



REPORT OF THE WORKING GROUP ON CHILD RIGHTS

FOR THE 12TH FIVE YEAR PLAN (2012 – 2017)

Ministry of Women and Child Development



Report of the Working Group on Child Rights for the 12th Five Year Plan (2012 – 2017)

TABLE OF CONTENTS

| | |
|--|----|
| FOREWORD | 4 |
| PREFACE | 6 |
| 1. INTRODUCTION..... | 8 |
| 2. SITUATIONAL ANALYSIS OF CHILDREN..... | 15 |
| 2.1 Health and Nutrition..... | 15 |
| 2.1.1 <i>Infant and Child Mortality Rate (IMR and U5MR)</i> | 16 |
| 2.1.2 <i>Maternal Mortality Rate (MMR)</i> | 16 |
| 2.1.3 <i>Neonatal Mortality a Major Concern:</i> | 17 |
| 2.1.4 <i>Under Nutrition – Early Prevention is Critical</i> | 17 |
| 2.1.5 <i>Low Birth Weight</i> | 18 |
| 2.1.6 <i>Micronutrient Deficiencies</i> | 19 |
| 2.1.7 <i>Prevention by Providing a Continuum of Care</i> | 19 |
| 2.2 Education..... | 19 |
| 2.3 Children in Conflict with Law | 20 |
| 2.4 Children in Need of Care and Protection..... | 21 |
| 2.5 Factors affecting safety and protection of children | 25 |
| 3. REVIEW OF ELEVENTH FIVE YEAR PLAN, EXISTING POLICIES, LEGISLATIONS AND PROGRAMMES.... | 31 |
| 3.1 Review of Eleventh Five Year Plan..... | 31 |
| 3.1.1 <i>Initiatives and achievements during the 11th plan</i> | 33 |
| 3.1.2 <i>Policies, Legislations and Plans of Action</i> | 36 |
| 3.1.3 <i>Programmes / Schemes</i> | 38 |
| 3.2 Challenges of the Eleventh Five Year Plan..... | 43 |
| 3.2.1 <i>Child Survival and Development</i> | 43 |
| 3.2.2 <i>Child Rights and Protection</i> | 48 |
| 4. RECOMMENDATIONS FOR THE 12 TH FIVE YEAR PLAN | 52 |
| 4.1 Vision & Monitorable Targets | 52 |

| | | |
|---------|--|----|
| 4.2 | Key Priorities..... | 53 |
| 4.3 | Approaches..... | 55 |
| 4.4 | Recommendations for 12 th Five Year Plan..... | 58 |
| 4.4.1 | <i>Overarching Recommendations</i> | 58 |
| 4.4.2 | <i>Specific Recommendations</i> | 63 |
| 4.4.2.1 | Child Survival and Development..... | 63 |
| 4.4.2.2 | Early Childhood Education and Care (ECCE) | 67 |
| 4.4.2.3 | Child Rights andProtection | 68 |
| 4.4.2.4 | Child Participation | 75 |
| 4.4.2.5 | Child Budgeting..... | 76 |
| 4.4.2.6 | The Girl Child | 76 |
| 4.4.2.7 | Adolescents | 79 |
| 4.5 | Projected Financial Requirements..... | 86 |

Chapter One

INTRODUCTION

FOREWORD



Smt. Neela Gangadharan
Secretary
Tel. 23383586.

Fax No. : 23381495
Fax No. : 23381800
Fax No. : 23381654
Telegrams : WOMEN CHILD

भारत सरकार
महिला एवं बाल विकास मंत्रालय
GOVERNMENT OF INDIA
MINISTRY OF WOMEN & CHILD DEVELOPMENT
शास्त्री भवन, नई दिल्ली-110 001, दिनांक
Shastri Bhawan, New Delhi-110 001, Dated

FOREWORD

Nineteen per cent of world's children live in India. India is home to more than one billion people, of which 42 per cent are children, defined as persons' under-18 years of age. There are about 43 crore children in the age group of 0-18 years, of which about 16 Crore are represented by the young child under 6 years of age. There is consensus that the early years are the most valuable and vulnerable period - when there are the greatest risks to survival, healthy growth, development and susceptibility to a vicious cycle of undernutrition and disease/infections. These early years are also crucial for cumulative lifelong learning and human development through physical, cognitive, emotional, social and linguistic development.

In articulating its vision of progress, development and inclusion, India has reaffirmed its commitment to fulfilling children's rights, recognizing them as the nation's prime asset. The Constitution of India accords a special status to children as deserving of special provisions and protections to secure and safeguard the entitlements of 'those of tender age.' The Eleventh Five Year Plan also accorded high priority to India's commitment to children and acknowledged the rights of children. It focused on revising and strengthening various existing policies and programmes to bridge the identified gaps and also on introducing new schemes for addressing the needs of pregnant & lactating women, adolescent girls as well as to tackle problems related to child trafficking, declining child sex ratio and child protection. However, as we transition towards the Twelfth Plan, despite vibrant economic growth, several challenges for child and human development remain to be addressed, even as new opportunities unfold.

In this perspective, a Working Group on Child Rights was constituted by the Planning Commission to recommend priorities and strategies for Children in the Twelfth Five Year Plan 2012-17. Five Sub Groups of the Working Group were constituted subsequently, which deliberated on key themes suggested by the Working Group - Child Survival and Development, ICDS; Early Childhood Care and Education; Child Rights and Protection, the Girl Child and Adolescents.

The Working Group recommends a transformative vision of the Twelfth Plan that "More Inclusive Growth begins with Children". It recommends that the Twelfth Plan represent a new "Child Rights Paradigm" that mandates the fulfillment of children's rights to survival, development, protection and participation, as the foundation of human development and as the driver of faster, more inclusive and sustainable growth. This transforms and takes forward the

(contd..2.)



Fax No. : 23381495
Fax No. : 23381800
Fax No. : 23381654
Telegrams : WOMEN CHILD

भारत सरकार
महिला एवं बाल विकास मंत्रालय
GOVERNMENT OF INDIA
MINISTRY OF WOMEN & CHILD DEVELOPMENT

शास्त्री भवन, नई दिल्ली-110 001, दिनांक

-2- Shastri Bhawan, New Delhi-110 001, Dated

vision of the Eleventh Plan - which positioned the Development of Children at the centre of the Plan. Accordingly, the Working Group on Child Rights has therefore recommended a new vision, monitorable outcomes, legislative and policy reforms; institutional capacity development; strategies for increasing programme effectiveness, impact and accountability; convergence and community action supported by enhanced resource allocations to fulfill this mandate.

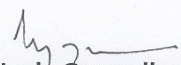
In this regard, I would like to especially recognize and express my appreciation to Shri D.K. Sikri, former Secretary MWCD and my predecessor, under whose valuable guidance, leadership and chairpersonship, this report has been formulated.

In this process of collective endeavours, the contribution and support of all the Chairpersons and Members of the various sub-groups, as well as all the members of the Working Group on Child Rights are also gratefully acknowledged for making valuable recommendations towards programmes and perspectives of realising the rights of children in our country. This report has benefitted immensely from the deep intellectual insights and field experiences of the members of the working group whose commitments and keen interest are visible in the various innovative and focused recommendations in the various reports.

I would also like to acknowledge the valuable contribution of Shri Sudhir Kumar, Additional Secretary MWCD who provided worthy inputs to the process in view of vast experience.

I take this opportunity to acknowledge and accord my sincere appreciation of the Convenor of the Working Group on Child Rights, Dr. Shreeranjana Joint Secretary MWCD, for having anchored and synthesized the various facets of this comprehensive Report. Credit is also due to the Drafting Committee for their immense efforts in this regard. I would also like to specifically express my appreciation to all chairpersons and coordinators of the Sub Groups for formulating and enabling the synthesis of this Report on Child Rights.

I am confident that the recommendations and resources sought reflect the concerns and commitments which will contribute significantly to a transformative approach in fulfilling children's development potential and rights in the Twelfth Plan.


(Neela Gangadharan)

PREFACE



DR. SHREERANJAN, IAS

JOINT SECRETARY

Tel.: 2338 7683

Fax: 2307 0479

E-mail : shreeranjana@nic.in



भारत सरकार
महिला एवं बाल विकास मंत्रालय
शास्त्री भवन, नई दिल्ली-110 001
GOVERNMENT OF INDIA
MINISTRY OF WOMEN & CHILD DEVELOPMENT
SHASTRI BHAWAN, NEW DELHI-110 001
Website: <http://www.wcd.nic.in>
Dated: 16th December, 201

PREFACE

India has demonstrated vibrant economic growth rates in spite of a changing external environment. However, the progress on social indicators has been uneven across states, sectors and socio economic strata. The need to accelerate improvements in child survival and development is urgent as levels of maternal, neonatal, infant, and child undernutrition and mortality continue to be high. Of the 16 crore children are in the age group of 0-6 years, there are 8.5 crore boys and 7.88 crores girls- signifying the steep and unabated decline seen in the Child Sex Ratio over the last few decades - to 914 girls for every 1000 boys in this age group in 2011. Ensuring care and protection of the girl child is a major priority, linked to longer term interventions for ending violence against girls and women, promoting gender equality and engendering development planning.

It is estimated that a significant proportion of India's children are vulnerable to or experiencing difficult circumstances. Survival, growth, development and protection of these very large numbers of children therefore merits priority focus and attention.

The diverse socio-economic, cultural and geographic conditions of the country result in diverse needs of children. The Eleventh Five Year Plan started several significant initiatives for children that are expected to yield results in coming years. Some of these initiatives include: setting up of the National Commission for Protection of Child Rights (NCPCR) in 2007 as an independent statutory commission and similar commissions at State level for securing and enforcing these rights; review of National Policy for Children and National Plan of Action on Children; Universalization of ICDS with Quality was given impetus together with decision to strengthen and restructure ICDS in Mission Mode; introduction of Offences against Children Bill; drafting of National Policy and curriculum framework on ECCE, besides comprehensively addressing Nutrition Challenges, among others.; initiation of SABLA (programme for empowerment of adolescent girls) and IGMSY (Conditional cash transfer for pregnant women) on pilot basis.

Thus, the focus of recommendations for the 12th Five Year Plan is to enrich our vision and mandate for children, build on the efforts of the Eleventh Plan and to make it more inclusive as well as and give quality attention in implementation. The emphasis on a continuum of care through a life cycle approach, extending from the family, community, Anganwadi Centres and the health and education systems would have to be ensured through convergence of multisectoral and convergent interventions in the 12th Five Year Plan. In this perspective, there is a need to ensure strengthened institutional structures, systems, policies and programmes as well as implementation in partnerships with families, communities, civil society to fulfill the government's commitment towards children's rights to survival, development, protection and participation. The fulfillment of children's rights must be recognized both as a goal as well as a means and a lead indicator of national development plans and strategies.

This Working Group Report on Child Rights is a collective effort by the Ministry of Women and Child Development and its members to formulate a comprehensive strategy for fulfilling children's rights and obligations there under at all levels.

: 2 :

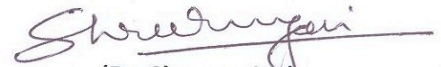
I would like to record my sincere appreciation and gratitude to the Chairperson of the Working Group on Child Rights, Shri D.K. Sikri former Secretary MWCD and Smt. Neela Gangadharan, Secretary MWCD for their invaluable leadership and guidance which has brought our collective endeavours to fruition.

I would also like to extend my thanks to Shri Sudhir Kumar, Additional Secretary MWCD for his guidance and to all the members of the Working Group on Child Rights, for their insightful contribution in shaping and formulating recommendations.

As the Convenor of the Working Group on Child Rights, I would also like to thank the Chairpersons, Co- Chairpersons and Members of all Sub Groups for providing valuable inputs and their comprehensive reports. The Drafting Committee under my Chairpersonship has made commendable efforts in synthesising this comprehensive document, which will contribute significantly to shaping a new vision and direction for Children of our country.

In this endeavour I acknowledge most importantly the members of the Drafting Committee especially Smt. Deepika Shrivastava, OSD, (WCD and Nutrition) Planning Commission; Dr. Vivek Joshi JS MWCD, Smt. Preeti Madan, JS MWCD, Shri Sundeep Kumar Nayak, JS MWCD, Smt. Sangeeta Verma, EA MWCD, Mr. Srinivas Varadan, Consultant (MWCD), Mr. Pravesh Kumar, Consultant (MWCD), Ms. Farheen Khurshid, Consultant (MWCD), for their significant contribution in formulating and synthesising this Working Group Report on Child Rights.

Dr. Dinesh Paul, Director NIPCCD and his team for providing inputs and support is noteworthy. Contributions of Smt Rupa Dutta, Smt Kalyani Chaddha, Smt. Anju Bhalla and Ms. Lopamudra Mohanty, Directors of different Child related bureaus need special mention along with other colleagues of the Ministry.


(Dr. Shreeranjani)

1. INTRODUCTION

India is home to the largest number of children in the world. Nearly every fifth child in the world lives in India. There are about 43 crore children in the age group of 0-18 years; 16 crore children are in the age group of 0-6 years, of this there are 8.5 crore males and 7.88 crore females. In the age group of 6-18 years, there are about 27 crore children. It is estimated that about 40 per cent of children are in difficult circumstances or vulnerable which include like children without family support, children forced into labour, abused /trafficked children, children on the streets, vulnerable children, children affected by substance abuse, by armed conflict/civil unrest/natural calamity etc. Survival, growth, development and protection of these very large numbers therefore need priority focus and attention.

The diverse socio-economic, cultural and geographic conditions of the country result in diverse needs of children. Keeping in view this heterogeneity, the Government seeks to adopt an inclusive approach for development and protection of children, by addressing the specific needs and concerns of different categories, particularly those who are most vulnerable. Its core concerns include ensuring the right of all children to life, survival (especially in the context of gender-based sex selection) and safety, with special emphasis on physical, psychological and cognitive development, emotional and social well-being. Furthermore, access to child care, education, nutrition, health care, clean drinking water and environment, shelter and justice are areas that are given special attention to eliminate inequities, exclusion and discrimination experienced by children.

From the moment of conception of the child important developments occur that affect the brain, the physical body, and the psycho-social dynamic changes in the process of child growth and development. All these have an impact on the child's ability to learn, to thrive, to grow and be healthy. Human brain develops more rapidly before birth and age five, the first 3 years being a critical window, than during any other subsequent period. Children are born ready to learn and are responsive to stimulus. They cultivate around 85 percent of their intellect, personality and skills by the time they reach the age five. The first months and years of life set the stage for cumulative lifelong development. Every child has the right to get an ensured enabling and stimulating environment for growth and development mainly during the early childhood years.

Early childhood, which mainly refers to the first six - eight years of life, is the most crucial period, when the foundations are laid for cumulative lifelong learning and human development. Research evidence from neuro-science and other disciplines confirms that some 'critical periods' for development of cognitive, linguistic and psycho-social competencies are embedded in these early years. The first six years of a child's life form the foundation for all later development. The next stage, the mid childhood, becomes functionally formative years, in which the care and protection with formal learning and formal physical activities, sports and co-curricular activities allows the blossoming of the child as a growing individual. Herefrom, an ascending journey to adolescence begins.

Individuals aged 10-19 years are referred as adolescents. The vast majority of adolescents live in developing countries and India has the largest national population of adolescents. Studies have shown that millions of adolescents today do not enjoy access to quality education, basic sexual and reproductive health care, support for mental health issues and disability, protection from violence, abuse and exploitation, and forums for active participation. Adolescents who are marginalized or poor are less likely to transition to secondary education and are more likely to experience violence, abuse and exploitation. While adolescents are often referred to as the 'future generation' of adults, they are also part of the present generation – living, working, contributing to households, communities, societies and economies. Hence, they deserve recognition, protection and care, essential commodities and services, and opportunities and support.

According to the Constitution of India, all persons, including those below the age of 18, are entitled to certain inherent and inalienable rights. India's commitment to International instruments such as the United Nations Convention on the Rights of the Child (UNCRC) and its core principles of right of every child to survival, development, protection and participation, is reflected in the numerous policies, laws and programmes being implemented. The Ministry of Women and Child Development (MWCD), which is the nodal agency for women and children, works in a holistic manner to protect rights and address concerns of women and children.

With intent to negate the root causes of exclusion and exploitation of children, it is necessary to facilitate mind-set changes and address long-standing social norms and traditions that violate the rights of children. To ensure that the highest quality of services are provided to children, it is important to focus on setting rigorous norms and standards for programme delivery and securing purposeful and functional convergence and coordination through establishment of inter-ministerial/departmental linkages at national, state, district and village levels. Strategies also need to include strengthening of institutions and delivery mechanisms, analysing budgets and advocating for an enhanced budget share for children in all Ministries. The aim therefore is to promote the rights of all children by making and implementing policies, legislations, schemes and programmes, which are both child-centred and child-sensitive.

Thus, more inclusive growth must begin with children and the fulfillment of children's rights through nurturing and protective policy, programme, community and family environments. The continuum of care initiated through programmes and policies in the 11th Plan in a life cycle approach needs to be consolidated and carried forward with more vigour and resolve during the 12th Plan. This is reflected in the 12th Plan Approach Paper, which states that "*the 12th Plan must make children an urgent priority*". Strengthened structures, systems, policies and implementation in partnerships with families, communities, civil society are needed in order to fulfill the government's commitment towards children's rights to survival, development, protection and participation. The fulfillment of children's rights has emerged both as an aim as well as a means and as a lead indicator of national development plans and strategies.

India has demonstrated vibrant economic growth rates in spite of a changing external environment. However, the progress on social indicators has been uneven across states, sectors and socio economic strata. India faces a great challenge of nutrition related issues, with 42.5

percent of under five children being underweight, 20 per cent wasted, and 48 per cent stunted (NFHS-3); and 56% women (15-49 yrs) and 79% of under 3 children being anaemic forewarning us of the impending risks and danger. Although between 1990 to 2008, the decline in U5MR was 56% and that of IMR 41%, the decline in Neo-natal mortality rate was 34% only and in early neonatal mortality rate was 27%. More alarming is the declining Child sex ratio in the age of 0-6 years. The country has witnessed advancements in all fields and even though literacy rate amongst women has shown an improvement and participation of women in the workforce has increased, century old traditions and customs, biases against a girl child still prevail in large parts of the country which casts a shadow on the progress made.

| CHILDREN IN INDIA: STATUS AT A GLANCE | |
|---|---|
| Child sex ratio (2011 Census) | 914 |
| IMR | 50 (SRS 2011) |
| Anaemia (NFHS-3, 2005-06) | 69.5% children (6-59 months) 55.8% in girls (15-19 years) 55.3% women (15-49 years) |
| Underweight (NFHS-3, 2005-06) | 42.5% children under 5 years 35.6% of women in the age group of 15-49 years are Chronic Energy Deficient (*measured as Body Mass Index [Wt (Kg)/Ht (m ²)]) |
| Low Birth Weight (NFHS-3, 2005-06) | Nearly 22% newly born children have Low Birth Weight (LBW) i.e. below 2.5 kg. |
| Child Immunization, (DLHS Survey-3, 2007-08) | 54 % children received full immunization. 86.7 % of Children received BCG. 63.4 % of Children received 3 doses of DPT. 65.6 % of Children received Oral Polio vaccine 3. 69.1 % of Children received Measles vaccine. |
| Vitamin A (DLHS Survey-3, 2007-08) | 54.5 % of Children (9 months & above) received at least 1 dose of Vitamin-A supplement. |
| Initiation of breast feeding (DLHS Survey-3, 2007-08) | 40.5 % Children Breast fed with in 1 hour of birth. |

A major weakness in the economy is that gender inequality remains a pervasive problem and some of the structural changes taking place have an adverse effect on women. The lack of inclusiveness is borne out by data on several dimensions of performance. India's level of growth can be sustainable only when all sections of the society perceive themselves to be equal partners in the development process. In keeping with this principle of inclusive growth, the empowerment of women assumes utmost importance.

The 2011 Census shows that there has been an improvement in social indicators such as literacy and the gender gap in effective literacy rate. Overall sex ratio has improved from 933 to 940. However, Census 2011 has shown a sharp decline in sex ratio of children in the age-group of 0-6 years, from 927 per thousand boys in 2001 to 914 in 2011. This decline has been continuing unabated since 1961.

- Child sex ratio (0-6 years) – 914 girls for 1000 boys, as per census 2011, with a steep and unabated decline over the last few decades. The decline is seen now in 22 states and 5 UTs with the highest decline in Jammu and Kashmir by 82 points.

- Child Mortality (under 5 mortality rate) – 64. For boys this is 60 per 1000 births, while the same for girls is 69. Even sharper gender differentials are seen in some states and districts, for instance, 16 points in Rajasthan.
- Anaemia among Adolescents (15-19 years) – While only 30% of boys in age-group of 15-19 years are anaemic, 56% of girls in the age-group of 15-19 years are anaemic.
- The survey shows that more than one third (35.6%) of women having Body Mass Index (BMI) less than 18.5 kg/m. are undernourished. With this proportion, figure of undernourished Adolescent girls (11 to 18 years) would come to about 2.95 crore (35.6% of 8.3 crore).
- Immunization (12-23 months) - While 55 % of total boys are fully immunized in the age of 12-23 months, only 52% of girls are fully immunized.

In spite of ample research and evidence on the significance of early years, investment and attention to the Early Childhood Development (ECD) is low in terms of prioritization at policy level, programmes and its implementation. The approaches and practices for such holistic and integrated child development and absence of systems and standards coupled with gaps in policies, programmes and regulations pose and act as a major hindrance. Hence, the vast extent of unrealized potential of human capital needs to be acknowledged and invested for upfront and where the mouth lies. This would require a child centric plan with a comprehensive and holistic approach towards full spectrum of child rights and development across all stages. This would also imply encompassing all aspects of stimulation and development, early child education, nutrition and home and institution based care areas appropriate, enablement at all stages of childhood and empowered adolescence.

The importance of equal access to early child care, education, nutrition, health, employment, juvenile justice is key to the positive development of the adolescents. At the same time, providing a protective environment to every child is the foundation for ensuring realization of the rights of children.

Programmes should prioritise the respective interventions to achieve enhanced synergy and ensure child survival and development through a convergent and holistic approach. Therefore, the Twelfth Five Year Plan must respond to the requirements from the perspective of inclusion, needs of socially and economically marginalised sections as well as to deepen the outreach and quality of services by improving the delivery of plans and programmes through repositioned Anganwadi centre and additional measures as well as institutions and instrumentalities of protection and care. To ensure these commitments, adequate resources to address challenges and disparities, we need to take the upcoming 12th Five Year Plan (2013-2018) as a great opportunity to reinforce children at the centre of planning, delivery of services, and realisation of rights efforts of the country through governance and enablement.

In the light of the above some of the key issues and challenges in respect of children can be summed up as below:

- Adopting age appropriate responses for rapidly growing and dynamic growth phases and in different socio-economic and cultural contexts
- Integration of survival, development, protection and participation to well-being
- Identifying gaps of entitlement, protection, rights and development and adopting appropriate legal framework for the above two issues
- Addressing the challenge of survival, malnutrition, neo-natal and infant mortality and adopting differentiated and focussed approach to most vulnerable and marginalised
- The issue of Survival as well as survival with dignity for achieving full development potential
- Challenges in conflict and disturbed areas
- Mainstreaming the rights based approach in all Policies and Programmes with concomitant focus on duties and responsibilities of caregivers and concerned
- Creating a comprehensive and disaggregated database related to all aspects of children especially of the most disadvantaged and vulnerable
- Establishing convergence and coordination between all stakeholders across sectors impacting the lives of children
- Assessing and ensuring child centric allocation in budgets across sectors and auditing actions
- Building a cadre of professionals for care, protection of children, with a focus on early childhood development and adolescence
- Addressing the limitations within systems and programmes related to children:
 - Child legislation limited in coverage of offences against children, definition of child in need of care and protection, measures to ensure accountability of care providers
 - Weak monitoring mechanisms and accountability of implementing agencies
 - Implementation marked by poor infrastructure, inadequate financial / human resources and negligible community ownership / participation
- Initiating more services with a focus on prevention of vulnerability to abuse and exploitation - such as improved Day Care services for children
- Ensuring universal access with inclusiveness, and respect for the unique needs of “Every Child”
- Building a holistic perspective on Child and prioritising issues related to Child Survival, Development, Protection and Participation within policies and programmes
- Institutionalising Child Participation through incorporation of children’s views into mainstream policy and programme formulation processes
- Committing resources both human and financial for children under 6 years as well as adolescents
- Creating enabling environment and building capacities from family and community to caregivers, institutions and institutional mechanisms

Meetings of the Working Group

These perspectives, issues and challenges were deliberated and subsequently the Planning Commission set up a Working Group on Child Rights for the Twelfth Five year Plan under the Chairpersonship of Secretary, Ministry of Women and Child Development. The Working Group is represented by senior government officials, representatives of the concerned sector, eminent experts from national institutes in the field of child rights and development and reputed NGOs from the sector.

The first meeting of the Working Group was held under the Chairpersonship of Shri D.K Sikri, Secretary, Ministry of Women and Child Development on 23, June, 2011, during which five Sub - Groups were constituted. Each of these Sub-Groups was assigned the following thematic area and was given the mandate for preparing related sub-group reports:

| Sl. No. | Sub – Group | Theme | Chairperson |
|---------|----------------------|---|--|
| 1. | Sub Group I | Child Survival and Development, ICDS ¹ | Dr.Shreeranjana, Joint Secretary (CD), MWCD |
| 2. | Sub Group II | Early Childhood Care and Education | Dr.Shreeranjana, Joint Secretary (CD), MWCD |
| 3. | Sub Group III | Child Rights and Protection | Dr.Vivek Joshi, Joint Secretary, MWCD Ms.Preeti Madan, Joint Secretary, MWCD |
| 4. | Sub Group IV | The Girl Child | Ms.Sangeeta Verma, Economic Advisor, MWCD Mr.Sandeep Nayak, Joint Secretary, MWCD |
| 5. | Sub Group V | Adolescents | Dr.Vivek Joshi, Joint Secretary, MWCD |

Detailed terms of reference of the Working Group along with its composition is given in **Annex – I**.

This Working Group Report has been prepared by synthesizing the discussions of the Sub-Group reports as well as deliberations of the two Working Group meetings and harmonized with the emerging perspectives on related dimensions or facets.

¹Child survival and development in this Report has largely been looked from the perspective of ICDS.

Chapter Two

SITUATION ANALYSIS OF CHILDREN

2. SITUATIONAL ANALYSIS OF CHILDREN

Nineteen per cent of world's children live in India. India is home to more than one billion people, of which 43 crores are children, defined as persons under-18 years of age. In articulating its vision of progress, development and inclusion, India has reaffirmed its commitment to fulfilling children's rights, recognizing them as the nation's supreme asset. The Constitution of India accords a special status to children as deserving of special provisions and protections to secure and safeguard the entitlements of 'those of tender age.'

It is estimated that around 172million or 40 per cent of India's children are vulnerable to or experiencing difficult circumstances or vulnerable which include like children without family support, children forced into labour, abused / trafficked children, children on the streets, vulnerable children, children affected by substance abuse, by armed conflict / civil unrest / natural calamity etc. as well as children, who due to circumstances have committed offences and come into conflict with law. Survival, growth, development and protection of these very large numbers therefore need priority focus and attention.

2.1 Health and Nutrition

The need for ensuring inclusive approach is evident with wide disparities being seen across and within states and districts, between rural-urban areas, and between different socio economic and vulnerable groups, reflected in maternal and infant mortality, under-nutrition and anaemia. A downward trend is observed in Infant Mortality Rate (IMR), from 57 to 53 (SRS 2006/2008) and further to 50 (SRS 2010/2011), but with around 51% deaths taking place within the first week and 35% in the first month, concerted efforts are needed for promoting neonatal care, encouraging early and exclusive breast feeding for the first six months and ensuring optimal health care, infant and young child feeding practices. Under-5 mortality rate also remains high at 64 for the country, with the same for females being still higher, indicating clear bias towards the male child in care giving and nurturing at household level. This gender differential after birth highlights the need for complementary strategies to address gross neglect of the girl child in infancy and early childhood, linked to longer term interventions for creating value for the girl child and gender equality.

