and advance the social justice mission of education.

Legal services authorities: Broaden the scope of legal aid by supporting law schools to make legal aid and advice easily accessible to communities within the premises of law schools.

Grant making or funding agencies: Fund law school-based legal clinics to engage with communities in strengthening democracy and improving governance for the advancement of justice and the rule of law.

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* The authors would also like to thank Cornell Law Student Brooke Fischer, J.D. Candidate 2014, for her valuable editorial assistance.

Legal Literacy Materials

इंस्टिट्यूट ऑफ रूरल रिसर्च एंड डेवलपमेंट
व
जिंदल ग्लोबल लॉ स्कूल
की
ग्रामीण सुशासन के लिए कानूनी साक्षरता
की पहल



**Institute of Rural Research
and Development**

(An initiative of Sehgal Foundation)
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इस साक्षरता सामग्री का निर्माण जिंदल ग्लोबल लॉ स्कूल के क्लिनिकल प्रोग्राम्स से सम्बद्ध छात्रों ने इंस्टिट्यूट ऑफ रूरल रिसर्च एंड डेवलपमेंट के सहयोग से किया।

आंगनवाड़ी

सेहत, शिक्षा और स्वास्थ्य हर बच्चे का बुनयादी हक है। इस में 6 साल से छोटी उम्र के बच्चे भी शामिल है। 6 वर्ष से कम उम्र के बच्चों के अधिकारों की रक्षा के लिए उच्चतम न्यायालय ने समेकित बाल विकास सेवाओं (जिसे आंगनवाड़ी कार्यक्रम भी कहते हैं) के संबंध में कड़े आदेश जारी किये हैं।

- ❖ 6 वर्ष से कम उम्र के हर बच्चे को आंगनवाड़ी की सभी सेवाएं उपलब्ध होना चाहिए जिनमें शामिल है – पोषण, स्वास्थ्य और स्कूल-पूर्व शिक्षा।
- ❖ 6 वर्ष से कम उम्र के हर बच्चे, सभी गर्भवती व धातृ महिलाओं को साल में कम से कम 300 दिन पूरक पोषाहार मिलना चाहिए।
- ❖ पूरक पोषाहार :- बच्चों को पूरक पोषाहार 4 रुपए प्रतिदिन प्रति बच्चा, माताओं को 5 रुपए प्रतिदिन प्रति माता व अति कुपोषित बच्चों को 6 रुपए की दर से दिया जाता है जो कि प्रोटीन, कार्बोहाईड्रेट और विटामिन से युक्त होता है।
- ❖ प्रति 800 की जनसंख्या पर एक आंगनवाड़ी का होना आवश्यक है।
- ❖ 150 से 400 की आबादी के लिए मिनी आंगनवाड़ी होती है।
- ❖ हर आंगनवाड़ी में एक कार्यकर्ता और एक सहायिका काम करती है।
- ❖ हर बस्ती में सक्रिय आंगनवाड़ी केंद्र होना चाहिए।
- ❖ आंगनवाड़ी में प्रतिदिन नीचे दिया भोजन उपलब्ध कराया जाना चाहिए।

आईटम का नाम	6 माह से 1-1/2 वर्ष	1-1/2 से 3 वर्ष	3 से 6 वर्ष	गर्भवती व दूध पिलाने वाली महिलाएं
मीठा दलिया	—	145 ग्राम	100 ग्राम	165 ग्राम
आलू पूरी	—	180 ग्राम	130 ग्राम	220 ग्राम
मीठी खिचड़ी	—	145 ग्राम	95 ग्राम	155 ग्राम
भरवां पराठा	—	190 ग्राम	125 ग्राम	220 ग्राम
गुलगुले	—	165 ग्राम	115 ग्राम	180 ग्राम
नमकीन दलिया	—	145 ग्राम	100 ग्राम	165 ग्राम
पंजीरी	160 ग्राम	—	—	—
सुबह का नाश्ता	—	—	25 ग्राम	—

अगर किसी भी आंगनवाड़ी सेंटर में प्रतिदिन भोजन नहीं बनाया जाता है या आंगनवाड़ी सुचारु पूर्ण तरीके से कार्य नहीं कर रही है, तो नीचे दिए गए पते पर शिकायत करें।

1. उपायुक्त (डी.सी) मेवात फोन नं. 01267-274610 / 274601
2. अतिरिक्त उपायुक्त (ए.डी.सी) मेवात फोन नं. 01267-274605 / 274606
3. कार्यक्रम अधिकारी (पी.ओ.) मेवात फोन नं. 01267-274478, 09313030010
4. निदेशक महिला एवं बाल विकास बेज नं. 15-20, सेक्टर-5, पंचकुला, हरियाणा, फोन नं. 0172-260454

सार्वजनिक वितरण प्रणाली

इस योजना का मुख्य उद्देश्य गरीबी रेखा से नीचे आने वाले लोगों का चयन करके उन्हें कम दाम में राशन प्रदान करना है।

- ☞ सार्वजनिक वितरण प्रणाली के लिए राज्य सरकार ने अलग अलग रंग के राशन कार्डों की व्यवस्था की है जिनका विवरण निम्न है—
- ❖ ए.पी.एल – (गरीबी रेखा से उपर जीवन यापन करने वाले) – हरा
- ❖ बी.पी.एल – (गरीबी रेखा से नीचे जीवन यापन करने वाले) – पीला
- ❖ अन्त्योदय अन्न योजना – (अत्यन्त निर्धन / बेसहारा वर्ग) – गुलाबी
 - ☞ इन राशन कार्डों की समाप्ति अवधि 5 वर्ष होती है। पीले व गुलाबी राशन कार्ड मुफ्त प्रदान किए जाते हैं।
 - ☞ राशन कार्ड बनाने का डी-1 फार्म सम्बन्धित सहायक खाद्य एवं आपूर्ति अधिकारी, निरीक्षक खाद्य व आपूर्ति के कार्यालय से प्राप्त किए जा सकते हैं।
 - ☞ राशन कार्ड का डी-1 फार्म ग्रामीण क्षेत्र में सरपंच से तथा शहरी क्षेत्र में नगर पार्श्व से तसदीक करवाएं।
 - ☞ उपभोक्ता अपना राशन कार्ड भारत वर्ष में उसी जगह बनवा सकता है, जहाँ वह रह रहा हो।

बीपीएल परिवारों को सार्वजनिक राशन वितरण योजना के तहत हरियाणा राज्य में

प्रदान किये जाने वाले राशन का विवरण

बीपीएल / गुलाबी कार्ड अन्त्योदय अन्न योजना	गेहूं / अनाज रेट 2.10 रुपये प्रति किलोग्राम, मात्रा 35 किलोग्राम	मिट्टी का तेल, रेट 12.74 रुपये मात्रा 8 लीटर	चीनी, रेट 13.50 रुपये मात्रा 2 किलो ग्राम
बीपीएल / पीला कार्ड	गेहूं/ अनाज रेट 4.84 रुपये प्रति किलोग्राम, मात्रा 35 किलोग्राम	मिट्टी का तेल, रेट 12.74 रुपये मात्रा 8 लीटर	चीनी, रेट 13.50 रुपये मात्रा 2 किलोग्राम
एपीएल / हरा कार्ड		मिट्टी का तेल, रेट 12.74 रुपये मात्रा 3 लीटर	

शिकायत के लिए संपर्क करें -

- ☞ उपायुक्त (डी. सी.) मेवात (नुह) :- फोन न. :- 01267-274601 / 274610.
- ☞ अतिरिक्त उपायुक्त (ए. डी. सी.) नुह मेवात :- फोन न. :- 01267-274605 / 274606
- ☞ जिला खाद्य एवं आपूर्ति नियंत्रक एमडीए कालोनी नंगली रोड नूह मेवात। फोन नं 01267-274165
- ☞ निर्देशक खाद्य एवं आपूर्ति विभाग हरियाणा, 30-बेज भवन सेक्टर-17 चंडीगढ़ 0172-2701365