As mentioned earlier, the high prevalence of anaemia and undernutrition amongst women, adolescent girls and children remains a source of great concern. NFHS-3 (2005-06) indicates that about 55% of women in the age group 15-49 years suffer from anaemia whereas, about 79% of children in 6-35 months age group are found to be anaemic. About 42.5 % children in 0-5 year's age-group are underweight. Stunting levels in children under 3 years declined between NFHS 2 (1998-99) and NFHS 3 (2005-06) from 51 % to 45 %, (using WHO CGS) which signaled that improvement is possible, with acceleration of efforts. About one-third of currently married women in the age-group 15-49 years have low Body Mass Index (BMI) (less than 18.5 kg/m²) and about 47 percent girls in the age-group 15-19 years have low BMI .These factors, along with factors such as early marriage and childbearing are manifest inunfavourable outcomes for the mother and the neonate, including low birth weight. This is clearly indicated from the fact that

the percentage of low birth weight babies remains high at 22%. Amongst adolescent girls, 2.75 crore are found to be undernourished. 47 % of girls get married and 30% give birth to their first child before they complete 18 years of age.

Common childhood illnesses such as respiratory infections, diarrhoeal diseases, other infectious and parasitic diseases and malaria, account for about half of under-5 deaths in India. Respiratory infections and diarrhoeal diseases together contribute to 36% of all deaths in children under-5 years of age. Ensuring the protection of all children with complete immunization (all vaccinations) remains a challenge, especially in some states, even though coverage rates for vaccinations have significantly improved in the recent past., a As per the DLHS 2007-08, the coverage rate of treatment with only Oral Rehydration Solution (ORS) has been 34%. It is also seen that the current level of Vitamin A supplementation amongst children is very low. The DLHS-3 (2007-08) reports that only 19% of children aged 12-35 months had received 3-5 doses of Vitamin A, indicating that there has been inadequate progress over the last plan period.

2.1.1 Infant and Child Mortality Rate (IMR and U5MR)

According to the SRS 2009, infant mortality in India has declined from 80 per 1,000 live births in 1990) to 68 in 2000 to 50 in 2009. Thus, implying an average decline of 30 points over a period of twenty years. Further the average decline per year until 2005 was 1.5 points and significantly from 2005 to 2009 the decline is 2 points. Child mortality also shows declining trends though at a slower rate, however States like Kerala, Tamil Nadu, Maharashtra, Delhi and West Bengal have already achieved the MDG target (42 by 2010).

IMR ESTIMATES 2009: HIGHLIGHTS

- IMR measures number of infant (< 1 year) deaths per 1000 live births
- Every 6th death in the country pertains to an infant
- IMR in India has registered a 3 points decline to 50 from 53 in 2008
- Female infants continue to have higher mortality rates than male

UNDER FIVE (U5MR) MORTALITY ESTIMATES 2009: HIGHLIGHTS

- U5MR denotes number of children (0-4 years) who died before reaching their fifth birthday per 1000 live births
- U5MR for the country has declined by 5 points over 2008 (64 in 2009 against 69 in 2008)
- A uniform decline of about 5 points is seen in male and female U5MRs.

2.1.2 Maternal Mortality Rate (MMR)

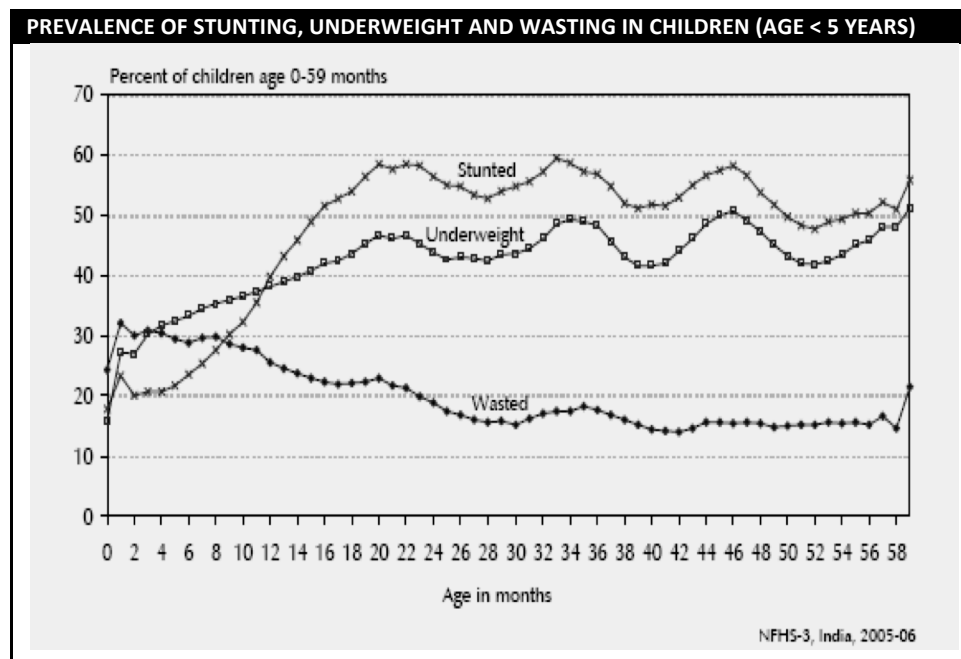
Maternal mortality is defined as the death of a woman during pregnancy or delivery or within 42 days of the end of pregnancy from a pregnancy - related cause. According to data from the Registrar General of India, the latest figures of 2007 -09, there is a decline of about 17 per cent reported in the maternal mortality rate, which came down to 212 between 2007 and 2009 compared to 254 between 2004 – 2006.

2.1.3 Neonatal Mortality a Major Concern:

Reduction in early neonatal mortality is the key for ensuring child survival, however the progress in India is slow and the rate of decline since 1990 has been 27percentage points. Neonatal mortality in India is 35per 1000 live births (SRS 2008) contributing around 55% of under five deaths. Three quarters of these deaths occur in the first week of life, 20% take place within the first 24 hours of birth. Thus the provisions of maternal and newborn care with a continuum of care during the critical period - antenatal, delivery, and postnatal is essential. Most of the neonatal deaths occur due to infections 19% (including sepsis, 7% pneumonia 9%, diarrhea 2% and tetanus 1%), prematurity 13%, birth asphyxia 10% are three major causes of death. The remaining 45% of deaths occur during 1 – 59 months and the major causes are pneumonia 11% and diarrhoea 11% (Black and Colleagues, Lancet 2010). As per the Report on 'Causes of Death – 2001-03 in India', by RGI, nutritional deficiencies are responsible for only 2.8% death of children aged 0-4 years and 1.8% in the age group 5-14 years. Ten major causes of death of children below 4 years are: Perinatal conditions (33%), Respiratory infections (22%), Diarrhoeal diseases (14%), Other infections and parasitic diseases (11%), Symptoms, signs and ill-defined conditions (3.4%), Unintentional injuries: other (3.2%), Nutritional deficiencies (2.8%), Malaria (2.7%), Congenital anomalies (2.7%), and Fever of unknown origin (1.5%).

2.1.4 Under Nutrition – Early Prevention is Critical

High levels of under nutrition in children and women constitute a major threat to their survival and development. Globally, one third of child deaths are attributable to underlying maternal and child under nutrition, suggesting that the relationship between nutrition and infection is bi-



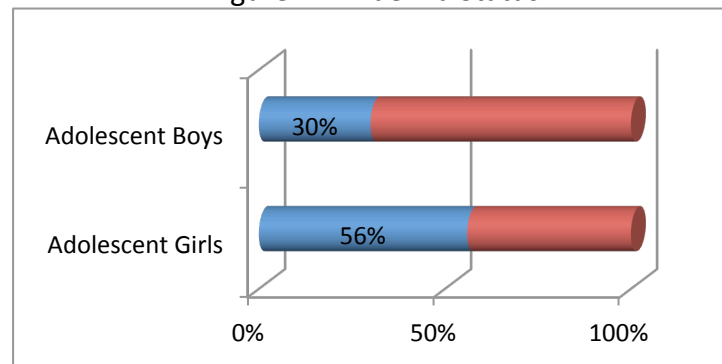
directional. Through precipitating disease and speeding its progression, malnutrition is a key underlying contributor to infant, child and maternal morbidity and mortality. Some major communicable diseases like malaria, diarrhoea, and pneumonia, as well as measles are

also cause of death in under five children. Frequent episodes of diarrhoea are also often responsible for malnutrition among children. Similarly malaria is an important cause of anemia among children.

Age specific under-five child malnutrition provides an important insight into the growth trajectory as the growth retardation originates early in the life and most of this early damage is largely irreversible. It is observed that stunting rises sharply from 0-20 months of age, while wasting sets in the very first month of life, suggesting the onset of child malnutrition very early in the life including probably during pregnancy (IUGR). Rapid deterioration in underweight is observed for the first 20 months suggests poor and faulty caring practices during first two years of life. Once this damage is done, the catch up and recovery are almost impossible.

Under-nutrition is also a matter of concern in adolescents; 47% adolescent girls and 58% adolescent boys 15-19 years with Body Mass Index less than 18.5 kg/m². Intake of nutrients is less than the Recommended Daily Allowances for adolescents below the age of 18 years both for boys and girls² in the area of female teens' nutrition³. Girls are more at risk of malnutrition than boys because of their lower social status. 56% adolescent girls are anemic (verses 30% adolescent boys). Anaemic adolescent mothers are at a higher risk of miscarriages, maternal mortality and still-births and low-weight babies. Under nutrition in adolescents also leads to poor academic performance in schools and low productivity in the work force later in life.

Figure 1.2 Anaemia Status



2.1.5 Low Birth Weight

22% of babies born are low birth weight (NFHS-3), children with low birth weight are much more likely than other children to be undernourished, almost half of children with low birth weight are currently stunted compared with about one third of children who weighed 2.5 kg or more. The lasting adverse effect of low birth weight makes it imperative to avoid the situation through proper care and nutrition of mothers across the life cycle- in early childhood, adolescence, pre pregnancy and during pregnancy. 33% of married women aged 15-49 years are too undernourished while 58.7% of pregnant women are anaemic (NFHS 3). Low birth weight has been associated with maternal age, mothers less than 20 years are at 50% excess risk. Delayed age at first pregnancy and birth spacing are interventions, which can improve child survival.

²SulabhaParasuraman, SunitaKishor, Shri Kant Singh and Y. Vaidehi. 2009. A Profile of Youth in India. National Family Health Survey (NFHS-3), India, 2005-06. Mumbai: International Institute for Population Sciences; Calverton, Maryland, USA: ICF Macro.

³ UN Data. UNDP. Gender Inequality Index

The catch up rate for low birth weight babies is slow. Neglect of the girl child and adolescent girls further complicates the picture leading to compromised growth of adult women who will give birth to small for age and under weight babies. Thus integrated approaches are required across the life cycle to ensure child survival and development.

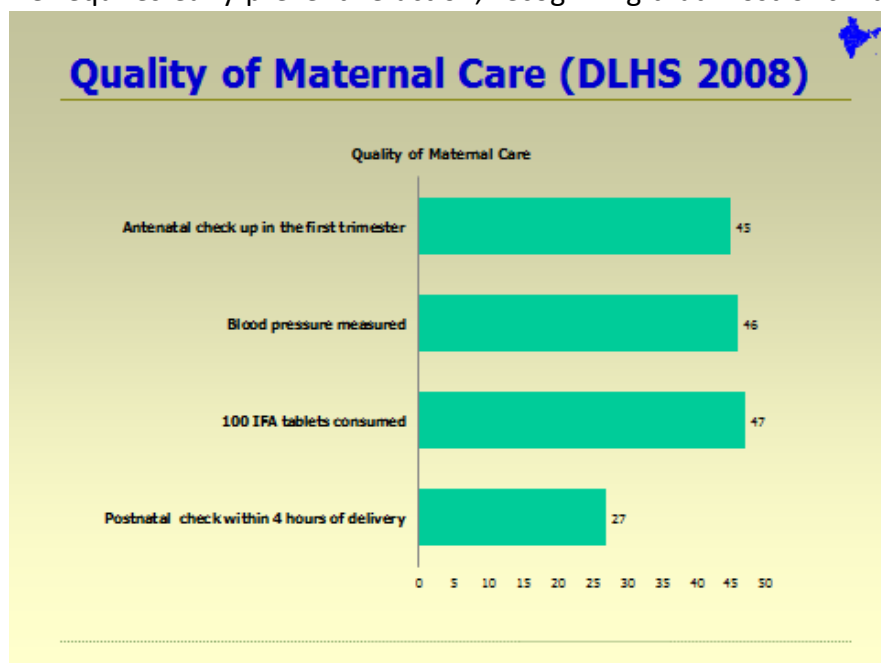
2.1.6 Micronutrient Deficiencies

Micronutrient deficiencies need to be prevented during pregnancy as adverse consequences occur due to iron and iodine deficiencies, which include stillbirths, abortions, congenital malformations preterm and small for age babies etc. Currently, 79 % of the children are anemic, putting children at risk to survive and compromise the potential to learn.

2.1.7 Prevention by Providing a Continuum of Care

Ensuring children's right to life requires early preventive action, recognizing that most of child deaths are preventable.

A continuum of care is needed, both across the life cycle and also linking the family, community, anganwadis, health centres and facilities, converging health and child care services. Continuum of care requires enhanced maternal and early child care, nutrition; safe water, sanitation and hygiene facilities and practices; disease prevention, early



detection and intervention, treatment and follow-up; quality reproductive health services – including adequate antenatal and postnatal care, skilled assistance at delivery, and comprehensive emergency obstetric and newborn care and Integrated Management of Neonatal and Childhood Illnesses. Establishing effective continuum of care will involve taking practical steps to strengthen primary health care systems.

2.2 Education

The universalisation of ICDS has been a major step forward in bringing early childhood care and education as an integrated package to all the children. The process of universalisation has, however, deficiencies of access, quality and attention on care and its implementation has been uneven. Therefore the proposed strengthening and restructuring of ICDS would reposition under ICDS a vibrant child development centre with repackaged services for children under 3 years as well as focus on ECCE. Further, the enactment of the Right of Children to free and Compulsory Education Act, 2009 has been a major milestone in ensuring universal access to

elementary education. However, the high drop-out rate of children at elementary level requires intensification of efforts, including the need to strengthen the early learning foundation. Overall literacy levels have risen, but the gender gap in literacy continues, though it has reduced by 5 points in the last decade, despite efforts to increase enrolment and retention of girls in school. An important need is to provide effective child care support that releases girls from the burden of sibling care, to participate effectively in elementary education. The dropout rate amongst adolescent girls remains high at 63.5%. The learning achievements amongst class V students have been consistently low as shown by the two rounds of the NCERT National surveys carried out in 2002-03 and 2006-07. This highlights the need for a focus on quality education, responsive to the needs of girl children (e.g., separate toilets, child care support etc.). Inclusive approaches need to be prioritized to address the low educational attainment amongst marginalised groups, scheduled castes, scheduled tribes, minority groups and urban deprived groups living in difficult circumstances.

2.3 Children in Conflict with Law

Poverty and exclusion contribute to child abandonment, subjecting them to abuse and exploitation, sending children away from home or to live on and/or work on the street. Where children in difficult circumstances are concerned, especially children in conflict with law, poverty and illiteracy combined with violence and neglect within the family and/or community, result in children being especially vulnerable to abuse and exploitation. Special preventive measures for protection therefore become imperative, along with tracking of rescue, relief, rehabilitation and reintegration, as well as deterrents for rights violations.

a) **Crimes by children under Indian Penal Code (IPC):** Although incidents of juvenile crime had reduced slightly in 2009 - lower by about 2.5% w.r.t. 2008, table below indicates an increasing trend. Under IPC crimes the highest numbers of apprehensions were, for Theft (6,540) followed by Hurt (4,386), Burglary (3,210) and Riots (2,025). These together contributed to 55.8% of the reasons for children being in conflict with law under IPC.

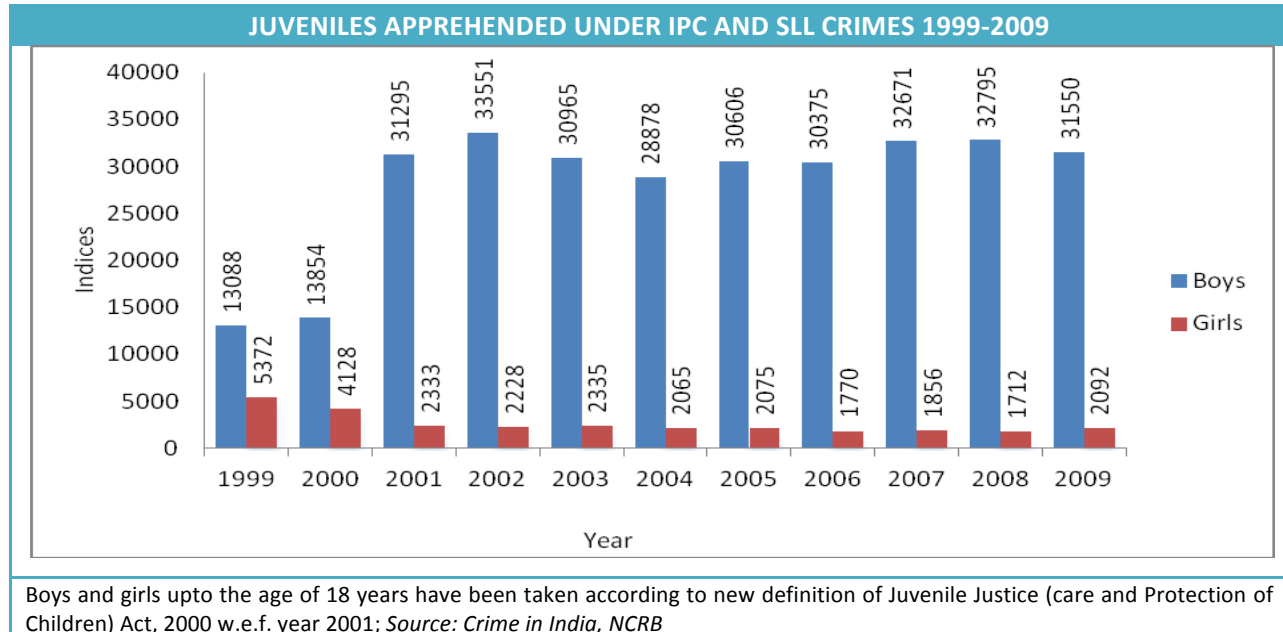
| TABLE 1: INCIDENCE AND RATE OF JUVENILE DELINQUENCY UNDER IPC | | | | | |
|---|------------------------------|-------------------------|---|---|----------------------------|
| Year | Incidence Of Juvenile Crimes | Total Cognizable Crimes | %age Of Juvenile Crimes to total Crimes | Estimated Mid-Year Population * (in Lakh) | Rate of Crime by Juveniles |
| 1999 | 8888 | 1764629 | 0.5 | 9866 | 0.9 |
| 2000 | 9267 | 1771084 | 0.5 | 10021 | 0.9 |
| 2001 # | 16509 | 1769308 | 0.9 | 10270 ** | 1.6 |
| 2002 | 18560 | 1780330 | 1.0 | 10506 | 1.8 |
| 2003 | 17819 | 1716120 | 1.0 | 10682 | 1.7 |
| 2004 | 19229 | 1832015 | 1.0 | 10856 | 1.8 |
| 2005 | 18939 | 1822602 | 1.0 | 11028 | 1.7 |
| 2006 | 21088 | 1878293 | 1.1 | 11198 | 1.9 |
| 2007 | 22865 | 1989673 | 1.1 | 11366 | 2.0 |
| 2008 | 24535 | 2093379 | 1.2 | 11531 | 2.1 |
| 2009 | 23926 | 2121345 | 1.1 | 11694 | 2.0 |

Source: Crime in India, NCRB

*The Registrar General of India. ** Actual population as per 2001 Census

the boy's age group of 16-18 years has also been considered as Juveniles since 2001 onwards as per revised definition of Juvenile Justice Act

b) **Crimes committed by children under Special and Local laws (SLL)** includes Registration of Foreigners Act', 'SC/ST (Prevention of Atrocities) Act', ' Indian Railways Act' and 'Essential Commodities Act') have also increased by 36.9% in 2009, as compared to 2008 which is cause for tremendous concern. Out of the 4,665 juveniles arrested under SLL crimes in the country during 2009, the highest number of juveniles were arrested under the 'Gambling Act' (1,216) followed by 'Excise Act' (613), 'Prohibition Act' (476) and 'Arms Act' (234). These four heads together accounted for 54.4% of total juveniles arrested. As the graph below depicts, there is also a gender divide in juvenile/children in conflict with law. The use of girls in areas of civil unrest, as messengers, carriers of arms etc., has also been reported.



The situation of Children in conflict with law is further aggravated by insensitive police dealing, long delays in judicial processes including pendency of cases before the Juvenile Justice Boards (JJBs), an inadequate rehabilitation mechanism and hardly any initiatives of after care and follow up, even though mandated by law. We need to take cognizance of the fact that many of the children apprehended are working children, very often rounded up for theft and robbery so that police action can be demonstrated. There is need to develop effective rehabilitation plans especially for children in conflict with law, as these children return to their homes to face the same pressures, with no new skills and increased police harassment.

2.4 Children in Need of Care and Protection

a) **Children at Work:** A large number of children are working to earn money to contribute to families - 12.6 million child labourers in the age group of 5-14 in hazardous occupations, as per 2001 Census –and some of them are living on the streets or off the streets as well, which further results in them being exploited. As per a survey Conducted by National Sample Survey Organisation (NSSO), the number of working children was reported as 9.075 millions in 2004-05. Some of the major hazardous occupations in which children are engaged may be seen in the table below:

| CHILD LABOUR IN HAZARDOUS OCCUPATIONS IN INDIA | | |
|--|----------------------------------|------------------------------|
| S.No | Occupations/Processes | No. of Children (5-14 years) |
| 1. | Bidi Workers etc. | 2,52,574 |
| 2. | Construction | 2,08,833 |
| 3. | Domestic workers | 1,85,505 |
| 4. | Spinning/ weaving | 1,28,984 |
| 5. | Brick-kilns, tiles | 84,972 |
| 6. | Dhabas/ Restaurants/ Hotels etc. | 70,934 |
| 7. | Auto-workshop, vehicle repairs | 49,893 |
| 8. | Gem-cutting, Jewellery | 37,489 |
| 9. | Carpet-making | 32,647 |
| 10. | Others | 1,67,639 |
| | TOTAL | 12,19,470 |

As per NFHS- 3 data, about 11.8% children are found to be engaged in work. Amongst major States, Gujarat has the highest proportion of children working at 32%, followed by Rajasthan which has 20% working children. While there is no difference in work participation rates between boys and girls, the rate in rural areas at 11% is higher than in urban areas (9%). It is also seen that the likelihood of a child being engaged in work is higher in economically poor households; thus, indicating a direct correlation between poverty and child labour. The situation is further aggravated by the inadequate focus of child protection or any other initiatives on community based interventions for children. Also, mainstream initiatives on poverty alleviation are not designed from a child rights perspective.

b) Children living on Streets: The report of the Sub Group report on Child Protection for the 11th Plan stated “Street children or children living and working on the streets are a common sight in urban India. In spite of the relative high visibility of street children, there is very little information available on their exact numbers.” A constant rural-urban movement (urbanization) combined with unsafe migration render many children homeless and working / living on the streets. A study “Surviving the Streets” (2011) on children living on the streets in all nine districts in Delhi, was conducted. The major findings are given in box below:

- **Definition of Street and working children in the study:** Street and working children have been defined as per UNICEF’s definition, which includes three categories of children namely:
 - a) ‘Street-living children’ who have run away from their families and live alone on the streets (27.91%)
 - b) ‘Street-working children’, who spend most of their time on the streets fending for themselves, but return home on a regular basis (29.05 %)
 - c) ‘Those from street families’ who live on the street’ with their family (36.03 %)
- **Nearly one percent of the total number of children in Delhi - 50,923 (below 18 years of age) - are living and working on the streets**
- **Profile of children:** 61% of the children surveyed were as young as between 7-14 years of age and 50% were migrants. Almost all the children from other places (Bihar and Uttar Pradesh predominantly) had information about where they hailed from and the whereabouts of their family.
- **Almost 50% migrant children in Delhi did not want to go back to their place of origin.**
- **Reasons for being on the street:**
 1. Poverty and hunger - 34%
 2. Almost 30% were in search of jobs – on their own initiative or sent by their parents.
 3. 9% children – run away for various reasons including curiosity, natural calamities or losing contact with parents while travelling
 4. Only 4% children slept in shelters while 46% slept in open spaces whether with parents, siblings or relatives & 87% had to pay to access toilet facilities
 5. Almost 50% children were not literate
 6. Almost all of them had experienced verbal abuse
- **Life of a child on the street:** boys reported abuse at the hands of police - girls held family as more responsible. 13.4% children reported that they had seen some child undergoing some form of abuse or the other on the street.
- **67.3% children felt they were in danger on the streets.**
- 22% children reported being dependent on some form of substance of which nearly 50% were daily consumers.

Source: “Surviving the Streets” (2011), Save the Children Study for Delhi

The findings are a clear indicator of, inadequacy, of our ‘restore to family’ rehabilitation strategy, for all children in need of care and protection and also the pressing need for more community based initiatives that focus on strengthening families at risk so as to enable them to take care of their children. It can safely be assumed that the issues of these children as reflected in the study, cannot be too different from the problems faced by children living in other urban/semi-urban areas of this country and that is indeed cause for concern.

c) **Child victims of Crime:** While the Eleventh Five Year Plan did place the child at the centre of all development initiatives, the spread and severity of protection issues manifesting in crimes against children, the number of children affected by violence and the varied and the unique nature of responses necessary to address the same, within the family, schools, child care institutions and larger community, continue to be cause for grave concern. Crimes against children, increased by 18.57% between 2007 and 2009 as reflected in Crimes in India 2009 published by the National Crime Records Bureau. The increase is attributed to an increase in kidnapping and abduction, infanticide, rape and murder during the period. Details can be seen in the table below:

| CRIMES AGAINST CHILDREN | | | | | |
|-------------------------|-----------------------------------|---------------|---------------|---------------|-------------------------------|
| SNO. | CRIME HEAD | YEAR | | | % VARIATION IN 2009 OVER 2007 |
| | | 2007 | 2008 | 2009 | |
| 1. | Murder | 1,377 | 1,296 | 1,488 | 8.06% increase |
| 2. | Infanticide | 134 | 140 | 63 | 52.9% decrease |
| 3. | Rape | 5,045 | 5,446 | 5,368 | 6.4% increase |
| 4. | Kidnapping and abduction | 6,377 | 7,650 | 8,945 | 40.3% increase |
| 5. | Foeticide | 96 | 73 | 123 | 28.1% increase |
| 6. | Abetment of Suicide | 26 | 29 | 46 | 76.9% increase |
| 7. | Exposure and abandonment | 923 | 864 | 857 | 7.2% decrease |
| 8. | Procurance of minor girls | 253 | 224 | 237 | 10.3% decrease |
| 9. | Buying of girls for prostitution | 40 | 30 | 32 | 2.5% decrease |
| 10. | Selling of girls for prostitution | 69 | 49 | 57 | 17.4% decrease |
| 11. | Other Crimes | 6,070 | 6,699 | 6,985 | 15.1% increase |
| 12. | TOTAL | 20,410 | 22,500 | 24,201 | 18.57 % increase |

Source: Crime in India, 2009 - National Crime Records Bureau

d) **Victims of Child Abuse:** The Study on Child Abuse conducted by MWCD in 2007 in thirteen states, also reported high incidence of sexual abuse of children. Sexual offences against children are inadequately addressed by extant legislation. A large number of sexual offences are neither specifically provided for nor are they penalized, as a result of which offenders are tried under more lax and non-specific provisions of the Indian Penal Code (IPC). There are no specific provisions or laws for dealing with sexual abuse of male children. Also, the criminal justice delivery system is more geared to dealing with crime against adults. A comprehensive legislation was attempted in the past to address all offences against children. However, no consensus could be reached on this and it was decided to focus, as a first step, on a special legislation to address all forms of sexual offences against children. Formulation of the Protection of Children from Sexual Offences Bill to address the issue of child sexual abuse including pornography, is a significant step taken during the Eleventh Plan. The Bill was

introduced in the Rajya Sabha on 23rd March, 2011 after extensive consultations with all stakeholders. The Bill is expected to strengthen the enforcement of the right of every child to safety, security and protection from sexual abuse and exploitation. With its child-friendly procedures for reporting, recording of evidence, investigation and trial, the Bill is a step towards strengthening child jurisprudence in the country.