निःशुल्क और अनिवार्य शिक्षा का अधिकार 2009

- ❖ इस कानून का उद्देश्य यह है की हर बच्चा जिसकी आयु छः से चौदह वर्ष तक है, स्कूल जाये और प्राथमिक शिक्षा (पहली से आठवीं कक्षा तक) हासिल करे।
- ❖ जो बच्चा छः वर्ष की आयु में स्कूल नहीं जा पाया वह भी स्कूल से अपनी आयु के अनुसार कक्षा में दाखिला ले सकता है।
- ❖ शिक्षा प्राप्त करना बहुत महत्वपूर्ण है, इसके बिना व्यक्ति न तो पूरी क्षमता से सोच सकता है न तरक्की कर सकता है और न ही एक सम्पूर्ण जीवन जीने का आनंद ले सकता है।
- ❖ हर सरकारी स्कूल में बच्चे बिना किसी प्रमाण पत्र और किसी फीस के वर्ष में कभी भी दाखिला ले सकते हैं।
- ❖ यह प्रावधान अनुदान प्राप्त स्कूल और प्राइवेट स्कूल जिन्हें सरकार द्वारा सहायता मिलती है उनमें भी लागू होता है क्योंकि उन स्कूलों में पच्चीस प्रतिशत सीटें इन बच्चों के लिए आरक्षित रहती है।
- ❖ स्कूल का प्रशासन माँ बाप पर किसी भी प्रकार का दबाव नहीं डाल सकता, यदि ऐसा किया गया तो पहले उल्लंघन पर 25 हजार रुपये का जुर्माना और दूसरे उल्लंघन पर 50 हजार रुपये का जुर्माना देना होगा।
- ❖ किसी भी बच्चे को किसी भी कक्षा में रोका नहीं जायेगा और जब तक वह अपनी प्राथमिक शिक्षा पूरी न कर ले, स्कूल से निकाला नहीं जा सकता।
- ❖ सभी बच्चे विद्यालय में सत् प्रतिशत उपस्थित हों, यानी बच्चे नियमित विद्यालय आएँ और शिक्षा प्राप्त करें, इसके लिये जिम्मेदारी सरकार की है।
- ❖ विकलांग बच्चों को भी अपने नजदीक के विद्यालय में भर्ती कराया जाएगा, इन बच्चों को शिक्षा और सीखने से सम्बन्धित विशेष सहायक सामग्री उपलब्ध कराई जाएगी और यदि विद्यालय दूर है या विकलांग बच्चों को विद्यालय आने में दिक्कत है तो ऐसे बच्चों के लिए विद्यालय आने जाने के लिए वाहन की व्यवस्था की जाएगी।
- ❖ अध्यापकों द्वारा नियमित अन्तराल में मीटिंग आयोजित होनी चाहिये जिनमें स्कूल में पढ़ने वाले बच्चों के माँ-बाप को आमंत्रित करना होगा, यह भी माँ बाप का कर्तव्य है को वो इस मीटिंग में जायें और अपने बच्चों की पढ़ाई की स्थिति जान सकें।
- ❖ जो बच्चे 6 वर्ष से अधिक उम्र होने पर विद्यालय में प्रवेश लेते है और 14 वर्ष की उम्र तक अपनी प्राथमिक शिक्षा पूरी नहीं कर पाते तो 14 से ज्यादा उम्र होने पर भी उन्हें मुफ्त एवं अनिवार्य शिक्षा प्राप्त करने का अधिकार है।
- ❖ किसी भी बच्चे को शारीरिक दण्ड जैसे (मार-पीट, मुर्गा बनाना, बेंच पर खड़ा करना आदि) और मानसिक उत्पीड़न जैसे (जाति, धर्म, सूचक शब्द, शारीरिक विकलांगता) के शब्द का प्रयोग नहीं किया जा सकता, यदि कोई शिक्षक ऐसा करता है तो उसके खिलाफ अनुशासनिक कार्यवाही की जाएगी।

बच्चों के शिक्षा के अधिकार का उल्लंघन होने पर निम्न जगह पर शिकायत कर सकते हैं:

1. विद्यालय प्रबंधन समिति को लिखित में सूचना दे सकते हैं
2. ग्रामीण क्षेत्र, नगर पंचायत, में लिखित में सूचना दे सकते हैं
3. जिला शिक्षा अधिकारी (डी.ई.ओ.) : 01267-274690
4. जिला मौलिक शिक्षा अधिकारी (डी.ई.ई.ओ.) : 01267-274607

बच्चों के अधिकार से सम्बन्धित सभी शिकायतें व्यक्तिगत रूप से या, पंजीकृत डाक द्वारा निम्न पते पर भेजेँ या फोन पर सूचना दें:-

राष्ट्रीय बाल अधिकार संरक्षण आयोग, पाँचवी मन्जिल, चन्द्र लोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110001

अध्यक्ष : 011-23731583, 23731584

शिकायत विभाग : 011-23724030

महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी कानून (मनरेगा)

- ❖ भारत की संसद ने वर्ष 2005 में राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम पारित किया जिसके अन्तर्गत प्रत्येक ग्रामीण परिवार को वर्ष में कम से कम 100 दिन की अकुशल मजदूरी उपलब्ध करवायी जायेगी
- ❖ परिवार का कोई भी वयस्क सदस्य काम कर सकता है
- ❖ रोजगार के लिए ग्राम पंचायत में पंजीकरण आवश्यक है, यह रोजगार घर के 5 किलोमीटर के अन्दर दिया जायेगा, यदि काम का स्थान 5 किलोमीटर से ज्यादा दूर होगा तो 10 प्रतिशत अतिरिक्त मजदूरी दी जायेगी
- ❖ परिवार का कोई भी सदस्य जैसे महिला, वृद्ध, अपंग इत्यादि भी रोजगार के लिये पात्र हैं

पंजीकरण

- ❖ पंजीकरण अपनी स्थानीय पंचायत में करवाना होगा जिसके लिये पंचायत में उपलब्ध फार्म या सादे कागज पर आवेदन किया जा सकता है, आवेदन में अपना नाम व सही पता तथा परिवार का विवरण देना आवश्यक है
- ❖ परिवार के सभी वयस्क सदस्य जो कार्य करने योग्य/इच्छुक हों उनका नाम, उम्र, लिंग और पता देकर पंजीकरण करवायें
- ❖ गांव का प्रत्येक परिवार इस योजना का लाभ उठा सकता है , परिवार का बी.पी.एल होना अनिवार्य नहीं है
- ❖ ग्राम पंचायत प्रत्येक पंजीकृत परिवार को जॉब कार्ड जारी करेगी

जॉब कार्ड

- ❖ प्रत्येक पंजीकृत परिवार को 15 दिन के अन्दर एक जॉब कार्ड जारी करना पंचायत की जिम्मेवारी है जिसमें परिवार के सभी सदस्यों, जो कार्य करने के इच्छुक हैं उनका फोटो लगा होना आवश्यक है
- ❖ जॉब कार्ड जारी होने की तारीख से पांच वर्षों तक मान्य रहेगा
- ❖ पंजीकरण के 15 दिन के अन्दर जॉब कार्ड न मिलने पर अपने डी.डी.पी.ओ. व बी.डी.पी.ओ. को सम्पर्क करें
- ❖ इस जॉब कार्ड पर पंजीकरण संख्या अंकित होगी व जॉब कार्ड आवेदक को निःशुल्क दिया जायेगा
- ❖ जॉब कार्ड मिलने पर काम के लिए आवेदन देना होगा, ये आवेदन सादे कागज या पंचायत घर में उपलब्ध फार्म पर ग्राम पंचायत या कार्यक्रम अधिकारी को लिखित रूप में करें और तारीख युक्त रसीद प्राप्त करें
- ❖ इस योजना के अंतर्गत रोजगार मांगे जाने पर ही दिया जाता है, आवेदन कम से कम 14 दिन के रोजगार का होना चाहिये व रोजगार की अवधि तारीख सहित दी जानी चाहिये

मजदूरी का भुगतान

- ❖ मजदूरी का भुगतान राज्य सरकार द्वारा न्यूनतम मजदूरी की दर से किया जायेगा। वर्तमान में हरियाणा राज्य में मजदूरी की ये दर 179 रुपये है
- ❖ महिला एवं पुरुषों को समान मजदूरी दी जाएगी
- ❖ मजदूर का भुगतान काम करने की तारीख से 15 दिन के अन्दर किया जायेगा