A brief analysis of the major findings of the Child Abuse study findings are given in table below:

| STATE-WISE PERCENTAGE OF CHILDREN REPORTING ABUSE | | | | | |
|---|--|--|---|--------------------------------------|---|
| States/UTs | Physical abuse in one or more situations | One or more forms of severe sexual abuse | One or more forms of other sexual abuse | One or more forms of emotional abuse | Girl Children facing one or more forms of neglect |
| Andhra Pradesh | 63.74 | 33.87 | 72.83 | 47.15 | 51.50 |
| Assam | 84.65 | 57.27 | 86.26 | 71.31 | 70.19 |
| Bihar | 74.65 | 33.27 | 67.64 | 53.81 | 67.30 |
| Delhi | 83.12 | 40.90 | 72.26 | 62.01 | 76.76 |
| Goa | 53.07 | 2.38 | 34.06 | 33.66 | 36.09 |
| Gujarat | 68.51 | 7.34 | 47.99 | 46.88 | 79.92 |
| Kerala | 56.10 | 17.70 | 44.80 | 40.70 | 61.64 |
| Madhya Pradesh | 63.41 | 9.87 | 33.30 | 60.22 | 79.04 |
| Maharashtra | 68.13 | 9.79 | 40.66 | 50.85 | 72.84 |
| Mizoram | 84.64 | 16.20 | 54.75 | 33.23 | 78.87 |
| Rajasthan | 51.20 | 10.82 | 29.36 | 32.36 | 87.22 |
| Uttar Pradesh | 82.77 | 5.98 | 35.76 | 47.21 | 85.91 |
| West Bengal | 55.63 | 17.20 | 32.29 | 41.55 | 52.41 |
| Total | 68.99 | 20.90 | 50.76 | 48.37 | 70.57 |

Source: Study on Child Abuse: INDIA 2007, Ministry of Women and Child Development

e) **Missing children:** Large number of children is reported missing every day, especially in urban areas. Due to delay in reporting and action by concerned officials, a sizeable number remain untraced. Concerted efforts are, therefore, required to set up responsive systems to find and restore children to their families.

f) **Children affected by calamities and civil unrest:** Natural and man-made disasters render a large number of children orphaned and/or homeless. Children living in areas of civil strife also face similar problems and are often subject to abuse. Taking advantage of lower penal provisions for children under the JJ Act, they are also being increasingly trained and used for subversive activities.

g) **Children with disabilities:** There are a multitude of challenges faced in the context of children with disabilities which include the exclusion of certain types of disabilities, lack of awareness regarding issues of children with disabilities including those with learning difficulties such as slow learners and lack of information about the law and its specific entitlements. The canvas of disability has remained partially addressed as very many

55,000 to 1,15,000 children are living with and about seven million children are affected by AIDS (CABA) in India

Source: UNGASS Report of 2010

dimensions such as children with different kinds of learning disabilities requiring focussed attention and support to families to enable children to fulfil optimal developmental potential, have hardly been worked upon.

h) **Children affected/infected by HIV/AIDS:** In the context of children affected/infected by HIV/AIDS, the greatest impediment is the denial of basic services. This is especially so in the sectors of health and education where stigma and discrimination weaken social support systems leading to social exclusion. This further results in a lack of access to opportunities and resources and thereby reinforces the denial of rights.

2.5 Factors affecting safety and protection of children

The factors contributing to the children falling into difficult circumstances are manifold:

a) **Inadequate Implementation of Legislation for Protection of Children:** To ensure that children in difficult circumstances are well cared for and given full opportunity to grow and develop, the Government enacted the Juvenile Justice (Care and Protection of Children) Act (JJ Act), in 2000. This is the primary law in the country relating to children in difficult circumstances and lays the responsibility of their rehabilitation and social reintegration on the Government. The Act defines the structures and procedures that require to be established for ensuring the well-being of such children. Thus, on the one hand it provides for specialized bodies such as Child Welfare Committees and Juvenile Justice Boards for handling cases of children in need of care and protection and children in conflict with law respectively in a child friendly manner, and on the other it mandates the Government to undertake rehabilitation measures for such children to ensure their holistic growth and development. Such measures include Homes of various types where in addition to providing for their daily needs, the children are afforded full facilities for their development including education, counseling, vocational training etc. In keeping with international best practices, the Act lays emphasis on family-based care through adoption, sponsorship and fostercare.

To give effect to the provisions of these JJ Act, prior to 2009-10, the Ministry of Women and Child Development was implementing three Schemes for child protection namely, Programme for Juvenile Justice for various types of Homes, An Integrated Programme for Street Children for 24 hour shelters Scheme for Assistance to Homes for Children (Shishu Greh) to Promote In-Country Adoption and CHILDLINE Service, a 24 hour emergency telephone outreach service.

However, these schemes were addressing only part of the problem and their coverage was also very low. Though, the onus for implementation of the JJ Act lies with the State Governments/UT Administrations, till a few years ago, they were not giving due priority to it. Thus, Child Welfare Committees and Juvenile Justice Boards, mandated for every district under the Act, were not set up; availability of Homes for children was limited; most of the Homes that did exist, did not provide good quality of care and non-institutional family based care like adoption for children was not picking up. This was compounded by lack availability of adequate staff sensitive to the needs of children, non-availability of authentic data and documentation related to children and lack of coordination across sectors and stakeholders

working with children. All this resulted in low allocation of funds by the States/UTs and availability of services for children in difficult circumstances were negligible in comparison to their needs.

This resulted in inadequate restoration and rehabilitation programmes and Children in need of care and protection are often found back in the situations where they were rescued from for e.g. children rescued from commercial sex work or labour.

- b) **Unsafe Family Environment:** Traditionally viewed as the best place for the nurture and development of the child, under some circumstances, the family has also emerged as an area of concern where children are not necessarily safe, with dysfunctionality such as alcoholism and domestic violence, resulting in abuse and neglect of children within the family. Break-down of the joint family system, especially in urban areas, has further eroded the traditional protective framework for children.

For children in difficult circumstances, it is also seen that the original source of abuse and exploitation, which drives the child away from home resulting in children running away or missing and being found on the streets or in conflict with law is often the family or community of the child. This once again brings focus on the need for family strengthening and sensitisation programmes.

According to the Study on Child Abuse: India conducted by MWCD in 2007:

- 53.22 % of children reported sexual abuse
- 50% reported physical abuse, and
- In almost all cases the abuser was a known person

- c) **Harmful Traditional Mindsets:** Long standing / entrenched value systems combined with the low socio - economic status of women and children are a source of much social malpractice and gender violence and these manifest in female foeticide; domestic violence, child marriage, dowry, etc. Furthermore, as the child is viewed as a mere extension of the family and not a separate entity with rights and entitlements, it creates an environment where the voice of the child is not heard, which in turn results in vulnerability to abuse of multiple sort, ranging from incest to children in forced labour.

- d) **Discrimination Against the Girl Child:** Multiple of discriminations are still faced by women and girls denying them their right to equal opportunities, both within and outside the home. A major challenge is dealing with patriarchal mindset, which results in denial of equal opportunities for women in education, health and nutrition, the course of employment and violence against women. Women's vulnerability is affected by lack of ownership of land, denial of equal wages, detrimental working conditions, lack of educational and skill development opportunities, leading to economic deprivation. Further, women who are

Breaking an intergenerational cycle of multiple deprivations faced by girls and women is critical for more inclusive growth. This cycle is epitomised by the adverse sex ratio in young children in the 0-6 years age group, denying the girl child her right to be born and her right to life. Ensuring Care and Protection of the Girl Child will be a strategic direction of the Twelfth Plan.

part of the unorganized sector, continue to remain outside the existing social protection net, despite the constitutional guarantees of equal wages and conditions of work and special measures such as maternity benefits.

Different women specific legislations have been enacted to address various forms of violence against women. These include the Immoral Traffic (Prevention) Act, 1956, the Dowry Prohibition Act, 1961, the Indecent Representation of Women (Prohibition) Act, 1986, Commission of Sati (Prevention) Act, 1987, Pre-Natal and Pre-Conception Diagnostic Technique (Regulation and Prevention of Misuse) Act, 1994, Protection of Women from Domestic Violence Act, 2005 and Prohibition of Child Marriage Act, 2006. In-built implementation mechanisms have been envisaged under these laws.

Child marriage is a violation of children's rights and a violation of dignity of girl child, hindering her entire prospects of development. Not only it is a form of sexual abuse and exploitation, but it also limits the child's freedom of decision, access to education and therefore to better life opportunities in the future. In India, 47.4% of all women aged 20-24 were married before the age of 18. The figures vary significantly from one state to the other, with percentages as high as 69% in Bihar, 65.2% in Rajasthan and 54% in West Bengal.

Declining Child Sex Ratio is a major concern, particularly in view of the spread of the issue to different parts of the country, where it was not an issue earlier. It seems PCPNDT Act has had limited impact. Arrival of kits based on DNA analysis techniques in the market has the danger of making this piece of legislation toothless as ultrasound may not be the preferred route to abort female foetuses. The kit could diagnose the sex of the unborn within about seven weeks of pregnancy. Access to the kits, though limited at present, can become mass based, unless steps are taken in the right earnest.

The problem of declining child sex ratio is not an isolated phenomenon but has to be seen in the context of the low status of women and the girl child as a whole, within the home and outside. Although son-preference and dowry are old traditions, they are aligned with the new India where modern conveniences and wealthy lifestyles are advertised daily on TV. Those who aspire for this "good life" see dowry as a means to effortlessly escape poverty, increase family wealth or acquire modern conveniences. Parents are desperate for sons. To be parents of a son is an empowering experience. To be the parents of a daughter can be a shattering experience. These immediate causes including concern of safety and security of the girl child lead to the underlying issue of the value of the girl child in which she is not looked upon as an asset rather than a burden. The underlying issue hovers around the roots causes of patriarchy and low self esteem of women and girl children in Indian society.

e) Impact of Globalisation: While globalisation has opened up trade and knowledge exchange; it has also resulted in an increase in inter country trafficking, smuggling and illegal/unsafe migration on the other, organized crimes all, by which children are both victimized and brought in conflict with law.. The current scenario also promotes worldwide patterns of

development promoting industrialisation and consumerism which reinforce children's vulnerabilities and result in exploitation of children for commercial sex work, pornography and others-linked to expanding markets and tourism. There is also an element of confusion prevailing as traditional family support and value systems are getting either displaced or distorted.

- f) *Migration and Urbanisation:*** Internal rural to urban migration and migration, of uninformed and vulnerable groups after natural and political disasters or civil unrest, for livelihood opportunities, without requisite skills and knowledge, leave many children without access to basic services and protection and result in coercive migration (i.e. trafficking) and other forms of exploitation.
- g) *Inadequacy of Day-care services for children:*** The Government's sustained initiative on education and employment of women has resulted in increased opportunities for their employment, and more and more women are now in gainful employment, working within or outside their homes. There has been an increase in nuclear families. Thus the children of these women, who were earlier getting support from relatives and friends while their mother were at work, are now in need of day care services which provide quality care and protection for the children. About a seventh of the female population of the country is in the category of main workers. 49.34 lakh women work in the organized sector and can avail day care facilities for their children, which their employers are obliged to provide under various legislations, (Factories Act 1948, Mines Act 1952, Plantation Act, 1951, Inter-State Migrant Workmen Act, 1979 and NREGA 2005 make provision of day care mandatory). However, the need of the children of the women working in the un-organised sector is, however, largely unaddressed.

To address this gap, the Rajiv Gandhi National Crèche Scheme for children of working mothers was launched on 1.1.2006 for providing day care facilities to children in the age group 0-6 years, from families with a monthly income of less than Rs. 12,000. In addition to being a safe space for the children, the crèches provide services like supplementary nutrition, pre-school education, emergency health care etc. However, their number has almost remained stagnant and experience has been that several of the crèches are either not functioning or are poorly managed. Even in crèches that are functioning, gaps in provisioning of services like SNP, appropriate early childhood education, infrastructure etc., are serious. Lack of reliable data on working women requiring such services and proper procedures while selecting the location, NGO and crèche worker, inadequacy of infrastructure and low financial grants have been identified as the major reasons for the lacunae.

- h) *Birth Registration:*** Knowing how many children government programming is catering to at any given point of time, enables better planning of services and interventions. These numbers can be more easily obtained and protection provided for children if the mother child dyad is tracked right from early registration of pregnancy and from birth itself, which

makes registration of births essential. Not having a birth certificate affects children's access to many basic services, entitlements and justice.

In India, about 25million births take place every year, but only 70% of these get registered. Thus, about 30% children are deprived of accessing basic services and protection. Though there has been an increase of about 8% in birth registration between 2005 and 2007, in States such as Bihar, Uttar Pradesh and Jharkhand, birth registration levels are still less than 50%. Failure to ensure 100% birth registration needs to be addressed seriously. The recently introduced joint ICDS NRHM mother and child protection card will enable mother child cohort tracking, linking the JSY and birth registration number. This will provide the field based mechanism for improving birth registration rates, monitoring the same at community level and piloting approaches where this may be linked to UID numbers in future.

Equally important is the need to ensure 100% registration of deaths in order to keep a track of the numbers of children dying and the causes of death. Here too, district level data needs to be made available to identify areas that require greater impetus.

Though a number of interventions for children were initiated in the Eleventh Five Year Plan period, the situation of children in India, with respect to their safety and protection, requires a lot to be done on several fronts.

Chapter Three

REVIEW OF ELEVENTH FIVE YEAR PLAN, EXISTING POLICIES, LEGISLATIONS AND PROGRAMMES

3. REVIEW OF ELEVENTH FIVE YEAR PLAN, EXISTING POLICIES, LEGISLATIONS AND PROGRAMMES

3.1 Review of Eleventh Five Year Plan

Successive Five Year Plans have devoted special attention to women and children. Starting from the First Five Year Plan which stated "children should receive much greater consideration than is commonly given to them", the Eleventh Five Year Plan acknowledged the rights of children and envisioned an inclusive growth for all children, irrespective of their class, caste, ethnicity, religion and gender. The Plan envisioned inclusive growth and advocated ending the exclusion and discrimination faced by women and children. The Plan focussed on modifying existing schemes to fill in gaps identified and also on introducing new schemes to tackle problems related to child trafficking, declining child sex ratio and child protection.

The 11th Five Year Plan has accorded the highest priority to India's commitment to children, as laid down in the Constitution of India, the United Nations Convention on the Rights of Child (UNCRC), National Policy for Children (NPC) 1974, National Plan of Action for Children (NPAC) 2005, and the Millennium Declaration. The 11th Plan commits to create a protective environment, which will ensure every child's right to survival, development and participation.

The Eleventh Five Year Plan recognises the different needs of women and children as a heterogeneous category and acknowledged the right of every child to develop and be nurtured to his/her full potential. It emphasised on the need for inter-sectoral convergence as well as focused measures by Ministry of Women and Child Development (MWCD) for the development of women and children. The Plan also recognized the need for partnership with civil society to create permanent institutional mechanisms that incorporate the experiences, capacities, and knowledge of voluntary organisations in development, planning, and implementation.

Recognising that women and children are not homogenous categories, it placed an emphasis on mapping of specific deprivations and addressing the issues through inclusive approaches related to education, health and protection through planned interventions. It specified six specific targets:

- (i) Raising the sex ratio for the 0-6 age group from 927 in 2001 to 935 by 2011-12 and to 950 by 2016-17.
- (ii) Ensuring that women and girl children comprise at least 33% of the direct and indirect beneficiaries of all Government schemes.
- (iii) Reducing IMR from 57 to 28, and MMR from 3.01 to 1 per 1,000 live births by the end of the 11th Five Year Plan.
- (iv) Reducing malnutrition among children in the 0-3 age group to half its present level by the end of the 11th Five Year Plan.
- (v) Reducing anaemia among women and girls by 50% by the end of the 11th Five Year Plan.
- (vi) Reducing drop-out rates at the level of primary and secondary schooling by 10% for both girls and boys by the end of the 11th Five Year Plan. The Eleventh Plan emphasised on the

need for inter-sectoral convergence as well as focused on measures for the development of women and children, along with emphasis on partnership with civil society.

The Plan envisaged to restructure and universalise ICDS, inter alia establish State Commissions for Protection of Child Rights (SCPCR) in every State, review and restructure the Rajiv Gandhi Crèche Scheme, combat trafficking, address the needs of adolescent girls, launch new schemes for catering to the needs of children orphaned due to HIV/AIDS and ensure that State Governments frame rules and appoint Child Marriage Prohibition Officers, under the Prohibition of Child Marriage Act 2006. This is important to be on building partnerships at all levels amongst stakeholders to protect children and on, improving quality of available services, as well as establishing additional services appropriate to the needs of the children.

The Eleventh Plan focussed on modifying existing schemes to fill in gaps identified and also on introducing new schemes to tackle problems related to child protection. It recognized the different needs of children as a heterogeneous category and acknowledged the right of every child to develop and be nurtured to his/her full potential.

The Eleventh Plan also aimed at establishing a broad and comprehensive framework for Child Protection and thereby set the foundation for a robust protective environment for children, which provided services for both, post harm situations as well as prevention of vulnerability to abuse and exploitation. The focus was on building partnerships at all levels amongst stakeholders, within the Government as well as with the Civil society, to protect children by improving quality of available services, as well as establishing additional services appropriate to their needs through an Integrated Scheme for protection of children.

Further, the Eleventh Plan also emphasised on the need to adopt the paradigm that children in conflict with law also need care and protection. At the same time, there was an effort to reduce the delay in judicial process for children, appoint more child friendly officers and ensure the proper implementation of the JJ Act.

The **Eleventh Five Year Plan** outlined many activities and measures to end discrimination against girl child. Some of them are:

- Establish child impact as a core indicator of Eleventh Plan interventions, with special emphasis on the status of the girl child.
- Ensure a balanced sex ratio by strengthening implementation of PC-PNDT Act through capacity building of State
- Form community vigilance groups at village level under SarvaShikshaAbhiyan (SSA) to ensure every girl child in the village is enrolled and retained in the school.
- Introduction of Conditional Cash Transfers (CCT) for the girl child with insurance cover in the backward States and Districts.
- Implementation of the Integrated Child Protection Scheme and a bringing about a bill for tackling offences against children.

- Prevent girls from being trafficked. Focus on reform in law, preventive measures, rescue and rehabilitation, awareness generation and sensitization.
- Stringent implementation of the PCMA 2006 to prevent child marriage. Partnership with civil society organizations, NGOs, PRIs, CBOs, self-help groups, religious leaders to mobilize, develop and promote community based initiatives to support delayed child marriages.
- Initiate National Programme for Adolescent Girls recognizing that crèches and day care are important for child development, empowerment of women, and retention of girls in schools.
- Ensure survival of the girl child and her right to be born. Shift to 'lifecycle and capability approach' where the girl child's contribution in economic and social terms is recognized.
- Strengthen capacity of families and communities, police, judiciary, teachers, PRI representatives, civil servants and different implementation agencies.

3.1.1 Initiatives and achievements during the 11th plan

Early childhood is a crucial period of life, when the foundations for physical, psychological, social and intellectual development are laid. The Integrated Child Development Services (ICDS) Scheme is one of the major flagship programmes of the Government of India that aims at improving the nutritional and health status of children in the age-group 0-6 years as well as laying the foundation for proper psychological, physical and social development of such children. ICDS operates through a network of about 6769 operational projects and about 12.86 lakh operational Anganwadis/Mini Anganwadis. The programme benefits 1.84 crore pregnant and lactating women and 7.8 crore children below 6 years of age through supplementary nutrition. The pre-school non-formal education component of the programme benefits 3.7 crore children in the age group of 3-6 years.

The Eleventh Plan has seen positive developments- ICDS has been universalized, out of the approved 14 lakh Anganwadis nearly 13 lakhs have been operationalized. Several States with better development indicators have also taken innovative steps and provided additional resources for improving service delivery. AIP mechanism has been introduced in ICDS. Besides universalization there is a major need for strengthening and restructuring ICDS. A five tier monitoring structure has been formalized till district, sub district level and village level and includes MPs, MLAs and local representatives. Standards for inspection has been set up, WHO growth cards and joint MCP Cards have been rolled out in most of the blocks/ICDS projects across all States and in a year it will be in place in all states/UTs.

Further two new schemes have been introduced from the platform of ICDS, Indira Gandhi Matritva Sahiyog Yojana (IGMSY), and Rajiv Gandhi Scheme for Empowerment of Adolescent Girls Sabla. They address the needs of the pregnant and lactating women and adolescent girls respectively. Indira Gandhi Matritva Sahiyog Yojana (IGMSY) – a Conditional Maternity Benefit Scheme Under this Scheme, a cash incentive of Rs. 4000 is provided directly to women 19 years and above for the first two live births subject to the woman fulfilling specific conditions relating to maternal child health and nutrition. SABLA aims at all-round development of adolescent girls of 11-18 years (with a focus on all out-of-school AGs) by making them self reliant by improving

their health and nutrition status, promoting awareness about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health, family and child care and facilitating access to learning about public services through various interventions such as guidance and counselling as well as Vocational Training. It also aims towards mainstreaming out of school AGs into formal/non formal education.

The Prime Minister's National Council on India's Nutrition Challenges gave new policy directions⁴ which provide the road map for the Twelfth Plan, this is detailed in the Report of the Working Group on Nutrition. Primary among them has been the decision to strengthen and restructure ICDS Scheme. ICDS restructuring would imply taking forward the programme in a flexible and Mission Mode. This will be linked gradually to the Rights Based Approach, as envisaged under the current Draft National Food Security Bill, which seeks to make food, child and maternity benefits as justiciable entitlement. The restructured ICDS would include transformation to the Annual Programme Implementation Plans (APIPs) for all the State / UTs and would be linked to performance and financial allocation, which will be signed between the Ministry and the States/UTs. This would include quality enhancement measures such as child-friendly AWCs with good infrastructure and facilities; supportive community actions like participation of women; availability of adequate skilled human resource; etc. In order to strengthen the existing service delivery mechanism there would be ICDS missions at National, State and District level. These will have the required human and financial resources and will be empowered for action.

The Eleventh Five Year Plan recognised that ECCE "is critical for school readiness/entry with increased basic vocabulary and conceptual abilities that help school retention. Besides, it will free the girl child of sibling care" and recommended at least one year pre-school education (PSE) for children entering primary school.

In view of the above, a Core Committee of Experts in Early Childhood Care and Education (ECCE) was formed by the Ministry of WCD to formulate a national policy and curriculum framework on ECCE. After holding regional consultations and in-depth discussions with other stake holders, the Committee has evolved a draft National Policy on ECCE, National Curriculum Framework and Quality Standards for ECCE. The Strengthened and restructured ICDS would reposition the AWC as a vibrant child friendly Early Childhood Development Centre, with focus on promoting Early Childhood Care and Development in a life cycle continuum, delivering quality ECCE.

⁴The decisions of the PM's National Council include: (i) The ICDS requires strengthening and restructuring, with special focus on pregnant and lactating and children under three. The ICDS also needs to forge strong institutional convergence with National Rural Health Mission and Total Sanitation Campaign particularly at the district and village level. It needs to provide flexibility for local action and empower mothers in particular and the community in general to have a stake in the programme; (ii) A multi-sectoral programme to address the maternal and child malnutrition in selected 200 high-burden districts would be prepared. This programme will bring together various national programmes through strong institutional and programmatic convergence at the State, District, Block and Village levels; (iii) A nation-wide information, education and communication campaign would be launched against malnutrition; and (iv) The Ministries that deal with Health, Drinking Water Supply and Sanitation, School Education, Agriculture and Food & Public Distribution will bring strong nutrition focus to their programme.

Although the Right of Children to Free and Compulsory Education Act, 2009, specifies under its Section 11 that, “with a view to prepare children above the age of three years for elementary education and to provide ECCE, appropriate Government may make necessary arrangements for providing free pre -school education for such children”. This is being done both under ICDS and pre-school arrangements wherever existing under the SSA. With regard to the status of children’s participation in ECCE programmes, the progress is distinctly evident particularly with the rapid expansion of the ICDS and its universalization, where the number of pre-school beneficiaries has increased from 300.81 lakh at the end of 10th Five Year Plan to 380.00 lakh till 30th September 2011, recording an increase of 26 %.

Another key decision of Prime Minister’s Council on India’s Nutrition challenges has been to launch a nationwide information, education and communication (IEC) campaign against malnutrition to address issues of status of women, care of pregnant mothers and children under two years of age, breastfeeding and the importance of balanced nutrition, health, hygiene and sanitation. The IEC campaign is being coordinated by Ministry of Women and Child Development, in consultation with Ministry of Information and Broadcasting and Planning Commission.

Different models of multi-sectoral convergence for addressing maternal and child undernutrition have been adopted by different states. It is proposed to pilot programmatic convergence in 200 districts of the country. This requires detailing out and convergence of a cohort of AWW, ASHA, ANM working at the grass root level, devising sub district and district level convergence mechanisms etc. Mobilising Community Participation and ownership is a theme which needs to be defined and deliberated upon. Implementation experience demonstrates that if ICDS is implemented properly, it has the potential to impact and enhance early child development outcomes.

With regard to child rights, the Eleventh Plan started several significant initiatives, which are expected to yield results in coming years. For securing and enforcing these rights, the setting up of the National Commission for Protection of Child Rights (NCPCR) in 2007 as an independent statutory commission and similar commissions at State level is a major step. However, only twelve States have set-up State Commissions, and even these lack their full complement of members and staff and adequate infrastructure. In the case of NCPCR also, the Commission functioned with the Chairperson and only two members in its first term, and it was only in 2010 that five members joined the Commission in its second term.

NCPCR has made recommendations for abolition of child labour, reform of the Juvenile Justice System, protection of rights of children in areas of civil unrest, guidelines for corporal punishment and taken up cases of child rights violation through public hearings. It has also been entrusted with monitoring implementation of the right to education under the Right to Free and Compulsory Education Act, 2009. The BalBandhu Scheme, a pilot project in ten blocks across five states was initiated by NCPCR in 2010 to secure the rights and entitlements of children in areas of civil unrest.

The National Policy for Children (NPC) was adopted by the Government of India on 22nd August, 1974. This policy describes children as supremely important asset and makes the State responsible to provide basic services to children, both before and after their birth, and also during their growing years and different stages of development. For its time, it was a forward looking document. Review of the National Policy for Children, 1974, to align it with current and projected needs of all children in India and with international conventions such as the United Nations Convention on the Rights of the Child (UNCRC) was initiated in 2008. The review takes into account existing and emerging challenges faced by children in a rapidly changing environment and reflects a paradigm shift from a 'needs-based' to a 'rights-based' approach. For review of the Policy, the Ministry of Women and Child Development adopted a participatory process by involving State Governments, Line Ministries and civil society.

The process to review the National Plan of Action for Children, 2005 was also initiated during the Eleventh Plan to facilitate an assessment of initiatives taken by all ministries and departments against the objectives, goals and targets set out in the Plan.

The Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child (CRC) to the UN Committee on Child Rights submitted on 26th August, 2011 combines an analysis of the overall implementation of the CRC in the country, a review of its progress, and identification of continuing challenges that impede the realization of rights of all children. The first report on the two optional protocols to CRC related to involvement of children in armed conflict and on child prostitution and child pornography were also submitted along with the CRC Report. The preparation of this report through a participatory process involving all stakeholders: State governments, key Central Ministries and departments and Civil society has helped in assessing the situation of children in the country and also recognise the challenges that need to be addressed.

3.1.2 Policies, Legislations and Plans of Action

A number of policies, legislations and plans of actions for upholding and ensuring the survival and development rights of children have been implemented during the Eleventh Five Year Plan Period. With the aim to strengthen the policy initiatives and implementation of existing legal instruments, various initiatives and actions were taken during this period, including initiating revision of the National Policy for Children, Offences against Children Bill, actions relating to activating / re-activating the institutional arrangements laid down under the National Nutrition Policy and Plan of Action on Nutrition, among others. Some of the major policies, legislations and plans of action relating to child survival and development include:

- a) National Policy for Children (NPC) 1974:** As mentioned, the NPC is being revised to align it with current and projected needs of all children taking into account existing and emerging challenges faced by children in a rapidly changing environment. The revised policy would reflect a paradigm shift from a 'needs-based' to a 'rights-based' approach and will be an overarching document for every Ministry/Department that impacts the lives of children.

Thereafter, all policies and programmes of Line Ministries would be studied to identify gaps and to align these to meet the overall goals and objectives of the revised Policy for Children. This process would continue throughout the 12th Plan period.

- b) National Plan of Action for Children (NPAC) 2005:** The Ministry is in the process of reviewing and developing a new NPAC with the aim to transform it into a plan of action with better resource allocation, achievable targets, measurable indicators and deadlines.
- c) Protection of Children from Sexual Offences Bill 2011:** The Bill has been drafted to protect children from sexual offences. The Bill regards the best interest and well being of the child as of prime importance at every stage of the judicial process, and incorporates child friendly procedures for reporting of cases, recording of evidence, investigation and trial of offences. The Bill is a step towards creating child-sensitive jurisprudence, and this process will be further strengthened during the 12th Plan period.
- d) Amendment of the Juvenile Justice Act and Central Model Rules under the Act:** The Juvenile Justice (Care and Protection of Children) Act 2000 which is the primary legislation for children in difficult circumstances was amended in 2006. To help the State Governments in implementation of the Act, Central Model Rules were framed and notified by the Ministry of WCD in October 2007 detailing the procedures and provisions for guidance. The Act was further amended in 2011 to remove discriminatory provisions against children affected by leprosy, Hep B, Tuberculosis etc.
- e) National Policy on Education (as modified in 1992)⁵:** The National Policy on Education of 1968 was revised in 1992, laying greater emphasis on the reorganization of the educational system. It includes taking measures towards a Common School System, re-iterating what has been given in the 1968 policy. However the relevance of this policy needs to be examined in the context of RTE Act, which limits the possibilities of Adolescents to realize full learning rights.
- f) National Nutrition Policy 1993:** National Nutrition Policy identifies nutrition as a multi-sectoral issue and provides that it is important to tackle the problem of nutrition both through direct and in-direct nutrition interventions. It also provides for various institutional mechanisms at all levels for addressing the problem of undernutrition in terms of National Nutrition Council, State and District Nutrition Councils among others. The Ministry of WCD has taken initiatives to facilitate setting up and / or reactivating these mechanisms across the country.
- g) National Plan of Action on Nutrition (NPAN) 1995:** The National Plan of Action on Nutrition 1995 is a multi-sectoral plan with the objectives and tasks of 14 different sectors. There is a need to review the NPAN to update the monitorable targets, strategies and interventions using the WHO child growth standards for assessing progress and review of the role of 14 (now 12) sectors, possible contributions of these and other sectors, in the new programme

⁵National Policy on Education (as revised in 1992, published in 1998)

environment. The work on clearly laying sectoral roles and responsibilities has already been initiated by the Ministry of WCD and a matrix in this regard has been developed in consultation with the Planning Commission.

- h) Prohibition of Child Marriage Act, 2006 (PCMA)** has been in force since November 2007. The Act declares that every child marriage shall be voidable at the option of the contracting party who was a child at the time of marriage within a period of two years of attaining adulthood. Child marriages are also void in certain circumstances like minor being sold for the purpose of marriage, minor after being married, is sold or trafficked or used for immoral purposes, etc. The Act enjoins upon States to appoint Child Marriage Prohibition Officers whose duties include prevention of solemnization of child marriage, collection of evidence for effective prosecution, creation of awareness and sensitization of the community etc. The effect of the provisions of the Act would be known after results of 2011 census are published and analyzed.

3.1.3 Programmes / Schemes

- a) Integrated Child Development Services (ICDS) Scheme:** ICDS, a centrally sponsored flagship scheme of the Government of India, has been in operation since 1975 with the objectives: i) to improve the nutritional and health status of pre-school children in the age-group of 0-6 years; ii) to lay the foundation of proper psychological development of the child; iii) to reduce the incidence of mortality, morbidity, malnutrition and school drop-out; iv) to achieve effective coordination of policy and implementation amongst the various departments to promote child development; and to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education. These objectives are sought to be achieved through a package of six services comprising (i) supplementary nutrition (ii) immunization, (iii) health check-up, (iv) referral services, (v) pre-school non-formal education and (vi) nutrition and health education.

ICDS is a unique early childhood development programme aimed at addressing health, nutrition and the development needs of young children, pregnant and nursing mothers. Over 35 years of its operation, ICDS has expanded from 33 community development blocks selected in 1975 to cover almost all habitations (14 lakh) across the country with final phase of universalization in 2008-09 for approved projects (7076). However, the larger part of expansion (more than 50%) has taken place post 2005. The scheme was universalized in 2008-09. However, the universalisation of the scheme was not matched with resources as a result of which programmatic, management and other gaps have emerged.

The need for quality enhancement and universalised coverage of ICDS was recognized considering the various indicators of mother and child under nutrition and the need to ensure improved early child development outcomes. The National Family Health Survey (NFHS-III) reported that during the year 2005-06, the underweight prevalence in children under three years was 42.5 per cent thus registering a reduction of only 3% in seven years

between 1998-99 and 2005-06. Preventing maternal and child under nutrition is crucial as it is the underlying cause of one third under 5 child mortality, limiting development potential, learning abilities, productivity and ultimately impacting the economic development of the country. Urgent action was thus considered necessary to address this important issue by investing in additional financial and human resources.

Realizing this, the Ministry of Women and Child Development (MWCD) proposed for continued implementation and third phase of expansion of the ICDS Scheme during the 11th Five Year Plan with revision of existing cost norms and new interventions there under. Government has approved 14 lakh AWCs with special focus on SC/ST and Minority habitations. Besides, cost norms and nutritional norms, training norms have also been revised during the 11th Five Year Plan. Further, a 5- tier monitoring and review mechanism has been introduced at the National, State, District, Block and Anganwadi levels. The Ministry of WCD and MHFW issued joint letters in respect of the Mother and Child Protection Card, WHO Growth Standards, delineation of role of grassroots level works etc. to the State Governments. Besides, a joint Strategy Paper on Addressing Nutrition Challenges including convergent actions pertaining to ICDS and NRHM was developed.

There are 13.67 lakh sanctioned AWCs, and 12.66 lakh AWCs/Mini AWCs operational benefitting 7.84 crore children (6 months to 6 years) and 1.79 crore pregnant and lactating mothers and children under 6 for supplementary nutrition and 3.69 crore children of 3 – 6 years for pre-school non –formal education as on 30.06.2011. The outlay allocated for ICDS has increased from Rs. 10,391 crore in 10th Five Year Plan to Rs. 44,400 crore in the 11th Five Year Plan. The allocation is likely to be realised.

- b) **National Rural Health Mission (NRHM):** Given the particular challenges, risks and opportunities associated with pregnancy, childbirth and early childhood the promotion of maternal and child health has been one of the most important objectives of the Health and Family Welfare Programme in India. The National Rural Health Mission (2005-2012) and the Reproductive and Child Health (RCH) Programme Phase-II (2005-10) is actively pursuing the goals of reduction in maternal, neonatal and child mortality rates by focusing on the major strategies/ Interventions, including: (i) Provision of quality Antenatal care; (ii) Ensuring access to skilled birth attendant; (iii) Promotion of Institutional delivery; (iv) Jannani Shishu Suraksha Yojana; (v) Provision of Emergency Obstetric and Neonatal Care at First Referral Units (FRUs); (vi) Facility based newborn care and Facility Based Integrated Management of Neonatal and Childhood Illnesses (F-IMNCI); (vii) Home based Newborn Care; (viii) Immunization and Micronutrient supplementation; (ix) Integrated Management of neonatal and Childhood illnesses like diarrhea and ARI; (x) Management of Severe Under nutrition, setting up nutrition rehabilitation centre (NRC); (xi) Referral Linkages and transport – Janani Suraksha Yojana; (xii) intervention of care at birth through NSSK, and free and cashless services to Pregnant women and sick new born through JSSk.

For those children who are denied survival, expanding coverage of health and child care services will be critical to fulfilling their rights. This involves a complex range of actions,

including expanding the availability, access, utilisation and quality of health services, improving key family and community health care behaviours and strengthening institutional capacity to support effective service delivery. Effective scale-up also requires enhanced collaboration between stakeholders. Initiatives and partnerships directed towards meeting children's rights to survival and development are numerous and continue to proliferate, but without greater coherence, harmonization and safeguards, these efforts risk falling short of their intended targets.

- c) **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – SABLA:** To address the multi-dimensional needs of adolescent girls, a new comprehensive scheme RGSEAG - **Sabla** was introduced in the year 2010 by merging the erstwhile KSY and NPAG schemes. **Sabla**, a Centrally-sponsored scheme is primarily for out of school adolescent girls (11-18 years). The scheme is being implemented in 200 districts across the country on a pilot basis through the State governments using the ICDS platform. ***In the remaining districts, Kishori Shakti Yojana (KSY) continues to be operational.***

The scheme has two major components nutrition and non-nutrition component. Under the nutrition component, adolescent girls are provided with Take Home Rations (THR) or Hot Cooked Meals as per the feasibility. While under the non – nutrition component, the girls are provided information on topics like -- improving the nutritional and health status, Family Welfare and Adolescent Reproductive and Sexual Health (ARSH). The scheme also provides for regular health check up, supply of IFA tablets, mainstreaming out of school adolescent girls into school system, life skill education and vocational training. Central Government is providing 100% financial assistance for all inputs other than nutrition. For nutrition, the 50% of Central assistance is provided to the States/UTs. The scheme is likely to cover nearly one crore adolescent girls annually. Till September 2011, nearly 40 lakh girls have been already benefited under the nutrition component of the Scheme.

- d) **Indira Gandhi Matritva Sahyog Yojana (IGMSY) – the Conditional Maternity Benefit Scheme:** The Government has introduced the Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit Scheme, on a pilot basis for providing cash directly to women during pregnancy and lactation. The objectives of the scheme are improve the health and nutrition status of pregnant, lactating women and infants by promotion of appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation, encouragement of women to follow optimum infant and young child feeding practices. The scheme partly compensates for wage loss to Pregnant & Lactating (P&L) women both prior to and after delivery of the child.

Pregnant Women of 19 years of age and above are entitled for benefits for first two live births under the scheme. All Government/PSUs (Central & State) employees are excluded from the scheme as they are entitled for maternity benefits under their service rules. The beneficiaries are paid a total of Rs 4000 in three instalments to be disbursed from the second trimester till the child attains the age of 6 months subject to fulfilling the specific conditions related to maternal and child health. 52 districts in all States/ UTs are covered

under the scheme. Nearly 12.5 lakh P&L women are expected to be benefitted under IGMSY in the selected districts every year.

- e) **National Institute for Public Cooperation and Child Development (NIPCCD):** NIPCCD serves as the premium centre for providing intensive training to the Anganwadi workers, supervisors and Child Development Project Officers. NIPCCD also promotes research on child and women development issues on regional basis. Currently, the Institute has its headquarter at Delhi, with four regional centres at Lucknow, Guwahati, Bangalore and Indore. The Institute will be opening two more regional offices, one each in the State of Punjab and Bihar during the 11th plan. During the Plan period, it has organized 470 training programmes for ICDS functionaries and 1400 programmes for NGOs and government officials in the areas of women and child development in addition to 1132 outsourced short term training programmes for the functionaries of ICPS.
- f) **Introduction of Integrated Child Protection Scheme to comprehensively address child protection issues:** To give a fillip to the implementation of the JJ Act, and facilitate the States/UTs, the Ministry of Women and Child Development introduced the centrally sponsored umbrella scheme 'Integrated Child Protection Scheme' (ICPS) in 2009-10, by merging aforementioned three Schemes of the Ministry - with substantially enhanced infrastructural, staffing and financial norms - and introducing a slew of new measures.

Financial assistance is provided under the Scheme for construction of new Homes; up-gradation of existing Homes; setting up a system to track missing children; providing emergency help through child helplines etc. At the same time, family based non institutional care, as provided in the JJ Act is also supported under the Scheme through Adoption, Sponsorship and Foster Care.

To facilitate the process of transition for children from their sheltered life in the Homes to living in the mainstream the Scheme supports their Aftercare as well and provides for their housing, food, shelter, education etc. for a maximum period of three years.

Above all, through the Scheme aimed at setting up a dedicated structure manned by close to 9000 personnel throughout the country who would be working exclusively on ensuring a safe and secure environment for children.

Status of Implementation

All State Governments/UT administrations (except Jammu and Kashmir) have signed Memorandums of Understanding (MOUs) with Ministry of Women and Child Development (MWCD) to implement the Scheme, clearly indicating the felt need in States/UTs for a holistic intervention regarding the protection of children.

Rs. 1073 Crores were allocated for the scheme in the XIth Plan. However, as ICPS came into effect only at the middle of the Plan period (2009-10) and the States/UTs took some time to come on-board and sign the MoU with Government of India, the expenditure was initially

low. The expenditure is now picking up, and as against about Rs. 43 crore released in 2009-10 and Rs. 115 crore in 2010-11, about Rs. 150 crore have already been approved in the current year. About one lakh children are, at present, benefiting under the Scheme.

The Scheme has, also been a catalyst in building a climate of understanding on protection issues of children and generating interest for the same amongst all stake-holders, thus, bringing these issues into focus on the priority list of State Governments. Several other initiatives have been taken under the Scheme including:

- The numbers of statutory bodies has doubled - Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs);
- 23 State Child Protection Societies (SCPS), 18 State Adoption Resource Agencies, 438 District Child Protection Societies (DCPS,) in 16 States, have also been established.
- With the aim to improve quality of services in the homes for children 1363 child care institutions of various types have been provided financial assistance so far. In addition, grants for up-gradation of 230 Homes and construction of 20 buildings for various types of Homes has been provided under ICPS.
- Availability of Emergency Outreach services (Childline services, 1098) has been doubled from 83 locations at the beginning of the plan period to 181 locations now.
- With a view to promote of non-institutional care, 173 adoption agencies have been supported under ICPS and foster-care and sponsorship components are being implemented on a pilot basis in selected States for which guidelines have been developed.
- Processes to put in place a Child Tracking system - a web enabled MIS on all children accessing protection services, including a website for missing children - have been initiated.

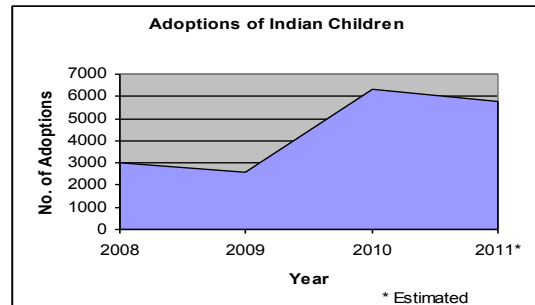
g) Promotion of Adoption of Children as non-institutional care – streamlining process

- ***Review of Guidelines for Adoption of Children:*** Adoption procedures in the country are governed by Guidelines notified by the Government of India. The Guidelines have been revised from time to time, from 1989 to 2011, to streamline the adoption procedures and processes and to clearly define the roles and responsibilities of those involved. To incorporate and give cognisance to the amended JJ Act, 2006 and Model Rules, 2007; Directions from different courts in India with regard to adoption procedures in the country; and further stipulations for inter-country adoptions laid down by the Special Commission of the Hague Convention, held in 2010, Guidelines Governing Adoption of Children have been revised and notified by the Government in June, 2011. The Guidelines detail, inter-alia, procedures and principles governing the adoption process,

eligibility criteria of Prospective Adoptive Parents (PAPs) as well as roles and functions of agencies implementing and monitoring the adoption programme. The aim is to ensure the best interest of the child, provide adequate safeguards to the child placed in adoption and ensure that priority is given to domestic adoption.

- **Introduction of e-governance for monitoring Adoptions:** 'CARINGS', a web - based management information system was launched in 2011, to facilitate expeditious and smooth adoption, ensure transparency in the adoption process, increase accountability of implementing agencies, create a network of stakeholders towards improved synergy and maintain a National Database to enable effective policy making and research. So far, 234 agencies are already registered on CARINGS.

With the better reporting mechanisms now in place, and enhanced awareness created on the issue, the number of reported adoptions has shown a significant increase over the Plan period.



- h) **Impact of 'The Right of Children to Free and Compulsory Education Act (RTE), 2009 on Child Protection:** The RTE Act came into force on April 1, 2010, extending India's commitment to a rights-based system of development and translating the Constitutional provision for children's education to a justifiable right for 6-14 year old children.

The impact on RTE on the lives of children, with respect to ensuring their safety and protection is expected to be significant. With compulsory quality education being made available to all children up to 14 years of age, it is hoped that the number of working children would reduce as 'children at school' are not 'children at work'. Children in homes under the JJ Act would be linked to RTE through SSA and provided age appropriate education. Furthermore, those children who are on the streets would also get access to better employment opportunities in the future and keep them away from a life of crime.

The Act includes provisions against corporal punishment and makes 25% reservation for disadvantaged children in private schools mandatory. Last, but not the least, the education would make the children aware of their rights and give them the confidence to stand up for their fulfilment.

3.2 Challenges of the Eleventh Five Year Plan

3.2.1 Child Survival and Development

An ambitious and well articulated agenda had been set in the area of child rights and protection in the 11th Plan. A process of systemic transformation towards attainment of the goal of

inclusive growth has been initiated and there has been considerable progress made. However, there is need to strengthen the institutional framework and administrative machinery for programme / scheme implementation along with clear norms, standards and guidelines for safeguarding the interests and rights of children. Unmet targets of the Eleventh Plan in areas of law and scheme implementation related to child protection, malnutrition, child sex ratio, school drop-out rates and maternal mortality, indicate, that there is still a long distance to cover, to bridge the gap between what was envisioned and what exists as of now.

The problem of inadequate dissemination of information about existing schemes and pace of implementation of many new interventions has taken time. Similarly there has been delay by States / UTs to set up the related institutional and service delivery mechanisms. Less than effective service delivery in the 11th Plan is a result of disruption in fund release by the States / UTs and sanctions to implementing agencies. Delays in approval of proposals, slow release of funds, delayed and inadequate recruitment and also weak monitoring, evaluation and programme review are some of the other reasons. In addition an inadequate tracking mechanism for fund utilisation by NGOs, weak convergence and coordination between Ministries and Departments and multiple layers of internal reporting, have also hampered smooth working of Government machinery have further delayed decision making.

Efforts are required to ensure that resources are rigorously utilized towards implementing new schemes and that preparations are made to fill the gaps. It might be feasible to convert some of the schemes as centrally sponsored and exploring the option of transferring responsibility of implementation to the States. There is a need for efforts to provide flexibility of norms to address critical needs at the community level by creating a flexi-pool of resources and the need for funding schemes with realistic cost norms.

Policy formulation / strengthening programme execution, enforcement of laws, plan implementation, capacity building and scheme monitoring, are some of the areas that need immediate attention and strengthening. Convergence between various sectoral policies and programmes that impact the lives of children and inter-sectoral coordination are vital for bridging the shortfalls in achievements.

a) Challenges of ICDS:

Over the years, ICDS has evolved differently across the States in regard to modalities of delivery, convergence, community and NGO participation, duration in service hours, available infrastructure and facilities, incentives to honorary workers, selection processes etc. The diversity is also linked to levels of governance in States / UTs. There are examples of innovative and successful models under ICDS implemented by the State Governments of Tamil Nadu, Gujarat, Karnataka, Andhra Pradesh, Kerala, Rajasthan, Orissa etc., in respect of one or more components or interventions that have shown good results and have the potential of being replicated. The programme as a whole has potential for delivering on the nutritional and early childhood outcomes, if invested, supported and managed well.

- (i) **Challenges of Universalisation:** In 2008-09, the programme was universalized. This meant rapid expansion from a 8.44 lakh AWCs in 2007 to 12.62 lakh AWCs in 2011 and target of 14 lakh AWCs by the end of 2012 without the corresponding augmentation of resources, both human and financial resulting in a series of operational challenges at all levels. Some of the challenges that have accompanied the universalisation and third phase of expansion are summarized in table below:

ICDS UNIVERSALISATION AND THIRD PHASE OF EXPANSION: CURRENT CHALLENGES

The universalisation of Integrated Child Development Services (ICDS) Scheme has not been an unmixed blessing. While adding the number of anganwadi centres and taking them to the door steps of children in smaller clusters has been a welcome step, it (universalization) consistently has brought in its wake, huge burden in terms of resources as well as challenges of management and control. These are briefly as under:-

- **Delay in universalisation:**
 - Approved for Universalization in 2008-09; 6722 Operational (March 2011)
 - Approved for Universalization, 7076 projects in 14 lakh habitations; 12.62 lakh AWCs Operational (March 2011)
 - Cost of Supplementary nutrition: Rs.1 (1991 to 2004); Rs.2 – 2.70 (2004 – 09); Rs. 4 – 6 (2009 – 10)
 - Adherence to revised population norms not conformed.
 - Mapping (GIS) and Ground verification yet to be completed to ensure saturation of coverage.
- **SNP management and administrative challenges:**
 - Adoption of and adherence to revised nutritional and cost norms still underway in terms of nutrition values, menus, etc.
 - **Optimization of coverage** and improved quality of delivery – challenges of cooking arrangements through SHGs, Community Kitchens, Centralized manufacturers, each having its own challenges.
 - Improved supply chain and commodity management and uninterrupted distribution at AWC for 25 days in a month.
 - Checking and testing of food quality and nutritional values
- **Financial management and SOE:**
 - Timely submission of component-wise expenditure in SOE along with Utilization Certificate (UC)
 - Fund utilizations as per norms under SNP and ICDS(G) including expenditure on components like PSE, Medical kits, POL, utilization of flexi funds etc.
- **Inadequate Availability of space for AnganwadiCentres**
- **Availability of Human resource:** Large scale vacancies: CDPO/ ACDPO (30%), Supervisors (25%), AWW (6%)/ AWH (13%), need for a dedicated cadre and team for ICDS functionaries and tenure stability and disengagement of ICDS functionaries from non- ICDS related activities
- **Increased challenge for Inter Sectoral Convergence:** Provision of safe drinking water and child friendly toilet, Joint arrangement of delivery of 3 services: Immunization, Health Check-up and Referral, Joint Home Visits, management and treatment of undernourished children, the linkage with NRC and MTC
- **Low focus on Growth monitoring, ECCE and PSE kits:** Roll out new WHO Growth Standards and Joint MCP cards and ensure availability of PSE kits
- **Low focus on Early childhood Education:** need for policy, curriculum framework and guidelines
- **Challenges of strengthening Training, Monitoring, MIS and ICT:** Focus on cross sectoral, horizontal and vertical integration, in content and participation of training component, timely transfer of funds to AWCs and MLTCs, implementation of monitoring Guidelines

- (ii) **Programmatic and Operational Gaps:** Based on the learning from various studies and inputs received from States through series of consultations as well as from Annual Programme Implementation Plans (APIPs) key gaps in the implementation, management, supervision and monitoring of present ICDS programme has been identified. Major gap areas in effective

implementation of ICDS can be categorised in two broad categories including programmatic gaps and operational issues discussed below:

- **Programmatic Gaps:** The implementation of ICDS Scheme has been uneven across the States/UTs in the country. The programmatic gaps have been many. While some of them are universal across the States/UTs, others are State-specific. The universalisation has, in a way, aggravated the position in respect of some of them. These include: (a) absence of physical space (building) and facilities to operate efficiently and effectively; (b) constraints of quality and number of human resources for meeting diverse needs for service provision with improved quality; (c) inadequate focus on under 3s; (d) inadequate focus on Early Childhood Education (ECE) as large part of time of AWW spent in AWC related work; (e) perceived as feeding center operated through an overburdened and underpaid AWW; (f) low investment on child development in terms of provision of adequate resources, both human and financial; (g) inadequate convergence of programmes / services – weak linkages with public health system; (h) implementation of programme largely left to States - low intensity engagement with States in planning, implementation, monitoring and supervision; (i) community engagement and participation are virtually non-existent often leading to lower demand for services; (j) poor data management, information system (MIS), analysis and reporting; (k) inadequate and inappropriate training; (l) programme implementation guided by periodic revisions of norms and Office Order / Circulars; (m) lack of comprehensive programme implementation guidelines; and (n) Little attention paid to the needs of working women – availability and accessibility of crèche and day care services (not part of the current programme).
- **Operational Issues:** Besides, the programmatic gaps ICDS implementation is marked with many operational issues such as: (a) inadequate operational efficiency and accountability at national, state, district and grassroots levels in absence of infrastructure, human resource (large vacancies, educational qualification and inadequate numbers), mobility, etc.; (b) delivery of supplementary nutrition due to non-sharing of cost on SNP prior to 2005 – 06, followed by issues in management of SNP arising out of the requirement to supply morning snack and hot cooked meal; (c) non indexation of cost to rising prices of food, fuel and transportation etc.; (d) program envisaged as community driven but in reality has evolved as State run programme; (e) regularity of AWC functioning in terms of prescribed working hours, number of days and service provision; (f) slow pace of universalisation due to a variety of problems faced by the States/UTs; (g) fund transfer mechanism marked with delays at all levels often resulting in delays in release of funds and payments to AWWs and for SNP; (h) Concurrent monitoring a continuing weak point –inadequacy and non-usage of data, poor management information system (MIS); and (i) Single AWW at each AWC and ICDS functionaries burdened with non- ICDS functions.

b) Adolescents

An analysis of issues and challenges pertaining to the existing policies, legislations and programmes relating to adolescents highlight that:

- The adolescent age-group has a scattered presence in Policy Frameworks, whether it is the National Policy for Children 1974 or the National Charter for Children 2004.
- There is hardly any convergence in the programs being implemented by different ministries. Presently, various stakeholders are working for adolescents to address varied needs in the following areas: Education; Personality Development, Life Skills and Empowerment; Health and Nutrition; and Vocational Training. These issues are handled by different Ministries in the Government. Some integrated programs such as Sabla, which addresses the holistic needs of adolescents, is needed. For successful implementation of Sabla or similar program, an integrated approach is required by establishing a coordinating mechanism among the various governmental and non-governmental stakeholders.
- The health programme references are silent on general health needs and provisions. ARSH only addresses one issue. There is a tendency to over-emphasize reproductive health issues due to vulnerability of the age group. The 'adolescence' has several health needs which are equally important and needs to be emphasised. Boys also suffer from anaemia. Boys also suffer from nutrition deficits. There are hardly any targeted interventions for boys.
- AEP is clearly targeting reproductive health and related behaviour goals. This is a programme of limited scope and thus of limited health-building value. The message to adolescents from the health sector should be of the right to be a healthy person, physically, mentally and emotionally, not only a 'safe' person in the context of sexual conduct/marriage/ childbearing and protection against HIV/AIDS. AEP requires an overhaul.
- During the last two decades, gender disparities and discrimination within the Indian culture have received considerable attention of the policy makers. Girls and women have been identified as a target group in all developmental efforts; a positive indication that deserves appreciation. While the focus of all ongoing government interventions is as the girl child, boys are equally in need of appropriate attention, as they are similarly impacted by society, in psycho-social terms, and adolescence represents a difficult age for them as well. Addressing the needs of adolescent boys and the male youth is virtually 'missing' in policy frame work.
- Little empirical evidence is available on the impact of programs, constraints in implementation strategies or formulation of new policy thrusts. The need for such a feedback should be in built in all intervention and programs.
- Vocational Skill Development Programs preparing adolescents for work participation are scanty, both in coverage and content. Programs for career guidance are also required for adolescents to enable them to select courses of study /vocation as per their aptitude and abilities.
- Skill up-gradation of the service providers to address issues of adolescents in a comprehensive manner not planned.