बेरोजगारी भत्ता

- ❖ यदि रोजगार आवेदन की तारीख से 15 दिन के अन्दर प्राप्त न हो, तो आवेदक को बेरोजगारी भत्ते का भुगतान किया जायेगा
- ❖ यह भत्ता पहले 30 दिन में मान्य दिहाड़ी का एक चौथाई और उसके बाद दिहाड़ी के आधे के बराबर दिया जाएगा
- ❖ यदि एक परिवार वित्तीय वर्ष में 100 दिनों का कार्य प्राप्त कर चुका हो तो वो बेरोजगारी भत्ते का हकदार नहीं होगा
- ❖ यदि कोई मजदूर बिना पूर्व अनुमति के कार्य स्थल पर सात दिन से अधिक अनुपस्थित रहता है अथवा काम उपलब्ध करवाए जाने पर काम पर नहीं पहुंचता है अथवा उपलब्ध काम करने से इन्कार कर देता है तो उसे अगले तीन महीने तक कोई बेरोजगारी भत्ता नहीं मिलेगा

शिकायत हेतु सम्पर्क करें:

1. मनरेगा हेल्पलाइन – 18001802023
2. उपायुक्त (डी. सी) मेवात फोन नं० 01267 – 274610 / 274601
3. अतिरिक्त उपायुक्त (ए. डी. सी) मेवात फोन नं० 01267 – 274605 / 274606
4. डी. डी.पी.ओ. – 01267-274735



मध्याह्न भोजन योजना (मिड-डे-मील)

इस योजना का मुख्य उद्देश्य बच्चों को शिक्षा व पोषित आहार प्रदान करना है।

- ❖ 6-14 आयु वर्ष (कक्षा 1-8) के बच्चों के लिए स्कूल में मुफ्त भोजन प्रदान किया जाता है।
- ❖ इस योजना के तहत बच्चों को पका हुआ भोजन देने के लिए हरियाणा सरकार ने विभिन्न प्रकार के खाद्य पदार्थ निर्धारित किये हैं :-

मिड डे मील के अंतर्गत 16 प्रकार के भोजन का विवरण

क्र.स.	आइटम का नाम	कक्षा 1 से 5	कक्षा 6 से 8
1	सब्जियों की पुलाव	165 ग्राम	185 ग्राम
2	पौष्टिक खिचड़ी	155 ग्राम	237 ग्राम
3	दाल चावल	130 ग्राम	191 ग्राम
4	कढ़ी और चावल	250 ग्राम	316 ग्राम
5	काला चना व चावल आलू	205 ग्राम	271 ग्राम
6	मीठी खीर	205 ग्राम	340 ग्राम
7	रोटी व मौसमी सब्जी	205 ग्राम	241 ग्राम
8	आटे का हलवा व काला चना	148 ग्राम	218 ग्राम
9	रोटी और दाल	175 ग्राम	191 ग्राम
10	भरवा परांठा	235 ग्राम	310 ग्राम
11	मीठा दलिया	185 ग्राम	300 ग्राम
12	चावल, सफेद चना व आलू	205 ग्राम	271 ग्राम
13	आटे की सेविया	185 ग्राम	300 ग्राम
14	चावल, राजमा व आलू	205 ग्राम	271 ग्राम
15	रोटी और आलू मटर	225 ग्राम	266 ग्राम
16	मिक्स परांठा	235 ग्राम	310 ग्राम

कोई भी व्यंजन सप्ताह में दो बार नहीं बनेगा। यह भोजन सिर्फ विद्यालय में स्कूल के मुखिया की निगरानी में बनाया जायेगा व गुणवत्ता, स्वाद, मात्रा की जिम्मेदारी स्कूल के मुखिया की होती है।

- ❖ खाना पकाने वाली सिर्फ महिलाएं होनी चाहिए।
- ❖ स्कूल में 25 विद्यार्थियों की संख्या पर एक महिला खाना बनाने के लिए होनी चाहिए।
- ❖ 25-100 की संख्या में 2 महिलाएं तथा 100 से ज्यादा विद्यार्थियों की संख्या पर एक और महिला नियुक्त की जानी चाहिए।
- ❖ खाना बनाने वाली महिलाओं की नियुक्ति जिला प्रशासन, पंचायत व स्कूल के मुखिया द्वारा की जाती है।
- ❖ सूखा घोषित क्षेत्र में गर्मी की छुट्टियों के दौरान भी यह योजना बन्द नहीं होती।