- Standardisation of adolescent programs and implementation at various levels is not ensured. For example issues like nutrition, life-skills, and empowerment are being covered differently by programs of MHRD, MWCD and MHFW.
- Weak delivery network of services for adolescents. For example under the ARSH program of the MHFW, adolescent friendly health clinics should be functional in all public health facilities for taking care of the health needs of all adolescents.

3.2.2 Child Rights and Protection

Though the introduction of ICPS and RTE brought the Child Protection issues in the limelight, there is still a long way to go for putting in place a strong safety net for children. The XI Plan threw up a lot of issues which will need to be addressed adequately now if all the children of the country are to be afforded a safe and secure environment to grow up in. Specific challenges include:

- a) States still to build a perspective on Child Protection:** Child protection issues are multifarious – ranging from physical and mental abuse; trafficking and exploitation for labour, organ sale, sexual abuse. Although ICPS is an effort being made to create an environment conducive to children, the State functionaries are taking time to build an understanding on child protection issues in their States. The process of identifying the problems being faced by their children, and mapping the more susceptible areas, has been begun in most States. The States are being urged, through regular interactions, to assess the needs of children through district-wise studies and draw up their implementation plans accordingly.
- b) Insufficient data and inadequate documentation:** Data related to children continues to be varied and piecemeal. Lack of data related to the vulnerabilities of these children makes it difficult to measure the intensity of the problems and provide appropriate services.
- c) Wide variation in availability of Homes and quality of care:** Though the States are taking steps to review the quality and adequacy of infrastructure and staff in the Homes being run with support under ICPS, it is seen that the availability of Homes throughout the States is not uniform. Thus, though some areas are well-serviced with adequate Homes, others do not have facilities for housing children in need of care and protection. Furthermore, the available Homes are mostly either under-utilised on one hand or highly congested on the other.

The quality and types of rehabilitation services afforded in these Homes greatly vary from place to place. In addition, there are large numbers of Homes which are not yet registered under the Juvenile Justice (Care and Protection of Children) Act. Thus, proper standards of care are not enforced and a number of adoptable children are languishing in Homes due to lack of linkages with adoption agencies. Rationalization of Homes with respect to availability, capacity and utilization, and appropriately upgrading the services is, therefore, imperative.

- d) Lack of adequate personnel sensitised to children's issues:** Child Protection being a neglected area so far, the availability of persons trained and sensitized regarding children's issues in general, and protection in particular, is limited both in the Government and voluntary sector. Though ICPS seeks to fill this gap through the service delivery structures under the Scheme at State and district levels and training of other protection personnel through them, procedural delays in States have resulted in these not being set up in several States as well as in appointment of requisite staff needed for proper planning and implementation. The existing personnel, who are in any case appointed only on an additional charge basis, are not sensitive towards children's issues. The State Child Protection Societies have not yet been set up by Kerala, Maharashtra, Himachal Pradesh, Goa, Arunachal Pradesh, Meghalaya, Uttarakhand, Andaman and Nicobar Islands, Dadra and Nagar Haveli, Daman and Diu, and Puducherry. Staff has been recruited by 5 States only, out of which 2 States have recruited staff partially. Further, Members of many CWCs and JJBs are also not adequately trained and sensitised, thus resulting in lack of understanding of issues and procedures and undue delays in decision-making.
- e) Preference for Institutional care over non-institutional and community based care:** Although it is accepted internationally that the child is best cared for in a family, institutional care has remained, so far, the most preferred option for many disadvantaged children in India. A large number of Child Care Institutions have mushroomed all over the country and children are separated from their families in the name of better education and development. Many such Homes are not registered under the JJ Act and, thus, are not bound to observe and maintain the standards and quality of care mandated under the Act and its Rules. Often, children are exploited and abused in such Homes as they are not subject to the monitoring and inspections mandatory for Homes under the JJ Act. There is, thus, a need to strengthen families through employment Schemes like MGNREGA or through financial support – e.g. sponsorship under ICPS so that the families are encouraged to keep their children within their safe environment.

For children with no family support, however, adoption is the best alternative. Lack of awareness on adoptions, fear of cumbersome procedures and weak monitoring mechanisms have, so far, plagued the adoption scenario and as a result large number of these children are either in Homes or left to fend for themselves.

f) Implementation issues of ICPS

- ***Delay in submission of Financial Proposals under the Scheme and low utilisation of funds:*** Low priority given by the States/ UTs to child protection has resulted in lack of willingness to commit funds for ICPS. This is compounded by non-availability of adequate staff and thus, there are delays in submission of financial proposals by the States. Furthermore, the State Governments are taking from 4 months to a year to release funds to State Child Protection Societies even after release of grants from the Centre. Seven States/UTs namely, Arunachal Pradesh, Uttarakhand, Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu and Lakshadweep have not yet submitted their financial proposal for release of funds. The utilization of funds by the

State Governments is also low. Only 4 States were able to utilize the amount released as first instalment for 2010-11.

- **Low financial norms:** ICPS was first conceived in 2007 but received approval only in 2009. During the course of implementation of the Scheme it has emerged that the financial norms for maintenance of children, staff salaries, construction etc. under all components are too low. This has also hampered improvement in quality of services and in appointment of qualified personnel. The norms, therefore, require immediate revision to enable better implementation.

Chapter Four

**RECOMMENDATIONS FOR THE 12TH FIVE
YEAR PLAN**

4. RECOMMENDATIONS FOR THE 12TH FIVE YEAR PLAN

4.1 Vision & Monitorable Targets

The vision of the Twelfth Plan is that “More Inclusive Growth begins with Children” -and that children cannot be merely “put” on the growth agenda because they are integral to it – integral to faster, more inclusive and sustainable economic growth. The Twelfth Plan represents a new “Child Rights Paradigm” that mandates the fulfilment of children’s rights to survival, development, protection and participation as the foundation of human development and as the driver of faster, more inclusive and sustainable growth. This transforms and takes forward the vision of the Eleventh Plan - which positioned the development of children at the centre of the Plan. The vision is envisaged as:

- Ensuring survival, holistic (physical, psychosocial, cognitive and emotional) development, protection and participation of children belonging to all castes, religions, language groups, communities, socio-economic status and geographical locations, in a life cycle approach.
- Fulfilling children’s development potential, in nurturing, protective, child friendly and gender sensitive family, community, programme and policy environments.

The monitorable targets suggested would therefore be-

a) Child Survival and Development:

The strengthened and restructured ICDS will play a pivotal role in achieving some of the major child survival and development outcomes and unmet challenges of the 11th Plan which include:

- Prevention and reduction in young child undernutrition (% underweight children 0-3 years) envisaged by 10 percentage points.
- Enhancement in early development and learning outcomes in all children 0-6 years of age.
- Improved care and nutrition of girls and women, and reduction of anaemia prevalence in young children, girls and women by one fifth.
- Holistic development of Adolescent Girls.

These outcomes would also contribute to reduction in IMR and MMR, incidence of low birth weight in convergence with health and improved care and nutrition of adolescent girls in convergence with RGSEAG and NRHM. The second outcome will also contribute to increased enrolment, retention and learning outcomes in elementary education, in convergence with SSA. The specific indicators related to child survival and development is given at **Annexure – II**.

b) Child protection:

- State level Child Protection structures in place and functioning, as stipulated under the Juvenile Justice (Care and Protection of Children) Act, 2000 and the Integrated Child Protection Scheme

- District level Child Protection structures in place and functioning, as stipulated under the Juvenile Justice (Care and Protection of Children) Act, 2000 and the Integrated Child Protection Scheme
- Statutory Structures (Child Welfare Committees and Juvenile Justice Boards) in place and functioning, as stipulated under the Juvenile Justice (Care and Protection of Children) Act, 2000
- Needs assessment and resource mapping of each district carried out
- State and District child protection plans developed and under implementation
- Care and Rehabilitation Services, as stipulated under the Juvenile Justice (Care and Protection of Children) Act, 2000 and the Integrated Child Protection Scheme in place and functioning all over the country
 - All child care institutions registered under the Juvenile Justice (Care and Protection of Children) Act 2000
 - Shelter homes, children’s homes, observation homes and special homes, established in a district or group of districts
 - Specialised Adoption Agencies set up in all districts and linked to CARINGS
 - Minimum standards of care for all childcare institutions and service providers developed and implemented
 - Emergency Outreach services - Childline established for all districts
 - Open shelters for children in need, in urban and semi urban areas
 - Family based, non-institutional care services such as Adoption, Sponsorship, Foster Care and mainstreamed
 - After care programme established for children leaving institutional care and in need of such services
- Child tracking system, including a website to match found with missing children developed and functional
- Website for Missing Children and MIS on Child Protection set up and functioning
- Monitoring system in place at district, State and Central level
- Capacity building plan formulated and implemented for ICPS functionaries and service providers
- Timely allocation and disbursement of funds at all levels

c) Girl Child:

- Raise the sex ratio for age group 0-6 years from 914 in 2011 to 930 by 2016-17

4.2 Key Priorities

In order to achieve the abovementioned targets, the Twelfth Five Year Plan would focus on the following key priorities:

a) Policy level priorities

- Harmonisation of different child related legislative provisions and ensuring child-sensitive jurisprudence.

- Updation of the National Policy For Children
- Development and implementation of National/State Plans of Action for Children, based on the updated policy.
- Focused interventions to improve the Child Sex Ratio, within an overall National Strategy for Care and Protection of the Girl Child.
- Designing a strategic approach to respond holistically to the emerging needs of children of urban poor and disadvantaged communities.
- Development of National ECCE Policy, curricular framework and standards.

b) Programme level priorities

- Design of a new child participation intervention including “Baal Panchayats” which complement child friendly panchayats.
- ICDS strengthening and restructuring, in mission mode, with flexibility in implementation.
- Design and implementation of multi-sectoral initiatives to address maternal and child undernutrition (as detailed in the Nutrition Report).
- Repositioning AWCs as vibrant child friendly ECD centres, owned by women and communities and with piloting of AWCs cum crèches, linked to ICDS restructuring. This may also imply redesign of the Rajiv Gandhi National Creche Scheme.
- Consolidation and enrichment of ICPS with strengthening of institutional capacity through a National Resource Centre.
- Expansion of Childline and replication of this kind of partnership model to other thematic areas, such as IYCF, IMS act and areas for attention to specific and concerted action such as learning disability in early childhood in convergence with MSJE.
- Strengthening of SABLA and IGMSY.
- Harmonisation, design and coordination of interventions for adolescents- (girls and boys).

c) Operational priorities

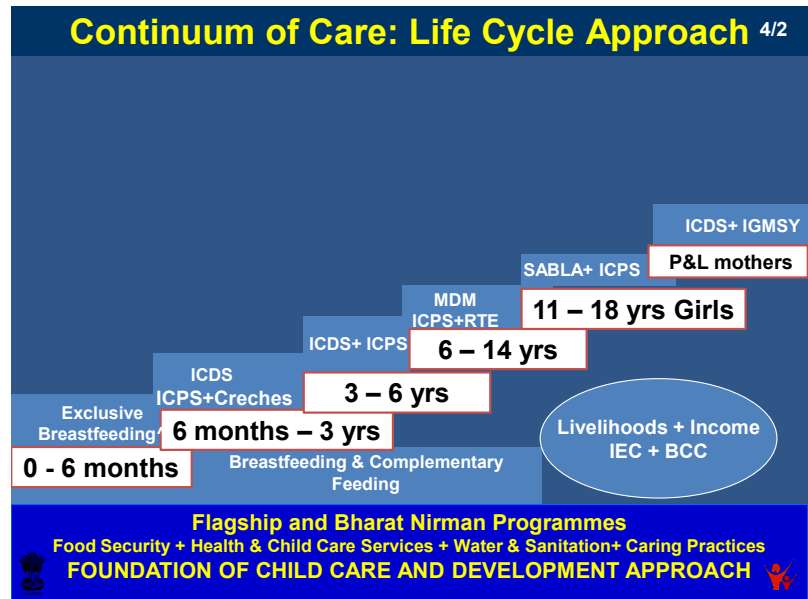
- Strengthening of institutional mechanisms and capacities at National, State and district levels for converging multi-sectoral action for children with reference to child specific and child related sectors.
- Strengthening of institutional mechanisms and capacities at National and State levels for the Protection of Child Rights, through empowered SCPCRs in states.
- Creating a multidisciplinary resource support network for children.
- Focus on enabling and recognising child friendly panchayats and urban local bodies where children’s rights are respected, protected, facilitated and fulfilled.
- Guidelines for strengthening civil society engagement in children’s issues and forums.
- Improving understanding and duty responses amongst prime care givers and service providers towards full spectrum of care, protection and development.

4.3 Approaches

The abovementioned vision and priorities will be achieved through following core approaches:

- Ensuring the Continuum of care:** A continuum of care from the prenatal period to eighteen years of age, with special emphasis on prenatal to age three due to rapid brain and child development that is both integrated and, cumulative. Equal emphasis needs to be given to the development of both girls and boys, and all forms of gender discrimination should be avoided. In areas where higher rates of ill health, undernutrition and developmental delays are prevalent among girls, special emphasis should be given for ensuring their survival, care, development of full potential and protection.

Focus and attention from the prenatal period to adulthood, with age appropriate interventions, adequate resource



investment and optimal implementation. Interventions to ensure young child survival and development need to be prioritized, with primary focus on the acceleration of progress in reducing maternal, neonatal, infant, and child mortality, preventing maternal and child undernutrition and in promoting early childhood care, development and learning. It is essential to work towards the achievement of enhanced synergy and ensure young child survival and development through a convergent and holistic approach that includes the empowerment of families and communities, caregiver education, capacity development and locally responsive child care interventions.

- Providing comprehensive child development services:** Services for child care, protection and development should include infant stimulation, parent education and early learning in families and Anganwadi Centres (AWCs), health and nutrition education and care, sanitation, and a protective environment that prevents children from being exposed to abuse, exploitation and violence. In communities, each service should be seamlessly reinforced and supported by the others. It is also necessary to ensure the provision of services of equivalent quality, based on a normative framework in other settings where there are other service providers such as in nursery / pre-primary schools etc. However, such services and their providers should be closely monitored on the basis of defined quality standards and operational guidelines. Strong convergence with all relevant

programmes and service providers at the grassroots levels like Anganwadi Workers of ICDS, Auxiliary Nurse Midwife (ANMs) and Accredited Social Health Activists (ASHAs) of National Rural Health Mission (NRHM) and, primary school teachers, among others is essential, with stronger partnerships with Panchayati Raj Institutions, Village Health Sanitation and Nutrition Committees, parents/mothers' committees etc.

- **Ensuring parent and caregiver education and community ownership:** Programmes for providing parent and caregiver education and support including behavioural skills development are required. They should involve mothers, fathers, caregivers and families as partners in child focused development. Community members should be engaged in the design, planning, implementation, monitoring and evaluation of all relevant policies and programmes leading to a strong community ownership.
- **Ensuring Outcomes for Children:** The upcoming Twelfth Five Year Plan (2012-2017) needs to ensure specific commitments, adequate resources, detailed programmatic interventions, community involvement, accountability and monitoring to improve child related outcomes in child specific and child related sectors. Besides, the prevailing rights based approach needs to be synergised with adequate entitlements and concomitant outlining of duties and responsibilities. The Plan would concentrate on adopting age appropriate responses for rapidly growing and dynamic growth phases. They will also need to be responsive to in different socio-economic and cultural contexts.
- **Rights Based Approach:** It is critical to work towards mainstreaming the rights based approach in all policies and programmes for children with concomitant focus on duties and responsibilities. In order to achieve this, it is important to: (i) build a holistic perspective on child while prioritising issues related to Child Survival, Development, Protection and Participation within policies, legislations and programmes; (ii) address limitations within systems and programmes related to children; (iii) devising and developing measures to ensure accountability of care providers and a focus on care practices, care givers and professional approach; (iv) creating a comprehensive and disaggregated database related to all aspects of children especially of the most disadvantaged and vulnerable; (v) build a cadre of professionals for care, protection of children, with a focus on early childhood development and adolescence; (vi) work towards improving the quality of monitoring mechanisms and accountability of implementing agencies; (vii) initiate more services with a focus on prevention of vulnerability to abuse and exploitation - such as improved Day Care services for children, along with, ensuring universal access with social inclusion with respect for the unique needs of "Every Child"; (viii) establishing convergence and coordination between all stakeholders across sectors; (ix) institutionalizing child participation through incorporation of children's views into mainstream policy and programme formulation processes; (x) commit resources both human as well financial for children assessing and ensuring child centric allocation in budgets across sectors; (xi) create an enabling environment for children; (xii) build capacities of family, community, caregivers, institutions among others.

The outlays/budgets need to translate into effective implementation/utilisation for achieving defined child related outcomes. The Twelfth Plan will suggest new approaches to Child Budgeting –extending to monitoring Child related outcomes with accountability, supported by participatory methodologies, rooted in community action.

- **Affirmative Action for the Girl Child:**The 12th Five Year Plan has to break the stereotypical image of the girl child. All sectors would work in a harmonised manner to ensure that the girl takes birth, completes her schooling and continues to function as a productive member of the society. An entire lifecycle approach would be adopted focussing on an inclusive approach. The Twelfth plan has to reach the last girl. The goal of holistic empowerment of girl and women cannot however, be achieved without transformation in the mindsets and societal perceptions relating to women, their roles within the family, community and the nation. To realise this goal, our approach towards awareness generation and sensitization of all actors must embrace women’s voices and their participation.
- **Mainstreaming of adolescents in the policy-framework:** While developing the approach for adolescents in the Twelfth Plan, it is important to adopt a mainstreaming strategy. As will be seen adolescents’ issues have remained on the sidelines in the various national policies, programmes and plans. They have been clubbed either with the youth or with children. Adolescents as a group will need to be addressed separately. Mainstreaming will require recognition of adolescents as individuals in their own rights having aspirations and concerns.
- **Inter-sectoral convergence:** Given the complexities and the inter-sectoral nature of requirements of the target group, it has to be recognised that a single sector cannot intervene to influence the entire gamut of issues. Convergence is a major gap in implementation of programmes/ schemes. At the national level, inter-sectoral convergence could be strengthened by the involvement of relevant sector Ministries in programme design and review processes.
- **Resources:** The Twelfth five Year Plan as an approach is committed to faster sustainable and more inclusive growth and more inclusive growth begins with children. The Approach Paper also reaffirms that “The Twelfth Plan must make Children an urgent priority”. Therefore adequate resources and budgetary provisions should be made to back the paradigm shift and mandate of the 12th Plan for making growth more inclusive and sustainable.

4.4 Recommendations for 12th Five Year Plan

This section highlights recommendations emerging from the various Chapters of this Report. It brings out the need for allocation of adequate resources, ensuring their appropriate implementation and the urgent requirement of community mobilisation and involvement in all initiatives for child rights and development, with monitoring of child related outcomes. The fulfilment of child rights should constitute a sensitive lead indicator of national development, at national, state, district and local levels in the Twelfth Plan, and be reflected in the Monitorable Targets for the Twelfth Plan.

In particular, Child Sex Ratio (in children under 6 years of age) will be used as a proxy indicator that epitomises an intergenerational cycle of multiple deprivations and gender based discrimination and violence faced by girls and women. The challenge in the 12th Plan is to significantly improve the child sex ratio, work towards the goal of enabling the girl child to be born, educated, be empowered, and fulfil her rights in nurturing, enabling and protective environments. The girl child needs to be valued as an individual, and as an equal participant in development processes and a productive member of society.

In the 12th Five Year Plan, the MWCD will continue to play a pivotal role, and expand the mandate for children by influencing other departments to focus on child specific and child related programmes and schemes. MWCD along with Planning Commission can consider national level child outcome assessments, supported by participatory community based methodologies at field level. They can ensure the analysis of standardised, disaggregated data (by gender, caste, community groups, spatial location etc) relating to reaching out to the most vulnerable and deprived children and communities at national, state, district and local levels- to catalyse action at different levels.

4.4.1 Overarching Recommendations

a) **Strengthening Policies and Legislations:** The Ministry of Women and Child Development has an expansive as well as in-depth vision for children which will not only aim at completing the unfinished agenda of the past plan but also reviewing and strengthening existing schemes, programmes, legislation and policies, while at the same time addressing some of the critical gaps in identified areas. Review of the National Policy for Children, initiated during the 11th plan period, would be completed, with the revised Policy being an overarching document for every ministry/department that impacts the lives of children. All policies of line ministries will be studied to identify gaps and align them to meet the overall goals and objectives of the revised Policy for Children. This process will continue in the 12th Plan period. Specifically, the focus would be on strengthening the following policies and legislations:

- **Develop a comprehensive Children's Code**, harmonising and updating different legal provisions for children, with uniformity in the definition of "children", and strengthen and create more effective mechanisms for Child sensitive and child friendly Jurisprudence.

- **Child Labour (Prohibition and Regulation) Act** to be amended in line with the RTE as it makes a distinction between hazardous and non-hazardous categories of work for children under 14 years. It should be amended to abolish all forms of child labour for children under 18 years of age, as children cannot be both working and in school (elementary, secondary) at the same time.
 - **Review the CPCRA Act, 2005** and consider setting up of State Commissions for Protection of Child Rights (SCPCRs) to be made mandatory for all State Governments. Expand the mentoring role of NCPCR and mandate SCPCRs to adopt normative guidelines for their constitution and functioning.
 - **Amend the Immoral Trafficking Prevention Act (ITPA)**, to clearly define trafficking and sexual exploitation.
 - **Ensure that the draft National Food Security Bill** protects children's rights and does not dilute earlier provisions for all six services of ICDS, mandated by earlier Supreme Court directives.
 - **Review of the National Policy for Children 1974** to fulfil children's rights and harmonisation of State policy interventions with the same.
 - **Development of new State Plans of Action For Children** under the NPAC in the Twelfth Plan. The Ministry is reviewing the NPAC to develop a new NPAC, so that it corresponds with the changes being made in the National Policy for Children. The aim will be to develop a plan of action with better resource allocation, achievable targets, measurable indicators and deadlines.
 - **The Bill on 'The Protection of Children from Sexual Offences' 2011** introduced in the Rajya Sabha in March 2011, regards the best interest and well being of the child as of prime importance at every stage of the judicial process. The Bill is a step towards creating child sensitive jurisprudence. This process will be strengthened in the Twelfth Plan period by making further amendments in the Juvenile Justice Act 2000.
- b) Integrating Child Related Outcomes** The Program Implementation Plans of different flagship programs would reflect child related inputs and concomitant resources. The Results Framework Document and The Five year Strategic Plans of related sectors and Ministries would incorporate targets and outcomes for child related issues.
- c) Strengthening of Institutional Arrangements** for improved formulation, regulation, implementation and monitoring of child rights policies, plans, legislations and interventions:
- Strengthen/constitution of National /State/District Coordination mechanisms for monitoring multi-sectoral national/State Plans of Action for Children. The National Coordination Group may be revisited and redefined.
 - Increase investment in children, based on these plans, recognising that children constitute 42 % of India's population.

- Encourage the states to set up separate departments of WCD, distinct from Social Welfare, and, clearly bifurcate responsibilities for Women and for Children so that each group receives high priority and also dispelling the perception that women's reproductive roles receive more attention than other gender related aspects.
- Strengthen NCPCR and facilitating the setting up of the SCPCR.
- Strengthen CARA and Childline India Foundation
- Strengthen Food and Nutrition Board (FNB) and NIPCCD.
- Introduce Additional Central Assistance to incentivise States for addressing priority concerns such as the child sex ratio.
- Develop and finalise the National ECCE Policy and set up National and State Early Child Development Councils, linked to the ECCE policy.
- Strengthen the National Breastfeeding Committee and constitute State Breastfeeding Committees as mandated by the IMS Act.
- Establish new institutional arrangements for ICDS in mission mode, including Mission Steering Group, Empowered Programme Committee and mission directorate, (MSG will also serve the coordination function for Nutrition).

d) Human Resource /Capacity Development:

- Enrich and enhance human resources and continuity of technical support within the Ministry of Women and Child Development, at National and State levels, (progressively at district levels) to respond to new and emerging issues and initiatives.
- Create a technical Directorate or cadre for Child Development and Protection.
- Strengthen and expand the role of NIPCCD in networking with other national institutions working on child specific and child related themes.
- Establish additional NIPCCD Regional Centres to respond adequately to all States and UTs, with clustering of States / UTs as appropriate.
- Establish an enriched, state of the art National Resource Centre for Early Child Development within NIPCCD headquarters and Nutrition Resource Units at Regional Centres.
- Develop a model for promoting Infant and Young Child Feeding through partnerships with professional networks by supporting their tested models.
- Restructure FNB and its field units, as detailed in Nutrition Report.
- Create centres for Child Development and Protection in Universities/Home Science/Medical Colleges in collaboration with UGC or others (as has been done for Gender Studies or as Ambedkar University and Jamia have done) and establish learning hubs (multi disciplinary training resource networks).
- Create a Child Web Portal which includes a comprehensive data base on child survival, development, protection and participation, with supportive resources and links to similar state portals/networks.

e) Strengthening Programmes: Strategies for strengthening programmes for upholding and ensuring rights of children are detailed out in next section.

f) **Strengthening NIPCCD:** NIPCCD has been functioning as premier institution devoted to promotion of voluntary action, research, training and documentation in the overall domain of women and child development through its four Regional Centres and its Hqs. It is apex body for training of functionaries of ICDS. During 12th Five Year Plan, the Institute proposes to setup two- three Regional Centres in Bihar, Punjab, etc (Rs.50 crores) besides undertaking following expansion of the activities and new initiatives:

- Substantial Increase in number of ICDS & ICPS functionaries to be trained;
- Training of Trainerson SABLA and IGMSY.
- Setting up of Child Guidance Centre at NIPCCD Regional Centre, Indore as well as Adoption of AWCs – Field Practice Area;
- Initiating training courses: (i) One Year diploma in Child Rights and Child Protection (ii) One month certificate course on Public Health and Nutrition; (iii) Certificate Course on Child and Adolescent Counselling.
- Setting up National Nutrition Resource Centre and Child Development Resource Centre;
- Setting up of Gender Budgeting / Training Cell;
- Collaboration with BPNI of MWCD / NIPCCD on the lines of CIF.
- International collaboration to: (i) synergize organizational capacities and achieve excellence in the area of women and children; (ii) develop quality material based on empirical work for informed policy direction of Government; (iii) explore and forge partnership with leading institutions in South Asia and Europe (to begin with); (iv) evolve and sustain faculty exchanges for enlarging and globalizing issues confronting women and children.

The estimate for the above is Rs.125 crore which includes setting up of two new Regional Centres and strengthening of Institute's Headquarters and Regional Centres.

g) **Community Action:** This will be geared to creating child friendly panchayats, with recognition and awards along the line of Nirmal Gram Puruskar, complemented by Baal Panchayats, where children's voices will be heard in assessing how their panchayat fares.

h) **Convergence:** A matrix highlighting the indicative contribution that can be made by different sectors for fulfilling children's rights will be developed. This will be finalised based on the updated National Policy and National Plan of Action For Children.