शिक्षायात के लिए सम्पर्क करें :-

- 1) उपायुक्त (डी.सी.) मेवात (नुह) :- फोन न. :- 01267-274601 / 274610.
- 2) अतिरिक्त उपायुक्त (ए.डी.सी.) मेवात नुह :- फोन न. :- 01267-274605 / 274606
- 3) जिला शिक्षा अधिकारी (डी. इ. ओ) :- फोन न. :- 01267-274690.
- 4) जिला मौलिक शिक्षा अधिकारी (डी. इ. इ. ओ) :- फोन न. :- 01267 - 274607.
- 5) निदेशक मौलिक शिक्षा विभाग पंचकुला, फोन न. :- 0172-2560189
- 6) निदेशालय मौलिक शिक्षा, मध्याह्न भोजन योजना, (सुझाव एवं सहायता कक्षा), पहली मंजिल, शिक्षा सदन, सेक्टर -5, पंचकुला - 134109 हरियाणा, फोन:- 0172-3262073

सूचना का अधिकार क्या है?

- ❖ सूचनाओं एवं जानकारियों की प्राप्ति सुनिश्चित कराने हेतु जिस अधिकार की आवश्यकता है वह सूचना का अधिकार है।
- ❖ यह पारदर्शी शासन हेतु नागरिकों को प्राप्त अधिकार है।
- ❖ इस अधिकार को ही सुनिश्चित करने हेतु भारत की संसद ने "सूचना का अधिकार अधिनियम 2005" पूरे भारत में प्रभावी बना दिया है।

सूचना कैसे प्राप्त करें?

- ❖ सार्वजनिक कार्यालय एवं सरकारी कार्यालयों में विभिन्न स्तरों पर कार्यरत जनसूचना अधिकारी व सहायक जनसूचना अधिकारी सूचना प्राप्त करने का मुख्य स्रोत है।
- ❖ सूचनाओं को सुलभ तरीके से आम जनता को उपलब्ध कराना सूचना के अधिकार के अधिनियम 2005 के प्रावधानों के अंतर्गत प्रत्येक कार्यालय के लिए अनिवार्य है।
- ❖ सूचना प्राप्त करने के लिये लिखित रूप में या इलेक्ट्रॉनिक माध्यम से हिंदी या अंग्रेजी या फिर सरकारी भाषा या क्षेत्र की भाषा में जन सूचना अधिकारी को मांगी हुई जानकारी का विवरण करते हुए, प्रार्थना पत्र लिखें।

किस तरह की सूचना प्राप्त की जा सकती है?

- ❖ सूचना के अधिनियम के अंतर्गत ऐसी सूचनाएँ जो जन हित व राष्ट्रीय हित में हैं एवं सरकार की पहुंच में हैं वो प्राप्त की जा सकती है।
- ❖ सरकार के सभी विभागों के कार्यकलापों, स्टाफ, वेतन, कर्तव्य तथा योजनाओं – परियोजना के उपर खर्च की गई धनराशि का पूरा विवरण और अन्य आवश्यक सूचनाएँ प्राप्त की जा सकती है।

सूचना के आवेदन का जवाब या मांगी गई सूचना के प्राप्ति की अवधि ?

- ❖ 30 दिन, अगर मामला जन सूचना अधिकारी के पास दर्ज हो।
- ❖ 35 दिन, अगर मामला सहायक जन सूचना अधिकारी के पास दर्ज है।
- ❖ 48 घंटे, अगर सूचना किसी व्यक्ति के जीवन और स्वतंत्रता के बारे में हो।

सूचना न मिलने पर या सही सूचना न मिलने पर क्या करें ?

- ❖ यदि 30 दिन के अन्तर्गत सूचना प्राप्त नहीं होती तो सम्बंधित विभाग में नियुक्त प्रथम अपीलीय अधिकारी को अपील कर सकते हैं और यदि प्रथम अपील के बाद भी सूचना नहीं मिलती या आप संतुष्ट नहीं हो तो केंद्रीय सरकारी विभागों के लिए केंद्र सूचना आयोग तथा राज्य सरकारी विभागों के लिए राज्य सूचना आयोग में द्वितीय अपील कर सकते हैं। इसके अलावा शिकायत होने पर सीधे सम्बंधित सूचना आयोग से शिकायत दर्ज करा सकते हैं।

दंड का प्रावधान ?

- ❖ यदि केंद्र सूचना आयोग या राज्य सूचना आयोग को किसी शिकायत या अपील पर निर्णय करते समय पता चलता है कि केंद्रीय जन सूचना अधिकारी या राज्य सूचना अधिकारी ने किसी आवेदन को लेने से मना किया है या समय सीमा के अंतर्गत सूचना उपलब्ध नहीं करवाई है या किसी प्रकार का पक्षपात किया है या गलत सूचना दी है तो अधिकारी को सूचना मांगने हेतु प्रस्तुत आवेदन स्वीकार करने या मांगी गई सूचना उपलब्ध करवाने की तारीख तक सम्बंधित जन सूचना अधिकारी पर प्रतिदिन 250 रुपए के हिसाब से व कुल 25000 रु तक की पेनल्टी का प्रावधान है।

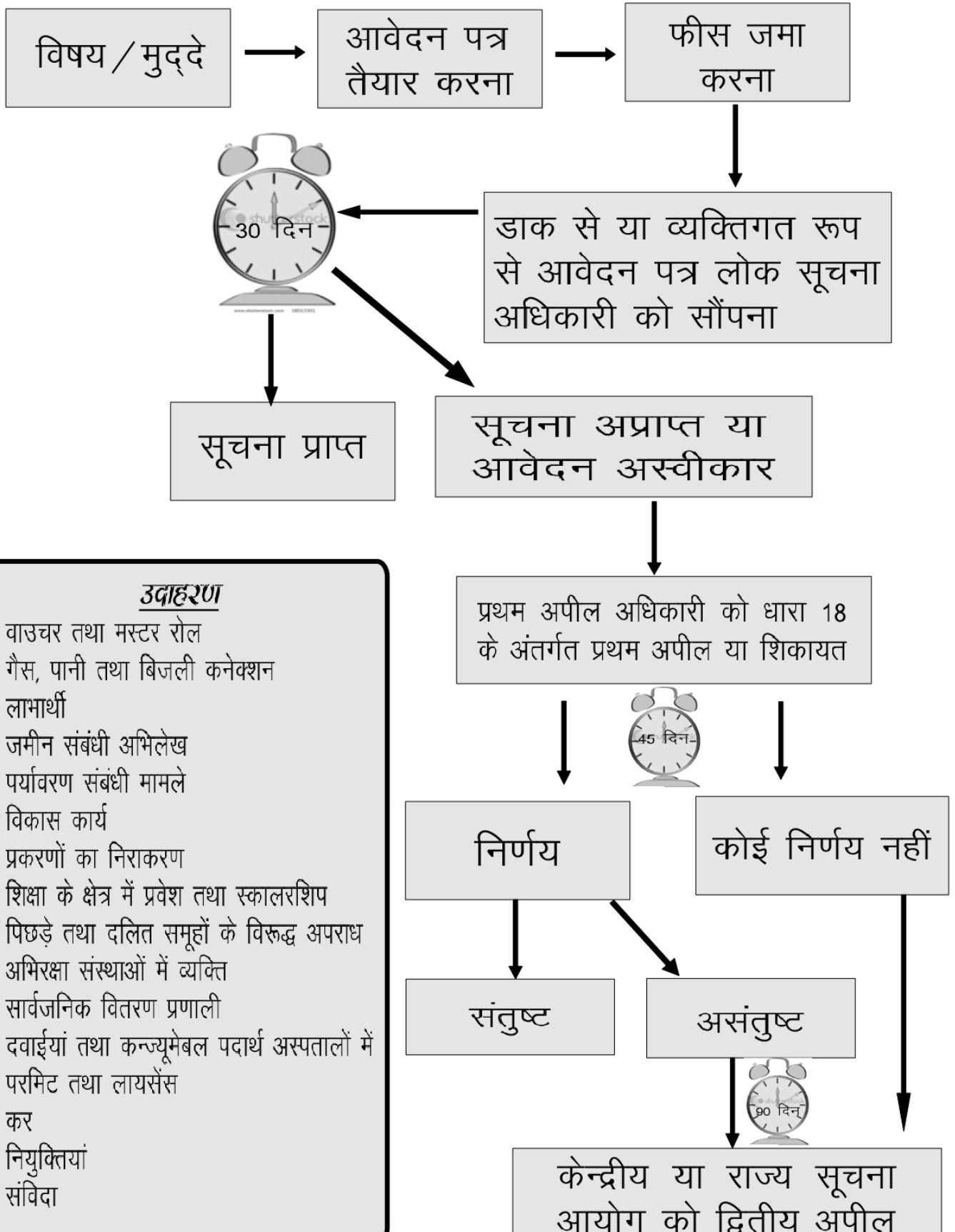
सूचना कौन प्राप्त कर सकता है ?