The convergence matrix on nutrition is detailed in the Working group reports of Nutrition. Further a brief matrix on convergence regarding survival and development is detailed out in Sub Group on Child Survival and Development, ICDS.

i) **Advocacy and IEC:** A comprehensive advocacy and awareness generation policy and plan of action need to be developed that will ensure awareness generation and public education of existing policies and programmes for children at all levels. In addition, there is a need to develop and launch a national communication campaign to build awareness and sensitise the public and other stakeholders at large on the rights of the child. A communication strategy should work towards generating awareness and knowledge on child rights, while adopting different mediums. Content should be appropriately sensitive to local traditions,

practices and needs. The strategy should include use of print materials, inter personal communication, mass media - print and electronic media as well as traditional forms of communication.

- j) **Monitoring of Outcomes For Children – with Accountability:** Reformed monitoring and evaluation systems including transaction based MIS would need to be put in place for monitoring outcomes for children. Accordingly, it is proposed to strengthen ICDS MIS and nutrition surveillance systems as well as monitoring and evaluation of other programmes and schemes.

- k) **Building Knowledge and Capabilities of the Ministry of WCD:** Lack of credible data in areas concerning children makes it difficult to draw an accurate picture of the multi dimensional vulnerabilities experienced by them. In the next five years, the Ministry therefore, will strive to commission qualitative and quantitative research, social audits and impact evaluation studies, and would establish reliable data collection and analysis processes. The focus area of these interventions would be to assess the overall impact of all interventions carried out for children, and their regular monitoring and evaluation.

The Ministry has been working towards setting clear norms, standards and guidelines in place for implementation of programmes and schemes, and legislations for safeguarding interests and rights of children. However, it needs to strengthen its existing institutional framework and administrative machinery as it does not have adequate technical support staff that has sectoral knowledge related to child rights and protection issues. The Ministry therefore requires a technical support unit comprising of both permanent positions within the government as well as regular financing for consultancy positions to provide technical know-how for smooth running of existing programmes and schemes related to child rights. This technical support unit would identify gaps in areas of research and service delivery; provide technical inputs for policy formulation and review including assessment of budgets for children; look into training needs of implementers and monitor and evaluate plans, policies, and programmes related to child rights. This technical unit would also undertake development of indicators for measuring the impact of initiatives for children by both the centre as well as the states.

The Budget for research and data collection may need to be suitably enhanced to provide adequate funding for the above referred activities. A well staffed and equipped Technical support Unit would need to be funded on a recurring and non-recurring basis to make it a long term institutional set up for specialised technical support on on-going basis, for different activities under the Child Rights Bureau of the Ministry. A budget of Rupees twenty five crore is proposed.

- l) **Reaching children with Special Needs:** Inclusive approaches in the Twelfth Plan should include prevention, early intervention, care and mainstreaming of children with disabilities in child care and education services and other services with skilled family counselling support and requisite training/capacity development of service providers. Technical support for prevention, early detection, early intervention and community based management of

childhood disabilities, with mainstreaming through inclusive programme approaches, to be undertaken.

4.4.2 Specific Recommendations

4.4.2.1 Child Survival and Development

a) An Invigorated ICDS for Child Survival and Development

A comprehensive child development approach is imperative to support children's survival, growth, development and learning. This includes health, nutrition and hygiene, and cognitive, social, physical and emotional development from birth to entry into primary school. The Integrated Child Development Services (ICDS) Scheme in coordination and convergence with the National Rural Health Mission (NRHM) is one of the most important interventions of the Government of India targeting these aspects of child survival and development.

Strengthening and restructuring of the ICDS Scheme to accelerate improvement in nutrition and child development outcomes is a long-felt and well recognized needs also reflected in the Eleventh Five Year Plan as well as in its Mid Term Appraisal. The Prime Minister's National Council on India's Nutrition Challenges in its meeting on November 24, 2010 decided to strengthen and restructure ICDS, with special focus on pregnant and lactating mothers and children under three years, with strong institutional convergence and to provide flexibility for local action and empower mothers in particular and the community in general to have a stake in the programme. The National Advisory Council (NAC) also recommended for a reformed and strengthened ICDS, adopting a genuinely integrated life cycle approach to early childhood care and development and transforming AWCs into vibrant, child friendly Early Childhood Development (ECD) centres.

"Malnutrition in our women and children is a matter of concern for all of us. We have taken a number of steps to tackle this problem including two new schemes. We have also decided that we will start implementing an improved Integrated Child Development Services scheme within the next six months so that the problem of malnutrition in children can be effectively addressed." – Prime Minister during his Independence Day Speech on 15th August 2011

In view of the above and deliberation of various others consultations, the Ministry of Women and Child Development evolved a comprehensive proposal on ICDS Strengthening and Restructuring. The proposal was further informed by the discussions during two meetings of the Inter Ministerial Group on ICDS Restructuring, following which an updated version of the comprehensive proposal incorporating broad agreements reached was shared with the Planning Commission. The Inter Ministerial Group (IMG) on ICDS Restructuring led by the Member, Planning Commission (In Charge of WCD) submitted its IMG Report on ICDS Restructuring – A synthesis of the ICDS Restructuring Proposal along with the comprehensive ICDS Restructuring Proposal – A Broad Framework for Implementation to the Prime Minister's Office. Following which the Prime Minister's Office advised the Ministry of Women and Child Development to bring the proposal for ICDS restructuring, suitably incorporating the decisions

of the IMG, before the EFC expeditiously. The Ministry of WCD developed and circulated the EFC Note for the implementation of ICDS in Mission Mode in the 12th Five Year Plan, with an estimated budget of about Rs. 1,83,000 crore.

The strengthening and restructuring of ICDS involves a series of programmatic, management and institutional reforms substantively taking into account the recommendations of the National Advisory Council (NAC) on programmatic, managerial and institutional reforms for strengthening ICDS as deliberated and finalized by the Inter Ministerial Group lead by the Member, Planning Commission (In Charge WCD). Strengthening and restructuring of ICDS Scheme is aimed at accelerating improvement in nutrition and child development outcomes through a genuinely integrated life cycle approach to early childhood care and development. The strengthening and restructuring of ICDS scheme broadly comprises of the following reforms:

I. Programmatic Reforms

(i) **Repositioning the AWC as a “vibrant ECD centre” to become the first village outpost for health, nutrition and early learning.** AWCs are proposed to be equipped as a child friendly centre with adequate infrastructure, facilities (kitchen, safe drinking water and child-friendly toilets), wall painting, play space and joyful learning environment. The activities of AWC would be expanded to include ***extended hours (minimum of 7 hours)*** and provide flexibility to States while implementing the scheme to run it as a day care centre such as in Tamil Nadu.

(ii) **Appropriate AWC Building and Infrastructure:** According to available statistics, nearly 46-50% of anganwadicentres are currently functioning in pukka buildings / school buildings / school and community buildings. For better delivery of services and the scheme to have impact at the grass root level, provision of buildings for AWCs is essential. The proposal envisages allocation of funds for construction of remaining AWCs and enhancement in existing rent norms.

(iii) **Strengthening Package of Services:** Under the ICDS Mission, the core of package of six services would be continued, but these would be reorganized and reformatted. The perception of the AWC being a feeding centre is proposed to be changed by transforming it as Early Childhood Care and Development Centres (*BalVikas Kendra*) and reformatting the existing package of services. ICDS services will also be redefined to include provision for piloting of crèches and longer day care support and flexibility in timing provided to states to respond better to patterns of women’s work and time. The AWC-cum-crèche model will be piloted in 5% AWCs.

(iv) **Strengthening Early Childhood Care and Education (ECCE):** It is proposed to focus on strengthening early childhood care and education as a core service of the AnganwadiCentres. Dedicated four (4) hours of early childhood education sessions would be complemented by supplementary nutrition, growth monitoring and other related interventions etc.

(v) **Improving Supplementary Nutrition Programme:** Anganwadi Centres are proposed to continue to provide morning snacks, hot-cooked meal and Take Home Rations (THR) to children and pregnant and lactating women as per the revised feeding and nutrition norms and in harmony with other policy directives. To meet the challenge of increase in prices of food items and fuel, the SNP financial norms are proposed to be revised based on the Consumer Price Index for Rural Labourer (CPI-RL) with base year 1986-87.

(vii) **Care and Nutrition Counselling service** for mothers of under-3s would be introduced as one of the core services. Nutrition and health education services are proposed to be redefined to include parent and community education on integrated child development, health and nutrition services. Additional worker / nutritional counsellor would be recruited in 200 high burden districts to strengthen home based counseling. The focus would be on mobilizing and engaging the community, especially parents and families, in ensuring maternal and child health and nutrition.

(viii) **Care and support for undernourished children:** Special and prompt actions would be taken for identification, care, support and referral of undernourished children through community based interventions aided by jointly prepared protocols and SNEHA SHIVIRs. Severely undernourished children requiring medical attention would be referred to NRCs / MTCs set up under NRHM.

(ix) **Strengthening Human Resources:** It is proposed to evolve a transparent appointment and selection policy, introduction of a separate cadre for ICDS in States wherever required, allowing the States to fill up vacant posts on contractual basis for short period. Additional AWW/ ECCE worker / nutrition counsellor would be provided in high burden districts to deepen the AWW outreach. Hence the two worker norm will enable better support for both nutrition and ECCE

II. Management Reforms

(i) **Decentralized planning, management and flexible architecture:** The focus would be on identification of specific needs at the State, District, Project and local level through Annual Programme Implementation Plans (APIPs) prepared after carrying out needs assessment and local mapping. Flexibility would be given to the State Governments to develop innovative models for effectively delivering the core ICDS services in their states.

(ii) **Ensuring convergence** at the grassroots level by strengthening partnerships with PRIs, communities and civil societies to improve outreach and quality. Greater convergence with the health sector and education sector and in particular the Reproductive and Child Health (RCH) programme, AYUSH, SarvaShikshaAbhiyan (SSA) and Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) would be ensured.

(iii) **Strengthening government – civil society partnership:** The restructured ICDS envisages an important role for civil society, NGOs, Community based Organisations (CBOs), institutions and voluntary action groups. For this purpose, a norm of implementing upto 10% Projects in every State in collaboration with such agencies / institutions / PRIs is proposed.

(iv) **Strengthening of ICDS Management Information System (MIS):** The revised monitoring system would focus on collecting and providing data on a real time basis to support the programmatic actions and timely interventions.

(v) **Using Information, Communication Technology (ICT):** By promoting use of ICT under ICDS. Since the reach of internet is limited at this stage and the mobile telephony has reached in all villages of the country, it is proposed to link the ICDS with the mobile phones infrastructure.

(vi) **Allocating Adequate Financial Resources:** Adequate funds are proposed to be made available by the GOI for the implementation of strengthened and restructured ICDS including a pool of untied / flexi fund for promoting local innovations based on need-based district level planning. It is also proposed to reform the fund flow mechanism to ensure timely releases.

III. Institutional Reforms

(i) **ICDS in Mission Mode:** In order to strengthen the existing service delivery mechanism, it is proposed to put ICDS in a mission mode with ICDS missions at National, State and District levels. The Mission will support planning and implementation of state specific plans with measured inputs, processes, outputs and outcomes. It will ensure shared programmatic and resource commitments through the instruments of MoU and AIPs. The mission will allow speedy engagement of technical and management support for ICDS. More importantly, the Mission will be accountable for delivery of quality services. In order to carry out the functions of the mission, State and District Child Development Societies are proposed to be established.

WHY ICDS IN MISSION MODE

- Time bound goals and outcomes
- Results based monitoring of indicators at different levels
- Decentralised planning -State, district, block, and village habitation levels
- States' ownership and local solutions
- Leadership and centrality of PRIs
- Bringing together different sectors
- Induction of professionals and voluntary action groups
- Normative approach and addressing gaps as per standards-entitlements
- Empowerment for local action
- Greater participation of women's SHGs, mothers' committees
- Partnerships with community based organisations and voluntary agencies

(ii) **National Mission Steering Group (headed by Minister I/C WCD) and Empowered Committee** with delegated authority. Adequate human and financial resources will be provided with decentralized powers for decision making. The same arrangement would function for Nutrition coordination as well and report to the PM's National Council. A Policy Coordination Support Unit in Planning Commission will provide multi-sectoral policy coordination support to the same.

(iii) **Capacity Development** will include setting up of National/State ICDS Mission Resource Centres, technical and management support at different levels, linking service delivery and training resources through the mission, interstate and inter district sharing of innovative models/ best practices and learning. Network of training resources and inter sectoral teams.

Civil society partnership is envisaged for content and process enrichment and mentoring support at field level for decentralised planning.

4.4.2.2 Early Childhood Education and Care (ECCE)

The 12th Five Year Plan vision for ECCE is embedded in the concept of the ‘whole child’ whose learning and development needs are not only integrated but also inter-dependent. It is a concept derived from the three basic principles of development viz. child’s development is a continuous and cumulative process; secondly, it is ‘holistic’ in that it is the outcome of the synergistic impact of health, nutrition and early learning inputs that the child receives in the first few years of life; and thirdly, optimal development cannot be ensured without also addressing the child’s family and immediate socioeconomic and cultural context. It is these principles that determine the approach that is being proposed to address the challenges of providing ECCE of acceptable quality to the young child. To achieve these, specific emphasis is required on ECCE or the early stimulation and early learning needs of the child upto six years of age. It is in this context that the Anganwadi Centres under ICDS Scheme is being envisaged as a vibrant, joyful and child friendly centre for early childhood education and development, during the 12th Five Year Plan. It is to realise this vision, the following strategies and actions are recommended during the 12th Five Year Plan:

a) National Policy on ECCE

The approach would be to address areas of systemic reform in ECCE across all channels of services, public, private and voluntary and across all aspects discussed above. A National Policy on ECCE will be formulated which would be accompanied by a comprehensive Plan of Action and supported by an adequate budget outlay. The states will further be required to prepare their own action plans for effective implementation of the Policy. The process of formulation of the Policy has already been initiated by MWCD and this process will be accelerated and finalised in the 12th Five Year Plan. The proposed National Policy on ECCE would address the four main policy challenges i.e. Access, Inclusion, Quality and Institutional Capacity for ECCE.

(i) Universal Access with Inclusion: Access to ECCE will be defined as setting up of a AWC of acceptable space and quality for a group of not more than 25 children in the 3-6 age group, which would be within easily reachable distance from the homes of the children. It will have at least one adult facilitator/mentor trained in ECCE to transact the programme with the children for a daily duration of four hours. For children below 3 years, the focus would be on home based early childhood development, and wherever surrogate care is needed, crèches will be provided with a ratio of 1 caregiver to 10 children. This will be to ensure care and early stimulation along with health and nutrition inputs.

Universalization of access with inclusion will imply that each and every child in the relevant age group from all social and economic categories is reached with ECCE of acceptable quality. This will call for greater flexibility in approach and a move away from the current centralized, standard design towards more decentralized, habitation based and contextualized planning and interventions. Some strategies proposed include: (a)

Universalization of ICDS with flexibility and decentralization; (b) Involvement of NGOs; (c) Community based models; (d) Demand driven models; (e) Innovations grant for New Schemes; (f) Promoting Public Private Partnerships; (g) Urban strategy; and (h) Convergence.

- (ii) **Quality with Inclusion:** At the implementation level, quality remains highly varied and uneven. This applies to programmes across all sectors, the public, private and voluntary. Strategies for ensuring quality with inclusion include: (a) National Curriculum Framework for ECCE; (b) Quality Standards and a system of Accreditation; (c) Developmentally appropriate Curriculum; (d) Ensuring a child friendly joyful learning environment; (e) Professionalization of ECCE; (f) Training Framework; and (g) Advocacy and Communication:
- (iii) **Institutional Capacity:** Strategies for strengthening institutional capacity for improved ECCE during the 12th Five Year Plan will include: (i) Establishing a reliable and efficient Management Information System; (ii) Research; and (iii) Capacity Strengthening.
- (iv) **A National / State ECD Council:** Early Childhood Development (ECD) Council will be established to take forward the Policy, curricular framework and standards regarding ECCE. The Council would be the advisory and oversight body for ECCE programmes and provisions and would take support of Technical Support Groups/ Institutes to focus on strengthening ECCE and advance evidence-based practices. It will have wider representations from all converging departments/ministries including MHRD, representatives of NGOs, corporate houses, civil society organizations, professionals, practitioners, academicians, child rights activists etc.

4.4.2.3 Child Rights and Protection

- a) **Amendment of JJ Act:** In existence since the year 2000, this primary legislation governing all matters related to children in need of care and protection and those in conflict with law, has been critiqued by stakeholders for its limited scope and implementation. Since the last amendment to the Act in 2006, various issues have arisen such as abuse and trafficking of children in Homes not registered under JJ Act; gross negligence and lack of facilities in Homes leading to children running away from Homes and even deaths; delays in decisions by CWCs and JJBs; trafficking in the guise of adoption; inadequate coverage of offences against children; need for building in child friendly jurisprudence for children who are victims of a crime.

To establish and sustain a Justice System that is truly child centric the next five years must necessarily begin with a review of the JJ Act and Model Rules and the success of these provisions in addressing the needs of all children (including vulnerable children) in a holistic manner. The amendments may include expansion of the scope of the Act to include other offences against children; defining child jurisprudence; strengthening provisions regarding adoption and related procedures; introduction of penalty in case a child care institution (CCI) fails to register under Section 34(3) of the Act; defining role and accountability of CWCs; and

strengthening rehabilitation measures for children including diversion and restorative justice.

To improve the implementation of the JJ Act and thereby create better systems and structures for protection of children, a gamut of activities would be undertaken in the next Plan period.

b) **Strengthening family-based and community based care:** Recognising that family based care is the best care for a child we aim to ensure that children are not separated from their families due to reasons such as poverty and those without family support are afforded the opportunity to grow up in a family environment through adoption or fostercare by kith and kin.

- **Promoting Adoption of children:** Adoption by a loving and caring family is considered world over to be the most preferred method for rehabilitation of children without parental support. However, the number of reported adoptions has remained very low in comparison to the number of orphan, abandoned and surrendered adoptable children. Reasons for this are many including adoptions taking place outside the laid down systems by unauthorized individuals and institutions like nursing homes and hospitals etc. which may not be in the best interest of the child as adequate safeguards cannot be provided in such adoptions; lack of awareness on the part of biological as well as adoptive parents ; traditional mindsets which reject the option as appropriate; lack of inter-state and intra-state coordination among adoption agencies; lack of data on number of parents in waiting and children free for adoption; tendency of child care institutions to hold on to children in their care; delays in the adoption processes and last but certainly not the least, infrastructural and personnel deficit in the field of adoptions. These issues would be addressed through a multi-pronged approach.

An adoption regime is proposed to be created in the country wherein every district will have a Specialised Adoption Agency in keeping with the provisions of the JJ Act. Structures set up under the JJ Act and funded under ICPS will function in tandem to identify children in need of care and protection specially those who are orphan, abandoned and surrendered and assign them to adoption agencies for their rehabilitation. Necessary linkages will be created between adoption agencies, SARA at the State level and CARA at the centre to facilitate expeditious matching between waiting parents and adoptable children.

- **Strengthening of Central Adoption Resource Authority (CARA):** CARA was set up in 1999 to work as an autonomous body to facilitate in-country and inter-country adoptions. It regulates and monitors the working of recognized agencies engaged in in-country and inter-country adoptions and promotes in-country adoptions. The present structure of CARA, is however, highly inadequate to meet its huge mandate.

To ensure stringent monitoring and also give priority to the service, it is proposed that CARA should be strengthened in the XII Plan period with presence in all the States. Further, given CARA's enhanced role it would also be given the status of a Statutory structure under the JJ Act so that issues related to monitoring, accountability, conflict of interest, scrutiny of agencies, data management etc. can be addressed by CARA adequately.

CARA would, through its regional offices and State Adoption Resource Agencies, create awareness on adoption and related procedures, encourage setting up of more adoption agencies, link all adoptable children in Child Care Institutions to adoption services and curb malpractices.

- ***Strengthening families and communities to care for and protect the child:*** Families often decide to send their child on work or to Child Care Institutions, mainly due to poverty and deprivation. Strengthening families through employment and income generation schemes such as NREGS and Self Help Groups would be strong on our agenda for the XII Plan. Financial support through sponsorship under ICPS and other Schemes of the State Governments and family counselling would also be extended.

Promotion of focussed community based interventions such as Open Shelters, community based foster care etc, through informed involvement of families, training and tool creation, so as to create a sense of community ownership of child protection programmes, address dysfunctionality of families and build capacities of service providers would also be undertaken. Sustained awareness building and advocacy drives to promote an understanding of a protective environment for children, in partnership with all forms of media and civil society would also be an important strategy for the next five years.

- ***Improving day-care services to protect children from neglect, abuse and malnutrition:*** As brought out earlier in this report, the Rajiv Gandhi National Creche Scheme (RGNCS) has so far fallen short of its target of providing quality day-care services for children. Further, with the universalisation of ICDS, which caters to the same target group of children, and provides a larger gamut of services, the relevance of RGNCS needs a relook. Upgrading AWCs to AWC-cum-crèches and/or revision of norms and procedures of RGNCS would, therefore be the options that would be examined and taken forward in the next Plan period so that children can be provided community based safe spaces to grow and develop in.
- ***Deinstitutionalising children through convergence with SSA:*** Structures set up under SSA would be effectively utilized, not only to provide education for children in the Homes and shelters, but also to deinstitutionalize those who are in Homes only to avail of the educational opportunities by linking them with appropriate schools set up under SSA.

- c) **Registration Rationalization and Up-gradation of Institutional services:** While the registration of all child care institutions under the JJ Act would be an area of priority to

enforce the standards of care provided under the Act and Rules, focus is also needed on rationalisation of Homes with respect to their availability and utilisation. Up-gradation of services in the Homes, including provision of adequate infrastructure and staff, as well as appropriate rehabilitation measures for children, including those with special needs, would also be undertaken systematically. The States/UTs would be asked to set up at least one model Home each to service as an example of excellence for all others. The Ministry will support and follow up on development of such Models in ten (10) States, to begin with.

To improve the quality of rehabilitation services, in addition to improvements in infrastructure and improvement in capacities of staff, other initiatives would include forging linkages with RTE for education of children in the Homes, development of protocols for child participation in institutions; sharing of Best Practices and cross learning; development of Guidelines / Standard Operating Procedures (SOPs) for residential Institutions can be developed to guide the process of managing an institutional service.

The past experience has shown that rehabilitation fails because it does not sufficiently prepare a child on how to deal with reality outside the institution. The training provided is more often than not, disconnected from market needs and the network of support structures are not developed for the child while he/she is living in the institution. The focus of this training is to keep the child occupied and not to impart professional training which will equip him / her to face the world. Through mentoring, career planning and placement, the rich human resource emerging from institutional care can be made full use of. This will strengthen rehabilitation and reintegration processes immeasurably.

d) **Ensuring and Enhancing response for children in emergency situations:** A child in a distress situation when he/she has no close and trusted relative or friend to give him immediate assistance, needs the intervention of safe and reliable persons who can ensure that necessary help is provided to him. Children separated from their families i.e. missing children, children being trafficked/ abused or exploited, children on the streets needing immediate help etc. can be assured of timely help through the 24 hr. telephone outreach CHILDLINE service currently available in 181 cities. The Ministry aims to improve and expand this service through:

- **Strengthening and Expansion of Childline Services** to all districts/cities through professionalising of the service, stronger partnerships and consultations with voluntary organisations, greater investment of resources and capacity building. The quality of services being provided under Child line also would be assessed and the use of Childline services to trace families of children in the JJ system or to conduct follow up after restoration would be thought through and detailed in the XII Plan period. Looking at the fast up-scaling of operations of the service, Childline India Foundation, the mother NGO managing and coordinating the services, would also be restructured and strengthened to enable proper delivery of services.

- e) **Professionalisation of Child Protection:** Recognising that engaging proper quality of personnel is most important for ensuring the success of any venture, the Ministry will focus on not only training and capacity building of existing staff directly engaged in protection of children, but will also endeavour to create a cadre of qualified child protection personnel in the country. This would be done through NIPCCD and its Regional Centres – which would have exclusive Divisions for ‘Child Rights and Protection’ - State training Institutes and linkages with Academic Institutions who would be urged to introduce courses specific on this subject.
- f) **Putting in place training and sensitized Police personnel:** More often than not, the police is the first point of contact for an abused/exploited child, lost child as well as a child alleged to have committed a crime. The sensitivity of the police personnel dealing with such a child is an important factor in ensuring that the child feels protected and well-cared for. This would, in many cases also determine the child’s amenability to the rehabilitation measures chosen for him/her. The JJ Act provides for a child welfare officer in every police station who is attuned to and aware of the needs and rights of children and this would, thus, be a focus area.
- g) **Building Convergence between various departments:** To provide appropriate quality of services to all children, especially those who are most disadvantaged, the Ministry would pursue with all State Governments/UT Administrations to develop convergence mechanisms with other departments such as Health, Education, Police etc.. Strengthening of families through other Schemes such as NREGA etc. would also be encouraged so that the children are not exploited or abused due to financial difficulties being faced by the parents.
- h) **Creating a database of Children availing child protection services and a system for matching ‘missing’ and ‘found’ children:** Follow-up of the progress of children accessing services under ICPS is often hampered due lack of systems for monitoring. Further, some of these children could be run-away or lost or children rescued from trafficking, labour etc., who have been reported as missing by their parents. The Ministry has entrusted National Informatics Centre(NIC) to develop a ICT based system for follow-up of children in the system and for matching the ‘found’ with ‘missing’ children to enable their restoration to their families. States/UTs will be actively pursued to quickly adopt/adapt this system so that the benefits could flow to the children as early as possible.
- i) **Establishing monitoring systems at all levels:** ICPS provides for a five tier monitoring system through specifically constituted Committees at Centre, State, District, Block and Village levels. Early establishment of these Committees, through the State Governments/ UT Administrations will be a thrust area for the Ministry.
- j) **Promoting Social Audits, as a tool for standards and impact assessment:** The XII Plan would need to measure and evaluate the impact of existing protection interventions in creating a protective environment, using already mandated methods such as Social Audits. These Social Audits, in partnership with experts on child rights, care and protection, would establish

precedents of good practice, which would in turn, act as learning models reports of which, would be available in the public domain and facilitate more effective care and protection. Dedicated structures to train on Social audits, Manuals, training, use of information technology, incentivising posting and good work within the JJ system; all this would facilitate an understanding of the usefulness of the process and encourage transparency. Reviews would also necessarily have to take cognisance of whether the resources spent have reached those they were allocated for and made a meaningful difference to the lives of children.

k) ***Building Knowledge-base:***

- ***Research to facilitate effective planning:*** Lack of credible data in areas concerning children makes it difficult to draw an accurate picture of the multi dimensional vulnerabilities experienced by them. In the next five years, the Ministry therefore, will strive to commission qualitative and quantitative research, and impact evaluation studies, and would establish reliable data collection and analysis processes.
- ***Impact assessments of intervention on children:*** The focus area of these interventions would be to assess the overall impact of all interventions carried out for children, and their regular monitoring and evaluation. This would imply:
 - Setting up an inbuilt monitoring, evaluation and review mechanism in every policy and programmatic intervention.
 - Involving independent agencies for carrying out evaluation, impact assessments and institutional analysis of plans and programmes for children, through pre-defined indicators, to help identify gaps that need to be overcome.
 - Building a research and technical support unit within the Ministry to work on developing a Child Rights Index and for establishing mechanisms for collecting, collating and analysing reliable data from the field.
 - Establishing mechanisms for child impact audit to ensure that government interventions do not decrease protection for children making them more vulnerable to abuse and exploitation.

l) ***Effective Implementation of Integrated Child Protection Scheme:*** ICPS, as a vehicle for implementation of the JJ Act, needs to be pursued actively to ensure that all the above activities are undertaken effectively. Though it has been an effective catalyst in generating interest on child protection issues in both, the Government and the voluntary sectors, and the required structures and systems as defined under the JJ Act and the Scheme itself, are being gradually established, the implementation is still at a nascent stage. It requires consolidation as well as focussed efforts of all the stake-holders so that all the identified issues could be taken up systematically and the children could benefit from a safe and secure environment which is necessary for their proper growth and development. Emphasis will, therefore be placed on speedier and better implementation of the Scheme by:

- ***Facilitating implementation by States/UTs:*** ICPS being a new Scheme, the functionaries of both, the State/UT Governments, as well as the voluntary sector, require continuous

hand-holding to understand various facets of the Scheme and implement them. During the last 2 years of implementation of ICPS, the Ministry has attempted to facilitate implementation of the Scheme through regular interactions with them. An inter-ministerial Project Approval Board has been set up under the Chairmanship of Secretary, Ministry of Women and Child Development, to review the implementation so far, appraise the financial proposals of the States/UTs and guide the States/ UTs for improving the services. Tools for facilitating the work of functionaries, such as templates for preparation of District Child Protection Plans, online facility for submission of financial proposals and monitoring data, guidelines for new components such as sponsorship, fostercare and aftercare, have also been developed. The Ministry will continue to provide technical support to the State functionaries and further facilitate cross learning and document best practices to enable better understanding of the Scheme and its requirements.

- **Reviewing financial norms and procedures:** The financial, staffing and procedural norms of the Scheme were formulated almost 5 years ago. States/UTs are finding it difficult to maintain proper quality of care with the admissible funds and are supplementing funds from their own resources as far as possible. Staff salaries below low, has also made it difficult to recruit appropriate staff and retain those who have been already appointed. It is also felt that some flexibility is required with the States for construction, rents etc. in view of the wide variation in rates between different locations. Other changes, such as appointment of some staff on deputation basis, instead of only on contract, as presently provided, are also required to ensure continuity in the system. It is, therefore, planned to review and revise the norms and procedures for implementation of the Scheme in the 12th Plan period.
 - **Building Capacities and ensuring adequate and appropriate service delivery:** While with sustained follow-up with the State Governments, structures at State and district levels will come up in some time, the challenge in the next few years would be to ensure that these are gainfully employed in protection activities. For this it would be necessary that they are made aware of their roles and responsibilities and know how to discharge the expected functions. Building of their capacities, clearly defining their role and creating mechanisms for monitoring their outputs would, therefore need focused attention.
- m) **Strengthening of NCPCR:** The National Commission for Protection of Child Rights (NCPCR) has been set up as an independent statutory Commission to protect, promote and defend child rights in the country. Apart from the mandate and role of NCPCR, the Commissions for the Protection of Child Rights Act (CPCR Act), 2005 proposes the establishment of State Commissions for Protection of Child Rights (SCPCRs).

During the 12th Plan period, the NCPCR will be strengthened in its organisational set-up. As State Commissions have not been set up in all states, NCPCR could set-up representative offices in some states, to cover all regions of the country, to ensure access to services to children across the country and to address cases of child rights violation. To encourage each

State/UT to set-up the SCPCR with adequate infrastructure and manpower as envisaged under the Commissions for Protection of Child Rights Act, 2005, funding through the Additional Central Assistance by the Planning Commission is recommended. This would help ensure that a State Commission is set up in every state/UT and each SCPCR can effectively carry out its functions as per the mandate of the Act.

The Ministry also recommends expanding the scope of NCPCR's functioning in order to further the agenda for child rights in the country. Through consultation with NCPCR and other stakeholders, the Ministry has identified several areas, which NCPCR can factor in as priority areas for the coming five years. These include: formulation of a larger perspective and vision for child protection that goes beyond the current mandate of the JJ Act; making policy recommendations to streamline and harmonize all national legislation for children, including the Child labour (Prohibition and regulation) Act and Right to Education Act in consonance with the Constitution of India and the UNCRC; monitoring implementation of JJ Act; making recommendations on how the RTE Act can be accessed by all children between the ages of 6-14 years, without discrimination of any kind.

Budgetary allocations will need to be enhanced for strengthening NCPCR and for setting-up regional offices with an indicative budget of Rs. 75 crore. Funding for SCPCRs, through the Planning Commission to support them in their initial years, may also be provided for.

4.4.2.4 Child Participation

Involving children and encouraging their participation in all decisions related to programmes and policies meant for them, is the key to institutionalising a child rights framework within the country. The Ministry, therefore, aims to provide children with an environment wherein they are aware of their rights; possess the freedom and opportunity to fully and freely express their views in accordance with their age and maturity; and that their views, especially those of the girl child and of children from minority groups or marginalised communities, are respected by society at large and taken into account while taking decisions that affect them. While the National Plan of Action for Children, 2005 has recognised the importance of child participation and has laid out strategies that can help to promote child participation at all levels of planning and implementation of programmes for children, measurable goals/indicators/framework are yet to be formulated to assess the extent of child participation in the country.

During the 12th Plan, making information on child rights, laws and policies available and accessible to all children in accordance with their age and maturity will be a priority. This will include using public media, print and electronic, to disseminate information on child rights, Constitutional commitments and all child related legislations. NCPCR will be the nodal agency to develop different models, undertake research to develop monitorable indicators of child participation and document best practices in child participation.

The NCPCR will support pilot projects based on the existing and envisaged models of child participation in few districts during the 12th plan period. This experience would be used to

develop a more concretised plan for Child Participation. For implementation of the Pilot projects, additional funds may be provided to NCPCR under the Twelfth Plan.

4.4.2.5 Child Budgeting

Child budgeting is a tool to examine a government's commitment to child welfare, development and protection programmes for any given fiscal year and to assess if these adequately reflect the rights and needs of children. It is an instrument to oversee the utilization of allocated provisions, through fiscal decentralization, participation, transparency and accountability in accordance with commitments such as the MDGs and the UNCRC. Article 4 of the Convention on the Rights of the Child notes the obligation of States to implement rights to the maximum extent of their available resources; this implies an analysis of public budgets, including its effects on children.

Child Budgeting has received its due recognition in the 11th Five Year Plan as well as the National plan of Action for Children; however, it still remains to be seen as a non-negotiable exercise for informing planning and implementation of plans for children. While the overall resources for the social sectors are increasing, there is a need for better targeting through child budgeting mechanisms to ensure that all child-related needs are adequately resourced and that outlays are increased and translated into meaningful outcomes for all children.

Between 2007-08 and 2010-11, the budget allocation for children has been an average of 3.9 per cent of the Union Budget. The share of children in the total Union Budget of 2010-11 is 4.1 percent, and underutilization of resources remains a concern.

To institutionalise child budgeting procedures during the 12th plan, there will be focus on building capacities within the Ministry of Women and Child Development to analyse the central and state budgets and their impact on the outcomes for children. This assessment will then inform policy and programme formulation for children across ministries/departments.

To carry out the above referred activities on a sustained and regular basis a technical support unit will be placed within the Ministry. The other option is to outsource the work relating to advocacy, training and analysis of budgets to an outside agency. Irrespective of the option used, funds will need to be provided for this exercise under the Twelfth Plan period with an indicative budget allocation of Rs.1crore.

4.4.2.6 The Girl Child

Women and children need to be considered as distinct categories since clubbing them together reduces women and children to exclusive reproductive and dependent roles. As a result, productive or social potential of either of the two groups is not realized. Advancing the rights of the girl child and ensuring gender equality is a critical development challenge. While studies and analyses raise key themes and produce important insights, formulating recommendations requires understanding of perspectives of women and young people, girls in particular. The

recommendations for the 12th Five Year Plan centre around four main conceptual issues intended at addressing the underlying and root causes. These are: (i) Protection and advancement of rights of the Girl Child; (ii) Gender equality; (iii) Empowerment and enhancement of Self Esteem; and (iv) Institutional arrangements.

- a) ***Girl Child Specific District Plan of Action:*** An integrated approach focusing on the girl child is needed. Entry point should be through focus on low CSR and high Child Marriage Districts/ Blocks through launch of Girl Child Specific District Plan of Action as a Pilot in about 100 non-SABALA Districts. The action plan from the perspective of advancing rights of the Girl Child with measurable outcomes on increased CSR and age at marriage should be developed through partnership between civil society organizations and the local administrative machinery. An amount of Rs.1 crore per district per annum is proposed for the pilot. It comes to Rs 100 crore per annum and Rs.500 crore for the 12th FYP period. Effective enforcement of the Child Marriage Prohibition Act needs to be encouraged through several actions including the development of State Rules across the country and the establishment and capacity building of Child Marriage Prohibition Officers at the district level. The Government of India run pilot scheme on conditional cash transfer with insurance benefit, titled, 'Dhanalakshmi' needs to be revisited to remove the bottlenecks.

- b) ***Girl Child's Years in School:*** Studies have indicated that increasing girls' access to and motivation for additional schooling can be a key intervention strategy. Deficiencies of government run schools in providing accessible and high quality education must be addressed. All out effort is needed to ensure that girls can continue beyond the fifth year of school in those places where middle and secondary schools are located at a significant distance outside the village. Residential education camps (shivirs) offer a promising solution to this problem. The shivirs can encourage former school drop outs to come back into the school system, and to give them sufficient education for re-enrolment in regular classrooms. Programmes for promoting more years of schooling for girls should also be explored, which can include financial support to low income families, increasing vocational and livelihoods training, providing or subsidising girls' transportation to school and increased parent-teacher communications. Educating, protecting and empowering young girls through life skills education is a proven strategy and should be adopted. More model schools focusing on the girl child, as a benchmark of excellence in Educationally Backward Blocks (EBBs), should be set up through State Governments. Residential hostels for girls to facilitate better access to these model schools should be set up. These hostels may also be set up and run by the Civil Society Organizations. This may involve an amount of Rs.1000 crore for 500 Girls hostels during the 12th FYP period.

- c) ***Dowry and marriage:*** While recognizing the need for proper implementation of the Dowry Prohibition Act, 1961, the whole issue of dowry needs to be looked into. Key messages about saying no to dowry, sharing of marriage expenses by bridegroom's family, keeping marriages simple, not marrying off girls before they are eighteen, supporting girls who raise their voice against abuse etc should be communicated through an integrated strategy that will depend on developing effective advocacy and information dissemination campaigns at

the village, district and state levels to encourage individual behaviour change. Positive role models should be showcased. The existing budget for IEC would be utilised for this purpose.

- d) ***Son-preference:*** The issue of son preference can be addressed by ensuring that gender equality is mainstreamed in policy interventions across sectors and in relevant laws. For instance, enforcement of the Hindu Succession (Amendment) Act and the Maintenance and Welfare of Parents Act (2007) should be promoted, thus ensuring female inheritance of properties and maintenance of elderly women. Strategies need to be devised for providing preferential access to parents of girls to resources such as bank loan, health insurance, house allotment etc.
- e) ***Child Sex Ratio:*** Multi pronged approach to improve child sex ratio (CSR) has to involve men, youth, adolescents, PRIs, society leaders, religious bodies, judiciary and media for achieving behaviour change. Stringent implementation of the Pre-Conception and Pre-Natal Diagnostic Technique (Prohibition of Sex Selection) Act 1994 is necessary. Since it is an issue of traditional attitudes, awareness generation and advocacy will continue to be the major planks of the strategy in addition to the stricter implementation of PCPNDT Act. However, some targeted interventions will also be required to make an impact. Capacity enhancement of PRI members should be built on the Prevention of Child Marriages Act 2006 as well as on the importance of girl child. Special incentive schemes should be designed for Panchayats showing a positive CSR. Awareness generation through an integrated strategy is a pre-requisite as much as having a re-look at PCMA and its enforcement. Compulsory registration of marriages should be aimed at. A new scheme to give support to and to improve livelihood of the widow due to untimely death of her partner and her children needs to be put in place as pilot in 100 Blocks out of the Districts which have shown alarming downward trend in CSR. An amount of Rs.500 crore for the 12 FYP period is proposed for multi pronged action and the new scheme.
- f) ***Prevention:*** Investing in the promotion of preventive efforts at all levels should become a key priority. Prevention should rely on existing social protection schemes, based on early detection of vulnerabilities. Awareness raising, information campaigns and mobilization efforts should be fostered. Community protection models such as vigilance groups should be strengthened through capacity building and monitored at the district and Panchayat levels. Connection with existing programs on life skills and empowerment for girls (such as SABLA) should also be promoted to ensure girls have the capacity to detect risk and have the possibility of choosing alternatives.
- g) ***Interventions for improving Self Esteem of Women:*** For enabling girls to challenge the norms of a patriarchal and male-dominated society, they have to be empowered with high self-esteem. The ways to do this is to treat her as an equal, to educate her equally, to give her equal opportunities, to encourage her assume responsibilities that are normally considered to be in the male domain while ensuring that she will get equal share in inheritance. In addition to adoption of comprehensive awareness generation strategies with the objective of improving the self esteem of women and girls, formalizing gender and girl

child impact analysis based on disaggregated data based on gender, caste, minority status and geographic location, in benchmarking, designing, implementation and monitoring policies and programmes is recommended. A Child Development Index may be developed on the lines of 'Women Development Index.' Concerns of girl child, which are unique, and which need special attention and provisions, should be addressed within the framework of existing and new interventions. Efforts should be made to ensure that sponsorship, foster-care, and other models of community-based care programmes being implemented under existing schemes will cater to victims (survivors) of trafficking and sexual exploitation, child marriage, child labour, violent conflict and other situations. An amount of Rs. 200 crore is proposed during 12th FYP.

- h) **Social Accountability:** The country wide infrastructure, manpower and resources of Nehru Yuvak Kendras, and of good NGOs/CBOs working under SSA can be utilised for social audit. Ministry of Women and Child Development can appoint National Level Monitors or coordinate with these monitors appointed by the Ministry of Rural Development for monitoring and evaluation of schemes and for meeting customer's expectations. An amount of Rs. 25 crore is proposed during 12th FYP.

An amount of approximately Rs 2225 crore is proposed for the entire Five Year Plan period to undertake focussed action and devise specific programmes for advancing the rights of the girl child and to ensure gender equality.

4.4.2.7 Adolescents

- a) **Strengthen Coordination Mechanisms:** Since adolescents' programmes and policies have inter-sectoral implications, it is important to strengthen existing coordinating mechanisms for effective convergence among various Central Government Ministries and Departments.
- b) **Uniformity in the age-group:** The age group for adolescents under various schemes is disparate and needs to be standardised. For adolescents, the age group 10 to 18 may be taken. The sub-group is of opinion upper age adolescents may be taken as 18 as this is the legal age of voting. India is also a signatory to the Convention on Rights of the Child and child is defined therein as 'human being' below the age of 18.
- c) **Evidence based policy-making, planning, programme design and programme review:** While data disaggregated by sex, territory and category have been available all along for the education sector, and data gaps in the health sector have progressively been addressed over the last decade, similar disaggregated data are not available on a comprehensive basis for adolescents in respect of other sectors like nutrition, skill development, etc. This gap needs to be addressed so that evidence-based policy-making, planning, programme design and programme review are enabled.

Apart from the national level, the state and field levels also lack resource institutions for such activities, which are necessary also for purposes of dissemination of authentic information of relevance to adolescents. There are no institutions available to support comprehensively the needs of adolescents as a distinct group having requirements that are peculiar to it and which cut across sectors. The setting up of Adolescent Resource Centres at appropriate levels is an area requiring priority attention.

The Independent Evaluation Office recently notified by the Planning Commission also needs to be used and needs to give primacy for independent evaluations of programmes of relevance to adolescents, given that they constitute a major and highly vulnerable segment of population and accounts very considerably in major national development challenges and opportunities.

- d) Investing in Vocational Training:** Vocational Education and training has a major contribution to the socio-economic enhancement of the individual and the society at large. Large number of school drop outs doesn't have access to skill development opportunities for improving their employability. Skill Development Initiative (SDI) of Ministry of Labour and Employment, a new strategy framework for early school-leavers and existing workers in unorganized sector needs to be expanded to all the villages.

In addition for the school going AGs, there is the need to provide some vocational training, linked to market, at the secondary level. In this regard, multi-pronged strategies and efforts are required for preparing the AGs to enrol in vocational courses without compromising the regular school curricula. This will help to prepare the AGs to participate in the workforce in their future years.

The scheme for vocationalisation of Higher Secondary Education needs to be considerably strengthened and expanded during the Twelfth Plan. Vocational education needs to be mainstreamed effectively into normal education and, for this, the initiative taken by the MHRD of drawing up a National Vocational Qualification Framework to enable multiple points of entry and exist between mainstream and vocational education programmes / institutions requires finalisation and implementation with urgency.

In the skill development segment, the opportunities afforded under the National Skill Development Mission in the form of various components of the Skill Development Initiative", needs to be harnessed. The scheme of Ministry of Labour and Employment, under consideration for giving effect to Government's commitment for setting up of 5,000 Skill Development Centres in rural areas for short-duration courses needs to be leveraged and link with outreach channels like KishoriSamoohs under SABLA, to ensure that girls and other disadvantaged sections of society secure opportunities under the scheme. State needs to be encouraged to take advantage of the dispensation allowed for reserving seats in ITIs for girls / women.

The special / rehabilitation Centers, under the Scheme of National Child Labour Projects (NCLP) of the Ministry of Labour, meant for rescuers from Child labour, deserves to be multiplied and made accessible to school drop-outs of all categories. Adolescent students may be encouraged to prepare two or three income generating schemes as per their aptitude and guided how best those could be operationalised, if one wishes to do so. Career Guidance and counselling services be dovetailed into the functioning of various work Centers so that adolescents get needed clarifications as they progress.

- e) **Life Skills:** Any existing network and program for out of school adolescents needs to have strong component of life skills education which gives comprehensive learning package with a fine balance among the following components: i) Understanding their ownself and their external environment; ii) Technical knowledge related to reproductive and sexual health; iii) Knowing their rights and entitlements; iv) Develop life skills and understanding their relevance with their reproductive and sexual life and v) Career counselling.
- f) **Gender dimension in policy and institutional frame-work:** The 2011 census data has highlighted the extensive and significant decline in child sex ratio, which has underscored the need to act with urgency and effectiveness on the issues of gender discrimination and empowerment of women and girl child. Gender dimensions to form an integral part of the policies to deal with age old discrimination. It is to be ensured that:
- Every girl child and adolescent girl, young woman have access to education and would also be a primary target of efforts to spread literacy.
 - Adolescent girl, women have access to adequate health services (including reproductive health programmes) and will have full say in defining the size of the family.
 - Young men, particularly the male adolescents shall be properly oriented, through education and counseling to respect the status and rights of women for attitudinal and behavioural changes.
 - Action to be pursued to eliminate all forms of discrimination in respect of the girl child, negative cultural attitudes and practices against girls, discrimination against girls in education, skill development and training, and the socio-economic exploitation of women, particularly young women.
- g) **Extension of Right of Children to Free and Compulsory Education Act, 2009 (RTE Act) upto Senior Secondary:** The extension of RTE upto senior secondary level is strongly recommended to arrest early marriages of girls, teenage pregnancy and juvenile delinquency and more importantly expanding the possibilities of the adolescents to realize their full learning rights.

There is a need to set up a strong convergence mechanism at the field level to ensure that all out of school girls covered under Sabla are mainstreamed into the formal education system within the time frame stipulated in the RTE Act. Major initiatives have been taken in securing the Fundamental Right to free and compulsory education for all children through SarvShikshaAbhiyan, RashtriyaMadhmikShikshaAbhiyan, Kasturba Gandhi BalikaVidyalayas

and the Right to Education Act. Successes already achieved in the elementary education segment need to be built upon in the secondary education segment. For this, opportunities like in extending the successful Kasturba Gandhi BalikaVidyalayas initiative beyond class VIII to the secondary education level to prevent drop outs of these girls. Scholarship schemes and residential education opportunities for girls and other disadvantaged sections of society need to be expanded.

- h) Addressing Psychosocial Well Being:** Presently, there is a weak system of counselling for the school going children. To some extent, the psychological needs of out of school AGs are being addressed under SABLA in 200 selected districts. There is no mechanism to address such needs of the out of school boys. Hence, there is a pressing need to strengthen the counselling system for the school going children, in addition to the setting up counselling system for all out of school adolescents, especially the boys. Expansion of SABLA in all the districts in the next plan will take care of psychosocial needs of the AGs.
- i) Abolition of all forms of Child labour:** The sub-group advocates the abolition of all forms of child labour for the effective implementation of RTE Act. Child labour in any form is detrimental to the physical, mental and cognitive growth and development of the child. The RTE Act, which guarantees the right to every child between the ages of 6 and 14 to free and compulsory elementary education whereas the Child Labour (Prohibition and Regulation) Act makes a distinction between hazardous and non-hazardous categories of work for children under 14 years. Children cannot be both working and in school at the same time. Hence the sub-group advocates for amendment in the Child Labour Prohibition and Regulation Act and bring it in line with the RTE.
- j) Strengthening of RGSEAG - SABLA scheme:** The SABLA scheme at present is being implemented in 200 districts across the country, benefiting approximately one crore Adolescent girls. The scheme needs to be strengthened in the next two years in those 200 districts in the country. Since ICDS will be in Mission Mode after two years, SABLA being implemented on the ICDS platform will be on pilot mode for the first two years of the XIIth Plan. As per the feedback received from the States / UTs, the pace of implementation of the scheme has been slow particularly in the Non-nutrition component as it involves convergence with various line Ministries in addition to the limited financial resources provisioned for the various Non-nutrition services under the scheme. Hence the scheme requires strengthening in the next two years' time. The proposed strengthening of SABLA in the XIIth Plan should, inter-alia, include:
- **Revision of Nutritional norms:** Currently, the nutrition norms under SABLA are to provide supplementary nutrition of 600 calorie and 18 to 20 grams of protein and micronutrients @ Rs. 5 beneficiary per day for 300 days in a year. These norms were fixed under ICDS in the year 2005. With the cost escalation over the period of time, this needs to be revised upwards. 50% cost of nutrition will be shared by the GOI. For some states, the pattern of cost sharing of nutrition between Centre and State should be 90:10 as being practiced under ICDS.

- **Revision of financial norms for Non-Nutrition:** Currently, for non-nutrition activities Rs. 3.8 lakh per ICDS project per annum is provided under SABLA. This includes cost of training kit at each AWC, Nutrition and health education, Life Skill Education, vocational training (tie up with NSDP), IEC, flexi-funds for transportation, printing of registers, Health cards referral slips for all trainings, organization of guidance and counseling sessions, vocational training, organization of exposure visits of the adolescent girls, printing of register etc. This is too meagre to achieve effectiveness in the delivery of the services and needs upward revision.
- **Incentive:** The Anganwadi Worker (AWW) and Anganwadi Helper (AWH), who are involved in implementation of SABLA are honorary workers. They are spending minimum 5-6 hours per week under SABLA and are playing a great role in delivering all the services under the scheme, including opening AWCs in addition to ICDS timings, liaison work for providing services, filling up registers, monitoring reports etc. At present no incentive is given to the AWW or to AWH. There is a need to provide performance linked incentive to AWWs and AWHs to ensure effective implementation of the scheme.
- **Urban Counselling Centres:** To address the mental health problems and issues of the adolescent girls and to ensure their psychological well-being, there is a need to have convergence of SABLA scheme with the existing Counselling Centres of Health and Education Ministry's in Urban areas.
- **Adolescent Reproductive and Sexual Health:** To address the overall health problems and issues of the adolescent girls and to ensure their physical well-being, there is a need to have convergence of SABLA scheme with the existing ARSH programme of the Ministry of Health. This may be done by the trained service providers under ARSH of MoHFW should come to the Anganwadi Centre once in a month for 2-3 hours to organise the Adolescent Friendly Health Clinic at the Centre. The modalities for this will be worked out with MoHFW.
- **Convergence with Scheme for Promotion of Menstrual Hygiene of MoHFW:** The MoHFW has introduced a new scheme for supplying low cost sanitary napkins to adolescent girls on a pilot basis in 153 districts across the country. Convergence of this scheme with SABLA can be worked out in common districts, where the SABLA platform (KishoriSamooH meetings) may be used for the implementation of the Menstrual hygiene scheme for providing sanitary napkins to the adolescent girls as well as for organising counselling sessions on menstrual hygiene.
- **Strengthening Vocational Training:** As per the scheme, vocational training has to be imparted through the National Skill Development Initiative (NSDI). The issues of availability, affordability and accessibility for imparting vocational training to adolescent girls need to be addressed. NSDI does not have universal coverage (i.e., at village level at all SABLA centres). Moreover, the fee for various courses under NSDI, including the

evaluation fee, has to be borne by the trainees. Hence there is a need for effective convergence with NSDI at State, District and Block levels. Since the NSDI coverage is not universal, the option of obtaining certified training by the SABLA beneficiaries through recognised State institutions / trainers other than NSDI also needs to be considered for this component.

- **Training:** Capacity building of functionaries is an important aspect for successful implementation of any scheme. Currently no budget exists under SABLA for training of ICDS functionaries. Therefore, cost of training needs to be included within the scheme budget in the XII plan period.
 - **Publicity and IEC:** The Scheme currently has no budget for publicity, IEC activities for promotion of SABLA and for dissemination of information among the community to mobilise the potential beneficiaries for availing the services under SABLA. A separate provision needs to be made under the scheme.
 - **Staff Cost:** For the implementation of any new scheme, the existing system needs to have additional manpower for handling the operational issues involved in it. Currently, the scheme is being implemented using the existing ICDS infrastructure and thereby putting additional strain on them. In case SABLA is expanded to all the districts in the 12th plan, this would put further strain the ICDS system. Considering that SABLA, will remain a part of ICDS system, there is a need to have additional manpower at central, state, district and project level for ensuring effective implementation and monitoring.
 - **Resource Centre:** Adolescent Resource Centre (ARC) needs to be set up at block or village level. ARC will act as nodal centre for girls to interact and have an access to information, recreation and receiving counseling. Books, manuals, CDs, films related to issues concerning health, nutrition, life skills, career plans, self-empowerment, legal rights, vocational guidance material, gender issues etc. will be available at the ARC. The reading and reference material as well as relevant IEC literature available at ARC can be carried by the field trainer to the AWC so that girls who live far away from ARC can also have access to them.
 - **Evaluation and Studies:** For judging the success of any scheme, it is imperative to have a budget provision for conducting evaluation of the scheme as well as organizing studies and documentation of best practices, etc. This component does not exist at present and needs to be included.
- k) **Scheme for the adolescent boys –Saksham:** Presently, Adolescent Boys (ABs) have considerable unmet needs in terms of nutrition, health, education and skills for employment. This can be attributed to a number of factors, like a lack of targeted services for adolescent boys, the education and employment opportunities, extreme poverty, health, environment, drugs, juvenile delinquency, leisure-time activities etc. Once boys cross the age of 14 years, there is no legal mandate to enforce continuance of their school education, and they face constant pressure to add to the wages of the family and go to

work. This suggests the need for appropriately channelling the energies and skills of young boys to make them responsible human resource for development of the nation.

It is proposed to bring a new scheme for holistic development of ABs, on the pattern of SABLA. This scheme may be called Saksham, (the self-reliant individual) aiming at the all-round development of Adolescent Boys to make them self-reliant, gender-sensitive and aware citizens, when they grow up. In the first phase, the scheme may be implemented in 100 selected districts on a pilot basis. The scheme will have the following objectives:

- enable the processes of self-development and empowerment of Adolescent Boys;
- improve their nutrition and health status;
- mainstream out of school boys to schools;
- promote among them awareness about health, hygiene, nutrition and adolescent reproductive and sexual health (ARSH);
- prepare them for work participation in future through skill development
- provide information/guidance about existing public services, such as public health centres, community health centres, post offices, banks, police stations, etc.

The scheme will primarily focus on all out-of-school ABs (10 to 18 years), who will assemble at a school (after regular school hours) or at a place provided by the local Panchayat or Municipal Committee. These Centres may be called as Kishore Vikas Kendras (KVK). Convergence with already existing programs of MHFW, MHRD, MYA&S, etc. particularly with NYKs and teen clubs may be explored. The PRI may be given a central role in the implementation of this scheme. Suggestive integrated package of services to be provided to ABs may include:

- Nutrition provision in the form of Ready to Eat ration
- Regular health check-up of all boys once a quarter by the Medical Officers (through Ministry of Health and Family Welfare).
- IFA and de-worming interventions (through Ministry of Health and Family Welfare).
- Imparting life skill education and accessing public services practical demonstrations (through Ministry of Youth Affairs and Sports/ NGOs).
- To provide Nutrition and Health Education (NHE) and Counselling/Guidance on family welfare and ARSH (through Ministry of Health and Family Welfare NGOs).
- To provide vocational training through skill development initiative (SDIs) (through Ministry of Labour and employment).
- To mainstream out of school ABs to join school through Non-formal education-bridge courses or formal education (through Department of School Education and Literacy).