- 1) भारत का कोई भी नागरिक सूचना का अधिकार अधिनियम 2005 के अंतर्गत सूचना प्राप्त कर सकता है। इसके लिए उसे किसी भी प्रकार का कारण बताने की जरूरत नहीं है।
- 2) आवेदक को भी अपने बरों में कोई जानकारी नहीं देनी होती है सिवाए उस पते के जिस पर सूचना अधिकारी सूचना भेज सके।

आवेदन हेतु निर्धारित शुल्क :

केन्द्र सरकार ने सूचना प्राप्त करने हेतु आवेदन शुल्क 10 रु निर्धारित किया है, परंतु हरियाणा में यह शुल्क 50 रु है, बी.पी.एल कार्ड धारकों को आवेदन शुल्क नहीं देना होता व ऐसे आवेदकों को अपने आवेदन के साथ कार्ड की छायाप्रति भी लगानी होती है।

सूचना के अधिकार के अंतर्गत आवेदन करने का तरीका



Suggested Reading Materials on Clinical Legal Education

Margaret M. Barry, *Teaching Social Justice Lawyering: Systematically Including Community Legal Education in Law School Clinics*, 18 CLINICAL L. REV. 401 (2012).

Frank S. Bloch & M.R.K. Prasad, *Institutionalizing a Social Justice Mission for Clinical Legal Education: Cross-National Currents from India and the United States*, 13 CLINICAL L. REV. 165 (2006).

Lauren Carasik, *"Think Glocal, Act Glocal": The Praxis of Social Justice Lawyering in the Global Era*, 15 CLINICAL L. REV. 55, 71 (2008).

Douglas L. Colbert, *Clinical Professors' Professional Responsibility: Preparing Law Students to Embrace Pro Bono*, 18 GEO. J. ON POVERTY L. & POL'Y 309 (2011).

Jocelyn Getgen Kestenbaum, et al., *Catalysts for Change: A Proposed Framework for Human Rights Clinical Teaching and Advocacy*, 18 CLINICAL L. REV. 459 (2012).

N.R. Madhava Menon, ed., *A HANDBOOK ON CLINICAL LEGAL EDUCATION* (1998).

Wallace J. Mlyniec, *Where to Begin? Training New Teachers in the Art of Clinical Pedagogy*, 18 CLINICAL L. REV. 505 (2012).

Ajay Pandey, *Experimenting with Clinical Legal Education to Address the Disconnect between the Larger Promise of Law and its Grassroots Reality in India*, 26 MD. J. INT'L L. 135 (2011).

Rebecca Sandefur & Jeffrey Selbin, *The Clinic Effect*, 16 CLINICAL L. REV. 57 (2009).

Karen Tokarz, et al., *Conversations on Community Lawyering: The Newest (Oldest) Wave in Clinical Legal Education*, 28 WASH. U. J. L. & POL'Y 359, 392 (2008).

Stephen Wizner, *Beyond Skills Training*, 7 CLINICAL L. REV. 327, 334 (2001).

Cornell and Jindal students who participated in the Cross-National Clinic met with Chief Justice A. K. Sikri, Justice S. K. Kaul, Justice Gita Mittal, Justice S. Ravindra Bhatt, and Justice S Muralidhar at the Delhi High Court in March 2012.