Different Ministries/Departments have various programs for addressing health, education and skill development. In order to achieve better results, effective convergence strategy would be adopted for effective implementation and monitor the outcome of all these interventions. The outcomes that can be measured are reduction in dropout rates, malnutrition level, improved skills viz. life skill and vocational skills etc.

4.5 Projected Financial Requirements

| FINANCIAL REQUIREMENT DURING THE 12 TH PLAN PERIOD | | | |
|---|--------------------------------------|---|-----------------------|
| Sl. No. | Sub Group Theme | Programmes and Key Activities | Amount (In Rs. Crore) |
| 1. | Child Survival and Development, ICDS | Integrated Child Development Services | 183000 |
| | | Indira Gandhi Matritva Sahyog Yojana (IGMSY) – The CMB Scheme | 60000 |
| 2. | Early Childhood Care and Education | Integrated Child Development Services | 5000 |
| 3. | Child Rights and Protection | Integrated Child Protection Scheme | 5300 |
| | | Rajiv Gandhi National Creche Scheme for the Children of Working Mothers | 1920 |
| | | Strengthening of NCPCR | 75 |
| | | Child Budgeting | 01 |
| | | Technical Support and MWCD Capacity | 25 |
| 4. | Adolescents | RGSEAG – SABLA | 32000 |
| | | Scheme for Adolescent Boys – Saksham | 9729 |
| 5. | Girl Child | Advancing the rights of the Girl Child, Child Marriage, Child Sex Ratio, IEC etc. | 2225 |
| 6. | | Strengthening of NIPCCD | 125 |
| | TOTAL | | 299400 |

Annexure I

No. PC/SW/1-23(1)2010-WCD
 Planning Commission
 (WCD Division)

Yojana Bhavan, Sansad Marg,
 New Delhi – 110 001,
 Dated: 25.05.2010

ORDER

Sub: Setting up of Working Group on 'Child Rights' for Twelfth Five Year Plan (2012-17).

It has been decided by the Planning Commission to set up a Working Group on 'Child Rights' for the Twelfth Five Year Plan under the Chairpersonship of Secretary, Ministry of Women & Child Development. The composition of the Working Group will be as follows;

- | | |
|--|-------------|
| 1. Secretary Ministry of Women and Child Development Shastri Bhawan, New Delhi – 110001. | Chairperson |
| 2. Secretary Department of Health & Family Welfare, Nirman Bhavan, New Delhi – 110001. | Member |
| 3. Secretary Department of AYUSH IRCS Building, New Delhi – 110001. | Member |
| 4. Secretary Department of Elementary Education and Literacy Shastri Bhavan, New Delhi – 110001. | Member |
| 5. Secretary Department of Secondary Education, Shastri Bhavan, New Delhi – 110001. | Member |
| 6. Secretary Ministry of Labour, Sharam Shakti Bhavan, New Delhi – 110001. | Member |
| 7. Secretary Ministry of Urban Employment & Poverty Alleviation Nirman Bhavan, New Delhi – 110001. | Member |
| 8. Secretary Ministry of Rural Development, Krishi Bhavan, New Delhi – 110001. | Member |

| | |
|---|---------------|
| 9. Secretary Ministry of Social Justice & Empowerment, Shastri Bhavan, New Delhi – 110001. | Member |
| 10. Secretary Department of Science & Technology, Technology Bhavan, New Mehrauli Road, New Delhi – 110001. | Member |
| 11. Secretary Ministry of Information & Broadcasting, Shastri Bhavan, New Delhi – 110001. | Member |
| 12. Secretary Ministry of Tribal Affairs, Shastri Bhavan, New Delhi – 110001. | Member |
| 13. Secretary Ministry of Home Affairs, North Block, New Delhi – 110001. | Member |
| 14. Secretary Ministry of Youth Affairs and Sports, Shastri Bhawan, New Delhi – 110001. | Member |
| 15. Senior Advisor (WCD) Planning Commission, New Delhi – 110001 | Member |
| 16. Adviser (WCD) Planning Commission, New Delhi – 110001. | Member |
| 17. OSD (WCD and Nutrition), Planning Commission New Delhi – 110001. | Member |
| 18. Secretary Department of Social Welfare and Women & Child Development, Government of Jharkhand, HEC Project Building Durwa, Ranchi-834004 | Member |
| 19. Secretary Department of Women & Child Development, Government of Orissa, Bhubaneswar-751001 | Member |

| | |
|---|---------------|
| <p>20. Secretary Department of Social Security & Women & Child Development, Government of Punjab. Mini Secretariate, Sector-9, Chandigarh</p> | Member |
| <p>21. Secretary Department of Women & Child Development Government of Maharashtra. Mantralaya, Mumbai</p> | Member |
| <p>22. Secretary Department of Women & Child Development, Government of Uttar Pradesh. Bapu Bhawan, 7th Floor, UP Sachivalaya, Lucknow</p> | Member |
| <p>23. Secretary Department of Social Welfare Government of Meghalaya. Main Secretariat Building Shillong-783001</p> | Member |
| <p>24. Secretary Department of Social Welfare Government of Tripura, Agartala-799001</p> | Member |
| <p>25. Ms. Sukanya Bharatram National Commission for Protection of Child Rights 5th Floor, Chanderlog Building, Janpath, New Delhi - 110001.</p> | Member |
| <p>26. Member Secretary National Commission for Protection of Child Rights 5th Floor, Chanderlok Building, 36, Janpath, New Delhi – 110001.</p> | Member |
| <p>27. Executive Director Central Social Welfare Board B-12, Tara Crescent, Qutab Institutional Area, New Delhi.</p> | Member |
| <p>28. Mrs. Lovleen Kacker Principal Resident Commissioner, Madhya Pradesh, M.P. Bhawan, New Delhi.</p> | Member |
| <p>29. Director National Council for Educational Research & Training Sri Aurobindo Marg, New Delhi.</p> | Member |

- | | |
|---|----------------------|
| <p>30. Director National Institute of Educational Planning & Administration Sri Aurobindo Marg, New Delhi.</p> | <p>Member</p> |
| <p>31. Dr Vinod Paul Prof and Head Department of Pediatrics, All India Institute of Medical Sciences Ansari Nagar, New Delhi-110 029.</p> | <p>Member</p> |
| <p>32. Dr G.N.V. Brahmam Dy Director, National Institute of Nutrition, Jamia Osmania, Hyderabad - 500 007</p> | <p>Member</p> |
| <p>33. Representative Indian Council for Child Welfare, 4, Deendayal Upadhyaya Marg, New Delhi-110 002.</p> | <p>Member</p> |
| <p>34. Dr R. Govinda Vice Chancellor, NEUPA National University of Educational Planning and Administration 17 – B, Sri Aurobindo Marg, New Delhi – 110016.</p> | <p>Member</p> |
| <p>35. Ms. Neelima Khetan, Seva Mandir, Old Fatehpura, Udaipur – 313004, Rajasthan.</p> | <p>Member</p> |
| <p>36. Ms. Nighat Shafi Pandit, Founder Member, Human Effort for Love and Peace Foundation, Shehjar, 50 Tulsi Bagh, Srinagar, Jammu & Kashmir.</p> | <p>Member</p> |
| <p>37. Dr. Jean Dreze University of Allahabad Allahabad.</p> | <p>Member</p> |
| <p>38. Ms. Bharti Ali HAQ Centre for Child Rights, 208, Shahpur Jat, New Delhi – 110 049.</p> | <p>Member</p> |
| <p>39. Ms. Vasanthy Ramam Forum for Creches and Child Care Services, 25. Bhai Vir Singh Marg, New Delhi – 110 001.</p> | <p>Member</p> |
| <p>40. Dr. Mithu Alur ADAPT, Upper Colaba Road, Mumbai – 400 005, Maharashtra.</p> | <p>Member</p> |

- | | |
|--|---------------|
| <p>41. Ms. Kavita Saxena Rescue Foundation Plot No. 39, Fatimadevi Road, Poinsur, Kandivali (W), Mumbai – 400 067, Maharashtra.</p> | Member |
| <p>42. Sh. Awadesh K. Singh RCUES, University of Lucknow, Lucknow, Uttar Pradesh.</p> | Member |
| <p>43. Shri Amod Kanth, PRAYAS, Juvenile Aid Centre, F-IX, 4X, Jahangirpuri, Delhi-110 023.</p> | Member |
| <p>44. Dr. Vrinda Dutta Tata Institute of Social Sciences, Deonar, Mumbai-400088</p> | Member |
| <p>45. Smt. Mridula Baja Mobile Creches DIZ Area Raja Bazar, Sector-IV Near Gole Market, New Delhi.</p> | Member |
| <p>46. President Indian Association of Pediatricians, Department of Pediatrics, Maulana Azad Medical College & L.N.J.P. Hospital, New Delhi – 110 002.</p> | Member |
| <p>47. Dr Vinita Kaul Director, CECED, Ambedkar University, New Delhi.</p> | Member |
| <p>48. Dr N.K.C Nair Director Centre for Child Development, Trivandrum.</p> | Member |
| <p>49. Executive Director, Child Line India Foundation, IInd Floor, Nana Chowk, Municipal School, Low Level Frere Bridge, Near Grand Road Station, Mumbai – 400 007.</p> | Member |
| <p>50. Dr Sameer Chaudhury Child In Need Institute Fallan , 24, Parganas (S), West Bengal.</p> | Member |
| <p>51. Ms. Arlene Manoharan Centre for Child and the Law, Post Bag No. 7201, Nagarbhavi, Bangalore (Karnataka).</p> | Member |

| | |
|--|------------------------|
| <p>52.Mr.Vinnyak Lohani Parivaar Education Society, Bonogram, Bakhrabat Road, Kolkata – 700 104.</p> | <p>Member</p> |
| <p>53.Dr.Paul Diwakar, The National Alliance of Women (NAWO) U-9, IInd Floor, Green Park Extn, New Delhi – 110016.</p> | <p>Member</p> |
| <p>54.Ms.Athiya Bose Aangan Trust, 2nd floor Candelar Building 26 St John Baptist Road Near Mount Mary Steps Bandra, Mumbai 400 050.</p> | <p>Member</p> |
| <p>55.Director Save the Children, Bal Raksha Bharat, 3rd Floor, Vardhaman Trade Centre, 9-10-11 Nehru Place, New Delhi – 110019.</p> | <p>Member</p> |
| <p>56.Joint Secretary (CD) Ministry of Women and Child Development Shastri Bhawan, New Delhi – 110001.</p> | <p>Convener</p> |

II. The Terms of Reference of the Working Group are as follows:

i. To review the existing priorities, policies, strategies, programmes and their implementation for fulfilling the rights of children to survival, development (including early childhood care, early learning, elementary education), protection and participation, within both child-specific and child-related sectors, responsive to diverse regional needs.

ii.To highlight emerging issues, challenges, amongst the most vulnerable and deprived areas, communities and child groups* with equity, with special focus on the girl child including addressing the adverse and declining Child Sex Ratio.

**This includes minorities, scheduled castes, scheduled tribes, including particularly vulnerable tribal groups, internally displaced groups, migrants, urban poor communities, the young child, children in need of care and protection and children with different abilities, among others.*

iii.To suggest necessary priorities, policies, strategies, interventions, for fulfilling children's rights across the life cycle continuum- prenatally, at birth, infancy, early childhood, school years and adolescence, converging multisectoral interventions.

iv.To review programme design and implementation gaps in reaching out convergent services, especially to the marginalized communities.

v. To appraise the implementation of existing **child-specific and child-related legislative frameworks**, mechanisms for their implementation, identify areas for updation and reform and suggest corrective measures.

vi. To review the effectiveness of existing institutional arrangements for the implementation of policies and programmes relating to children at national, state, district and local (Panchayati Raj Institutions and Urban local Bodies) levels and suggest improvements, as needed.

vii. To review the effectiveness of existing **management systems** for child development and protection and to recommend improvements as may be needed for enhanced impact and effective monitoring child related programmes.

viii. To assess existing **institutional capacity** for the development, implementation and monitoring of child related programmes and interventions and to suggest measures for capacity development and improved training capability, in partnership with civil society.

ix. To review the achievement of monitorable targets for children, programme performance, resource allocations and utilization during the Eleventh Five Year Plan. To suggest monitorable objectives and indicative resource requirements for child survival, development, care and, protection in the Twelfth Five Year Plan.

x. To identify linkages with the ongoing **Results Framework Document** strategy planning processes underway in relevant sectors and recommend how these can be made "child friendly". This includes the incorporation of child related indicators and the possible introduction of Child Budgeting.

III. The Chairman of the said Working Group may co-opt other experts and constitute sub-groups for specific tasks as may be considered necessary

IV. The Working Group would be serviced by Ministry of Women & Child Development.

V. Non-official members will be entitled to TA/DA as admissible to Grade-I Officers of the Government of India and this expenditure will be borne by the Planning Commission as per SR 190(a).

VI. Travel is allowed only by Air India's flights in Economy Class or AC-II Tier by train.

VII. The said Working Group shall submit its report by the 31st August, 2011.

Rvp. singh

Dr.R.V.P.Singh
Ramvinay@nic.in
011-23096523, 09868140600

To

The Chairman and Members including Convener of the Working Group

Copy to:

1. PS to Deputy Chairman, Planning Commission
2. PS to MOS, Planning Commission
3. PS to Member Secretary, Planning Commission.
4. Ps to All Members of Planning Commission.
- 5 All Pr.Advisers/ Senior Consultants/Advisers/Head of Divisions, Planning Commission
6. Plan Coordination Division, Planning Commission
7. Information Officer, Planning Commission
8. Secretary, Ministry of Women & Child Development

Rvp. singh

Dr.R.V.P.Singh
Ramvinay@nic.in
011- 23096523 , 09868140600

Annexure I

List of working group members on Child Rights for 12th Plan.

| Group I: Child Survival & Development, ICDS | | |
|--|--|-----------------|
| 1. | DrShreerajan, Joint Secretary, Ministry of Women and Child Development, ShastriBhawan, New Delhi | Chairperson |
| 2. | Dr. Ajay Khera, Ministry Health and Family Welfare, NirmanBhawan, New Delhi | Member |
| 3. | Department of AYUSH, IRCS Building, New Delhi | Member |
| 4. | Ministry of Urban Employment & Poverty Alleviation, NirmanBhawan New Delhi | Member |
| 5. | Ministry of Rural Development, KrishiBhavan, New Delhi | Member |
| 6. | Ministry of Science and Technology, Technology Bhavan, Mehrauli Road, New Delhi New Delhi | Member |
| 7. | Ministry of Information and Broadcasting, ShastriBhawan, New Delhi | Member |
| 8. | Ministry of Tribal Affairs, ShastriBhawan, New Delhi | Member |
| 9. | Ms. DeepikaShrivastava, OSD WCD & Nutrition, Planning Commission, New Delhi | Member |
| 10. | Secretary (DWCD), Govt. of Maharashtra, Mantralay, Mumbai | Member |
| 11. | Secretary (DWCD), Govt. of Orissa, Bhubaneswar - 751001 | Member |
| 12. | Prof Vinod Paul, Prof. and Head of Department of Pediatrics, AIIMS, Ansari Nagar, New Delhi | Member |
| 13. | Dr. G.N.V. Brahman, Deputy Director NIN, Jamia Osmania, Hyderabad – 500 007 | Member |
| 14. | Ms. NeelimaKhetan, SewaMandir, Old Fatehpura, Udaipur – 313004, Rajasthan | Member |
| 15. | DrMithuAlur, ADAPT, Upper Colaba Road, Mumbai – 400 005, Maharashtra | Member |
| 16. | President, Indian Association of Pediatricians, Department of Pediatrics, Maulana Azad Medical College & L.N.J.P Hospital, New Delhi | Member |
| 17. | Dr. RajibHaldar, CINI, Pailan, 24 Paraganas (S), West Bengal | Member |
| 18. | Dr. N.K.C Nair- Director Centre for Child Development, Trivandrum | Member |
| 19. | Dr. Dinesh Paul, Director, NIPCCD, 5 Siri Institutional Area, HauzKhas, New Delhi | Coordinator |
| 20. | Mr. GulshanLal, Deputy Secretary, MWCD, ShastriBhawan, New Delhi | Coordinator |
| Group II: Early Childhood Care and Education | | |
| 1. | DrShreerajan, Joint Secretary, Ministry of Women and Child Development, ShastriBhawan, New Delhi | Chairperson |
| 2. | DrVenitaKaul, Director CECED, Ambedkar University, New Delhi | Co- Chairperson |
| 3. | Ministry of Elementary Education and Literacy, ShastriBhawan, New Delhi | Member |
| 4. | Ministry of Urban Employment and Poverty Alleviation, NirmanBhawan, New Delhi | Member |
| 5. | Senior Advisor WCD, Planning Commission, New Delhi | Member |
| 6. | Director, NCERT, Sri AurbindoMarg, New Delhi | Member |
| 7. | Smt. Mridula Bajaj, Mobile Creches, DIZ Area Raja Bazaar, Sector IV Near Gole Market, New Delhi | Member |

| | | |
|---|--|-----------------|
| 8. | MsSukanyaBharatram, NCPDR, 5 th Floor, Chanderlog Building, Janpath, New Delhi | Member |
| 9. | DrVrindaDutta, TISS, Deonar, Mumbai - 400088 | Member |
| 10. | Ms. Vasanthi Raman, Forum for Creches & Child Care Services, 25 BhaiVir Singh Marg, New Delhi | Member |
| 11. | Mr.VinayakLohani, Parivaar Education Society, Bonogram, Bakhrat Road, Kolkata - 700104 | Member |
| 12. | DrKiranDevendra, HOD, Elementary Education, NCERT, Sir Aurbindo Marg, New Delhi | Co opted member |
| 13. | Dr G .C Upadhaya, NCERT, Sir AurbindoMarg, New Delhi | Invitee |
| 14. | Ms. RupaDutta, Director, MWCD, ShastriBhawan, New Delhi | Coordinator |
| Group III: Child Rights and Protection | | |
| 1. | MrVivek Joshi, Joint Secretary, Ministry of Women and Child Development, ShastriBhawan, New Delhi | Chairperson |
| 2. | MsPritiMadan, Joint Secretary, Ministry of Women and Child Development, ShastriBhawan, New Delhi | Co- Chairperson |
| 3. | Ministry of Labour, Shram Shakti Bhawan, New Delhi | Member |
| 4. | Ministry of Social Justice & Empowerment, ShastriBhawan, New Delhi | Member |
| 5. | Ministry of Home Affairs, North Block, New Delhi | Member |
| 6. | Ms. DeepikaShrivastava, OSD WCD & Nutrition, Planning Commission, New Delhi | Member |
| 7. | Secretary (DSW and WCD), Govt. Of Jharkhand, HEC Project Building, Dhurwa, Ranchi - 834004 | Member |
| 8. | ShriAmodKanth, Prayas Juvenile Aid Centre, F-IX, 4X, Jahangirpuri, Delhi | Member |
| 9. | Ms. Athiya Bose, Aangan Trust, 2 nd Floor Candellar Building, Bandra, Mumbai 400 050 | Member |
| 10. | Dr. R. Govinda, Vice Chancellor, NEUPA, 17-B, Sri AurbindoMarg, New Delhi | Member |
| 11. | Executive Director, Child Line India Foundation 2 nd Floor, Nana Chowk, Municipal School, Near Grand Road Station, Mumbai – 400 007 | Member |
| 12. | Ms. Bharti Ali, HAQ Centre for Child Rights, 208, ShahpurJat, New Delhi – 110 049 | Member |
| 13. | Ms. Arlene Manoharan, Centre for Child and the law, P. B. No. 7201, Nagarbhavi, Bangalore (Karnataka) | Member |
| 14. | Mr.VinayakLohani, Parivaar Education Society, Bonogram, Bakhrat Road, Kolkata – 700 104 | Member |
| 15. | Dr. Rajib .K. Haldar, CINI, Pailan, 24 Paraganas (S), West Bengal | Member |
| 16. | Ms. AnjuBhalla, Director, MWCD, ShastriBhawan, New Delhi | Coordinator |
| 17. | KalyaniChadha, Director, MWCDShastriBhawan, New Delhi | Coordinator |
| Group IV: The Girl Child | | |
| 1. | MsSangeetaVerma, Economic Advisor, Ministry of Women and Child Development, ShastriBhawan, New Delhi | Chairperson |
| 2. | Dr Paul Diwakar, The National Alliance of Women (NAWO), U-9, 2 ND floor, Green Park Extn, New Delhi | Co- Chairperson |
| 3. | Ministry of Home Affairs, North Block, New Delhi | Member |
| 4. | Senior Advisor WCD, Planning Commission, New Delhi | Member |
| 5. | Secretary (DSSW and WCD), Government of Punjab, Mini Secretariate, Sector 9, Chandigarh | Member |

| | | |
|-----------------------------|---|-----------------|
| 6. | Executive Director, CSWB ,B-12, Tara Cescent, Qutab Institutional Area, New Delhi | Member |
| 7. | Representative Indian Council for Child Welfare, 4 DeendayalUpadhyayaMarg, New Delhi | Member |
| 8. | Ms. NeelimaKhetan,SewaMandir, Old Fatehpura, Udaipur – 313004, Rajasthan | Member |
| 9. | Mrs. NighatShafliPandit, Human Effort for Love and Peace Foundation, Shehjar, 50 TulsiBagh, Srinagar, Jammu & Kashmir | Member |
| 10. | MsNaliniJeneja, NEUPA, 17-B, Sri AurbindoMarg, New Delhi | Co-opted Member |
| 14. | Ms. RupaDutta, Director, MWCD, ShastriBhawan, New Delhi | Coordinator |
| Group V: Adolescents | | |
| 1. | MrVivek Joshi, Joint Secretary, Ministry of Women and Child Development, ShastriBhawan, New Delhi | Chairperson |
| 2. | Ms Razia Ismail, India Alliance for Child Rights | Co- Chairperson |
| 3. | Department of Secondary Education, ShastriBhawan, New Delhi | Member |
| 4. | Ministry of Youth Affairs and Sports, ShastriBhawan, New Delhi | Member |
| 5. | Secretary (DSW) , Govt. of Tripura, Agartala - 799001 | Member |
| 6. | Secretary (WCD) , Govt. of U.P, BabuBhawan, 7 th Floor, UP Sachivalay, Lucknow | Member |
| 7. | Ms. KavitaSaxena, Rescue Foundation, Plot No. 39, Fatimadevi Road, Poinсур, Kandivali(W), Mumbai – 400 067 | Member |
| 8. | Dr. N. K. C. Nair, Director, Centre for Child Development, Trivandrum | Member |
| 9. | Mr. Awdesh K. Singh, RCUES , University of Lucknow, Uttar Pradesh | Member |
| 10. | Mrs. SukanayaBharatram, NCPDR, , 5 th Floor, Chanderlog Building, Janpath, New Delhi | Member |
| 11. | Ms. LopamudraMohanty, Deputy Secretary, MWCD, ShastriBhawan, New Delhi | Coordinator |

- I. The Terms of Reference of the Working Group are as follows
- i. To **review the existing priorities, policies, strategies, programmes and their implementation** for fulfilling the rights of children to survival, development (including early childhood care, early learning, elementary education), protection and participation, within both child-specific and child related sectors, responsive to diverse regional needs.
 - ii. To **highlight emerging issues, challenges** amongst **most vulnerable and deprived areas**, communities and child groups*with equity, with special focus on the girl child including addressing the adverse and declining Child Sex Ratio.

**This includes minorities, scheduled castes, scheduled tribes, including particularly vulnerable tribal groups, internally displaced groups, migrants, urban poor communities, the young child, child in need of care and protection and children with different abilities, among others.*

- iii. **To suggest necessary priorities**, policies, strategies, interventions, **for fulfilling children's rights across the life cycle continuum** – prenatally, at birth, infancy, early childhood, school years and adolescence, converging multisectoral interventions.
- iv. To review programme design and implementation gaps in reaching out convergent services, especially to the marginalized communities.
- v. To appraise the implementation of existing **child-specific and child-related legislative frameworks**, mechanisms for their implementation, identify areas for updation and reform and suggest corrective measures.
- vi. To review the effectiveness of existing institutional arrangements for the implementation of policies and programmes relating to children at national, state, district and local (Panchayati Raj Institutions and Urban Local Bodies) levels and suggest improvements, as needed.
- vii. To review the effectiveness of existing **management systems** for child development and protection and to recommend improvements as may be needed for enhanced impact and effective monitoring child related programmes.
- viii. To assess existing **institutional capacity** for the development, implementation and monitoring of child related programmes and interventions and to suggest measures for capacity development and improved training capability, in partnership with civil society.
- ix. **To review the achievement of monitorable targets for children, programme performance, resource allocations and utilization during the Eleventh Five Year Plan.** To suggest monitorable objectives and indicative resource requirements for child survival, development, care and, protection in the Twelfth Five Year Pla.
- x. To identify linkages with the ongoing **Results Framework Document** strategy planning processes underway in relevant sectors and recommend how these can be made "child friendly". This includes the incorporation of child related indicators and the possible introduction of Child Budgeting.

LIST OF RESULTS INDICATORS WITH TARGETS

| Indicators | Current Status | Target (End 12 th Plan) |
|---|------------------------------------|---|
| i. Reduction in underweight children below 3 and 5 years (<i>separately</i>) | 42.5 % (NFHS-3) for below 5 yrsyrs | 10 percentage point |
| | 40.4 % (NFHS-3) for below 3 yrs | |
| ii. Reduction in prevalence of anaemia in under-5 children | 78.9 % (NFHS-3) | 20 % |
| iii. Reduction in prevalence of anaemia in pregnant women | 57.9 % (NFHS-3) | 20% |
| iv. Percentage of 5-6 yrs children at the AWCs who are school-ready | NA | 60% |
| B. Outcome Level | | |
| ICDS Core: | | |
| i. Percentage of children initiated breastfeeding within one hour of birth | 40.5% (DLHS-3) | 75% |
| ii. Percentage of children exclusively breastfed till 6 months of age | 46% (NFHS-3) | 75% |
| iii. Percentage of children 9-23 months who have been given complementary feeding after 6 months in addition to breastfeeding | 57.1% (DLHS-3) | 90% |
| iv. Percentage of mothers of 0-3 yrs children who are using MCP card and are aware of early stimulation practices | NA | 70% |
| v. Percentage of children 3-6 years achieved age appropriate developmental milestone tracked through child progress card | NA | 50% of those attending ICDS PSE |
| Common with Health: | | |
| i. Percentage of children 12-23 months received full immunization | 20 % (NFHS-3) | (85 %) |
| ii. Percentage of children who received Vitamin A dose in last 6 months | 24.9% (NFHS-3) | (75%) |
| iii. Percentage of children below 3 years with diarrhoea treated with ORS | 34.2 (DLHS-3) | (70%) |
| iv. Percentage of pregnant women receiving at least 3 or more ANC checkups | 50.7 (NFHS-3) | (80%) |
| v. Percentage pregnant women who consumed at least 100 IFA tablets | 46.6 (DLHS-3) | (80%) |
| Process level | | |

| | | |
|---|--|------|
| i. Percentage of registered children who received supplementary nutrition | | 100% |
| ii. Percentage of registered pregnant and lactating women receiving supplementary nutrition | | 100% |
| iii Percentage of eligible children below 3 yrs who are weighed every month | | 100% |
| iv Percentage of AWCs organized VHNDs every month | | 80% |
| v Percentage of AWWs who have conducted Nutrition counselling and care sessions | | 50% |
| vi Percentage of AWC organized ECCE day | | 50% |